RIVERSIDE COUNTY
DEPARTMENT OF MENTAL HEALTH

Jerry A. Wengerd, Director

Reply to: Mental Health Administration
P.O. Box 7549
Riverside, CA 92513

April 19, 2011

Local Program Support
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814

Dear Program Support:

In compliance with DMH Information Notice No. 09-02, Riverside County is submitting the 'Family Room' Innovation Work Plan for review and approval.

Riverside County is requesting a total of $3.1 million to cover a period of fourteen months with the flexibility to apply for future planning estimates for up to 5 years for this Family Room Project. This request for Innovation funds will test a new service delivery model for Riverside County Mental Health by funding an alternative 'family driven' mental health supports service model.

Should you have any questions or comments regarding this plan, please contact me at 951-955-7123 or e-mail to bhbrenneman@rcmhd.org.

Sincerely,

Bill Brenneman
MHSA Manager

cc: MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811
Attn: Sherri L. Gauger,
Executive Director

Enclosure

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Riverside County

County Mental Health Director	**Project Lead**
Name: Jerry Wengerd	Name: Bill Brenneman
Telephone Number: (951) 358-4501	Telephone Number: (951) 955-7123
E-mail: wengerd@rcmhd.org	E-mail: bhbrenneman@rcmhd.org
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

Signature (Local Mental Health Director/Designee)	4/18/11 Date	Mental Health Director Title

Exhibit B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Riverside County
Work Plan Name: Family Room

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. **Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

This is the third stage of planning around the Innovation Component. Riverside County previously submitted, and was approved for, a Recovery Arts Core Project and a Recovery Learning Center. During this third community planning process, the Department reintroduced the Innovation guidelines and facilitated further exploration of critical issues surrounding the transformation to a recovery-oriented service system. The process emphasized alternative service models that may prove to be more effective, efficient, and cost effective or might help build capacity.

The initial stakeholder feedback for the Family Room came up during the second planning phase. During this phase input was solicited from the Mental Health Services Act Planning Committees (Children's, Transition Age Youth, Adult, and Older Adult) as well as the Mental Health Board. A diversity of age groups, ethnicities, and geographic representation was reflected in these membership groups. Throughout this phase of planning we heard the voices of family members and consumers who reflected upon on the need for more services to family members.

Also, instrumental in the second phase of planning was the input from the Mental Health Department's Consumer Leadership Group which consisted of mental health consumers, consumer service providers, and Peer Support Specialists. This group convened to brainstorm true consumer-driven methods and approaches to service delivery that would advance recovery-oriented services. Through the process, they recognized the need for added supports and services to family members.

The third phase of planning built upon the feedback from the second phase. The Consumer Leadership Group hosted an open meeting for consumers and family members to give input on a service model that would reflect the needed services and provide support to family members. This meeting consisted of mental health consumers, peer service providers, community family members, family members

affiliated with the National Alliance for the Mentally Ill (NAMI), and Department Family Advocates. A second planning group consisting of the members and leadership from two of the County's NAMI affiliates, mental health consumers, Department Family Advocates, and other family members also convened. At both meetings, feedback was solicited about what a consumer-driven, family-oriented service system would be like in a recovery service delivery system.

Their recommendations coincided with the Mental Health Services Act goals of delivering recovery-oriented, culturally-competent services. Both groups recommended services and supports that they believed were lacking in the current service system and were needed in a new system. Beyond the services to be delivered they recommended the type of staff best able to deliver the services. Additionally, they recommended a décor that was friendly, welcoming, and positive in order to enhance the recovery-oriented nature of the services to be provided.

The consensus of the planning meetings was clear. More services and support to family members was identified as critical to a consumer-driven, recovery-oriented service system. All stakeholders believed that family members who are supported and educated can facilitate the recovery goals of our consumers and can be strong partners and advocates for a recovery-oriented service system. This led the groups and our department to hypothesize that piloting a family-focused service system that emphasized the recovery goals of the consumer, would create positive outcomes of consumer well-being, self-reliance, empowerment of the consumer and family members, and less dependence on the mental health system. This model was named the Family Room.

Both groups helped determine the learning goals and objectives for the Family Room. They identified the expected outcomes and improvements such a service system would create including a decreased reliance on traditional service, decreased utilization of crisis services, and more stable living situations. They are described in detail in the Work Plan Narrative (Exhibit C).

To ensure optimal opportunities are provided for stakeholder feedback and input related to this plan, the Family Room draft proposal was circulated to county clinics, county libraries, and posted on the Department of Mental Health's website for thirty days. Also, the proposal was presented during the 30 day review period at the Mental Health Board, the MHSA Planning Committees, and the Regional Advisory Committees meetings. A Public Hearing was held by the Mental Health Board at the end of the 30 day public comment period. Copies of the Draft Plan were available in both English and Spanish. Translators were available at both the meetings and public hearing.

2. **Identify the stakeholder entities involved in the Community Program Planning Process.**

The entities involved in the stakeholder planning process included mental health consumers, family members, consumer peer specialists, family advocates, NAMI membership and leadership, parent partners, and community-based organizations. These participants included representatives of underserved cultural groups, including Hispanic, African American, Native American, and LGBTQ communities.

3. **List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

The Family Room Innovation Project draft proposal was posted on the Department of Mental Health's website for public review and comment from March 7 - April 5, 2011. Additionally, copies were distributed to clinics, libraries, the Stakeholder Leadership Committee, the Mental Health Services Act Planning Committees and the Mental Health Boards. The Public Hearing was held on April 6, 2011 by the Mental Health Board. All community input received was reviewed with the Mental Health Board Executive Committee to determine if changes were needed. All input, comments, and recommendations are documented and included as Attachment 1 to this final proposal.

During the review of input and comments by the MHB Executive Committee, no substantive changes to the proposal were identified and they recommended no change to the Innovation - Family Room Project. As a part of the discussion process during the review, the following recommendations were identified as strong considerations for the Implementation Team.

a. Provide some level of child care (for children who are disruptive or hard to control).
b. Provide some after-hours (evening) operation so the family can more easily participate.
c. Provide a ‘warm line’, or other support structure, for the family to contact outside normal business hours (especially weekends).
d. Provide some level of transportation support.
e. Incorporate home visits to better engage the family (initial engagement).

In addition, the Department consulted with CIMH staff, who provided review and technical assistance prior to and during the open comment period. As a result the narrative has been modified with clarifying points and direction.

EXHIBIT C

Innovation Work Plan Narrative

Date: 4/18/11

County: Riverside County

Work Plan #: INN - 03

Work Plan Name: Family Room Project

Purpose of Proposed Innovation Project (check all that apply)

☐ INCREASE ACCESS TO UNDERSERVED GROUPS
☒ INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
☐ PROMOTE INTERAGENCY COLLABORATION
☐ INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Riverside County has continued to be a fast growing county with increasing demands for mental health services. Concurrently there has been serious reductions in available services due to budget cuts. The on-going support, advocacy, coordination of services and referrals to community services are no longer available in most cases. Consumers and family members are left with limited service options and few supports.

Riverside County is also continuing to learn about recovery-oriented services, facilitative factors in recovery and obstacles to recovery for consumers. Recent projects have emphasized consumer-driven and consumer-provided service models. Throughout that planning process we heard our consumers tell us that family members and other support persons were the ones who had faith in them and held hope for them. Many said that a family member played a key role in their continued recovery. We therefore believe that family and other support people are critical to consumer recovery. As we reduce sevices we also heard the voices of family members who shared with us their concerns:

- "If you help us, we can help you more."
- "If we have support, we can support our family member better."
- "Family members know the consumer better than anyone."
- "We need more services for family members."

As a result of these comments and because we place a high value on family participation in services, we wondered if developing a mental health service envisioned by, developed by, and led by family members would be able to address these concerns and improve consumer recovery. Such a service would be one that empowered and more fully engaged the family in the recovery of their loved one.

EXHIBIT C

Innovation Work Plan Narrative

Under the leadership of Department's Mental Health Services Administrators, family leadership forums were conducted to brainstorm, reflect, and generate ideas on how we could better serve family members in supporting their loved one in recovery. Stakeholders represented at these forums included members of the two local NAMI chapters, community family members, "Family Advocates" employed by the Department, consumers and community agency representatives. The groups stated that a family-driven, family-delivered service system emphasizing the supports, education and services to family members would be a logical next step in advancing recovery-oriented services in Riverside County. They stated that services that integrated service staff, with lived experiences as a family member of a consumer of mental health services, would further promote recovery. Providing support, education, advocacy and referrals would facilitate the family member's ability to support and coach the consumer in the recovery process.

Based on this feedback we believe that the proposed Family Room will increase the quality of services and promote better outcomes because it will be developed by our family members and consumers to meet their stated goals and concerns. Further, the Family Room builds on existing transformational effort by expanding "peer" services to fully include family peer services. By establishing a program grounded in recovery principles and provided by people with lived experiences as family members, we want to determine if the Family Room will increase consumer and family participation in recovery-oriented services and decrease reliance on crisis services and other traditional outpatient mental health clinic services thereby creating better service outcomes for the consumer.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Riverside County has a Family Advocate Program that employs three family members who all have lived experience of being a family member of a person who carries a mental illness diagnosis. Each advocate is assigned a geographical region to cover and provides all of the family supports and services to that region. The advocate's services are complementary to the other services offered in the existing programs and available to the public at large, and serve to support the clinical efforts of the existing programs. The current Family Advocate Program is not adequate to meet the needs of all families who could benefit from their supportive services because the service area is too large for one person to serve all those who need assistance.

EXHIBIT C

Innovation Work Plan Narrative

The Family Room model will place family advocate services at the forefront of clinical services by promoting the empowerment of family members to take an active role in the recovery of their family member, who is a consumer, by offering a full range of services to all participants. This project will involve the family in the recovery process and provide support and education to the family members in order for them to better cope with the dynamics of having a family member with a mental illness.

The Family Room will provide a new program choice for consumers and family members - one that encourages the participation and role of the family member in promoting recovery. For those consumers with a family member already involved, or willing to engage a family member in their recovery, this is an innovative alternative to existing treatment option. The Family Room is developed with the hypothesis that if family members are identified, active, empowered, and supported in the recovery and treatment process then consumers who choose this treatment option will achieve better outcomes. The stakeholder groups are clear that a "family member" should be defined as any other person identified by the consumer to help in their recovery. Blood relatives, friends, neighbors and roommates, should be included among others as potential family members.

At the center of this service delivery model are the Family Advocates and the family supports and services they will provide. It is designed to empower family members to become the primary support person in facilitating recovery for the loved one when this is desired by the consumer. The advocates will model and teach the language and principles of recovery while providing advocacy, education, referrals, and support to family members. They will coach family members in how to best support and encourage the recovery of the consumer. They will provide referrals and actively link the family members and consumers to other community-based services that fit the consumer'' and family member's recovery needs. They will provide orientation and education about the program and about the mental health system as a whole - increasing self advocacy skills and promoting choice in available services.

Consumer Peer Specialists are also important service providers in the Family Room. They, too, will model and teach the language and principles of recovery. They will interact with the consumers to provide education, support and advocacy. Further, they will encourage the involvement of family members in recovery, assist in the identification of family members to involve, and facilitate the communication between consumer and family members as they engage in recovery activities.

Working together, the Family Advocates and Peer Specialists will facilitate the engagement of the family member in the consumer's recovery, identify barriers to family involvement, model effective communication between the family members, facilitate referrals to services and supports in the community for the family, and respond to the on-going needs of the family as they progress in recovery. They will emphasize consumer self-determination and choice by differentiating between providing support and coaching in recovery as opposed to imposing their wishes or making choices for the consumer.

EXHIBIT C

Innovation Work Plan Narrative

In support of the recovery goals of the consumer and family members in the Family Room program, there will be ancillary clinical services. On staff will be psychiatrists, nurses and clinical therapists - all preferably will have live experience as a family member. Services offered will be medication management, clinical assessment, and crisis intervention.

All services at the Family Room will be delivered in a family setting with all members present. Staff will respect requests for privacy from participants, but family openness will always be encouraged. The facility and all of its rooms will be home-like, comfortable and non-traditional, and staff will all come to the rooms to meet with families. The environment and services offered there will nurture and build on family strengths and skills as a pathway to recovery for the consumer. Service staff will promote the family atmosphere by being inclusive of all participants in each session, and encouraging active participation by all family members in all aspects of services as appropriate and desired by the consumer. Additionally, to make services more accessible and relevant to the family, services provided to the family will also be available in the community, including the family home and other locations in the community that can help empower their participation in the consumer's recovery.

The stakeholder forums have recommended that the only criteria for enrollment in the Family Room be that the consumer has at least one family member to participate. Further, recognizing that not all may have or be able to identify a family member currently, if they want to engage a family member then they can participate and program staff will help them engage someone of their choosing. Also, if a family member wishes to participate in the services and supports but their consumer family member does not, recovery principles will be utilized to enhance the family's understanding of consumer choice and self-determination to aid the family member understanding and acceptance of the consumer's choice.

The stakeholders have also placed an emphasis on multi-cultural and linguistic services that are relevant across ethnic and cultural groups. Since family participation and involvement in treatment settings is influenced by culture this will be one of the areas for discovery in the Family Room as it is unclear how to deliver services across diverse family cultures, and for the purposes of this innovation, how to empower family members to actively participate in the recovery goals of their loved one.

The Family Room program will be implemented at a clinic site in the Mid-County Region which is a largely rural setting. In part this area was selected because it has two active NAMI chapters that the Department interacts with on a regular basis and who are supportive of this project. Additionally, the Mid-County Region is historically without many resources to address the needs of people affected by mental illness. Further, there is a proximal traditional outpatient clinic in the region that can serve as a comparison when investigating outcomes and effectiveness of the Family Room. Overall, the Family Room project will bring an innovative service delivery model to a community where resources are sparse and there are community resources to support the empowerment of families.

EXHIBIT C

Innovation Work Plan Narrative

This Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, Section 3320, as follows:

- Client-Driven: The Family Room development included consumer input and feedback, and the program will employ consumer peer specialists to provide services to consumers and family members.
- Family Driven: The Family Room is developed and recommended by family members, and family members will be involved at all levels of implementation. All services offered will emphasize family involvement and be developed with the recommendation of family members. The majority of services offered will be directed to family members and provided by family peers in family-friendly settings, included the Family Room site and in the home.
- Wellness, Recovery and Resiliency Focused: The Family Room will be family/consumer operated and services will be designed to increase recovery skills, promote wellness and increase resiliency.
- Cultural Competence: The planning process for the Family Room involved diverse stakeholder participation who emphasized that the services of the Family Room should be culturally and linguistically relevant. Hiring a diverse, multi-cultural, multi-linguistic staff with live experiences will be a priority for the program so that the program staff will reflect that of the people served. This will also honor cultural and individual differences related to the role of family members in the care and support of people with mental illnesses.
- Integrated Service Experience: The Family Room is a comprehensive mental health services center with family services and supports at the forefront. Consumer peer services, medication monitoring, crisis intervention, and counseling services will all be available to all participants.
- Community Collaboration: The Family Room will work closely with other agencies and providers in the community to enhance the experience of the families served. The program will work closely with local NAMI chapters to provide added support and education to family members. The Family Room will collaborate with the local mental health Peer Center which provides Wellness and Recovery Action Planning, vocational, housing and socialization services for consumers. The program will also partner with existing multicultural communities and specific ethnic/cultural agencies to ensure that services are ethnically and culturally relevant.

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

EXHIBIT C

Innovation Work Plan Narrative

Research has demonstrated that consumers who receive services in programs developed and implemented by their peers have greater levels of empowerment, shorter hospital stays and overall fewer hospital visits (Dumont and Jones, 2002). This conclusion was reached from evaluation of programs where peer services were ancillary to traditional outpatient clinic services. Previously, we wondered what the outcomes would look like if peer driven services were at the center of the delivery model and this formed the basis of our developing a Recovery Learning Center. Now we are expanding the definition of peer and are wondering how outcomes in a family-driven delivery model will be different from those of the Recovery Learning Center and the traditional outpatient programs. A search of internet resources and journal databases yielded no research on this type of service.

Currently, family peer services are ancillary to traditional outpatient services, and they are limited in availability and number of assigned staff. The Family Room proposes to put the support and education of family at the forefront of recovery-oriented services to consumers. We are unaware of any program that is doing the same, so by implementing the Family Room, we are hoping to learn if family peer-driven and delivered services yield better recovery outcomes.

Primary Learning Goals:

1. To determine if family peer services decrease reliance on crisis and hospitalization services.
2. To determine if family peer services increase the likelihood of the consumer maintaining/achieving desired, least restrictive, and stable living situation.
3. To determine if family peer services increase adherence to available services chosen.
4. To determine if family peer services yield higher family member satisfaction.
5. To determine if family peer services yield higher consumer satisfaction.

EXHIBIT C

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: July 2011 - August 2014
MM/YY – MM/YY

Dates	Activities
July 2011	Anticipated approval from DMH/OAC.
August - September 2011	Identify and develop Family Room infrastructure and refine service delivery model and outcome measurement.
October - November 2011	Hire and train the multicultural, multilingual staff; select outcome measures and set up information management system to track outcomes.
December 2011 - March 2012	Begin services, collect data on services, and conduct surveys/focus groups with staff, consumers and family members related to implementation.
April 2012	Evaluate collected program and implementation data; make necessary improvements and adjustments as indicated in data.
July 2012	Evaluate 2nd quarter of data and make additional adjustment based on the data; develop a comprehensive Annual Report to include Family Room data.
August 2010	Review the Annual Report with the MHSA Planning Committees, Mental Health Board, and Community Stakeholders.
July 2013	Develop a comprehensive annual report identifying strengths and weaknesses of the program based on data to date, year 2.
August 2013	Review the Annual Report with the MHSA Planning Committees, Mental Health Board, and Community Stakeholders.
July 2014	Develop a comprehensive annual report identifying strengths and weaknesses of the program based on data to date, year 3.
August 2014	Review the Annual Report with the MHSA Planning Committees, Mental Health Board, and Community Stakeholders. End of project.

EXHIBIT C

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

1. To determine if family peer services decrease reliance on crisis and hospitalization services, historical data on the consumer's usage of services will be compared with the same since enrollment in the Family Room
2. To determine if family peer services increase the likelihood of the consumer maintaining/achieving desired, least restrictive, and stable living situation, consumer and family self report of housing history and current living situation will be collected.
3. To determine if family peer services increase adherence to available services chosen, the consumer's current pattern of service usage will be compared with historical data on the same.
4. To determine if family peer services yield higher family member satisfaction, a pre-test and intermittent scheduled re-test of family satisfaction utilizing a standardized measurement tool.
5. To determine if family peer services yield higher consumer satisfaction, a pre-test and intermittent scheduled re-test of family satisfaction utilizing a standardized measurement tool.

Both quantitative and qualitative data will be used to evaluate the service deliver and outcomes as well as service implementation. All outcome data will be compared to the outcomes for the peer-delivered model (Recovery Learning Center) and the traditional outpatient programs.

The Riverside County Department of Mental Health (RCDMH) Research and Evaluation Unit will work closely with the Family Room team in the development of evaluation tools and data collection protocols. They will also develop comparative reports based on the collected data. These reports will include consumer and family member outcomes as well as indicated strengths, weaknesses and areas for development related to the Family Room.

The Department stakeholders will have the opportunity to learn about the Family Room's progress and outcomes. Following the guidelines and principles of the MHSA, the Department will include consumers, family members, other community members and stakeholders in all aspects of planning, implementation and evaluation of the Family Room. Annual reports will be presented to all MHSA Planning Committees and the Mental Health Board. In addition, a Family Room Advisory and Review Committee will be established to provide feedback and recommendations related to all aspects of the Family Room.

EXHIBIT C

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Services provided at the Family Room that meet Medi-Cal billing requirements will be submitted for reimbursement. All family and consumer peer staff will meet the County specifications for the classification of Mental Health Peer Specialists. Specialized peer and peer employment training offered through partner agencies will be utilized for pre-employment training.

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name:

Riverside County

Work Plan Name:

Family Room Project

Annual Number of Clients to Be Served (If Applicable)
600 Total

Population to Be Served (if applicable):

The Family Room Project will serve Transition Age Youth and Adult consumers and their family members. It will also provide services to those with co-occurring substance abuse disorders. High priority will be given to those unengaged consumers with recent psychiatric hospitalizations and those experiencing homelessness or imminent risk of homelessness.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The intent of the MHSA is to transform the mental health delivery system into a consumer-driven, recovery-oriented environment. Until this point consumer provided services have been primarily an enhancement to the existing service system, and recent innovative models have extended only the use of consumers as peer service providers. Supports and services to family members of people with a mental illness have been a very limited enhancement to outpatient services. Developing a service system envisioned, developed, and led by family members with the expressed intent to support consumer-driven recovery goals is, therefore, a necessary innovation to further transform our recovery-oriented service delivery system.

The Family Room Project is the Innovation that will achieve this vision. Conceived and designed by family members and consumers, supported by local NAMI affiliates, and backed by the experiences of the peers specialists and family advocates working for the Department of Mental Health, the Family Room proposes to provide family members with the support, services, and education necessary to facilitate better recovery outcomes desired by their family member. The Family Room will increase the quality of service and promote better outcomes by providing family peer services at the forefront of the service delivery model, rather than ancillary to other clinical services. Rooted in the recovery principles and operated by people with lived experiences, the Family Room will provide family members (and thus consumers) with the skills, knowledge, and tools necessary to promote recovery, and simultaneous facilitate the transformation of the mental health service system as a whole.

Mental Health Services Act
Innovation Funding Request

County: Riverside County

Date: 4/18/2011

	Innovation Work Plans		FY 11/12 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	1	INN-03 Riverside Family Room	$2,292,674		573,169	1,432,921	286,584
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26	Subtotal: Work Plans		$2,292,674	$0	$573,169	$1,432,921	$286,584
27	Plus County Administration		$320,019				
28	Plus Optional 10% Operating Reserve		$261,269				
29	Total MHSA Funds Required for Innovation		$2,873,962				

Mental Health Services Act
Innovation Funding Request

County: Riverside County

Date: 4/18/2011

	Innovation Work Plans		FY 12/13 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	1	INN-03 Riverside Family Room	$294,112		73,528	183,820	36,764
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26	Subtotal: Work Plans		$294,112	$0	$73,528	$183,820	$36,764
27	Plus County Administration		$53,336				
28	Plus Optional 10% Operating Reserve		$34,745				
29	Total MHSA Funds Required for Innovation		$382,194				

Mental Health Services Act
Innovation Funding Request

County: Riverside County

Date: 4/18/2011

	Innovation Work Plans		Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	1	INN-03 Riverside Family Room	$2,471,252		$646,697	$1,616,741	$323,348
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26	Subtotal: Work Plans		$2,471,252	$0	$646,697	$1,616,741	$323,348
27	Plus County Administration		$373,355				
28	Plus Optional 10% Operating Reserve		$284,461				
29	Total MHSA Funds Required for Innovation		$3,129,068				

RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
INN-03 Riverside Family Room
Original 1YR Budget

	Budget Amount
A. Expenditures	
1. Personnel Expenditures	$1,680,770
Estimated 12 months of salaries and county benefits for 20 new program FTEs.	
2. Operating Expenditures	$490,770
Estimated 12 months cost of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	
3. Non-recurring expenditures	$487,051
Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, and tenant improvements.	
4. Training Consultant Contracts	$0
5. Work Plan Management	$0
6. Total Proposed Work Plan Expenditures	**$2,658,591**
B. Revenues	
1. Existing Revenues	$0
2. Additional Revenues	
a) MediCal	$516,887
New program generated Medi-Cal revenue.	
3. Total New Revenue	**$516,887**
4. Total Revenues	**$516,887**
C. Total Funding Requirements	**$2,141,704**

RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
INN-03 Riverside Family Room
FY 2011/2013

	Budget Amount
A. Expenditures	
1. Personnel Expenditures	$1,960,898
Estimated 14 months salaries and county benefits for 20 new program FTEs.	
2. Operating Expenditures	$640,389
Estimated 14 months cost of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	
3. Non-recurring expenditures	$478,000
Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, and tenant improvements.	
4. Training Consultant Contracts	$0
5. Work Plan Management	
6. Total Proposed Work Plan Expenditures	**$3,079,288**
B. Revenues	
1. Existing Revenues	$0
2. Additional Revenues	
a) MediCal	$608,035
New program generated Medi-Cal revenue.	
3. Total New Revenue	**$608,035**
4. Total Revenues	**$608,035**
C. Total Funding Requirements	**$2,471,252**

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2011/2013

Work Plan #:

Work Plan Name: INN-03, Riverside Family Room

New Work Plan ☑

Expansion ☐

Months of Operation: 7/2011-8/2012

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	1,960,898			$1,960,898
2. Operating Expenditures	640,389			$640,389
3. Non-recurring expenditures	478,000			$478,000
4. Training Consultant Contracts				$0
5. Work Plan Management			0	$0
6. Total Proposed Work Plan Expenditures	**$3,079,287**	**$0**	**$0**	**$3,079,287**
B. Revenues				
1. Existing Revenues				
a) MediCal	$608,035			$608,035
2. Additional Revenues				
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$608,035**	**$0**	**$0**	**$608,035**
C. Total Funding Requirements	**$2,471,252**	**$0**	**$0**	**$2,471,252**

Prepared by: Patti Crislip

Date: 3/3/2011

Telephone Number: (951) 358-4579

RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
INN-03 Riverside Family Room
FY 2012/2013

	Budget Amount
A. Expenditures	
1. Personnel Expenditures	$280,128
Estimated 2 months for 23 new program FTEs.	
2. Operating Expenditures	$62,744
Estimated 2 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	
3. Non-recurring expenditures	$0
4. Training Consultant Contracts	$0
5. Work Plan Management	$0
6. Total Proposed Work Plan Expenditures	**$342,872**
B. Revenues	
1. Existing Revenues	$0
2. Additional Revenues	
a) MediCal	$94,481
New program generated Medi-Cal revenue.	
3. Total New Revenue	**$94,481**
4. Total Revenues	**$94,481**
C. Total Funding Requirements	**$248,391**

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2012/2013

Work Plan #:

Work Plan Name: INN-03, Riverside Family Room

New Work Plan ☑

Expansion ☐

Months of Operation: 07/2012-08/2012

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	280,128			$280,128
2. Operating Expenditures	62,744			$62,744
3. Non-recurring expenditures	0			$0
4. Training Consultant Contracts				$0
5. Work Plan Management			0	$0
6. Total Proposed Work Plan Expenditures	**$342,872**	**$0**	**$0**	**$342,872**
B. Revenues				
1. Existing Revenues				
a) MediCal	$94,481			$94,481
2. Additional Revenues				
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$94,481**	**$0**	**$0**	**$94,481**
C. Total Funding Requirements	**$248,391**	**$0**	**$0**	**$248,391**

Prepared by: Roize Basallo

Date: 3/3/2011

Telephone Number: (951) 358-4562

RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
RECOVERY LEARNING CENTER/STUDENT ACADEMY
FY 2012/2013

	Budget Amount
A. Expenditures	
1. Personnel Expenditures Estimated 12 months plus 2% COLA increase of salaries and county benefits for 27.25 new program FTEs. An additional 26.0 new program FTEs will be staffed as voluntary student interns.	
2. Operating Expenditures Estimated 12 months plus 2% COLA increase of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	
3. Non-recurring expenditures	$0
4. Training Consultant Contracts	$0
5. Work Plan Management	$0
6. Total Proposed Work Plan Expenditures	**$0**
B. Revenues	
1. Existing Revenues	$0
2. Additional Revenues a) MediCal New program generated Medi-Cal revenue.	
3. Total New Revenue	**$0**
4. Total Revenues	**$0**
C. Total Funding Requirements	**$0**

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2012/13

Work Plan #:

Work Plan Name: INN-03, Riverside Family Room

New Work Plan ☑

Expansion ☐

Months of Operation: 07/12 - 06/13

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	0			$0
2. Operating Expenditures	0			$0
3. Non-recurring expenditures	0			$0
4. Training Consultant Contracts				$0
5. Work Plan Management			0	$0
6. Total Proposed Work Plan Expenditures	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a) MediCal	$0			$0
2. Additional Revenues				
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$0**	**$0**	**$0**	**$0**

Prepared by: Roize Basallo

Date: 5/20/2010

Telephone Number: (951) 358-4562

RIVERSIDE COUNTY MHSA INNOVATIONS
BUDGET NARRATIVE
INN-03 Riverside Family Room
FY 2011 - FY 2013

	Budget Amount
A. Expenditures	
1. Personnel Expenditures	$1,960,898
Estimated 14 months of salaries and county benefits for 23 new program FTEs.	
2. Operating Expenditures	$640,389
Estimated 32 months of program rent, utilities, building maintenance, equipment rent, communication services , travel, transportation, general office expenditures such as postage, printing, and supplies, medication costs, and program overhead charges such as liability, malpractice, property, and insurance.	
3. Non-recurring expenditures	$478,000
Estimated cost of equipping new program staff, and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, and tenant improvements.	
4. Training Consultant Contracts	$0
5. Work Plan Management	$0
6. Total Proposed Work Plan Expenditures	**$3,079,288**
B. Revenues	
1. Existing Revenues	$0
2. Additional Revenues	
a) MediCal	$608,035
New program generated Medi-Cal revenue.	
3. Total New Revenue	**$608,035**
4. Total Revenues	**$608,035**
C. Other	
1. County Administration	$373,355
All general and regional overhead allocated to the new program, including the Fiscal Unit, Program Support, IT Services, Human Resources, and County Support Services.	
2. Optional 10% Operating Reserve	$284,461
Additional 10% Operating Reserve requested to fund the new program.	
4. Total Other	**$657,816**
D. Total Funding Requirements	**$3,129,068**

PUBLIC COMMENTS

County of Riverside
Department of Mental Health

Mental Health Board Public Hearing

Comments on the
Innovation Component – Family Room

April 6, 2011

PUBLIC WRITTEN COMMENTS

Of the 12 written responses received: 8 responses were "Very Satisfied", 1 was "Somewhat Satisfied", and 2 were "Satisfied". (Note: 1 Feedback Form did not record a Satisfaction Response.)

1. **COMMENT**:
Strengths: Integrating family members to play an intricate part in the consumer's mental health.
Concerns: What are your plans to serve the Spanish speaking population where family support and unity are particularly valuable? I think child care or a toy room should be added because children can get noisy and anxious.

RESPONSE: Positive comment noted. The Project states that 'Hiring a diverse, multi-cultural, multi-linguistic staff with live experiences will be a priority for the program so that the program staff will reflect that of the people served.' The intent is to provide whatever supports each family needs in an atmosphere of respect for their cultures and values. Child care services were not specifically identified in the plan, but will be recommended to the Implementation Team. However, as family dynamics are relevant to treatment, it is recommended that the entire family be involved whenever possible (including children).

No recommended change to the Family Room Project.

2. **COMMENT**:
Strengths: Family support, ability to allow family (the whole family) to be a part of the recovery process.
Concerns: After-hours family support. Perhaps a crisis 'hotline' to allow family advocate to assist families 8am to 10pm. After-hours family support, (i.e. family-to-family, support groups).

RESPONSE: Positive comment noted. The hours of operation have not yet been determined, but after hours and hot/warm line support structures will be recommended to the Implementation Team.

No recommended change to the Family Room Project.

PUBLIC COMMENTS

3. **COMMENT**:
Strengths: I think by involving the family, the client will be more open to help. I like the idea that the people involved don't have to be family members, but can be anyone who is close to that person. This will help with the stigma of seeing a therapist on their own.
Concerns: Child care if needed. Evening hours.

RESPONSE: Positive comments noted. The hours of operation have not yet been determined, but after hours and child care support structures will be recommended to the Implementation Team.

No recommended change to the Family Room Project.

4. **COMMENT**:
Strengths: The strengths of the plan are working on recovery with clients and families, especially those who have been homeless. It helps them deal with crisis. Sounds like a wonderful program.
Concerns: Need some evening hours for working families. I have a concern that there will not be enough family advocates to work with the families. They need to work with someone who has lived through the same lived experience. Plan is not clear.

RESPONSE: Positive comments noted. The hours of operation have not yet been determined, but after hours support structure will be recommended to the Implementation Team. There are eight (8) Family Specialists positions (Peer Support Specialists) planned in the proposal, which is adequate for the anticipated number of clients served. The Implementation Team will review the effectiveness of the program support system as full implementation is assessed and outcomes reviewed.

No recommended change to the Family Room Project.

5. **COMMENT**:
Strengths: The best support for family members in the nation. This is an exciting program and NAMI is proud to be involved. We look forward to partnering with the County to help support families.
Concerns: Add child care, transportation, open till 8 one day a week to accommodate families. Transportation for the entire family if needed. Would like to be sure the families can see the value in the NAMI programs.

PUBLIC COMMENTS

RESPONSE: Positive comments noted. The hours of operation and child care supports have not yet been determined, but these recommendations will be provided to the Implementation Team as stakeholder concerns. There are two (2) mini-vans in the proposal's budget to support transportation issues and the project also anticipates field-based services, where the family would be offered support at their home.

No recommended change to the Family Room Project.

6. **COMMENT**:
Strengths: The greatest strength is having the family involved. Being open to all consumers, no restrictions.
Concerns: Hours of operation. Please have hours conducive to working families.

RESPONSE: Positive comments noted. The hours of operation have not yet been determined, but an after hours support structure will be recommended to the Implementation Team.

No recommended change to the Family Room Project.

7. **COMMENT**:
Strengths: None listed.
Concerns: It would be very helpful to have (1) Home visits for Spanish-speaking families to better engage the family; (2) To have child care, structured child care; (3) To have after hour services.

RESPONSE: The project does anticipate field-based services with bi-lingual recommendations where the family would be offered support at their home. Hours of operation have not yet been determined, but an after hours support structure as well as child care services will be recommended to the Implementation Team.

No recommended change to the Family Room Project.

8. **COMMENT**:
Strengths: The innovation is the key to success with a family advocate in this program. Has the potential to be a model for the state as well as other states.
Concerns: I support the idea of adding a specific plan for vets. Their needs could be very very different. I believe they could be a very large % of individuals needing support in the next 2-8 years.

PUBLIC COMMENTS

RESPONSE: Positive comments noted. Veterans are not excluded from County services, so there are not currently plans for a separate treatment tract for veterans. Depending on the level of participation or need, the recommendation to establish a family support group for veterans and their families will be provided to the Implementation Team.

No recommended change to the Family Room Project.

9. **COMMENT**:
Strengths: Family education/support/orientation/specific tailored of education. Linkage to community agencies, family 'outreach specialist'.
Concerns: It is important that flexibility be available for the family specialists – outreach/engaging community (which at times is the peers). Family/transportation needed – even if limited.

RESPONSE: Positive comments noted. There are two (2) mini-vans in the proposal's budget to support transportation issues and the project also anticipates field-based services, where the family would be offered support at their home. Although linkage to community supports is an integral part of the proposal, community outreach is not a component of this project.

No recommended change to the Family Room Project.

10. **COMMENT**:
Strengths: Recovery will not happen without support from everyone involved. This Family Room is a long awaited need. Medication is 50% of the portion; the rest is up to us as a community (family) to bring successful outcomes life long.
Concerns: What will you do if families are not willing to engage? Many families are ashamed or in denial. Child care provided.

RESPONSE: Positive comments noted. The project does anticipate field-based services where the family would be offered support at their home. However, this is a voluntary program so families must be willing to participate. Part of treatment (for both the consumer and family) is working through resistance. Child care services will be recommended to the Implementation Team.

No recommended change to the Family Room Project.

PUBLIC COMMENTS

11. **COMMENT**:

Strengths: Very recovery wise! Having family involvement. Family as a part of the support, which is a pathway to recovery.
Concerns: My hope is that this new program addressed the needs of families of vets and returning vets (OIF/DEF) in our county. Our county is home to 137,000 vets not including the many more on their way (who will be coming to us for services)!

RESPONSE: Positive comments noted. Veterans are not excluded from County services, so there are not currently plans for a separate treatment tract for veterans. Depending on the level of participation or need, the recommendation to establish a family support group for veterans and their families will be provided to the Implementation Team

No recommended change to the Family Room Project.

12. **COMMENT**:

Strengths: None listed.
Concerns: Needs to provide extended hours and child care.

RESPONSE: Extended hours and child care services will be recommended to the Implementation Team.

No recommended change to the Family Room Project.

PUBLIC COMMENTS

ORAL COMMENTS/DISCUSSION

1. **COMMENT**: What are your plans to support Spanish-speaking families, where family unity and support are very valuable?

   RESPONSE: For people in a Hispanic family, where family has even greater meaning and greater role, I think that is why we will have culturally competent bi-lingual staff who will truly understand different nuances that those families may have. And this goes to the greater extent, not just thinking of Hispanic or Mexican, but considering the different diversities from the different Latin American countries.

   (See Response to Written Comment #1 and 7.)

2. **COMMENT:** Is there transportation to be provided?

   RESPONSE: Yes, I am not sure to what degree and it may not be available to everyone. It will not just be at the site but we will reach out to the family setting. And if we need to link people to the clinics that would be available too.

   (See Response to Written Comment #5.)

3. **COMMENT**: Say my brother won't help me but if I bring my gardener with me can he come and be considered part of my family?

   RESPONSE: If the gardener is supportive and important to you, yes of course.

4. **COMMENT**: We are really excited and think this is the greatest in thing for MHSA, but it shows that it ends in 2014. So then what happens?

   RESPONSE: The whole definition of the Innovation Component is that you 'try out' a program and then if it is successful, you roll it into the core programs. They are not intended to be on going, but if they are successful, the challenge will be to take the things we learn from those programs and implement into our existing Community Services and Supports (CSS) programs.

PUBLIC COMMENTS

5. **COMMENT:** Is there a plan for the other regions?

   RESPONSE: Not at this time because we have the Recovery Learning Center (RLC) in both the Western and Desert Regions and these centers are based on a consumer-driven model. There will also be a family track at the RLC, so while the consumers are taking WRAP, it will be offered to the families concurrently. So, there is a family component offered at the RLC.

6. **COMMENT:** Is there a cap on the number of people you can see a month?

   RESPONSE: We are predicting in the neighborhood of 400 – 500 consumers and their families. **Correction**: We anticipate serving about 600 consumers annually (not monthly).

7. **COMMENT:** There are a lot of veterans that are in need of services that can't access veterans services (less than honorable discharge or several other things). One of our questions from the County Director of Veterans Affairs is that we need an advocate that he can call to help direct people to services and we would like to include that in our services for this program.

   RESPONSE: If someone is having a hard time accessing services somewhere, certainly we would make information available. I think that is something we need to put in the comments section and I think the MH Board would have to review it because it sounds a little different than what we were thinking about for this program. It sounds like a whole other additional component that would have to be considered. But certainly if people call, you respond, but if you are taking about having a designated person and place for a veteran to call and receive services that is not what this is intended for this particular component.

   (See Response to Written Comments #8 and 11.)

8. **COMMENT:** I came back from a conference in Orange County and we talked about services to veterans and the trend we are going to be seeing with the influx of veterans to our system when the two wars begin coming to a close. CA has the largest concentration of veterans in the US and 30 percent seek services from some type of county agency. There are 130 thousand veterans in Riverside, but from my perspective, and not just being a peer but also being a vet, we will be seeing family members of vets coming in to get services. We just need to see part of the family room address that issue as well because at some point we need to consider them. When people come in and ask 'how I can help my brother or sister who just came back from the war. I am a family member and have concerns about what they are going through.' At some point we need to look how to add this into the family room or perhaps put this as an addendum to the family room.

PUBLIC COMMENTS

RESPONSE: Again, it sounds a little different than what we were thinking for this program and might be a whole other additional component to be considered.

(See Response to Written Comments #8 and 11.)

9. **COMMENT:** Is there child care provided?

RESPONSE: That is something new and I have not thought this out yet, but if this is a family room we would make it child friendly. So the entire family could come, and certainly the child is part of the family, so it needs to be family friendly.

(See Response to Written Comments #1, 3, 5, 7, 10 and 12.)

10. **COMMENT:** Will the hours be different in the family room? Families need to get off work to join in this process.

RESPONSE: We are looking at 8am – 6pm, but I don't think we have worked that out yet. Part of the answer is that the whole program details have not been developed, so we take your comments and suggestions and they will be considered in the development of the program. We make suggestions to the Implementation Team for the program about what the stakeholders want and need as part of the recommendations.

(See Response to Written Comments #2, 3, 4, 5, 6, 7, and 12.)

11. **COMMENT:** Will there be volunteer opportunities?

RESPONSE: Yes, always. The Department supports both Volunteer and Internship Programs.

12. **COMMENT:** We need to look at some evening hours so parents can join in with their love ones.

RESPONSE: We will make suggestions to the implementation team for the program about what the stakeholders want and need as part of the recommendations.

(See Response to Written Comments #2, 3, 4, 5, 6, 7, and 12.)

No more public comments – Public Hearing Closed.