



RIVERSIDE COUNTY
**Mental Health
Services Act (MHSA)**
**MHSA 3-Year
Program &
Expenditure Plan**

**FY17/18
Through
FY19/20**

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County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County

Three-Year Program and Expenditure Plan

Annual Update

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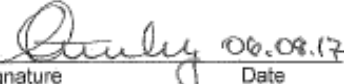
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 7-25-17

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

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

Steve Steinberg
Local Mental Health Director (PRINT)


Signature Date

Three-Year Program and Expenditure Plan and Annual Update County/City Certification Final (07/26/2013)

County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Riverside County

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

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

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

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

Steve Steinberg
Local Mental Health Director (PRINT)

Paul Angulo 06.08.17
Signature Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 03/24/2017 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Paul Angulo, CPA, MA-Mgt
County Auditor Controller / City Financial Officer (PRINT)

Paul Angulo 7/12/17
Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Message from the Director

As I enter into my second full year as Director of RUHS-BH, I look back on my first year with pride about all the hard work the staff are doing to better serve people affected by mental illness and substance abuse in Riverside County. The Department is adding more programs to address the needs of the people presenting with the most complex issues. This includes probationers, people in psychiatric crisis, people in housing crisis, children who have been exploited and transition age youth. These programs are innovative and are designed to promote care within the community rather than in jails or emergency rooms.

In the past couple of years our over-burdened crisis system of care has been improved by the introduction of Crisis Response Teams who work in conjunction with local law enforcement and emergency room staff. To further improve the response to people in crisis we have opened three voluntary Crisis Stabilization Units (CSU) across the county. In Riverside the CSU is in a temporary site until our "Crisis Services Campus" opens in May 2017. Leveraging money from the Mental Health Services Act and from crisis grants, we will see the completion of the project soon. The site will include the previously mentioned CSU and a new Crisis Residential Treatment facility. Both of these programs will promote recovery as well as ease the burden on our Emergency Treatment Services and lower the demand for inpatient hospital beds.

To further create a fuller crisis system of care that promotes care in the community, we are in the process of developing a large residential facility that will serve people stepping down from IMDs (Institutions for Mental Disease), skilled nursing facilities, and inpatient hospitals. The residential facility will have added behavioral health services to help ensure that the person's behavioral health needs are addressed. We expect better treatment engagement, independent living skills development, and stability of housing for the people

served. Also, this facility will help with the number of people awaiting psychiatric beds throughout our system of care.

We are also proud of a couple new innovative programs for targeted groups of young people. We are in the process of finding sites for our Transition Age Youth (TAY) Drop-In Centers, where young people can go to receive a variety of services and meet other youth on the path of recovery. Additionally, these programs will offer the early onset of schizophrenia program in the County. Another innovative program more recently approved and in the early implementation stage is a treatment protocol of specialized interventions for children who have experienced commercial sexual exploitation. This is a growing issue in Riverside County and we are pleased to be able to offer services to these children.

Hopefully, I have conveyed RUHS-BH's new innovative and collaborative efforts to better meet the behavioral health needs of Riverside County. We look forward to the future and the new opportunities and challenges we will face.

Steve Steinberg
Director, Behavioral Health

Mental Health Services Act Overview

What is the Mental Health Services Act (MHSA)?

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

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

1. Community Services and Supports (CSS)
2. Workforce Education and Training (WET)
3. Prevention and Early Intervention (PEI)
4. Capital Facilities and Technology (CF/TN)
5. Innovation (INN)

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

Purpose of the MHSA 3-Year Program and Expenditure Plan

Every three years Riverside County is required to develop a new Program and Expenditure (3YPE) Plan for MHSA. The last 3YPE covered Fiscal Years (FY) 2014/15 through 2016/17, thus the FY16/17 Annual Update was the final year of that 3YPE cycle, and a new plan is

required for FY17/18 through FY19/20. The 3YPE outlines and updates the programs and services to be funded by MHSA and allows for a new three-year budget plan to be created. It also allows the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective.

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3YPE on an annual basis. Therefore Riverside County engages community stakeholders by providing them with an update to the programs being funded in the 3YPE. The community process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA.

Once the Draft FY17/18-19/20 3YPE is completed, it must be posted for public review a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the 3YPE and document the input accordingly. Following the posting period the Department calls upon the Riverside County Behavioral Health Commission (BHC) to hold a Public Hearing so they may receive face-to-face feedback on the content of the 3YPE.

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

MHSA FY17/18 - 19/20 3YPE Introduction

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

and review of the MHSA plans.

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

Community Services and Supports (CSS)

CSS-01 Children's Integrated Services Program

CSS-02 Integrated Services for Youth in Transition

CSS-03 Comprehensive Integrated Services for Adults

CSS-04 Older Adult Integrated System of Care

CSS-05 Peer Recovery and Supports Services

Workforce, Education and Training (WET)

WET-01 Workforce Staffing and Support

WET-02 Training and Technical Support

WET-03 Mental Health Career Pathways

WET-04 Residency and Internship

WET-05 Financial Incentives for Workforce Development

Prevention and Early Intervention (PEI)

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

PEI-02 Parent Education and Support

PEI-03 Early Intervention for Families in Schools

PEI-04 Transition Age Youth (TAY) Project

PEI-05 First Onset for Older Adults

PEI-06 Trauma-Exposed Services for All Ages

PEI-07 Underserved Cultural Populations

Capital Facilities/Technology (CF/TN)

Innovation (INN)

INN-02 Recovery Learning Center

INN-03 Family Room

INN-05 TAY One-Stop Drop-In Center

INN-06 Commercially Sexually Exploited Children

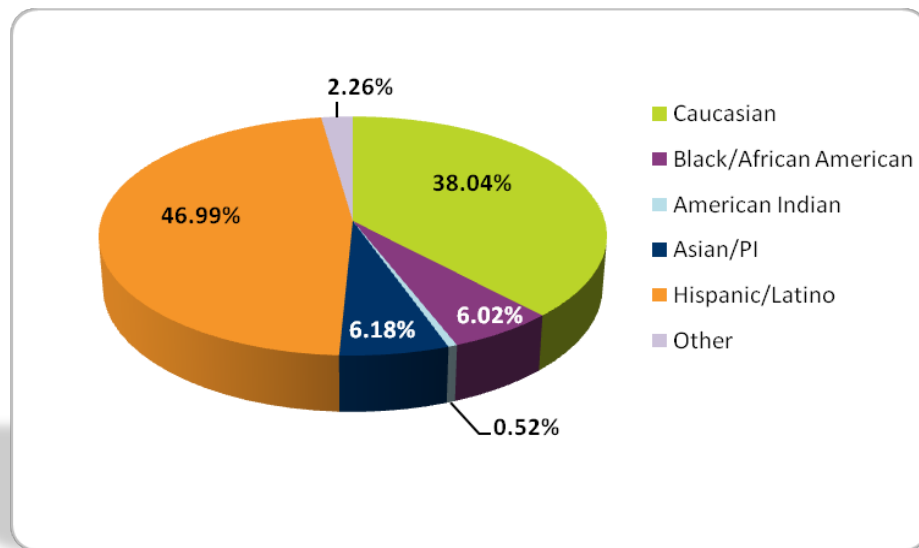
County Demographics

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

At more than 2.3 million residents (2,323,527), Riverside County is the fourth largest county in California in terms of population according to 2015 population estimates. The County continues to experience population growth and continues to be ranked as the 10th largest County in the nation. Over the last two years the population grew by approximately 30,000 residents per year. Since 2000, the population has grown by approximately 50%; and the county experienced the highest population growth of all California counties. Most recently (between 2010 and 2015), Riverside County's average annual population growth slowed somewhat to 1.1% slightly better than the state overall (0.8%) and neighboring San Bernardino (0.7%) and Orange County (0.9%). Riverside County population is expected to reach 3.3 million by 2035. This rate of growth is toward the higher range among counties in the Southern California Association of Governments (SCAG). Riverside County's growth has come from a combination of natural increase and migration. The County has continued to have a positive net migration with more people moving into the area than out. Between 2011 and 2015 net migration added over 55,000 residents. Natural increase (births minus deaths) is a substantial contributor with over 77,152 new residents added during this same five-year period. In 2015 there were 714,728 households in the County. Families comprise 74% of the households with the remainder made up of non-family households

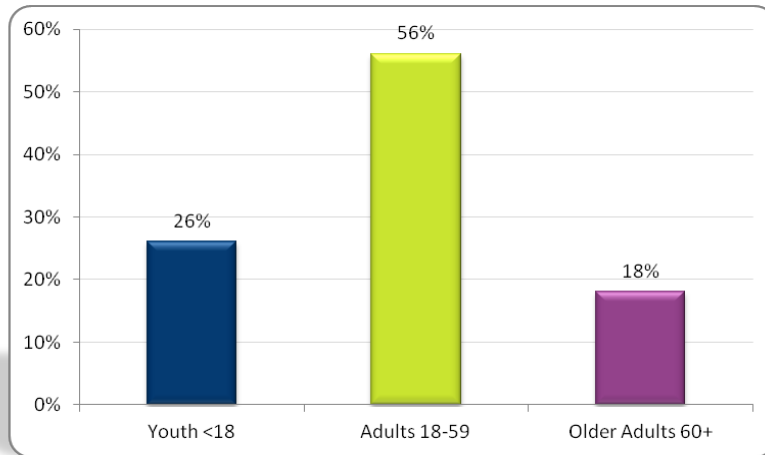
(individuals or two or more unrelated individuals). Of the families 73% are married couples and almost half (45%) have children under the age of eighteen. The remainder of families (27%) are single householder families and over half (53%) have children under the age of 18. Riverside County has the eighth largest household size in California at 3.2 persons, higher than the state (2.9) and the U.S. (2.6).

Riverside County has four major race/ethnic groups; however 85% of the population is represented in the two largest groups in the County, Hispanic/Latinos, and Caucasians.



Riverside County has a large Hispanic/Latino population comprising nearly 47% of the population in 2015 while Caucasians comprise 38%. Black/African American and Asian/Pacific Islander are represented in nearly equal proportions at 6%; and 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. Riverside County's population is relatively young, with a median age of 34 years and 26% of residents under age 18. However, older adults are a significant proportion of the

population at 18%. The older adult population is expected to grow significantly over the next several decades and much faster than younger cohorts.



In Riverside County the most common language spoken at home is English and the most common Non-English language is Spanish. Census data showed that overall 15.2 % of the population spoke another language and spoke English less than very well. Among the Hispanic/Latino population that speaks Spanish 22% reported not speaking English very well or reported not speaking English at all.

Socio-Economic Factors

Median household income in the County is \$58,292 (2015). Ten percent of households received Food Stamp/SNAP benefits in the past 12 months. Employment in Riverside County declined in 2008 and 2009 but began to improve after 2010. It is estimated that the Riverside/San Bernardino metro area will experience rising employment from 2013 to 2018. The unemployment rate has decreased to 7% in 2015 after reaching a high of 14% in June 2011. Despite gains, Riverside County unemployment rate has been higher than the state and nation since 2007. Forty percent of the County population 16 years or older is not employed. Poverty estimates for Riverside County indicate that 16.8% of residents live below the poverty level; and 37% of residents live between the poverty

level and 200% of poverty level. Rates of children living below poverty have also been rising. The most recent Riverside County point in time homeless count identified 1,587 unsheltered and 883 sheltered homeless people (total = 2,470). The civilian veteran population in Riverside County is 8%. Most of the adult population (80%) over the age of 25 has a high school diploma; and approximately 20% has a bachelor's degree or higher. The Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) population of the County is difficult to accurately measure. Research literature has shown that this population may be at higher risk for mental illness. The California Health Interview Survey (CHIS) is one potential source for data on the LGBTQ population in the County. Recent CHIS data showed 4.69% of the population identified as Gay, Lesbian, or Bisexual.

Community Planning and Local Review

Local Stakeholder Process

Riverside County engages in a year-round MHSA Community Planning Process, which this year has been focused on the 3-Year Program and Expenditure Plan for FY17/18 through 19/20. The Department relies on age-specific planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform MHSA program planning and decision making. These cross-collaborative committees are comprised of partner and community agencies and providers, consumers and family members, Board and Commission representatives, and a variety of other subject matter experts.

MHSA staff routinely attends the planning committee meetings and not only reviews the MHSA plans on an annual basis but also provides stakeholders the opportunity to complete feedback surveys to share their perspective. During this planning cycle, the Department's Research Unit also conducts Focus Groups with the age-specific planning committees. This data was utilized to advise the Department on the elements to be included in this year's 3YPE.

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

Additionally there are multiple key Informants and specialty groups that provide valuable input on areas such as criminal justice, veterans, NAMI, and housing. The Department also engaged over 200 consumers, family members, and parents at an Annual Peer Summit, in

which a Focus Group was conducted to elicit input from our peer community.

This year's planning process also included two additional planning sub-groups - Whole Person Care meetings and a Departmental Best Practices group. The focus on these groups was increasing access, linkage, and timeliness to service, in particular looking at consumers being released from in-patient care or detention settings. These groups have been meeting over the course of the past year, and have provided valuable input into this plan development especially regarding screening, engagement, and system navigation.

The Best Practice group was comprised of Departmental experts in Riverside Systems of Care, including Regional Administrators, Managers, Fiscal, and Quality Improvement. The Whole Person Care meetings allowed the Department a significant opportunity to engage multiple community and agency partners including: Riverside University Health System - Behavioral Health, Riverside University Population Health, Riverside County Probation Department, Inland Empire Health Plan (IEHP), Molina Healthcare, Riverside County Sheriff's Department, Riverside County Department of Public Social Services, Riverside County Executive Officer, Riverside County Board of Supervisors, National Community Renaissance, Health to Hope Clinics, Coachella Valley Rescue Mission, Cal State San Bernardino Re-Entry Initiative, City of Riverside Mayor's office, Path of Life Ministries, and Loma Linda University Health.

Once the 3YPE Draft Plan is completed, copies will be circulated to the stakeholder community for reference, review, and comment. Stakeholders are encouraged to continue to provide feedback on the initiatives outlined in the Plan verbally and/or in writing. Feedback Forms will be distributed to all Planning Committees, the Behavioral Health Commission, Wellness and Recovery Coalition (Community Information), Family Advocates, Schools, Parent Support, Clinic Out-Patient Lobbies, NAMI, and community providers along with the Draft 3YPE.

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

The PEI Steering Committee was comprised of representatives from education, community-based providers, Cultural Competency, Office on Aging, Health, and County PEI staff. The committee fully vetted the PEI Plan and made final recommendations for the 3YPE PEI component.

The WET Steering Committee was comprised of stakeholders from academia, employees in a variety of job classifications within the public mental health system, individuals with lived experience as consumers, family members, and/or those who had clinical expertise, as well as stakeholders from academic institutions, health care organizations, and cultural competency programs.

MHSA also is a standing agenda item on the monthly Behavioral Health Commission meetings as they are the primary advisory body for the Department. They are routinely updated on MHSA planning activities and of course assist the Department by conducting Public Hearings and evaluating stakeholder interests.

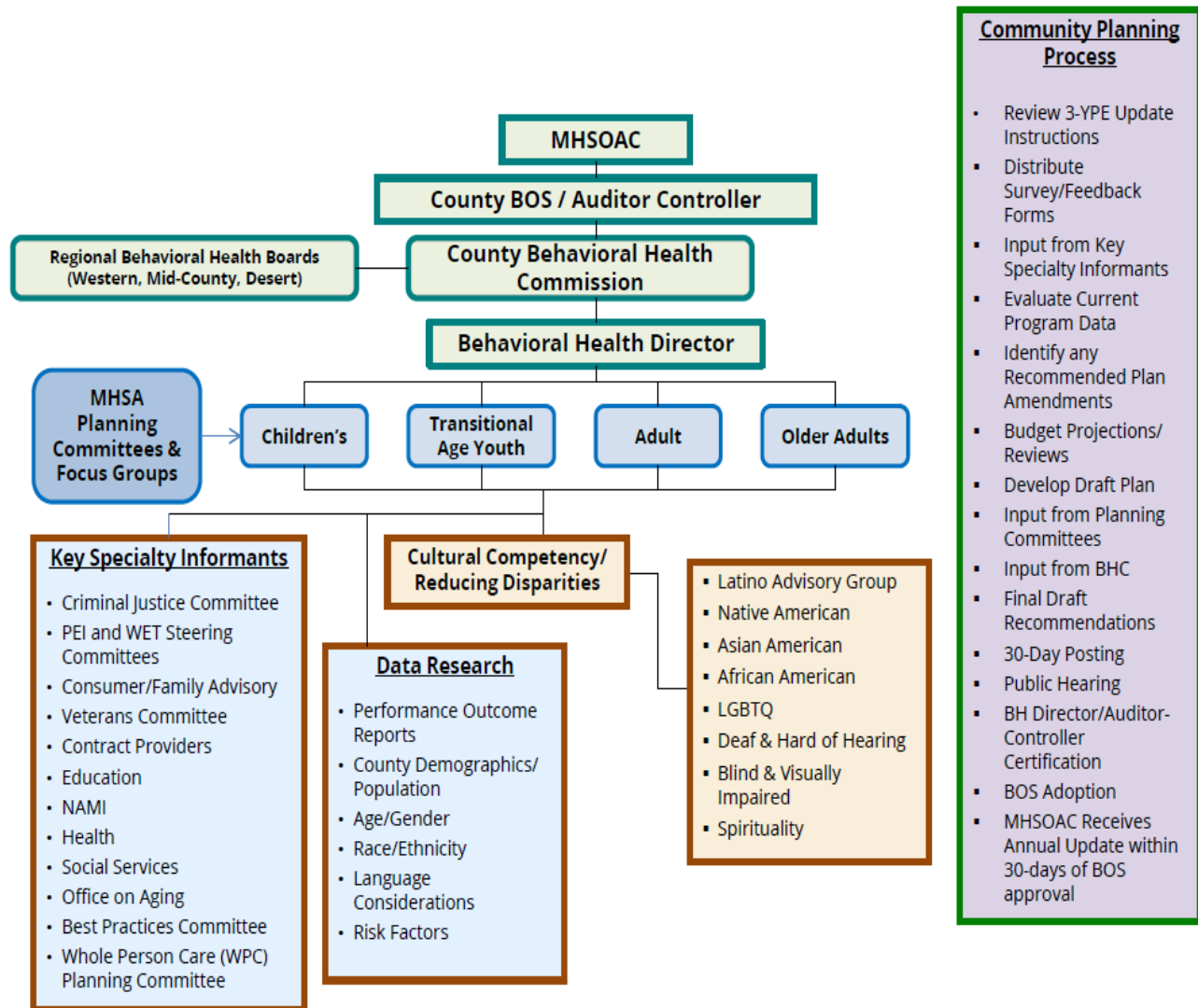
Stakeholder Description

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

Mental Health Services Act (MHSA)

3-Year Program and Expenditure Plan - FY17/18 Through FY19/20

Planning Structure



Mental Health Services Act (MHSA)

3-Year Program and Expenditure Plan - FY17/18 Through FY19/20

Time Line

August – September 2016	October – December 2016	January – March 2017	April – June 2017
<ul style="list-style-type: none">▪ Develop Community Planning Process Infrastructure▪ Identify and confirm Stakeholders and Key Informant Groups▪ Present Community Planning Process to Behavioral Health Commission	<ul style="list-style-type: none">▪ Provide 3-YPE Instructions, Timeline, Data Review, Program Analysis, and Survey/Feedback Tools to Key Informants, Stakeholders, and Planning Committees▪ Identify current program effectiveness and/or rationale for consolidation or elimination of programs	<ul style="list-style-type: none">▪ Continue Stakeholder Input Process, Sessions, and Opportunities▪ Consensus Building▪ Develop and Write Draft 3-Year Plan	<ul style="list-style-type: none">▪ April: Post Draft Annual Update for 30-Day Review and Comment▪ May: Public Hearing▪ June: Adoption by BOS▪ Final 3-Year Plan sent to MHSOAC 30-Days after BOS adopts

30-Day Public Comment

The Draft MHSA 3-Year Program and Expenditure Plan for FY17/18 through FY19/20 was posted for a 30-day public review and comment period, from April 3 through May 16, 2017.

Circulation Methods

The Draft 3-Year Plan and Community/Stakeholder Feedback Forms was posted on the Department website, distributed to all County Clinics and Libraries, as well as distributed through the Behavioral Health Commission, Regional Behavioral Health Boards, and all MHSA Planning and Steering Committee members.

Public Hearing

After the 30-day public review and comment period, Public Hearings were held by the Behavioral Health Commission. Public Hearings were held at the Rustin Conference Center in Riverside on May 3, 2017, and at the Indio Behavioral Health Clinic on May 16, 2017. In addition to notification of the community and stakeholders through the circulation methods mentioned above, public notification was also enhanced through advertisements for the Public Hearing with notices published in both English and Spanish in local and regional newspapers.

All community input and comments were reviewed with an Ad Hoc Executive Committee of the Behavioral Health Commission to determine if changes to the 3-Year Plan were necessary. All input, comments, and Commission recommendations from the Public Hearings were documented and are included in this document (see page 245).

Community Services and Supports (CSS)

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

In Riverside County services were introduced by Work Plans designed around age span as well as Peer Support and Recovery.

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

Also highlighted in this update are Non-FSP initiatives such as clinical enhancements/expansions, Mental Health Court, Peer Initiatives, and Parent/Family supports. Again, this 3YPE will outline the programs developed through the planning process and provide an update on how they are performing as well as any new developments that may have occurred over the last several years.

CSS-01 Children's Integrated Services Program

Full Service Partnership

Multi-Dimensional Family Therapy (MDFT)

Western Region (Riverside)

Mid-County Region (Lake
Elsinore/Perris)

Desert Region (Indio)

Treatment Foster Care

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

Countywide

Parent Child Interaction Therapy (PCIT)

Lake Elsinore

Pre-School

System Development

Parent Support

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

Mentoring

**Youth Hospital Intervention
Program (YHIP)**

Clinic Enhancements and Expansion:

Cognitive Behavioral Therapy
(CBT)

Aggression Replacement
Training (ART)

Parent Child Interactional
Therapy (PCIT),

Incredible Years (IY)

Parent Partners

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

The Children's Integrated Services Program continues to implement an array of services designed to support a comprehensive system of care. Children's Integrated Services Programs include interagency service enhancements and expansions, evidence-based practices in clinic expansion programs, full service partnership programs, and continued support of Parent Partners employed as regular county employees. Priority populations

identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependents) and those suffering from a co-occurring mental illness and substance use disorder, youth transitioning to the adult system of care, homeless youth, and children 0-5 years old.

The previously approved Full Service Partnership (FSP) programs continue to operate in all three regions of the County. These programs were designed to meet the needs of the priority populations with a Multidimensional Family Therapy (MDFT) program serving mostly probation youth, and Treatment Foster Care Oregon (TFCO) (formerly Multi-Dimensional Treatment Foster Care) serving dependents of the court. MDFT has continued to expand program services with two teams in the Western Region, two teams in the Mid-County Region, and one team in the Desert Region. The MDFT Full Service Partnership Program was specifically implemented to serve youth with a co-occurring disorder.

The four regionally based teams provided MDFT services to a total of 145 FSP youth in FY15/16. Collaborations with County Probation have resulted in referrals from the youth Probation Department to MDFT with nearly 67% of youth served referred through the Probation Department. Children's FSP programs served a diverse group of consumers, with the majority being Hispanic/Latino youth (61%).

Recent outcomes from MDFT FSP programs showed improvements in youth behaviors with a 62% decrease in the number of arrests, and an 80% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 70% compared to baseline. School suspensions decreased by 84% compared to baseline. Measures of externalizing behaviors showed a statistically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

The Parent-Child Interaction Therapy (PCIT) Program has continued to provide full service partnership supports for the 0-5 population.

The Treatment Foster Care Oregon (TFCO) FSP Program was expanded to include Therapeutic Foster Care in efforts to increase the number of foster care youth served. In previous years the number of youth served was limited by the narrow admission criteria in TFCO which includes placement in a treatment foster care home which has been a continual challenge. The TFCO Program expansion was in response to community needs and is an effort to meet the requirements of the California Katie A vs. Bonta class action settlement. This expansion has been funded by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medi-Cal, and has not impacted MHSA dollars. In FY15/16, 23 foster care youth received services from TFCO/Treatment Foster Care. Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The TFCO Program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. Treatment foster homes are certified and licensed in collaboration with Probation and Social Services.

The System Development programs continue with full implementation including the Parent Support Unit, Mentoring Contract, Youth Hospital Intervention Program (YHIP), and the Out-Patient Clinic Enhancements/Expansions Initiatives.

The expansion of clinic staff to include Parent Partners as part of the clinical team is integral to children's clinic enhancements. Parent Partners welcome new families to the mental health system through an orientation process that provides the opportunity to inform parents about clinic services and offer support/advocacy in a welcoming setting. Parent Partners are advocates assisting with system navigation and education. 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.

In total, Children's Integrated Service programs served 17,643 (13,692 youth; and 3,951 parents and community members) in FY15/16. Across the entire Children's Work Plan, the

demographic profile of youth served was 46% Hispanic/Latino, 10% Black/African American, and 20% Caucasian. A large proportion (25%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at <1% served compared to 5% in the population, and Caucasian youth are underrepresented at 20% served compared to 25% in the population. The Black/African American youth are overrepresented at 10% served compared to 6% in the county population. System Development service enhancements with interagency collaboration and the expansion of effective evidence-based models, continue to be central components of the Children's Work Plan.

Team Decision Making (TDM) began as an interagency collaborative service component that supported the Family-to-Family approach adopted in Riverside County as part of Social Services Re-Design. TDMs with Department of Behavioral Health clinical staff and Department of Public Social Service (DPSS) staff were utilized to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family. The Department has increased collaboration with DPSS through Pathways to Wellness which is the name given to the program to screen and provide mental health services to DPSS dependents to meet the conditions of the Katie A vs. Bonta class action settlement. RUHS-BH clinical staff supported the Department's implementation of Pathways to Wellness both through the TDM process and Child and Family Teaming Collaborative meetings. RUHS-BH staff collaborated with DPSS staff at TDM meetings serving 1,219 youth in FY15/16. In addition Department staff participated in several hundred Child and Family Team (CFT) meetings with DPSS staff and families to support the creation of a Family Plan through a collaborative process.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal, and a number of youth without Medi-Cal, through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher-level

placements. TBS expansion staff coordinated referrals and provided case management to 479 youth.

The Youth Hospital Intervention Program (YHIP) provides follow-up linkage and parent/caregiver support to youth presenting in crisis at the County Emergency Treatment Services (ETS) facility and youth being discharged from an inpatient psychiatric admission. This program leveraged CSS with a SAMHSA system of care expansion grant which allowed the program to expand to three regional teams. Each County region has the capacity to respond locally to youth and families with case management, assessments, and follow-up linkage into the county system of care. The YHIP staff served 190 youth and families in FY15/16.

A multifaceted approach to assistance for parents continued throughout FY15/16 with Parent Support Staff (Parent Partners) in each clinic providing direct support services to clients and their families; and a Central Parent Support Team to provide a variety of assistance to parents including: community outreach; a parent support warm line; and parenting classes. Parent Partners from Central Parent Support provided a number of support services impacting 1,069 individual youth and families. Additional contacts were provided to 1,434 parents through community engagement and outreach efforts at community events. Parent Partners provided informational presentations in diverse settings throughout the community visiting schools, health providers, local law enforcement, and non-profit agencies who serve diverse traditionally underserved communities.

Clinic expansion programs also included the use of Behavioral Health Specialists (BHS) in each region of the county to provide groups and other services to address the needs of youth with co-occurring disorders. Mentoring services have also been provided to 49 children that have open case files in the children's clinics. Evidence-based practices (EBP) expanded in the children clinics include Cognitive Behavioral Therapy (CBT) and Parent

Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning into the adult system and young children). Cognitive Behavioral Therapy continued to expand with the availability of Trauma-Focused CBT for youth with symptoms related to significant trauma experiences. PCIT was provided within the context of a Full Service Partnership program to 93 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).

Services to youth involved in the Juvenile Justice system have continued with Aggression Replacement Therapy (ART) provided in several youth detention settings. ART is an EBP that focuses on the development of strategies to manage anger and improve social skill competence. The ART program served 92 youth during FY15/16.

3-Year Plan Projections/Amendments - Children's Integrated Services Plan (CSS-01)

All FSP Children's programs, Multi-Dimensional Family Therapy, Treatment Foster Care-Oregon, and PCIT were all fully operational in the last 3-year cycle and will continue to be sustained through 2020. There are no current plans to expand slots, but to maintain the current service levels. In the last 3-year cycle, MDFT was expanded by one team in addition to adding Parent Support positions. All System Development programs will also be sustained including the Parent Support Unit, Mentoring Contract, Youth Hospital Intervention Program, and the full Out-Patient Clinic Enhancement/Expansions Initiatives.

One of the recommendations that surfaced through the Community Planning Process was the need to expand Parent Supports specifically focusing on homeless families. Families and youth are more successful when there is a component of stabilization for the entire family. The Parent Support & Training (PS&T) Program in collaboration with RUHS-BH Homeless Housing Opportunities, Partnership & Education (HHOPE) Program is planning to incorporate Parent Partners into their services. The focus is to place parents/children into

appropriate housing to accommodate their family needs. This will impact families that the Parent Support and Training Program works with both in the community as well as within the regional children's clinics. This need has been identified by the families with whom we work. There are many contributing factors to families who are unable to find adequate housing in Riverside County. This Parent Partner position would be unique as the position would work closely with both the PS&T Program as well as the HHOPE (Housing) Program. As families are often lost in the process, this would give families the opportunity to know the resources that are available to them and hopefully be able to put interventions in place sooner. The addition of a Parent Partner locally in each region will help to coordinate housing needs more effectively with families. Parents are typically under so much stress with accessing the services that their child needs, as well as everyday life circumstances, they need additional assistance in accessing and maintaining adequate housing for their family.

The other area of identified need is supporting youth transitioning out of Juvenile Hall. In the original CSS Children's Work Plan, Juvenile Hall youth were identified as a target population. In response to this need, a Juvenile Hall Liaison Program was developed to address the needs of this population. However in FY09/10 the Liaison Program was suspended due to budgetary restrictions. As the needs and issues continue to surface through the Community Planning Process for these youth, the Department has decided to reactivate these programs and associated staff.

CSS-02 Integrated Services for Youth In Transition

Full Service Partnership

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

Integrated Services Recovery Center-Mid-County

Integrated Services Recovery Center-Desert

System Development

Peer Support and Resource Centers (see CSS-05)

Transition to Independence Process (TIP) Training

Crisis and Adult Residential Treatment (CRT) (ART)

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

Transition Age Youth (TAY) programs continue to be implemented as originally developed in the 3YPE. Services to Transition Age Youth were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, and hospitalizations; as well as promoting independent living and recovery. TAY with a serious persistent mental illness and frequent psychiatric crisis or inpatient admissions, or that are experiencing incarcerations and/or homelessness, were an identified service priority. TAY, with co-occurring disorders, was also a priority. The CSS strategies supporting transition age youth during FY15/16, including Integrated Services Recovery Centers, Peer Support and Resource Centers, and Crisis Residential Services were designed to address the issues identified for TAY youth during CSS planning.

The Integrated Services Recovery Centers (ISRC) Full Service Partnerships continue to operate in all three regions of the County. The Western Region program, "The Journey", moved into a new location in FY15/16. The Peer Support and Resource Centers were fully

operational with the addition of a new Desert location. Crisis and Adult Residential Treatment are available for TAY needing stabilization, although they are funded through the Adult Integrated Services Work Plan. Emergency and permanent housing are also available to TAY through the HHOPE Program outlined in the Adult Work Plan.

TAY Integrated Services Recovery Centers (ISRC) established in each region of the county (Western, Mid-County, and Desert) continued to provide Full Service Partnership services focusing on youth transitioning to adult services. A variety of services and supports are available at the TAY ISRCs including mental health services, housing supports, vocational counseling, substance abuse counseling, peer support, and psychiatric services. In FY15/16 over 300 TAY youth were served by the FSP programs with 130 youth being served in the Western Region; 93 youth in the Mid-County Region; and 82 in the Desert Region. The TAY FSP program shows good progress with regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs somewhat reflect the proportion of Caucasian and Hispanic/Latino population in the Riverside County population with more Hispanic/Latino TAY (39%) youth served than other ethnic/race groups. The Black/African American group at 18% is overrepresented in the TAY FSP relative to the county population and the Asian group is underrepresented. Recent outcomes evaluation for TAY FSPs showed a 75% reduction in the number of arrests; a 74% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 54% reduction in the number of inpatient psychiatric hospital admissions.

Crisis Residential Treatment (CRT) services have been available to TAY age youth to stabilize them in acute crisis in order to eliminate or shorten the need for inpatient hospitalization. CRT services operating in the Western and Desert Regions provided this community-based alternative to 85 TAY age youth. In addition eight TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting, for up to six months, for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive

Institution for Mental Diseases (IMD) setting, and provides the services and structure needed to assist consumers with removing barriers to discharge and optimizing re-integration into the community.

Transition to Independence Process (TIP) is the most researched, evidence-supported practice for engaging TAY in their own futures planning process and assisting TAY with greater self-sufficiency and goal achievement across life domains. TIP-trained sites are utilizing core competencies of Strengths Discovery, Futures Planning, Rationales, In-Vivo Teaching, Social Problem-Solving (SODAS), Prevention Planning for High Risk Behaviors, and Medication with Young People and Other Key Players (SCORA) in their work with TAY. The TIP Site-Based Trainer process continued in order to support fidelity to the model and sustainable implementation across the county. The Site-Based Trainers undergo the rigorous certification process, as outlined by the model's developer and purveyors and delivered a three-day TIP Training to staff at the six TAY sites in December 2013. They are now assisting staff with daily implementation of TIP guidelines and practices with their TAY consumers. The Trainers were observed delivering the training as part of the final certification process. It is anticipated that final certification will occur this year and be incorporated in the new Innovation TAY Drop-In Centers.

Peer Support and Resource Centers operated by Recovery Innovations, Inc. are referred to as "Wellness Cities". The centers provide another avenue for TAY youth to receive educational and vocational support as well as peer mentorship with a recovery focus. Progress of the Peer Support and Recovery Centers is included under the Peer Support and Recovery Center Work Plan (CSS-05). The Department has funded an additional center in Palm Springs, so there are now two TAY centers in the Desert Region.

3-Year Plan Projections/Amendments - Integrated Services for Youth in Transition (TAY) Plan (CSS-02)

The TAY Full Service Partnership programs will continue to be sustained in the new 3-year implementation cycle. There are three distinct programs designed for TAY, one in each region of the County. There also are Peer Support Centers, known as Wellness Cities that are required to offer a separate and distinct tract for TAY. During the last 3-year cycle, a fourth Center was proposed and is now fully operational. There are now four regional Wellness City Programs (Riverside, Perris, Palm Springs, and Indio) and three Satellite programs (Temecula, Banning, and Blythe).

All other System Development programs will continue to be sustained in the next 3-year cycle including Transition to Independent Training, Crisis and Adult Residential Treatment, and Evidence-Based Practice Models offered through the Clinic Enhancements/Expansions.

During the last 3-year planning process the idea of developing “TAY Drop-In” Centers surfaced through the TAY Collaborative. The recommendation was made to have the TAY Collaborative continue to develop the concept and create an Innovation Project. Since that time, a plan was developed, submitted and approved by the MHSOAC, and is currently being implemented. More detailed information on this program is available in the Innovation section (page 181) of this document.

All Clinic, Family Support, and Juvenile Hall initiatives described in Children’s Integrated Services Plan also apply to the TAY based on age.

CSS-03 Comprehensive Integrated Services for Adults

Full Service Partnership

Integrated Services Recovery Centers

ISRC West

ISRC Bridges

Western
Mid-County

ISRC - [Riverside Integrated
Service Expansion (RISE)
for High Utilizers]

System Development

Adult Residential Treatment (ART)

Mid-County and Desert Regions

Safehaven

Western and Desert Regions

Housing (HHOPES)

Mental Health Court

Augmented Board and Care (ABC)

Crisis Residential Treatment (CRT)

Crisis Stabilization - (All Regions),
including Outreach Teams

Family Advocate Program

Peer Support and Resource Centers
(see CSS-05)

Clinic Enhancements and Expansions

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

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

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a recovery-focused supportive system of care services for adults with serious mental illness. The priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-

occurring disorders, forensic populations, and high users of crisis and hospital services.

CISA Work Plan strategies include a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices. The Comprehensive Integrated Services for Adults (CISA) program continues to offer Full Service Partnership (FSP) programs in all regions of the County. The “Bridge” and “Rise” (Riverside Integrated Services Expansion) FSP expansions have successfully continued to operate in FY15/16. The “Bridge” acts as an intermediate level of care to step individuals down to a lower level of care, and the “RISE” offers FSP services to those transitioning from the most intensive residential settings to community care settings. All System Development programs continue to be operational with the exception of the Augmented Board and Care (ABC). The Department is continuing to seek a contract provider for the ABC Program. It has been a challenge to maintain a contract provider for this program and the Department is actively seeking a new provider to deliver the program.

The Desert Hot Springs expansion for adults was stalled due to space limitations, although the new Behavioral Health and Nutrition Center in Desert Hot Springs is fully operational for Older Adults.

All the other Systems Development Programs in the Work Plan are fully operational including the Adult Residential Treatment Program, Safehaven, Mental Health Court, Crisis Residential and Stabilization Program, Family Advocate, and Clinic Enhancements/ Expansions.

Recovery-focused support is a key component in the outpatient clinic system. The employment of Peer Support Specialists is part of the adult CISA clinic enhancements. Peer Support Specialists have continued to serve as an important part of the clinic treatment team by providing outreach, peer support, recovery education, and advocacy. Wellness

Action Recovery Plan (WRAP) groups have become well established in our adult clinic system due to the work of Peer Support Specialists. Peer-Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery.

Recovery Management, Dialectical Behavior Therapy, and Co-Occurring Disorder groups are evidence-based practices offered in the adult clinics and supported through the Adult Work Plan. Training and continued staff support to ensure program fidelity has been a key component in offering these groups to consumers. Many consumers have benefitted from this therapeutic group service. Outcomes from recovery management showed that knowledge of illness and self-management strategies improved from initial measurement to follow-up. In total 16,162 consumers have benefitted from clinic expansion and enhancements.

Support offered by three regionally based Family Advocates has been an important component of enhanced clinic services. Family Advocates provide families with resources and information on mental illness and how to navigate the system and get help for their family member. Families with a loved one accessing services in the county mental health system can consult with Family Advocates when needed. In addition the Family Advocate unit provides a variety of informational and support services to assist families of mentally ill adults and TAY consumers in the community who may not be currently utilizing the county system. Typical Family Advocate activities include assistance with navigating access to clinic services and connections to self-help support groups like NAMI. Recently Family Advocates have directly facilitated support groups for family members. The Family Advocate Program provided support to 1,260 family members and had contact with an additional 1,243 people through various community outreach events and educational/training presentations. Family Advocates, who have a family member with a serious mental illness, contribute a unique perspective to supportive services provided in the clinics and in the community. (See Family Advocate Program, page 208, for more details.).

FSP programs provide a more intensive level of service through regionally placed Integrated Service Recovery Centers (ISRC). Three ISRCs provide Full Service Partnership services for adults with a service array that includes: mental health services, vocational counseling, substance abuse counseling, peer support, benefits assistance, and psychiatric services. In total 640 adults were served in the Adult FSP programs; with the Western Region program serving 249 FSP consumers, the Mid-County Region serving 198 FSP consumers, the Desert Region serving 152 FSP consumers, Forensic FSP serving 18 consumers, and RISE serving 115 consumers. The ISRCs serve consumers who are unengaged and are homeless or at risk of homelessness. The program also targets consumers who have a history of cycling through acute or long term institutional treatment settings. These centers collaborate with community resources and agencies to meet the vocational, educational, social, and housing needs of adult consumers. Services are provided by a multi-disciplinary team that embraces the principles of recovery and resilience. The Adult FSP program's racial/ethnic distribution showed the majority served are Caucasian (51%) followed by the Hispanic/Latino group at 22% of those served. Adult FSPs have some disparities with regard to the proportion of Hispanic and Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the county's population.

An initial FSP Outcomes Retreat has evolved into quarterly meetings for FSP program management and supervisors including contract providers. FSP outcome reports have been presented which provided an avenue for further discussion with staff with regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed a 94% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 75% compared to baseline; and the number of consumers with admissions to the emergency room for psychiatric reasons has decreased

visits 94% compared to baseline data. Comparisons of consumers' residential status at intake and their most recent residential status showed that homelessness decreased and consumers living on their own in an apartment, house, or rented room increased. In addition, the number of days spent living independently, in supervised placement, and residential treatment increased and the days spent homeless, in jail, and justice placement decreased. FSP expansion programs have continued to be fully operational in FY15/16. This increase in FSP capacity was identified via stakeholders and FSP Committee recommendations. These ISRCs expansion programs include an intermediate level of care called the "Bridge" and a population focused program called "RISE". The Bridge programs served 72 people in the Western and Mid-County Regions. The expectation is this program will allow for an additional 140 FSP slots for consumers.

The RISE was developed to engage individuals on LPS conservatorships who are transitioning back to the community after treatment in a secure long-term care facility. RISE served 135 individuals in FY15/16. These individuals have been stabilized in less restrictive living situations while receiving intensive mental health supports through FSP. Formerly this population was among those with high service utilization in crisis or acute settings.

For the adult forensic population, dedicated mental health staff provide assessments, 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 Behavioral Health. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court Program to one of the Integrated Service Recovery Centers, or other appropriate county clinic or community resource based on the consumer's needs and recovery goals. The Mental Health Court Program served 596 consumers in FY15/16; and has shown that nearly 80% of participants have

successfully remained in the community with no new arrests during their program year. (See page 189 for a full description of the Mental Health and Veterans Court Programs.)

In FY15/16 the Crisis Stabilization Unit (CSU) in the Desert Region served 1,583 people (1,400 adults, 183 youth <18). MHSAs funds have been leveraged with Crisis Grant funding opportunities to further support the Department's development of a Crisis Response System of Care. Expansion in the crisis system includes three voluntary CSUs one in each region of the County. The Western CSU began providing services in FY15/16 with 631 clients served. A Desert voluntary CSU opened late in 2016. The Mid-County CSU is not yet operational. Although only partially funded by MHSAs, this allows the Department to build upon existing MHSAs Crisis Stabilization and Residential Treatment services. Leveraging crisis resources should result in lower in-patient hospital rates and associated costs aligning with MHSAs principles.

Outreach Teams support community hospitals and law enforcement to ensure those in crisis have alternatives to hospitalization by fully utilizing the Crisis Stabilization Services. In FY15/16 Crisis Stabilization Outreach Teams supporting law enforcement served 751 people and Outreach Teams supporting community hospitals served 1,102 people. Both adults and youth under age 18 benefitted from the Outreach Teams services. One third of the law enforcement crisis contacts were for youth under the age of 18. Most of the Outreach Team's crisis contacts supporting community hospitals were for adults (92%) only 8% involved youth under the age of 18. Outreach Teams supporting law enforcement were able to divert from hospitalization 75% of the people they served. Outreach Teams supporting community hospitals were able to divert 40% of people they served from emergency rooms.

Crisis Residential Treatment (CRT) services and the Adult Residential Treatment (ART) Programs have provided community-based voluntary alternatives to acute inpatient admissions and/or earlier discharge from acute or long term settings. This program served

600 adults at two regional CRTs. The CRTs supported stabilization and discharge planning in a residential treatment setting, for up to two weeks, thus avoiding more costly inpatient settings. The Adult Residential Treatment Program served 36 adults enabling them to stay in a therapeutic residential treatment setting for up to six months before transitioning to a less restrictive living situation. This program allowed the consumers to receive assistance with removing barriers to living more independently and maximized the opportunity for a successful re-integration into the community.

CSS-04 Older Adult Integrated System of Care

Full Service Partnership

SMART (Specialty Multi-Disciplinary Aggressive Response Teams)

West
Mid-County
Desert
(SMART) Bridge

System Development

Peer and Family Supports

Housing

Network of Care

Clinic Enhancements and Expansions

Older Adult Clinics

(Western, Mid-County, and Desert Regions)

Riverside, Lake Elsinore, Temecula, Hemet, San Jacinto, and Desert Hot Springs

The Older Adult Integrated System of Care (OAISC) will continue to provide integrated services, which includes a Full-Service Partnership (FSP) Program, a “Bridge” FSP expansion and other supportive services. The Older Adult Integrated System of Care SMART (Specialty Multi-Disciplinary Aggressive Response Teams) Full Service Partnership programs are in each of the three regions in the County. Each of the regional FSPs also has a “Bridge” level of care that allows for an additional 70 slots per region. The Department is committed to sustaining all other programs listed in the Older Adult Integrated Work Plan including Peer and Family Supports, Housing, Network of Care, and Clinic Enhancements. The Desert Older Adult Clinic has relocated to a new facility in Desert Hot Springs.

The OAISC Work Plan includes strategies to enhance the staff available to serve older adults at regionally-based older adult clinics and through designated expansion staff located at adult clinics. Older Adult Clinics are located in Desert Hot Springs, San Jacinto, Riverside, Lake Elsinore, and Temecula, and expansion staff are located at adult clinics in Perris, Banning, and Indio. Combined Older Adult clinic programs and expansion staff served 2,258 older adult consumers. The clinic Wellness Program is designed to empower mature adults who are experiencing severe, persistent mental illness to access treatment and services in order to maintain the daily rhythm of their lives. The Wellness and Recovery Centers for Mature Adults provide a full menu of behavioral health services including psychiatric services, medication management, case management, individual therapy and group therapy, psycho-educational groups, peer support services and animal assisted therapy. Older Adult Clinics currently offer over 20 therapy and psycho-educational groups including Wellness, WRAP, Facing Up, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Psychotic Symptoms, Seeking Safety, Dialectical Behavioral Therapy, Bridges, Grief and Loss, Recovery Management and Co-Occurring Disorders. Peer Support Specialist work hand in hand with clinicians and other staff to provide the full array of groups. The proportion of older adults served across the county matches the county population with 22% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 21%. The Caucasian group served was 46% and the Black/African American group served was 10%. The Asian/Pacific Islander group served at 2.4% was less than the county population of 6% Asian/Pacific Islander.

The OAISC Work Plan also includes Full Service Partnership services through a multi-disciplinary team approach. Three regionally based multi-disciplinary service teams, called the Specialty Multi-Disciplinary Aggressive Response Treatment (SMART) Teams have continued to provide FSP services including: mobile outreach assessments (which incorporate health and mental health assessments), intensive case management, medication management services, crisis assessment, crisis 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. Since many SMART consumers are homeless or at risk of being homeless, the SMART Programs each have a strong housing component which utilizes the housing resources available to place older adults when possible. Some of these resources include emergency housing, placement in room and boards, board and cares and subsidized housing. The SMART Programs in Western and Mid-County Regions have staff housed in senior complexes to provide extra support and help with stabilization. Consumers graduate from the Older Adults SMART FSP to the Bridge program and then transition into Wellness and Recovery Services for assistance with long-term treatment and recovery goals.

In FY15/16 SMART FSP teams served 126 in the Western Region, 87 in the Mid-County Region, and 64 in the Desert Region. The Bridges FSP step down programs in Older Adults served 15 people in the Western Region, 2 in Mid-County, and 16 in the Desert Region.

Outcomes for the SMART FSP program consumers showed an 85% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 61%; and the number of older adults with an arrest decreased by 87%. SMART programs were successful at engaging 28% of those identified with a co-occurring substance use problem into treatment services. Comparisons of intake status and most recent residential status showed that the percentage of consumers living independently remained relatively stable with only a slight decrease at follow up. There was also a decrease in homelessness and emergency shelter residential settings at follow-up.

The demographic profile of FSP older adults served somewhat reflects the county older adult population with a county population of 21% Hispanic/Latino older adults, 16% served in FSP. The Caucasian group represented 61% of FSP consumers, which is slightly less than the percentage found in the county general population. The Black/African American group served was overrepresented at 9% while the Asian/Pacific Islander group served at 1% was less than the county population of 6%.

3-Year Plan Projections/Amendments - Older Adult Integrated System of Care (CSS-04)

The Older Adult Full Service Partnership program, SMART (Specialty Multi-Disciplinary Aggressive Response Teams), will continue to operate and be fully funded during the next 3-year implementation cycle. During the last planning process the recommendation and creation of a FSP step-down, a “Bridge” Program was implemented. This program was also recommended to continue to serve the older adult population through 2020 and provides an additional 70 slots.

Other System Development programs will continue to be offered and include: Peer and Family Supports, Housing, Network of Care, and expanded clinic services in Riverside, Temecula, Hemet, San Jacinto, and Desert Hot Springs. The Riverside program, Wellness and Recovery for Mature Adults, has moved to a new location at the Rustin complex in Riverside. The Older Adult Program continues to increase access to services through the utilization of field-based approaches. There is also a complete array of services through the Department’s Prevention and Early Intervention Program Plan for Older Adults.

System Development

- **Consumer Affairs, Employment and Recovery Training**
- **Veterans Liaison** (Peer Support Services funded through PEI-01, MH Outreach, Awareness, and Stigma Reduction)
- **Wellness Cities (Peer Peer Support and Resource Centers)**
 - Western
 - Mid-County
 - Desert
- **Art Works**

The Department continues to be dedicated to the previously approved key Peer Initiatives including Peer Employment and Recovery Training, Peer Employment, and Peer Support and Resource Centers. In the last planning cycle, the recommendation for expansion of Peer Employment Training opportunities was actualized and implemented. This will help build Peer workforce capacity as the Department now funds well over 200 peer positions department wide and through contractors. The Department will continue to expand Peer Support Specialist positions in accordance with any program growth. One additional area to explore over the next three-year funding cycle is the potential use of Peer Navigators in emergency departments to assist in reducing overcrowding and congestion in hospitals.

These outreach efforts will be researched and explored with leadership from the

Department's Consumer Affairs division. The Department is fully committed to incorporating Peers in all aspects of programming and systems of care.

Peer Support and Resource Centers also continue to be an important component of the Department's Peer Initiatives. Recovery Innovations now operates the Peer Centers countywide referring to them as "Wellness Cities". 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.

In the last planning cycle, an additional Wellness City was added in Western Coachella Valley and serves as a step down for the Full Service Partnership Program housed in Palm Springs. These Peer Support and Resource Centers now provide four sites, and three satellite sites that serve an average of 418 adults, and 44 Transition Age Youth (TAY) annually.

During FY15/16, the four regionally located centers served a total of 1,387 mental health consumers. In the Western Region, Recovery Innovations provided support services to 428 adults and 62 TAY. In the Mid-County Region 354 adults and 27 TAY received services. In the Desert Region 474 adults and 42 TAY were served. Community feedback supports continued implementation and funding of these Centers through the next three-year funding cycle.

Consumer Employment, Support, Education, and Training

During FY15/16, Consumer Affairs continued its growth within the Behavioral Health Department. Recovery model and consumer initiatives were implemented in cross-agency training and participation throughout the year. This is the priority of the Consumer Affairs Program which remained strong and Peer Support Specialists (PSS) continued to be utilized

in a variety of areas and programs to integrate the consumer perspective into the recovery teams within the behavioral health field. PSS are people who have experienced significant mental health and/or substance use challenges that have disrupted their lives over lengthy periods and have achieved a level of recovery and resiliency to use their experience to benefit others experiencing behavioral health challenges. PSS have been added to existing programs and to developing innovative programs.

Workforce

Consumer Affairs added to its numbers by bringing on qualified PSS Interns (PSSI) who have completed Peer Employment Training. They then go through a selection process, which includes a meeting with the Consumer Affairs and Workforce Education and Training (WET) Manager. Those who are selected provide direct services in the clinics and programs. A detailed training program is in place to ensure each PSSI builds the same skills as do other Peer Support Specialist staff. This is accomplished in a learning capacity, while performing all the essential job functions of a full-time PSS. A Senior Peer Support Specialist (Senior PSS) mentors them in their learning. In FY15/16, there were 13 PSS Interns and of those 13, four were hired to full time positions within the Department.

Programs

The TAY (Transition Age Youth serving individuals ages 16-25) Peer Support Program has expanded to include three Drop-In Centers placed in each of the three regions in Riverside County. It currently has three dedicated Senior PSS and plans for up to 15 PSS working with youth. The TAY Peer Support Team provides needed support and resources to the Transitional Age Youth who are transitioning from the children's service programs into the adult programs. This increases the likelihood of the individual continuing his or her recovery into young adulthood and reduces the chances of those same individuals falling into crisis during this very challenging transition. One of the TAY Senior PSS works with the Children's Services Administrator and the Peer Policy and Planning Specialists from Adults,

Family Advocates, and Parent Partners to augment current PSS Training offered to adults. This includes subject matter to assist the TAY PSS in working alongside young people and their parents to ensure appropriate Medi-Cal reimbursements for services provided through Riverside University Health System - Behavioral Health. There are two Senior PSS for TAY, with a plan for a third, currently working to improve services to this population through the implementation of Drop-In Centers strategically located throughout the county. These centers will also provide needed support for youth who experience first episode psychosis, who require special support to develop life skills, education, vocation, and housing goals. The plan is in place to have these all-inclusive centers open by summer of 2017.

The PSS Volunteer (PSSV) Program also increased the number of consumer providers. In FY15/16 Riverside University Health System - Behavioral Health was privileged to have 31 PSSV providing 2,518.15 hours of service. This program has been particularly exciting, as the volunteers are all providing direct services that result in a tremendous response from clients. The PSSV perform a variety of tasks, including greeting clients in the lobby, providing resources, co-facilitating recovery groups, and providing one-to-one peer support. Many of the volunteers go on to be hired to work for the Behavioral Health Department or its contractors.

Senior Peer Support Specialists

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

- Recovery Documentation
- Advanced Peer Practices
- Recovery Focused Service Delivery
- Recovery Coaching
- Collaboration: A Recovery Practice
- Recovery-Focused Service Delivery for MDs
- Wellness Recovery Action Plan © Facilitation
- Co-Occurring Life of Recovery (COLOR)

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

There are fourteen senior positions for Consumer Peer Support. Three regional Senior PSS (Western, Mid-County, and Desert), one each in Older Adults, Substance Use, the Navigation Center, AB109 "New Life", Research and Technology, Communications, Long Term Care, Homeless Outreach "HHOPE", and the Family Rooms, and three in the Transition Age Youth Programs.

Under Waiver 1115, the Senior PSS for Substance Use has been working to plan, develop and implement paid line staff PSS to provide direct services to individuals who are receiving treatment for substance use challenges in addition to mental health challenges.

Previously, PSS Volunteers were the only peer support services available in the Substance Use Program. Under the Waiver, paid PSS line staff services were proposed. This process has been implemented and currently the Substance Abuse Treatment Services Programs have two full time PSS delivering direct services.

The Senior PSS in Research and Technology has supported the development of the countywide launch of "Whole Health". This is a consumer-directed program utilizing the Recovery Innovations (RI) International, Inc. curriculum "Facing Up." This program launched early in January 2015. This Senior PSS position also works countywide to ensure compliance of written material availability in clinic lobbies and that customer service practices are in line with providing consumers with a welcoming environment that works to reduce stigma and promotes recovery. Compliance reports are generated and delivered to Managers, Administrators, Deputy Directors, and Executive Management for review. In September 2016 the Senior PSS for Research and Technology began supporting the line staff of the Rustin Gym. This unique program provides access to gym equipment, education, and groups for the programs housed at the Rustin Campus of Behavioral Health, supporting whole person wellness to behavioral health consumers.

The Senior PSS in Communications provides information to the community and other RUHS agencies. A primary focus in FY15/16 has been on training of all staff, especially newly graduated PSS. The "Peer Opportunities Workshop" (POW) for recent graduates of RI, International's Peer Employment Training (PET) was provided to educate and assist in the vocational development of individuals seeking employment utilizing PSS skills. This workshop informs recent graduates of the programs that utilize peer support in and out of the county system. It also assists with navigating the complexities of the "Job Gateway" system on the County Human Resources website. In 2016 there were 98 attendees of the POW. Of the 98 attendees, 14 were hired to permanent full time employment with RUHS-BH and all 13 Peer Support Interns assigned in 2016 had attended the POW.

Community Education and Support

The Consumer Affairs division receives requests to submit proposals for workshops nationwide. In the 2015/2016 fiscal year, the Senior PSS joined with the Consumer Affairs Program Manager to facilitate these requests. These workshops were presented at the

International Association of Peer Supports (iNAPS), and the California Association of Social Rehabilitation Agencies (CASRA) spring and fall Conferences. In addition, the Department has participated in assisting with the development of Statewide Peer Support Certification in collaboration with the California Association of Mental Health Peer Run Agencies (CAMHPRO). Consumer Affairs hosted the Southern Forum for CAMHPRO at the Rustin Conference Center, which invited 100 participants from ten counties (San Bernardino, Kern, Orange, Ventura, San Diego, Imperial, Santa Barbara, San Luis Obispo, Riverside, and Los Angeles).

The following list of presented workshops focuses on delivering the message of the need for implementation of peer-provided services within the mental health system, as well as demonstrating how Riverside University Health System - Behavioral Health has done this effectively:

- "Crisis Response and Peer Support"
- "Peer Support Career Ladders"
- "Peer Navigation: Making Connections"
- "Recovery is Not a Four Letter Word"

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

Training and Support

The Consumer Affairs division continues to hold monthly trainings. There have been specialized presenters to provide information on topics such as Ethics and Boundaries,

Pets Assisting in Recovery (PAIR), Older Adults, Spirituality in Mental Health, Cultural Competency, Substance Use and Recovery, Housing Support Services, and much more.

During the FY15/16, partnering with a county contracted agency, Recovery Innovations, six Peer Employment Trainings were held and have graduated 130 students. This class is two weeks (72 hours) of intensive college-level material. It includes a mid-term and final examination. This class provides the Department with new PSS staff, volunteers, and interns. It also assists consumers to further their personal recovery.

Consumer Affairs continues to collaborate with the Family Advocate Program as well as Parent Support and Training. This ensures that Riverside University Health System - Behavioral Health carries a singular message of hope to the community. The Senior Peer Support staff is collaborating in a number of ventures providing training to the community, sharing resources and co-facilitating events. The fifth annual "All Peer Summit" (Consumer Affairs, Family Advocate Program, and Parent Partner Program) was held in October 2016. There were more than 300 attendees from all three programs. This summit was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives. Speakers from the Family Advocate Program brought education regarding forensics populations and a speaker from the Homeless/Housing Opportunities, Partnership & Education (HHOPE) program informed the participants on the criteria for housing support and provided resources.

Consumer Affairs has implemented a Consumer Resource Help Line to connect the community with resources and solutions for behavioral health challenges, and also life adjustments that often exacerbate those related behavioral health challenges. The Peer Navigation Line (PNL) began in April 2016 and is a toll free number to assist the public in navigating the Behavioral Health System and connecting to their individuals need. The public can contact the Peer Navigation Line, which is staffed by individuals with "lived experience", including one full-time staff, two interns, and several volunteers, who are

supervised by the Senior Peer Support Specialist for Communications. A total of five volunteers from the PNL have gone on to be hired full time and three are currently Peer Support Specialist Interns with the County. PNL staff can:

- Listen to the caller's worries and talk about their choices;
- Help figure out where local resources can be found;
- Help the person decide which resources are best for them;
- Point out possible places to start;
- Answer questions about mental health recovery; and
- Help the caller see the hope through sharing "lived experience".

The PNL staff has provided community presentations and marketing tools throughout Riverside County to increase awareness of the program. The PNL has completed 376 contact log entries (212 MH Admitted Client Contact Log, 164 MH Contact Log) from inception through November 2016. The utilization of the contact log allows for open communication between the PNL and the individual's "home clinic" when applicable. The resources provided include, but are not limited to, finding assistance with education, vocation, shelter, utilities, pets, and other social services.

Consumer Affairs collaborated with the Homeless Outreach Team to present the Longest Night events, which were held in all three regions of the county. Donations from employees, community members, and consumers of blankets, gloves, coats, scarves, socks, and shoes were gathered and distributed at each event. Any donation not used at each of the events was forwarded to the Homeless Outreach "HHOPE" team for those they encounter and engage during outreach activities.

In Western Region, the Recovery Learning Center outreached to 24 community members, providing support and handed out more than 20 blankets for those struggling with homelessness, etc. Staff shared a night of conversation, hot chocolate, soup and other

snacks. A candlelight memorial was held to honor those who lost their lives on the streets in 2016.

In the Mid-County Region, Perris and Hemet area activities included a moment of silence held in memoriam for those who had lost their lives on the streets. Blankets, hot chocolate, and warm smiles were handed out to those in need.

In the Desert Region, staff and consumers gathered at three locations. The event at Replier Park in Banning had approximately 25 attendees. Blankets, socks, coats, gloves, scarves, and beanie hats were provided to those that participated. At Miles Park in Indio, along with the vital blankets, clothes, and "goodie-bags" with toiletries attendees participated in a memorial, during which individuals shared their stories of survival while living on the streets. Hot chocolate and candy canes made the moment even brighter. In Palm Springs, a moment of silence was held in memoriam of those who have lost their lives with homelessness as a contributing factor. Blankets, socks, jackets, scarves, gloves, and hygiene items were also distributed.

For FY15/16, Consumer Affairs took the lead in the May is Mental Health Month events across the County reaching more than 2,500 community members. Auditions were held (open to consumers, family members, caregivers, and staff) for a chance to sing the National Anthem at the Western and Mid-County Regional events. In the Desert Region, the Annual Art Show sponsored by the Desert Region Behavioral Health Commission was held. There were 190 participants who shared their art and written work with the community in an effort to reduce the stigma associated with mental illness. Prizes were awarded for submissions. In the Western Region, a Mental Health Fair was held at Fairmount Park in downtown Riverside. There were more than 100 vendors present to share information on various services throughout the community and approximately 1,800 community members present. Life Stream partnered with RUHS - Behavioral Health to promote the donation of blood in the community. Mid-County Region presented a Health

Fair at Foss Field Park and Perris City Council Chambers. There were more than 65 vendors present and 600 community members. This year was the second year Mid-County hosted its own event and it was a huge success.

FY17/18, 18/19, and 19/20

Consumer Affairs proposes to continue to innovate and implement recovery practices building inter-agency and community connections to better service all those who are within our County. The following are planned activities for the future.

- Recovery Coaching and Language In-Service Training - Inpatient Treatment Facility. Consumer Affairs has been invited to provide hopeful language and recovery coaching training to the nurses, clinicians, and technicians at the Inpatient Treatment Facility (ITF) in Riverside.
- Substance Abuse and Treatment Peer Support Training - This is a specific training aimed at enhancing Peer Employment Training for Peer Support Specialists working under Waiver 1115.
- Rustin Café Vocational Program. This is a program focused on providing real life training to individuals who are seeking to get into the workforce, either as a return employee or as a first time employee. A Request for Proposal has been opened for public review and response.
- Consumer Affairs plans to work closely with members of the iNAPS (International Association of Peer Supports) in the development of a National Peer Certification. San Bernardino Diocese Behavioral Health Conference - focus on engaging spiritual community leaders in a conversation on mental health and substance use challenges and possible collaborative solutions.

- Consumer Affairs has been invited to collaborate with the Veterans Affairs Department in Loma Linda to assist with the development of ongoing training for Peer Support Specialists.
- Peer Support Specialists in the emergency departments throughout Riverside County, beginning with RUHS run facilities, to assist with navigating systems and obtaining resources. This design, in development for 2017, will reduce the over use of emergency services thus decreasing the overall associated costs. Peer Support Specialists are proposed to be added to staff in the Emergency Department at the Cactus Avenue Campus and Federally Qualified Health Center (FQHC) clinics throughout the County in a series of phases.
- The Recovery Learning Center Recovery Coaches are being re-established in the Behavioral Health System as Peer Navigators to address the on-going needs related to "post-hospitalization first appointment timeliness to service" and "no-show rates in outpatient clinics". Under the Consumer Affairs Peer Navigation Center Proposal of August 2016, it was determined that the former Recovery Learning Center Navigation Center has a proposed open date of April 2017.
- Expansion of Senior Peer Support in Long Term Care, Crisis Support, and Integrated Health Care environments. Consumer Affairs is compiling data to support the creation of two new Senior PSS positions to support peer providers working in inpatient environments, the CREST and REACH Teams, the Crisis Stabilization Units, the Riverside Crisis Residential Treatment (CRT) facility (currently in RFP review), FQHC clinics, and Emergency Departments will be proposed. The expectation of fast growth in Peer Support staffing in these environments will require additional leadership positions.

Veterans Services Liaison

RUHS-BH secured a 26-year Navy veteran to fill the role as the Veterans Services Liaison (VSL) while serving as an MSW Graduate Student Intern. In a short few months, this MSW Intern has identified and consolidated all necessary documents and electronic hardware necessary to determine eligibility for services, completed necessary pre-service forms, initial clinical assessments, and developed a Client Care Plans while engaging homeless veterans in the various settings in which they live. This graduate student intern is extremely motivated and has a particular interest in overall Prevention and Early Intervention with veterans and improving recovery outcomes for homeless veterans.

The VSL is an effective mental health advocate that can reach out to the active duty members who will soon discharge and may find themselves residing in Riverside County. The VSL will engage the various military bases in the area to include Fort Erwin (Army), March AFB (Air Force), San Diego (Navy), and Camp Pendleton (Marines) in an effort to provide wellness presentations. The presentations will address various issues surrounding mental health challenges commonly facing veterans and their families and the various County and non-profit agencies available for assistance, education, and advocacy.

In the next few years, this VSL will outreach to various veteran organizations to increase awareness of the mental health challenges facing veterans and their families and the (often free) resources available to them for mental health assistance, education, and advocacy. The veteran organizations in Riverside County include American Legion posts, Veterans of Foreign Wars posts, and Disabled American Veteran chapters.

The VSL will also engage local community colleges in an effort to further educate veterans and family members of mental health challenges unique to veterans and the various resources available to them.

Lastly, the VSL will continue to engage homeless veterans while collaborating with homeless outreach staff in order to expand the clients served and continue direct mental health services for those homeless veterans who are most vulnerable.

The WET Steering Committee reinforced the need to train our service system on the cultural and clinical needs of veterans and advises regular training for Department staff in this area.

Recovery Innovations – Wellness Cities

The Mission of Recovery Innovations (RI) International is "Empowering people to recover, succeed in accomplishing their goals, find meaning and purpose in life, and reconnect with themselves and others". In Riverside County, RI International is honored to partner with Riverside University Health Systems - Behavioral Health (RUHS-BH) to provide several such recovery opportunities.

RI International - Wellness City: Western, Mid-County, and Desert Regions

RI International provides a range of mental health services to adults and transition age youth (TAY) participants in Riverside County. The RI Wellness City programs are grounded on the recovery principles of hope, choice, empowerment, an environment of wellness, spirituality, and community enrichment by contribution. Wellness City is made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers called Recovery Coaches who have experienced their own recovery successes share what they have learned and work alongside each person. Those who attend the programs are called "citizens", and like citizens of any community, they both give and receive from the community. The citizens of Wellness City learn to identify personal strengths and challenges and develop personalized action plans that incorporate their dreams for the future. Each citizen of Wellness City partners with a Recovery Coach who understands the challenges and is standing by ready to offer support. Strong and trusting relationships

grow and are nurtured between Wellness City citizens. These relationships are the key ingredient that allow Wellness Cities to be a healing recovery community. There are citizens who receive services, citizens who provide services, citizens who are leaders and citizens who volunteer within the Wellness City and outside community. The healing dynamics of Wellness City include the following services to support wellness and recovery.

Recovery Education: The goal of Wellness City is to offer groups and activities that support each citizen in directing their own recovery journey. All activities will be useful, engaging, and fun, guided by the Recovery Pathways of hope, choice, empowerment, recovery culture, spirituality. At the "Town Hall" meetings, each citizen is invited to share and celebrate their progress and seek support from other Wellness City citizens. Within our centers, classes are offered daily and are taught by program participants, staff, and community partners. Individuals are encouraged to participate in recovery classes and activities, where people can practice wellness in all its dimensions: Social, Emotional, Intellectual, Occupational, Spiritual, Physical, Financial, Recreation, Home, and Community.

Community Enrichment Activities

To assure that Wellness City offers a comprehensive program of wellness, community enrichment activities are schedule monthly. Each citizen is invited to participate in enjoyable and meaningful activities that are free or low-cost community events. Through these events, citizens are encouraged to explore personal interests, engage in new experiences, develop friendships, and discover welcoming places that will increase their quality of life.

Resource Center

Each Wellness City is equipped with computers that utilize Microsoft Office applications and have Internet access. Citizens are encouraged to use the Resource Center to find information according to their own needs and goals.

Peer-Support

Each citizen is welcomed and offered the opportunity to spend time with a Recovery Coach who provides an orientation to the activities provided in Wellness City and assists with developing a "Personal Wellness Plan". Each citizen selects a Recovery Coach who walks alongside them and encourages them as they carry out the actions they have listed in their "Personal Wellness Plan".

Criteria for Eligibility

Anyone who has experienced behavioral health services and lives in Riverside County is welcome to participate in Recovery Innovations Wellness City. Citizens are encouraged and supported to participate in community activities within the Wellness City and outside community.

The RI team also assists individuals in connecting with community resources and supports, in order to promote community integration, physical wellness, and social participation.

Examples of these resources include but are not limited to:

- Riverside Community College's Disability Services Center
- Oasis Vocational Rehabilitation
- Housing and Urban Development Office
- Martha's Kitchen
- SSI Advocacy Firms
- Department of Social Services
- Department of Rehabilitation
- Transportation Assistance Program (TAP)

Community Partnerships, Fairs, and Support

During this fiscal year, RI International partnered with various community organizations and attended a multitude of fairs and shared information regarding programs services and supports, throughout Riverside County. The following are a few of those collaborations:

- RI International's various Wellness City locations partnered with RUHS-BH Mental Health Clinics. Presentations were facilitated by RI staff to staff of RUHS-BH and potential participants receiving services at RUHS-BH Mental Health Clinics.
- RI International Wellness City Riverside participated in the Recovery Happens event sponsored by Riverside University Health Systems-BH Substance Use. Citizens of Riverside Wellness City attended the event and had an opportunity to learn about RUHS-BH services. Recovery Coaches provided potential participants and their family members with information on RI International services. Brochures, class calendars, and giveaways were provided.
- RI International participated in RUHS-BH's Art Show and Creative Writing event for May is Mental Health month in the Desert Region. Citizens of RI International Wellness Cities were transported to the event and several were participants in the Art Show contest. Recovery Coaches provided potential participants and their family members with information on RI International services.
- Loma Linda University Nursing Students partnered with RI International to facilitate Health Awareness classes. Loma Linda interns facilitated a two-hour class once a week. The Interns shared health facts and promoted physical wellness to our Wellness City citizens.
- RI International participated in the Riverside County Probation Collaborative. Information on RI International services was provided to potential citizens and probation officers of Riverside County.

- RI International participated in the May Mental Health Fair sponsored by RUHS-BH. Recovery coaches attended and provided potential participants and their family members with information on RI International services. Brochures, class calendars, and giveaways were provided.
- RI International participated in the Torres Martinez Tribal TANF (Temporary Assistance for Needy Families) Resource Fair. Recovery Coaches provided potential participants and family members with information on RI International services. Brochures, class calendars, and giveaways were provided.
- RI International facilitated two series of WRAP classes at the Coachella Valley Rescue Mission. Attendees were provided participant handbooks to assist in building their Wellness Recovery Action Plan. When the series was concluded, attendees were awarded a certificate of completion and given information on RI International services.

Community Enrichment Activities

Throughout the year, various enrichment activities were attended depending on the suggestions from citizens per location. Regular activities include: movies, museums, concerts, performing art events, community festivals, fairs, and a day in the park. In addition, some of the other activities attended this year include:

- RI International hosted their Annual Holiday Celebration for the participants involved in our Wellness Cities through Riverside County. Participants enjoyed a catered meal while participating in karaoke, line dancing and taking pictures at the photo booth. Transportation to the event was provided. The celebration provided participants the opportunity to connect and meet other individuals throughout all of the Riverside County programs.
- RI International Wellness City participants had the opportunity to visit the Griffith Observatory in Los Angeles. Citizens explored the exhibits and attended a

presentation on our solar system. Citizens discussed their experiences and shared their enjoyment about the enrichment activity.

- Wellness City citizens attended the Public Hearing meeting at Riverside County Rustin building. Citizens shared with the Commission their recommendations for the new Crisis Stabilization Campus currently being constructed. After the meeting, citizens had an ice cream social back at Riverside Wellness City and discussed their experience and enjoyment in attending the Public Hearing.
- Wellness City citizens participated in an outing to the California Science Center. Citizens spent the afternoon learning about the famous Space Shuttle Endeavour from the "Endeavour Together: Parts & People" exhibit that featured artifacts from the shuttle. The Citizens were then invited to the Samuel Oschin Pavilion to see the actual space shuttle. Citizens shared that they appreciated learning about such an important piece of history.
- Wellness City citizens attended the NAMI Walk at Diamond Lake in Hemet. Citizens walked to raise awareness for mental health and to reduce the stigma surrounding mental health. Citizens stated that they felt empowered and excited to take part in the walk.

Wellness City Outreach and Unique Individuals Served

Wellness City programs have provided information regarding services and support by outreaching efforts in Riverside County through presentation, meetings, and fairs.

- Western Region outreached to five hundred and eleven (511) individuals.
- Mid-County Region outreached to nine hundred and thirty two (932) individuals.
- Desert Region outreached to six hundred and twelve (612) individuals.

The Adult Program provides supports and services for individuals who are 26 years and older. Recovery Education groups are facilitated daily that focus on identifying coping skills

to enhance wellness, developing skills to obtain desired individual goals, and create the opportunity to strengthen their natural supports. One-on-one goal oriented Peer Support is available and provided for each individual who receives service. The following represents the number of unique individuals served per region:

- Western Region supported four hundred twenty eight (428) individual participants
- Mid-County Region supported three hundred and fifty four (354) individual participants
- Desert Region supported four hundred seventy four (474) individual participants

The Transition Aged Youth (TAY) Program supports individuals from the age of 16 through 25. Services and supports focus on the unique needs of the TAY population. Groups are geared toward developing skills for independent living, transitioning into adulthood, and self-discovery. One-on-one goal oriented support is provided by Recovery Coaches who have personal mental health experiences as a TAY. The following is a report of the number of unique TAY individuals served per region:

- Western Region provided service to sixty-two (62) participants
- Mid-County Region provided service to twenty seven (27) participants
- Desert Region provided service to forty-three (43) participants. Other notable support services include:

Western Region

- Support for eleven (11) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for fifteen (15) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twelve (12) individuals with enrolling and achieving their educational goals.

- Supported four (4) unique individuals in applying for benefits and of those four, three (3) of them are now receiving benefits which has enhanced the financial wellness for these individuals.

Mid-County Region

- Support for nine (9) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for twenty-three (23) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported nineteen (19) unique individuals with enrolling in an education program and fourteen (14) individuals completed an educational goal.
- Supported twenty (20) unique individuals in receiving benefits which can create financial wellness for these individuals.

Desert Region

- Support for twenty (20) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for thirty-seven (37) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twenty-nine (29) individuals with enrolling and achieving their educational goals.
- Supported ten (10) unique individuals in applying for benefits and of those ten, six (6) of them are now receiving benefits which has enhanced the financial wellness for these individuals.

Participant Quotes

- "RI is helping me learn how to interact with people and manage my anxiety and anger." -E.C.
- "Coming to Wellness City has helped me open up to others and to be comfortable with myself." -E.R.
- "I like the groups at Perris Wellness Center. The staff members are very supportive" - D.T.
- "The groups help to educate me in my wellness. It is so easy to get along with the other peers"- E.C.
- "I am learning coping skills to deal with different situations in my life"- J.Z.
- "RI International Wellness City gives me somewhere to go every day that I feel a part of something, with people who are like me and understand things like me." -T.M.
- "RI International has given me the opportunity and hope to recover from my mental health challenges and sharing those challenges has given me the chance to help others." -D.C.

NAMI Programs

In FY15/16, RI International contracted to provide NAMI Signature Programs in the Western Region of Riverside County. The staff consisted of a full-time Program Coordinator supported by a Recovery Services Administrator plus a team of NAMI-trained presenters. The NAMI Signature Programs which RI International provided were:

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

These programs were provided in these specific target areas in the Western Region:

- Eastside Riverside
- Casa Blanca
- Rubidoux/Jurupa Valley
- Moreno Valley
- Arlanza

In Our Own Voice (IOOV)

In Our Own Voice is an inspirational and insightful presentation given by trained presenters who tell their personal stories in five sections: Dark Days, Acceptance, Treatment, Coping Skills, and Successes Hopes and Dreams. The presentation provides the community with practical information about mental health. Over 58 million Americans live with mental health challenges each year. Our presenters, who model recovery while living with serious mental health challenges, tell about their personal journeys. Bringing this highly stigmatized subject into the light is empowering and shame reducing for the presenter and encouraging to the audience, fostering the belief that "if they can do it, maybe I can too".

Each presentation takes approximately one hour and is both intimate and candid. Audiences are impressed by the courage of the presenters to speak openly and honestly about their personal challenges. To hear about the lived experience of people who have been through the dark times and come out the other side to live successful and full lives is inspirational beyond measure.

Target audiences include churches, law enforcement, juvenile corrections programs, libraries, senior centers, rape crisis centers, schools, business offices, and anybody wanting to learn about mental illness.

For FY15/16, there were 36 presentations given to 435 audience members. Here are some of the comments written by those moved by the presentation:

- Thank you so much for sharing your stories and helping us learn from people who have "been there."
- Thank you for having the courage to share your stories. They make a difference!!!
- I enjoyed the transparency and am so grateful to hear the struggles that go along with recovery.
- Kudos to the presenters. I wish for my family and loved ones to be in the place you are one day.
- Loved hearing their stories. Very brave and courageous speakers. Very informative.
- I liked how honest the presenters were.
- I've learned a lot how people deal with their illness and what they go through.
- Thanks for the presentation!!
- Thank you for sharing your stories and providing insight into recognizing and treating mental illness.

Parents and Teachers as Allies (PTA)

Parents and Teachers as Allies is a presentation designed to bring mental health awareness to school professionals. The one-hour presentation, moderated by a present or former teacher, provides an understanding of the early warning signs of mental illness in children and adolescents and how to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of the parent of a child who experienced mental health challenges in school, and a former student, both who tell their personal stories about what was done well in their school experience and what might have helped if done differently.

During FY15/16, RI conducted 16 presentations to 528 educators and school professionals at schools in the designated target communities. Some of their comments follow:

- Thank you! Very helpful and eye opening.
- I thought this information was well presented. I learned a little bit more than I knew before the presentation.
- The presentation was very informative and gave us helpful tools to use.
- Thank you. This is something we don't talk about enough. Too much of a stigma associated. I was severely depressed in college but had no knowledge of what was happening to me. All students need to know this.
- Thank you. I saw my grandson in your description of ADD.
- Thank you. This is an important topic that teachers need to be thinking about and aware of ways to help or even to be more self-aware. Teachers make a huge impact on students both intellectually and emotionally.
- Presentation was very interesting. I think this would be a great resource for my students at Sunnymead Middle School.

RI International worked closely with both the Moreno Valley and Jurupa Valley Unified School Districts who have been very supportive of our program to educate, enlighten, and empower educators to understand mental illness and the community resources available to them.

Breaking the Silence

Statistically, one in five children will have a mental health challenge at some point in their life but there is a deafening silence about it in our classrooms. Breaking the Silence is comprised of fully scripted innovative lessons and suggested activities for upper elementary, middle school, and high school students; to put a human face on mental health challenges, reduce the stigma, and confront the myths that reinforce the silence.

Students learn that mental illness is neither a character flaw nor a death sentence. They are taught what some of the early warning signs look like and how to fight the stigma that surrounds mental illness in the media and society in general, a stigma that discourages people from seeking the treatment they need. The lessons also illustrate the importance of supporting people who might seem "different" and helping rather than bullying them. Presentations are conducted for interested teachers and administrators who are taught to use the Breaking the Silence curriculum in their classrooms. Oftentimes, the Program Coordinator taught one of the lessons to the students in order to demonstrate to the teacher how easy it is to do. The teacher then taught the rest of the curriculum, which is easily adaptable to either one session or several shorter ones, at the teacher's discretion. Follow-ups were completed with the teachers afterward and documented to get a sense of the student response and how it felt as teachers to share the material.

During FY15/16, seventeen presentations were conducted to 273 school professionals and their students. Some comments from teachers and students follow:

- Thank you for coming. I loved what you were talking about.
- Thank you for coming. I like learning about this and it is cool. I like learning about mental illness.
- Love the presentation. You are welcomed to come back any time. You made all the children feel comfortable and confident in answering the questions. Thank you for coming and teaching us all!
- The students were very interested in learning about mental illness and the curriculum answers many questions. The teachers were eager to get started.

Peer Employment Training (PET)

RI International continues to provide training to equip peers who want to work as Peer Support Specialists in the County of Riverside. For FY15/16, RI was contracted to provide eight classes. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery.

For FY15/16 there were a total of 123 graduates from Peer Employment Training (PET) Classes.

Dates	Region	Class Name	Graduates
7/13/15 - 7/24/15	Desert	Blythe Peer Em'Powered	7
8/3/15 - 8/18/15	Western	Empowering Peers	20
10/19/15 - 11/3/15	Desert	Desert Dream Team	19
12/7/15 - 12/18/15	Mid County	Recovery Renegades	15
2/1/16 - 2/12/16	Western	Riverside Peer Partners	17
3/7/16 - 3/18/16	Desert	I.T.E. - The 459ers	16
4/11/16 - 4/22/16	Desert	Hope's Acolytes	11
6/20/16 - 7/1/16	Mid County	Recovery Rebels	18
		Total	123

Art Works Programs

There is healing power in art and it is Art Works' mission to use art and creativity as a wellness tool for recovery, both mental health and substance abuse. Art Works provides a unique combination of creative arts instruction, peer support, and anti-stigma outreach,

designed to improve the quality of life for those participating and teach skills that they can carry with them throughout their lives.

Highlights for FY15/16

- Art Works was invited to present at the Get Psyched! Event at Rustin on July 27, 2015. We talked about the impact of art in mental health recovery to 37 high school students who have expressed interest in pursuing a career in mental health. We discussed the importance of establishing and maintaining a recovery environment in our program and how to effectively do so. The students engaged in an art project by making a colorful tissue flower to demonstrate how fun art can be.
- Kenneth James, a peer guest artist from Los Angeles, taught a one-day Rip Art class in the studio that was very well received by our participants. Kenneth wove his personal recovery story throughout the class.
- A new class began called Dream Manager, facilitated by Ron Hoffman. Each participant created their own customized dream book filled with pictures of their hopes, dreams, and goals. A list of those goals was created, dated, and dated again when that goal is reached, inspiring hope and empowerment. Some participants noted they had reached some goals in the first two weeks of class.
- Art Works participated in Riverside's Parking Day event on Friday, September 18, 2015. Joining the Riverside Arts Community, Art Works conducted classes for the day in a parking space on University Avenue and were joined by passersby who enjoyed our art demos, live music, and learned about our program. Students from Encore School chose to dance and sing along to accompany our musician. A great opportunity for community involvement and mental health recovery education.
- Art Works participated in Riverside's Festival for the Arts on October 10, 2015 at White Park. It replaced the former Mayor's Ball as the year's major fundraiser for the Riverside Arts Council and Art Works was invited to participate in the day's

events. In addition to providing art demonstrations throughout the day, several Art Works volunteers conducted trash patrol, keeping the grounds clean and neat for the attendees. We wore lime green and were able to talk about mental health awareness throughout the day.

- As a result of Art Works' outreach to Sunrise Recovery Ranch, in November they made Art Works an outing for their residents who want to use creative arts as part of their personal recovery and many attended the Dream Manager class.
- Art Works was invited to present on our program at the Western Cultural Competency/Reducing Disparities meeting. One of our staff members, and one participant, shared their stories about how art in general and Art Works specifically has been a very important element of their personal recovery. The participant told his story publicly for the very first time. Many audience members commented on how moved they were by his story. We were also invited to present at the Mid-County meeting later in the month, which we did with the same results.
- A participant who initially enrolled in the program came back the following week and said how much being here had changed her outlook. She said she got in her car after leaving Art Works, listened to music as she drove home, and heard things she'd never heard before in the lyrics. She was all smiles and quilled a letter for the mural project.
- Art Works Film Series for 2016 was held in the Western and Mid-County Regions, showing recovery-oriented films to 123 duplicated attendees. Each film was followed by personal recovery stories with question and answer time.
- Throughout the year, Art Works staff hear many stories from participants who are apprehensive about their skills in creating art when first attending studio classes and are inspired by their connection to Art Works. In a short time many of them grow to

become teachers/assistants during classes as a result of renewed confidence in themselves and the support they received.

- Several of our participants created art to submit to the Indio Art Show, almost 40 different pieces in total. Entries in writing and creative art won awards. The Recovery Journey Mural project, that was presented to RUHS-BH at the June 2016 Behavioral Health Commission meeting, won 4th place.
- Recovery In Motion (RIM) Satisfaction Survey data showed an overall agreement rate of 93.33%, increasing from 80.74% from the pre to post surveys.
- Art Works Participant Satisfaction Survey data showed a positive satisfaction rate of 98.18%
- Art Works participants took a field trip to Huntington Library and Gardens in Pasadena and had a wonderful time enjoying the beautiful gardens and the extraordinary fine art! On the way back to Art Works, one of the participants said, "The coolest people I've ever met in my life are in this van!" Everybody remarked what a great time they had and that they'd love to go back. There was too much to see for one visit.
- One of our participants secured employment at one of the local art businesses downtown. He has been volunteering to assist at our RIM classes and is really happy to be employed again.
- Art Works was invited to do a mini film series at the Mid-County May is Mental Health Month event in Perris. Two art-related recovery films were shown and some of the peer artists told their personal recovery stories about the positive impact art and Art Works has had on their lives.
- Art Works applied for, and was awarded, a grant from the Riverside Arts Council that helped fund a special photography project. Our participants each took several

shots of Riverside County and chose one each to be exhibited in our gallery for June and July.

Art Works Gallery Classes

Art Works held 55 unique workshops. There were approximately 650 unduplicated students served at these classes. Some of the classes included coil art, poster art, watercolor painting, mosaics, jewelry making, Dream Manager, knitting, Christmas crafts, coffee painting, bath bombs, quilling, recovery/inspirational movies, bird houses, fused glass, beginning yoga, mural group project, ceramics, book club, crochet, art appreciation, hand bells, paper beads, Artist's Way, mixed media, photography, polymer clay, and music jam. Some of the art created in classes is consigned to our retail gallery if the artist chooses, allowing students seeking mental wellness to explore their creativity, build confidence in their abilities, and earn money in the process. Art allows us to explore all the Recovery Pathways: Choice, Hope, Empowerment, Recovery Environment/Culture, and Spirituality and to express them creatively and artistically. All staff members are Certified Peer Support Specialists. Some volunteer instructors are also peers and others just have the desire to share their gifts and talents with our participants.

After Works Workshops

Our After Works classes are held on Friday nights and are open to the community at large. The purpose is to have program participants and individuals not enrolled in our services engage in art projects together as equal community members which serves to reduce the stigma attached to mental illness. There were 50 After Works workshops during the fiscal year, teaching 40 unique classes every Friday night to a total of 269 duplicated participants during FY15/16. Some of the classes taught this year were creative writing, drawing, coffee painting, bath bombs, pinecone hedgehogs, quilling, Hollywood make-up, patina, cartooning, block printing, sock teddy bears, painting fractals, flowered headbands, tie dye, T-shirt bags, tile embossing, rip art, makume clay, wire wrap jewelry, yarn bombing, solar

light mason jars, decoupage, and china plate flowers. As the community at large works alongside with Art Works peers in a happy and creative environment, stigma is reduced and replaced with comradery, inspiration, and fun. Many of our After Works instructors have personal lived experience with mental health challenges.

Special Events/Outreach

Art Works engaged in several different community outreach events in FY15/16. On the first Thursday evening of every month from 6pm to 9pm, Art Works participates in Arts Walk, sponsored by the City of Riverside and the Riverside Arts Council. We join Riverside Art Museum, Mission Inn Foundation and Museum, Life Arts Center, and several other art-oriented businesses in downtown Riverside to bring attention to Riverside's art community. Art Works was part of Art Quest, a way to attract people to specific business/agencies and enter a drawing to win a prize. One of our Art Works participants was the winner of a guided tour of the Mission Inn. A total of 456 duplicated individuals visited Art Works during Art Walks in FY15/16.

Art Works presented six exhibits during the year at our Studio:

- Samhain/Celtic New Year,
- Shop at Art Works for the Holidays,
- Share the Love,
- Earth Day/Upcycling, and
- Two exhibits featuring the original art of Felipe Orozco, a local artist specializing in one-of-a-kind horse paintings.

Art Works hosted a Recovery Film Series in March over three weeks in two locations, one in Riverside at the Grove Corner Venue and the other in Mid-County at the Temecula Library. The films shown were “No Kidding...Me 2!, Up/Down: Living with Bipolar Disorder”, and “My Name is Alan an I Paint Pictures”. Each screening was preceded by a catered reception

and followed by personal stories from peers whose lives paralleled the subjects of the movies. A total of 83 unduplicated attendees came this year. In addition, we were invited to conduct a mini Film Series at the Mid-County May is Mental Health Month in Perris. We showed “Humble Beauty” and “My Name is Alan and I Paint Pictures”, followed by the personal recovery stories of two Art Works participants who talked about the positive aspects of art in general and Art Works specifically and how it positively impacted their personal recovery.

Art Works began weekly outreach at Pacific Grove Hospital to let inpatient clients in their arts and crafts class learn about Art Works as a resource for their personal recovery once they were discharged. Art Works also regularly conducted outreach at the Riverside Recovery Learning Center orientations to tell newly enrolled participants about our program.

Recovery in Motion (RIM)

RIM is a special program that integrates art and recovery, taking classes to underserved populations/communities throughout Riverside County, many of whom may have no other exposure to the healing power of art as a recovery tool. Classes are taught by a peer staff member and a peer assistant, who is paid a stipend for helping each week.

In FY15/16 a total of 246 unduplicated attendees were served by RIM at the following venues:

- Wellness City/Recovery Learning Center Indio
- Temecula Mental Health Clinic
- Don Schroeder Clinic
- Banning Mental Health
- TAY Program at Rustin Campus
- Torres Martinez Tribal TANF in Murrieta

Mutuality and approachability are important components of peer support so all of our staff are Certified Peer Support Specialists and our RIM Assistants are also peers. They can attest to the positive impact art has had on their own recovery and also relate to the participant's challenges of living with mental illness. Teaching art techniques combined with recovery principles, our staff and peer assistants have walked the walk and use their personal experience to provide hope and encouragement and support to those who attend their classes.

Upcoming in FY17/18 Contact For Change

RI International was awarded contracts in all three regions of Riverside County to provide "Contact for Change" Programs. Programs include Speakers Bureau and Educational Awareness Presentations, designed to reduce the stigma of mental health and provide valuable resources to targeted communities in Riverside County. Programs will begin in spring of 2017.

3-Year Plan Projections/Amendments - Peer Recovery Support Services (CSS-05)

The Department continues to be dedicated to previously approved Peer Initiatives including Employment, Support, and Education. In the last planning cycle the recommendation for expansion of Peer Employment Training opportunities was actualized and implemented. This will help build peer workforce capacity as the Department now funds well over 200 peer positions Department wide and through contractors. The Department will continue to expand Peer Support Specialist positions in accordance with any program growth.

In the last planning cycle, an additional Wellness City was added in Western Coachella Valley and serves as a step down for the Full Service Partnership Program housed in Palm Springs. RI now provides four centers which serve 400 adults and 80 TAY per site in addition to three satellite programs. The CSS Work Plan continues funding of these centers through the next three-year funding cycle.

One additional area to explore over the next three year funding cycle is the potential use of Peer Navigators in emergency departments to assist with decreasing congestion in hospitals. These outreach efforts will be researched and explored with leadership from RUHS-BH Consumer Affairs. The Department is fully committed to incorporating Peers in all aspects of programming and systems of care.

Workforce Education and Training (WET)

“Education. Vocation. Transformation.”

**WET-01 Workforce Staffing
Support**

**WET-02 Training and
Technical Assistance**

**WET-03 Mental Health Career
Pathways**

**WET-04 Residency and
Internship**

**WET-05 Financial Incentives
for Workforce**

He was hesitant. His face peered past the threshold of my office door; his body still in the hallway.

“Do you have time for a question?” he queried, “I know you are very busy.”

He was a Master of Social Work graduate student and he was completing his internship with RUHS-BH. Seeking direction on how to develop skills or to muster support for the anxiety of the learning was typical and expected. But, this looked different.

“I just need to talk for a bit,” he said, “More about me than about my clients.”

I assured him that my role was not only to teach, but to mentor and that he was always welcome.

He proceeded to tell me that he was gay, an identity he always held to himself, but only recently asserted to his family and friends. This was hard and with it came losses; one of

which was the man he had been dating. This man had not been “out” and my student’s new confident visibility of his sexual orientation brought the man’s fears to the forefront, causing distance, and my student wondered if he should “go back in the closet” in order to save the relationship.

It was not an easy conversation, but a necessary one; necessary not only for this student’s own development as a person, but as a professional. He needed to also understand how his feelings in this situation impacted how he would serve his clients who struggled with similar needs. By the end of our talk, he reasserted his confidence, his sense of purpose, and his self-awareness. We both ended that conversation at a better place than when we started.

This is what it means to develop practitioners in RUHS-BH. WET understands how we teach them will be how they reach those they serve. WET was designed to develop people that serve in the public, behavioral health workforce.

WET’s mission is to promote the recruitment, retention, and advance the recovery-oriented practice skills of those who serve our consumers and families. WET values a diverse workforce that reflects the membership of our unique communities, striving to reduce service disparities by improving cultural and linguistic competency and by encouraging and supporting members of our diverse communities to pursue public, behavioral health careers. WET also values the meaningful inclusion of people with lived experience – as consumer, parent, or family member – into all levels and programs of public behavioral health service.

WET understands that people with mental illnesses deserve the best of public service, not just when seeking mental health care, but also when needing allied services such as law enforcement, academics, housing, social services, and primary health care. As a result, WET takes an active role in educating other service providers on confronting and understanding the impact of stigma, learning effective engagement of someone

experiencing distress, and connecting people to resources that benefit their recovery.

WET Actions in the RUHS-BH WET Plan are divided by the funding categories originally designed by MHSA regulations. Each funding category represents a strategic theme to address WET's mission. The Actions developed within each category are informed by our stakeholders and are currently advised by our WET Stakeholder Steering Committee, comprised of representatives from department job classifications, academic institutions, a health care pipeline organization, cultural competency, and lived experience practitioners from Consumer Affairs, Family Advocate, and Parent Support and Training.

WET-01 Workforce Staffing Support

The first three actions within the WET plan are dedicated to the staffing needs necessary to manage and implement the greater WET plan. WET administrative staffing has remained consistent, with only modest changes to manage the increased demands of program development. WET not only manages the programs encompassed with the approved plan, but also the daily operations of the Rustin Conference Center in Riverside, the planning and development of the Veteran Services Liaison, and serves as RUHS-BH designee for the Southern Counties Regional Partnership (SCRIP) which is a collaborative of 11 southern county WET programs.

WET added a Stock Clerk position to the Conference Center management team in order to assist visitors with informed welcoming and direction, but also to provide the manual assistance to set up and maintain the 13 available rooms for trainings or meetings. Additionally, WET proposed the expansion of our a Clinical Therapist position for Crisis Intervention Training (CIT), or our law enforcement collaboration and education action, due to increased requests for the training that had exceeded the availability of our one designated trainer.

The Community Resource Educator (CRE) was designed to create a single point of contact for service system employees when searching for hard-to-find resources, to keep our

programs' contact information current in both electronic and print data bases, and to educate the service system on both internal and community resources that will enhance their service planning. After a period of extended vacancy and job reclassification, the position was filled in September 2015 and has already updated the RUHS-BH website, progressed on the development of a shared website for employees to locate and search for resources, assisted in the development of the Peer Navigation Line with Consumer Affairs, and created the system's first accounts on Social Media.

At the direction and recommendation of the Riverside County Behavioral Health Commission Sub-Committee on Veterans, the Veteran Services Liaison (VSL) position was reclassified as a Clinical Therapist in order to provide direct clinical services to military veterans who carry a diagnosis in addition to continuing the outreach and engagement duties already established. The VSL is not a formal position in the WET plan, but reports directly to the WET Manager. After a specialized recruitment and hiring process, a Veteran who also was a journey level, clinical therapist was hired December 2015. Unfortunately, approximately a month later, he resigned from the position to seek employment with the State. To further develop candidates for this position, WET designed a special internship in collaboration with Azusa Pacific University for a MSW graduate student who is also a U.S. Navy veteran. The student was placed into a "hybrid" role: both learning administrative and outreach tasks along with direct service skills with at-risk and homeless veterans.

New Employee Orientation (NEO) is a one-day welcoming and informational training for new RUHS-BH employees across job classifications. Employees receive a foundation of program mission and operations from Department leadership. Subjects include: our history, structure, and culture; presentations by Consumer Affairs, Family Advocate, Parent Support and Training, and Cultural Competency Units; as well as understanding confidentiality, compliance, employee health and benefits. Our original WET planning included the exploration of expanding the NEO to include standardized training on clinical procedures and related compliance. Because this concept meant new employees would

initially spend greater time out of clinic, our Department supervisors preferred that the NEO remain in its current format. More recently, WET and Quality Improvement have started to explore the foundational training model again while trying to integrate our supervisors concerns into the implementation. WET and QI hope to develop several models for stakeholder review.

WET-02 Training and Technical Assistance

Actions under the Training and Technical Assistance category are geared toward meeting the centralized training needs of Riverside's public, behavioral health workforce.

These Actions include:

- A. Evidence-Based Practices, Advanced Treatment, and Recovery Skills Development Program;
- B. Cultural Competency and Diversity Education Development Program;
- C. Professional Development for Clinical and Administrative Supervisors;
- D. Community Resource Education; and,
- E. Crisis Intervention Training (Law Enforcement Collaborative - See Crisis Intervention Training for more information).

Evidence-Based Practices, Advanced Treatment, and Recovery Skills Development Program

Training audiences not only included Department employees, but also employees at partner agencies and academic institutions. All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA:

- 1. Community Collaboration
- 2. Cultural Competency
- 3. Client and Family-Driven

4. Wellness Focus which includes Recovery and Resilience
5. Integrated Services

Over 3,000 attendees were trained at the Rustin Conference Center or related Department locations during fiscal year 2015/16, not including program specific training for law enforcement and training for student interns.

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities which included our Department developed curriculum series to train our paraprofessional staff, support our front office staff, and train our practitioners who provide our co-occurring, manualized group treatment called Co-Occurring Recovery (CoRE).

Furthermore, WET coordinated the development of 128 practitioners of Dialectical Behavior Therapy (DBT). Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment that was originally developed to treat chronically suicidal individuals. Research has shown that it is effective in treating a wide range of disorders such as substance dependence, depression, post-traumatic stress disorder (PTSD), and eating disorders. RUHS-BH practitioners are serving in a spectrum of programs including Adults, Mature Adults, Children's, and co-occurring Substance Abuse. Both classroom training and quarterly consultation refreshers are coordinated by WET.

Moreover, WET has also coordinated trainings to serve consumers with co-occurring disorders that include: Adult and Adolescent Matrix; Adult Cognitive Behavioral Therapy (CBT) for PTSD; Living in Balance; and, A New Direction. Trainers for these models have been developed within our system so that on-going trainings are more easily accessible and related costs are more manageable.

Additionally, WET organized the development of RUHS-BH practitioners specializing in the treatment of eating disorders. Twenty-five therapists have completed the training and receive bi-monthly consultation from a specialist. These therapists not only serve

consumers at their assigned clinic locations, but can serve consumers anywhere within their region to increase access to eating disorder recovery. WET also coordinated the trainings for Trauma-Focused CBT assisting in making this model available throughout our children's programs.

WET led and coordinated the trainers for the 5150 authorization course necessary for non-law enforcement professionals to determine legal risk and to facilitate safety protocols in a mental health crisis. In order to enhance assessment skills and critical thought, WET revised the 5150 authorization curriculum to include an expanded training for clinical application. These expanded trainings were designed to assist with the development of clinical judgment around involuntary hold assessments and to improve staff understanding of alternative interventions to hospitalization. The expanded trainings have been universally well evaluated by attendees. Additionally, WET assisted with 5150 Policy revision, supported the expansion of 5150 authority to Tribal Rangers (the first in California to do so), and developed a training model for new 5150 authorization trainers.

WET Steering committee recommends that RUHS-BH encourage more on-line trainings especially for the regular, mandated trainings that are necessary for Human Resources.

Cultural Competency and Diversity Education Development Program

WET serves as a primary support to the RUHS-BH Cultural Competency Program in the identification and coordination of training related to cultural competency and culturally informed care. As the Cultural Competency Manager retired, and the recruitment of a new qualified candidate was pursued, some of the collaborative efforts in this area were slowed until the new manager was found. Upon hire, the WET Manager and the Cultural Competency Manager met to review the status of RUHS-BH's training to assist staff with developing culturally informed practice and service, as well as, the identification and necessity of trainings addressing the unique needs of each cultural community.

Additionally, WET coordinated or conducted trainings related to the culture of poverty, the

prevention of the financial exploitation of mature adults, assisting staff with meeting the cultural and clinical needs of the LGBTQ community, and a specific training on the needs of transgender youth.

WET Steering committee reinforced the need for the provision of trainings specific to each unique cultural community, and encouraged the Department to consider promising practices when serving cultural communities as some EBPs did not include application in some cultural communities. Special regard was suggested for Asian, Pacific Islander, and American Indian communities as these communities are sometimes overlooked in culturally-specific trainings. A recent, successful partnership between the RUHS-BH Banning Clinic and the Hmong community may also serve as a foundation to better engage this community in educating RUHS-BH practitioners.

Professional Development for Clinical and Administrative Supervisors

Understanding that program supervisors are the leaders that have to integrate managerial direction into the direct practice settings, supervisors hold a unique role in the success of service delivery. It's not an easy job and they require additional support and tools to help reinforce their achievements.

WET completed a new needs assessment with our department supervisors as a project for one of our graduate student interns, securing data that helped define areas of training while also assisting the intern with a better understanding of administrative social work. This research will serve as the foundation for the curriculum development and implementation of this job classification training series.

Additionally, the CRE partnered with the RUHS-BH All County Supervisors' group to address their need for a central location to share documents and ideas that are necessary to carry out the central functions of their work or to help in the development of supervisory practices. Supervisors have a dedicated space on the iConnect Share Point (see Community Resource Education for more) that allows documents to be easily uploaded,

searched, and available to supervisors throughout RUHS-BH. Supervisors will also be able to use the iConnect discussion boards to pose supervisory assistance questions to their colleagues for a confidential conversation, thus allowing for immediate feedback to help resolve an outstanding concern.

Community Resource Education (CRE)

The Community Resource Educator serves as a liaison to key community resource organizations and problem solves resource access issues within the service delivery system, establishes a library of community resource referral applications and promotional materials, and educates both department staff and the community on viable resources to help with consumer and family needs. Additionally, the CRE serves to educate staff on academic and career development programs and serves as department historian regarding department accomplishments, awards, and recognition.

WET Steering Committee encourages RUHS-BH to explore new options to update the Department's website, taking advantage of advancement in presentation and navigation that were not available when our current website was developed.

Social Media

Now that social media has become such a dominant form of communication and interaction among the population in general, RUHS-BH has an important duty to adopt these tools in order to elevate its presence as a resource and educator about mental health and substance use.

Social media allows us to participate in conversations as they're happening. Rather than posting static, one-way messages, we can 'listen' to what our consumers are saying and then engage them in relevant conversations.

We officially launched Facebook, Twitter, Instagram, and YouTube as our first phase into the social media realm in May of 2016. The results of have been extremely positive. As of

February 16, 2017 we have seen 93,578 impressions across all of our social media applications. Impressions are the number of times a post from our page is displayed on someone's personal feed. Facebook, in particular, has grown to 420 "likes" and has seen our videos viewed over 7,700 times to date. Resource content posted on our feeds has been "liked", "shared", or commented on over 1,400 times. As our social media presence, content, and discussions grow, we expect it to reach even more consumers and family members over time.

Resources

The CRE also serves as a central researcher for staff consultation and gathers resource promotional and application materials to develop a centralized library for staff access. The CRE developed two tracks to accomplish this task. We have provided a direct line of access for employees to call or e-mail directly with requests for research on resources. There were a total number of 43 direct requests for research of resource information in 2016. The start of the new year has seen 6 requests for service to date, which is on track to having a 67% increase in requests for the current year.

Our second task saw development of an online collaborative platform called iConnect. Using Microsoft SharePoint technologies, we have begun cataloging and centralizing a searchable library of resources that are currently used all across the service delivery system, but have a limited means of cross-pollinating throughout the county due to geography. The platform also allows collaboration among staff by taking advantage of tools such as calendar synchronization, online discussion boards, and personalized sections for programs. The end result is an electronic hub that our staff can visit to access resources, information and experiences that were not previously accessible in a timely, efficient manner. iConnect is currently in a final beta-testing phase and we anticipate a live launch within the first quarter of 2017.

Future Projects

There are a number of new projects that are planned for the current year from the CRE that will focus on employee recognition by fellow employees and consumers. Recognition is important because it creates a work environment that helps employees feel good about what they do and about each other. We are developing an employee recognition program for the department that creates and maintains a culture of empowerment in which the employee's strength and positive attributes are emphasized, developed, and nurtured, ultimately enhancing recovery based service delivery.

The purpose of the program will be to encourage all employees and consumers to take the time to acknowledge employees whose work deserves recognition. The program can also allow our consumers to highlight and showcase the excellent services they receive from our employees. The program will consist of four components: Department Historian, Employee Spotlight, Consumer Recognition, and Employee Appreciate Month/Day.

WET-03 Mental Health Career Pathways

Mental Health Careers Pathways Actions are designed to assist students and beginning practitioners with the supports necessary to identify an educational pathway into public, behavioral health service. Actions within this funding area are:

- A. Consumer and Family Member Mental Health Workforce Development Program;
- B. Clinical Licensure Advancement Support (CLAS) Program; and,
- C. Mental Health Career Outreach and Education.

Consumer and Family Member Mental Health Workforce Development Program

Consumer and family member integration into the public mental health service system continued to expand. WET continued to support the administration of the 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 coordinated Mental Health First Aid Train the Trainers for the Department's Parent Partners, Family Advocates, and Consumer Peers who now are able to provide Mental Health First Aid to significantly more members of the community.

The State has continued to move forward with the development of regulations and standards for peer credentialing. WET provided consultation to the Office of Consumer Affairs regarding credentialing recommendations.

Clinical Licensure Advancement Support (CLAS) Program

The Clinical Licensure and Support (CLAS) Program was designed to support the Department's journey level clinical therapist with their professional development and prepare for licensing examination. Associate therapists that were 1,000 hours or less away from license examination eligibility were invited to join CLAS. CLAS participants received one on-line practice test, a one-hour weekly study group attendance, and centralized workshops on critical areas of skill development. To date, the program has served 175 employees; 91 of those participants have exited the program, the majority obtained licensure. Retaining staff post licensure has long been a challenge for public, behavioral health systems, including Riverside County. RUHS-BH retained approximately 50% of the graduated CLAS cohort. Though we will continue to explore greater retention strategies, CLAS participants demonstrated a greater retention rate than employees who do not participate. WET continues to refine the CLAS program to improve upon outcomes. Planned enhancements to this program include:

- Changing the program to better align with department retention activities. Instead of offering the test bank to employees at no initial charge, the program will change to a reimbursement of monies spent on test prep materials after the employee has been licensed 1 year and remains with the department.

- Updating program materials, with a specific focus on redesigning the program application to better capture important data about participants.
- Adding two additional workshops to the annual series- Law and Ethics as well as professional development. Currently there are 4 workshops.
- Improving methods for collecting and assessing pertinent data and tracking participants throughout their careers with the department.
- Strengthening our mentorship with participants by increasing contact with the study groups.
- Designing effective ways to assess and support specific participants who have failed exams or are otherwise struggling with progress.

Mental Health Career Outreach and Education

Since Volunteer Services Coordination was assigned to WET management, volunteer opportunities have expanded to include career pathways development. The Volunteer Services Coordinator oversees approximately 100-150 volunteers per month. Career Outreach to local school districts has resulted in affiliation agreements to support mental health curriculum in high school health academies, including the development of public mental health careers. WET provided targeted outreach to early college student groups that support students from underserved communities. We are affiliated with 7 high schools in Riverside County. The following affiliated schools are listed below:

- La Sierra High School- Alvord Unified School District
- Ramona High School - Riverside Unified School District
- Canyon Springs High School- Moreno Valley Unified School District
- Vista Del Lago High School- Moreno Valley Unified School District
- Valley View High School- Moreno Valley Unified School District

- Cathedral City High School- Palm Springs Unified School District
- Coachella Valley High School- Coachella Valley Unified School District

Through our affiliation agreements, WET has conducted a variety of presentations on behavioral health topics that are pertinent to teenagers. Those topics include Depression & Anxiety; Teen Dating Violence; Bullying Prevention; and, Careers in the Behavioral Health field. In total, we have presented to about 900 students. We have at least 20% of students from each school's health academy that has expressed interest in furthering their behavioral health education and doing an internship in Public Behavioral Health. After one of the Depression and Anxiety presentations, a student decided to receive services for her own depression, as she had previously been reluctant due to stigma. The presentation helped her to understand that she is not alone. She reported that her grades improved as a result and that she was also living greater wellness.

In addition, Riverside partnered with San Bernardino Behavioral Health and the Inland Coalition to coordinate a future mental health professionals seminar for high school students called, Get Psyched! Topics included an orientation to the spectrum of possible mental health careers, a review of internships with a panel of current graduate students, managing self-care in the helping professions, a presentation by the consumer art studio, Artworks, and personal recovery stories told by consumers. Thirty-seven students from throughout the region attended this two-day conference in 2015 and an additional 47 students attended in 2016. Post conference surveys revealed an increase interest in developing mental health careers, increased awareness around mental health needs and services in general, and a reduction in mental health stigma.

The WET Steering Committee also advises that Riverside educate individuals that are at early stages of their education on the comprehensive steps necessary to achieve advanced academic professions such as psychiatry. The Committee would like to see a program to

help counsel interested students in the academic options available to them at each step of a long career pathway.

WET-04 Residency and Internship

Residency and Internship programs have long been the heart of practitioner development. These programs are structured learning experiences that allow participants to provide service to our consumers and community while also meeting academic or professional development goals. RUHS-BH Residency and Internship Actions include:

- A. Graduate, Intern, Field, Trainee (GIFT) Program;
- B. Psychiatric Residency Program Support; and,
- C. The Lehman Center Teaching Clinic (TLC).

Graduate, Intern, Field, Trainee (GIFT) Program

Graduate social work programs have repeated the same slogan since their inception: Field is at the heart of social work. WET realizes that the practical orientation to working with consumers and families is central to the development of any behavioral science student's education, not only to give them the confidence and competence of basic skill, but to set the values and ethics that will form their ongoing service. WET recognizes that the Department's student programs are not just about creating a larger pool of job applicants, but rather a larger cohort of well-rounded, successful, and recovery-oriented partners in transformation.

The WET Graduate Intern, Field, and Traineeship (GIFT) Program remained one of the most highly sought training programs in the region. The Department is the largest public service, formal internship program in Riverside County. The Staff Development Officer of Education interviewed every applicant, screening to identify students who met MHSA values and Department workforce development needs: were passionate about public, recovery-oriented service; committed to the underserved; who had lived-experience as a

consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County.

WET had affiliation agreements with more than 20 educational institutions, including every graduate program that has a specialty in Mental Health. In Academic Year 2015/16, GIFT had 145 applications for placement and coordinated internships for 66 students from 17 schools. Twenty-nine students were bilingual/Spanish, 7 were bilingual in another language, and 49 had lived experience as a consumer or family member.

Every student committed to, and received, 90 hours pre-placement training to enhance their field learning in behavioral health. These trainings were coordinated and conducted by WET in partnership with Quality Improvement staff and included: Welcoming and Orientation to Department Mission; Recovery and Service Delivery Structure; Psychosocial Assessment and Differential Diagnosis for both Adults and Children; Non-Violent Crisis Intervention and Mental Health Risk; and Electronic Management of Records (ELMR) and standards of documentation.

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

The Department's graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. The Department continues to hire over 80% of the graduating student cohort - not only meeting the workforce development needs for this hard-to-fill job classification but confirming that the WET GIFT program had prepared them to succeed in public mental health service. Data indicates that the GIFT students also have a higher retention rate than employees hired outside of this intern experience. The WET Steering Committee also

noted that graduates of the GIFT Program have been a recognized asset to our service delivery system.

Students also received other supplementary, centralized training. These included a winter workshop on intervention strategies and a spring meeting on professional transition and preparation for job seeking. This year, WET temporarily suspended our cultural immersion rotation in order to review the program infrastructure with the incoming Cultural Competency Manager and to increase partnerships with more cultural communities.

GIFT continues to refine and expand its programming and looks forward to some additional enhancements:

- Sharpening the student recruitment and selection process to meet changing/growing workforce needs.
- Increasing department/program capacity for supporting a variety of students that align with workforce needs (i.e. master level clinician, AOD, medical, Macro/administrative, high school/entry level).
- Enhancing cultural and linguistic training opportunities for students (i.e. revising the cultural immersion rotations and implementing the Bilingual/Spanish Therapist internship track).
- Establishing a tool to evaluate targeted, department-specific clinical and professional competencies. Graduate student intern is working on this tool this year. Finished product to be completed by end of year.
- Improving methods for collecting and assessing pertinent data on cohorts and tracking participants into their careers with department.

The WET Steering Committee would also like to see a greater partnership for integrated educational opportunities among behavioral health students with students of other allied professions. This would allow a kind of "cross-training" and understanding of our separate

professions as health care services become more integrated and would support a greater sense of team among the different professions.

The WET Steering Committee would also like the Department to explore "pre-background checks" on applicants to the GIFT program. Some students enter into the helping professions based on their own recovery, which can include a legal history. Some background legal convictions can prevent placement into a Department internship, but students who have applied to the GIFT Program may not receive their ineligible status due to a background check until late in the placement process, thus limiting them from potential placements at other agencies. Early background checks would then allow the student time and understanding of other viable internships earlier in the placement season.

Psychiatric Residency Program Support

The Residency Training Program in psychiatry is fully accredited and is a partnership between the UCR School of Medicine and the RUHS-BH. It is administered through the office of the Medical Director. Though WET does not manage this program, we serve at the leadership of the Medical Director to support the program and the development of psychiatrists dedicated to public service.

Residency programs provide the post-M.D. training required for physicians to become fully independent and board certified in their specialties. Psychiatry training programs are four years long and, during that time, residents provide patient care under the supervision of attending physicians who are faculty of the residency program.

Inland Southern California has a severe shortage of psychiatrists and the goal of this new residency training program is not only to train new psychiatrists, but also to recruit quality psychiatrist to have careers with RUHS-BH. Physicians tend to practice in the same geographic region where they completed their residency.

Residents train primarily in the inpatient and outpatient facilities of Riverside County,

including the psychiatry department of the Riverside County Regional Medical Center and the outpatient clinics of the RUHS-BH. The four-year program enrolls four residents each year. A distinctive feature of the training program is the integrated neuroscience research curriculum in collaboration with UCR faculty, where the future psychiatrists learn about advanced technologies

The Lehman Center Teaching Clinic (TLC)

The Lehman Center (TLC), a teaching clinic primarily staffed by student practitioners serving system of care consumers, opened its doors in October 2014. Named after Judy Lehman, the retired Department Supervisor who helped found the centralized student placement coordination; TLC is a system of care clinic. TLC is a single clinic with two campuses - one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice. During the 2015/16 Academic year, TLC trained 25 student practitioners and served over 230 clients. Because of a large cohort placement of bilingual/Spanish therapist interns, TLC has served Spanish-speaking clients who would have otherwise experienced delays in receiving services.

Additionally, TLC was able to create specialized programming to meet the prevention and early intervention needs of the LGBTQ community. As a result, two community support groups were developed - one for adults and one for adolescents -- to assist LGBT attendees with identifying cultural strengths, connect with community, and build resiliency. WET partnered with a local affirmative church and the Department's LGBTQ Community Task Force to create off-site services at community identified safe places. Student interns, who provide services at these support groups, receive special training on serving the LGBTQ community and additional experience in meeting the needs of this underserved community. The groups have averaged between 10-20 participants weekly.

The WET Steering Committee advises that in addition to the specialized learning track for

Bilingual/Spanish interns, that TLC also consider tracks in Family Therapy and Play Therapy.

WET-05 Financial Incentives for Workforce Development

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

RUHS-BH 20/20 and Paid Academic Support Hours (PASH) Program is a workforce development strategy directed at regular status employees who are eligible to earn a MSW, PCC, or MFT graduate degree. The 20/20 and PASH Program enable selected participants to maintain a full-time salary while modifying up to 50% of their work hours to attend school. Employees have to demonstrate their commitment to public mental health service as well as their ability to address the disparities in the Department's workforce needs. Participants sign a binding agreement to work for RUHS - BH for the same amount of time that they receive academic support. At the last academic cycle, WET added 10 new employees to the program.

With the encouragement of Riverside County Board of Supervisors' policy, and in partnership with Riverside County's Educational Support Program, WET developed and continued to manage the Tuition Reimbursement Program. Employees can seek reimbursement for technical and administrative studies when related to their job classification, not just clinical coursework. Employees have two options:

1. Achieving a degree or certificate that supports current work duties or creates a promotional career pathway; or
2. Taking a single course that enhances work related skills and serves as a return-to-school trial.

There are currently 15 employees participating in this program, pursuing education in social work, human services, psychology, management and administration, accounting, substance use, and organizational leadership.

In addition, WET maintained an active role in State-administered workforce financial incentives. WET provided Riverside County representatives to the local MSW and MFT stipend programs to assist in the selection process of MHSA stipend awards, as well as, to maintain a seat on the Mental Health Loan Assumption Program (MHLAP) Advisory Board. The MHLAP provided up to \$10,000 to qualified applicants in exchange for a year of continued service in the public mental health service system. In 2015/16, Riverside had 92 awardees who received more than \$500,000 in educational loan repayments.

Lastly, Riverside also participates in the National Health Service Corp Loan Repayment program. WET serves as the Department's administrative agent for this Federal program. The mission of the NHSC is to provide incentives for professionals to work in rural and underserved areas. The NHSC determines this by looking at a provider area's Health Professional Shortage Area (HPSA) score. Riverside has one of the highest qualifying HPSA scores (23) in the country, making our applicants highly competitive. The NHSC Loan Forgiveness Program is for licensed health providers (Licensed Clinicians, Psychologists, Psychiatrists, and Nurse Practitioners, Physician Assistants). Applicants must be in direct service roles and can only work at NHSC approved sites. Sites are clinic specific. RCDMH recently increased the number of clinics that have been approved to apply for NHSC loan forgiveness. Currently, RUHS-BH has 16 employees from more than 10 Department programs throughout the county that participate, totaling approximately \$800,000 toward employee educational debt.

Prevention and Early Intervention (PEI)

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

- Outreach and Engagement
- Toll Free 24/7 “HELPLINE”
- Network of Care
- Peer Navigation Line
- Call To Care
- “Dare To Be Aware” Youth Conference
- Contact for Change
- Media and Mental Health Promotion and Education Materials
- Ethnic and Cultural Leaders in a Collaborative Effort
- Promotores de Salud Mental
- Community Mental Health Promotion Program

PEI-02 Parent Education and Support

- Triple P – Positive Parenting
- Mobile Mental Health Clinics
- Strengthening Families

PEI-03 Early Intervention for Families in Schools

- Families and Schools Together (FAST)
- Peace 4 Kids Program

PEI-04 Transition Age Youth (TAY) Project

- Stress and Your Mood Program (SAYM)
- TAY Peer-to-Peer Services
- Outreach and Reunification Services to Runaway TAY
- Active Minds
- Teen Suicide Prevention Program

**PEI-05 – First Onset for
Older Adults**

- **Cognitive-Behavioral Therapy for Late-Life Depression**
- **Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)**
- **Caregiver Support Groups**
- **Mental Health Liaisons to the Office on Aging**
- **CareLink**

**PEI-06 – Trauma-Exposed
Services for All Ages**

- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)**
- **Seeking Safety**
- **Trauma Focused Cognitive Behavior Therapy (TF_CBT)**
- **Trauma Informed Care**

**PEI-07 – Underserved Cultural
Populations**

- **Native American**
Incredible Years
Guiding Good Choices
- **African American**
Building Resilience in African American Families – Boys Program
Africentric Youth and Family Rites of Passage Program
Guiding Good Choices
Cognitive-Behavioral Therapy
Building Resilience in African American Families – Girls Program
Africentric Youth and Family Rites of Passage Program
Guiding Good Choices
Cognitive-Behavioral Therapy
- **Hispanic/Latino**
Mamas y Bebés (Mother and Babies)
- **Asian American/Pacific Islander (AA/PI)**
Strengthening Intergenerational/ Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families

PEI Overview

The Prevention and Early Intervention (PEI) Plan was approved in September of 2009, and since that time significant strides have been made toward full implementation of the Plan. The 3-Year Program Planning Process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate programs and services that have not yet been implemented, and a chance to look at new and expanded programs and services. As mentioned earlier, a PEI Steering Committee met to review input from the community, RUHS - BH committees, and stakeholder groups. These diverse groups also reviewed the outcomes of programs currently being implemented in order to make informed decisions about programs and services included in the 3-Year PEI Plan.

In fiscal year 15/16 many programs continued full implementation, serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster trainings related to those models and other PEI topic-specific trainings. In FY15/16 there were 53 training days with 860 people trained. Please refer to the list of trainings in the Training and Technical Assistance section, page 158.

The PEI unit includes five Staff Development Officers (SDOs) and three Social Service Planners (SSPs). The SDOs have completed the process of becoming trained trainers in many of the programs being funded which allows for local expertise as well as cost savings. Each SDO worked with their assigned PEI providers to offer training and any needed problem solving and technical assistance, as well as monitoring model fidelity. The SSPs also offer ongoing support to the PEI providers through technical assistance including, but not limited to, support surrounding outcome measures. The PEI unit was built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as

to support providers in the ongoing implementation of new programs within the community.

PEI-01 Mental Health Outreach, Awareness and Stigma Reduction

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

Outreach and Engagement Activities for FY15/16

During FY15/16, the Outreach Coordinators conducted 178 community events and meetings and contacted 5,331 individuals for further follow-up. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information. They also continued to provide short-term mental health services upon request in a variety of community-based locations including but not limited to faith based organizations and resource centers. Those services include individual and family support as well as supporting and providing equine therapy. An expansion of outreach activities for FY16/17 will focus on early identification of mental, social, and physical health needs recognizing early intervention in these areas can assist in proactive management of one's health and well-being. The focus will be access and linkage to needed services through coordinated case management.

Toll Free, 24/7 "HELPLINE"

The "HELPLINE", 951-686-HELP (4357), has been operational since the PEI plan was approved and in FY15/16 the hotline received 7,412 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline.

This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the “HELPLINE”. This has many benefits for the caller as it allows for access to local supports and services because the “HELPLINE” is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention.

Network of Care

Network of Care is a user-friendly website (<http://www.riverside.networkofcare.org/>) that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In FY15/16 the website had 152,275 viewers.

Peer Navigation Line

The Peer Navigation Line (PNL) is a toll free number, 888-768-4YOU (4968), to assist the public in navigating the Behavioral Health System and connect them to resources based upon their individual need. The public can contact the PNL, which is staff by individuals with “lived experience” who can listen to the caller’s worries and talk about their choices, help figure out where local resources can be found, help the person decide which resources are best for them, point out possible places to start, answer questions about mental health recovery, and help the caller see the hope through sharing “lived experience.” The resources provided include, but are not limited to, behavioral health, education, vocation, shelter, utilities, pets, and other social services.

Call To Care

The Call to Care program is designed to train and educate non-professional caregivers in the art of care giving. The training and education allows participants connected to underserved populations to increase their awareness and knowledge of mental health and mental health resources, to increase their readiness to identify potential mental health

issues, and eliminate stigma and discrimination associated with mental illness. Training includes mental health awareness and beneficial resources; cultural awareness and sensitivity necessary to provide quality care giving; active listening and communication; self-care for the caregiver and helping others deal with grief and loss. In FY15/16, the Call to Care program provided 9 training groups with 172 participants and 8 continuing education summits with 99 participants.

“Dare To Be Aware” Youth Conference

This 15th Annual Conference for middle and high school students was held on November 29, 2016, with 648 youth in attendance. Students from five (5) middle schools and 23 high schools were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day began with an inspiring keynote presentation from Dee Hankins who shared his personal story and challenged youth to move forward “When Life Throws Curveballs”. The students then attended three out of four workshops offered during the day:

- “Speak Up, Reach Out,” where two TAY presenters shared their stories of lived experience with overcoming mental health challenges and provided information about coping strategies, common warning signs of suicide, and how to get help;
- “BFFs, Frenemies, and Other Relationships,” which focused on building and maintaining healthy relationships and moving away from unhealthy ones;
- “STEP Up,” which gave youth STEPS (Stop, Think, Evaluate, Perform, Self-praise) for making healthy decisions in dealing with peer pressure; and “Label Maker,” which aimed to help youth become better student leaders by discarding negative labels that have been placed on them over time and creating their own personal labels that define what and who they really are.

NAMI Signature Programs

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

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

In FY15/16 two community-based organizations continued implementation of these programs by outreaching to entities such as schools, community-based providers, as well as faith-based and service organizations. There were 72 In Our Own Voice (IOOV) presentations made across the county, reaching 1,148 people. Audience members were asked to complete a questionnaire which included questions about how the presentation changed their perception of mental illness. Overall, as a result of the IOOV presentations, a large percentage of attendees reported positive shifts in their perspectives toward mental illness. There were 76% of attendees who reported feeling comfortable with people with mental illness after the presentation, 95% reported holding no stigmatized beliefs about mental illness, 69% reported believing recovery was possible after the presentation, and 61% had good general knowledge about mental illness. It is also important to note here that the IOOV presentation continued to be delivered monthly to law enforcement through their training academy.

FY15/16 continued progress in developing relationships with school districts. As a result there were 34 Parents and Teachers as Allies presentations, reaching 850 people including district nurses and health clerks, school counselors, school psychologists, school administrators, and parents. One of the primary goals of the program is to increase knowledge about the signs and symptoms of mental health challenges. As a result of the Parents and Teachers as Allies presentations, there were increases in all surveyed areas of comfort, stigma, recovery, and knowledge with a 31% increase in attendees reporting having a good general knowledge about mental health challenges in children.

In FY15/16, the Breaking The Silence (BTS) Program provided 30 presentations to an audience of 350. The curriculum was reported to have been used by three (3) upper elementary personnel and eight (8) middle school personnel that were trained to use it. Students rated the greatest effectiveness to the items, "I understand that mental illness is a brain disorder"; "BTS helped me understand the importance of early treatment for mental illness", and "BTS helped me with resources to help myself or someone I know".

As stated in the FY15/16 MHSA Annual Update, NAMI signature programs will be discontinued in the PEI Plan. However, the Community Planning Process continues to highlight the priority of providing mental health education and stigma reduction programs. Contact for Change has been identified as the program to meet these needs. A provider was identified through the Request for Proposal process. Contact for Change includes a Speaker's Bureau and an Educator Awareness program, each using presentations by those with lived experience with mental health challenges. The Educator's Awareness Program is presented to school professionals and includes information to help them identify the key warning signs of early-onset mental illnesses in children and adolescents in school. Both programs include information about local resources and how to access services. Implementation of Contact for Change began in FY16/17.

In FY13/14 an additional Senior Peer Support Specialist was added to the Family Advocate Program to help the NAMI affiliates build their infrastructure and self-sustainability. PEI also supported the purchase of needed materials for several signature programs as well as informational materials for the public, including brochures and publications. This will continue in this 3-YPE plan. The PEI Family Advocate will also begin working with schools to share the family perspective of children with mental health challenges, and will also work with department clinics to assist families as their children bridge to adult services.

Media and Mental Health Promotion and Education Materials

RUHS - BH continued to contract with a marketing firm, Civilian, to maintain and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples, and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 137,844 site visits in FY15/16. This is more than a 50% increase in visits from the previous fiscal year, indicating that there is more awareness of the website. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.

Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a “story” about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at www.Up2Riverside.org. There are currently 20 digital

stories available for viewing on the Up2Riverside website. They include videos developed by a veteran, a Transition Age Youth, a parent, and one in Spanish.

The Up2Riverside campaign was acknowledged by the PEI Steering Committee as having a positive impact with community members that they know. For FY15/16, Civilian implemented narrowcasting in Riverside County. Narrowcasting is targeted outreach to stores and venues in specifically targeted neighborhoods. Since May 2016, 251 community venues have agreed to display posters, take away cards, and small buckets with lime green ribbons. Since May 2016, 23,250 tent cards and 26,590 lime green ribbons have been distributed. A customer at a local nail salon in Lake Elsinore took a card with her and noted that her friend's son was talking about suicide and this could be a start to her friend seeking help for her son. Civilian is working closely with local universities and colleges to disseminate Up2Riverside and Know The Signs materials on the campuses. The Community Planning Process supports the continuation of the Up2Riverside campaign due to its positive impact.

African American Family Wellness Advisory Group (AAFWAG) Report - Outreach and Education Initiatives for FY15/16

African American Outreach and Education efforts focus primarily on educating and engaging the community on reducing the stigma associated with mental health. The committee has successfully recruited a diverse group of individuals that dedicate themselves to reducing the disparities of this underserved population. The following have been accomplished by the AAFWAG:

- Continued their collaboration with Children's Mental Health Services through the African-American Roundtable to assure quality culturally competent services to African-American children and their families.
- Actively supported the Eastside Reconciliation Coalition by regularly attending meetings. This non-profit comprised primarily of African-American and Latino

pastors have a mission of reducing gang violence in Riverside's Eastside.

- Participated in the May is Mental Health Month expo held at Fairmount Park.
- In August 2015, AAFWAG members participated in the Moreno Valley African American Coalition's Annual Family Reunion. Information on the Advisory Group and behavioral health services were distributed along with promotional information.
- Provided input at the August hearing conducted in Temecula by the Mental Health Oversight and Accountability Commission as well as the December RUHS - BH Community Stakeholder's meeting to discuss African American community mental health needs.
- Co-sponsored a community dialogue on racial socialization led by Dr. Ashunta Anderson, Pediatrician at UCR Schools of Medicine. The discussion focused on how to talk with children regarding race. Other sponsors were the United Domestic workers, The Group and UCR School of Medicine.
- Participated in various Black History Month activities, including the Perris Valley African American History Committee's Expo, the annual Black History Month Parade in Riverside and events organized by UCR.
- Instrumental in supporting the planning of the Million Man Mediation Program, which is a workshop that helps African American males manage stress and reduce mental health stigma.
- Attended the Riverside County African American Village Summit, a coalition of primarily African American serving organizations communicating how to work together toward a more united youth population.
- Facilitated a group session at Victoria Manor Apartments discussing wellness and resources with senior residents as part of a journaling project.

- Promoted AAFWAG at Riverside's Juneteenth event in commemoration of the emancipation of African-American slaves. The event featured historical presentations and workshops and provided health screenings and resource information to the community.
- Attended NAMI's Sharing Hope program, an initiative to help educate the African American community about mental illness.
- Maintained communication with RUHS-BH and MHSA PEI, sharing their insight to continue building on the mission and purpose of the AAFWAG. Actively worked toward the implementation of new culturally competent services such as the Building Resiliency in African-American Families for Girls program and the Community Health Promoters Program for African Americans.

Additionally, AAFWAG participated in more than 20 culturally specific events and regular stakeholder meetings to reach out to community groups, churches and residents by providing behavioral health speakers, presentations by members and distributing information about the departments' behavioral health services. Wide spanned outreach efforts allowed members to address the community's needs on a variety of topics such as homelessness, gang violence and anger management, ensuring representation across the three regions of Riverside County. Through their presence at conferences, health fairs, spiritual gatherings, and county meetings, members have continued forging relationships with providers, businesses, and public agencies to garner support for the cause of AAFWAG and advocating for better inclusion of the African-American community.

In the 2016 -2017 MHSA Annual Plan Update, Outreach to African-American populations in Riverside County focused on engaging the African-American Family Wellness Advisory Group in creating partnerships with divisions within RUHS-BH. It also included participation in ethnic specific community celebrations and increasing the community's awareness of the group's mission. The AAFWAG educated itself by incorporating speakers

and presenters from the Department in educating its members on services and programs within the Department. Based on these experiences the following goals are recommended for the next three years:

- Increase outreach in the community of Perris. Develop a Perris based group to support BRAAF and other behavioral health programs serving the area.
- Continue to partner with RUHS-BH at community celebrations and events that promote African-American culture.
- Plan and conduct at least one countywide event focused on reducing behavioral health stigma in the African-American community. The event being planned for 2017 is a Million Man Meditation to reduce mental health stigma among African-American males.
- With support of RUHS-BH staff, increase the visibility of the mission and activities of the AAFWAG.
- Develop a template and training program for a Sister Circle program to address issues of stress, depression and create a support system that can be used by neighborhood groups, faith groups, seniors, individuals in recovery and parents. The model will include training for RUHS-BH staff to use with African-American populations they serve as well.
- The African-American Family Wellness Advisory Group will continue its participation in community celebrations in Western and Mid-County Communities. Target areas will be Riverside, Moreno Valley, and Perris.
- AAFWAG to incorporate the distribution of promotional materials (pens, bags, potholders, etc.) at community events. This will increase the outreach and community education of the group.

- Include Each Mind Matters materials in community outreach to African-American communities.
- AAFWAG will continue to meet and use these community-focused meetings to obtain information and provide input on RUHS-BH programs, services, and issues that impact the community. These monthly meetings enable members of the African-American community to be better advocates for the services of RUHS-BH in their respective community and/or church.
- The AAFWAG will work with a vendor to develop culturally relevant printed material that can serve as a tool to recruit participants and inform a broader population of its existence and mission.
- AAFWAG will participate in RUHS-BH May is Mental Health Month and the Cultural Competence Annual Celebration.

Asian American Task Force (AATF)

The AATF is a committee of the Cultural Competency Program at the RUHS-BH. It is organized to bring the Asian American Pacific Islander (AAPI) population in Riverside County together with providers and community health resources for the purpose of networking, education, advocacy, and community building. Its overall mission is to assist and guide the Cultural Competency Program to help the AAPI population to achieve overall wellbeing in their bodies and minds. The AATF is chaired by a consultant with experience in community organizing, program planning and development, public policy and advocacy on behalf of ethnic and cultural populations especially the AAPI population. Its diverse membership consists of 25 to 30 individuals representing several AAPI ethnic community groups, pastors, educators, consumers/peers, students from UCR and CSUSB and staff from RUHS-BH and other governmental agencies. It meets the 4th Thursday of the month. In 2016, the interest in the AATF grew so much that staff from RUHS such as Physical Health and State Department of Rehabilitation attended the AATF meetings to share news

and resources from their respective agencies and departments. Decision making became a challenge as the roles of members versus those of guests were not clearly defined, leading the AATF consultant to recommend that the committee formalize membership criteria. After members were selected to take leadership roles as officers of AATF, membership guidelines were developed and reviewed in 2016 and election of officers was completed in 2017. This has allowed the committee to strengthen its role as a stakeholder body that is representative of the diverse AAPI residents in Riverside County.

Asian American Task Force 2016 Activities and Accomplishments: AATF Community Outreach and Awareness Events

- Lunar Fest, January 30, 2016, Riverside.
- Presentation of “Disparities of AAPI Population in Riverside County” at the Health Equity Committee on April 20, 2016.
- RUHS-BH Mental Health Month Celebration at the Park on May 19, 2016.
- Asian American Pacific Islander Heritage and Mental Health Month celebration: "EQ versus IQ: the Asian American Way", a mental health promotion and education forum focusing on children’s mental health issues and bicultural parenting on May 24, 2016.
- Perris Valley Filipino American Association, “Bridging the Gap. Reaching A Compromise”, a community education forum on bicultural parenting on July 16, 2016.
- Korean Pastors Roundtable Planning from August to December 2016.
- World Suicide Prevention Day, September 10, 2016, Social Media Promotion in English, Chinese, Korean, Vietnamese, and Tagalog.
- Hmong Outreach Kick Off Event at the Banning Mental Health Clinic on October 19, 2016.

- Participation at the PEI Steering Committee on January 20, 2016.

AATF Project Implementation

- Completion of the Hmong CD Stories of Hope from CalMHSA; a kick-off event with Hmong community leaders and RUHS-BH staff to announce the Hmong Outreach plan was held at the Banning Mental Health Clinic on October 19, 2016; outreach commenced during the Hmong New Year celebration in Banning on November 24, 2016.
- Filipino American Resource Center Application for Funding was released in the fall of 2016 with the application and review process completed in December 2016; grant award anticipated in early 2017.
- AAPI Consumer Outreach for Focus Group and WRAP and Tai Chi group on hold due to consumer leader's leave of absence.
- Resource Directory listing of clinics with bilingual psychiatrist expanded to include clinical therapists – pending.
- Korean Pastors Roundtable planning concluded with its first meeting with Korean American pastors planned for January 2017.

AATF Specific Objectives for 2017

AATF members reviewed and discussed community needs, priorities, and strategies at the February, March, and June 2016 AATF meetings and identified the following priorities and projects for 2017 and future years.

AATF Specific Objectives for FY17/18

1. Continue with existing mental health promotion, awareness, and anti-stigma community events in May, July, September, and October in 2017.
2. Support the implementation and evaluation of the Hmong CD Outreach Project.

3. Support the award and implementation of the first “resource center” for the Filipino American community and expand this to other AAPI communities.
4. Bring Community Defined Evidenced (CDE) parent education programs to support AAPI parents in effective bicultural parenting.
5. Support training and mental health literacy for Korean American pastors.
6. Increase needed resources and support to continue with the Access Project and AAPI Resource Directory; % of Unmet Needs for AAPI adults have increased from 79.51% in FY03/04 to 94.92% in FY14/15.
7. Advocate for the release of the AAPI Mental Health Worker curriculum development, training, and outreach proposal.
8. Explore “volunteer incentives” for hard to reach AAPI population to increase capacity for effective outreach.

AATF Specific Objectives for FY18/19

1. Support AAPI Consumer Mentoring.
2. Develop culturally appropriate and relevant mental health outreach materials focusing on health and wellness in various AAPI languages using simple terms and examples.
3. Increase AAPI outreach capacity at the Cultural Competence Program; profile of AAPI clients served in FY13/14 indicated that in addition to the traditional groups of Filipinos, Chinese, Korean and Vietnamese, clients served included Asian Indians, Cambodians, Guamanians, Hmong, Laotian, Mien, Native Hawaiian, Samoans and other Pacific Islander groups.
4. Support AAPI family members to join the workforce at the Family Advocate Program.

The above AATF Objectives were Reviewed and Approved by Asian American Task Force at its monthly meeting on February 23, 2017.

Deaf and Hard of Hearing Outreach and Engagement Report

The Agreement with the Center on Deafness-Inland Empire (CODIE) is to improve the outreach and engagement efforts within the Deaf and Hard of Hearing community. Collaboration with CODIE will reduce barriers, stigma and will result in an increased ability to identify and engage the DH community. The goal is use outreach and early intervention as a means of engaging the special needs of DHH community.

- Continue the Cooperative Agreement between Center for Deafness Inland Empire (CODIE) and Riverside University Health System.
- Actively recruit representatives from CODIE to attend CCRD Meetings and provide ASL Interpretation.
- Participate in the Coachella Valley Desert Region DHH Wellness Walk.
- Participate in the Desert Region DHH Community Activities and Special Events.
- Develop a series of Mental Health Depression Videos specifically targeted to the DHH community.

Community Advocacy for Gender and Sexuality Issues (CAGSI) - LGBTQ Wellness Collaborative - FY15/16 Report

The Community Advocacy for Gender and Sexuality Issues (CAGSI) is a LGBTQ Wellness Collaborative and was formerly known as the LGBTQ Taskforce. CAGSI is a countywide coalition of LGBTQ related organizations, consumers, and providers. The goal of CAGSI is to assist the RUHS - BH in reducing disparities in the mental health system by ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community. In response to

both RUHS - BH and the community's desire to reduce stigma and disparities around mental health care for the LGBTQ community, CAGSI engaged in the following activities in 2015-2016.

Transgender Youth Empowerment Program (TYEP)

TYEP targets vulnerable transgender youth who possess leadership potential but lack opportunities to develop in a positive way. Teens, age 13-21, are taught to develop skills in leadership, civic engagement, critical thinking, team building, and other vital areas through monthly empowerment sessions.

- In September 2015, transgender activist and therapist Giorgio Di Salvatore provided support and information on navigating through the school day for trans youth and their parents.
- CAGSI representatives presented and facilitated seven (7) discussions surrounding the film short, "Morgan's Project". This is a video diary of a local trans youth's journey to self-identity as gender non-binary.
- Instrumental in the planning and implementation of Safe Space Riverside, a haven for LGBTQI youth that offers a therapeutic support group. CAGSI championed this cause from its inception and helped recruit participants.
- In March 2016, hosted Trans 101 presentation for youth in collaboration with The Center in Orange County. Also coordinated a presentation by transgender youth advocate, Sam Moehlig.

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

- Met monthly the 3rd Tuesday of each month.
- Participated in the 2016 Mental Health Summit in Palm Desert.
- May is Mental Health Month – Hosted booth at festival and co-sponsored presentations on mental health and LGBT community with Unity Fellowship Social

Justice Ministry.

- Palm Springs Pride – Provided mental health information to 3,000 interested Pride participants.
- Co-hosted community vigils for victims of PULSE nightclub shooting in Orlando.
- Provided program planning, marketing, and logistics support to the adult and youth SOURCE support groups for LGBTQ population.
- Participated in an innovative all-staff training for WET: Working With Trans Youth and Their Families. Additionally, provided feedback and insight at PEI Steering Committee meeting.

Community Education and Outreach

Gave 35 presentations to 850 participants in diverse groups including, but not limited to, the faith community, foster parents, department staff, and community groups. Sample topics included: Gay and Gay Mental Health Needs of LGBT Older Adults; Reparative Therapy and other Harmful Issues facing the LGBT Community; and Who is the LGBT Community in Riverside County.

Faith-Based Outreach

Provided training and support to churches exploring “Open and Affirming” standing on a denominational level. Provided support to churches interested in creating or reviving an LGBT youth safe space in Riverside.

Statewide Engagement

CAGSI representatives participated in monthly LGBT Health and Human Services Network collaborative conference calls. The goals of CAGSI for FY17/18 are:

- To assist the Riverside University Health System-Behavioral Health in reducing disparities in the mental health system; by ensuring the implementation of cultural

competent services and advocating for and implementing prevention and early intervention strategies for the LGBTQ community.

- Work toward reducing Stigma, Homophobia, Transphobia, and other cultural barriers that affect the Gender & Sexually Diverse Community.
- Increase cultural and linguistic prevention/education programs and share recovery experiences relevant to the LGBTQ community.
- Participate in the implementation of the LGBTQ Community Peer Educator Program (C-PEP) - C-PEP is the grassroots education LGBTQ Community Mental Health 101 Project. Facilitators strategic sessions include "Coming Out", Suicide within the LGBTQ community; and Depression to ascertain relate-ability, effectiveness of approach and accessibility to average audience.
- Participate in the development and implementation of a psychosocial education curriculum for the SOURCE LGBT youth engagement project.
- Advocate for community awareness of the mental health needs of Transition-Age Youth in Transgender and Gender Diverse population.
- Conduct Community seminars & workshops on Mental Health in the LGBTQ Community that increase community awareness of mental health, recovery, and well-being.
- CAGSI will participate in the community engagement activities that celebrate LGBTQ culture including, but not limited to, Participation in "Palm Springs Pride", Transgender Day of Visibility, AIDS Advocacy Day, LGBT Pride Month, and LGBT Health Month to provide mental health education and outreach.

- Continue Community Education and Outreach, by giving presentations to participants in diverse groups including, but not limited to: the faith community, foster parents, RUHS-BH staff, and consumers and family members, and other community groups.
- To support the implementation of a LGBTQ presence in each county sponsored Transition Age Youth center by supporting establishment of LGBTQ Support groups, cultural programming, and rendering a list of resources and entities that provide culturally competent/responsive services (e.g., clinics, legal assistance, other social/health needs).
- Conduct an Annual Needs Survey of LGBTQ community needs at Palm Springs Pride Festival and other large gatherings.

Native American Committee Report for FY15/16: American Indian Council (AIC)

The American Indian Council is formed under the Cultural Competency Program at the RUHS-BH. It is focused on decolonizing/reindiginizing approaches to mental health and wellness for American Indians (AI) from conception through intervention. Goals include providing information through written materials, as well as presentations on cultural understandings of the etiology of mental health issues, cultural definitions of mental health issues, how the forces of history, colonization, and oppression impact mental health and wellness currently, identifying cultural strengths including relational worldview with emphases on the family and systems of care, and supporting, utilizing, and revitalizing traditional health practices and cultural strengths from within the community, thereby increasing access to culturally appropriate resources and cultural providers. Its overall mission is to guide the Cultural Competency Program towards spurring and supporting the reindiginization of traditional practices and cultural strengths, including the reintroduction of the indigenous lifestyle which supports the American Indian population to achieve balance within themselves, with others, and with the larger world.

The council operates traditionally in which there is equity among members, with no central leader. The AI consultant is an American Indian Clinical Psychologist with experience providing mental health services and culturally tailored, evidence-based family strengthening programs within the local AI community. She works with the council of American Indian tribal members from diverse backgrounds that include sociology, social work, culture bearers, historians, and traditional healers. The tribal members are trained by American Indian experts in reindiginization and traditional healing practices that guide them in program planning, development, and advocacy. This knowledge is used to create a sustainable infrastructure in which a system of care can be created for American Indian community helpers. Such a system is needed to support and spur the practice of and revitalization of traditional healing practices that are accessible to the diverse AI population that resides with in Riverside County. The AI population in Riverside County is diverse, with twelve local tribes and a large, geographically spread urban population consisting of both federally recognized and unrecognized American Indians. They are disproportionately represented in the mental health system, yet have limited access to both mainstream and culturally appropriate services. The traditional practices available aren't widely accessible to this large population, and due to colonization and oppression many traditions aren't being supported and practiced in a consistent manner. In addition, there isn't a current mechanism for bringing natural helpers together and little systematic support is provided for the work they do. The initial council goal was to identify these people and provide a series of gatherings to provide support, decolonization practices, and spur revitalization and/or practice of traditional healing. The council stepped back this last year from moving ahead and stated there was a need to first build the council's resources though training as well as develop a curriculum and move forward slowly in developing infrastructure in creating the circles of care for community helpers due to diversity in tribal groups, difficulty getting people to come together due to time and geographical constraints, and a history of failed programs within Native communities that make people suspicious. In one of the first

focus groups from the county one of the tribal chairmen of a prominent tribe said, “Just tell the county to tell us what they want, they don’t want our input really, so attending a focus group is a waste of time.” These attitudes prevail in the community and getting people together takes time to slowly build trust. Additionally, natural helpers, in addition to the council members are spread thin, so asking more of their time is a burden. One of the council members stated, “This hasn’t been done before, so we want to take to the time to do it right and have the best chance of success.”

American Indian Council 2016/2017 Activities and Accomplishments: AIC Community Outreach, Awareness Events, and Project Implementation

- Presentation at the California Indian Conference, San Diego State University October 2016, San Diego, CA.
- Provided RUHS Training on American Indians and Mental Health, April 24, 2017.
- Provided RUHS Training on Traditional Wellness Activity with Council Circle, May 16, 2017.
- Provided RUHS Training on Traditional Healing with Storytelling, June 15, 2017.
- Presented at RUHS-BH Mental Health Month Celebration at the Park on May 19, 2016.
- Participation in Theatre of the Oppressed Facilitator Training, August 20, 2016.
- Participation in the Storytelling as Healing in February 2017.
- Participation in the Cultural Competency Annual Event, December 2016.
- Participation at the PEI Steering Committee on January 20, 2016.
- Compiled Library of cultural resources for working with the American Indian Community - pending.
- Curriculum for Cultural Gatherings for community helpers - pending.

- List of community helpers to invite to the first training cohort - pending.
- Pamphlet for American Indian Stigma Reduction – pending.

AIC Specific Objectives for 2017/18

The following priorities and projects for 2017-2018 and future years is a continuation of the plan for previous years. These include:

- Continue with existing mental health promotion, awareness, and anti-stigma community events.
- Attend the Medicine Ways Conference at University of California Riverside, May 2018.
- Present at the California Indian Conference Northern California Location, October 2017.
- Present at Sherman Indian School Event, April 2018.
- Present at Noli Tribal School event, TBA.
- Conduct a series of cultural decolonization/reindigenization gatherings for American Indian Natural Helpers. Goal is to conduct four in 2017/18.
- Continue developing curriculum for Cultural Gatherings for community helpers.
- Increase needed resources and support to continue with the current project to build a system of support which educates about mental health issues and wellness from an American Indian world view, builds on cultural strengths.
- Support and promote the reindigenization of AI healing practices.
- Provide a system of care around Natural Helpers and traditional practices.

- Increase resources for American Indian Natural Helpers to develop networks and conduct needed outreach and healing practices within the community in order to make services more accessible.
- Develop culturally appropriate and relevant mental health outreach materials focusing on health and wellness from an AI perspective.
- Continue to revitalize storytelling as a healing modality.
- Advocate for incentives such as “volunteer stipends” to increase capacity for outreach activities.
- Implement community helper program.
- Conduct community workshops in mental health awareness for AI community to reduce stigma and improve wellbeing.
- Provide training to county staff on working with the American Indian community and using storytelling as healing. Goal is to do four trainings.
- Training for Council with Bonnie Duran.

AIC Specific Objectives for 2018/19

The following priorities and projects for 2018-2019 and future years is a continuation of the plan for previous years. These include:

- Continue with existing mental health promotion, awareness, and anti-stigma community events.
- Attend the Medicine Ways Conference at University of California Riverside, May 2019.
- Present at the California Indian Conference Southern California Location, October 2018.
- Present at Sherman Indian School Event, April 2019.

- Present at Noli Tribal School event, TBA.
- Conduct a series of cultural decolonization/reindigenization gatherings for American Indian Natural Helpers. Goal to be determined based on results of previous year.
- Revise the curriculum for Cultural Gatherings for community helpers as needed.
- Increase needed resources and support to continue with the current project to build a system of support which educates about mental health issues and wellness from an American Indian world view, builds on cultural strengths, and supports and promotes the reindigenization of healing practices, and a system of care around Natural Helpers and traditional practices.
- Continue to revitalize storytelling as a healing modality.
- Increase resources for American Indian Natural Helpers to develop networks and conduct needed outreach and healing practices within the community.
- Advocate for incentives such as “volunteer stipends” to increase capacity for outreach activities.
- Implement community helper program and provide stipends for community helpers and council to provide healing workshops within the community.
- Conduct community workshops in mental health awareness for AI community to reduce stigma and improve wellbeing.
- Provide training to county staff on working with the American Indian community and using storytelling as healing. Goal is to do four a year.
- Training for Council TBA.

AIC Specific Objectives for 2019/2020

The following priorities and projects for 2019-2020 and future years is a continuation of the plan for previous years. These include:

- Continue with existing mental health promotion, awareness, and anti-stigma community events within the community.
- Attend the Medicine Ways Conference at University of California Riverside, May 2020.
- Present at the California Indian Conference Northern California Location, October 2019.
- Present at Sherman Indian School Event, April 2020.
- Present at Noli Tribal School event, TBA.
- Training for Council TBA.
- Revise the curriculum for Cultural Gatherings for community helpers as needed.
- Conduct a series of cultural decolonization/reindigenization gatherings for American Indian Natural Helpers. Goal to be determined based on results of previous year.
- Increase needed resources and support to continue with the current project to build a system of support which educates about mental health issues and wellness from an American Indian world view, builds on cultural strengths, and supports and promotes the reindiginization of healing practices, and providing a systems of care around Natural Helpers and Traditional Practices.
- Increase resources for American Indian Natural Helpers to develop networks and conduct needed outreach and healing practices within the community.
- Continue to revitalize storytelling as a healing modality.
- Advocate for incentives such as “volunteer stipends” to increase capacity for outreach activities.
- Implement community helper program and provide stipends for community helpers and council to provide healing workshops within the community.

- Conduct community workshops in mental health awareness for AI community to reduce stigma and improve wellbeing.
- Provide training to county staff on working with the American Indian community and using storytelling as healing. Goal is to do four a year.

Spirituality Initiative

The Spirituality Initiative goals are to:

- Increase awareness of spirituality as a potential resource in mental health wellness, recovery, and multi-cultural competence.
- Encourage collaboration among faith-based organizations, mental health service providers, consumers, and families in reducing stigma and disparities for diverse populations.
- Provide workshops to mental health service providers on how to utilize spirituality as a resource for prevention, early intervention, and recovery, while preserving consumer/family choice.
- Provide forum for community dialogue on the spirituality initiative.
- Attend special events and conferences on the Role of Spirituality in Recovery.
- Establish ongoing collaboration with community faith-based organizations.
- Provide Mental Health First Aid (MHFA) training curriculum in response to the identified needs of the faith community leaders.
- Participate in the 'Spirituality and Faith Empowers' community events in Desert Region.
- Attend the 'Recognizing the Importance of Spirituality in Behavioral Health' conference.
- Attend Menifee Interfaith and Community Service Council Meetings.

Promotores de Salud Mental Activities for FY15/16

Promotores de Salud Mental Program is an outreach program that addresses the need of the county's diverse Latino Community. Program implementation began in July 2011. During fiscal year 2015/2016, Promotores de Salud Mental provided a total of 2,308 mental health education and/or modular presentations. Across the three types of formats 22% were mental health education presentations, 65% were modular presentations, and 8% were participation in health fairs/public events.

A total of 22,370 Riverside County residents attended a mental health education, modular presentation, or community event. In addition Promotores also engaged in the following activities:

- Outreach: Promotores de Salud Mental conducted targeted outreach to Spanish-speaking members of the Latino community by going door-to-door and setting up information tables in apartment complexes and public shopping centers.
- Door to Door Planned Events: Coordinated strategically, culturally, and linguistically competent activities to provide and distribute information.
- Tabling: Coordinated strategically, culturally, and linguistically competent venues to distribute information in local community small businesses.
- Health Fairs: Participated in 176 local community events with several agencies and vendors to provide and distribute information.

Satisfaction surveys were completed by 14,567 attendees. Overall, the presentations were well received by the participants. Results indicated that 96% strongly agreed or agreed that the information presented made them more aware of prevention and early intervention for mental health and gave them a better understanding of the early signs of mental health issues. 93% of people strongly agreed or agreed that as a result of the presentation they are better able to talk about mental health issues with family and friends. Most notably,

94% strongly agreed or agreed that they would feel comfortable seeking help for themselves or a family member regarding mental health issues. The contract with the previous provider was not renewed. A Request for Proposal is in development and will be re-released in the next year.

Community Mental Health Promotion Program

Due to the success of the community health worker (Promotores) model, an RFP was released in late 2013 to expand the program as a model for other cultures. It is the Ethnically and Culturally Specific Community Mental Health Promotion Program (CMHPP). The RFP was subsequently cancelled while further planning efforts continued to ensure that the program will be implemented successfully. As a result of the CMHPP the following cultures will develop a similar model in order to reach many people who would not have received mental health information and access to supports and services: Native American, African American, LGBTQ, Asian American/Pacific Islander, and Deaf and Hard of Hearing. The PEI Steering Committee identified moving forward with the CMHPP as a priority.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program)

The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. In FY15/16 RUHS - BH continued the contracts with two providers to deliver the Level 4 parenting program in targeted communities throughout Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional

consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 451 parents were served through the Triple P classes. Evaluation of the impact of change in parenting as a result of the classes indicated significant improvement in positive parenting as well as overall decreases in inconsistent discipline. In addition to pre and post surveys that look at parenting practices, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed statistically significant decreases in both the intensity and frequency of problem behaviors. This was the fourth year of program implementation of the Triple P program and the overall impact continues to be very positive. The PEI unit also continued to coordinate Triple P Level 4 trainings which included contract providers but also invited Department staff including Parent Partners and CalWORKs staff. A Request For Proposal was released in FY13/14 to identify providers to continue providing this program in all three regions of the county and providers were identified in the Western and Mid-County regions with new contracts beginning in July 2015, no responsive bids were received from the Desert. Another RFP was released in December 2016 for the Desert Region and no bids were received. Additional outreach to providers in the Desert Region will be needed.

Mobile Mental Health Clinics

There are three mobile units that travel to unserved and underserved areas of the county to reach populations in order to increase access. The mobile units allow children, parents, and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors and appropriate interventions, training for school staff, Triple P tip sheets regarding specific problem behaviors, and small groups for children whose parents are incarcerated. In FY15/16, 103 children and families received PCIT through the mobile units. There was a statistically significant decrease in parents' views of

their child's behavior as a problem as well as a statistically significant decrease in the frequency of problematic behaviors. Outcome measures also revealed a significant decrease in parental stress. Overall parents felt more confident in their parenting skills and ability to discipline their child. Parents felt their relationship with their child and their child's behavior improved. In addition to PCIT, in FY15/16 staff also provided Trauma-Focused Cognitive Behavioral Therapy, Incredible Years, Dinosaur School, and Strong Kids Group for children whose parents are incarcerated. Staff provided 86 parent consultations as well as consultation to 19 providers. Each unit is also equipped, stocked, and prepared to respond locally and to other counties if called upon in response to disasters through regional mutual aid agreements. The staff takes the mobile units to community events to provide outreach and education to underserved communities.

Strengthening Families Program (SFP) (6-11)

SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. In FY15/16, 199 families were screened for the program with 169 families enrolling. In total, 127 (75%) families met the program completion criteria of completing 10 or more sessions. 88% of the families identified as Hispanic and 73% of the participants reported Spanish as the primary language spoken in the home. The most frequent risk factors identified at screening were lack of supervision/discipline or parental involvement (74%) and parental or sibling substance abuse (72%). Evaluation of program outcomes include measuring decreases in behavioral, emotional and social problems as well as measuring increases in parenting skills, parent supervision, building family strengths, enhancing school success, concentration skills, and pro-social behaviors. Many statistically significant outcomes resulted for families that completed the program. These included:

- Improvements in the areas of parenting skills and parent supervision;
- Improvements in overall family strengths including communication and family organization;
- Improvements with the child's school success including staying on task, working well independently; and
- Improvements with their children in regard to concentration, behavioral, emotional, and social risk factors.

In the next 3YPE plan, Strengthening Families will be increased to serve more families throughout Riverside County. The PEI Steering Committee recognized the benefits of this program and recommend focused efforts to provide this service on school campuses as much as possible.

PEI-03 Early Intervention for Families in Schools

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

Families and Schools Together (FAST)

The FAST program is an outreach and multi-family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school thus avoiding problems such as school failure, violence, and other delinquent behaviors. The FAST program utilizes a team of four (4) (one school administrator, one parent partner from the school, and two community-based organization staff) to implement the program at each school site. In FY15/16, the program was implemented at five (5) school sites in five school districts. One of the highlights of utilizing

the FAST program is that it must be provided at the school sites, which de-stigmatized the intervention with a goal of increasing families' willingness to attend and complete the program. FAST served families with youth who attended Kindergarten through 5th grades at the trained sites and 144 families participated in the program. In total, 97 (67%) of those families who participated met the program completion criteria of attending 6 or more sessions. Pre and post measures were completed by adult participants as well as school staff. Parents reported the social support received and the social support provided both increased significantly and significant improvement in accessing emotional support. Family functioning saw various changes. Families' cohesiveness, conflict, and expressiveness all saw significant improvements. Parents also reported their involvement in their child's school activities improved significantly, however, only slight improvements were found for parent to school contact and school to parent contact. Teachers reported slight improvements in their involvement with parents. Both parents and teachers reported improved behaviors in the children.

In the FY14/15 Annual Update, it was reported that the PEI Steering Committee recommended ending the FAST program and to broaden the use of the Strengthening Families program. The recommendation included completion of the last cycle in FY16/17. Upon further review, the PEI Steering Committee for the 3YPE plan concurred with the existing recommendation based upon the following. The RUHS - BH Research and Evaluation unit was asked to develop a comparison of the Families And Schools Together (FAST) and the Strengthening Families Program (SFP). Both programs serve families with young children through use of multiple family interventions. Both programs also have overall goals of increasing parenting skills, developing family cohesion and increasing school success and decreasing child disruptive behaviors. FAST and SFP both have a similar structure to the sessions, including a family meal, groups for parents and children and bringing families back together to practice new skills. The pre/post measures given in each program are different so comparison of outcomes across the programs are not exact.

There are categories, however, that can be compared across the programs. In the areas of cohesion/ building family strengths, hyperactivity/concentration, emotional symptoms, pro-social behaviors and peer/social problems, the Strengthening Families Program showed overall better outcomes for program participants. The area of conduct/behavioral problems was the one area that the FAST program showed better outcomes. The implementation requirements and rigid structure of the FAST program created challenging barriers for providers as well as incurred additional costs to the County that could be otherwise avoided. The PEI Steering Committee recommended elimination of the FAST program and increase the implementation of the Strengthening Families program with the condition that Strengthening Families be provided on school campuses. This program will be removed from the PEI plan.

Peace4Kids

Peace 4 Kids, Level 1 Curriculum, is based on five (5) components:

1. Moral Reasoning,
2. Empathy,
3. Anger Management,
4. Character Education, and
5. Essential Social Skills.

The program goals include helping students master social skills, improve school performance, control anger, decrease the frequency of acting out behaviors, and increase the frequency of constructive behaviors. There is also a parent component, which strives to create social bonding among families and within families, while teaching social skills within the family unit. In the FY14/15, Peace 4 Kids added Level 2 for students that had previously completed Level 1 and requested additional classes in order to practice what they had learned as well as to learn new skills. Level 2 included advanced lessons related

to the same five components as Level 1, with the same goals as Level 1. Students had to have completed Level 1 before participating in Level 2 in order to have a basic understanding of the topics covered. RUHS – BH and Palm Springs Unified School District continue to have a Cooperative Agreement to have the program at the two middle schools in Desert Hot Springs. 380 students received the program throughout FY15/16 and 44 parents participated in the Family Time component. Pre and post measures were completed by the students, parents, and teachers. Outcomes of students and parents ratings of the student’s behavioral difficulties and pro-social skills showed statistically significant improvements.

PEI-04 Transition Age Youth (TAY) Project

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

Stress and Your Mood (SAYM)

SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. This was the fourth year of implementation of the program in targeted communities throughout Riverside County. In FY15/16, 173 youth were served in the program. Continued outreach efforts to reach underserved youth were effective in that 62% of those enrolled were Hispanic and 18% of the youth reported being LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning. The results were very positive in that before the intervention, 95% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated that average depression scores decreased to below the clinical level of depression. The clinician also completes a

measure after each module. Of note is that the clinician rating of change after the first two modules was minimal; however, statistically significant changes were noted after the final module, suggesting youth should complete the intervention in its entirety. Each youth was also given a measure of overall functioning and these measures indicated significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 87% of the youth indicated that they “agree or “strongly agree” that as a result of the program they know how to obtain help for depression and 87.9% indicated that they “agree” or “strongly agree” that they learned strategies to help them cope with stress. Currently, a community-based organization provides this service in the Western and Desert regions. In FY15/16 the provider for Mid-County Region decided not to renew their contract. An RFP will be released for Mid-County during this 3YPE Plan period.

TAY Peer To Peer Services

This program is one in which Transition Age Youth (TAY) Peers provide formal outreach, informal counseling and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. In order to provide additional structure to the providers around activities for TAY, providers were given training on how to develop a Speakers Bureau as well as the Coping and Support Training program (CAST). CAST is an evidence-based curriculum with three major goals:

1. Mood Management,
2. Drug Use Control, and
3. Using School Smarts.

Each CAST cycle consists of a screening session and 12 sessions focused on skill development. The “Cup of Happy” TAY program has become well known in the Western

and Desert Regions and the provider for the Mid-County Region continues to outreach to become known in the targeted communities. In FY15/16 there were a total of 770 various Peer-to-Peer events throughout the county with a total attendance of 8,071. Event topics included mental health stigma reduction, psycho education, coping skills, LGBTQI support, and program marketing. The TAY peers attended large health fair events, passed out mental health related information on the streets, held support groups for LGBTQ youth in a local coffee shop, and hosted a weekly event at a community center where TAY could come and present their original spoken word works. Outreach also resulted in 749 individual contacts and 70 of those individual contacts resulted in linkage to a Prevention and Early Intervention program. There were 97 Speaker's Bureau presentations by the TAY peers reaching 2,555 individuals, more than double last fiscal year. Post-test results revealed a statistically significant reduction in participants' stigmatizing attitudes and statistically significant increases were found in affirming attitudes regarding empowerment over, and recovery from, mental health conditions, as well as a greater willingness to seek mental health services and supports. There were 38 full cycles of CAST completed with 382 participants enrolled and 42% of those completing the program. The CAST groups are offered on high school campuses and the primary challenge that was identified in students completing the program included having to miss class to attend the groups. For those who completed the program, there were statistically significant improvements in self-esteem, control of their moods and use of the "Stop, Think, Evaluate, Perform, Self-Praise" (STEPS) process in making overall healthy decisions.

In FY15/16 nine (9) focus groups focused on the TAY population were conducted in efforts to ensure that current programs are meeting the needs of TAY in Riverside County. Despite evidential success in Peer-to-Peer programs, two customized focus groups were held for participants of the Peer-to-Peer Coping and Support Training (CAST) program within PEI, to gain specific feedback on programmatic efficacy. Efforts were made to identify different themes in the responses among various TAY populations during the focus

groups, with the goal to gather feedback on the needs of the TAY population. One theme that rose to the top was the need for one-to-one mentoring. The PEI Steering Committee reviewed the focus group report along with data related to the TAY population and existing programming and concluded the addition of Peer Mentoring would enhance services and respond to the community's request. Peer mentoring will be an enhancement to the existing Peer-to-Peer program and will be included in the next RFP.

Outreach and Reunification Services to Runaway Youth

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

Active Minds

Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11 and FY11/12, RUHS - BH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are: University of California Riverside, College of the Desert, Palo Verde College, and Riverside City College. In FY13/14, Mount San Jacinto College and Moreno Valley College started a chapter on their campuses and received funding to begin activities. The funding ended for those two campuses at the end of FY14/15. Student activities include providing information to students and faculty regarding mental health topics and promoting self-care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to

be of interest both at the local and State level. Send Silence Packing (SSP) is an exhibit of 1,100 backpacks that represent the number of college age students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. At each exhibit, 1,100 backpacks are displayed in a high-traffic area of campus, giving a visual representation of the scope of the problem and the number of victims. RUHS-BH continues to support these efforts through sponsoring the Send Silence Packing traveling exhibit. In October 2015 an exhibit was held at Mt. San Jacinto College and UC Riverside. Additionally, an exhibit will be held in April 2017 on the Mt. San Jacinto campus.

Teen Suicide Prevention and Awareness Program

Riverside County Community Health Agency, Injury Prevention Services (CHA-IPS) continued to implement the teen suicide prevention and awareness program in seven school districts throughout Riverside County. The districts served were Moreno Valley, Riverside, Coachella Valley, Murrieta, Corona-Norco, Beaumont, and San Jacinto. CHA-IPS continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. CHA-IPS provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school and middle school within the selected school district will be required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. It is imperative to create buy in from the students on each campus, and by focusing on a peer-to-peer approach with the SP program it helps to bridge the trust among students and utilize the program to its full potential. Individuals in each service group will be identified as SP outreach providers, with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers will have training on topics such as:

- Leadership
- Identifying warning signs to suicide behavior
- Local resources to mental/behavioral health services
- Conflict resolution

In addition IPS will assist each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. One of the required high school club activities will be to participate in the annual Directing Change video contest. The remaining activities will include handing out SP cards at open house events, school events, and making PSA announcements. This will help to build momentum around suicide prevention and reduce the stigma associated with seeking mental health care services. As a way to provide additional services that target the staff and parents of students at the selected school sites, training opportunities will be offered. IPS will provide Gatekeeper trainings to school staff. SafeTALK, is a 3 hour training designed to introduce the topic of suicide intervention. The goal of this training is to equip participants to respond knowledgeably and confidently to a person at risk of suicide. Just as "CPR" skills save lives, training in suicide intervention makes it possible for trained participants to be ready, willing, and able to help a person at risk. In addition, IPS will work with Riverside County Helpline to provide suicide prevention and awareness trainings to parents. This will help to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness. The program supported 52 school sites in FY15/16. As a result, there were 57 suicide prevention curriculum trainings conducted for over 1,593 high/middle school students, 16,700 mental health related brochures and help cards were distributed, and there were 104 suicide prevention campaigns impacting approximately 77,612 students across Riverside County. CHA-IPS staff continued to provide parent education and staff development activities in FY15/16. The parent education component provided parents with a 1 to 2-hour presentation on the

warning signs, risk factors, and resources available to youth in crisis. FY15/16 provided five (5) parent workshops reaching 52 community members. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing two SafeTALK suicide awareness trainings impacting 38 community and school personnel and one Applied Suicide Intervention Skills Training (ASIST) impacting 20 community and school personnel.

Transition Age Youth (TAY) Un-Conventions

As a result of a Community Capacity Building grant two TAY Un-Conventions were held in the Desert Region of the county in FY12/13. The purpose was to bring together TAY and TAY serving organizations to identify and develop plans to address the needs of TAY. As a result, a comprehensive resource guide was developed and widely distributed. Through the Community Planning Process in FY13/14 a recommendation was made to duplicate those TAY Un-Conventions in the Western and Mid-County Regions. During this 3YPE community planning process the PEI Steering Committee reviewed this recommendation. The Steering Committee concluded resource guides of this type already exist in the County and these efforts would be duplicative. With competing priorities and limited funding, the Steering Committee recommends elimination of this project. It will be removed from the PEI Plan.

PEI-05 First Onset for Older Adults

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

Cognitive-Behavioral Therapy for Late-Life Depression

This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff

Development Officer continued to provide training and consultation in the program to new staff. There continued to be a great deal of outreach activities that occurred during FY15/16 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY15/16, 71 older adults were served in this program. The largest percentage of participants were ages 60-69 (55%) and 13% of those served were 80-90 years of age. Of note is that 61% of those served identified as LGBTQ. One of the providers exclusively serves the LGBTQ community in the Desert Region of the county. 66% of those served by that agency identified as LGBTQ. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life as well as participation in social activities. This program has demonstrated positive outcomes since implementation began.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS)

This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. PEARLS staff continued efforts to outreach and educate the community, as well as organizations, about the program in order to increase the number of referrals for individuals that enroll in the program. A total of 97 older adults were enrolled in the program in FY15/16. Fifty-two percent of those served are between the ages of 60 – 69 and 1% of those served were 90+ years old. Outcomes demonstrated statistically significant decreases in depressive symptoms and symptoms of anxiety for those who completed the sessions. In addition, PEARLS program participants reported an increase in satisfaction with their life in general and reported greater feelings of well-being. Participation in social activities and the frequency of pleasant activities are integral components to the PEARLS model. Average rating on both of these items showed a statistically significant increase. Along with the

evaluation of program outcomes, the implementation of the program was also evaluated. In addition to evaluating program outcomes, a full implementation and referral analysis was conducted. This revealed a troubling pattern in that over the last three fiscal years the number of referrals has steadily decreased despite significant strategic outreach efforts. As a result the program was far below the intended target for numbers to be served. The analysis proved that while the actual outcomes were positive, the cost versus the numbers served was not justifiable to sustain the program. The decision in the FY15/16 annual update was to slowly transition the current caseload through completion of the program and discontinue new referrals into the program until further analysis can be made. The PEARLS program discontinued services in June 2016. However, throughout the 3YPE community planning process, community and stakeholder feedback was clear, depression prevention services are needed for the older adult population. The PEI Steering Committee explored new strategies for the implementation of PEARLS to address the barriers noted above and also explored other programs that address this need. Further work with stakeholders and research into evidence-based programs that meet this need will be done. A program to meet the need for depression prevention in older adults will be implemented in the 3YPE once the best strategy is identified.

Care Pathways - Caregiver Support Groups

A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called "Care Pathways", consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions, and stress reduction techniques. They continued to have great success in marketing the program. The OoA served 273 individuals in FY15/16. Thirty-seven percent of participants were female and 63% of program

participants had been care giving for one to ten years. Fifty percent were age 60 or older. The race/ethnicity of the participants was reflective of the county older adult population, with 53% Caucasian, 21% Hispanic, and 8% African American. The most frequent relationships to the care recipient was mother/mother-in-law at 27% and husband at 30% of those participating. There was a statistically significant decrease in depressive symptoms which was recorded prior to beginning the group and at the end of the 12-week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. Caregivers reported high levels of satisfaction with 100% of participants who completed the survey reported that the support groups helped them in reducing some of the stress associated with being a caregiver and 100% of participants reported that they would recommend the support group to friends in need of similar help. OoA group facilitators reported that some of the caregivers were in need of short-term additional support; and as a result the Mental Health Liaisons embedded in the OoA were assigned to assess and provide needed service and referrals. This included individual therapy, primarily CBT for Late Life Depression and/or connection to community resources and supports.

Mental Health Liaisons to the Office on Aging

There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing the CBT for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff, and other organizations serving older adults, about mental health related topics, as well as providing mental health consultations for Office on Aging participants. In FY15/16 three Clinical Therapists (CT) staffed this program. It was determined that level of staffing is not necessary to meet the need of this program, therefore, after retirement of a CT, two Clinical Therapists will provide this program for the 3YPE. The Mental Health

Liaisons participated in 102 outreach events within the 15/16 fiscal year. They also processed 173 referrals which resulted in 53 of those referrals being enrolled in Cognitive Behavioral Therapy or the PEARLS program. Thirty-six percent of the referrals they received were referred to other non-PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 28 older adults in FY15/16. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement of symptoms of depression. Overall, depression reduced from moderate to low. QOL survey results indicated that program participants felt better about life in general, increased relaxation and improvement in emotional well-being.

CareLink Program

CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY15/16, 91 of the individuals that were served through the CareLink program were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants showed a statistically significant decrease. Program staff continued to receive additional coaching in the enrollment criteria for the program as well as the use of the model to ensure that program

participants are receiving the model as it was designed. The Quality of Life Survey showed the greatest improvements in how participants felt about family, health, and the amount of friendships in their life

PEI-06 Trauma-Exposed Services for All Ages

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

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

This is group intervention designed to reduce symptoms of Post-Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with school districts to provide the program on school campuses. In FY15/16, 194 youth were enrolled in the program and 143 (74%) attended 8+ sessions. Overall, the largest numbers of participants were Hispanic females. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Intake data showed that 94% of youth served had witnessed physical trauma and 88% reported experiencing emotional trauma. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a statistically significant decrease in traumatic and depressive symptoms. Average scores for depression were reduced to below the clinical level. Analysis was also done on pre/post measures completed by parents regarding their child's behaviors. There were statistically significant improvements in all measured behaviors.

Seeking Safety

This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. A total of 287 individuals were enrolled and participated in at least one

topic session. Sixty-two percent of those served were TAY. Participants were asked to provide information about their trauma-related symptoms before they began the program and when they completed. Changes in the frequency and intensity of traumatic symptoms showed a statistically significant change. Comparison of pre/post scores on the COPING Inventory showed an improvement in most positive coping responses and a decrease in most negative coping responses to life stressors. These changes were statistically significant. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis and would recommend the program to a friend. An RFP to continue the implementation for the program was released in the spring of 2014. Providers were identified through that process and contracts for selected providers began July 1, 2015. The RFP process was successful in identifying a provider for both TAY and adults in the Western Region. Another RFP was released in the spring of 2016 which resulted in a provider for the Mid-County region. No bids were received for the Desert Region. Additional outreach to providers in the Desert region will be needed.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy. This model has been implemented successfully within RUHS – BH children’s clinics. Outcomes from the program demonstrate significant reduction in traumatic symptoms and

improvement in behavioral difficulties. RUHS - BH and the Riverside County Department of Social Services are collaborating to serve children who are brought into the foster care system, including providing clinical intervention when needed.

Trauma-Informed Care

The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered on not focusing efforts on direct service for adults who have experienced trauma, but rather to develop a trauma-informed system and communities. The PEI Steering Committee tasked the PEI Unit with identifying programs that would train mental health providers and community members in general about trauma. Models of trauma-informed care were explored in FY14/15 and a proposal was submitted to RUHS – BH Executive Management. The decision was to postpone pursuing the development of a Trauma Informed System of Care until further information could be gathered, particularly from other counties who have implemented models. The PEI Steering Committee for the 3YPE plan 2017/2020 reiterated the need for trauma informed services and offered continued support for its implementation. The goal continues to be to identify a model that will include RUHS – BH staff as well as community-based organizations, schools, faith-based organizations and any other interested organizations. There is currently a countywide effort focusing on trauma and resiliency. RUHS-BH will partner in these efforts to maximize benefits to the community.

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 and evidence-informed practices that have been found to be effective with the populations identified for implementation. In addition to the programs identified below it is important to note that

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

Native American Communities

The two programs included for this population focus on parent education and support.

Incredible Years: Incredible Years is a parent training intervention which focuses on strengthening parenting competencies, fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors.

Guiding Good Choices: The program is a prevention program that provides education to parents of children ages 9-14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use.

An RFP was released in the spring of 2015 in anticipation of the contract expiring. There were no contracts awarded as a result of the RFP. PEI staff outreached to Native American serving organizations and made some contact with a provider. An RFP was being prepared for release; however, the PEI Steering Committee and the Native American consultant have concerns that parenting programs may not address the highest need in the Native American community. The Steering Committee recommended focus groups with the Native American population of Riverside County to determine what programs and services are most appropriate at this time. Additionally, the Steering Committee recommended using programs with Community-Defined Evidence and more specifically to the Native American population, revitalization through cultural mentoring, storytelling, and contemplative practices. The PEI unit will work with the Native American Advisory Council

to respond to these recommendations and determine the need for the Native American community and proceed with the Request for Proposal process based upon the outcome.

African American Communities

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

Africentric Youth and Family Rites of Passage Program: This is a nine month after school program for 11–15 year old males with a focus on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in family enhancement dinners. The providers initially focused their efforts on outreach through personal contacts, marketing and presentations in order to facilitate referrals. This included outreach to faith-based organizations, community providers, schools, and health fairs. A total of 54 youth and their families participated in the program in FY15/16 in the Mid-County and Desert Regions. There was not a provider in the Western region in FY15/16. An RFP was released and a provider was identified and began implementation in FY16/17. Pre to post surveys revealed a non-significant change to the resiliency scale measuring a sense of mastery. There was a significant increase in identifying Africentric values. This outcome related to the goal of the program because positive ethnic identity represents a strong protective factor for these youth.

Effective Black Parenting Program - This is a parent education program for parents of African American children. As with the Rites of Passage Program there was extensive outreach to schools and community providers to solicit referrals for the program. A total of three 14-week groups were held in FY15/16 serving 45 parents with only 28 completing. This program was removed from the PEI plan in a previous annual update. Through focus groups with the African American community reasons were shared from providers

regarding the difficulty in recruiting parents to attend a 15-week, 3 hours per week program. In addition, the program developer has retired, thus making training and program materials unavailable. Feedback from the AAFWAG and focus group was to identify another parent education program, particularly one that is shorter in length.

Effective Black Parenting was offered in FY15/16 as this was the last year of the existing contract. Starting FY16/17 a new parenting component replaced it and is described below.

Guiding Good Choices (GGC) - This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. FY16/17 is the first year of implementation. Data outcomes will be available in the next annual update. Anecdotal reports from providers are positive and describe increased parental involvement in the program, increases in parents attending all program sessions, and content that is relevant and parents identify with.

Cognitive Behavioral Therapy (CBT) - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address emotional crisis, and provide coping skills. CBT intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer.

The Executive Directors for each of the providers continue to meet as a Leadership Team along with RUHS - BH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. An annual project collaboratively planned and implemented is the primary goal of the leadership meetings. Program Administrators also coordinate outside of the leadership meetings in order to complete the annual project. This year BRAAF program administrators and staff

from the counties three regions came together through their leadership team to create a Unity day. Unity Day is an objective of the Building Resilience in African American Families (BRAAF) program provider's agreement with the Riverside County Universal Health Systems – Behavioral Health and shall incorporate the participation of all three regions (Western, Mid-County, and Desert). The regions work collectively to plan, host and execute the project/event. The event will include family style activities, outreach/community service activities, food, and traditional Africentric rituals. The project will also include elements that will serve as evidence and historical reference that Unity Day took place in the selected community. The event is scheduled for April 15, 2017.

Building Resilience in African American Families (BRAAF) Girls Program: The pilot BRAAF Girls project, currently in the Request for Proposal evaluation process, is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County.

Africentric Rites of Passage Program - is an evidence-informed, comprehensive prevention program for African-American girls in middle school and their caregivers/families. The project is designed to wrap families with services to address the needs of middle school aged African-American girls, build positive parenting practices, and address symptoms of trauma, depression, and anxiety. The goal of BRAAF is empowerment of African American girls ages 11-13 through a nine-month Rites of Passage Program. The BRAAF Girls ROP serves girls enrolled in middle school, who meet criteria, in an after school program three days per week for 3 hours after school on Mondays, Wednesdays and Fridays and every Saturday. The Saturday sessions will focus on dance, martial arts, and educational/cultural excursions. The BRAAF Girls ROP program stresses parent and caretaker involvement to promote healthy relationships with their girls. Family enhancement and empowerment buffet dinners are held monthly for a minimum of 2 hours each meeting, over 9 months of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community

improvement. Community guest speakers/experts are included in the monthly presentations.

Guiding Good Choices (GGC) - This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully.

Cognitive Behavioral Therapy (CBT) - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address emotional crisis, and provide coping skills. CBT intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer.

The BRAAF Girls pilot program is currently in the RFP evaluation process and will begin implementation once a contract is in place. This is a newly developed program and data outcomes from this pilot project will be used to determine effectiveness and address any implementation challenges as well as determine if broader implementation across the County is indicated.

Hispanic/Latino Communities

A program with a focus on Latino women was identified within the PEI Plan.

Mamás y Bebés (Mothers and Babies) Program: This is a manualized 9-week mood management course for women during pregnancy and includes three post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. In FY15/16, 247 women were served in the program. Sixty-six percent of the women enrolled in the program identified as being Hispanic, Latina or Spanish and 74% identified Spanish as their primary language. Of note is that 50 of the participants were in

the 15–25 year old age range. Post data indicated that depressive symptoms were significantly decreased at the conclusion of the program, falling below the clinical cutoff. Satisfaction with the program was also high with 99% of those completing the satisfaction survey marking “Yes” or “Definitely” when asked if they learned new methods to cope with feelings of sadness and whether participation in the program helped to prevent feelings of sadness and depression. 99% marked “Yes” or “Definitely” when asked if they know how to get help for depression after the birth of their baby. At the end of FY15/16 the contract with the countywide provider was not renewed. A new RFP was released in January 2017.

Asian American/Pacific Islander Communities

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

Curriculum for Immigrant Families: This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Process, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program. Significant focus was placed on identifying a consultant from the community to continue the outreach that was begun over the past few years by the Department. Although progress has been made in this area, additional relationship building is needed prior to beginning to look at program implementation. An Asian American/Pacific Islander Task Force has been formed to engage representatives from communities with the goal of relationship building, identifying culturally appropriate ways to increase awareness of promoting health, and developing a plan to implement the SITIF program. The plan is for an RFP to be released once that process is complete.

RUHS-BH has been working closely with the Asian American Task Force and Cultural Competency program to address the needs and recommendations received. In October 2016 an Application for Funding was released for a Filipino Community Resource Center. An awardee was identified and an agreement is in place for this project. The PEI unit will

continue to work with the Task Force to develop the RFP for the SITIF program during this 3YPE plan.

The Prevention and Early Intervention Unit held the 5th Annual PEI Summit in August of 2016. The overall purpose of the Summit was to bring together all PEI providers to learn about other programs that are being implemented and to share the outcomes of programs with all of the partners. This year's Summit focused on raising awareness regarding trauma, the power of healing and forgiveness, and an opportunity to network with other PEI providers and community partners. One hundred and forty-six providers attended the Summit and the overall evaluations were very positive.

RUHS - BH continues to participate in the Inland Empire Perinatal Mental Health Collaborative. One of the missions of the collaborative is to provide an annual conference on a topic related to maternal mental health. RUHS - BH supports the conference every other year. RUHS - BH will continue to support the conference.

Prevention and Early Intervention Statewide Activities

In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This allows support of ongoing statewide activities including the awareness campaigns. The community Planning Process for 2017/2020 3YPE Plan and PEI Steering Committee continued their support for the CalMHSA statewide efforts.

The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns

including Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities. Additional benefits this year of the statewide efforts include suicide prevention and mental health educational materials with cultural and linguistic adaptations. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these campaigns.

The Directing Change Program and Student Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. In order to support the contest and to acknowledge those local students who submitted videos, RUHS - BH and San Bernardino Department of Behavioral Health have partnered to host a Directing Change Gala. The Gala is a semi-formal event that was held at the Fox Theater in Riverside in 2014, the Lewis Family Playhouse in Rancho Cucamonga in May 2015, and the Fox Theater in Riverside in May 2016. Students, their families as well as school advisors and administrators were invited to celebrate the students. PEI staff conducted outreach and awareness at high schools throughout the county to raise awareness about the contest and encourage students to make videos. In FY15/16 students from 23 high schools, 3 Universities, 1 College, and 4 community-based organizations submitted a total of 124 videos from Riverside County. This was a significant increase from the previous year. Students received awards in the categories of Best Acting, Best Script, and Best Cinematography.

Several PEI staff and community partners were trained as trainers in two suicide intervention strategies: SafeTALK and ASIST (Applied Suicide Intervention Strategies Training). SafeTALK is a 3-hour training that prepares community members from all

backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. ASIST is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Over 36 trainings have occurred in these models since the trainers have become certified. The PEI Steering Committee continues to recommend that funding be allocated to continue these gatekeeper trainings since there is now capacity to train community members on a widespread basis.

Another local impact is the collaborative partnership that RUHS - BH and Riverside County Office of Education (RCOE) developed to participate in the K-12 Student Mental Health Initiative. This initiative included the implementation of the Olweus Bullying Prevention Program (OBPP) at four school demonstration sites and has since included training at an additional four school sites. Two PEI Staff Development Officers and one RCOE Program Manager participated in the OBPP Train the Trainer process and continue to work toward completing the certification process. Addressing bullying was one of the themes that came out of the Community Planning Process and as a result, the PEI Steering Committee continues to recommend that there be funding allocated to be able to offer the training to other interested schools. Due to a reduction in the availability of funding, CalMHSa has been forced to prioritize their efforts. As a result, the Student Mental Health Initiative came to an end at the end of FY14/15. RUHS - BH and RCOE remain committed, however, to efforts around bullying prevention and providing training to school staff around student wellness. An MOU is in place for staff trained in the Olweus Bullying Prevention Program to continue to offer the training and technical assistance to school districts who want to implement the program. In addition, another MOU will be developed to coordinate efforts around the Student Wellness Series.

PEI Steering Committee Recommendations:

As stated earlier, the Steering Committee members reviewed the outcomes of currently funded programs as well as feedback received through surveys related to PEI activities. Recommendations for program enhancements and changes have been shared throughout this document within each work plan. An overarching recommendation is to broaden the approach to PEI programming in Riverside County to include more community defined evidence programming. The PEI unit will continue to work closely with the cultural competency program, the cultural and ethnic consultants, and the various community/stakeholder groups to enhance and shape implementation to meet the needs of the un/underserved populations of Riverside County.

Training, Technical Assistance, and Capacity Building

Training Conducted During FY15/16

2015 TRAININGS

DATE	TRAINING
7/1-2	Advanced Peer Practices
7/1-2	Whole Health/Facing Up
7/8	Behavioral Health Specialist (BHS): Mental Health Risk
7/13-7/16	Whole Health/Facing Up
7/16	Nonviolent Crisis Intervention(NCI) Recertification
7/20-24	Wellness Recovery and Action Plan (WRAP) Facilitator
7/21	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Booster Training
7/22	Trauma Informed
7/23	Seeking Safety
7/29	LGBTQ - Lesbian, Gay, Bisexual, Transgender, Queer or Questioning
7/29	Behavioral Health Specialist (BHS): Law, Ethics & Boundaries
8/4	Eating Disorder (ED) Consultation
8/10-8/13	Whole Health/Facing Up
8/11	Behavioral Health Specialist (BHS): DSM (Diagnostic and Statistical Manual) of Mental Disorders
8/13	Nonviolent Crisis Intervention(NCI) Certification

8/26	I Love My Job But
9/8, 9/10, 9/16	Behavioral Health Specialist (BHS): Advanced Recovery Practices
9/16, 9/17	Clinical Supervision
9/22	Working with Psychosis in Community Mental Health
9/24	Dialectical Behavioral Therapy (DBT) Consult
9/29	Law & Ethics
10/7	Advanced Peer Practices Refresher
10/7	Support Staff Training Services (SSTS), Day 1
10/13-10/15	Wellness Recovery and Action Plan (WRAP) Refresher
10/13, 10/14	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
10/15	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Supervisors
10/15	Support Staff Training Services (SSTS), Day 2
10/20	Support Staff Training Services (SSTS), Day 3
10/20, 10/21	Dialectical Behavioral Therapy (DBT)
10/22	Nonviolent Crisis Intervention (NCI) Certification
10/22	Interagency Symposium
10/28	Support Staff Training Services (SSTS), Day 4
10/28, 10/29	Nonviolent Crisis Intervention (NCI) Children - Riverside
10/28, 10/29	Nonviolent Crisis Intervention (NCI) Children - Indio
11/3	Eating Disorder Symposium
11/9	Eating Disorder Symposium

11/30-12/4	Wellness Recovery and Action Plan (WRAP) 5 –Day Facilitator Training
11/30-12/4	Wellness Recovery and Action Plan (WRAP) 5 –Day Facilitator Training
12/1	Behavioral Health Specialist (BHS): DSM
12/9	Wellness Recovery and Action Plan (WRAP) Seminar
12/15	Behavioral Health Specialist (BHS): MHRT (Mental Health Risk Training)
12/16	Dialectical Behavioral Therapy (DBT) Consult

2016 TRAININGS

DATE	TRAINING
1/12	Behavioral Health Specialist (BHS): Law, Ethic & Boundaries
1/13, 1/14	Nonviolent Crisis Intervention (NCI) Children
1/19	Wrap Seminar
1/20	Nonviolent Crisis Intervention (NCI) Certification – for CREST Staff
1/21	Recovery Management
1/26, 1/27	Dialectical Behavioral Therapy (DBT)
1/28	Nonviolent Crisis Intervention(NCI) Certification
2/2	Eating Disorder (ED) Consultation
2/3	Behavioral Health Specialist (BHS): Communication & Counseling
2/8-2/11	Whole Health /Facing Up
2/9	Nonviolent Crisis Intervention (NCI) Enhancing Verbal Skills
2/18	Behavioral Health Specialist (BHS): Law, Ethics & Boundaries for JWC (Jefferson Wellness Center)

2/24	Wellness Recovery and Action Plan (WRAP) Seminar
3/8	I Love My Job But
3/10	Understanding Hoarding
3/15-3/17	Recovery Focused Service Delivery
3/17	Behavioral Health Specialist (BHS): Risk Management for JWC
3/24	Dialectical Behavioral Therapy (DBT) Consult
4/5 - 4/7	Training of Interpreters
4/5	Eating Disorder (ED) Consultation
4/6 - 4/8	Cognitive Behavioral (CBT) for PTSD (Post Traumatic Stress Disorder)
4/7	Support Staff Training Services (SSTS), Day 1
4/11	Trauma & the Twelve Steps
4/11	Behavioral Health Specialist (BHS): Understanding The DSM for JWC
4/11-4/13	Coping With Stress/Teens With Trauma Training
4/12	Nonviolent Crisis Intervention (NCI) Certification
4/14	Support Staff Training Services (SSTS), Day 2
4/15	Training Providers Who Use Interpreters
4/18	Dialectical Behavioral Therapy (DBT) for Eating Disorder
4/18-4/20	Training of Interpreters
4/19	Family Based Therapy for Eating Disorder
4/20	Training Providers Who Use Interpreters
4/21	Nonviolent Crisis Intervention(NCI) Recertification

4/22	Training Providers Who Use Interpreters
4/25	Social Emotional Wellness
4/26	Behavioral Health Specialist (BHS): Law, Ethics & Boundaries
4/26	Bridges Out of Poverty Day 1
4/27	Bridges Out of Poverty Day 1
4/28	Support Staff Training Services (SSTS), Day 3
5/4, 5/5	Nonviolent Crisis Intervention(NCI) Children
5/5	Support Staff Training Services (SSTS), Day 4
5/10	Training Providers Who Use Interpreters
5/11	Psychopharmacology
5/11-5/13	Training of Interpreters
5/11	Mental Health 101
5/12	What Does the Phrase "Standard of Care" Mean to You? (Law & Ethics)
5/17	Substance Abuse 101
5/17	Cognitive Behavioral (CBT)
5/18	Parent Child Interaction Therapy (PCIT)
5/24-5/26	Training of Interpreters
5/25	BHS: Communication & Counseling
5/26	Motivational Interviewing
5/31	CORE Treatment Manual

6/7	Eating Disorder (ED) Consultation
6/7	I Love My Job But
6/9	Nonviolent Crisis Intervention (NCI) Recertification
6/13-6/16	Whole Health/ Facing Up
6/14	Behavioral Health Specialist (BHS): Mental Health Risk
6/16	Dialectical Behavioral Therapy (DBT) Consult
6/28 & 6/29	Dialectical Behavioral Therapy (DBT)

Innovation (INN)

INN-02 Recovery Learning Center

Proposed Start Date 4/2011

WESTERN Region

- Actual Start Date 4/2011
- **End Date 4/2016**

DESERT Region

- Actual Start Date 5/2012
- **End Date 4/2017**

INN-05 TAY One-Stop Drop-In-Center

Proposed Start Date 7/2016

- Actual Start Date 8/2015
- End Date 8/2020

INN-03 Family Room

Proposed Start Date 7/2011

- Actual Start Date 12/2012
- **End Date 5/2017**

INN-06 Commercially Sexually Exploited Children

Proposed Start Date:
Conditional approval based on Riverside County Board of Supervisor's (BOS) approval. Start Date will be within 60 days of BOS approval.

INN-02 Recovery Learning Center (RLC)

Western Region - Recovery Learning Center

(Development of the RUHS-BH Navigation Center)

The Recovery Learning Center (RLC) was one of Riverside's first Innovations Plans. The plan was informed and developed by peer staff and stakeholders; a plan that envisioned a clinic setting that operated on peer support principles and was structured around a Wellness Recovery and Action Plan (WRAP). The Department hypothesized that service outcomes would surpass the results found at traditional outpatient clinics.

Though the concepts of the RLC were based on solid research and an informed vision, operating and implementing such a novel program in a traditional system posed challenges; challenges that were never fully resolved and arguably impacted RLC's success. The RLC was part of a system of care and struggled with creating an identified value within that system, thus removing it from a recognized role in the continuum of care:

- The service population was not well defined. Though most of RUHS-BH programs have concrete demographic or geographic parameters that result in meeting service access, the RLC's membership was more conceptual and based on the member's readiness for WRAP. Screening for such characteristics was unfamiliar to the greater service system resulting in an insecure flow of referrals.
- The proposed service model - combining WRAP with a traditional service plan - encountered implementation difficulties that resulted in an inconsistent application of the proposed design. Though members reported increased knowledge and understanding of WRAP, the regular and progressive use of WRAP in overall service delivery was imprecise. Much of the coaching intended in the members' own homes and social environments never took place outside of the clinic, limiting the integration of new skills into community settings or informal support.

- Generally, Peer Support Specialists are trained as adjunct service providers to a clinical care plan. Transferring and developing that role into the primary facilitator of care, a Recovery Coach, was new and atypical. Coaches would require a new training that combined recovery principles with primary care facilitation that was not readily available to them. Coaches requested more training in case management in order to better develop their roles.
- The RLC struggled with the same challenges of the integration and partnership of peer and clinical providers that troubled the greater service system. The degree and impact of this obstacle was not fully appreciated by leadership until the later phases of the plan. By that time, guidance to reduce conflict and develop the partnership was met with skepticism. Discussions to overcome the differences and unify the vision were encountered by hesitancy and apprehension.

Though the Department did not prove our hypothesis, further evidence on the strengths of peer support was gathered. Data indicated that RLC graduates reported a greater sense hope and understanding of WRAP than prior to RLC services. As the Department looked at how to utilize the strengths witnessed and developed from the RLC into a service program that would progress beyond the innovations plan, we also looked at where we did not succeed and planned accordingly.

"I have developed an innovative idea for [RUHS-BH]. . . a Peer Liaison. A Peer Liaison is defined as a person or persons, on a team, who work together to become familiar with as many different agencies as possible. They assist the peer with recovery and or homelessness. . . . "

~ Community Member, MHSA Plan Annual Update Public Hearing, 2016

RUHS-BH statistics and system audits reveal that we need to improve timeliness to service for consumers being discharged from acute inpatient care, especially consumers who do not have an assigned, mental health clinic for their regular care. These consumers and

their families often require additional support at the time of discharge to connect to the services necessary to avoid relapse during this vulnerable stage of their wellness.

Anecdotal reports from inpatient care providers report that feeling "lost" at entering our service system is a primary reason that many consumers do not follow up with a mental health program after leaving the hospital.

Working with leadership in Consumers Affairs, we developed a re-purposing of the RLC: Recovery Coaches as system navigators for consumers released from acute inpatient care.

The Peer Navigation Line (PNL), a centralized community warm line staffed by peers and hosted by Consumer Affairs, has demonstrated success in assisting the public with locating and understanding available services. Expanding this service into physical navigation, where a recovery coach engages a consumer prior to hospital discharge and creates a warm connection to care, seemed the natural development to address an identified need. A peer's mutuality is the greatest tool of engagement to those who are too often shamed, stigmatized, and misunderstood to seek care without support.

Not only would the re-envisioned RLC, now called the Navigation Center, utilize the recovery-oriented principles that were at the heart of the original proposal, but would meet a visible need in our service system, giving the program an identified and measurable value. Part of the Navigation Center would also include a 'discharge clinic,' medication services provided to the consumers within 7 days of hospital discharge to assess for medication efficacy and side effects and other barriers to medication adherence. This early intervention in the course of discharge would support a strong foundation of care that gives the consumer a greater opportunity at a course of wellness.

The Navigation Center would also serve as a place of welcoming and education for family and informal support for consumers who have been hospitalized. Laws around involuntary hospitalization, confidentiality, and expectation of care can be confusing and can alienate even the most dedicated family members. Understanding the symptoms of mental illness

and how to communicate with someone affected by changes in mood, thought, or behavior can seem mysterious and hopeless. By offering a caring space to receive support and accurate information on what to expect and how to help, we hope to strengthen that informal support system and give them the tools necessary for their own wellness as they support their loved ones mental health recovery.

The Navigation Center will become a hub of resource education by also assuming management of the PNL while it remains at the oversight of Consumer Affairs. Recovery Coaches will be the experts of system navigation, not only informing of resources, but will help consumers problem solve common obstacles to service connection: strengthening informal support; knowledge of transportation services and daily living resources; coaching on communicating with mental health professionals; and, education on mental illness and recovery.

The Navigation Center's three crossroads approach to care:

1. A team of peer support navigators to help connect to a neighborhood, mental health program;
2. A discharge clinic to address medication needs within 7 days of inpatient discharge; and
3. A welcoming and education space to strengthen informal support system provides a multi-tiered solution for consumers who too often feel lost in their relationship to service.

Desert Region - Recovery Learning Center

The Recovery Learning Center -Desert Region (RLC-D) has been providing non-traditional peer- centered services to the Desert Region members since September 2012. The RLC-D has successfully enrolled a total of 167 members into the program.

The RLC-D is staffed with four Recovery Coaches, a part-time Senior Peer Support Specialist, and a Mental Health Services Supervisor. There is also a part-time volunteer assigned to the program as well as "Kato", the Animal Assisted Therapy Dog. The volunteer is a graduate of the RLC-D program and is now giving back to the program through volunteerism.

The RLC-D has a dedicated Vocational Specialist who works collaboratively with the Department of Rehabilitation and Oasis Vocational Services to connect members to employment opportunities and prepare them for work. This collaborative effort has paid off and this year, seven members have been successfully linked to employment through this program.

The RLC-D has established a very successful recycling program throughout the clinic. RLC-D volunteers recycle all of the cans and bottles and the money made from recycling goes directly back to the members to fund low-cost outings in the community. When the recycling program started there were several bags of soda cans and have notated that we now only recycle one bag. We attribute this to the healthy wellness tools members are learning through the Facing Up Whole Health groups. Members have reported successes like giving up soda, quit smoking and changing negative eating habits into positive. Members have made the choice to drink more water and green tea as a result of Facing Up groups.

Many innovative member-driven groups are facilitated in the RLC-D. Current groups include a First Steps group that is open to all consumers interested in obtaining and maintaining employment. It is a job preparedness group that is a "First Step" into linking consumers to the collaborative contract with Oasis Vocational Services and Department of Rehabilitation.

The RLC-D continues to facilitate ongoing weekly WRAP (Wellness Recovery Action Plan) groups. Members who graduate WRAP are invited to attend a weekly field-based

community group called Moving Forward. Recovery Coaches take members out into the community to engage and explore various community resources. Notable outings during this year included visits to the Riverside County Date Festival, Riverside Art Museum, Mission Inn, Sunny Lands Estates, Whitewater Park, Idyllwild mountains tour, bowling, recovery movie events, various history and art museums, Palm Springs Street Fair, and various parks and outdoor nature walks.

To address the needs of youth in the Desert Region, the RLC-D has fully implemented TAY WRAP - a WRAP group specifically designed for TAY population (16-18 year olds). The TAY WRAP facilitator works in collaboration with Indio Children's Services to identify those 16-18 year olds who would like to work on a WRAP plan. TAY LIFE is the TAY version of Moving Forward, where youth discover wellness tools within the local community. TAY LIFE members have connected with various community resources including the WIN center, Mia St. Johns Stone Art, Active Minds, Wellness City, Art Works, Coachella Valley Animal Campus, and Riverside County Fairgrounds.

Recovery Coaches were trained in Dialectical Behavioral Therapy (DBT) and have run several successful peer facilitated DBT groups throughout the year.

RLC-D held their 3rd Annual Graduation on June 30, 2016 and graduated 12 members. The theme of graduation was an Animal Safari (chosen by the graduating members). They invited family and loved ones to celebrate their success and it was a beautiful, well-attended event.

As the RLC-D is imbedded into the Indio Clinic and not a free-standing building, the positive relationship with Indio Adult Services staff is key to the Center's success. The RLC-D has Indio Adult Service peer staff and their supervisor attend the RLC weekly team meetings. This collaboration has increased quality care and services to both Adult Services consumers and RLC-D members.

The RLC-D continues to partner with the local homeless shelter (Coachella Valley Rescue Mission). The RLC-D indentified a peer staff to work offsite at the Coachella Valley Rescue Mission to help engage and promote mental health wellness to individuals struggling with homelessness. That dedicated Peer Support Specialist (PSS) is providing WRAP groups to individuals who are open to mental health services and residing at the Coachella Valley Rescue Mission. The PSS promoted to a Clinical Therapist and there is now have a Behavioral Health Specialist providing this outreach service.

For the second year, RLC-D led the coordination and implementation of The Longest Night - a vigil and outreach for people, homeless and in need, living in and around Miles Park in Indio. Blankets, jackets, toiletries, scarves, gloves, and beanies were donated and distributed on December 22, 2016. The turnout and donations for this event were phenomenal! Hot chocolate and candy canes were also provided on this very cold night.

The RLC-D members all participated in a creative group project for the May is Mental Health Month Art Show and Creative Writing Contest that took place at the Coachella Valley Rescue Mission this year. Members won an honorable mention for their artistic creation. Many members helped set up and break down the day-long art show, as their way of giving back to the community. Members also volunteered at the large May is Mental Health month event in Riverside.

The RLC-D continues to provide almost all services outside of the clinic. Recovery coaching sessions happen in the community wherever the members choose. Sessions are goal oriented and solution focused. Members have achieved many hard-earned goals throughout this program with the assistance of their Recovery Coaches. Some of the successes celebrated this year were members who obtained employment, secured apartments, linked with medical and dental benefits, linked to social security, enrolled in school programs (GED and College), successfully graduated court programs, and found healthy friendships and relationships.

The RLC-D was proud to host an in-service for all Desert Region consumers with Sunline Transit Agency. Sunline brought their local Sun Bus to the Indio Clinic, offered navigation support, and shared many wonderful resources to aid in transportation.

Desert Region RLC Challenges

- Space challenges for staff (all staff are co-located in one room).
- RLC-D has not met member capacity (15 members per 1 Recovery Coach).

Desert Region RLC Future Plans for FY16/17

- Move into a dedicated space for the Recovery Learning Center with individual coaching offices, a large group room, and access to kitchen for cooking classes.
- Integrate more peer services into Adult Services and provide an "Enrichment Center" utilizing both adult and RLC-D peers to provide groups, 1:1 coaching, engagement and peer of the day services.
- Consider replicating RLC-D model "without walls" in other clinics throughout the Desert Region (Banning, Blythe).
- Continue outreach efforts with community partners and find innovative ways to deliver services outside of traditional clinic models.
- Collaborate with the Family Advocate Program to include more family involvement and family nights in the RLC-D.

FY17/18 through FY19/20

Fiscally the RLC has been fiscally viable. In 2016, the revenue of the Desert Region Recovery Learning Center, (RLC), provided 63.77 of the funding for the program. The services are not only very helpful for consumers in developing recovery skills, helpful in sustain a consumers' wellness plans, but billable through Medical. As we look to integrate

these services into a clinic, revenue providing services will always be an emphasized along with long-term wellness and recovery.

The current RLC supervisor is .5 of a full time supervisor. The other .5 of her time is spent in the Indio Adult Clinic. This will be a natural inclusion of her responsibilities and will be an essential element of the integration process. The Indio Adult Clinic is the largest and busiest clinic in the region. With the addition of the former RLC peers this clinic will be best be served by two (2) supervisors. The current one and a half supervisor combination has begun some significant culture changes that included improved engagement, outreach, and access to care.

The field-based program has proven effective programmatically and fiscally. The community integration aspect of the RLC would remain a unique track within the Indio Adult Clinic. This includes field and community activities, employment programming, and peer coaching. Consumers will continue to be encouraged to act as the driving force behind their care.

A new aspect of this Peer Team role within the clinic will be an increase in engagement services. This will consist of outreach services on the Crisis Service Unit, the Psychiatric Health Facility, the Crisis Residential Unit, as well as an orientation group in the outpatient clinic. Outreach and consumer support follow up calls will be made to consumers who have missed appointments, or who are identified by clinical staff as needing increased support.

Peer services will be enlarged in the Adult Unit to include Peer of the Day, who will support the current Officer of the Day. This Peer of the Day will assist the consumer in engaging in services, orient the consumer to services available in the clinic, and bridge the family to the Family Advocate Program. Peer involvement in groups has increased, but will be strengthened.

As essential element of this integration will be cross training of all peer staff into all areas of Indio Outpatient programming, including engagement, clinic care, and community bridge programming. This will provide skill developing, a culture of teamwork, and greater respect among other treatment team members.

A final change will be to include the Family Advocate staff whenever possible to assist the family in supporting the consumer in their journey of recovery.

INN-03 Family Room Project

Family Room – Innovative Method of Service Delivery

“There is truly a "family" feeling here” -Family Member comment

The Family Room Innovation Project has continued to maintain and support the transformation of traditional clinic practices into a new mode of service delivery. This method makes great effort to create a culture of acceptance, purposeful interpersonal interactions, personal power, and motivation. The Family Room has developed over the course of the Innovation Project. It is characterized by the following four elements:

1. Theoretical Perspective,
2. Method of Work,
3. Clinic Culture, and
4. Evidence-based practices.

Overall, this new modality is an integration of treatment planning, program content, and collaboration with the person receiving services, family members, and individuals who have an important role in the life of the person receiving services.

In the overall theoretical perspective, all the services are being provided within the context of a partnership among the person needing services, family, supportive individuals, and the provider. The approach is based on the premise that serious mental illness frequently

derails individual and family lives by creating losses of dignity, hope, respect, uniqueness, and self acceptance. In addition, there are also losses due to stigma, poverty, lack of choices, social isolation, and lack of opportunities. Therefore, the Family Room not only works with the individual who is receiving services but also provides education, skill training, and support to the family members and loved ones who are important in the life of the person. In providing these services the focus is on regaining back what was once lost.

This new way of delivering services also pays great attention to the culture of the clinic by emphasizing acceptance, purposeful interpersonal interactions, personal power, and motivation. The primary interventions to achieve these goals are family engagement, trauma reduction, personal motivation, knowledge building, relationship enhancement, and restoring self determination for individuals and their family members. Also, in this process of developing a new method of work, the clinic culture is seen as a powerful intervention itself. Therefore, all the staff dedicates themselves to keeping the clinic Core Values such as:

- Passionate- genuine enthusiasm for work;
- Responsive- taking responsibility for making things happen;
- Driven - relentless desire to “wow” others;
- Engaging -giving your full attention to clients.

In addition, great attention is given to the physical environment and appearance (with warm paint colors and comfortable furnishings in the lobby, clinic offices, and group rooms), so that psychological barriers are lowered, and service effectiveness is enhanced. The clinic has created a family-friendly lobby by rearranging the reception area, removing the glass in the reception window, and providing furnishings that create a “family room” like lobby.

The Family Room also has a unique method of delivering services which is done with the involvement of the multidisciplinary team. The clinic adopted a complementary style of work where all the professionals collaborate and share responsibility for the same clients and family by using their unique expertise. The entire staff is currently divided into seven multidisciplinary teams that are composed of the following:

1. Doctor,
2. Peer Specialist,
3. Family Specialist,
4. Behavioral Health Specialist,
5. Nurse,
6. Office Assistant, and
7. Community Assistant.

Whatever the needs are, they are delivered by all the treatment team members.

The clinic developed a new way of connecting with clients and their families through special services such as the Engagement Center and the Hospital and Crisis Team. The Engagement Center is located in the lobby where during the hours of operation the staff makes a great effort to engage clients, lower apprehension, and educate all those who walk in to the clinic. Recently, the clinic also developed the Hospital and Crisis Outreach Team that collaborates closely with inpatient facilities by visiting those clients who have been hospitalized and then providing close follow up services for 4- 6 weeks or until immediate stressors are resolved and engagement with other services are made.

In order to provide the most effective and accessible services the clinic adopted alternative hours of operation which are Monday and Tuesday from 8:00am to 8:00pm and Wednesday through Friday from 8:00am to 6:30pm. These hours of operation provide more flexibility for clients and their families to participate in various programs that are

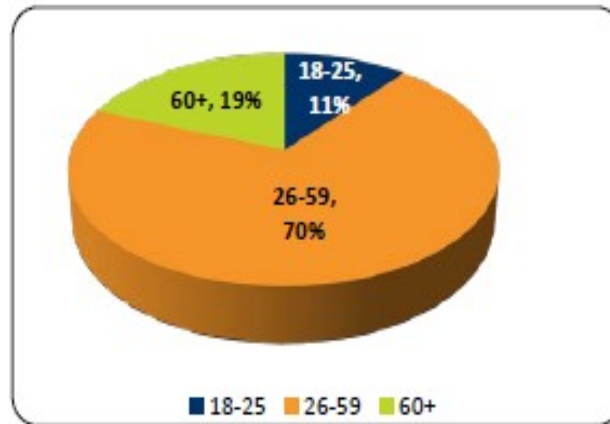
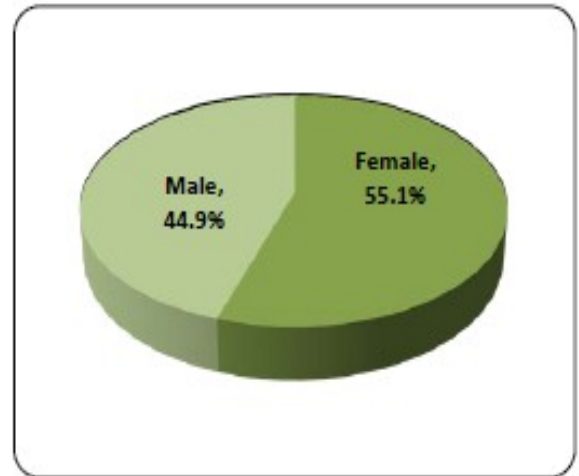
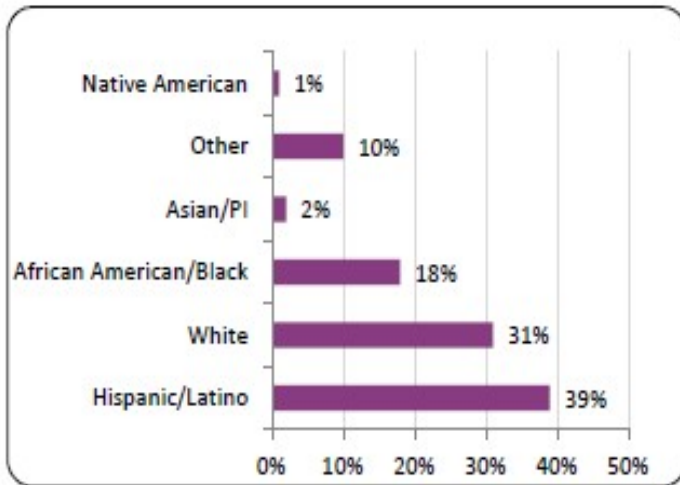
offered by the clinic. In addition, to make the services more successful the clinic starts all the services by offering a motivation group called "Recovery Up-Front Orientation" which is conducted two times a week. During this group all the clients are empowered, motivated, and inspired by personal testimonies of the Family Specialists and Peer Support Specialists who share their stories of recovery.

In addition, the clinic developed a specific approach in helping clients to recover from their losses and take charge of their lives by offering a program called "Creativity Gallery and Kick Back Art" which identifies each person's individual strength, promotes competence, and a sense of open possibilities. It is intended to promote creativity by tapping into each person's sense of creativity and constructive expression such as writing, painting, crafting, composing, knitting, baking, sewing, quilting, photography etc. Each year the clinic organizes a full-day event where all the clients, their families, and staff share in displays of talents and accomplishments.

Currently, the clinic provides such programs as "Family Support Group" (in English and Spanish), "Peer Support Group" (in English and Spanish), "From Crisis to Stability", "Recovery Up-Front", "WRAP Group", "Recovery Management", and "Wise Mind" (DBT), "Mastering Anxiety", "Co-occurring Recovery" (CoRE), "Kick Back Art" in addition to medication services and individual therapy services.

Outcomes data collection was developed with input from Family and Peer Support Specialist. A single survey document was created that includes the Recovery Assessment Scale, State Hope Scale, BASIS-24 Symptoms measure, and several Quality of Life items related to social connections and family relationships. Qualitative comments were also a part of the data collection. It is expected that service utilization will also be used to examine the benefits of the Family Room approach.

The Family Room clinic served 1,504 clients in FY15/16. The demographic make-up of the population is as follows:



Family Room clients' data on preferred language showed 89% preferred speaking English, 10% preferred Spanish and 1.2% an Asian/Pacific Islander language. LGBTQ status was reported as 5.98% of the Family Room population with 63.9% reporting Heterosexual, and 30.12 % not reporting sexual orientation. Less than 1% of the population reported they were transgender. Half the population reported they were not a veteran and less than 1% of the population reported to be a veteran (n=9). Veteran status was undetermined for slightly less than half the population.

Housing stability was also included as an item on the survey document. A space for qualitative comments was also provided. The protocol included pre to post data collection for this consumer-completed survey document. Satisfaction surveys for both family members and consumers were developed as well. Data analysis on Family Satisfaction Surveys showed that on average 91% of the family members surveyed indicated they now know what they can do to help their family member manage mental illness. Approximately 91% of families reported improvements in their knowledge of mental health symptoms and ways to cope with those symptoms. Families also reported improvements in hopefulness and belief in recovery. On average 95% of families indicated they have more hope for their family member's future. Nearly 90% reported that since coming to the family room they have learned about the recovery process. Families surveyed also indicated that since coming to the family room their relationship with their family member has improved. Eighty six percent of those survey reported having a "better relationship"; and 92% indicated they believe they can better support their family member. The following comment shows the impact working with can make:

- "My family member attends groups and classes with me at the clinic. The support here has allowed her to gain a greater understanding of mental illness and given her a safe place to express her challenges and feelings. I am grateful that she is willing to support me by coming to the clinic and the help we receive here has improved our relationship at home. I am so glad this clinic has been able to provide support for both of us. This is our journey. Living with her means my diagnosis has a direct effect on her daily life and the programs here make the journey easier."

The following consumer comment offers an example of the resiliency and development of recovery that consumers have found at the Family Room clinic:

- "I have learned about coping skills and how to deal with my illness better. More constructive ways to overcome symptoms that have overwhelmed in the past don't

have the same power. Because of some of the skills from my wellness toolbox; I feel more confident and sure of myself daily as I use them.”

Consumer satisfaction surveys showed 86% reported feeling more hopeful for their future since coming to the Family Room; and 89% reported learning new ways to cope since coming to the clinic. Consumers also reported high satisfaction (90%) with the encouragement they received from staff to participate in the various groups and events offered.

Data from consumers on the Recovery Assessment Scale (RAS) showed somewhat high total scores at baseline and no statistically significant change in total score on follow-up measures. However one scale of the RAS measure (personal confidence and hope) did show a statistically significant change from baseline to follow-up. The sample size of consumers with both a pre and post RAS measure was somewhat small and a larger sample may reveal different results. Consumer results on hopefulness showed some increases on follow-up measures. Consumer averages on Quality of Life items also showed statistically significant improvements from baseline to follow-up. Consumer symptoms rated on the BASIS -24 also showed improvements, in the total symptom score, depression/functioning scale, emotional liability scale, and psychosis scale for the clients sampled. Since some clients have shown a decrease in acute inpatient admissions following services at the Family Room, additional data will be explored with regards to crisis service usage and overall engagement.

Recently developed additions to Family Room services are showing some promising successes including:

1. Developed Hospital and Crisis Team – This Team visits and collaborates with inpatient facilities and when possible visits and engages hospitalized clients. Also the team follows up with these client 4-6 weeks after their discharge.

2. Established Interdisciplinary Treatment Team meetings during which clients and their families also participated
3. Organized the Annual Creativity Gallery Festival during which over 450 clients and their families participated
4. Developed Pets Assisting In Recovery Program with volunteers who, with their canine and miniature horses, participate in various group services.
5. Organized Recovery Management Group with the participation of clients and their families.

The Family Room has already developed new additional plans for the upcoming year (2017/2018) including:

1. Developing an educational newsletter
2. Organizing regular monthly educational nights for client and their families
3. Organizing the Annual Creativity Gallery Festival
4. Enhancing the staff effectiveness by hiring Senior Clinical Therapist, Senior Family Specialist, and Senior Peer Support Specialist.
5. Developing greater access for urgent/crisis situations by exploring technological approaches such as, Telepsychiatry.
6. Developing a Support Group for families who have loved ones with substance use.

INN-05 TAY One-Stop Drop-In Center

The Transitional Age Youth (TAY) Drop-In Innovation Program was approved in August of 2015.

Much of FY2015/16 was focused on identifying appropriate locations for the three Drop-In Centers across the vast area of Riverside County. The plan was to locate a Drop-In Center

in the Desert Region, one in Mid-County, and one in the Western Region (including the City of Riverside).

In June 2016, a site was selected in La Quinta, California, which met criteria for the TAY Drop-In Centers. Negotiations began on a five-year lease and appropriate build-out of the space to our specifications. Similarly, a space was identified in the City of Riverside which met criteria for our TAY Drop-In Center. Negotiations had begun with the owners at the end of the Fiscal Year. Mid-County is proving to be challenging to find appropriate space that is accessible to Transitional Age Youth in the vast Mid-County area.

The fiscal year evidenced two more training sessions for TAY Peer Support Specialists. One was held in the City of Riverside at a Behavioral Health location. The second took place in Perris, California, in a classroom of a contracted provider. Between the two sessions, both which lasted 80 hours and included pre and post tests, there are 25 newly trained men and women who are qualified to be TAY Peer Support Specialists. The plan provides for a Training Hub in each of the TAY Drop-In Centers.

An important focus of the work has been enhancing and expanding the network of TAY Collaboratives. This Collaborative began in the Western Region with a core of community stakeholders who work with 16-25 year olds. In addition, there were young people attending that are TAY age especially from the YAUTS group (Youth Advocates United to Succeed). This Collaborative that meets in Riverside monthly averages over 25 attendees per meeting. The meetings are set up as participatory and encourage lively and appropriate discussions.

During this Fiscal Year we were successful in launching TAY Collaboratives in the other two regions of the County. The Desert Region Collaborative meets in Palm Desert monthly and has been averaging over fifteen attendees at each meeting. Again the focus is on agencies who work with 16-25 year olds. Often the discussion is on gaps in services to this age

group and how the new TAY Drop-In Center can help address these gaps. In Mid County, a TAY Collaborative was launched in Perris.

A Program Manager was selected to oversee all programs for TAY including the organization and implementation of the three new TAY Drop-In Centers. This Manager has also continued a TAY Interagency Group which meets monthly and includes Public Health, Probation, County Office of Education, Public Defenders Office, Department of Public Social Services, Children's Services, Department of Housing, and other key agencies.

FY2017/18

We expect all three TAY Drop-In Centers to be operating prior to this fiscal year. The TAY Drop-In Centers will all feature similar programs but will differ to reflect the differences in each region of our County.

All three Centers will continue to offer TAY Peer Support Specialist Training. The majority of staff at each TAY Drop-In Center will be these trained TAY PSS. They will be integrated as key members of each treatment team. They will be the staff that welcomes every TAY who walks into one of the Centers.

Research has shown that the initial contact and initial time spent at the TAY Drop-In Center will be the key indicator to whether the TAY will return for more services.

There will be continued focus on developing First Episode Psychosis Services at each TAY Drop-In Center. Lead Psychiatrist, Elizabeth Tully, M.D., will train all staff in signs and symptoms of First Episode Psychosis. She will also continue to offer training on First Episode Psychosis to community agencies and professionals.

FY2018/19 and FY2019/20

The TAY Drop-In Centers will continue to operate in all three regions of Riverside County. Services to Transitional Age Youth (16-25) will expand as necessary. All three sites will still be operating as Training Hubs for TAY Peer Support Specialists. Training on First Episode

Psychosis will continue with Community Partners and other Professionals throughout the County.

We expect each Center to take on their own identity and culture as represented by the various regions. We expect clientele to continue to grow and diversify. We have stressed in community meetings and discussions with community partners that we have no need to duplicate services that already exist in Riverside County but instead to focus on gaps in services. Transitional Age Youth traditionally have extremely high rates of no-show to appointments and the lack of follow through with plans. Out Drop-In Centers will offer the opportunity for TAY to learn life skills and responsibility.

INN-06 Commercially Sexually Exploited Children

Commercially Sexually Exploited Children (SCEC) Mobile Response - On February 23, 2017, Riverside County was approved for the SCEC Innovation project by the Mental Health Services Oversight and Accountability Commission. The Department will receive \$6.2M of Innovation funding over the duration of 5 years. The Plan will be submitted to the Riverside County Board of Supervisors for approval, and the project will be implemented within 60 days of that approval.

The proposed CSEC Innovation Project combines an adapted Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) model to effectively treat trauma with a field-based approach designed to meet challenges of engagement unique to this population. This CSEC project aims to test an adapted evidence-based practice (TF-CBT) to determine if the adaptation delivered within a coordinated specialty care team model will, as a whole, improve outcomes for this population. The key element of this Innovation Project involves adapting TF-CBT to utilize Motivational Interviewing within a team field-based service delivery approach including Transition Age Youth Peer survivors and Parent Partners to focus on engaging and supporting youth and families/caregivers. This Project is an opportunity to learn about effective ways to deliver mental health treatment that would meet the needs

for this vulnerable and challenging population of youth. Having youth and family work with a single team across regional boundaries contributes to consistent relationships during the critical phase of engagement. This one child, one family, one team concept is highlighted by CSEC survivors and families as a key component of treatment.

The CSEC implementation progress will be updated through the Annual Update process.

Capital Facilities/Technological Needs (CFTN)

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

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

Thus far three significant Capital Facilities projects were completed, the Desert Safehaven Drop-In Center (the PATH), the Western Region Children's Consolidation in Riverside, and the Western Consolidation of Older Adults, Adult, TAY and Administration at the Rustin facility in Riverside.

Capital Facilities

In 2009, Riverside County Department of Mental Health amended its Component Plan for Capital Facilities/Technology. The Plan included four Capital Facilities projects and a new Behavioral Health Information System with the Technology funds. The four Capital Facilities projects that stemmed from the planning process included a Mid-County Out-Patient Clinic consolidation, a Western Region Adult Out-Patient Clinic consolidation, a Children's Outpatient consolidation, and a MHSa Administration/Quality Improvement/Training/Research office.

The Children's consolidation occurred in 2011, and the Western Adult and MHSa Administration consolidation was completed in 2015. The only remaining project was the Mid-County consolidation. Initially this project was to roll out first, but due to community

opposition the project was terminated. Since that time, the Department had gained support to once again implement this project in Mid-County, in the city of Perris.

The Department originally planned an outpatient consolidation, which called for the purchase and construction of a new building to house the Perris consolidation. The Department intended to enter into a development agreement in the spring of 2016 to initiate the project. However during the development phase of the project, the terms of the agreement were restructured to a lease to purchase arrangement. Capital Facilities component funding will no longer be used and alternative financing was chosen.

Meanwhile the Department has gained some political and community support to explore Capital Facility opportunities in the Mid-County Region specifically re-opening discussions for a potential new clinic in Hemet. This parallels the original Community desires expressed by Stakeholders in the original planning process.

Also in December of 2016, the Department amended its Capital Facilities plan to include leveraging MHSAs funds with Crisis Grants to build a Crisis Campus. With the advent of the newly released Crisis Grants, the Department has expanded a full array of Crisis Services including Crisis Triage and Stabilization services. Since the inception of MHSAs in Riverside County the Department has also supported Crisis Residential Treatment programs in its Comprehensive Adult Integrated Services Work Plan. Also included in the Adult Plan are Crisis Stabilization services which, when leveraged with the State Crisis Grants, has allowed the Department to more fully expand their Crisis Service System of Care County wide. The Department is currently proposing to combine all of these services into one integrated Crisis Campus in Western Riverside. This will be achievable through the use of the State Grants and MHSAs Capital Facilities opportunities to adequately house the Western Region Crisis Services. The plan amendment posted for 30 days and was introduced to the community through a separate Public Hearing process.

The Department has also decided to amend its Capital Facilities/Technology Plan to accommodate an Adult Residential Care facility. The Department has always had ABC in the CSS plan, but frankly has struggled to identify facilities and providers. This facility currently houses a 100 bed emergency shelter as well as two unfinished adjoining suites. It is located in a commercial building that also houses an outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project would develop a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished bays) will be remodeled for use as a 90-100 bed licensed adult residential care facility. The amended plan will post for 30 days and be included as a part of the 17/18- 19/20 3YPE Public hearing process.

Technological Needs

The Department has fully implemented the original Behavioral Health Information System purchased through the Technology Component. The final year of the Technology funding was FY13/14; however the Technology plan was amended in December of 2016 to further expand and integrate the Behavioral Health Information System. The primary focus of the new technology initiatives will be to align the electronic health record with programmatic emphasis on healthcare integration between behavioral health and physical healthcare. This initiative will focus on the analysis, design, and implementation of a shared electronic health record across the County to ensure that consumer's health information can be viewed by all of their service providers. In 2016, the County's hospitals and Federally Qualified Health Centers have implemented a new electronic health record integrating inpatient and ambulatory care. The next steps will focus on integrating behavioral health care into the same overarching health record. In order to make this happen, the electronic health information will need to be linked in such a way to permit Short Doyle Medi-Cal billing.

Mental Health Court

Riverside Mental Health Court

Western Riverside County's Mental Health Court has been operational since November 2006, after re-establishing under Proposition 63, MHSA funding. This program has expanded from one Clinical Therapist and one Office Assistant in 2006 to current levels of eleven full-time positions. In 2016 the Honorable Bambi Moyer was assigned to preside over the Riverside Mental Health Court program. With this new change ushered in additional opportunities for collaboration with the District Attorney's office, which up until then was prohibited from participating in the weekly Mental Health Court presentations.

Current staffing levels:

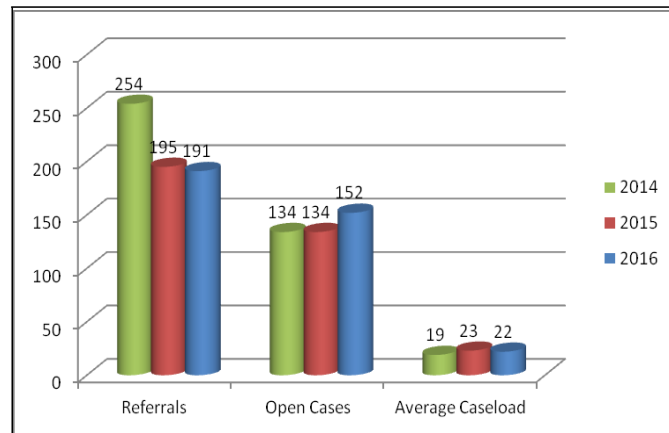
- 1 Behavioral Health Services Supervisor (BHSS)
- 4 Clinical Therapists assigned to MH Court*
- 5 Behavioral Health Specialists**
- 1 Office Assistant III

By the end of 2016 there was 1 vacant CT I/II position*, and 1 vacant BHS II**.

2016 YTD Stats as of December 31, 2016:

- Referrals - 191
- Open cases - 152
- Average caseload - 22

Riverside Mental Health Court



Mid-County Mental Health Court

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

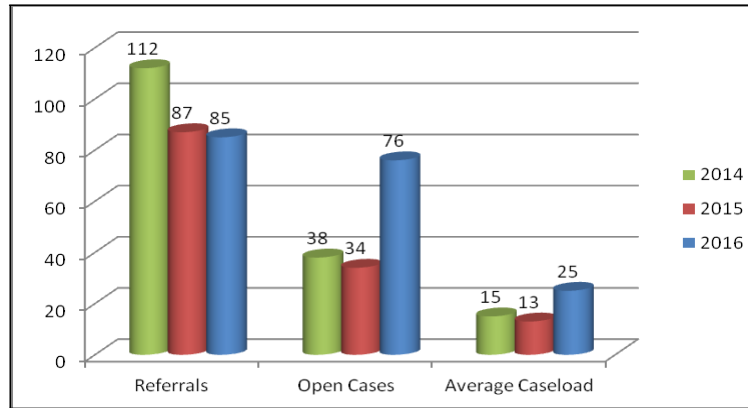
Current staffing levels:

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

2016 YTD Stats as of December 31, 2016:

- Referrals - 85
- Open cases - 76
- Average caseload - 25

Mid-County Mental Health Court



Indio Mental Health Court

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

Current staffing levels:

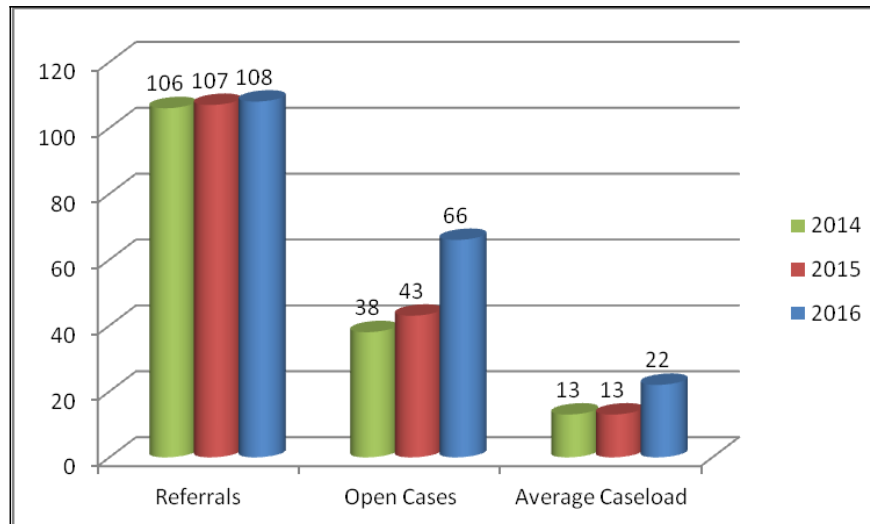
- 2 Behavioral Health Specialists
- 1 Office Assistant
- 1 Clinical Therapist*

By the end of 2016 there was 1 vacant CT position*.

2016 YTD Stats as of December 31, 2016:

- Referrals - 108
- Open cases - 66
- Average caseload - 22

Indio Mental Health Court



While Prop 47 is having a significant impact on the Mental Health Court, the program continues to be a viable and highly sought after alternative in Riverside County. California Proposition 47, the Reduced Penalties for Some Crimes Initiative, reduces the classification of most "nonserious and nonviolent property and drug crimes" from a felony to a misdemeanor.

Veterans Court

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

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

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

The success of the program, both economically and socially, is reflected in many different ways. Veterans Court saves State and County funds in the avoidance of prison costs

(\$194.07 per day in State prison - California Legislative Analyst's Office December 2016) (and \$106.60 per day at local jails) when participants are in treatment in lieu of incarceration. Also when the Veterans Administration provided the treatment services, County treatment services were not utilized, saving in both duplication of services and cost. The most significant savings remains that of human life and dignity for the veterans who fought for our Country and their families who sacrificed so much as a result.

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

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

The third Veterans Court graduation was held on May 22, 2015. The Department graduated a total of 21 Veterans from the program on that day, as they were supported by friends and family in attendance, as well as representatives from Federal, State, and County agencies, including the Public Defender, District Attorney, Sheriff's Department, Probation, Behavioral Health Department, Veteran's Affairs, and representatives from the County BOS and local Assemblyman's Office.

The fourth Veterans Court graduation was held on May 27, 2016. This ceremony saw a record number of 24 Veterans graduating from the program on this day. In attendance were friends and family, members of the court, representatives from the Public Defender,

District Attorney, Probation Department, Behavioral Health Department, Veterans Affairs, County Board of Supervisors and local Assemblyman's office.

The fifth Veterans Court graduation is scheduled to take place on May 26, 2017 and is anticipated to have a graduating class of 10 Veterans. This is the first of the Veterans Court events scheduled for that Memorial Day weekend, as the 2nd annual Veterans Court Ruck March is set to take place Sunday May 28, 2017 near Fairmount Park.

Current staffing levels:

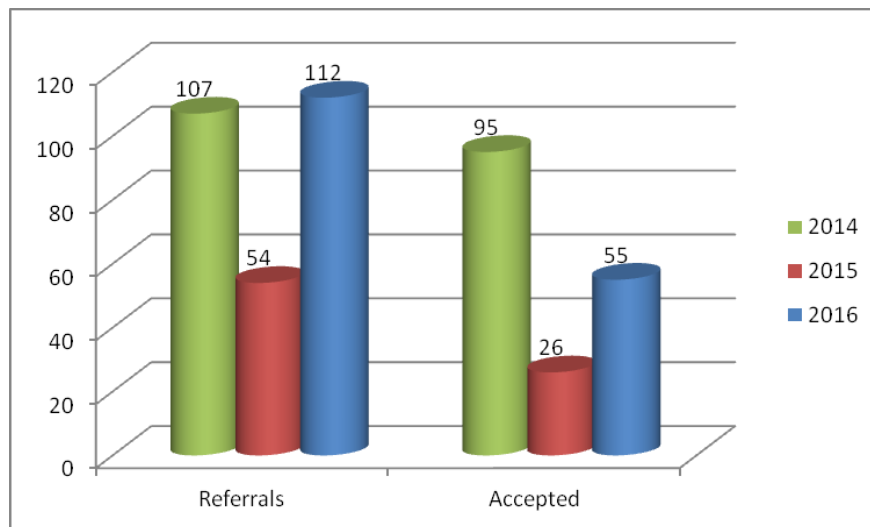
- 0 Clinical Therapist*

By the end of 2016 there were 2 vacant CT positions*.

2016 YTD Stats as of December 31, 2016:

- Referrals-112
- Accepted-55

Veterans Court



Participation in Community Veteran Events

The VALOR Veteran Stand Down event was held October 17-18, 2014 at the Perris Fair Grounds. Veterans Court staff hosted a table at the event and provided free information regarding the Behavioral Health Veteran Court Program as well as other mental health brochures. As in the past, the event proved to be very successful in outreaching to the community.

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

April 15, 2016, members of the Veterans Treatment Court program participated in the annual Veterans Stand Down at the March Air Reserve base. During the event the Veterans Treatment Court offered legal services to attendees that day, as well as brought awareness to the various services offered to Veterans through County agencies and Veterans Affairs.

Crisis Intervention Training (CIT) - Law Enforcement Collaborative

RUHS-BH has collaborated with local law enforcement (LE) agencies to enhance officer training which will assist them when working with someone who is experiencing mental health crisis. A committee of Behavioral Health/Riverside County Regional Medical Center professionals was created to continually review, revise, and present training to correctional and patrol employees of the Riverside County Sheriff and Police Departments. Currently, this collaborative is coordinated, led and maintained by a Riverside County Behavioral Health licensed clinician who partners with law enforcement to provide Crisis Intervention Training (CIT), a 16-24 hour course which is Peace Officer Standards and Training (POST) certified.

The Crisis Intervention Training Team consists of guest presenters from the Department's programs including Parent Partner, Family Advocate, and Consumer Affairs. These individuals share their recovery stories and provide panel discussions in order to increase officer understanding of a mental health crisis and recovery from the perspective of the consumer and the family. The panels invite questions and suggestions from law enforcement regarding how to further educate the community, consumers, and families about police intervention. This is then reciprocated as our panel also offers input and feedback to law enforcement, as well as, provide them with valuable resources that officers can use to assist the community members they encounter who need help. In addition, CIT has expanded to include speakers from our Crisis Support System of Care and Recovery Innovations Crisis Stabilization Units. Both programs inform LE regarding the benefits of their respective programs, how to access services through their programs, and request feedback regarding ongoing program development.

The CIT training team reinforces and models the importance of collaboration, educates on the benefits of behavioral health services, and increases awareness while reducing stigma.

The CIT focus is to educate and train law enforcement by covering topics which include recognizing behaviors of common mental illnesses, tactical communication to de-escalate a situation before it turns into a crisis, to maintain safety, and to clarify mental health law as it pertains to involuntary hospitalization.

Approximately 760 law enforcement employees attended training in 2015/16. Attendees were from the Riverside Sheriff's Office including dispatchers and chaplains, California Highway Patrol, and Palm Spring PD. RSO explorers and cadets have also received training. Sheriff trainings are consistently held 2-3 times a month. All RPD officers and some civilian staff have received CIT training, and an annual 24 hour, once-a-year course is conducted as a refresher and for new employees. Deputy Sheriffs and Police Officers from other counties and agencies have also attended the training.

2015/16 saw several special requests from particular LE agencies. These trainings were modified in order to tailor the presentation to the specific needs of the requesting agency.

- California Highway Patrol - Coordination of speakers with lived experiences
- Palm Springs Police Department - 1 hour Mental Health Refresher Course
- Southern California Chaplain Association - half day training on critical incidents and providing support to First Responders
- RSO Dispatchers – 6 hour Mental Health Refresher Course

Crisis Intervention Training and our law enforcement mental health courses continue to benefit both the community and law enforcement agencies, as reported by consumers, families, and law enforcement. Leadership from the Family Advocate and Parent Support Programs report anecdotal stories they have heard from community members describing a positive difference when interacting with LE that have been trained in CIT. CIT evaluations reveal that many LE attendees have requests for additional hours of training about mental health. The CIT Team also receives requests from officers who would like to become CIT

instructors. The WET Steering Committee, though excited about the program's success, wants to emphasize the law enforcement education in this area is still a pressing need, especially in areas of the county where LE is likely to have access to a training of this type.

The steering committee also recommends training for the community on law enforcement procedures to create a greater team relationship between community and officers.

Projected Plans and Considerations for 2017/2018

- Crisis Intervention Training expansion with the addition of another Clinical Therapist/Training Specialist.
- Continue to explore implementation of intermediate, advanced, update and/or refresher courses of Crisis Intervention Training through the Sheriff's Department and Riverside Police Department.
- The California Highway Patrol will coordinate speakers and/or instruction with Department as needed.
- Further extend Crisis Intervention Training or related training to private city police agencies.
- Per Hemet Police Department request, will provide POST 8 hour Mental Health course for their department in 2017.
- Continue collaboration and implementation with existing law enforcement partners for new ideas regarding curriculum and program, and perform the ongoing needs assessment to stay current and up-to-date with Crisis Intervention Training trends and community needs.
- Continue collaboration and implementation with existing LE partners for new ideas regarding curriculum and program development and perform the ongoing needs assessment to remain up-to-date with CIT trends and community needs
- Expand CIT to AMR and other first responders.

Requests and training pending for 2017 - The National College of Technical Instruction, Riverside County Department of Child Support Services, Riverside County Department of Veteran Services, California Welfare Fraud Investigator Association, Crisis Intervention Training International.

Housing

MHSA Housing Activities, July 1, 2015 - June 30, 2016

The Riverside University Health System – Behavioral Health (RUHS-BH) continued to operate our Housing Crisis Response Program serving the Department's housing continuum and needs through the Homeless, Housing, Opportunities, Partnerships and Education (HHOPE) program. HHOPE staff provides oversight of multiple housing and homeless service programs.

The Housing Unit continues to support two Safehaven models of Supportive Housing facilities, The Place and The Path, which follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. Both facilities are operated using a nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing at either location must have a diagnosed mental illness and be considered chronically homeless. Ninety-nine percent of provider staff has received mental health services themselves (as consumers of care or peers) and many have also experienced prolonged periods of homelessness. The Path and The Place are partially funded by HUD permanent supportive housing grants. The RUHS-BH HUD renewal applications for these grants have successfully been renewed in order to support these programs through FY16/17. RUHS-BH has contracted with Recovery Innovations Programs to provide daily operations of both facilities under contract with RUHS-BH and both continue to operate at or near full capacity. The success of The Path and The Place, together with the prominent role they play in the continuum of housing for RUHS-BH consumers, positions these programs as a valuable contact point for homeless individuals with severe mental illness.

The Place, located in the city of Riverside in a local homeless access campus location, was opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry and shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The permanent housing component operated at above 87% occupancy during 2015/2016, with any vacancies quickly filled. During FY15/16, The Place had an average of 852 drop-in guests each month. This program exceeded the program objectives of maintaining at least 70 % of individuals in stable housing for longer than 1 year. More than 93% of residents of The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, was opened in 2009 and provides permanent supportive housing for 25 adults on the campus of Roy's Resource Center. It is located immediately adjacent to a Full Service Partnership clinic that is operated by RUHS-BH. This program also exceeded the program objectives of maintaining at least 70 % of individuals in stable housing for longer than 1 year. More than 93% of residents of The Place maintained stable housing for one year or longer. The Path had an average of 300 drop-in guests each month during FY15/16.

During FY15/16, MHSA funding for temporary emergency housing was continued. These funds were combined with other grant funds (Emergency Housing and Shelter Grant) in order to provide access to emergency motel housing or rental assistance. Using MHSA funding, the staff of the HHOPE program at RUHS-BH provided a total of 57,185 emergency bed nights to 1,914 individuals or families with children across all age groups.

RUHS-BH leveraged the more than \$19 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850 units of affordable housing throughout Riverside County. Integrated within

each MHPA-funded project were 15 units of permanent supportive housing scattered throughout the apartment community.

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

The MHPA units within each of these communities consistently operate at 100% occupancy and experience very little turnover. There continues to be a waiting list of more than 150 eligible consumers for housing of this kind.

In addition to providing support to MHPA residents in these communities, the HHOPE Housing Resource Specialist position that is funded through MHPA provides ongoing support to scattered site housing managers and residents. During FY15/16, the staff of the HHOPE Program provided property management and resident supportive services to consumers residing in 297 HUD-funded supportive housing apartments across Riverside County.

Additionally, HHOPE established processes and implemented a new HUD grant for Rapid Re-Housing, which provides deposits and short-term rental assistance to families in the system who are homeless. The focus for this grant was for families with children who were experiencing a housing crisis due to the family's struggle with the child's mental health challenges and behaviors. Often the households have lost income due to frequent absences in their employment due to the child's needs, or the child's behaviors have resulted in evictions from their previous housing. These results linked to the child's mental

health challenges puts significant pressure on the family, its internal relationships, and stability. This grant provides, at minimum, 90 days of rental supports, with the possibility of up to 12 months. As the pressures are adjusted, family dynamics shift. The child is now the individual facilitating housing into the family and aiding in providing stability during difficult periods. It has a generational effect, as the families become stable in their new housing. During the first grant year, HHOPE housed more than 15 families who are now in stable, ongoing, and independent housing.

HHOPE staff have also provided ongoing consultation, landlord, and housing supports to the County Probation department and the housing needs for the individuals recently released from incarceration (AB-109 early Release) who are living on the streets. In FY15/16 HHOPE administrative and Housing Resource Specialists, as well as community Service staff supported more than 210 individuals in re-entry housing.

HHOPE staff continues to be recognized as leaders in the housing services in our nation. Recent recognition includes nationwide conference calls training new providers on Youth Rapid Re-Housing Best Practices and presentations at upcoming national youth conferences.

Additionally, the RUHS-BH HHOPE program was approved as the Riverside County the Coordinated Entry System Lead for our community. This grant with the MHSA HHOPE program is now newly active for FY16/17 and will require development and focus for full activation in FY17-18. A Coordinated Entry system (CES) creates a cohesive and integrated housing crisis response system with our existing programs, bringing them together into a no-wrong-door system, which (whether sheltered or unsheltered), allows our housing crisis response community to be effective in connecting households experiencing a housing crisis to the best resources for their household to provide sustainable homes. HHOPE has been very active in the developing of the CES program and has identified that by providing leadership in the CES, this will allow our programs to protect the confidentiality of our

individuals while ensuring that those at most risk are on the system scale. HHOPE staff will provide ongoing supports and education to the community regarding the CES system capabilities. This CES program leadership was recently recognized by HUD, the Veterans Administration, NISCH, and Community Solutions for assisting the County of Riverside in being the first large community in America to achieve functional Zero for the veterans. This identifies that we have developed a strong system that addresses any veteran who is homeless in our community with rapid linkages to housing and supports. This was possible through strong leadership and collaborations with large community providers including the Veterans Administration, county agencies, law enforcement and not for profit agencies in our community. We are continuing to work with our partners to further develop the system to be the most effective system for our County.

Looking Ahead to FY17/18 through FY18/19

Funding for the development of new MHSA supportive housing projects has not been available. RUHS-BH is now currently working closely with the Riverside County HUD Continuum of Care and various Community Service Partners to explore the possibility of establishing a partnership, if feasible, to apply for funds that are available through state programs around Whole Person Care, Proposition 47 and the No Place Like Home initiatives. RUHS-BH executive leadership as well as the HHOPE leadership have been participating in Riverside County Executive office Committee on Homelessness for the creation of a countywide plan for addressing the concerns around serving the individuals living on the street in our community and their needs for housing and services. The most vulnerable include those needing supports around their Behavioral health challenges. The need for housing continues to outpace the supply.

There are now a total of 105 units of MHSA permanent supportive housing delivered to behavioral health consumers in Riverside County. There are more than 100 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in

Riverside County. Permanent supportive housing for people with mental illness is an integral part of the solution to homelessness in Riverside County. The loss of Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, create uncertainty about the ability to expand upon the success of the MHSAs permanent supportive housing program. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing that includes units of permanent supportive housing for MHSAs-eligible consumers.

Additionally as noted in the last update, HHOPE applied, at the community's request through the Continuum of Care (COC) HUD process, for additional \$1,400,000.00 Rapid Re-housing Award. This grant application was designed to work in collaboration with our Transition Age Youth programs to provide street engagement to youth, rental assistance, landlord and housing supports with priority dedicated to our Transition age youth receiving services at three proposed drop in centers. Priorities include LGBTQ youth and those at risk due to their disability. Youth are currently the largest and fastest growing homeless population in the United States, with 40% of the youth on the streets identified as LGBTQ. These youth have been identified as the most at risk for health issues, at risk of human trafficking and at risk behaviors to provide a sleeping arrangement and frequently have substance use and co-occurring disorders.

Although this application was not currently funded, the local Continuum of Care and youth providers are currently collaborating with RUHS-BH HHOPE program in preparation for any other applications for funding for youth focused housing that is expected to come available.

The RUHS-BH HHOPE staff will continue to provide ongoing landlord and supportive housing supports throughout the community. HHOPE has been identified as one of the

leading providers of supportive housing in our community and as such has provided ongoing consultation services and specialized training to other Behavioral Health staff and community agencies on landlord services and Supportive Housing Best Practices. Our training in FY14/15 was attended by more than 50 individuals, with additional program specific training provided to new PSH agencies. Additional Permanent Supportive Housing best practice trainings are planned for FY16/17 and 17/18 at the community request.

The HHOPE program in FY15/16 saw great growth, including in our newly re-aligned Homeless Service Teams. HHOPE has currently 5 dedicated Housing Crisis Response Teams, composed of a Behavioral Health Specialist and a Peer Support Specialist on each team. Four of these teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to our MHSA services. Another team is contracted through a local desert committee with high homeless populations to provide these services and an intense focus in their community boundaries. These teams are integral and key players in the housing of homeless Veterans initiatives in our community, as well as the chronically homeless. Recognized as innovative in our Housing Crisis Program development and street engagement programs, RUHS-BH HHOPE program was requested to provide contractual street engagement in FY15/16 with targeted services to 2 cities (Riverside, Palm Springs) in our community in collaboration with city governments and law enforcement. Utilizing an innovative Housing Crisis approach and housing plan development initiatives, these Housing Crisis Response teams will play a key role in linking those on the streets into our Behavioral health services and system. HHOPE has also worked with local agencies to provide ongoing trainings to staff on Housing Crisis program development and is working collaboratively to expand our collaborations in FY16/17 and 18/19 with law enforcement agencies as they develop new homeless specific services in their programs.

Family Advocate Program

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

Currently there are eight Senior Behavioral Health Peer Specialists (Senior BHPS) and fifteen (15) Behavioral Health Peer Specialists (BHPS) providing services throughout the three Regions (Western, Mid-County, and Desert).

The eight Senior BHPS are assigned accordingly: one in Western region, one in Mid-County region, one in the Desert region, one to the Transition Age Youth (TAY) Drop-In Centers for the Desert region, and four are Countywide with one each assigned to specialized areas in Forensics, Substance Abuse, Outreach & Engagement, and Prevention & Early Intervention (PEI). The Family Advocates are able to provide individual family support to family members within the behavioral health system, as well as support to the community. Currently, they offer weekly family support groups in various locations throughout Riverside County. The FA Program offers family support groups countywide including TAY Family Support Groups and a Sibling Support Group. They also offer informational presentations to family members and the community on topics including but not limited to: "What is a 5150?", "Substance Abuse 101", "Nutrition and Mental Wellness", "Families, Mental Illness and the Justice System" and "Meet the Doctor". Through our "Meet the Doctor" series, the FA Program collaborates with Riverside University Health System - Behavioral Health (RUHS - Behavioral Health) Psychiatrists to inform and educate families

from a provider's perspective. All presentations and groups are offered in both English and Spanish.

The FA Program continues to be the liaison between the RUHS - Behavioral Health and the National Alliance on Mental Illness (NAMI) and assists the four local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program and currently teaches the Spanish Family-to-Family Program as well. The FA Program assisted the Riverside and Hemet NAMI affiliates in starting the first two Spanish-speaking NAMI meetings in Riverside County. In partnership with the local affiliates, the Spanish NAMI meetings have been extremely successful and provide much needed support to our Spanish-speaking communities. Spanish NAMI hosted its third annual "Family Wellness Holiday Celebration" (formerly known as "Posada") attended by approximately 100 family members from diverse communities. The FA Program in collaboration with NAMI, per community suggestion, will explore the implementation of other cultural adaptations of NAMI programs such as "Compartiendo Esperanza" for the Spanish speaking community, as well as "Sharing Hope" modeled for the African American community.

In addition, the FA Program networks with community agencies by outreaching, providing educational materials, attending health fairs, visiting schools, 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 FA Program has a Countywide Forensics Senior BHPS to support families in Mental Health Court, Veterans Mental Health Court, Detention, Public Guardian (PG), and Long Term Care (LTC) programs. Families experience increased struggles with understanding the complexity of these programs. The Senior BHPS is able to assist families in navigating the programs, offering support, providing a better understanding of the system and offering hope to their loved ones. The FA Program has developed several family educational series, such as "Families, Mental Illness, and the Justice System" and "The

Conservatorship Process", in English and Spanish and has added a library of presentations that are offered countywide to family members, providers, and the community.

The addition of a Substance Abuse Countywide Senior BHPS will assist families in understanding the Substance Abuse programs within the behavioral health system. The Senior BHPS will provide support to families by educating them with the knowledge and skills needed to build healthy boundaries for their loved ones with co-occurring challenges. The countywide position will act as a liaison between Substance Abuse programs, behavioral health providers, and families.

The Outreach and Engagement Countywide Senior BHPS works in collaboration with Full Service Partnerships (FSP) such as TAY and Adult Western Region. In addition, this senior oversees the coordination of special events, educational programs, and community outreach activities. The Senior BHPS is involved in May is Mental Health Month, NAMI Walk, Recovery Happens, and numerous public engagements. The Senior BHPS works in collaboration with the Cultural Competency program outreach and engagement coordinators in all three regions. Services are provided in both English and Spanish.

The FA Program Prevention & Early Intervention (PEI) Countywide Senior BHPS is the primary liaison between RUHS - Behavioral Health and NAMI. The Senior BHPS is assigned to assist NAMI with their infrastructure. RUHS - Behavioral Health has provided dedicated workspace to the Western Riverside and Temecula NAMI affiliates. These workspaces include computers, telephone access, storage, and conference rooms. The PEI Senior BHPS will be working with PEI programs to assist with various anti-stigma campaigns where behavioral health services are not traditionally given, such as schools, community centers, and faith-based organizations and in collaboration with PEI community partners. Through the PEI Statewide project Student Mental Health Initiative the Senior BHPS will be involved with the local universities, colleges, and high schools to emphasize the importance of family involvement when assisting students with their early mental health challenges.

Through the Workforce Education and Training (WET) Program, five Senior BHPS were trained to facilitate Mental Health First Aid (MHFA) in both English and Spanish to their communities. MHFA is a public education program that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and overviews common treatments and supports.

Currently, the FA Program has Behavioral Health Peer Specialists (BHPS) assigned to several clinics within Riverside County. These BHPS work directly with family members of consumers within their clinics. The FA Program has added BHPS to provide support at the Blaine, Hemet, and Indio Adult Behavioral Health Clinics. These additional BHPS will assist in enhancing family support services within the outpatient clinic and work directly with the clinic staff to support families' integration into treatment. A BHPS has been added to the office of PG and LTC programs and provides assistance to families with the Mental Health Court. This BHPS will provide support, resources, and education to families whose loved one has been placed on conservatorship and/or are at a Long Term Care Facility. This BHPS will act as a liaison between families and these programs to offer additional support and an understanding of the LTC and PG processes.

The Family Advocates attend and participate in several Behavioral Health Department Committees, such as TAY Collaborative, Criminal Justice, Behavioral Health Regional Advisory Boards, Adult System of Care, Veterans Committee, and Cultural Competency Committees to ensure that the needs of family members are heard and included within our system. The FA Program staff continues to be part of the Family Perspective Panel Presentations with several programs and agencies such as the Graduate Intern Field and Trainee (GIFT) program through the RUHS - Behavioral Health WET as well as the Crisis Intervention Team (CIT) training to Law Enforcement, to include the family perspective when handling a mental health crisis.

The FA Program continues to work closely with the Mid-County Region innovative programs. The "Family Room" concept emphasizes engagement of families into treatment by supporting families who are in crisis and enhances family members' knowledge and skills by expanding this participation and role into their loved ones treatment. Families can then better assist and promote their loved ones road through recovery as well as their own. "The Family Rooms" are located within the Perris and Lake Elsinore Adult Clinics.

A Countywide innovative program will be the TAY Drop-In Centers located in each region: Western, Mid-County, and Desert. The FA Program's continuous commitment to providing support, education, and resources to families will be implemented in the TAY Drop-In Centers. Working in collaboration with providers, a Senior BHPS will be providing leadership, mentorship, and guidance to two assigned BHPS.

Volunteers and interns continue to be an essential part of the FA Program. Volunteers and interns are mentored by Senior BHPS in the day-to-day activities of a BHPS which include attending the NAMI Family-to-Family Education Program and family support groups. Under the direction of the Senior BHPS, volunteers and interns are active in outreach and engagement of the underserved populations, as well as, co-facilitating the NAMI Family-to-Family classes and family support groups.

In the upcoming Fiscal Years, The FA Program proposes to increase its involvement and offer new educational supports to families and expand services such as:

- Continue to increase BHPS positions to other clinic sites and programs such as Substance Abuse clinics and TAY
- Promote and facilitate MHFA trainings in English and Spanish countywide
- Wellness Recovery Action Plan © for family members
- Recovery Management for family members
- Co-Occurring support groups and educational programs

- Spirituality support groups
- Become an active part of the Crisis Stabilization Unit (CSU)

The FA Program continues to partner with Consumer Affairs and Parent Support and Training programs to promote collaboration and understanding of family and peer perspectives.

The FA Program believes that recovery is essential in their support services to families. We provide support to the family members as they go through their own recovery journey. With continued support, education, understanding, and self-care recovery is possible for all members of the family.

Parent Support and Training Program

Introduction - Why Parent Support?

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

Background

The Riverside University Health Systems - Behavioral 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 as county employees for their unique lived expertise in raising a child with special needs. A Parent Partner works out of a designated clinic or program to assist staff in the planning and provision of treatment to children and families. In coordination with clinicians, the Parent Partner works directly with assigned parents, families, and child caretakers whose children receive behavioral health services through the Riverside University Health System - Behavioral Health. 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.

Mental Health Peer, Policy, and Planning Specialist

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

The Vision

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

Program Outcomes

PS&T has been able to individually reach out to over 20,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their children, and families. The current number of Parent Partners countywide is 46 Total (23 are bilingual).

There is a quarterly countywide Parent Partner Meeting for all 46 Parent Partners (Behavioral Health Peer Specialists). There is also a quarterly regional Parent Partner meeting with all parent partners in their own region to discuss regional issues. The quarterly countywide parent partner meetings are held the third Tuesday of the month at

the Banning Mental Health Clinic. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partners. Presentations are provided by both county and contracted programs, such as Katie A. Implementation, CAMPRO, How to Facilitate a Support Group, Self-Care, and Documentation for Parent Partners. All parent partners countywide, as well as, parent partners with Department of Public Social Services attended a week long SCALE (Social, Cultural, and Language Engagement) Training. A Parent Partner curriculum continues to enhance training for all newly hired parent partners. Within this fiscal year, a two-week TAY Peer to Peer Curriculum was developed. The first TAY Training with 20 TAY Youth Graduates was held in the spring of 2016. Parent Support & Training trained over 20 parent partners to Facilitate Nurturing Parenting classes in April 2016.

PS&T co-facilitated the Sixth Annual All Peer Retreat, with all Parent Partners, Family Advocates, and Peer Specialists coming together. Over 100 Peer Specialists, Parent Partners, and Family Advocates learned from each other regarding the different programs and services that are provided. There were a lot of Team Building Exercises, a Boundaries Training, and much collaboration throughout the day. PS&T was excited to come together with all of the amazing people who work for the Department who have lived experience, to network and learn from each other.

PS&T Program continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways to Wellness Trainings for new staff. PS&T, along with DPSS, has incorporated changes in both systems to ensure that all children entering the Child Welfare System are receiving the mental health services that are needed. This has continued to be an avenue to have the parent and family voice heard in both systems. New positions for parent partners have opened up in the Juvenile Hall and within the ACT Program for dependents.

Special Projects, have allowed PS&T to utilize 78 community volunteers during FY15/16 to facilitate outreach and conations events, including:

- 16th Annual Back to School Backpack Project: 859 backpacks were distributed to youth at clinics/ programs.
- 16th Annual Thanksgiving Food Basket Project: 139 food baskets were distributed to families.
- 16th Annual Holiday Snowman Banner Project: 1,381 snowflake gifts were distributed to youth in clinics/programs.

PS&T also coordinated the Mentoring Program, monitored through Oasis. An average of 31 youth participated in the Mentoring Program at any given time during FY15/16. The mentors are varied in their life experience and education. Several of the mentors have consumer backgrounds in Children's Mental Health. They have been very successful in working with the assigned youth. One of the objectives for the youth is linkage to an interest in the community. Parents have commented that this program has helped their youth with school and improved his/her confidence.

Support Groups

- Open Doors Riverside (Parent Support)
- Open Doors Riverside (CSEC Parents)
- Open Doors Murrieta (Parent Support)
- Open Doors Riverside - Spanish (Parent Support)
- Open Doors San Jacinto (Clinic Parent Partner)
- Open Doors San Jacinto - Spanish (Clinic Parent Partner)
- Open Doors Banning (Clinic Parent Partner)
- 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 offers an additional avenue of support and education for parents who do not attend a parent support group. Support is provided in both English and Spanish.

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

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

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

Parent Support & Training Program continues to provide the following Classes/Trainings and services in the community at a variety of sites in both English and Spanish.

- Educate, Equip and Support: Building Hope (EES) - The EES Education Program consists of 13 sessions; each session is two hours and is offered only to parents/caregivers raising a child/youth with mental health and/or emotional challenge. Classes are designed to provide parents/caregivers with general education about childhood mental health illnesses, advocacy, and parent-to-parent support and community resources.

- Triple P (Positive Parenting Program) - Triple P is an evidence-based parenting program for parents raising children 0-12 years old who are starting to exhibit challenging behaviors.
- Facing Up - This is a non-traditional approach for overall wellness for families to encompass Physical, Mental, and Spiritual Health.
- SafeTALK - Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed, or avoided - leaving people more alone and at greater risk. SafeTALK training prepares you to help by using TALK (Tell, Ask, Listen, and Keep Safe) to identify and engage people with thoughts of suicide and to connect them with further help and care.
- Nurturing Parenting - Is an interactive 10-week course that helps parents better understand their role. It helps in strengthening relationships and bonding with their child, learn new strategies and skills to improve the child's concerning behavior, as well as develop self-care, empathy, and self-awareness.
- Mental Health First Aid - Teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care.
- Parent Partner Training - This is a two-week class for parents/caregivers to navigate mental health and other systems, in order to better advocate for their children.
- Special Projects - Donated Goods and Services benefit children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates, and as well as cultural and social events.
- Mentorship Program - This program offers youth who are receiving services from our County clinic/programs and are under the age of 18 an opportunity to connect with a mentor for 6 - 8 months.

- Volunteer Services - Volunteer Services recruits, supports and trains volunteers from the community, including families that are currently receiving services, giving both the parents and the youth an opportunity to "give back" and volunteer their services.
- Trainings - Provide staff, parents, and the community information on the Parent/Professional Partnerships. The trainings include engagement and a parent's perspective to the barriers they encounter when advocating for services and supports for their child. They also provide a parent's perspective regarding providing mental health services to children and families.
- Scholarships - Are provided to parents to attend trainings and workshops to increase their knowledge, confidence, and skills. Limited full and partial scholarships are available to parents and youth who would not otherwise be able to attend.

Current Staff in the Parent Support Program

One (1) Parent Partner in Administration works in partnership with Children's Programs Administrators and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.

Five (5) Senior/Lead Parent Partners work out of the Parent Support and Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children's Administrator, Children's Supervisors, and Parent Partners to ensure and help with providing support for families. This year we added a Senior/Lead position specifically for Pathways to Wellness.

Nine (9) Parent Partners are assigned to work out of the Parent Support and Training Program. They provide assistance, answer the support line, and provide EES, Triple P, Facing Up, Safe Talk, Parent Partner, Mental Health First Aid, and Nurturing Parenting Trainings countywide. They also facilitate Support Groups County-wide, offer

presentations to community providers, and offer support to clinicians and families including orientation for parents/caregivers entering the system when needed.

One (1) Volunteer Services Coordinator coordinates special projects and donated goods, provides outreach, targets culturally diverse populations, trains, and mentors volunteers, and is bilingual.

One (1) Secretary and One (1) Office Assistant, answer phones; send out mailers for Support Groups, EES Classes, and Parent Trainings; coordinate the training materials that are needed for the Parenting Classes that are ongoing throughout the county; maintain lists for all Donation Projects of Donors; and work closely with the Program to maintain all Projects, Reports, and Imagenet information for tracking purposes.

Community Committees/Boards

- Southwestern and Western Region Child Care Consortium (Committee)
- Riverside Child Care Consortium (Board)
- United Neighbors Involving Youth (UNITY)
- Directors of Volunteers in Agencies (DOVIA)
- Riverside County Community Volunteers (RCCV)
- Community Adversary Committee (CAC) (Corona)
- Mujeres Activas en La Salud (MAS)
- Eastside Collaborative, Community Health Foundation
- Civic Center Collaborative
- Riverside Unified School District (RUSD) English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative

- RCOE Fiesta Educativa Committee
- Family Service Association (FSA) Children's Conference Committee
- Eric Soleader Network - Resource Person
- Perinatal Collaborative
- League of Latin-American Citizens
- Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs)
- Task Force Family and Youth Murrieta
- SELPA Interagency Meeting
- Riverside County Department of Mental Health Committees/Boards
- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee
- Translation and Interpretation Committee
- Cultural Awareness Celebration Committee
- Pathways to Wellness (Katie A.) - Collaboration with DPSS
- TAY Collaborative Committee
- Building Bridges Committee
- Pathways to Wellness (Katie A.) - Family Perspective Presentation
- Women, Infants and Children Clinics
- Behavioral Health Commission (previously the Mental Health Board) (Recovery Presentation)

- Mental Health Children's Committee
- Wraparound Family Plan Review Meeting
- Western Region Supervisors Meeting
- Central Region Supervisors Meeting
- Mid-County Region Supervisors Meeting
- Desert Region Supervisors Meeting
- Kinship Navigators Committee
- Peer Workshop Presentation
- Pathways to Wellness (Katie A) CORE Meeting
- Pathways to Wellness (Katie A) Steering Committee
- Pathways to Wellness (Katie A) Work Groups Leader Orientation
- TAY Collaborative
- Task Force Family and Youth Murrieta

Outreach Events:

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

Million Father March

Heart For Health

LULAC Community Health Fair

Fiesta Educativa

Parent Support and Training Program FY17/18 through FY19/20

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

Parent Support and Training Program facilitates Educate, Equip, and Support (EES) classes that are provided to parents/caregivers who receive services through clinics/programs. The classes are also available to the community. PS&T will continue to provide ongoing Support Groups that are open to the community for parents/caregivers who are raising children who are experiencing challenging behaviors. PS&T will assist the Department with the implementation of the Innovation plan on Human Trafficking and will provide ongoing support groups for the parents of the children who are trafficked.

PS&T is now also providing Triple P Parenting Classes for parents/caregivers of children who are 0-12 years old and are experiencing beginning behavior challenges. Parent Support and Training has started both "Nurturing Parenting" Classes and the "Facing Up" Wellness Classes for parents/caregivers. Parent Support & Training will continue to facilitate "Nurturing Parenting" Classes to the teen-age parents that we work with.

PS&T Program is implementing the Mental Health First Aid (Youth) and Safe Talk Trainings that will be open to all community members. The vision includes facilitating these trainings at school sites for staff, parents, and youth. PS&T Program will continue to facilitate the Parent Partner Trainings for parents/caregivers in the community, as well as, to newly hired parent partners within the Riverside University Health System - Behavioral Health and Department of Public Social Services.

Parent Support and Training Program continues to network within the County Behavioral Health System as well as community-based organizations to bring information to parents.

PS&T will continue to be a part of the Law Enforcement Training, as a part of the Crisis Intervention Train (CIT) panel presentation, providing the parent perspective when a child experiences a mental health crisis.

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

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

Parent Support and Training is involved with a Multi-Agency Education Collaborative that has been implemented by RCOE SELPA to serve families that have many barriers to accessing multi-faceted levels of care from different types of agencies. A venue for youth has now been incorporated into this group. PS&T continues to refer youth and to encourage youth to participate in this group. PS&T plans to continue this collaboration and outreach to families that are referred to us through this venue.

One of the identified areas of special need is for homeless families. This will be a particular area of focus for the next three years. Families and youth are more successful when there is a component of stabilization for the entire family.

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

The Goal

The goal is for Riverside's Parent Support Program to assist families, regardless of whether or not they are receiving any type of mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family. The African American community is an identified population that PS&T actively outreaches at outreach and community events. The Homeless Population of Families is also an identified high needs population that PS&T is actively outreaching. A need that has been identified by the prison-release parents and the parents involved with Children Protective Services is Anger Management classes that will engage and help parents with their anger and learn to how to effectively advocate for their children within the multitude of systems in which that they are involved. A continued need identified by the parents is the need for childcare. The parent perspective will be incorporated in all aspects of planning and at the policy level. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will help to avoid homelessness, hospitalization, and incarceration, out of home placement, and/or dependence on the state for years to come. Parent Support & Training is in the process of developing a parenting plan for implementation in the County jail system. This will be a collaborative effort, so that inmates can take parenting classes while incarcerated. The classes will transition to the DRC as prisoners are released.

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.

MHSA Funding Summary

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Riverside

Date: 6/30/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	33,156,157	25,715,123	21,237,270	1,610,212	12,416,370	
2. Estimated New FY2017/18 Funding	71,103,141	16,875,786	4,440,996			
3. Transfer in FY2017/18 ^{a/}	(14,000,000)			4,000,000	0	
4. Access Local Prudent Reserve in FY2017/18						0
5. Estimated Available Funding for FY2017/18	90,259,298	42,590,909	25,678,266	5,610,212	12,416,370	
B. Estimated FY2017/18 MHSA Expenditures	67,123,660	20,486,155	12,279,101	1,748,489	6,900,000	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	23,135,638	22,104,754	13,399,165	3,861,723	5,516,370	
2. Estimated New FY2018/19 Funding	66,103,141	15,953,135	4,190,996			
3. Transfer in FY2018/19 ^{a/}	0				0	
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	89,238,779	38,057,889	17,590,161	3,861,723	5,516,370	
D. Estimated FY2018/19 MHSA Expenditures	67,230,673	21,356,832	10,647,474	1,800,944	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	22,008,106	16,701,057	6,942,687	2,060,779	5,516,370	
2. Estimated New FY2019/20 Funding	61,103,141	14,975,786	3,940,996			
3. Transfer in FY2019/20 ^{a/}	0				0	
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	83,111,247	31,676,843	10,883,683	2,060,779	5,516,370	
F. Estimated FY2019/20 MHSA Expenditures	70,882,445	22,266,436	9,653,617	1,854,972	0	
G. Estimated FY2019/20 Unspent Fund Balance	12,228,802	9,410,407	1,230,066	205,807	5,516,370	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	28,525,043
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	28,525,043
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	28,525,043
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	28,525,043

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

MHSA Funding – CSS FY17/18

County: <u>Riverside</u>	Date: <u>6/30/17</u>					
	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP-01	6,490,305	2,518,385	2,287,354	0	1,684,566	
2. FSP-02	3,661,721	872,378	1,794,761	0	992,885	1,697
3. FSP-03	21,238,292	10,875,600	7,635,486	0	210,207	2,516,999
4. FSP-04	6,352,728	3,759,111	2,442,493		68,103	83,021
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. FSP-01	58,219,658	5,931,614	27,824,816	0	21,206,264	3,256,964
2. FSP-03	75,087,579	34,736,178	32,947,984	0	1,232,316	6,171,101
3. FSP-04	10,663,609	6,213,343	3,789,642	0	24,662	635,962
4. SD-05	1,866,264	1,866,264				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	531,096	350,787	180,309			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	184,111,252	67,123,660	78,902,845	0	25,419,003	12,665,744
FSP Programs as Percent of Total	56.2%					

MHSA Funding – CSS FY18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1.	6,490,305	2,518,385	2,287,354	0	1,684,566	
2.	3,768,734	979,391	1,794,761	0	992,885	1,697
3.	21,238,292	10,875,600	7,635,486	0	210,207	2,516,999
4.	6,352,728	3,759,111	2,442,493		68,103	83,021
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1.	58,219,658	5,931,614	27,824,816	0	21,206,264	3,256,964
2.	75,087,579	34,736,178	32,947,984	0	1,232,316	6,171,101
3.	10,663,609	6,213,343	3,789,642	0	24,662	635,962
4.	1,866,264	1,866,264				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	531,096	350,787	180,309			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	184,218,265	67,230,673	78,902,845	0	25,419,003	12,665,744
FSP Programs as Percent of Total	56.3%					

MHSA Funding – CSS FY19/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Children's	6,626,298	2,654,378	2,287,354	0	1,684,566	
2. CSS-02 TAY	3,821,621	1,032,278	1,794,761	0	992,885	1,697
3. CSS-03 Adults	21,825,574	11,462,882	7,635,486	0	210,207	2,516,999
4. CSS-04 Older Adults	6,555,720	3,962,103	2,442,493		68,103	83,021
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-01 Children's	58,539,965	6,251,921	27,824,816	0	21,206,264	3,256,964
2. CSS-03 Adults	76,963,333	36,611,932	32,947,984	0	1,232,316	6,171,101
3. CSS-04 Older Adults	10,999,130	6,548,864	3,789,642	0	24,662	635,962
4. CSS-05 Peer Supports	1,967,042	1,967,042				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	571,354	391,045	180,309			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	187,870,037	70,882,445	78,902,845	0	25,419,003	12,665,744
FSP Programs as Percent of Total	54.8%					

MHSA Funding – PEI FY17/18

County: Riverside

Date: 6/30/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness, & Stigma	15,286,840	10,400,806	4,068,535	0	806,929	10,570
2. PEI-02 Parent Education and Support	5,408,215	2,546,919	925,597	0	669,722	1,265,977
3. PEI-04 Transitional Age Youth (TAY) Project	1,653,945	1,653,945	0	0	0	0
4. PEI-05 First Onset for Older Adults	673,557	667,873	5,684	0	0	0
5. PEI-07 Underserved Cultural Populations	2,969,058	2,969,058	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in School	126,039	126,039	0	0	0	0
12. PEI-06 Trauma-Exposed Services for All Ages	1,245,155	1,245,155	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	876,360	876,360	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	28,239,169	20,486,155	4,999,816	0	1,476,651	1,276,547

MHSA Funding – PEI FY18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness, & Stigma	15,728,874	10,842,840	4,068,535	0	806,929	10,570
2. PEI-02 Parent Education and Support	5,516,459	2,655,163	925,597	0	669,722	1,265,977
3. PEI-04 Transitional Age Youth (TAY) Project	1,724,238	1,724,238	0	0	0	0
4. PEI-05 First Onset for Older Adults	701,942	696,258	5,684	0	0	0
5. PEI-07 Underserved Cultural Populations	3,095,243	3,095,243	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in School	131,396	131,396	0	0	0	0
12. PEI-06 Trauma-Exposed Services for All Ages	1,298,074	1,298,074	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	913,621	913,621	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	29,109,846	21,356,832	4,999,816	0	1,476,651	1,276,547

MHSA Funding – PEI FY19/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness, & Stigma	16,195,116	11,309,082	4,068,535	0	806,929	10,570
2. PEI-02 Parent Education and Support	5,630,631	2,769,335	925,597	0	669,722	1,265,977
3. PEI-04 Transitional Age Youth (TAY) Project	1,798,379	1,798,379	0	0	0	0
4. PEI-05 First Onset for Older Adults	731,880	726,196	5,684	0	0	0
5. PEI-07 Underserved Cultural Populations	3,228,337	3,228,337	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in School	137,045	137,045				
12. PEI-06 Trauma-Exposed Services for All Ages	1,353,891	1,353,891				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	944,170	944,170				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	30,019,450	22,266,436	4,999,816	0	1,476,651	1,276,547

MHSA Funding – INN FY17/18

County: Riverside

Date: 6/30/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TAY Drop In Center	10,630,099	8,887,565	1,492,534	250,000		
2. CSEC Mobile Response	3,930,176	2,608,965	1,071,211	250,000		
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	782,571	782,571				
Total INN Program Estimated Expenditures	15,342,846	12,279,101	2,563,745	500,000	0	0

MHSA Funding - INN FY18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TAY Drop In Center	10,646,726	8,154,192	1,492,534	1,000,000		
2. CSEC Mobile Response	3,758,445	1,687,234	1,071,211	1,000,000		
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	806,048	806,048				
Total INN Program Estimated Expenditures	15,211,219	10,647,474	2,563,745	2,000,000	0	0

MHSA Funding – INN FY19/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TAY Drop In Center	10,952,252	8,209,718	1,492,534	1,250,000		
2. CSEC Mobile Response	2,809,062	637,851	1,071,211	1,100,000		
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	806,048	806,048				
Total INN Program Estimated Expenditures	14,567,362	9,653,617	2,563,745	2,350,000	0	0

MHSA Funding – WET FY17/18

County: Riverside

Date: 6/30/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	1,121,513	740,755	380,758	0	0	0
2. WET-02 Training & Teach Assist	17,537	11,581	5,956			
3. WET-03 MH Career Pathways	24,236	24,236				
4. WET-04 Residency/Internship	788,258	788,258				
5. WET-05 Financial Incentives	183,659	183,659				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,135,203	1,748,489	386,714	0	0	0

MHSA Funding – WET FY18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	1,143,736	762,978	380,758			
2. WET-02 Training & Teach Assist	17,884	11,928	5,956			
3. WET-03 MH Career Pathways	24,963	24,963				
4. WET-04 Residency/Internship	811,906	811,906				
5. WET-05 Financial Incentives	189,169	189,169				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,187,658	1,800,944	386,714	0	0	0

MHSA Funding – WET FY19/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	1,181,102	785,867	395,235			
2. WET-02 Training & Teach Assist	74,132	12,286	61,846			
3. WET-03 MH Career Pathways	25,712	25,712				
4. WET-04 Residency/Internship	836,263	836,263				
5. WET-05 Financial Incentives	194,844	194,844				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,312,053	1,854,972	457,081	0	0	0

MHSA Funding - CFTN FY17/18

County: Riverside

Date: 6/30/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Roy's Place	8,000,000	6,900,000				1,100,000
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	8,000,000	6,900,000	0	0	0	1,100,000

MHSA Funding – CFTN FY18/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. New Hemet Clinic	0					0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

MHSA Funding – CFTN FY19/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. EPIC	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0				

Cost Per Client FY2015/16

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	386
COST:	\$5,715,625
AVERAGE COST:	\$14,807

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	396
COST:	\$3,409,433
AVERAGE COST:	\$8,610

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	1,099
COST:	\$13,619,377
AVERAGE COST:	\$12,393

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	726
COST:	\$4,765,393
AVERAGE COST:	\$6,564

Calculation based on Total FSP Program Cost is Inclusive of Outreach Services and Indirect Program Services.

*TAY GSD includes services provided for the TAY population within the child GSD and Adult GSD Programs.

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	Child GSD
UNIQUE CLIENTS:	6,893
COST:	\$28,628,361
AVERAGE COST:	\$4,153

PLAN NAME:	TAY GSD *
UNIQUE CLIENTS:	4,371
COST:	\$14,197,690
AVERAGE COST:	\$3,248

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	11,886
COST:	\$32,055,916
AVERAGE COST:	\$2,697

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	2,353
COST:	\$7,893,375
AVERAGE COST:	\$3,355

PLAN NAME:	Adult/TAY Residential Treatment Services
UNIQUE CLIENTS:	632
COST:	\$2,504,108
AVERAGE COST:	\$3,962

PLAN NAME:	Crisis Stabilization Units
UNIQUE CLIENTS:	2,194
COST:	\$4,540,934
AVERAGE COST:	\$2,070

Behavioral Health Commission
Rustin Public Hearing – May 3, 2017

Comments on the MHSA 3-Year Program and Expenditure Plan
FY17/18 through FY19/20

WRITTEN COMMENTS:

Of the 30 written responses received on Feedback Forms: 3 responses were “Very Satisfied”, 7 were “Somewhat Satisfied”, 8 were “Satisfied”, 3 were “Unsatisfied” and 2 were “Very Unsatisfied”. (Note: 7 Feedback Form did not record a ‘Satisfaction’ Response).

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

1. No, What about the Older Adult Program at the Perris Clinic? Did you know that there is only one doctor on Tuesday/Wednesday and since my mom has not driven since July 28, 2016, it is very very difficult for me as her daughter/caretaker to get an appointment since I'm the one driving her around and I work Tuesday? You need to hire at least two more psychiatrists at the Perris Clinic specifically for Older Adults since I have Mondays and Wednesdays and Thursdays off. But because you only have one doctor I'm limited to only Wednesdays. Do you know how many doctor appointments my mom has each week/each month, at least 2 per week.

RESPONSE: The psychiatrist dedicated to Older Adult Services at the Perris Clinic is scheduled during operating hours on Thursdays and Fridays. Inland Southern California has a severe shortage of psychiatrists, and psychiatric services are some of the mostly costly of any program’s budget. Access to

services is based upon the needs of the predominance of the consumers that participate in a program. We understand that this may impact some members that have needs outside of the majority. Through the MHSA Workforce Education and Training Plan and the Office of the Medical Director, RUHS-BH has established a residency program in psychiatry to support the recruitment of more psychiatrists into our service system. Comment shared with the Older Adult System of Care Administrator, the supervisor of the mature adult services at the Perris Clinic, and to the RUHS-BH Medical Director.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

2. Most programs meet the needs of underserved populations.

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

3. The CBITS program is comprehensive and seems like it will screen and identify Riverside County students who have experienced trauma and change outcomes positively. My concern is that the geographical area identified in the plan for implementation excludes the southern region of Murrieta and Temecula. Both areas have schools identified as Title 1, and both areas have large residential facilities for youth. Murrieta in particular has a high need treatment facility for court dependant and probational youth. Our schools are struggling to provide comprehensive programs to address the needs of our traumatized youth in and out of these group home facilities.

RESPONSE: Through the community planning process target communities were identified as priorities for program implementation utilizing a variety of data indicators. Current providers are required to prioritize delivery to these

target communities. However, if resources are available they can expand to other locations. Additionally, the PEI training unit offers free facilitator training to school staff so that schools can offer CBITS to their students and develop sustainability on their campus.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

4. To a point, there should be more prevention programs available at school sites.

RESPONSE: Currently, the following programs are offered on school campuses: CBITS, Seeking Safety, Stress and Your Mood, Peer-to-Peer, Strengthening Families Program 6-11, Peace4Kids, and Contact 4 Change. Additional programs collaborate with schools for referral and service provision.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

5. After reviewing the Plan, as a 20+ year resident of the Desert Region, I am very pleased to see the overdue overhaul of your system. My daughter and I are consumers and have had numerous challenges with your system when she was under 18. Accessing adult services still remains a challenge since the services needed are only available in Indio. We live in Palm Springs.

RESPONSE: Positive comments acknowledged. To increase access for adults in the Desert Region, some dedicated, adult services openings will be available at the Desert Hot Springs Wellness and Recovery Clinic for Mature Adults.

BHC RECOMMENDATION: The Behavioral Health Commission supports the expansion of services in the Coachella Valley and recommended no change to the current MHSA 3-Year Program and Expenditure Plan.

6. With the different programs available many people are able to be served and start their journey of wellness.

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

7. Please support the growing population of our county specifically the Asian community.

RESPONSE: RUHS-BH PEI and Cultural Competency programs work in a coordinated effort with identified cultural brokers (consultants), including the Asian American community. The Asian American Taskforce develops strategies and objectives each year to increase awareness, education, and access for the Asian American community. The Filipino American Resource Center is the most recent addition to the plan. PEI staff have been working with the cultural broker and the taskforce to develop the Community Mental Health Promotion Program (CMHPP) for the Asian American community. There are now increased connections and relationships with this community through these efforts and development and implementation of the Strengthening Intergeneration/Intercultural Ties in Immigrant Families (SITIF) program is anticipated within this 3YPE Plan.

BHC RECOMMENDATION: The Behavioral Health Commission supports coordinated effort to reach un/underserved ethnic communities. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

8. Continuous education and maybe a teacher.

RESPONSE: Comment Acknowledged – not directly related to the Plan.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

9. I fully support and am thankful for the MHSA Plan, but more outreach is needed, particularly to the AAPI (Asian American Pacific Islander) community.

RESPONSE: Please see response to Question #1; Comment #7.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

10. Higher dollar amount for outreach to the African American community.

RESPONSE: The PEI plan makes a distinction between service delivery and community outreach. Specific to community outreach, funding is allocated for the retention of an African American cultural broker (consultant), the operations and activities of the African American Family Wellness Advisory Group, as well as, the Community Mental Health Promotion Program (CMHPP) which is anticipated to be implemented within this 3YPE plan. Additionally, targeted outreach and customized literature for the African American community is available through the Each Mind Matters campaign with local narrowcasting efforts and inclusion in the Its Up 2 Riverside campaign. The PEI plan also includes service delivery programs specific to the African American community in PEI-07, Underserved Cultural Populations.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

11. RUHS is doing a fair job of meeting the priorities for underserved citizens.

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

12. Need more emphasis and services for the Asian Americans.

RESPONSE: Please see response to Question #1; Comment #7.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

13. More outreach in Riverside County for homeless.

RESPONSE: Homeless Housing Opportunities, Partnership & Education Program (HHOPE) is MHSA funded as part of Community Services and Supports (CSS) plan. HHOPE manages, coordinates, and monitors all programs providing housing support, including homeless outreach services. “The PATH and The Place” are outreach and engagement programs for chronically homeless adults who, due to a serious mental health disorder, have experienced barriers to engagement. These programs provide a drop-in center that operates 24 hours a day and on-site low demand permanent supportive housing for 25 adults. The drop-in centers use peer-to-peer outreach and engagement to engage guests in accepting housing to access meals, showers, laundry, and linkage to a wide range of community resources. Homeless Outreach activity will also be expanded through Whole Person Care, which provides screening for consumers released from Detention that have risk indicators of homelessness, and through the development of two Proposition 47 Full Service Partnerships, for consumers with an arrest history that are homeless or at risk for homelessness.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

14. Did not meet needs for African Americans or the deaf.

RESPONSE: The African American and Deaf/Hard of Hearing communities are identified target populations in the PEI plan. All programs are designed to specifically target these communities through culturally-informed outreach, engagement, and recruitment efforts. Additionally, PEI work plan 07 has two programs for the African American community: Building Resilience in African American Families for Boys and the same program for girls will be implemented in the next fiscal year. The Deaf/Hard of Hearing population has been more challenging to engage. The Cultural Competency program is working diligently to identify a cultural broker (consultant) who can assist Behavioral Health in developing relationships as well as outreach, education, and awareness activities for this population.

BHC RECOMMENDATION: The Behavioral Health Commission supports working with cultural brokers to develop positive cultural relationships which will improve targeted outreach. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

15. Scared of technology – need some help! Thank God I am here and I am happy for this transition. It is giving me positivity at a desperate stage. I want to belong at this organization that benefits my well-being and happiness and compassion.

RESPONSE: Personal testimony acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

16. I think it's a great plan with lots of great services to the community.

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

17. Lack of communication a big problem or situation where left hand does not know what right hand is doing. Person at desk offends – not updated due to misunderstanding or misinformed distortion of facts.

RESPONSE: RUHS-BH believes that all people seeking help deserve a welcoming and well-informed reception no matter where they are served. As part of the Workforce Education and Training Plan, reception staff are provided a series of trainings on working with consumers and their families that include the values and skills of good customer service. Anyone who does not experience a positive reception is encouraged to address those concerns with the agency supervisor or Department Quality Improvement program.

BHC RECOMMENDATION: The Behavioral Health Commission supports customer service training to ensure more positive interaction with consumers. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

18. Crisis stabilization units are decreasing over burden to ETS and ER rooms. Mental Health CIT (WET) is educating law enforcement about mental illness which is crucial for decreasing stigma.

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

19. Good – well planned.

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSa 3-Year Program and Expenditure Plan.

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

1. The strength is that you have peer supports for the regular adult clinics. But you have failed to hire any peer support person for the Older Adult Perris Clinic. Now I get it - a person 60 and above as a peer support? That may be hard to find. But you need to fill this gap since my mom will probably not relate to a 45 year old woman with a 20 year old. She'll relate more to someone in their 60's. You also need to allow your doctors to make house calls. Do you know how many seniors don't drive? How do they get to their doctor? My mom is a shut in and only goes out for doctor appointments. That's it.

RESPONSE: Consumers of any age that want to give back are encouraged to attend Peer Employment Training, volunteer, or explore RUHS-BH Peer Support Specialist Internship program. Comment will be shared with the Consumer Affairs Policy and Planning Specialist, a managerial level position that coordinates RUHS-BH peer development. Some older adult programs have some limited, transportation supports. Each region also provides Full Service Partnership (FSP) specific to older adults for consumers who meet FSP program criteria. FSP programs are both clinic and field based. Comment shared with the Older Adult System of Care Administrator.

BHC RECOMMENDATION: The Behavioral Health Commission supports informing the Older Adult System of Care Administrator of feedback for further review. No change to the MHSa 3-Year Program and Expenditure Plan is recommended.

2. Riverside County is willing to try new things; even if they don't work. Learn from what doesn't work and integrates what does.

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

3. I think that the program is weak in the area of prevention. There should be a focus on children ages 8 – 13 to educate our youth on the need for mental wellness and to support this group with programming that will increase coping and problem solving skills as well as develop a positive atmosphere on campus grounds. Community Now has developed a prevention program that is implemented at school sites. Student Leadership Teams work through the school year to build resiliency and provide a voice for our youth.

RESPONSE: Several PEI programs are offered on school campuses. Providers partner with schools for referral and service provision. Additionally, PEI is working in collaboration with Riverside County Office of Education and school districts to address these and other issues as they impact students. Please see response to Question #1; Comment #4.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

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

1. Psychiatrist in OA (Older Adult) Perris is very limited.

RESPONSE: The psychiatrist dedicated to Older Adult Services at the Perris Clinic is scheduled during operating hours on Thursdays and Fridays. Inland

Southern California has a severe shortage of psychiatrists. Through the MHSA Workforce Education and Training (WET) Plan and the Office of the Medical Director, RUHS-BH has established a residency program in psychiatry to support the recruitment of more psychiatrists into our service system. Comment will be provided to the Older Adult System of Care Administrator, the supervisor of the mature adult services at the Perris Clinic, and to the RUHS-BH Medical Director.

BHC RECOMMENDATION: The Behavioral Health Commission supports the recommendation to provide feedback to the Older Adult System of Care Administrator, the Supervisor of mature adult services at the Perris Clinic, and the RUHS-BH Medical Director for review. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

2. It would be more beneficial to have Peer Employment Training done by County employees. As a county, we have outgrown the rudimentary training provided by contract agencies. I believe the TAY Peer Support Training proves we can do it better.

RESPONSE: Peer Employment Training will continue to be funded in the MHSA 3-Year Program and Expenditure Plan FY17/18 – FY19/20. Comment will be provided to the Consumer Affairs Policy and Planning Specialist, a managerial position that coordinates the development of our peer employment programs.

BHC RECOMMENDATION: The Behavioral Health Commission supports the recommendation to inform the Consumer Affairs Policy and Planning Specialist of this feedback for review. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

3. The geographical exclusion of the southern areas in Riverside County in the MHSA are compounded by school funding and LCAP (Local Control and

Accountability Plan) funding which also limits the funds available to our areas for helping students with traumatic histories and other mental health issues.

RESPONSE: Target communities for PEI programs were identified through the community planning process utilizing a variety of data analysis related to poverty, violence, crime, and CPS/APS reports and cases to identify the highest at risk for the development of mental health issues. Resources were then focused in those locations to prioritize program implementation.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

4. The gaps with the school age youth ages 8 -13. This demographic has the most to gain from preventative services that can reduce risky behaviors and new mental illness by support and providing in school activities. Community Now has developed an evidence-based school site program that is working well in the Moreno Valley area. Thousands of students are benefitting from this program that can be used as an example of preventive programming.

RESPONSE: Please see response under Question 2; Comment #3.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

5. I believe a gap not considered is a support for those whom have been diagnosed with a rare disease or life changing medical event, such as limb/major organ removal.

RESPONSE: The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered on not focusing efforts on direct

service for adults who have experienced trauma, but rather to develop a trauma-informed system for communities. The PEI Steering Committee for the 3YPE plan 2017/2020 reiterated the need for trauma informed services and offered continued support for its implementation. The goal continues to be to identify a model that will include RUHS – BH staff as well as community-based organizations, schools, faith-based organizations and any other interested organizations. Additionally, as RUHS continues the integration of primary and behavioral into a complementary system of care, opportunities for behavioral health services will become more readily accessible to people seeking care across the spectrum of physical health challenges.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

6. [CSS – Respite Care needs for consumers is great. Safe place to stay for 2 to 3 weeks after crisis. Respite Care Centers.](#)

RESPONSE: Residential care at the time of mental health crisis or utilized as part of post-crisis plan is included in the MHSA plan and is called Crisis Residential Treatment (CRT). Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

7. [Correlation between substance use and violation.](#)

RESPONSE: Comment acknowledged – not directly related to the plan.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

8. It seems that the Asians are a growing part of our county's population but is most underserved. It will be nice to be able to reach out to this community specifically on CSS and PEI.

RESPONSE: Please see response under Question #1; Comment #7.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan but encourages targeted outreach.

9. Family concerned activity with neighbors.

RESPONSE: The Family Advocate (FA) Program provides assistance to family members in coping and understanding the mental illness of their adult family members through the provision of information, education, and support. In addition, the FA Program provides information and assistance to family members in their interactions with service providers and the mental health system. FA Program can be reached at (800) 330-4522. Parent Support and Training (PS&T) programs across the county have been developed in response to the many obstacles confronting families seeking behavioral health care for minor children and to ensure treatment and support be comprehensive, coordinated, strength-based, culturally appropriate, and individualized. PS & T Services can be reached at (888) 358-3622. Services are provided in both English and Spanish.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

10. No dedicated programs for diverse AAPI culture groups.

RESPONSE: Please see response under Question #1; Comment #7.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

11. [Lack of transparency within MHSA offices.](#)

RESPONSE: Riverside County engages in a year-round MHSA Community Planning Process. The Department relies on age-specific planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform MHSA program planning and decision making. These cross-collaborative committees are comprised of partner and community agencies and providers, consumers and family members, Board and Commission representatives, and a variety of other subject matter experts. The other critical element involved in the process is the inclusion of the Cultural Competency/Reducing Disparities Committee to provide ethnic and culturally-specific feedback and perspectives. Additionally there are several cultural and ethnic specific sub-committees including the Latino Advisory, African American, Native American, LGBTQ, Deaf and Hard of Hearing, Spirituality, and Community Outreach workers that share perspective on the planning process. The 3YPE Draft Plan was circulated via community libraries, clinic programs, and the Department website to the stakeholder community for reference, review, and comment. Stakeholders are encouraged to continue to provide feedback on the initiatives outlined in the Plan verbally and/or in writing. Feedback Forms are distributed to all Planning Committees, the Behavioral Health Commission, Wellness and Recovery Coalition (Community Information), Family Advocates, Schools, Parent Support, Clinic Out-Patient Lobbies, NAMI, and community providers along with the Plan Draft.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

12. Support our older population; much more services needed.

RESPONSE: Older Adults have a dedicated work plan in the CSS. CSS-04 has a full spectrum of care for Older Adults. Older Adult Integrated System of Care (OAISC) will continue to provide integrated services which include a Full-Service Partnership (FSP) Program, a “Bridge” FSP expansion and other supportive services. The Older Adult Integrated System of Care SMART (Specialty Multi-Disciplinary Aggressive Response Teams) Full Service Partnership programs are in each of the three regions in the County. Each of the regional FSPs also has a “Bridge” level of care that allows for an additional 70 slots per region. The Department is committed to sustaining all other programs listed in the Older Adult Integrated Work Plan including Peer and Family Supports, Housing, Network of Care, and Clinic Enhancements. The Desert Older Adult Clinic has relocated to a new facility in Desert Hot Springs. The PEI Work Plan 05 is dedicated to Older Adults. There are currently six components to this Work Plan and each of them focuses on the reduction of depression in order to reduce the risk of suicide.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

13. Youth, age 6–15, are underserved; should provide funding for programs.

RESPONSE: RUHS-BH has a full spectrum of care for minor youth of all ages throughout both our standard programs and MHSA planned programs. The first work plan in the Community Services and Supports is dedicated to children across the developmental stages and ages. Children’s Integrated Services Programs include interagency service enhancements and expansions, evidence-based practices in clinic expansion programs, full service partnership programs, and continued support of Parent Partners employed as regular

county employees. Priority populations identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependents) and those suffering from a co-occurring mental disorder and substance use disorder. The Innovations Plan for Commercially Sexually Exploited Children (SCEC) Mobile Response was recently approved and is scheduled to begin implementation over the course of this 3-Year Plan. The following PEI programs support youth: Strengthening Families Program 6-11, CBITS, BRAAF, Peace4Kids, and includes parenting development programs.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

14. The gap in services that is most impactful for me is the lack of services for African American community. We need more opportunities for, and awareness of, mental health services that exist within Riverside County.

RESPONSE: All MHSA programs are designed to serve every community in Riverside County and cultural competency is a primary value of the MHSA. Specific African American outreach and education is provided through the efforts of an African American cultural broker (consultant), the African American Family Wellness Advisory Group, as well as local, targeted efforts through the Each Mind Matters and Its Up 2 Riverside campaigns. All PEI programs identify the African American population as a target for services and PEI Work Plan 07 includes programs specifically designed for African American middle school aged boys and girls. The development of a diverse workforce is also a primary goal of the Workforce Education and Training (WET) Plan. WET provides additional selection points to student applicants that want internships in RUHS-BH that have the cultural identification and experience

necessary to serve our diverse communities. Over 80% of the student interns are hired as journey level therapists throughout our service system, bringing that cultural mutuality and insight into all RUHS-BH programs.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

15. No help for the deaf.

RESPONSE: All PEI programs identify the Deaf/Hard of Hearing population as a target for services. However, it is recognized that more work is needed to develop relationships and trust with this population and Department programming. The Cultural Competency program is working diligently to identify a cultural broker to assist the Department in these efforts. The development of a diverse workforce is also a primary goal of the Workforce Education and Training (WET) Plan. WET provides additional selection points to student applicants that want internships in RUHS-BH that have the cultural identification and experience necessary to serve our diverse communities. Applicants who speak American Sign Language are encouraged to seek internships with the Department, but more outreach is needed to inspire people with ASL fluency to seek mental health careers.

BHC RECOMMENDATION: The Behavioral Health Commission recommends continued partnership with the Cultural Competency program and cultural broker to focus on increased outreach to the deaf/hard of hearing community. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

16. Being 48 years old; I would like to see more therapy as opposed to drugs that punish these youth (especially youth). I found my life with these medications is a need – not a want – now that I’m older. I need more social organization.

RESPONSE: Personal testimony acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

17. Mental health beds for TAY and children. More communication between clinics and resources for them. Easy to get those resources at all levels. More mental health beds in general for psychiatric emergency. Information about resources in hospital emergency rooms.

RESPONSE: MHSA regulations prohibit the use of MHSA Plan funds for involuntary services. The Crisis System of Care includes the use of mobile crisis teams that help intervene in a mental health crisis before the risk elevates and connects consumers to resources that promote stability and recovery. Each region has, or is developing, a Crisis Stabilization Unit (CSU). CSU serves as an alternative to acute hospitalization for people in mental health distress that voluntarily require a brief period of intensive service in order to return to a greater place of wellness.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

18. White upper class not represented as a race that needs help; discrimination of women; court system; police system; distorted witness reports. Disrespect from many social workers. Cases disregarded – not addressed.

RESPONSE: The devastating effects of mental illness touch people of all ages, colors, and cultures. County services are typically designed to meet the needs of people with the fewest resources. A basic tenant and provision of MHSA is to address the mental health needs of underserved populations. An underserved population is defined as a population that does not share the same access to quality services in respect to that culture's representation in

the community at large. Based on the 2001 Surgeon General's report on mental health, disparities in mental health services exist for cultural minorities. All members of the community that meet program requirements are served, regardless of cultural heritage or identification.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

19. Please continue to hire more peer support for families. Only caregivers can relate to what we are going through. Outreach to Asian Pacific Islander community.

RESPONSE: The Family Advocate (FA) Program provides assistance to family members in coping and understanding the mental illness of their adult family members through the provision of information, education, and support. In addition, the FA Program provides information and assistance to family members in their interactions with service providers and the mental health system. The MHSA 3-Year Program and Expenditure Plan FY17/18 – FY19/20 continues to fund the FA Program. RUHS-BH PEI and Cultural Competency programs work in a coordinated effort with identified cultural brokers, including the Asian American community. The Asian American Taskforce develops strategies and objectives each year to increase awareness, education, and access for the Asian American community. The Filipino American Resource Center is the most recent addition to the plan that addresses this population. PEI staff have been working with the cultural broker (consultant) and the taskforce to develop the Community Mental Health Promotion Program (CMHPP) for the Asian American community. There are now increased connections and relationships with this community through these efforts and development and implementation of the Strengthening

Intergeneration/Intercultural Ties in Immigrant Families (SITIF) program is anticipated within this 3YPE plan.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

20. Increase staffing/CSU locations/and clinic transportation in Hemet area. Mid-County clinics are under served area, need(s) incentives to work there. No more locum tenens doctors.

RESPONSE: The Mid-County Crisis Stabilization Unit (CSU) is in development and is scheduled to open this year. Licensed Clinical Therapists and Psychiatrists are hard-to-fill positions. There is a severe shortage of psychiatrists in the Inland Empire. RUHS-BH employs 51% of all psychiatrists in Riverside County. Riverside County has fewer licensed clinicians serving compared to the State at large. The State rate of licensed providers is 178.6 per 100,000 residents and Riverside County has only 88.6 licensed clinicians per 100,000 residents. Through the Workforce Education and Training (WET) plan, financial incentive programs using loan repayment from both State and Federal programs are available for licensed staff as a part of the recruitment and retention strategies. WET also has programs that begin as early as grade school to encourage public mental health careers, as well as, to assist our unlicensed staff to obtain licensure. Through the WET Plan and the Office of the Medical Director, RUHS-BH has established a residency program in psychiatry to support the recruitment of more psychiatrists into our service system.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

21. Housing for mentally ill. Housing outreach.

RESPONSE: Please see Question #1; Comment #13.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

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

1. Why not make the other clinics like the Perris Family Room? Why not expand the PAIR (Pets Assisting in Recovery) program? My mom loved the dog that came in on Wednesday, Oct 26, 2016, but the lady is only there on Wednesday. If you got more funds to have more doctors on Monday and Thursday, you'd need to fill those animal gaps. Animals help my mom to be more relaxed. Update your County website please.

RESPONSE: The Perris Family Room is a Riverside County Innovations Plan. Innovation is a component of the MHSA that provides funds to “try-out” new service strategies in order to advance knowledge or address an existing problem in a new way. Data and outcomes from the Family Room are being analyzed and adaptations of the Family Room are being explored for our greater service system. PAIR supports are provided depending on availability of animals and their handlers. Comment regarding website shared with the Public Information Specialist that manages Department electronic media.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the Public Information Specialist be informed of this recommendation to ensure website is up to date. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

2. Peer outreach within Cultural Competency Program for Spiritual Engagement. Someone who can specifically outreach underserved populations who seek solutions within their church, synagogue, mosque, etc. first.

RESPONSE: Faith based outreach is part of our community engagement strategies of the Cultural Competency program. PEI staff have been working with the cultural brokers (consultants) and the cultural advisory groups to develop the Community Mental Health Promotion Program (CMHPP), designed to outreach people directly in the community. Community Health promoters will partner with organizations that serve as sources of healing to each unique community, including places of worship.

BHC RECOMMENDATION: The Behavioral Health Commission recommends exploring the Faith in Motion program with DPSS and working closely with the Cultural Competency Manager on review and possible inclusion in program design. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

3. Please offer services to southern Riverside County areas. Our demographics are changing, our school supports a high number of transient court dependant youth, and our mental health services are limited.

RESPONSE: Please see response to Question #3; Comment #3.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

4. Cultural competency is very important however multicultural prevention programs can help heal cultural misunderstandings and help students see that we are all in this together.

RESPONSE: Comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

5. WET – Continued enrichments of inclusion of peers – family members.

RESPONSE: WET Plan Action 10 specifically dedicates support for the integration of people with lived experience into the public behavioral health workforce. WET has developed an active partnership with RUHS-BH Consumers Affairs, Family Advocate, and Parent Support and Training. WET serves as consultant to the developing recommendations on peer employment, assists in the selection of peer interns, and provides supplemental training to peer staff.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

6. With the upcoming anticipated growth of Asians in our county, it is most important to reach out to the community by being sensitive to the cultural uniqueness of a very diverse group. It is important to recognize and utilize different community-based organizations as a first step in communication, information dissemination. With this said, it is most important for the county to establish a support staff that can help in the needs of Asian communities.

RESPONSE: The Department funds cultural brokers (consultants) and cultural advisory taskforce committees for each of the PEI target populations to assist in these efforts. PEI staff have been working with the cultural broker and the taskforce to develop the Community Mental Health Promotion Program (CMHPP) for the Asian American community. For more information, please see response to Question 1; Comment #7.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

7. Hearing an opinion and sharing together.

RESPONSE: Comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

8. A full-time staff for AAPI outreach with Cultural Competency (CCRD). An AAPI directory of services and workforce who speaks the language and understands the culture of AAPIs.

RESPONSE: Please see response to Question 4; Comment #6.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

9. I go to Recovery Innovations. We need more games, art supplies, more musical instruments, a men's group, a women's group, and we also need more homes for the homeless.

RESPONSE: Comment shared with Recovery Services Administrator at Recovery Innovations, International.

BHC RECOMMENDATION: The Behavioral Health Commission supports sharing this feedback to the RI Administrator. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

10. Increased dollar amount to outreach for African American men.

RESPONSE: Please see response to Question #1; Comment #10.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

11. Reach out for more community input.

RESPONSE: Please see response to Question #3; Comment #11.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

12. Contact 'Community Now', 951-333-9965, for program information.

RESPONSE: Contact information acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommends contacting this organization to ensure they are part of the stakeholder process. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

13. As an incest survivor, I feel we need to have more groups available in the west end of the county. There is one in Riverside in the evening. More should be offered. There should be a survey conducted to determine the actual need for such a group.

RESPONSE: PEI Work Plan #6 is dedicated to trauma-informed care. The Community Planning Process continued to identify trauma as an area of high need in Riverside County. The discussion centered on 'not focusing efforts on direct service for adults who have experienced trauma', but rather to develop a trauma-informed system and communities. The PEI Steering Committee tasked the PEI Unit with identifying programs that would train mental health providers and community members in general about trauma. The goal continues to be to identify a model that will include RUHS – BH staff as well as community-based organizations, schools, faith-based organizations and any other interested organizations. There is currently a countywide effort focusing on trauma and resiliency. RUHS-BH will partner in these efforts to maximize benefits to the community.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

14. Very Good. I would like to see if our community could create actual part-time non-profit jobs or a foundation (examples: a kitchen that makes cookies to sell,

or servicing and transporting school kids lunches and bringing them back and clean up, a café with pay).

RESPONSE: Vocational supports for consumers challenged by serious mental illness are offered through the Full Service Partnership Programs and Wellness City programs countywide.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

15. Two more homeless outreach staff per region. More participation at housing committees. More staff for Mid-County Region in housing outreach staff at least.

RESPONSE: Comment shared with the Manager of the Homeless Housing Opportunities, Partnership & Education Program (HHOPE).

BHC RECOMMENDATION: The Behavioral Health Commission supports informing the Manager of the Homeless Program for review. No change to the MHSA 3-Year Program and Expenditure Plan was recommended.

16. After talking to many police and law enforcement, they have power and it is taken away by catch 22 laws - as O.J. laws. They are sued if not making arrests. Parents are not doing their job and should be disciplined for not doing a parents job.

RESPONSE: WET Action #8, Crisis Intervention Training (CIT), is a behavioral health and law enforcement collaboration that enhances officer skill when encountering someone in mental health crisis. Parent Support and Training Program offers parent support classes throughout the county that include: Educate, Equip and Support; Triple P (Positive Parenting Program); Facing up; and, Nurturing Parenting.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

17. Trainings – education for Pacific Islander Asian community. The stigma is so great in this group.

RESPONSE: Please see response to Question #1; Comment #7.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

18. New large building in Mid-County (Hemet). Include adult, older adult, AB109 programs.

RESPONSE: RUHS-BH makes continued efforts to work with local cities to establish service locations that increase community access to behavioral health care. An additional service location has been identified and is included in the MHSA Capital Facilities planning.

BHC RECOMMENDATION: The Behavioral Health Commission supports this feedback recommendation and encourages the Department continue to pursue facilities to provide services in this area. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

19. Lobby the state legislation. Then use wasted super train funds for mental health instead.

RESPONSE: Comment acknowledged, but not related to plan.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

20. Serve the autism spectrum. They are not recognized now, as Regional Center does not accept them. Hoping Behavioral Health could assist as needed.

RESPONSE: State regulation distinguishes services between developmental disabilities and mental illness and separates funding provisions accordingly. RUHS-BH has an interagency committee with Inland Regional Center, established to problem-solve related service delivery issues. Comment shared with committee chair.

BHC RECOMMENDATION: The Behavioral Health Commission supports the involvement of the Interagency Committee. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

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

1. County website is not laid out very well. No, we don't have a 24-hour warm line for my mom that is lonely. She is a widow - has been since 2004 - when she was only 52. We don't get information on the Peer Navigation Line. That's a good thing but its only 8am - 4pm, Monday - Friday and the only reason I know about this is because I work for RI International (formerly Recovery Innovations). We need a 24-hour, 7 day a week warm line. My mom gets lonely.

RESPONSE: Although socialization is not a function of the Plan, social activities are offered through the Wellness City programs countywide. PEI Work Plan #5 is designed specifically to address early intervention needs of Older Adults and includes a number of programs to address depression in later life. This plan also includes "Care Pathways," caregiver support groups, provided by the Area Office on Aging. Their 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.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

2. Many areas of the community are challenged by what to do with individuals who are homeless and have mental health challenges. Outreach expanded to meet the needs of the community beyond the standard 9 - 5 hours of operation would be helpful.

RESPONSE: Comment shared with the Manager of the Homeless Housing Opportunities, Partnership & Education Program (HHOPE).

BHC RECOMMENDATION: The Behavioral Health Commission supports informing the HHOPE Manager of this feedback. No change to the MHSA 3-Year Program and Expenditure Plan.

3. No, I have not received any information and did not know about the program update until I attended a meeting at the county building.

RESPONSE: Riverside County engages in a year-round MHSA Community Planning Process. The Department relies on age-specific planning committees (Children's/TAY/Adult/ Older Adult) to help advise and inform MHSA program planning and decision making. These cross-collaborative committees are comprised of partner and community agencies and providers, consumers and family members, Board and Commission representatives, and a variety of other subject matter experts. The other critical element involved in the process is the inclusion of the Cultural Competency/Reducing Disparities Committee to provide ethnic and culturally-specific feedback and perspectives. Additionally there are several cultural and ethnic specific sub-committees including the Latino Advisory, African American, Native American, LGBTQ, Deaf and Hard of Hearing, Spirituality, and Community Outreach workers that share perspective on the planning process. The 3YPE Draft Plan is circulated to the stakeholder

community via public libraries, clinic programs, and the Department website for reference, review, and comment. Stakeholders are encouraged to continue to provide feedback on the initiatives outlined in the Plan verbally and/or in writing. Feedback Forms are distributed to all Planning Committees, the Behavioral Health Commission, Wellness and Recovery Coalition (Community Information), Family Advocates, Schools, Parent Support, Clinic Out-Patient Lobbies, NAMI, and community providers along with the Plan Draft. All interested Riverside stakeholders and resident may contact RUHS-BH MHSA Administration to request an electronic or print copy of the plan.

BHC RECOMMENDATION: The Behavioral Health Commission recommends continued development of stakeholder involvement especially as it related to culturally underserved communities. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

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

1. Just make it easy to read on the new website about all committees - Mid-County, Western, and Desert Region. Make it easy to see and read for all sub-committees. Make it clear and at the top. You have it at the right and I need to hunt and peck for it.

RESPONSE: Comment shared with the Public Information Specialist that manages Department electronic media.

BHC RECOMMENDATION: The Behavioral Health Commission supports providing this feedback to the Public Information Specialist. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

2. Hours of operation limit access.

RESPONSE: Comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

3. Unfortunately, I do not think that the information is getting to the stakeholders of Moreno Valley.

RESPONSE: Please see response to Question #5; Comment #3.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

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

1. Yes, my mom uses Perris behavioral health. I have given her the number to the Peer Navigation line, but sometimes she needs it on a Saturday. Since I work on Saturday, sometimes she needs someone to talk to on Sunday, too. I need my personal time too and I can't be expected to stay home 24-7 just to be with my 64-year old mother. I didn't get to see the plan since I was not on line and not given any link and no pre-printed copies are in the clinic. Print out the plan please!

RESPONSE: Please see response to Question #5; Comment #1. MHSA Administration received requests from several clinics for printed copies of the Plan for their lobby. Printed copies were provided in response to each clinic request as well as those received from individuals via email or personal requests. The feedback regarding availability of the Plan at county clinics has been shared with Mid-County Regional Administrators. All interested Riverside stakeholders and residents may contact RUHS-BH MHSA Administration to request an electronic or print copy of the plan.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan but requests that the Department ensures stakeholder are provided with the information they need to participate in the process.

2. *Yes (able to access services).*

RESPONSE: Comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

ORAL COMMENTS:

1. I am a consumer; I've also done interning and volunteering with the community at different locations. I have also advocated and sat on the board and so I am once again advocating for our community. And it's going back to what Amy said and I put three different things down:
 - a. I saw the trauma which I recently learned that I was a victim of trauma,
 - b. And I saw the outreach and support,
 - c. And the outreach and the screening.

I was talking to Angela today and I realized that when we used to talk and people would use the word substance abuse I found it very offensive because I "used" so I didn't have to feel. I was violated right after my 16th birthday and I suppressed it for 42 years. When I realized that other people like myself were violated, I realized they, too, "used". I started listening to their stories and realized there are so many like me that didn't want to feel or deal with what others did to us. My hope is that nobody has to endure what we've endured but suppress it for that long and keep stuffing it down and not know what is festering within you. When you think you're feeling well and then all of a sudden this emotional vomit comes to a head. I would like to ask

or to see when the screening comes, when you are having your assessment done, when they ask the question “Do you have any substance use in your past or currently?”! And if that person wishes to divulge it if there is somehow that perhaps very delicately they could bring it up - is there a possibility that there might have been a violation. I have seen the correlation with the people that I know and I know that all of us didn't grow up saying we wanted to be drug addicts or to use alcohol or something else to make that hurt go away. I really want people to get well. I've had that opportunity and I think that it is time to pass that on to others because being well is amazing, it's so amazing, and being able to start sharing bits and pieces of my story and let people know that it is not our fault. Thank you very much for listening and I hope that it's something that will come to fruition.

RESPONSE: Personal testimony acknowledged. PEI Work Plan #6 is dedicated to improving trauma informed care throughout the spectrum of service delivery. Effective interviewing and engagement is critical to building rapport, developing a diagnostic impression, and partnering with the consumer over an effective care plan. Intake and Assessment skill development is a focus of clinical internships in the WET Plan Action #13, Graduate Internship, Field, and Trainee (GIFT) Program, as well as, a workshop topic in WET Plan Action #11, Clinical Licensure Advancement Support (CLAS) Program. Many evidence-based practices in the Plan also include interviewing standards in their models.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

2. I am a consumer family member – my comment is first of all really good stuff in your plan, I read it all 200 and some pages (if you've got insomnia read it). My comment is what I did not see there is really good outreach – what you do is really really good outreach, but what I have not seen in the plan are the services to the deaf and hard

of hearing. I know there is a cultural group but what about community outreach and how is that outreach being handled to the deaf? There is the fact you are not reaching black and brown deaf in the streets – they are still there and they are not going to come because of their culture and the history of their culture. They are not coming until it's a crisis and the police bring them in because they are scared. As you know they are only a few years out of – and if you are deaf and can't speak you are automatically mentally ill – so there is fear. What we would like to see and what I would like to see as a parent of a deaf person, that you are more inclusive. You can't do a support group and say you're going to send in an interpreter – that doesn't fit because the deaf person in that group, their culture is totally different. If they are African American they are an African American deaf person, so their culture is totally different. It's an inclusiveness of being an African American in that culture but there is a deaf culture as well. The same is for the Latino deaf community as well. It would be really helpful if our Cultural Competency Committee and groups would come together and talk about how do we deal with the deaf because there is not an equitable playing field for recovery for the deaf and hearing impaired. There are no support groups so all we get is medicine so if you could find a way to kind of expand that. I thank you and I had that conversation privately and thank you so much for being so kind about that – so call us. One other item - bring consumers to the table. You've got all these groups African American group, Latino group, everybody's group - those groups can't say what you need if we're not at the table. The bottom line. . .it's not about us - without us.

RESPONSE: Please see response Question #3; Comment #15. The Reducing Disparities Committee of the Cultural Competency unit consists of representatives from the diverse cultural communities including Deaf and Hard of Hearing.

BHC RECOMMENDATION: The Behavioral Health Commission encourages the Department to develop more collaborative efforts and targeted outreach to these

communities. There was no recommended change to the MHSA 3-Year Program and Expenditure Plan.

3. I am a consumer I have a mental illness and I have a company that I created because of that. A lot of the issues I went through came from my youth and I listened to the program and I did read a lot of that package, really the parts that I was interested in and that is the PEI. My question and my comment is that I see that there is some outreach but I don't see prevention. I don't see that we are targeting the elementary schools, first grade through, with different coping skills, problem solving activities that can be done at school sites and community centers and other places that would prevent intervention. I'm just wondering and saying can you put that into your next plan because I really do not see anything at all for that age group within the MHSA. Also, I would ask that at the next meeting you supply us with an overview of your 5 components. I felt that I couldn't write down what was in the description of your 5 components and I felt that I was at a disadvantage in understanding what you guys are doing and where you are going. If we could have a little more literature we might be able to follow along a little better. Thank you.

RESPONSE: The PEI plan includes the commitment to increase protective factors and reduce risk factors for youth of all ages. There are a variety of strategies identified in the plan to achieve this and most are facilitated on school sites or other community locations, including the Peace4Kids Program and the annual Dare to Be Aware youth conference. Comment acknowledged regarding providing education on MHSA components and informs the development of the stakeholder process.

BHC RECOMMENDATION: The Behavioral Health Commission supports continued development of a more informed stakeholder process but recommends no change to the MHSA 3-Year Program and Expenditure Plan.

4. I have been in the field of mental health since 1971, of course that was during the Vietnam time and one of the reasons I'm here today is to help you as individuals that are trying to help us make mental health an illness and not something that you get arrested for. The brain I believe is an organ, just like the liver and the kidneys and everything else and we should not be put in jail because our brain is not working. I have been in all three categories, I've been a professional doing this, I've been a consumer, and a family member. A little bit about myself I was born in Brooklyn New York I come out of that Trump era (if you want to look at Trump, he is a good example of a New Yorker). Long story short here what I am feeling about the comment is like the lady before me was saying that we need to address the individual like the example that was mentioned today was wonderful and was done on a professional level. I have 50-year-old triplets and they get mad at me because I speak up about the fact that us 70 year olds are still trying to catch up. A lot of professionals are not represented because they cannot keep up with the language that is spoken. I am thankful now that we have the ability to see what is happening. What I am going to do is comment and what I do want to know and do is help you to help us. As I said I've been a professional on all three levels and hope to be part of the answer and to help anyone understand that communication is the key and not all of us are computer savvy which limits me in my profession. So just wanted to thank you for taking the time to listen and know that all ages are important in the correction. I have had police officers say that they wish they could arrest the parents when they arrest a child or teenager because what we lack in this country, I feel, is being good parents.

RESPONSE: CSS and PEI plans have dedicated programs for people across the age spectrum. Community parenting supports are included in the PEI plan. Personal testimony acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

5. I am a person who accepts and understands my mental health illness. Not too long ago I was in ETS and luckily I have two family members that are family activists so not only was I trying to push myself but they were helping me. I am very blessed for that. What I am concerned about is when I got out of ETS (and this is me already getting my PET) so I already know and gained a lot of knowledge but when I got out of ETS I didn't feel safe. I was fortunate to have a mother who works in mental health to take care of me for at least a week and I want to know, and even my mom and I were searching and searching everywhere, for facilities for places where you can stay. Because I gained knowledge but at the same time but needed to stay in there because I couldn't stay at home by myself. I had to push myself and I was telling Recovery Innovations how in 2010/2011 how you guys have expanded to what it is now and I am very very thankful for that, I am. But, at the same time, I really believe that I am not the only one that when you get out of ETS, because it is very traumatic experience, what do you do after that? What are your first steps and I don't believe no one knows right away where to go. Of course they give us a plan you know and they try to help us. What I'm trying to get to is I believe there should be facilities because we looked everywhere for places and I did not feel safe with myself. If I didn't have family advocates thanks to mental health I don't know what I would be. I'm not the only one. You know and again that's with me with gaining knowledge in the years and I do believe that facilities like that should exist. This sounds really corny and weird, but I love "Girl Interrupted" because I believed I had to be in a place like that too and let myself breathe and gain knowledge for myself. I felt I needed to be in a place because I know that I needed help and to rest myself. I strongly believe there should be facilities like that and I hope one day they open up

and I feel it would help people. Thank you for expanding because that has been expanding me right now.

RESPONSE: Personal testimony acknowledged. The Crisis System of Care includes the use of mobile crisis teams that help intervene in a mental health crisis before the risk elevates, requiring acute hospitalization, and connects consumers to resources that promote stability and recovery. Each region has, or is developing, a Crisis Stabilization Unit (CSU). CSU serves as an alternative to acute hospitalization for people in mental health distress that voluntarily require a brief period of intensive service in order to return to a greater place of wellness. Crisis Residential Treatment (CRT) is also available as a resource for consumers requiring more intensive support to achieve wellness following a mental health crisis.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

6. I am currently a member with African American Family Wellness Advisory Group (AAFWAG) and had opportunity to serve on the committee to put together the Rights of Passage Program for girls. It was an extremely exciting adventure. I did find a couple of things that I think that the County should look at a little closer. First of all, I think that when we look for evidence-based programs we should take more of a look at the evidence-based programs in California. I had a little problem with going outside of the state to get someone to put a program together for the Rites of Passage Program when I am sure there are evidence-based programs in the state of California and we could have kept our tax dollars in the state. Second of all I think it should be when groups are coming together to try to put a program together a little bit more understanding of what the evidence-based programs are and what constitutes an evidence-based program. That would be a lot of good information for community members. As we went along with the program it seemed like it was

taking forever. They had a change in staff and we had to wait till the new person to come on to continue, which I can understand that, but if we had been talked to more to understand the process. Also transparency, when it came down to the RFP - we found little communication to the community about the RFPs. What constitutes underserved? I mean how do you determine what parts of the county get these program? We know they go to underserved populations but how do you figure out the underserved populations? We would ask in our meetings, people who attended that worked with the program; and one department couldn't answer questions that another department was handling. We found that very kind of like. . .you are working on the PEI and you ware working on the structure of the program but you don't know what PEI is doing and PEI doesn't know what you are doing and in relation to this. I think a little bit more transparency would be a great help to us as community members who are just learning this process. I thank you very much.

RESPONSE: Thank you for your comments. The PEI Admin unit is committed to developing and maintaining strong relationships with Riverside County community members, stakeholders, and advocates for PEI target populations. In efforts to increase communication and transparency, a quarterly PEI Collaborative has been established. The focus of these meetings, open to anyone who wishes to attend, will be educating and informing about PEI programs and outcomes, updates regarding regulations and their impact in Riverside County, building relationships and partnerships to better serve our communities, and allowing for ongoing dialogue between the community, stakeholders, and PEI so that the needs of the community are better met and the PEI plan best reflects those needs.

BHC RECOMMENDATION: The Behavioral Health Commission fully supports the PEI Quarterly Collaborative and efforts to increase stakeholder involvement. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

7. Thanks for hearing from us. I am here as a member of, and representing, the Asian American Task Force. Quickly about myself, I am a Deputy District Attorney and have been so for about 12 years on the gang unit. I prosecute sex crimes, cold case, homicides, you name it. For the past few years I have been with the Asian American Task Force as a volunteer. Really what I came here for, just the overall theme, and I will be as brief as I possibly can in respect of your time, is really just to ask overall for your continued support. I read through the MHSA Plan and I am a member of our own Policy Manual Committee and I am also a member of the Riverside Sheriff's Office Report Writing Manual Committee. It is a good plan, it is focused everything is good and we are just asking for maybe an extension- a little bit more. Why am I a member of this particular committee and why this task force? I think it's important and I'm not really so much addressing this room so much when I'm saying why is it necessary? I think it is important to stress when you are asking for resources to ask, "Why is it necessary?". And, why is it necessary when it comes to the Asian American community? Briefly three things that I noted from my own experience and maybe from things that you have seen. Number one is people outside this room, the larger community, is not really going to look at Asian American immigrant as the people who need help who need to be focused on and why. We have all heard it before it's the model minority type of theme we hear about. Asian Americans don't commit crimes, they don't have mental illness, they aren't a problem. It's obviously not true - it's definitely not true. Secondly, so when you have people who are within that community themselves and they identify their own problems what then? What does the person do - they don't do anything really - they stay where they are at - Why? Because in their own culture there are stigmas, there is embarrassment, there are long standing traditions that these sorts of things aren't serious. Which brings us to the third issue - if the outside community doesn't see it as a problem, if the individuals themselves within those communities of Asian American immigrants

don't see it as a problem, why should we do anything about it. It seems like a problem that is solving itself – right? That's wrong.

A couple quick stories, like I said I'm going to be brief and believe it or not I'm halfway done already. I was on the homicide call-out team a couple years ago about 2:00 am and I was beckoned out to Eastvale. When I got there it was to a Vietnamese family home. I went inside and it was everything you would imagine like on TV - the entire block is yellow taped off and the scene was gory, it was bad. The patriarch of the family was a Vietnamese man who escaped Saigon during the fall and there is no doubt he was suffering from some sort of post traumatic stress because he started having delusions. Unfortunately those delusions involved believing his wife was cheating on him in a very far-fetched story. She came home a few minutes late one night and he stabbed her 11 times and killed her. He ended up pleading guilty to 2nd degree murder. We never found out what his mental issues were because he didn't speak; but we know from the family history that there were problems there.

Something else that may be a story that we are all familiar with which was just a few months ago where a Laotian woman abandoned her daughter in a Food 4 Less. She is currently in Riverside County jail. I myself, as a prosecutor, know that there is more to that story. She is suffering from an illness and her family had tried to put her into various homes but she needed something more than just environmental support she needed more than that right. Why didn't they go for it – why didn't any of these people go for it? When we look at the numbers we see that the amount of people in 2014 and 2015 who identified as Asian who were going to clinics is less than one/one hundredth of a percent – ridiculously low clearly not representative. Even a lay person would know that there have got to be people out there suffering who are just flat out not going seeking attention. So to conclude and to round it all off and let you know where I'm going with all this really is that we thank you for your

support of the task force of the entire Cultural Competency Program and we are hoping to see that extended so we can keep on going with the train. They have in Perris; they recently opened up a Filipino American Center that is going to have an effect. If we can keep this going and keep on targeting these communities hopefully, the hope and the request here is, that there could be within the Cultural Competency Program a full-time staff. These are going to have to be people who are diverse and who speak the languages of the communities because otherwise if you think of how I tried to outline for you how embarrassed and how reluctant people from immigrant communities are to seek service. They are not going to do so unless the person on the other end of the phone or the person in the clinic they are going to can really identify with them and that's what we are hoping for. So anyway it's a noble cause and I thank you all.

RESPONSE: Efforts to increase relationships within the Asian American community in Riverside County have been developing through the work of a cultural broker (consultant). We agree with the challenges you have identified and recognize the need to build relationships with Asian American community leaders, advocates, and service providers so that a foundation is available for further program implementation. Through the activities of the Asian American Taskforce much has been accomplished. In addition to the Filipino American Resource Center, two additional programs that specifically target the Asian American community in Riverside County are in development and preparing for implementation. These are the Community Mental Health Promotion Program (CMHPP) and the Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) programs. CMHPP is an outreach, education, and awareness program that will focus on mental health awareness, reducing stigma related to mental illness, and link individuals to appropriate resources. SITIF is a parenting program designed specifically for Asian American immigrant families.

BHC RECOMMENDATION: The Behavioral Health Commission recommends continued support for the RFP and collaborative efforts within this community and encourages the Department to make it a priority to get the community and programs implemented. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

8. I am 36 years of age and have been seeking mental health services since actually since I was born in the hospital, so I've always retained the services from the hospital. The process of taking medication within the last two years has been actually a very large struggle for me. My mother was killed intentionally for the purpose of undermining their own matters. My father is also facing a lot of financial issues at the same time too. With the medication I have been in the process of coming out of bondage and taking my medication. There was an actual altercation as far as me participating in religious practices. I am doing the best I can. My main concern is social security. I have applied for my social security three times and three times I've been denied and with the interchange of our health systems from RCRMC as well as general hospital. I don't have the capabilities to hold down a steady job or do anything else because I have to take care of my physical health. I was assaulted and I didn't hit back in any way and the police are aware of it. As far as the medication, I was on medication at that time also. Originally I wasn't wanting to participate in taking social security because according to my standards I can't survive on a minimum amount of money monthly. I am back in the process of doing recovery wellness again and this time around I am actually participating in the health system. The health system is a little bit different than it was before; the primary program that was the initial one is actually the program that is best suitable according to my need. So as an effect I did contact my family and so forth. I am doing the best I can to survive. As far as being able to cope and function as you can see there is a barrier between letting go of the past and letting go completely

because I just don't tolerate it. I am just in a situation now of where I'm kind of going to school at the same time to be a professional medical specialist to actually be issued a certification to be in a hospital and apply my services or work. I am a Samoan American so I am trying my best to apply for most of the services that I can and it is very difficult being in some of the centers. The one I attend the most is the one over by the Blaine Clinic you know for my appointments but also here on Atlanta on Marlboro and there is peer support there. But there is a constant chatter or laughing or it is like a fun atmosphere. It's not a bad idea, it's a good idea, however my focus is primarily getting back active and having initiative to be able to be granted the option to, even though my medical condition under supervision of the health system, that I will at least be able to have a minimal amount of income due to the lack of social security funding that is available. Thank you so much.

RESPONSE: Personal testimony acknowledged. The Department Employee Benefit Specialists and case managers have knowledge on benefits applications and the benefits process. Questions about available resources in this area can be directed to your current care provider or to the Peer Navigation Line (PNL): (888) 768-4YOU.

BHC RECOMMENDATION: The Behavioral Health Commission recommended this consumer be linked to the Peer Navigation Line for assistance but that no change to the MHSA 3-Year Program and Expenditure Plan was necessary.

9. I am a citizen of Riverside and have availed myself to the services from this facility for the last three years. I want to say that for myself it has been like a lifesaver. I have had a mental health crisis in the past and it just totally broke me physically, as well mentally, and financially. So I found myself at the point where I just had to stand up and start all over seemingly in my life in the later years of my life and starting over at the beginning point - that is something that was really really frightening for me. Having come to this facility I have been made to feel so worthy

once again and I have always felt worthy in my life up until this point. I want to say thank you for having services here and I want you to know that I am very very satisfied with the way I have been treated here. However, I feel that as a member of the African American community here, I feel that other people should be made aware of this and there should be an outreach that reaches the African American community and not just a little bit here on the side, but I think there should be a massive one. One thing that I want you to understand first of all is that a lot of the people from my community are really under a lot of stress - now everybody in America is under some stress I understand that. I will tell you something more specific and that is I lost my son in 1998. He was the first homicide victim of a hate crime in Riverside now for several years running from the bullets of a Mexican gang. So going to school, on the way from school, he was ducking bullets. Can you imagine the kind of stress a person would experience living in that kind of situation - and a mother trying to keep her son safe being a single mother. What I am saying is that we need to have services that reach young people as well as older adults and specifically African American people and other kids who are involved in situations where they are being bullied or who are experiencing hate crimes. I would like to see some effort put out for outreach and money put in place so that we have more services that are going to be able to reach out to the African American community.

RESPONSE: Personal testimony acknowledged. Please see response to Question #1; Comment #10. The Department funds cultural brokers (consultants) and cultural advisory taskforce committees for each of the PEI target populations to assist in these efforts.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

10. I am a family member of a mental health consumer. My daughter tried to commit suicide when she was 15. I am also a member of a non-profit organization that is trying to outreach and trying ways to reduce the stigma that is felt by people who have mental illness. I am also an advocate and working on being a member of the FA Program as a family advocate. I am currently the secretary for the Asian American Task Force and a member of the Perris Valley Filipino American Association. I was gratified and felt warm and felt good about when Diana spoke about the SITIF (Strengthening Intergenerational/Intercultural Ties in Immigrant Families) being tied to the PEI Program and also Mr. Schoelen about the workforce training those are the two things I would like to emphasize in a prepared statement. I am here to lend my support for this MHSA Plan and to share some of the challenges faced by the Asian American Pacific Islander residents in this county and seek your support.

I first must congratulate staff developing such a comprehensive plan. It is well written I have not read the whole two hundred and seventy some pages but have read parts of it that were specifically relating to our cause in the Asian American Task Force. It contains many strategies to meet the needs of special populations such as ethnic minorities, people with lived experiences and the LGBTQ residents in Riverside County. In particular, the recommendations and projects of the AATF were clearly included. We'd like to thank the Behavioral Health Department, especially its Cultural Competency Program and the PEI Program for its outstanding support.

The first resource center has been funded for Filipino American families, and I am proud to say I am a member of the largest AAPI group in Riverside County. The Filipinos are the largest ethnic AAPI group in Riverside County and yet they are the least served because of several reasons - mainly because of the stigma and the

cultural differences. Filipinos would not never ever seek mental health services on their own but they have to be prodded and there are a lot of cultural considerations when we do try to get them to seek services. There are also plans to bring parent education and mental health worker training to assist Asian immigrant parents and to link those who need mental health services to the various clinics and programs. You see, for many Asian people, seeking mental health services can be very shameful.

This County has seen an increasing growth of Asians moving here and many especially adults and older adults may not speak English well. Although they say the Filipinos speak English very well, the nuances of the English language are different than the nuances of the native Filipino language, which is Tagalog, and there are about 230 different dialects spoken in the Filipino community. That is a big problem, language and communication is a great problem.

The AATF continues to be very concerned about the very low number of Asians who are receiving services at Behavioral Health. The Unmet Need document show that the disparities for Asians have grown from 80 % to 95% in the last ten years! Of the over 47,000 clients served at the various clinics in FY14/15, only about 400 are Asians.

The very diverse group of Asian Americans in this county is not able to access this county's mental health services. We need more outreach and communication in the various Asian languages both in print and in person to dispel the deep stigma for mental illness. The AATF has proposed that one full-time staff be added to the Cultural Competency Program to conduct this outreach and to publish a resource directory of AAPI staff so Asian residents who need help will know who to call and where to go for help. Besides outreach and information, we also need a workforce who can speak the various languages and are culturally competent to effectively

relate to them. The WET (Workforce, Education and Training) Plan clearly recognizes the need to recruit a more diverse workforce and provide trainings to improve cultural and linguistic competencies. I am here to say the AATF is ready to support this very important goal.

Thank you for this opportunity to share my comments on behalf of myself and the AATF.

RESPONSE: Personal testimony acknowledged. Please see response to Question #4; Comment #6. The Department funds cultural brokers (consultants) and cultural advisory taskforce committees for each of the PEI target populations to assist in these efforts.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

11. I would like to see with the PEI, for the outreach, and find out the dollar amount because like the sister said earlier if her son is dodging bullets then that is one mental challenge that he must face already. Then the other thing is we know that black men get housed and go to prison before they get counseling. You can't have the budget be the same for everyone when the needs are different. I would like to see a larger amount for the African American community because of the disproportionate amount of men going to prison. And again an officer will originate a call for mental illness when a person might just need counseling and I see it in the community. So I would like to see the budget be different, not the same across the board, because our needs are different. It just does not make sense to me to have the same across the board. Also just looking at, and I know Mr. Terrell, but look at your panel - it is not representative of your community either. So things like this need to change and just looking at the City of Riverside you only have one Hispanic on the board and its things like this. You can't have this continue to perpetuate and

say you are really looking out for the needs of the community when people on the board don't represent the community.

RESPONSE: All MHSA programs are designed to serve every community in Riverside County and cultural competency is a primary value of the MHSA. Please also see response to Question #1; Comment #10. Behavioral Health Commission members are appointed by the Riverside County Board of Supervisors. All interested community members are encouraged to apply.

BHC RECOMMENDATION: The Behavioral Health Commission welcomes all applications to join the Commission from interested individuals and participation in the monthly meetings. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

12. I want to come before you today as a community member not really as an employee. I want to talk about our outreach. I would love to see a lot more outreach than we already have. So for our housing outreach, I know we have two individuals per region but I think that our homeless population is in need of a lot more outreach than the two people that we are sending out to outreach to them. Not that they don't do a good job but I would really like to see more outreach for that.

RESPONSE: Comment shared with the Manager of the Homeless Housing Opportunities, Partnership & Education Program (HHOPE).

BHC RECOMMENDATION: The Behavioral Health Commission supports informing the HHOPE Manager of this feedback. No change to the MHSA 3-Year Program and Expenditure Plan is recommended.

Behavioral Health Commission

Indio Public Hearing – May 16, 2017

Comments on the MHSA 3-Year Program and Expenditure Plan

FY17/18 through FY19/20

WRITTEN COMMENTS

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

1. The Peer Support Specialist Program is outstanding. RLC's WRAP and Moving Forward especially. I commend Kathy Myers and Christine for their help and support.

RESPONSE: Positive comment acknowledged. The RLC was an MHSA Innovation Component Project and the funding period for this project has ended. The Department learned much from the peer-oriented services at the RLC and will be utilizing that knowledge in the development of the Navigation Center, a program to connect people to an outpatient mental health provider following acute hospitalization. The Desert Regional Administrator plans to continue some of the popular RLC groups as part of the standard, adult outpatient service system.

BHC RECOMMENDATION: The Behavioral Health Commission recommended this feedback be shared with Desert Regional Administrator but suggested no change to the MHSA 3-Year Program and Expenditure Plan.

2. As a member I've had Dr. Allen and a tele-doctor. None of them compare to Dr. Ingram. She has made a personable connection and believes in my recovery. She

allows me to self advocate and puts trust in me. I'm so grateful for her and she has made a difference in my life.

RESPONSE: Personal testimony acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

3. The RLC has made an important impact in my life. The current program is meeting my needs.

RESPONSE: Positive comment acknowledged. Please see response to Question #1; Comment #1 for more information about RLC programming.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

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

1. I feel that there are some issues regarding reliable transportation to get to these services. I live in a board and care – also a resident at Milestones, vehicle access isn't always available.

RESPONSE: The Desert Regional Administrator is exploring the expansion of services to include limited transportation assistance by hiring a Community Services Assistant (CSA) to provide support in this area.

BHC RECOMMENDATION: The Behavioral Health Commission supports the addition of a CSA to assist with transportation and recommended no change to the MHSA 3-Year Program and Expenditure Plan.

2. CRT and 5150 do not seem to have Peer Support Specialists. More transportation is desperately needed, even to and from Peer Support Training. More compassion is needed at 5150, PHF, and CRT. No one asked me about me – just housing.

RESPONSE: The Crisis System of Care includes the use of mobile crisis teams that help intervene in a mental health crisis before the risk elevates and connects consumers to resources that promote stability and recovery. Each region has, or is developing, a Crisis Stabilization Unit (CSU). CSU serves as an alternative to acute hospitalization for people in mental health distress that voluntarily require a brief period of intensive service in order to return to a greater place of wellness. The developing Navigation Center, which will assist consumers to connect to an outpatient mental health program, was a direct result of knowledge gained from our Recovery Learning Center program. All of these programs are staffed with Peer Support Specialists. See Response to Comment #1, above, regarding transportation.

BHC RECOMMENDATION: The Behavioral Health Commission recommended this feedback be shared with Crisis System of Care Administrator. No change to the MHSA 3-Year Program and Expenditure Plan was recommended.

3. As a member I love the groups, “Self Esteem” and “Building Healthy Relationships”. I am diagnosed bipolar and went through a divorce last year. Megan Logan and Maria Martinez helped me build self-awareness and process what I’m going through. I also feel supported by the community who shares mental health challenges. I am able to connect with others in this new area I just moved to.

RESPONSE: Personal testimony acknowledged. Please see response to Question #1; Comment #1 for additional information on continuation of support groups.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

4. More education on (prevention and intervention. I didn't know that PEI existed. It may have helped me with early prevention.

RESPONSE: In efforts to further communication and awareness of prevention and early intervention programs and resources, several strategies will be implemented. Prevention & Early Intervention Directory of Services will be available in outpatient locations. Information about PEI programs is listed on the RUHS-BH website. A PEI Collaborative meeting will begin meeting quarterly which is open to anyone interested in learning more about PEI programs and providing feedback.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

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

1. I'd also like to see RLC continue. It's helped me to make tremendous progress as a person and it's helped me to handle my diagnosis with hope and has been instrumental in my recovery.

RESPONSE: Personal testimony acknowledged. Please see response to Question #1; Comment #1 for additional information.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

2. The programs/groups have been invaluable. I would have appreciated a Peer Support Specialist with the CREST Team when I was visited. CREST was a terrible experience both times I was faced with it. I am 'Somewhat Satisfied' with the Plan only because I don't know what changes will be made to RLC.

RESPONSE: The Crisis System of Care includes the use of mobile crisis teams, including CREST, that help intervene in a mental health crisis before the risk elevates

and connects consumers to resources that promote stability and recovery. CREST members include Peer Support Specialists. The new Navigation Centers, designed to assist consumers discharged from acute hospitalization connect to an outpatient mental health provider, will have Peer Support Specialist as the primary navigators. Please see response to Question #1; Comment #1 for more information about RLC group services.

BHC RECOMMENDATION: The Behavioral Health Commission recommended this feedback be shared with Crisis System of Care Administrator. No change to the MHSA 3-Year Program and Expenditure Plan was recommended.

3. As a volunteer, Senior Peer Nita Foust helped me get connected to resources and how I could give back. Her guidance, in connecting me to educational events and the community group, has helped me evolve and grow.

RESPONSE: Personal testimony and compliment acknowledged. Feedback shared with the Consumer Affairs Policy and Planning Specialist, who coordinates RUHS-BH peer development.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan and encouraged sharing positive comments with Consumer Affairs.

BHC RECOMMENDATION:

4. Must keep RLC and all the groups that go along with it. It has saved my life, without the RLC I wouldn't be here.

RESPONSE: Personal testimony acknowledged. Please see response to Question #1; Comment #1 for additional information on the RLC and continuation of support groups.

BHC RECOMMENDATION: The Behavioral Health Commission recommended the feedback on the importance of groups be shared with Desert Regional Administrator. No change to the MHSA 3-Year Program and Expenditure Plan was recommended.

ORAL COMMENTS:

1. I am an outpatient here and there are several comments I would like to make. First with regard to the Peer Support Specialist system wonderful absolutely wonderful. Peer Support Specialist, I would really like to commend Bruce Scott and Kiley over at PHF, (*Psychiatric Health Facility*) who were instrumental in helping me. However at 5150 I did not receive any Peer Support Specialist help. I don't know if there was any available at the time that I was there but no one ever approached me. I would have liked that because it was a very scary time to go in there and not know what's going on. No one would tell me what was going on; no one would tell me what my diagnosis was. Then they just walked me over to PHF, and I'm like "Why am I here?" I would have liked to get that kind of feedback from a Peer Support Specialist - saying how the system works. Then, of course, when they told me about CRT (*Crisis Residential Treatment*) - "What's that?" "Why am I going there?" That kind of thing.

I would like to commend Kara who is our psychotherapist at CRT who was just absolutely wonderful. Short of having a Peer Support Specialist she is really outstanding. Also, the CRT does not have Peer Support Specialists. I would like to see them there especially since there are a lot of men there. There are no male Peer Support Specialists for them to talk to as well. Because I have friends who would appreciate that and I would appreciate that - to have male and/or female Peer Support Specialists there to assist and to further help with the transition to say "I went to Milestones". So, what is Milestones and what is that about - because they weren't even on the web to look up and they didn't have any literature or anything. Bruce the Peer

Support Specialist was very instrumental in helping me make the decision to go over there.

As far as RLC goes, the Recovery Learning Center I really appreciate that. It has been tremendous; and Kathy Myers and Kristine have just been wonderful to us, and I would like to see that continued especially WRAP and Moving Forward. I say Moving Forward because I suffer PTSD and have had a lot of trauma in the last six months and it's very important to me to be able to do something fun – to be able to just get out and do something else just so my mind isn't on it - you know just once a week; and I would like to see that continue very much so.

I am also a writer and publisher, in my past, and I would like to see a newsletter, very much so, because there doesn't seem to be one offering the bright side of mental health. I put together just a two-page sample, but could easily be four pages if we needed to. The idea is either book reviews, Peer Support Specialist interviews, or talking about things like purchasing Roy's Place, things like that - anything to defeat stigma is welcome and any suggestions. It would be for me strictly voluntary I just love to do it. I have a computer and I am more than happy to cover events and do that kind of thing but I don't have the capacity to print it (distributed samples). I could also cover for example, an interview with Mona for the mural we are painting over at Riverside. RLC has gone over there to assist with that, so there are just different things that could be done. I think it could be passed out to staff, peer supports as well as anyone else who would like a copy. That's it – those are my comments.

RESPONSE: The Crisis System of Care includes the use of mobile crisis teams that help intervene in a mental health crisis before the risk elevates and connects consumers to resources that promote stability and recovery. Each region has, or is developing, a Crisis Stabilization Unit (CSU). CSU serves as an alternative to acute hospitalization for people in mental health distress that voluntarily require a brief period of intensive

service in order to return to a greater place of wellness. The developing Navigation Center, which will assist consumers to connect to an outpatient mental health program, was a direct result of knowledge gained from our Recovery Learning Center program. All of these programs are staffed with Peer Support Specialists.

The RLC was a MHSA Innovations Component Project and the funding period has ended. The Department has learned much from the peer-oriented services at the RLC and will be utilizing that knowledge in the development of the Navigation Center. The Navigation Center is a program to connect people to an outpatient mental health provider following acute hospitalization. The Desert Regional Administrator plans to continue some of the popular RLC groups as part of the standard, adult outpatient services and has agreed to encourage and support publication of the newsletter.

BHC RECOMMENDATION: The Behavioral Health Commission recommended sharing these comments with the Desert Regional Administrator, the Crisis System of Care Administrator, and the Consumer Affairs Policy and Planning Specialist (a managerial level position that coordinates RUHS-BH peer development). The Commission did not recommend any changes to the MHSA 3-Year Program and Expenditure Plan.

2. I live at a board and care, Milestones in particular, and prior to going there I lived with my grandparents. At the time I was just starting to attend groups here with Brenda. It was nice but the problem was my grandfather couldn't always take me to those groups. I was just getting into the services and as much as I enjoyed them, I really couldn't be a part of it in the way that I would have liked to. With that being said, something I would like to see more of is the transportation issue addressed regarding people who live outside of Indio, outside the local community and within a certain radius. I do have a big concern about that because I do have fellow peers or group members that are having a difficult time making it to groups. Sure there is the bus system but that is not very frugal nor convenient for a lot of individuals because either they don't have the

funds to afford the bus or it's like a two-hour ordeal for them to get here. If there was any way to implement more transportation opportunities that would be nice to see more of. I know I mentioned, too, being from a board and care and it's convenient at the time because they provide the transportation. But once I get into my own place that is going to be one of the issues with making it to the groups. The groups have helped me tremendously in just finding out who I am as a person and it's just awesome the changes I've made just within in the past year and many here can vouch for that. So again, not everybody has a car and not everyone has access to carpooling to these various services and special events that take place so that is one of the things I would like to see addressed.

RESPONSE: The Desert Regional Administrator is exploring the expansion of services to included limited transportation support through hiring a Community Services Assistant. To increase access for adults in the Desert Region, some dedicated, adult services openings will be available at the Desert Hot Springs Wellness and Recovery Clinic for Mature Adults.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan but suggested the feedback be shared with the Desert Regional Administrator.

3. I started coming here last year. I was 5150 for bipolar disorder I have had Dr Allen, I've had a tele-doctor and currently I have Dr. Ingram. Her and I just have a connection. She is really personable and I am really grateful for her as a doctor. She allows me to monitor myself and works with me rather than directing and telling me what to do - she allows me a little lead room. I have been taking group classes here and they really benefited me connecting to the community, I am new here to the community, and also connecting to other people who are experiencing mental health issues. Some of the groups that I've been in is the 'Self Esteem' group and also the 'Building Healthy

Relationships', Maria Martinez and Megan Logan have made a huge difference in those groups and have really helped me to gain more self awareness and collect my thoughts on everything.

RESPONSE: Personal Testimony acknowledged. Please see response to Question #1; Comment #1 for more information regarding continuation of support groups.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

4. I am a Peer Support Specialist with the Recovery Learning Center and I would like to back up with Naomi said. So often we have had members sign up, maybe with like with Desert Hot Springs maybe Sky Valley, which is way off the beaten path and they end up dropping out due to transportation. Currently we have one of the members who lives in Sky Valley and I know takes him like three buses to get here and several hours. He is very committed to his recovery and shows up to all his appointments; but a lot of the time, because he is trying to seek benefits and doesn't have money, so he is not able to get here. I would like to propose that adult services look into getting someone who could provide transportation. I know the children's side has it but that would really help us out. That's my thought on transportation. Also, as far as Recovery Learning Center goes, I know where are losing our funding and are going to change; but I really hope we keep a lot of the same activities and keep adding to this program. We are still a little in the dark about it but our members are concerned and hopefully you will keep us posted.

RESPONSE: The Desert Regional Administrator is exploring the expansion of services to include limited transportation support through hiring a Community Services Assistant. To increase access for adults in the Desert Region, some dedicated, adult services openings will be available at the Desert Hot Springs Wellness and Recovery Clinic for

Mature Adults. Please see response to Question #1; Comment #1 for more information on retention of support groups.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan but suggested the feedback be shared with the Desert Regional Administrator.

5. I was in severe crisis about a year ago and entered the county facilities in June. Went through the program, got out, and did not realize there was secondary care after that – that they had groups at the Recovery Learning Center that I could go to. I tried to manage myself and couldn't do it, relapsed back down, and went back in the hospital. When I got out I was in the same situation and didn't want to deal with anything. Somebody from the RLC reached out and called me and that's what brought me in. I have been there since October and I have not felt any relapse and am not going back to the same way I was before. They are keeping me busy with the groups - Kathy has been great. Because what was going on in my life - I went through divorce, sold my house, went through a lot of problems - and so now Kathy and her group with WRAP have actually started getting me my housing back. I can get back in my apartment on Saturday. She helped do a lot of the legwork with me and got me motivated to start the 2nd chapter in my life. So it is really important the programs you guys run. I can tell you, since someone reached out to me, actually possibly saved my life. Because I was going down the same road again. and it just took that one person that one moment to call me and say "We're thinking about you, come in.", and that's what did it for me.

RESPONSE: Personal testimony acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

6. I would like to make another comment regarding the CREST team. Both times they came out to my house it was a terrible experience! I would like to see a Peer Support

Specialist maybe with the CREST team. Because I did not know what was going on, they did not tell me what was going on. I found myself strapped into an ambulance, not given any answers, and not told why. In fact the police officer in question who came to the house, said "Why did we even call the CREST team?" like she didn't need it and there were all sort of mitigating circumstances surrounding that. The one plus side is the second time they came out, the people were a little better with regard to talking - but they wouldn't tell me what was going on. That is why it was an unfortunate experience all the way around. Then I ended up at 5150 and there was no one there to approach me there either and I'm like "Why am I here?" - So that is something I would like to address as well. I think maybe a Peer Support Specialist with the CREST team would be helpful.

RESPONSE: Please see response to Question #2; Comment #2.

BHC RECOMMENDATION: The Behavioral Health Commission recommended this feedback be provided to the Crisis System of Care Administrator. No change to the MHSA 3-Year Program and Expenditure Plan was recommended.

BHC RECOMMENDATION:

7. I'm with Eisenhower Medical Center and am also a Peer Support Specialist graduate - I graduated March of last year. I wanted to know if it was possible for us Peer Support Specialists, that have gone through the program and that are also not employed by the county, for any continuing education - any possible workshops to help keep those skills viable for me in my position. I am actually trying to use these credentials and new skills (redesigned in my brain) for my job. I know the state is trying to credential this type of position and it is a federally recognized position. In trying to do what I need to, I have asked people in the county if I could to get a little assistance , a little latitude as far as help with putting together what I am doing in keeping within the scope of Peer Support Specialist. My particular role is Transgender Patient Advocate and I really don't have

anything to look or any models to help - only going through the course itself. It would be helpful.

Next segue, is the homeless issue, a real big issue here in the desert especially as we are coming up to summer. I know 90 beds is awesome but there are also people who live in parking lots in their vehicles and I know they are not even being addressed. I was one of those for 11 months last year until I got hired. I did my Peer Support Specialist training while I was homeless and my classmates said (*and I quote*) I was, in their terms, “the best dressed homeless person they had ever seen”. That was a stigma that I didn’t want to show them - that I was in that space - so I didn’t get any of those wonderful programs that the county has to offer.

In the aspect more of your social media, TV, whatever other outlets you can do, to get the message out there more I think is really helpful. It is getting out there but I don’t think it is getting out there enough. I know the budget is shrinking, I heard that when I was in Riverside and I understand that, but there has got to be some other ways to get the word out.

RESPONSE: Riverside County, along with several other California counties, supported the development of standardized, mental health peer services certification. Unfortunately, the State Department of Health Care Services declined to advance this development at the State level. Comment was shared with RUHS-BH Consumer Affairs management, and she has agreed to explore opening up additional peer development training to non-employee, Peer Support Specialists.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan.

8. One more comment about my experience going through 5150 at PHF and it is that there was this huge homeless emphasis about “Where are you going to live, where are

you going to live?" because I was homeless at the time. But no one – no one - asked me about me and how I was doing and what brought me there. They were all very focused on where are you going, where are you going, where are you going? And then, when they said they were going to discharge me from PHF - if I elected not to go, they said well then, you'll be back out on the street. I'm thinking "So what was the point of demanding to know where I am going to be". So that is another thing I would like to see addressed - that perhaps more compassion could be given concerning inpatient resources or help. Some concern for me as a person - or for 'whoever' as a person – not just where are your going to live.

RESPONSE: Our Innovations Project for the Recovery Learning Centers has come to an end. The Department learned much from this project and are using that knowledge to transform how we outreach and engage consumers who are discharged from the hospital and who we have not successfully connected to a regular outpatient mental health program. These engagement programs are called Navigation Centers and will utilize peers staff to engage consumers prior to hospital discharge, ensure a follow up appointment within 7 days, and wraparound the consumer to encourage that warm connection to the mental health program that will best serve that person's needs.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA 3-Year Program and Expenditure Plan but asked that the feedback be provided to the Desert Regional Administrator.

BHC RECOMMENDATION:

9. To share a little bit of my story first – I had a very sheltered very strict childhood growing up and I do believe that was instrumental to a lot of the environment being influential to my downward spiral into my diagnosis. At the age of 13, I started self-harming; I used needles and rose up to using razor blades and other objects. It was a very unhealthy coping skill in other words. At the age of 22, I was diagnosed with bi-

polar type II as well as PTSD and also at the same time I came out to my family. They dealt with it, but last year I was kicked out of my grandparent's house for that reason. I was dealing with my diagnosis and dealing with coming into my own and so it was a very scary experience. I hadn't experienced life, people, and the world because and I was always in the house/church, in the house/church, and that was as far as my life would go. I wanted to share that because I wanted to highlight the RLC again. That program has been very instrumental in helping me to find out who I am as a person and learning new coping skills that are much like a new muscle that you are exercising. It's hard but it's helped me a lot to overcome some of the most, well a lot of things that I didn't think I could overcome. With that being, said right now I'm in the process of working with Kathy on getting an apartment. However, there is the issue of the HHOPE housing. As far as I am aware they said I have to go through Riverside to qualify to get on the list and have to wait for people from Riverside and the whole county. That puts me way at the bottom where I am waiting for all these people. I have a problem with that slightly because if somebody in Riverside needs housing and the housing is in Indio, that's a culture shock in itself and who is going to make that drastic change or move. So I feel the HHOPE housing should have a listing where people in Indio, for instance like my case, can be directed to the opportunities in their region. And that is what is holding me back right now from actually applying. That is something I would like to see addressed.

RESPONSE: Personal testimony acknowledged. Riverside County MHSA Plan is committed to support housing and homeless outreach, and is part of Community Services and Supports, Plan 03.

BHC RECOMMENDATION: The Behavioral Health Commission recommended this feedback be forwarded to the HHOPE Manager. No change to the MHSA 3-Year Program and Expenditure Plan was recommended.

10. I'm a new peer here and I am completely ecstatic to work in this facility with these incredible members and peers behind me. I am so brand new that here are no complaints at all about anything. One of the things I really like about Riverside county, I'm from LA county I just relocated down here a little while ago, is that it's really innovative. You guys are really progressive you are doing things that are way ahead of the curve compared to a lot of places and even places like LA County. One of the things I would love to see I embedded more deeply in the mental work that we do in Riverside County is making sure we are even more proactively addressing people with co-occurring substance use disorder issues when we are talking with them here. We offer groups, and I think that's great, and I know there is a movement toward more holistic integrated care of trying to get more services under one roof. Because Riverside - and I do believe that will eventually happen, not just here but everywhere - that substance abuse and mental health are all going to be under the same roof of primary care, etc. One of the things I would love to see though is like in Los Angeles, we had a really big emphasis on syringe exchange program, harm reduction programs, harm reduction programs for homeless population that are experiencing behavioral health challenges as well. So there is really more of an outreach and an integration of all kinds of marginalized communities that have co-occurring disorders, and mental health issues, and substance abuse issues, and they are homeless, and they have a lot of challenges. We had teams that worked as units to help these different populations and we essentially treated them as one population even though we were funded from different streams. So I will just advocate, because I come from that background, that we think about providing more services for active drug users under our umbrella here - things like syringe exchange, naloxone distribution (naloxone is a drug that reverses opiate overdoses in progress), more outreach, and more direct

communication about ways we can help preserve their lives, dignity, and health and well being of people who actively use drugs.

RESPONSE: MHSA regulations prohibit the use of MHSA funds for substance use related programs unless the program is designed specifically to meet the needs of people in Co-Occurring recovery. Recently, the Substance Abuse and Prevention Program has expanded services to include Care Coordination Teams, one for each region. Teams provide intensive case management. The Desert team is located in Cathedral City and serves the entire region.

BHC RECOMMENDATION: The Behavioral Health Commission recommended this feedback be shared with the Substance Abuse and Prevention Program Administrator. No change to the MHSA 3-Year Program and Expenditure Plan was recommended.

Appendix A

Children's Committee Focus Group Report

January 24, 2017

In moving forward with Children's Programs, while considering the overall needs and concerns of the PEI youth population, the PEI Program and the Research and Evaluation Unit of the Riverside University Health System - Behavioral Health (RUHS-BH) presented the Children's Committee with PEI program summary data, which included general summary data of the youth population of Riverside County.

Qualitative data was collected from the attendees at the Children's Planning Committee. Evaluation staff presented summary data from multiple programs to the committee. Following the presentation, there were two pre-determined questions the participants were asked. Participants included staff from the RUHS-BH Children's Programs, community members, and representatives from other agencies.

Focus Group Questions

1. Does anyone have any input or concerns about moving forward with implementing these programs in the 3 Year Plan?
2. Does the committee have any input or concerns regarding whether these programs are meeting the needs and/or concerns of Riverside County's children and youth?

Focus Group Response Themes

- **Referrals/Resources - Suicide Awareness**

"Youth are coming across other youth (their friends) who are cutting, and do not know what types of advice to give them - don't know what kinds of resources they can be referred to, or how the word can spread to youth for them to have that information."

- **Expand Program Reach - Social Media**

“It may be a good idea to put mental health information on social media - responses were made on how we are currently in the process of doing so and have resources up in some modes (e.g., Twitter, Facebook, and Whatsapp).”

- **Improved Collaboration and Assessment of Youth’s Mental Health Need**

“Colton Unified School District reached out to IEHP to develop a workflow between their system and the mental health system to stratify mental health needs within the scope of their team, in addition to their own screening before being passed on to the County.”

- **Improve Mental Health Cultural Competency**

“In looking for more intervention programs/processes - want to do a more thorough evaluation of what the mental health needs are within the juvenile justice system.”

Children’s Committee Presentation Summary

The Committee provided feedback on the degree to which they felt there could be an expansion of referrals/resources, so they can better refer youth in schools that have issues (such as youth who resort to cutting), to mental and behavioral health programs. Public Health mentioned they receive many of these calls, and since there are PEI programs available, these youth could essentially benefit from such programs. School and district staff are coming across such youths and often do not know what types of advice to give them, nor do the youth who have friends in that situation. Sometimes there are mental health therapists that might address these youth but they are often only sporadically available. Thus, an expansion of the knowledge of referrals and resources for staff would progress the reach. Specific examples were given that if more youth were made aware of suicide prevention programs, such as Dare To Be Aware, then they would be able to potentially help other youth they know. In conjunction with the expansion of referrals and resources, the committee would like to use social media as an outreach mode, since this

would have a broader reach. It was mentioned that school districts are in the process of implementing social media use. The Desert Region uses 'WhatsApp' for this purpose.

Another theme the committee mentioned was improved collaboration with the school districts and outside mental and behavioral health entities. More specifically, the Colton Unified School District reached out to Inland Empire Health Plan (IEHP) in order to identify what level of mental health needs could be handled within their team and if not, refer those they cannot help to IEHP. Within this, there arose the theme of improving assessment of youth's mental health needs. First, it was cited that youth experiencing mental health issues may benefit from a mental health assessment.

The disproportionate arrest rates of African American youth was highly cited by the committee, as there were many questions and concerns about the interaction between police and African American youth. In regard to the arrests, the committee said that they would want to conduct a more thorough evaluation of what the mental health needs are within the juvenile justice system. Court liaisons (clinical therapists) are being re-incorporated into the courtrooms to listen for behavioral health concerns.

Lastly, in order to provide more benefit for the youth, efforts should be made to improve mental health cultural competency to decrease African American's youth arrest rates. There should be a focus on the youth's end - just like there is with the adult end - to prevent incarceration. The focus should be on the nature of interaction between the youth and the police officers, and focus on both sides.

Appendix B

Transitional Age Youth Focus Group Report Peer-to-Peer

Transitional Age Youth (TAY) Programs - Background

In 2004, Proposition 63, the Mental Health Services Act (MHSA), was passed by the voters of California. It imposes a 1% tax on anyone with a personal income exceeding \$1 million annually. The money levied from this tax is being used to expand and transform the mental health system. MHSA outlined five program areas they sought to fund; one of which is Prevention and Early Intervention (PEI).

PEI addresses these two areas of mental health. First, prevention is aimed at increasing skills and building protective factors for individuals and families. The efforts of prevention occur prior to diagnoses and can either address the general public or groups of individuals who have increased risk factors for developing a mental health problem. Secondly, early intervention seeks to address mental illnesses early on, in order to avoid the need for more intensive services later in life.

During the planning process in Riverside County, the community identified a need for mental health programs adapted for specific age groups. Riverside University Health System-Behavioral Health implemented the Peer-to-Peer program as a mean to address this concern within the Transitional Age Youth (TAY) population (16-25 years old) at high risk for the development of mental illness in Riverside County. The main program goals for Peer-to-Peer are to reduce risk factors and improve protective factors for the TAY population, in order to reduce the risk of developing mental health problems by: increasing resiliency through skill development utilizing evidence-based practices; providing awareness of mental health topics through presentations; decreasing stigmatization; and increasing access to needed services in underserved populations.

TAY Focus Groups: Purpose and Objectives

To improve and further develop existing TAY programs for annual program reviews, focus groups were conducted in an effort to ensure that current programs are meeting TAY needs. Despite evidential success in Peer-to-Peer programs, two customized focus groups were held for participants of the Peer-to-Peer Coping and Support Training (CAST) program, within PEI, to gain specific feedback on programmatic efficacy. All additional focus groups were held for TAY and TAY providers from:

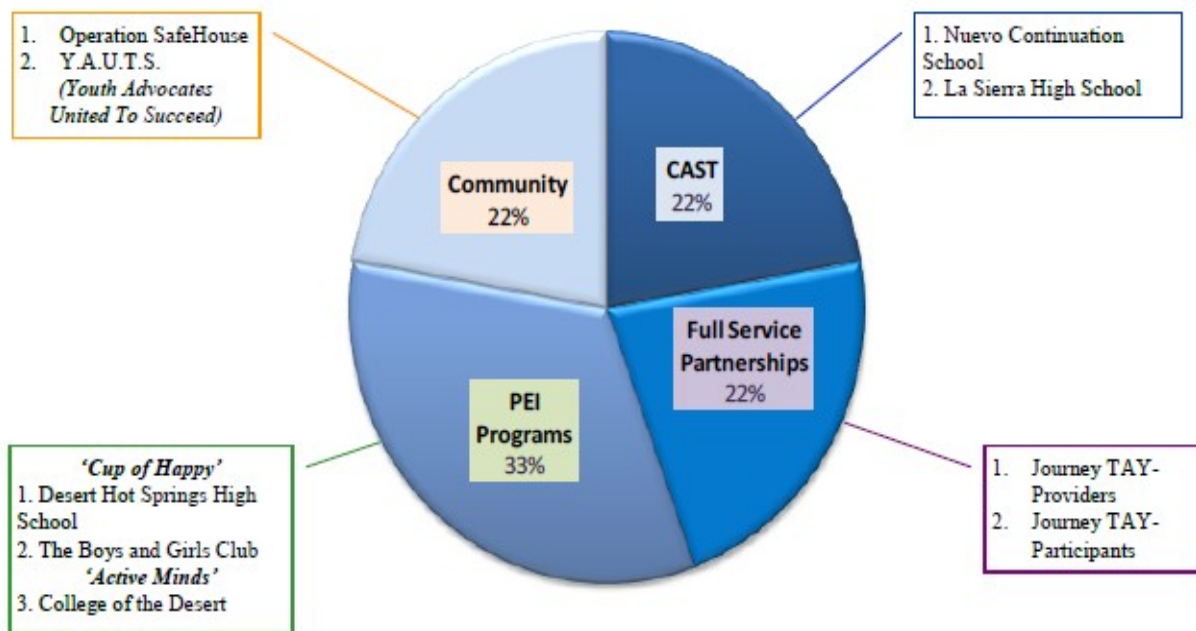
1. Within the community at large, throughout Riverside County
2. Participants/providers in existing Prevention and Early Intervention programs (early intervention services)
3. Participants/providers in existing Full Service Partnership (FSP) programs (intensive services)

While PEI programs focus on facilitating access to services and support at the earliest signs of mental health struggles by engaging individuals before the development of serious mental illness and the need for extended mental health treatment, FSP programs provide intensive wellness and recovery-based services for underserved individuals who carry a serious mental health diagnosis. The various categories of focus groups were held in order to gain TAY feedback from a wide variety of TAY perspectives ranging from those (1 - community) in the general population who are not receiving mental health services, (2 - PEI) those receiving early intervention services, and (3 - FSP) those receiving more-intensive mental health services.

Efforts were made to identify different themes in the responses among the various TAY populations during the focus groups, with the goal to gather feedback on the needs of the TAY population. The feedback will be utilized to shape programs, guide implementation, and make adjustments where necessary and feasible for this program.

Data Collection - Focus Groups

The focus groups were held in all three regions of Riverside County: Desert, Mid-County, and Western. Between December 2015 and May 2016, a total of 9 focus groups were held: 2 of which were among participants within the general community; 3 of which were among participants of existing PEI programs; 2 within existing FSP programs; and 2 within the PEI Peer-to-Peer program, Coping and Support Training (CAST). All focus groups were conducted at the sites in which their respective programs are normally held.



The focus groups were designed to last approximately 45 minutes to 1 hour. Each focus group was led by either one or two group facilitators, and two to three scribes to record participant comments. There were five pre-determined questions that the participants were asked (CAST Focus Groups consisted of a set of ten CAST Programmatic Specific Questions).

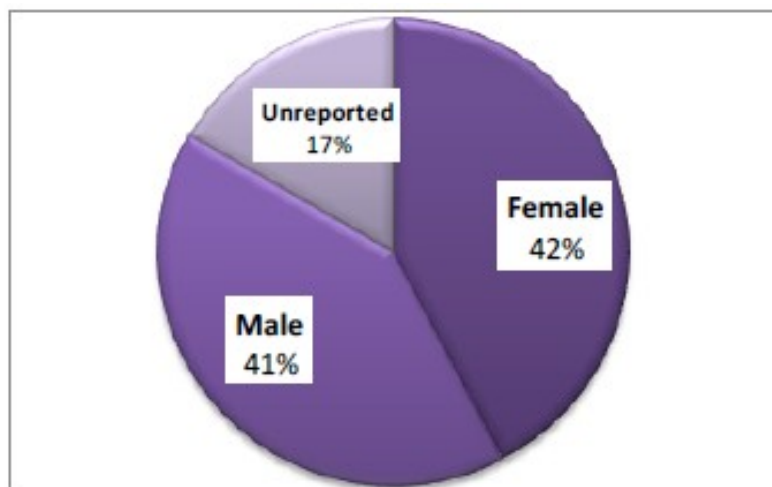
Ranking Forms

Following the Focus Group questions, participants were given a ranking form and asked to rank, from 1-5, their priority program choices for TAY— 5 categories of choices were given, with space for the individuals to write-in “Other” suggestions.

Ranking Form Program Categories
Mental Health Promotion - Lunch time activities, classroom presentations, fun and games, presentations, community events, health fairs, providing resources, open mic events, etc.
One Time Workshops for Students - Topics that include stress, anger management, depression, and unhealthy relationships
Coping Skills Groups - 8 Session group that will teach TAY skills to help improve school performance, mood management, drug use control, and social support
Youth Testimonials - Peers sharing personal stories of mental health challenges with a theme of hope and recovery
One to One Coaching/Mentoring

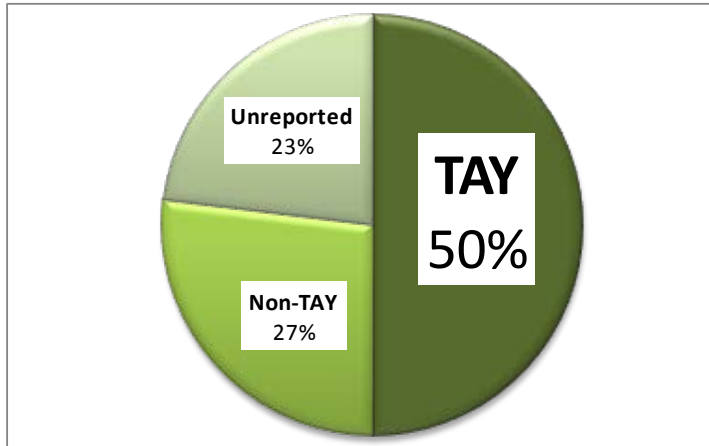
Participant Demographics - Participant Gender

Over the course of the nine focus groups, there were a total of 78 participants: 33 female, 32 male, and 13 who did not report their gender.



Participant Demographics - Participant Age Group

Half of the total participants were TAY aged (n=39); 13% (n=10) were below TAY age, 14% (n=11) were above TAY age, and the remaining 23% (n=18) did not report their age.



Age	# of Participants
12-15 years	10
TAY	39
16-17 years.....	9
18-19 years.....	13
20-22 years.....	5
23-25 years.....	3
26-35 years	3
36-50 years	7
60+ years	1
Unreported	18

Of the total 78 participants, the collective data is a well-rounded programmatic representation of the TAY population, as participants included TAY-aged individuals, TAY program providers, and members from an existing Peer-to-Peer program, CAST.

Note: 9 of the total 20 TAY Providers listed below are individuals who did not report their age as a demographic, but were determined to be TAY Providers based on the type of Focus Group held.

<u>Type of Participants</u>	<u># of Participants</u>
TAY Participants	39
CAST.....	13
TAY Providers	20
TOTAL: 59 <i>(76% of total 78)</i>	

Focus Group Questions

The following questions were asked during each focus group:

1. What is the biggest unmet need among TAY?
2. What would a program need to offer for TAY to attend voluntarily?
3. What is the most important thing for TAY to accomplish?
4. What are obstacles and barriers TAY have to overcome?
5. Based on your opinion, what kinds of programs do you think that there should be available to kids who are TAY age? What would such programs look like?

The participants were invited to share any additional comments at the conclusion of the questions. The first four questions were designed to have participants explore the challenges, interests, and goals of the TAY population. In keeping those thoughts in consideration, participants were then asked which types of programs they thought would effectively address those needs of the TAY population. The questions are based on major themes that PEI programs aim at addressing when developing TAY specific events and programs.

Analysis

Analysis of the focus group questions are divided into the three Focus Group populations: Community, PEI, and FSP. Responses are grouped by the most common themes that were found among participant feedback. Each theme is followed by examples of specific comments that the participants had stated. Since participant responses were scattered when answering questions, responses were grouped to the most suiting questions.

1. What is the biggest unmet need among TAY?

Community	PEI	FSP
Building Self Esteem		
<ul style="list-style-type: none"> » "Youth don't feel like they deserve anything" » "Not being taught a way to express feelings" 	<ul style="list-style-type: none"> » "Self-determination- how to set goals and achieve your goals" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Having a life coach that helps with positive self-talk" » "Learning to get out of their comfort zone" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Being comfortable— for those who are LGBT"
Family/Parental Support		
<ul style="list-style-type: none"> » "To be able to learn how to manage my stress about family struggles" 	<ul style="list-style-type: none"> » "More time with our parents— especially for young adults that do not have that type of support" » "I want my parents to be in control and provide supervision/guidance" » "For those of us without family support, to have big brother/sister mentors" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Learning how to get along with family/parents/guardians" » "More supervision/guidance and a little bit of structure" » "Accessing comfortable and safe housing"
Building Social Skills / Social Communities		
<ul style="list-style-type: none"> » "Youth need social acceptance, escape" » "Not having people to talk to" » "Some youth struggle with depression, but don't have people to talk to with similar experiences" 	<ul style="list-style-type: none"> » "Learning to trust people" » "Building connections and having support" » "Learning to build connections with people in the same terms as them" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Help with social skills. How to get along with other groups of people" » "Having extra social support— both group and one-on-one support"
Learning Life Skills		
<ul style="list-style-type: none"> » "How to find a job and make a career that will make more than minimum wage— it's the highest stress for TAY" 	<ul style="list-style-type: none"> » "Having workshops to teach us how to be adults" » "Learn life skills like how to dress for interviews" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "How to find comfortable housing" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Helping TAY have knowledge of how to acquire housing for themselves when they turn 18, and handle other adult matters, like money management" » "Being given access to resources on housing, food, clothing, jobs, education"
Mental Health Education		
<ul style="list-style-type: none"> » "Youth are not understanding their mental health" » "A lot of us are struggling with knowing how to manage stress" 	<ul style="list-style-type: none"> » "Having available therapy that is not expensive and is easy to get to— like having it at school" » "Helping parents understand mental health" » "Learning stress relief for anger" 	<p><u>TAY Participants</u></p> <ul style="list-style-type: none"> » "Learning more about mental health conditions one is diagnosed with" » "Wanting to know more about mental illness and wanting to know more about others going through mental illness" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Having trauma-focused interventions"

OTHER COMMON RESPONSES, per population, included:

- **Community:** Substance Abuse
- **PEI:** Having counseling; Help with school - because it is common to not have teachers who care; How to improve their attention
- **FSP:** (TAY Participants) - Having somewhere for TAY to go after school
(TAY Providers) - Support for the LGBT community; Education on sex trafficking/sex exploitation

2. What would a program need to offer for TAY to attend voluntarily?

Community	PEI	FSP
Fun, Interactive Events		
<ul style="list-style-type: none"> » "Bring in topics that kids like to talk about, like music, crafts, sports, etc. Don't be limited to just one thing" 	<ul style="list-style-type: none"> » "More interactive and positive activities that are engaging" » "Make things more visually appealing" » "More things like 'Cup of Happy'— good vibes, having fun, having a space to relate to others" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Youth don't feel like they deserve anything" » "Have fun activities like cooking classes, music, movies, gardening"
Resources / Opportunities to Connect with Organizations		
<ul style="list-style-type: none"> » "Programs that offer help in wanted areas: offering jobs, driving classes" » "Talk to community centers— in order to get opportunities to volunteer in different programs/parenting classes" » "Participation for high school or college credits" 	<ul style="list-style-type: none"> » "Table at places to get the word out and provide awareness" » "Get more funding in schools" » "Fun field trips and trips to college campuses" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Partnerships with community colleges; in order to provide resources to the TAY population (EX: 'Independent City'- connection with community colleges)"
Positive Environment / Staff		
<ul style="list-style-type: none"> » "Creating a trusting environment (kids don't go to counselors)" » "Building a relationship/trust" » "An atmosphere that is open to a variety of likes and dislikes— teenagers are all different" » "Have genuine and friendly staff" 	<ul style="list-style-type: none"> » "Enthusiastic Staff" » "Place where people can be outspoken" » "Teach us how to manage skills" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Incorporate spiritual elements to get our spirits right" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Fun activities like 'Family Fun Day' for TAY and their families" » "Have music therapy"
Accessibility		
<ul style="list-style-type: none"> » "After school programs that don't cost money to attend— programs that are available in our location" » "Offering transportation" 	<ul style="list-style-type: none"> » "Events that are easy to get to and are not expensive" » "If programs are at school— easy to get to; no pressure of parents keeping us from attending mental health services" » "Accessibility during the weekend (like at a local recreation center)" 	<p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Must be portable and easily accessible to TAY"

OTHER COMMON RESPONSES, per population, included:

- **Community:** Incentives - monetary/goods; Opportunities to make friends; outreach to community TAY centers and hangout spots
- **PEI:** Incentives, like food; Outreach to youth via tabling at events; Increasing public awareness of mental health issues; Help raise funding in schools
- **FSP:** (TAY Participants) - Incentives, like food

3. What is the most important thing for TAY to accomplish?

Community	PEI	FSP
Independence / Life Skills		
<ul style="list-style-type: none"> » "Learn how to take care of myself on a day-to-day basis" » "Figure out housing, or have some type of shelter you can go to while you try to figure that out, so that I don't live on the streets" » "Help with how to manage money" 	<ul style="list-style-type: none"> » "Gain self confidence in independence" » "Gain some common-sense thinking" » "Learn how to be an adult" » "Learn about the world/travel" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Getting connected to resources and connection to government income (SSI) information" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "TAY to learn independent living skills so they can rely on themselves"
Sense of Hope / Motivation		
<ul style="list-style-type: none"> » "Having [TAY] learn how to love themselves" 	<ul style="list-style-type: none"> » "Finding support groups and making connections" » "For TAY to realize that they're not alone" » "To know that there is always help out there" » "Trying to take on responsibility for addressing your mental health on your own" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Getting advice/coaching that is easy for us to understand" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Giving TAY a sense of hope and motivation—some spirituality/recognition of values" » "Improve self-esteem, self-respect—have TAY identify their values and beliefs and find values in the world"
Achieve Future Goals		
<ul style="list-style-type: none"> » "Trying to get an understanding of what I want to be— feeling like you don't know what to do" » "I want to finish school" » "Get a job and make money" 	<ul style="list-style-type: none"> » "Getting a job and making money; being financially smart" » "Get a high school diploma" » "Figure out what you want to do with your future" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Having individualized attention on education for the job force" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Having TAY have knowledge of resources that are geared for them"

No additional comments were made.

4. What are obstacles and barriers TAY have to overcome?

Community	PEI	FSP
Transitioning to Adulthood / Responsibilities		
<ul style="list-style-type: none"> » "Stresses about finding stability in a job/career and finishing school" » "Family responsibilities and caring for younger siblings" 	<ul style="list-style-type: none"> » "How to find a job or how to pay for college" » "Learn about family planning to prevent unplanned pregnancies" » "Learning better time management" » "Having too much responsibilities/family commitments" 	<p>TAY Participants:</p> <ul style="list-style-type: none"> » "Gaining independence and feeling in charge/more secure/able to stand on my own two feet" » "Fears of being alone and dealing with adult life" <p>TAY Providers:</p> <ul style="list-style-type: none"> » "Not knowing what to do after high school"
Peer Pressure		
<ul style="list-style-type: none"> » "Being pressured by friends" » "Bullying in school because of my mental illness" 	<ul style="list-style-type: none"> » "It's hard to find good friends" » "Dealing with eating disorders from being pressured to be a certain way" 	<p>TAY Participants:</p> <ul style="list-style-type: none"> » "Having trust issues when it comes to building relationships because I was around the wrong people"
Struggles of Mental Health / Health Management		
<ul style="list-style-type: none"> » "Help managing stress and overcoming substance abuse that started from stress" 	<ul style="list-style-type: none"> » "Not knowing when something is wrong— not knowing if what they're experiencing is normal" » "Not being educated in mental health challenges— not knowing what to do" » "Drug addiction" » "Knowing how to manage depression" » "How to manage stress from having too much on your plate" 	<p>TAY Participants:</p> <ul style="list-style-type: none"> » "The stress of not being able to trust those around you"
Accessibility to Safe Community Activities		
<ul style="list-style-type: none"> » "Kids have nothing to do— so it starts as a mean of finding entertainment, trying to make friends, and having too much time on their hands— taking a downward spiral hanging out with bad crowds" 	<ul style="list-style-type: none"> » "There are criminals in the area and corruption that you can easily get pulled into criminal life" 	<p>TAY Providers:</p> <ul style="list-style-type: none"> » "Lack of knowledge of the resources/ programs that are out there"

OTHER COMMON RESPONSES, per population, included:

- **Community:** Learning life skills; Accessibility - transportation, cost; TAY lack of interest in going to counselors and/or therapists
- **PEI:** Accessibility - cost; Motivation
- **FSP:** N/A

6. Based on your opinion, what kinds of programs do you think that there should be available to kids who are TAY age? What would such programs look like?

Community	PEI	FSP
Community Engagement / Collaboration		
<ul style="list-style-type: none"> » "Get kids [TAY] involved in community groups— take them away from stuff going on at home and their environment" » "Collaboration with community centers to give TAY opportunities to volunteer in different programs" » "Community career-type programs to keep people interactive and out of trouble" » "Community events that involve youth in elementary school" 	<ul style="list-style-type: none"> » "Collaborate with local high schools, high school classes, and teachers/staff to provide programs in schools" » "Create a community drop-in center like 'Cup of Happy,' but that it lasts all day, not just at lunch time" » "'Teen Nights' with fun community free events" » "Outreach with faith-based communities" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Creating a community accessible help line" » "Connecting youth with adult programs" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Events that target the community and have more focus on TAY from a younger age" » "Community programs focusing on the connection from children to TAY"
Family Programs		
<ul style="list-style-type: none"> » "Programs that have topics focusing on family circumstances (especially for youth)" » "Programs that teach family members how to help a person with mental illness" 	<ul style="list-style-type: none"> » "Classes with TAY and their families to learn together" » "Parent education—to recognize the signs and symptoms for TAY as they are in their transition state" » "Emphasize quality time with parents" 	<p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Focus on family-oriented education" » "Mental health education for parents/providers" » "Cultural stigma education for parents/families"
Mental Health Education		
<ul style="list-style-type: none"> » "Program topics: Hope, Bullying, Anxiety, Depression, Coping Skills, Motivation, Perspective of each person's impact on others' lives" » "Programs that offer resources/education on depression" 	<ul style="list-style-type: none"> » "More information for them to know what they are going through— mental health" » "Awareness of mood and symptoms to know they are having an issue" » "Identifying warning signs/red flags" » "Anger management classes" » "Each week have a different topic in Mental Health— resources, how to get help, diagnoses, symptoms" » "More programs like 'Cup of Happy'" 	<p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Create a series on recovery management— teaching TAY about medication, MH management, etc." » "Target early onsets of mental health" » "Trauma-focus intervention programs: giving more support to trauma will impact later courses of other MH disorders" » "More support in early trauma/PTSD— potentially minimize further mental issues"
Coping Skills		
<ul style="list-style-type: none"> » "Teach kids, at a young age, to think of other ways of expressing feelings" » "Counseling on cyber/bullying for people with mental illness/special education" » "Animal therapy" 	<ul style="list-style-type: none"> » "Safe place to express themselves-- such as an enlightenment center with arts where they can find peers" » "Programs on how to deal with stress" » "Sports activities" » "Rehab-type drop-in coping center" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Incorporation of relaxation techniques like chair yoga" » "Journaling activities" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "Programs for coping with substance use"
Peer Mentorship		
<ul style="list-style-type: none"> » "Connecting to youth who have been through similar struggles— get advice" » "Peer mentorship phone follow-ups" » "Mentorship/life coach program— some people hate therapy, so not therapy" » "Mentorship that is friend-like; by someone who has gone through it themselves" 	<ul style="list-style-type: none"> » "Being connected to others who are going through the same thing" » "Big Brother/Big Sister mentoring/life coach" » "Having counselors closer to our age" » "Peer mentorship by older kids studying psychology" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Help from older people in our age range on adult issues— individualized attention"
Independent Living Skills / Life Skills		
<ul style="list-style-type: none"> » "Life-skills program; learning about finances— credit (having good credit for car/house loans, etc.)" » "Mentorship from people in different professions talking about their process on how they got there" 	<ul style="list-style-type: none"> » "Workshops on teaching life skills" » "Career related workshops" » "A program like 'Thrive' where kids learn about and practice life responsibilities" 	<p><u>TAY Participants:</u></p> <ul style="list-style-type: none"> » "Independent living skills, such as early life skills before it's too late" <p><u>TAY Providers:</u></p> <ul style="list-style-type: none"> » "How to become self-sufficient" » "Time/money management, self-care"

Focus Group Overall Conclusions

While considering Prevention and Early Intervention programs that are targeted for the TAY population, the goals of conducting the focus groups were to improve existing TAY programs and develop future programs that are geared at meeting TAY needs. Thus, direct feedback from TAY providers and TAY members within current Prevention and Early Intervention programs, more intensive mental health Full Service Partnership programs, as well as outside of any mental health services, was gathered to collect a well-rounded perspective of the obstacles and barriers that TAY aspire to overcome, as well as the highest priorities that TAY aim to accomplish.

Program recommendations were determined based on common themes from the focus group feedback of what TAY need, what is most useful to them, and what they aspire to accomplish. One of the recommendations was to create more programs that mimic peer mentorships where TAY can connect to others who have shared similar experiences and receive individualized attention, such as life coaching, by people who are closer in their age range. Peer mentorship would allow TAY to improve their self esteem, have a sense of hope to set reachable goals, gain motivation to learn to love themselves, and create their own support groups with people with whom they can relate to, so that they do not feel as though they are alone. By improving their self-esteem, they can further improve their social skills, where focus group participants recommend that there be programs that allow for opportunities to engage and collaborate with community groups - encouraging participation in positive activities and building their interests and connections with others, keeping TAY out of trouble. Focus group participants also recommended programs that allow them to gain independence and learn life skills that would help them boost common-sense thinking and increase the ability to rely on themselves and become self-sufficient.

TAY also recommended having programs that focus on mental health education so that TAY have a better understanding of what they are going through while having an

awareness of moods and symptoms and the ability to recognize triggers and warning signs of early onsets of mental health illnesses. They recommend creating a series of programs that cover various topics on mental health management, coping skills, motivation, diagnoses, resources, medication, and trauma-focus interventions. In doing so, they can learn methods of mental health management using coping skills such as creative self-expression of one's feelings, like journaling, as well as various relaxation techniques to improve their stress management. Focus group participants also collectively recommended family-oriented programs that encourage family bonding/support systems, and programs that would bring TAY and their families together to focus on various family circumstances and collaboratively learn about mental illnesses.

Overall, focus group feedback emphasized the incorporation of programs that would teach ways for TAY to manage stressful environments and circumstances; find helpful methods to learn how to be hopeful and happy in their day to day environments; have a better ability to communicate their feelings and connect with others; be more educated in mental health signs, symptoms, and general management; and above all, make the best of their current situation and make improvements for their future.

Additional Recommendations

Other program recommendations included addressing issues on cyberbullying, online dating, and general online safety since TAY are currently shifting to using more non face-to-face communication. Also, there are recommendations to further LGBT support, build vocational skills, and begin outreach to kids at a younger age while also screening TAY to do needs assessments based on the identification of prominent young adult stressors.

Ranking of Priority Programs for Transitional Aged Youth

Focus group participants were asked to rank the following five activities from highest (1) to lowest (5) priority:

1. Outreach/MH Promotion/Stigma Reducing Activities,
2. One-Time Workshops for Students/College Students,
3. Coping Skills Groups (CAST),
4. One-on-One Peer Mentoring, and
5. Speaker's Bureau Presentations/ Youth Testimonials.

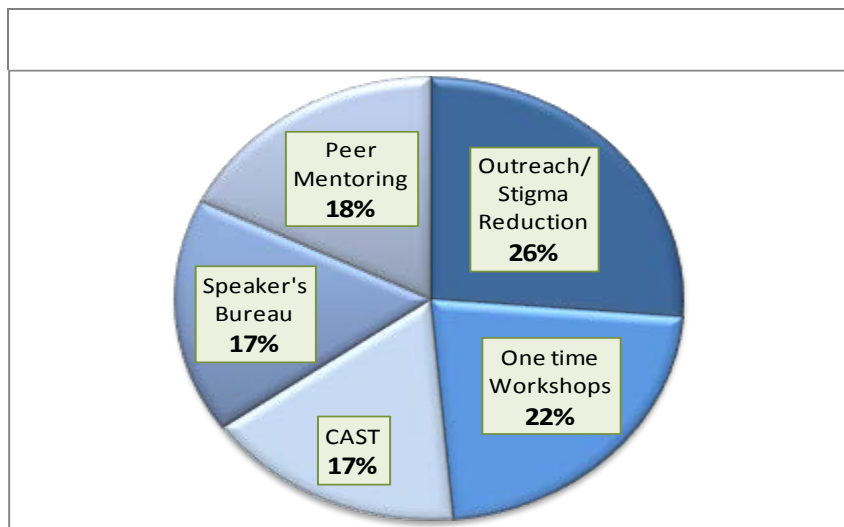
A total of 179 ranking forms were submitted collectively; 78 of which were from those who participated in one of the focus groups (Community, n=23; PEI, n=27; FSP, n=15; CAST, n=13), and 101 from other various community outreach.

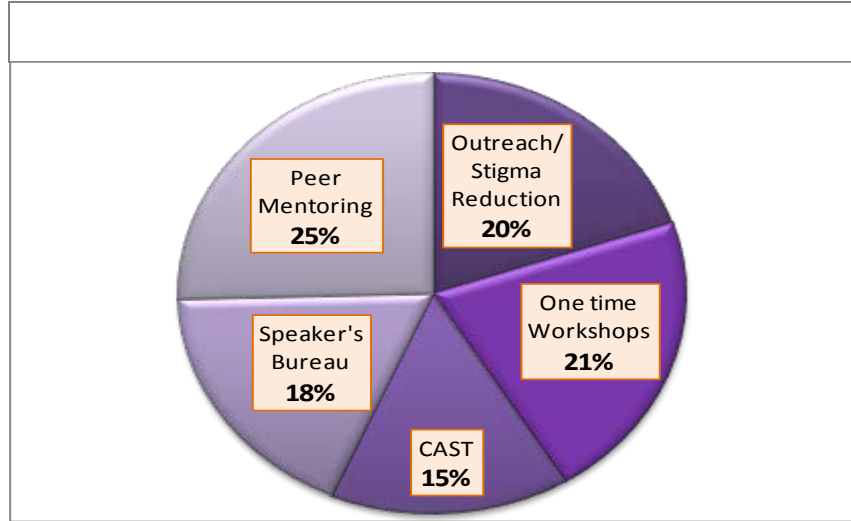
The table below shows the average rank for each program, with lower values representing a higher rank of priority. Overall, on average, participants ranked Outreach/MH Promotion/Stigma Reducing Programs as being of highest priority, while One-on-One Peer Mentoring was ranked as being of least priority. However, within the focus groups: the Community ranked Speaker's Bureau Presentations/Youth Testimonials as being of highest priority; PEI and FSP program participants ranked CAST as highest priority; and CAST participants ranked One-time Workshops and Speaker's Bureau as equally being of highest priority.

Average Ranks of Priority Programs:

Program	Average Overall (n=179)	Community (n=23)	PEI (n=27)	FSP (n=15)	CAST (n=13)
Outreach/ Stigma Reducing Activities / MH Promotion	2.89	3.13	3.04	2.76	4.07
One-time Workshop for Students / College	2.98	3.5	3.21	3.25	2.2
Coping Skills Groups (CAST)	3.02	3.12	2.82	2.31	2.67
Speaker's Bureau Presentations / Youth Testimonials	3.02	2.42	2.96	3.69	2.2
One-on-One / Peer Mentoring	3.21	3.21	3.53	3.13	3.6

The figures below show the percentage of which programs received the highest average rank in priority and which received the average lowest rank in priority among the total 179 submitted ranking forms.





These percentages reflect the proportion of the counts, per program, that have ranked highest with a score of "1" and the proportion that ranked the lowest with a score of "5." (Please note that programs are listed as both the highest and lowest priority programs as the charts represent the proportion of responses for scores of "1" and "5" for highest and lowest priority, respectively; thus, some participants have ranked a program as "1" while others have ranked the same program as "2, 3, 4, or 5.")

As can be seen in the graphs, no one program suggestion is favored as being of highest priority as there is a somewhat even split of preference for both the highest and lowest priority programs.

CAST— Focus Group Questions: Analysis

Qualitative data was collected from a total of 13 individuals who participated in one of the two focus groups that were held for individuals who had participated in a CAST program within FY15/16. The focus groups were conducted at the sites where their weekly sessions took place. There were ten pre-determined questions that the participants were asked:

1. Approximately how long were your group sessions?
2. Did you use the workbooks/materials provided in the CAST book in your group sessions?
3. How did the staff create a safe and comfortable environment?
4. (a) Which session of the CAST group did you find most helpful (e.g. Anger Management, School Smarts, Drug Control...)?

(b) What parts of CAST did you find most useful (e.g. activities, homework, STEPS, life cards...)?
5. How has CAST group been helpful to you?
6. In what ways do you think you have changed after completing this program (in process)? How has
7. CAST helped you make these changes, if any?
8. Which skills that you learned from CAST do you use most frequently?
9. If you could change anything about the program, what would it be and why?
10. Did you receive information about resources and referrals after completing this program?
11. If someone were to come up to you and ask you how they can better manage their mood, what would you say?

Additionally, the participants were invited to share any supplemental comments at the conclusion of the focus group questions.

The first two questions were designed to be an extension of the fidelity monitoring process. Research has shown the importance of fidelity in that the programs which have higher rates of model adherence tend to have increased positive outcomes. For this reason, fidelity components were addressed during the focus group to ensure the presentation of CAST, programmatically. The remaining eight questions were designed to measure participant satisfaction, understanding, and application of CAST materials, while also exploring areas for improving the program.

1. **Approximately how long were your group sessions? Where did your sessions take place?**
 - **Length: Entire Class Period** - "About one hour," "An hour, usually"
 - **Location** - "The location was good," "I liked that it was held at the school," "It would be hard to get to another location if it was not held at school"

2. **Did you use the workbooks/materials provided in the CAST book in your group sessions?**
 - **Yes** - "Everyday"
 - **Comments:** "We liked the format and found it to be useful"

3. **How did the staff create a safe and comfortable environment?**
 - **Staff** - "By encouraging self-praise," "The staff was nice," "Their friendly smiles," "They were sweet with participants," "Funny and happy"
 - **Environment** - "Being in a small space," "Knowing everyone," "I felt welcomed, but it was hard to open up because of the small amount of time—both time per session as well as number of weeks of the program—to get to know each other"

- **Free/Safe Space** - "Feeling free to talk," "Felt free to express what we wanted"
- **Contract** - "Having group rules," "Confidentiality, being respected"

4. **A) Which session of the CAST group did you find most helpful? For example: Anger Management, School Smarts, Drug Control, Mood Management, Social Support.**

- **Social Support** - "Before the program, I didn't know that there were other people who were going through similar problems as myself, so it was a good support system to have, especially because I felt that I couldn't go to my family and didn't know that you could go to others"
- **Anger Management**
- **School Smarts**

B) What parts of CAST did you find most useful (e.g. activities, homework, STEPS, life cards...)?

- **Life Cards** - "You can read them whenever," "I found myself using them outside of group"
- **STEPS** - "We practice it outside of class"
- **Cast Book**

5. **How has CAST group been helpful to you?**

- **Using STEPS**
- **Realization** - "Knowing that I'm not the only one that struggles"
- **Location** - "Having it be at school, and private from my parents and family, ultimately it was my decision to get help, not theirs"

- **People to Trust** - "Having someone to talk to," "Having someone to trust - there are barely any people that I can trust in my life"

6. In what ways do you think you have changed after completing this program (in process)? How has CAST helped you make these changes, if any?

- **More Open-minded** - "More willing to trying new ways to change my behaviors," "Realizing the negatives that are holding you back, and changing them"
- **School Improvement** - "Went from 43 absences to 2," "Doing more school work," "Having better work ethic"
- **Respect for Authority** - "Calmer and able to take directions better," "Doing as I'm told"
- **Relating to Others** - "Before I didn't have a lot of people to talk to," "I can't depend on family, but I can talk to people in group," "Someone is always there for you"

7. Which skills that you learned from CAST do you use most frequently?

- **STEPS** - "Stop," "Think before you do"
- **Coping Skills** - "Breathing techniques," "Self-Praise (positive self-talk)"
- **Improved Listening Skills**

8. If someone were to come up to you and ask you how they can better manage their mood, what would you say?

- **Sharing Experiences** - "It depends on the situation, but to share positive steps that you went through to show them that they are not alone"
- **Calm Down** - "Breathe," "Use a stress ball," "Take a breath and calm down before you decide to say anything," "Walk away from fights"

- **Evaluate the situation** - "Ask yourself: 'Is it worth getting mad?' and 'What's the outcome of the decision you're about to make?'," "Evaluate the pros and cons"

9. **If you could change anything about the program, what would it be and why?**

- **Time** - "Changing the time because since this was held at lunch, some kids could not participate because it didn't work with their demands of class work," "Lunch is kids' only free time and some people don't want to be here during their free time," "Offer CAST at a
 - different time, as a required class," "When you tell your parents that you are attending something after school hours and off of school grounds, they may have a problem with it"
- **Length of Program** - "Make the program longer"
- **Detailed** - "It is too generalized for everyone and needs to have more specifics for different situations/ people in different situations," "How to use the STEPS better - when telling us to
 - 'Stop and Think' what should we be thinking about? How do we apply it to specific situations?"
- **More Relatable** - "Some problems we have weren't in the books," "Some advice in the book didn't correspond to our lives— such as, telling us to go to family when we feel like we can't," "Didn't have resources for a positive habit to respond to the negatives"
- **More Activities** - "Field trips to make actual use of the skills we learn when we are in the community," "Less book work," "Roleplays and practice"

10. **Did you receive information about resources and referrals after completing this program?**

11. **Yes** - "For SafeHouse," "Referred to teachers and counselors"

Additional comments about CAST in general/your experience:

- **Helpful** - "It is a good program," "I would participate in it again and also recommend others to join," "CAST is perfect for kids when they are young and going through a lot (especially teenagers), it is a good way to guide them to make good choices"
- **Location** - "Other good settings may be parks, out in the community to allow us to go to the movies, etc."

Appendix C

Adult and Peer Support - Focus Group Report

The Department engaged over 200 consumers, family members, and parents at an Annual Adult Peer Summit, in which a Focus Group was conducted to elicit input from our peer community. In moving forward with the implementation of CSS programs, while considering the overall needs and concerns of the adult population, focus group participants provided common themes in suggestions, such as:

- to make improvements in staff and program training;
- to expand program services, collaborations, and communication;
- to address client complaints; and
- To increase program reach and accessibility.

Participants provided feedback on the degree to which they felt that program collaboration could be improved, such that staff could be better aware of the types of programs and services that are offered countywide. In doing so, clients can receive the proper referrals to meet their specific needs. Therefore, programs could spend more time providing services rather than on outreach attempts to bring in potential clients for screening; thus, reducing the need for program promotion, as referrals would more naturally and accurately come straight to programs. If employees have more extensive training of countywide services that would not only bring better cohesion within the county, but it would also improve the timeliness in emergency response rates. Additional specific examples within the Peer Navigation Line were given for making improvements in the communication between clinicians, in order to reduce repeated initial assessments.

With improvements in program communication and collaboration, efforts can then be focused on staff and client complaints. Clients have made complaints that their needs cannot be met, as services are not easily accessible. Focus group participants suggest that current program space not only be physically expanded so that unused spaces can be utilized for client services and in-house staff trainings, but also so that the programs can expand to different locations to reach unserved areas and reduce transportation issues. To address the client complaints from programs that are being administered by county contractors, participants suggest that county employees periodically check the working conditions and treatments within the program facilities.

Lastly, participants suggested that in order to improve adult programs countywide, efforts should be made to sustain current successful programs, incorporate new innovative programs, and further the reach to high priority target populations. Participants have recognized several programs that have obtained success, such as, various Board and Care facilities and the Youth Advocates United to Succeed (YAUTS) Program, and have suggested providing extra support to those programs so that they can be expanded to further areas. Moreover, other suggestions were made to incorporate new programs based on the needs of the community. For example, participants mentioned that with spirituality being at the center of many people's lives, that there should be a "Spiritual, Healing, and Wellness Center" which would emphasize overall spirituality, rather than religion, to improve mental health. Incorporation and expansion of such new and existing programs would not only offer added services, but also aid in targeting specific populations. Additional high priority target populations are undocumented immigrant families and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI). With extended training of the needs of these populations, staff can secure a better understanding of adult program service delivery and thus, increase program attendance and improve service quality.

Qualitative data was collected from Riverside County staff attendees of the All Peer Summit, held at the J. L. Renck Community Center at Hunt Park in the City of Riverside on October 19, 2016.

The focus group was held during the summit and was designed to last approximately 45 minutes to 1 hour. There were two pre-determined questions that the participants were asked. Although the total number of focus group participants was not collected, all participants were either program/service providers, administrative staff, or peer specialists.

Focus Group Questions

1. Does anyone have any input or concerns about moving forward with implementing these CSS programs in the 3-Year Plan?
2. In general, do you have any input and/or concerns facing adults in Riverside County at this time?

Focus Group Response Themes

More Collaborative Efforts/Training

“More collaboration with the police department and law enforcement to have better timeliness in responses,” “A lot of our own officers have not had the proper training to know the services that are available,” “We need to better educate our teams on the types of services we offer as a County”

Improved Peer Navigation Line

“Better communication among the team; clinicians are having a hard time doing assessments because previous assessments were already made,” “We need a better way of tracking services”

Addressing Client Complaints

“Many clients have complained that their needs are not being met by contracting service providers”

Enhancing/Expanding Space and Staff

“Advocate for better use of unused spaces so that we can work better with our teams,”
“We would be able to facilitate meetings and trainings better,” “Getting services available in areas that don’t have them, so clients don’t have to travel as far”

Sustaining Successful Programs

“YAUTS has shown to be a really good program in the Desert; have YAUTS expand their service,” “Many of our clients do not want to leave Augmented Board and Care facilities, but so many of them are being forced to close down because they cannot afford to make fixes”

Incorporating New Programs/Services

“Starting a Spiritual, Healing, and Wellness Center; although there is taboo around incorporating spirituality, it is at the center of many people’s lives”

Serving Hard-to-Reach/Target Populations

“We have great programs, but it’s hard for undocumented families to come in due to their lack of citizenship,” “Serving the LGBTQI population - if teams were better trained and had better awareness, the LGBTQI population may be more likely to come in for services”

Appendix D

Older Adults Focus Group Report System of Care Committee Meeting

October 11, 2016

Qualitative data was collected from members and attendees of the Older Adults System of Care Committee Meeting held at the Riverside University Health System – Behavioral Health Rustin site. The Focus Group was held during the meeting and was designed to last approximately 45 minutes to 1 hour. There were four pre-determined questions that the participants were asked. Although the total number of focus group participants was not collected all participants were either program/service providers, contractors, or consumers of Older Adult Programs within the County of Riverside.

Focus Group Questions and Response Summaries

1. Does the Committee have any input or concerns about moving forward with implementing these CSS programs in the 3-Year Plan?

- Lack of teams/staff - "It feels as though we cannot reach the unserved missing regions," "For programs like SMART, we need more staff so that we can have a better ability to serve all areas," "We need more staff due to numerous referrals," "Because of not having enough teams, we have insufficient service in all geographic areas, "Allocate more Family Advocates in all regions to improve inadequate service needs for families"
- Improved Network of Care - "Need continued support to have resources available for services," "Reach critical populations - such as expanding veteran services," "Make services better for families," "Incorporate telemedicine to reach hard-to-reach populations"

In moving forward with the implementation of CSS programs, common themes in suggestions were to increase the staffing and reach of services, and to have a better network of care. The lack of teams and staff was found to limit the ability of programs to serve all regions within the County; with particular examples of cases within program referrals where it was not feasible to serve clients in hard-to-reach remote locations. With better allocation of staff, we could improve not only the reach of services, but also the likeliness of consumers to seek services themselves.

Suggestions for an improved network of care included the incorporation of telemedicine, crisis centers, and expansion of veteran services.

2. Does the committee have any suggestions for any other depression programs, like PEARLS, or any service delivery methods that could produce the service volume needed to sustain the program?

- Broadening inclusion criteria - "Clients were being ruled out because of physical or medical issues," "Maybe reduce the age criteria to 55 years of age"
- Collaborations with other programs/contractors - "Tap into other programs (like IEHP) to have them incorporate PEARLS screening during their screening process in order to boost the number of referrals," "Link with Office on Aging programs that provide in-home services, where screenings can be made in a non-threatening manner," "Collaborating with Molina clinics, especially as a new office is opening in the Desert region," "Collaborate with medical professionals to train them on being more conscientious with depression screenings"
- Modifying the Program - "Begin PEARLS as a new program with a different program approach," "Find out what other PEARLS programs have done and replicate their methods," "Look at other program toolkits to get ideas on how to improve PEARLS approach".

Overall, the committee had largely positive feedback on the quality and effectiveness of

PEARLS, stating that several people have called to seek PEARLS services, to date. However, the committee has recommended that before re-implementing the program, that there be some modifications in terms of broadening inclusion criteria. In their experience, they have felt as though several consumers were being screened out of receiving PEARLS service due to medical/physical issues, or age limitations. To further increase the number of clients that can be served by PEARLS, the committee suggests better collaboration with contractors (with particular suggestions for IEHP and Molina) and other Office on Aging programs, who could incorporate the PEARLS referrals within their own program screenings. In order to get additional ideas, the committee has also suggested researching other counties and programs that have implemented PEARLS, in order to replicate any of their successful methods.

3. Does the committee have any input or concerns about moving forward with implementing these PEI programs in the 3-Year Plan?

- Linking with Programs to Integrate New Components - "Linking with programs like 'Making the Link' to learn how to integrate screening/referral component by primary care physicians," "Implement training to primary care physicians on more extensive recognition of signs and symptoms of depression," "Have the Office on Aging be involved in making the physicians more aware of caregiver issues"
- Improving Referrals - "Improve the transfer of patients from inpatient to outpatient," "Have a satellite outpatient clinic at the hospital where patients can go directly and get screened for behavioral health services," "Conduct evaluations at a crisis clinic," "Complete evaluations during home visits"

In moving forward with PEI program implementation in the 3-Year Plan, there is an overall consensus in developing a more integrative healthcare approach within the County's mental health system. The committee would like to focus on improving physicians' training of recognizing signs and symptoms of depression and other mental health conditions, as

well as improve the overall dialogue surrounding mental health issues. The committee would also like to integrate a smoother transfer of patients from inpatient to outpatient status where they can receive direct referrals to PEI programs, with particular emphasis on in-home services.

4. In general, do you have any input or concerns regarding whether these programs are meeting the needs and/or concerns facing older adults in Riverside County at this time?

- Re-implement PEARLS - "Attempt implementing PEARLS again after changing and broadening inclusion criteria," "Expand the population on who we let into PEARLS"
- Expansion of Existing Programs - "Revisit bringing 'Healthy Ideas' in another Desert clinic," "Expand 'Healthy Ideas' to existing Office on Aging programs," "Get more staff to expand the 'Care Pathways' program," "Get additional support and funding to expand caregivers support programs"
- Increase Staff/Program Training - "Staff capacity is low," "Have more available trainings"
- Keeping Contractors Updated - "Let contractors, like IEHP and Molina, know which programs are up and running so that they can have service providers who can make referrals to those programs"
- New Technology - "Looking into neuro-feedback, which has been used for PTSD treatment and treatment with Vets"

In general, the committee agrees that PEARLS and currently existing programs have great effectiveness rates and have proven to be successful; yet, the programs have difficulty meeting the needs of the older adult community by not having adequate funding and staff to serve all regions. Therefore, the majority of the concerns were in finding ways in which to be able to expand the programs to have greater reach and ability to serve larger

populations, while being able to have proper sized staff. Additionally, while attempting to increase staff size, another concern is in being able to properly train them in delivering their respective programs, with suggestions for more frequent trainings that consist of additional booster trainings to check-in on the program effectiveness and delivery. Additional suggestions were to keep in contact with local contract providers.

Additional Comments/Concerns

Improving Early Detection - "Patients are not being asked the appropriate questions by primary care physicians when they go in for medical care," "When primary care physicians ask questions about depression, they do not know who to refer to/how to follow up," "Primary care physicians are prescribing medications for depression and anxiety, but are not seeing the bigger picture and overarching need for additional services - ones that we can provide".

Appendix E

Workforce Education and Training (WET) Feedback Survey 2017

In addition to the WET Steering Committee Stakeholder Process, one of the WET Senior Peer Support Specialist participated in several staff meetings to present and discuss the WET Programs and solicit input and recommendations. The primary questions asked, and responses, are presented below and are a compilation from multiple staff disciplines.

1. Please provide any comments on how the revised 3-Year MHSA WET Plan is working to meet the education and training needs of Riverside's public mental health workforce?

- MHSA WET provides up-to-date informative education to all staff within the department. It works to provide CEU's for most training to ensure the workforce is not only kept apprised of new innovative techniques, but is also able to maintain their licensing and credentialing responsibilities.
- MHSA WET also provides intense intern training to incoming MFT, MSW, BSW, and PhD Students. This training provides the student with more than adequate training, insight, and exposure to the inner workings of Public Behavioral Health.
- "...recovery oriented philosophy, cultural competency"-from new employee orientation.
- Consumer Affairs only gets about 15 minutes to discuss "recovery" during orientation. The real challenge is that when we say "recovery" it is understood and defined differently than the strengths based person centered approach that the county intends. I recently asked a county mental health nurse about recovery. She said that recovery is "when the client is compliant and takes their medications as prescribed".

- I know we offer additional trainings later but many staff members do not voluntarily attend classes like RFSD (Recovery Focused Service Delivery), ARP (Advanced Recovery Practices), Facing Up, or WRAP (Wellness Recovery and Action Plan), where they can better understand person first, strengths based recovery. If it is important enough to the county then making these trainings mandatory may help. This would be especially true for our Substance Abuse teams and mental health affiliated medical staff.
- The CLAS (Clinical Licensure Advancement Support) program has been extremely helpful for unlicensed CTs get prepared for licensure. Many of the therapists are now utilizing the Therapist Development Center to help study for their exams. They have found that is it more helpful than the Grossman Test Banks and asked if WET would consider replacing Grossman with Therapist Development Center. Feedback re: Therapist Development Center is it helps you better apply theories, etc. clinically in real time practice.
- As new employees are on boarded, there was a lot of feedback about getting more "shadowing opportunities". The County is a big system with many acronyms. They wanted more opportunities for site visits and tours to see the "big picture" related to our systems of care. Ideas were to have a new employee spend 1-2 days in each of our programs (inpatient, FSP, outpatient, specialty programs).
- Staff said they got more out of shadowing than basic trainings. They felt that when they were paired with a senior staff, they felt more mentored, were given lots of materials and "tools" they could apply back into practice.
- Training for service delivery such as, RM (Recovery Model), DBT (Dialectical Behavior Therapy) are helpful.
- "I Love My Job, But," helpful when dealing with compassion fatigue
- CLAS and RM (Recovery Model) Reviews every 6 months, extremely helpful in

helping to obtain licensure and make RM service delivery more effective.

2. Please provide feedback on any gaps in service in the existing WET plan. Are there any gaps in workforce education and training programs?

- Diversity and Cultural Competency. No training offered really delves into intersectionality or challenging topics such as racism, ablism, or sexism, and power dynamics/privilege and oppression. If a cultural component has ever been included in the trainings I've been to, then it is practically nonexistent.
- Required trainings scheduled more frequently. Training schedules do not always fit into the employee work schedule or classes fill up too quickly.
- Trainings for clerical staff based on clinical settings.
- Training for clerical staff on how to treat a consumer once they walk in the clinic. (i.e. recovery focused and cultural responsiveness centered trainings).
- Trainings provided are not always offered in all three of the Regions. Often times, staff must go off line for extra time to account for the extended travel time from the Desert and Mid-County Regions to attend trainings in the Western Region. This creates gaps in services to our community.
- Cultural Competency Training is not offered as often as it probably could be. More than once a year is needed to accommodate the large workforce within RUHS - Behavioral Health.
- EAS (Employee Assistance Services) sends out periodic announcements about web-based trainings on self care. Work life balance is very important. I believe that additional classes and or web-based trainings should be offered to staff at their respective locations. Supervisors could emphasize participation and lead the discussion.

- In addition to leadership academy I feel strongly that a one-day training for supervisors and program managers on creating an "Organizational WRAP" would really help maintain morale, increase communication and build awareness of how individual actions or inactions impact the entire team. This type of WRAP is briefly explored on our final day of WRAP facilitator training and has the potential of really reminding all of us how important it is to work as a team not a group of individuals.
- The Mayo Clinic uses an employee survey and supervisor evaluation which helps them determine which teams may be headed for job dissatisfaction, burnout, and attrition. We do not currently have any type of surveys for our staff members to evaluate leadership. Most, if not all, professional businesses and organizations conduct these surveys and evaluations. Can we implement?
- More training for OAs to learn about mental illness. Shadowing opportunities for OAs. A structured introduction into behavioral health.
- ADA (Americans with Disabilities Act) - more training to address compassion and care for people with disabilities. Training should be offered more than once.
- Priority given to selected individuals. Specifically, as someone who provides individual DBT to clients I have been told that facilitators take priority over individual service providers. (Over 2 years since I have been able to attend a DBT training)

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

- Would like to see more opportunity for peers and other staff to have trainings available to assist in promoting to other positions, such as SU (Substance Use) Counselors, not just CT.
- Consider offering more of the required training online, so as to free up staff to introduce new training opportunities and/or provide more frequent existing

trainings that may not be suitable for online delivery. More online trainings will also provide more flexibility to staff who work in Mid-County and Desert Regions as well as those whose work hours vary from the standard hours of training.

- More "front door" trainings to new staff, prior to reporting to their destination site. Such as, ELMR (Electronic Management of Records), NEO (New Employee Orientation), Codes and Forms trainings, and mock progress notes. As well as, Ethics and Boundaries, New Employee Orientation, etc.
- More program specific training for programs such as AB109 New Life based on Behavioral Health and Criminal Justice, providing CEU's where possible.
- What happened to our new county vision statement? I still see the original vision statement posted in some clinics that says we provide "Service to severely mentally disabled adults, and older adults, children at risk of mental disability and substance abusers..."
- Also, we employ many bi- and multi-lingual staff members who are routinely asked to translate for doctors and other practitioners. In some cases the staff members have not been certified, but want to be helpful so they assist as requested. As a part of cultural competency training for supervisors we may want to consider emphasizing that we want to avoid potential litigation due to an incorrect or insufficient interpretation. I know that we all are aware that we are supposed to enlist the support of paid translators as needed but it does not always happen.
- Staff extremely satisfied with trainings offered through County. Feel like WET works hard to provide diverse, culturally sensitive trainings to all disciplines.
- Licensed CTs request more trainings that offer CEUs.
- Frustration level is great not having sufficient access to trainings that help me serve severely mentally ill.

- Trainings are either sparsely offered or not offered at all.
- More trainings on trauma, complicated grief, psychosis, EMDR (Eye Movement Desensitization and Reprocessing), DBT, etc. these specialized trainings will make long term employment with the county more appealing to CTs

Appendix F

Capital Facilities Project – Crisis Stabilization Campus



CONSUMERS, FAMILY MEMBERS AND KEY STAKEHOLDERS

The attached
**Mental Health Services Act
Capital Facilities/Technology
Crisis Stabilization Campus Proposal**
is provided for your review
and comment.

The Draft Plan is open for a 30-day Public Review and
Comment Period from Wednesday, November 9, 2016
through Monday, December 12, 2016

Please review the Draft Plan and submit your Feedback Forms
by 5:00 pm, Monday, December 12, 2016 to:

- By mail: Riverside University Health System - Behavioral Health, MHSA Administration, 2085 Rustin Avenue, Mail Stop 3810, Riverside, CA 92507
- Via e-mail: MHSA@rcmhd.org
- By fax: 951-955-7205

THANK YOU!

For more information, please contact
MHSA Administration at 951-955-7122

This information is available in alternative formats upon request.
If you are in need of a reasonable accommodation, please contact Sharon Lee at 951-955-7122.

**Riverside University Health System –
Behavioral Health
Mental Health Services Act (MHSA)
DRAFT
CAPITAL FACILITIES/TECHNOLOGY
PROJECT PROPOSAL:
CRISIS STABILIZATION CAMPUS**

As counties are allowed to provide updates to new or existing MHSA components and programs, Riverside University Health System – Behavioral Health is updating its Capital Facilities/Technology Project and Component Plan. This proposal is for a Crisis Stabilization Campus and continued implementation and expansion of the Behavioral Health Information System.

The Department is seeking feedback on this Capital Facilities/Technology Proposal from all community stakeholders and interested parties. Please review the attached **New and Existing Project Description – Capital Facilities, Exhibit F5** which describes the proposal.

This Project Proposal is available for a 30-day Public Review and Comment period from November 9 through December 12, 2016. To provide comments, please complete and return the **Feedback Form** by 5:00 pm, Monday, December 12, 2016.



Component Exhibit 2

Print Form

COMPONENT PROPOSAL NARRATIVE

County Riverside

1. Framework and Goal Support

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

Proposed distribution of funds:

Capital Facilities	\$ 21,382,815	or	84.28	%
Technological Needs	\$ 3,988,347	or	15.72	%

1a) Technological Needs:

The primary focus of technology initiatives will be to align the electronic health record with programmatic emphasis on healthcare integration between behavioral health and physical healthcare. This initiative will focus on the analysis, design, and implementation of a shared electronic health record across the County to ensure that consumer’s health information can be viewed by all of their service providers. In 2016, the County’s hospitals and Federally Qualified Health Centers have implemented a new electronic health record integrating inpatient and ambulatory care. The next steps will focus on integrating behavioral health care into the same overarching health record. In order to make this happen, the electronic health information will need to be linked in such a way to permit Short Doyle Medi-Cal billing.

1b) Capital Facilities:

Crisis Stabilization Campus: With the advent of the newly released Crisis Grants, the Department has expanded a full array of Crisis Services including Crisis Triage and Stabilization services. Since the inception of MHSA in Riverside County the Department has also supported Crisis Residential Treatment programs in its Comprehensive Adult Integrated Services Work Plan. Also included in the Adult Plan are Crisis Stabilization services which, when leveraged with the State Crisis Grants, has allowed the Department to more fully expand their Crisis Service System of Care County wide. The Department is currently proposing to combine all of these services into one integrated Crisis Campus in Western Riverside. This will be achievable through the use of the State Grants and MHSA Capital Facilities opportunities to adequately house the Western Region Crisis Services.

Component Exhibit 2 (continued)**2. Stakeholder Involvement**

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

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

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

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

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

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

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

The revised Capital Facility/Technology percentage split currently being proposed is supporting initiatives that have previously been approved through the Department's MHSA Annual Plan Update process. This includes the Crisis Residential Stabilization and Outreach Teams outlined and approved in previously approved MHSA Annual Plan Update process, as well as the continuation of implementation of the Behavioral Health Information System. The amended plan will allow for integration of the Department's technology systems with the University Health System to create efficiencies in how health information is shared and improve the delivery of patient care.

The Capital Facilities/Technology Component Plan will post for a 30-day comment period and be made available at County Clinics and local libraries. This plan was also fully vetted through the Riverside County Behavioral Health Commission (formerly Mental Health Board) and following the posting they will conduct a Public Hearing to allow for community input. All written and verbal comments received during the posting and Hearing will be available upon request.

January 4, 2016

EXHIBIT F5

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

County: Riverside

Project Number/Name: Crisis Stabilization Campus

Select one:

New

Existing

Project Address: 9890 County Farm Road, Riverside CA

Date: 11/9/2016 (Draft)

Type of Building (Check all that apply)		
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Acquired with Renovation	<input type="checkbox"/> Acquired without Renovation
<input type="checkbox"/> Existing Facility	<input type="checkbox"/> County owned	<input type="checkbox"/> Privately owned
<input type="checkbox"/> Leasing (Rent) to Own Building	<input type="checkbox"/> Restrictive Setting	<input type="checkbox"/> Land only

NEW PROJECTS ONLY

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

This project involves the demolition of two unusable buildings located on Department owned land. They will be replaced by three new buildings consisting of one 9,958 sf. facility which will house a new 16 bed crisis residential treatment program, one 5,673 sf. building which will house the crisis walk in center providing 23 hours of crisis stabilization services, and one new 7,045 sf. building that is anticipated to house additional mental health staff to support the children released from juvenile hall.

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

The crisis residential treatment program will have 16 beds with an average length of stay at 14 days. It is estimated that this facility can serve over 400 clients annually. The crisis walk in center is a voluntary crisis stabilization facility with 12 beds and will be open 24 hours per day, it is estimated that over 13,000 clients will receive crisis stabilization services. The third building is anticipated to house mental health treatment staff to provide outpatient services for high-risk children exiting or being released from juvenile hall. These children will receive wraparound and functional family services. In addition this facility will house juvenile hall administration and support staff.

- Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The Crisis Services Campus is located on a cul-de-sac at 9890 County Farm Road, Riverside CA. It is adjacent to Geel Place, a 44 unit affordable housing complex of efficiency apartments for persons with disabilities. Geel Place currently houses 44 RUHS-BH Consumers. A second 78 unit multi-family affordable housing complex, Cedar Glen Phase I, is immediately East of Geel Place. Cedar Glen includes 14, one and two bedroom MHSA units. Phase II of Cedar Glen is currently in the planning phase. Immediately West of the Crisis Services Campus is a private special education school for adolescents. . . RUHS-BH's designated locked psychiatric inpatient facility and locked crisis stabilization facilities are located in a complex within 300 feet west of the Crisis Service Campus. Across the street are a number of Riverside County Probation Department criminal justice programs for adults and juveniles. The Crisis Services Campus is located within 1000 feet of Harrison Av and the

**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

	RTA Bus Route 12; it is also within ¼ mile of an RTA Transit Hub at the Galleria at Tyler, with connection to nine (9) bus routes. A public park, public library, grocery store, and medical clinic are within ½ mile east of the facility.
4.	Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)
	All three of these new buildings will be 100% utilized to provide MHSA programs/services.
5.	Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.
	The Department has budgeted ongoing maintenance costs within the individual programs that will be operating within this facility and all maintenance work will be performed by the Riverside County Department of facilities Management. All services are currently budgeted within our CSS Work Plans.
6.	If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.
	N/A
7.	If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.
	N/A
8.	If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)
	N/A
9.	If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.
	See Enclosure 1, Exhibit 2.
EXISTING PROJECTS ONLY	
1.	Provide a summary of the originally approved CF project.
	N/A
2.	Explain why the initial funding was insufficient to complete the project.
	N/A
3.	Explain how the additional funds will be used.
	N/A

**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

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

New/Existing Project Budget					
A. Expenditures					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1	Pre-Development Costs	\$ 909,300.00			\$ 909,300.00
2	Building/Land Acquisition	\$ -			\$ -
3	Renovation	\$ -			\$ -
4	Construction	\$ 12,781,225.00			\$12,781,225.00
5	Repair/Replacement Reserve	\$ -			\$ -
6	Other Expenditures	\$ 1,976,575.00			\$ 1,976,575.00
	Total Proposed Expenditures	\$ 15,667,100.00			\$15,667,100.00
B. Revenues					
1	New Revenues				
	a. Medi-Cal (FFP only)	\$ -			\$ -
	b. State CHFFA Grant Funds	\$ 5,881,000.00			\$ 5,881,000.00
	c. Other Revenues	\$ -			\$ -
	Total Revenues	\$ 5,881,000.00			\$ 5,881,000.00
	C. Total Funding Requested	\$ 9,786,100.00			\$ 9,786,100.00

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/replacement reserve, and other expenditures associated with this CF project.

The "Pre-Development Cost" budget of \$909,300 includes costs anticipated to occur during the planning phase of the project. It is comprised of building appraisals, architectural and engineering consultant fees, plan fees and associated permits, required insurance costs, title, and recording. The "Construction" budgeted amount of \$12,781,225 includes construction, construction and project management, and demolition costs. The "Other Expenditures" consists of major equipment purchases and technology wiring costs of \$722,150. Also included under "Other Expenditures" is a project contingency in the amount of \$1,254,425.



Riverside University Health System - Behavioral Health
Mental Health Services Act (MHSA)

Capital Facilities/Technology
Project Proposal
Crisis Stabilization Campus

30-Day Public Comment Feedback Form

Please submit your feedback on this form by 5:00 pm, Monday, 12/12/2016.

Forms can be mailed to:

Riverside University Health System - Behavioral Health, MHSA Administration,
2085 Rustin Avenue, MS #3810, Riverside, CA 92507;

or via e-mail to: MHSA@rcmhd.org ; or by fax to 951-955-7205

What do you feel are the strengths of the proposed project?

Are there any concerns or recommendations you have about the proposed project?

Demographic Information (Optional)

What region do you live in?

- Desert (Banning, Indio, Blythe, etc.)
- Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?

- A consumer of mental health services
- A family member of a consumer
- County Employee
- Law Enforcement
- Education
- Human Services
- General Community
- Other (Please Specify) _____

Demographic Information (Optional)

What is your gender?

- Female
- Male

What is your ethnicity?

- African American/Black
- American Indian/Native American
- Asian/Pacific Islander
- Caucasian/White
- Hispanic/Latino/Chicano
- Other. (Please specify): _____

What is your age?

- 0-17 yrs 18-24 yrs 25-59 yrs
- 60+ yrs

Overall, how do you feel about the plan? Very Satisfied Somewhat Satisfied Satisfied Unsatisfied Very Unsatisfied

Riverside County
Behavioral Health Commission (BHC)
Public Hearing

Capital Facilities/Technology Project:
Crisis Stabilization Campus

December 14, 2016

2:00 – 4:00 pm

Rustin Conference Center

2085 Rustin Avenue

Riverside 92507

The MHSa Capital Facilities/Technology Project: Crisis Stabilization Campus Proposal was posted for a 30-day public review and comment period, from November 9 through December 14, 2016. After the 30-day public review and comment period, a Public Hearing was held by the Riverside County Behavioral Health Commission at the Rustin Conference Center in Riverside.

The Public Hearing was held for this Capital Facilities Project as well as an Innovation Project for Commercially Sexually Exploited Children. This document addresses only comments received for the Capital Facilities/Technology Project.

All community input and comments were recorded and reviewed with an Ad Hoc Behavioral Health Commission Committee for review and to determine if changes to the Capital Facilities/Technology Project were necessary. All input, comments, and Commission recommendations from the Public Hearing are documented in the following pages.

There were a total of 16 Feedback Forms and Comment Slips with written responses submitted during the Public Hearing: 5 responses were “Very Satisfied”, 5 were “Somewhat Satisfied”, 2 were “Satisfied”, 0 were “Unsatisfied”, and 0 were “Very Unsatisfied”. (Note: 5 Feedback Forms did not record a ‘Satisfaction’ Response and 1 noted two different Satisfaction Responses). One Feedback Form provided no comments, only a Satisfaction rating.

WRITTEN COMMENTS:

- (1) **Comment: Strengths:** Building the new Facility is a big strength. **Concern:** Need music and art programs.

Response: The new program will have scheduled activities based on consumer/guest preferences.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (2) **Comment: Strengths:** It seems that the proposal has been thoroughly written out and the budget for the project appears to be proportioned out appropriately. These improvements will give RUHS-BH (*a chance*) to address the needs of the community before potential clients have to be 5150’d. I believe this can address gaps in the system for consumers. **Concern:** None that can be seen now however only time will tell how strong and effective this plan will turn out for RUHS-BH.

Response: As part of the grant agreement with the State, Riverside University Health System – Behavioral Health (RUHS-BH) is tracking the number of CSU (Crisis Stabilization Unit) admissions as well as intervention by our grant funded REACH program. Successful interventions will serve as one of the indicators to reflect involuntary hospital diversions.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (3) **Comment: Strengths:** I feel consumers will get the services they truly need rather than being psychiatrically hospitalized. Also, having a Crisis Stabilization Center gives consumers opportunity to engage in mental health treatment and services that will likely reduce future hospitalizations. This program will help save money and have long-term benefits. **Concern:** Is this Crisis Stabilization Center going to differ from Rancho West CRT? I think the location is great for new program. Any thought in opening or developing programs in Mid-County?

Response: Rancho West is Crisis Residential Treatment (CRT) Program. The new CRT program will be similar to Rancho West; however, the primary difference is that it will utilize a robust peer-to-peer approach. Regarding a Crisis Stabilization Unit (CSU) RUHS-BH has been working to establish a similar Crisis Stabilization program in Mid-County. A contract was awarded to Telecare, Inc. to operate a peer-to-peer in 2014. Locating an appropriate facility in that Region contributed to significant delays. A location has been located in Perris and a 24-hour operational Conditional Use Permit (CUP) was approved in early December 2016. Programs are now working to begin operations by the end of April 2017.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (4) **Comment: Strengths:** Anything you can do to expand the CS. It saved my life. Need to use peer support employees. I love that it will accommodate more people. Need better advertisement. **Concern:** Utilize buildings that already exist.

Response: A number of factors influenced the proposal. The grant funded acquisition, or new construction, in order to expand system capacity. It also called for services to be provided in a residential-like environment. Commercial or existing

facilities would not lend themselves to establishing the residential environment desired by the grant. Locating the facility in a residential community would likely not have resulted in obtaining the required Conditional Use Permit. By building a new facility, it could be designed to be more residential in structure and benefit from the ability to design for planned function. Additionally, programs located on County-owned land are currently exempt from obtaining Conditional Use Permits and this greatly facilitated finding a location to create the facility. Finally, the proximity to ITF/ETS will greatly enhance our ability to divert consumers from inpatient admission.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (5) **Comment: Strengths:** I like the idea of having home-like settings with a living room and other amenities.

Response: Comment acknowledged. The Department strongly agrees.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (6) **Comment: Strengths:** Recovery based rather than lock down – awesome. Will help consumers to have hope in their situation. **Concern:** Transportation would help consumers – difficult to utilize bus when in crisis.

Response: The Mobile and Triage grants also funded community-based Crisis Response Teams. These programs have been established and are called REACH (Regional Emergency Assessments at Community Hospitals) and CREST (Community Response Evaluation and Support Team). Both of these teams respond into the community, as hospitals, schools, and with police. They are able to provide transportation to the voluntary CSUs and CRTs if the individual is assessed as appropriate and desiring voluntary crisis services.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (7) **Comment: Concern:** Transportation – Meeting people in crisis where they are at. Other than the bus system there are people in crisis that are not getting help because they think it is too far to travel.

Response: See Response to Comment #6 above.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (8) **Comment: Strengths:** The amount of beneficial services offered, quiet zone, home like environment. **Concern:** Finding more research based approach. People that go out and do outreach; transportation services as well.

Response: The grant requires performance outcome measures that are designed to assist in determining whether the services provided are effective in meeting service goals. Peer-to-Peer recovery based services are considered a best practice. CREST, REACH, and street homeless outreach teams are in operation throughout the county and are working to identify individuals that can benefit from CSU/CRT services. These teams, along with our homeless drop-in centers can either provide direct transportation or arrange for voluntary (taxi) transportation to these facilities as appropriate.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (9) **Comment: Strengths:** To reduce hospitalizations and provide a more welcoming treatment experience. ETS is a scary place. I've been there and never want to go back. **Concern:** To make sure the general public is aware of the services being offered. Many people don't know what resources are available.

Response: The CREST and REACH are actively informing hospital emergency departments and law enforcement of these new resources, especially since they frequently encounter individuals in crisis. The contract operators also actively outreach to community stakeholders to inform them of services. RUHS-BH will be adding information about these services to our website, through social media and Guide to Services.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (10) **Comment: Concern:** Use existing buildings rather than build something new and use that saved money to increase services.

Response: The grant can only be used for capital costs (building acquisition and construction). It cannot be used for services, other than the mobile and crisis response programs. RUHS-BH did apply for, and received, grant funds for these services which are now operational.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (11) **Comment: Strengths:** New knowledge and help for early intervention. **Concern:** Use existing buildings to save money for other projects. Should be better outreach for this type of Hearing.

Response: The grant funded only new Crisis Stabilization and Crisis Residential facility acquisition and construction.

A Notice of Public Hearing ran in the Press Enterprise, Unidos (Spanish paper covering the greater Riverside area), the Desert Sun, and The Valley Chronicle newspaper. The Notice (along with the Project Proposals) was posted on the Behavioral Health Department website and as well as the Department's Facebook

page. Flyers were also distributed to each of the county clinics and peer centers for public posting and distributed to the Behavioral Health Commission, Regional Boards, and planning committees.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (12) **Comment: Concern:** RI has filled this role and should be listened to with respect to the CSU aspect of this project. They have valuable insights.

Response: Staff from Recovery Innovations were consulted regarding the design needs of a new facility and did provide valuable insights.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (13) **Comment: Strengths:** This campus does bring together two steps in handling early intervention in the stabilization of people looking for help with mental illness.
Concern: Still need medical detox for dual diagnosis.

Response: MHSA funds may not be used for medical detoxification services.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

- (14) **Comment: Strengths:** I feel that the project has potential if it is staffed with people that are qualified in life experiences.

Response: New programs are required to have a minimum of 50% peer staff with life experience as providers.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(15) **Comment:** Because this is a new ground to break, I think working with other similar programs. I believe this is potentially an amazing idea and I'm supportive of it. Peer supports are an essential role in this new potential program. I recommend there being wellness classes and groups that are fun and beneficial like life skills type of thing (example: healthy boundaries, cooking, resources, job building, etc.). I want to see an environment similar to RI's Crisis Stabilization Unit. A welcoming and no force environment somehow incorporated. Please consider giving Art Works Gallery a bigger building.

Response: These comments provide a good description of the planned services. It is anticipated that the contract provider will plan activities based on the needs and choices of consumers being served while they are guests of the facility.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

Appendix G

Adult Residential Facility



**Riverside University Health System –
Behavioral Health
Mental Health Services Act (MHSA)**

**DRAFT
CAPITAL FACILITIES/TECHNOLOGY
PROJECT PROPOSAL:
ADULT RESIDENTIAL FACILITY**

Riverside County is proposing an MHSA amendment to its Capital Facilities component plan. Counties are allowed to shift funds from the Community Services and Support (CSS) component to continue to fund Capital Facility projects. Riverside County is planning to convert a homeless shelter (Roy's Place) into a large Adult Residential Facility with a 90-100 bed capacity. The Department is hopeful that this project will provide more cost effective alternative levels of care.

The Department is required to post this plan amendment for 30 days followed by a Public Hearing. This proposal will be posted on the Behavioral Health website from March 21 through April 21, 2017. The Behavioral Health Commission plans to host a Public Hearing on May 3, 2017 to allow review and comment on this plan amendment as well as the MHSA 3-Year Program and Expenditure Plan for FY17/18-19/20. Attached are the project description and CSS transfer and fiscal summary sheets associated with this project.



**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

County: Riverside

Project Number/Name: Adult Residential Facility

Select one:

New

Existing

Project Address: 19531 McLane St, North Palm Springs 92258

Date: 3/15/2017

Type of Building (Check all that apply)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquired with Renovation	<input type="checkbox"/> Acquired without Renovation
<input checked="" type="checkbox"/> Existing Facility	<input checked="" type="checkbox"/> County owned	<input type="checkbox"/> Privately owned
<input type="checkbox"/> Leasing (Rent) to Own Building	<input type="checkbox"/> Restrictive Setting	<input type="checkbox"/> Land only

NEW PROJECTS ONLY

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

The facility is currently houses a 100 bed emergency shelter as well as two unfinished adjoining suites. It is located in a commercial building that also houses an outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project would develop a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished bays) will be remodeled for use as a 90-100 bed licensed adult residential care facility.
- Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

To establish a licensed augmented residential care facility. The facility will include 45-50 bedrooms, indoor and outdoor activity areas, common living areas, restroom/showers, laundry facility, commercial kitchen and dining room, staff offices and meeting rooms.
It will be serve 90-100 individual adults per day.
- Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The facility is located in North Palm Springs. It is located in a commercial industrial complex that borders the north side of the 10 Freeway. It is approximately 5 miles from downtown Palm Springs and 10 miles from Desert Hot Springs. There is limited access to public transportation lines; however, transportation will be provided by the residential care facility operator a part of the condition of their license and contract.
- Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

The facility will be used for MHSA funded programs and services. The existing FSP and operation of the homeless drop-in center and permanent housing programs are currently fully or partially funded by MHSA.
- Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA

**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

programs/services for a minimum of twenty (20) years.
The facility is county owned. It is County of Riverside policy that all county owned facilities are maintained by Riverside County EDA/Facility Maintenance Division in order to insure that facilities are well maintained to insure facilities can be used on a long term basis. The EDA/Facility Maintenance currently maintains the existing shelter facility, the FSP, and the Homeless Drop-In/Housing facilities. While residential program services will be contract provided, services will be under the direction of RUHS-BH for the purpose of providing service augmentation to the new MHSA funded Wellness Plus Living Program and the county provided FSP services. Services are required to be re-bid on a regular basis and RUHS-BH contract language insures continuous operations during transition to new contract providers.
6. If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.
N/A
7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.
N/A
8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)
N/A. The residential facility will be voluntary/unrestricted housing.
9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.
N/A
EXISTING PROJECTS ONLY
1. Provide a summary of the originally approved CF project.
2. Explain why the initial funding was insufficient to complete the project.
3. Explain how the additional funds will be used.

**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

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

NEW/EXISTING PROJECT BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Pre-Development Costs	926,783			
2.	Building/Land Acquisition				
3.	Renovation	12,974,972			
4.	Construction				
5.	Repair/Replacement Reserve				
6.	Other Expenditures				
	Total Proposed Expenditures	13,901,755			
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					

D. Budget Narrative

- | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. Pre-Development costs are design fees associated with project. 2. Renovation costs are cost associated building out the inside of a 36,200 square foot existing structure. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Community Services and Supports (CSS) Transfers

County: Riverside

Date: 3/17/2017

Prior Fiscal Year Component Balance

Component: **CAPTECH** \$ 14,916,370

Enter current amounts in component (Local Prudent Reserve, Capital Facilities and Technological Needs (CAPTECH), and Workforce Education and Training (WET),

Maxium Transfer Amount

14,457,956

According to the Welfare and Institutions Code Section 5892, subdivision (b), an amount equal to 20 percent (20%) of the average amount of funds allocated to each County for the previous five years may be irrevocably redirected from the CSS Component Allocation to fund the County's Local Prudent Reserve, CAPTECH, and WET.

**Annual MHSA
Revenue**

FY 11/12	\$	51,159,300
FY 12/13		82,887,429
FY 13/14		64,434,336
FY 14/15		90,193,280
FY 15/16		<u>72,774,551</u>
Average	\$	72,289,779

Unexpended CSS Funds as of 6/30/2016 \$ 30,346,973

The to be Dedicated to the Component 14,000,000

New Component Balance \$ 28,916,370

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

County: Riverside County

Date: 3/17/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	30,967,818	13,014,534	14,567,500	5,377,638	12,741,370	
2. Estimated New FY2014/15 Funding	68,546,893	17,136,723	4,509,664			
3. Transfer in FY2014/15 ^{a/}	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	86,514,711	30,151,257	19,077,164	5,377,638	25,741,370	
B. Estimated FY2014/15 MHSA Expenditures	48,850,141	15,362,175	1,970,323	721,924	23,825,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	37,664,570	14,789,082	17,106,841	4,655,714	1,916,370	
2. Estimated New FY2015/16 Funding	55,826,286	13,956,571	3,672,782			
3. Transfer in FY2015/16 ^{a/}	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	80,490,856	28,745,653	20,779,623	4,655,714	14,916,370	
D. Estimated FY2015/16 MHSA Expenditures	51,781,149	16,283,906	2,088,542	765,239	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	28,709,707	12,461,748	18,691,081	3,890,475	14,916,370	
2. Estimated New FY2016/17 Funding	57,501,075	14,375,268	3,782,965			
3. Transfer in FY2016/17 ^{a/}	(14,000,000)				14,000,000	
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	72,210,781	26,837,016	22,474,046	3,890,475	28,916,370	
F. Estimated FY2016/17 MHSA Expenditures	64,015,219	16,298,067	4,930,883	1,552,600	9,600,000	
G. Estimated FY2016/17 Unspent Fund Balance	8,195,562	10,538,949	17,543,163	2,337,875	19,316,370	

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

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



Riverside University Health System - Behavioral Health
Mental Health Services Act (MHSA)

Capital Facilities/Technology
Project Proposal
Adult Residential Facility – Desert Region

30-Day Public Comment Feedback Form

Please submit your feedback on this form by 5:00 pm, Friday, 4/21/17

Forms can be mailed to:

Riverside University Health System - Behavioral Health, MHSA Administration,
2085 Rustin Avenue, MS #3810, Riverside, CA 92507;
or via e-mail to: MHSA@rcmhd.org ; or by fax to 951-955-7205

What do you feel are the strengths of the proposed project?

[Empty text box for strengths]

Are there any concerns or recommendations you have about the proposed project?

[Empty text box for concerns or recommendations]

Demographic Information (Optional)

What region do you live in?

- Desert (Banning, Indio, Blythe, etc.)
- Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?

- A consumer of mental health services
- A family member of a consumer
- County Employee
- Law Enforcement
- Education
- Human Services
- General Community
- Other (Please Specify) _____

Demographic Information (Optional)

What is your gender?

- Female
- Male

What is your ethnicity?

- African American/Black
- American Indian/Native American
- Asian/Pacific Islander
- Caucasian/White
- Hispanic/Latino/Chicano
- Other. (Please specify): _____

What is your age?

- 0-17 yrs 18-24 yrs 25-59 yrs
- 60+ yrs

Overall, how do you feel about the plan? Very Satisfied Somewhat Satisfied Satisfied Unsatisfied Very Unsatisfied

Riverside University Health System – Behavioral Health
MHSA Administration
2085 Rustin Avenue
Riverside, CA 92507