

MHSA 3-Year Plan FY 20-21 through 22-23

Public Posting and Public Hearing

Comments

May-June 2020

Voicemails

1. **Comment:** Hi, this is Anindita Ganguly. I'm a member of the Riverside County Behavioral Health Commission. I reviewed the public hearing for the Mental Health Service Act. I very much support it in terms of all the work that is being done to help people in our County, and I very much support it as it continues to be funded. Thank you.

RESPONSE: Thank you for your participation in the MHSA annual update process and for your commitment and support of quality behavioral health care in Riverside County. Your feedback and support of MHSA planning is encouraged and appreciated.

BHC RECOMMENDATION: The BHC recommends sustaining MHSA 3-Year Plan FY 20-21 to 22-23 planning and funding as written.

2. **Comment:** I just want to say that last year I attended the mental health seminar and I'm one of the member of Chinese American Alliance. I just want to give my feedback that we are very grateful for the education by mental health professionals. We hear the knowledge in Mandarin, about different issues during the seminar, such as caring for seniors, dementia, etc. We appreciate your supporting the Asian American Task Force. So, I think that this is a very beneficial, the seminar, so I thought I would like to reiterate that the growing Chinese family in Riverside would like to have more of this education for us. Thank you very much. My name is Paulina. Please let me know if you will have another seminar like this to. Thank you.

RESPONSE: Thank you for your support of PEI programming and for your personal testimony regarding Cultural Competency Outreach activities. Research indicates that

the integration of culturally competency into all health care improves treatment adherence and health outcomes. On October 12, 2019, Inland Chinese American Alliance (ICAA) hosted an educational community event, “Issues Facing Chinese Immigrant Seniors and How to Care for Their Mental Health Needs” at a Chinese Church in Riverside with over 80 participants. Dr. Rocco Cheng and a Chinese-speaking volunteer from the Alzheimer Association provided facts and information about the challenges faced by Chinese immigrant seniors, the signs and symptoms of dementia and struggles faced by family caregivers. They also provided tips on communication strategies and prevention. Chinese family members expressed being empowered with these new insights and value having these educational forums on wellness topics. The Cultural Competency Program and the Asian American Task Force, funded from PEI, supported this program. Providing outreach, mental health awareness and the reduction of stigma associated with mental health challenges and services, are central to the PEI mission and will continue.

BHC RECOMMENDATION: The BHC encourages continued integration and development of culturally informed outreach and services to underserved cultural populations. The BHC recommends sustaining Cultural Competency Program activities and PEI planning to underserved cultural population in this MHSA 3-Year Plan.

3. **Comment:** Hi, this is Karen Cheng. I am the President of Inland Chinese American Alliance, and I just want to thank the Asian American Task Force for bringing us a lot of great knowledge for mental health. They help our elderly people to know their disease, and also help with Suicide Prevention, and also offer how to take care of the kids, the family. I think they are very, very precious and [provide] very good information for our community. We want this program to continue. We like what the Asian American Task Force has done for us. I've seen that all our people are greatly appreciative. We have very good feedback from all our people and I just want to say thank you so much. Thank you.

RESPONSE: Thank your participation in the MHSA annual update process and for your personal testimony to the effectiveness of culturally informed planning. The Cultural Competency Program contracts with ethnic and cultural leaders that represent identified underserved populations within Riverside County. Consultants provide linkage to those

identified populations. The primary goals of the consultant are: (1) to create a welcoming and transparent partnership with community based organizations and community representatives with the purpose of eliminating barriers to service, and (2) educate and inform the community about behavioral health and behavioral health services to reduce disparity in access to services, recovery, and wellness. The Cultural Community Consultants chair or co-chair a related committee that is respective of each of the underserved communities they represent. The advisory groups counsel RUHS-BH on culturally informed engagement and service delivery. These advisory groups typically meet every other month and welcome community participation. The committee that represents the Asian American and Pacific Islander communities is the Asian American Task Force (AATF), provided under PEI WorkPlan 01: Mental Health Outreach, Awareness, and Stigma Reduction.

BHC RECOMMENDATION: The BHC encourages continued integration and development of culturally informed outreach and services to underserved cultural populations. The BHC recommends sustaining Cultural Competency Program activities and PEI planning to underserved cultural population in this MHSA 3-Year Plan.

4. **Comment:** Hello, my name is Rosalyn Lu. I am Asian-American. I work with Inland Chinese American Alliance and I support the Asian American Task Force because we have worked with the educational professionals in the past. We've had seminars like taking care of elderly with dementia or Alzheimer's, parenting, all these good programs. We need to have the funds to continue. We need to continue to benefit from the program, and I hope you will keep this Asian American Task Force going. Thank you very much.

RESPONSE: Thank you for your personal testimony on the effectiveness of culturally informed outreach and education. Please see responses to voicemail feedback above for more.

BHC RECOMMENDATION: The BHC encourages continued integration and development of culturally informed outreach and services to underserved cultural populations. The BHC recommends sustaining Cultural Competency Program activities and PEI planning to underserved cultural population in this MHSA 3-Year Plan.

5. **Comment:** Hola buenos días, mi nombre es Neila Toledo y yo soy una de las personas que participa en el grupo comunitario de Jurupa Valley el cual empezó en colaboración con el Distrito Escolar de Jurupa y con el programa de competencia cultural del Departamento de Salud Mental. Sólo quiero decir gracias por esa oportunidad de haberse creado este grupo comunitario. Para mí fue una excelente experiencia espero que después de que pase esta pandemia del COVID-19 podamos regresar a estos grupos comunitarios. Ustedes no tienen una idea con qué beneficioso es para nuestra comunidad el hecho de que nos estemos viendo mensualmente estemos tratando diferentes temas de Salud Mental cosas de interés para el desarrollo de nuestros hijos cómo manejar el estrés y muchos temas que a nosotros nos interesan y son de mucho beneficio a la manera, en cómo lo hacen los presentadores a que podemos estar con nuestras familias, nos puede acompañar nuestro esposo, nos puede acompañar nuestros hijos, hay un espacio especial proveer que de ustedes proveen para ellos, para que mientras los padres, estamos en un salón recibiendo la información ellos están en otro lugar también siendo atendidos. A nuestras familias de Jurupa Valley nos encanta, queremos que esto siga yo conocí de estos grupos comunitarios hace más de 2 años en Riverside y yo decía por Dios nosotros necesitamos tener esto en Jurupa Valley gracias a Dios que ahora tenemos ese grupo comunitario en Jurupa Valley. Lo que ustedes hacen por nuestra comunidad no tiene precio, de verdad que es un cambio en nuestras vidas saber que hay alguien que escucha nuestras preocupaciones. Que nos trae información muy valiosa, cada vez que nos reunimos el simple hecho de socializar con otras personas que tienen nuestras mismas preocupaciones y nuestros mismos intereses, nos ayuda mucho. Es un espacio de convivencia además es una forma de hacer una red social de conocer a otras personas que a la mejor tienen otras respuestas que tú buscas porque no solamente la información que ustedes dan sino al convivir con otras familias ellos nos dan retroalimentación de lo que están pasando a la mejor cosas que tú pensabas que sólo pasaban en tu familia o con lo que sucedía a ti, ahora sabes que puedes compartirlo con los demás, ojalá que este programa pueda continuar ha sido de mucho beneficio vuelvo a decir otra vez ustedes no tienen una idea de cómo cambian vida y eso es muy importante, Por favor continuar con nosotros.

Hello good morning, my name is Neila Toledo and I am one of the participants in the Jurupa Valley community group that started in collaboration with the Jurupa School

District and the Department of Mental Health's Cultural Competency Program. I just want to say thank you for the opportunity to have created this community group. For me, it was an excellent and super beneficial experience. I hope that after this COVID-19 pandemic passes, we can return to these community groups. You don't have any idea how beneficial this group has been for our community; the fact that we are seeing each other monthly, we are dealing with different Mental Health issues, things of interest in the development of our children, how to manage stress and many issues of interest. The way the presenters do it, we can be with our families. Our husband can accompany us; our children can accompany us. There is a special space provided by you for them. So while the parents are in a room receiving the information, they are in another place also being attended to. Our families from Jurupa Valley love it; we want to keep it up. I've known about these community groups for over 2 years and I was saying for God's sake we need to have this in Jurupa Valley. Thank God, we now have this community group in Jurupa Valley. What you do for our community is priceless. It really changes our lives to know there is someone who listens to our concerns and brings us valuable information. Every time we get together, the simple fact of socializing with other people who have our same concerns and our same interests helps us a lot. It is a space of coexistence. It is also a way to create a social network, to know other people, who may have other answers from their family and not just the information that you provide us. They give us feedback about what is happening that you thought only happened in your family or happened to you. Now you know you can share it with others. I hope that this program can continue. It has been very beneficial. I say again, you do not have any idea of how they changed life and that is very important. Please continue with us.

RESPONSE: The Jurupa Parent Center hosts the Jurupa Unified School District (JUSD) Family Wellness Group, which is an RUHS-BH partnership between the Parent Support & Training and Cultural Competency Programs. This is a large group of Spanish-speaking families that fluctuates from about 25 to 45 people per workshop and meets monthly. Childcare is also provided by the school district in a separate room. Light refreshments are made available to all.

During focus groups, JUSD parents identified a variety of behavioral health topics that should be addressed in the community, including managing stress, anxiety and depression in children and adolescents, living a life with gratitude, and self-motivation/self-awareness and effective communication skills. The program is part of the

Cultural Competency Plan and funded under MHSA PEI Workplan-01. This program remains in both the Cultural Competency and PEI plans.

BHC RECOMMENDATION: The BHC recommends to sustain the MHSA funded programing as part of a school district partnership at the Jurupa Parent Center in the MHSA 3-Year Plan.

Respuesta: El Centro de Padres de Jurupa alberga el Grupo de Bienestar Familiar del Distrito Escolar Unificado de Jurupa (JUSD), que es una asociación RUHS-BH entre los programas de Apoyo y Capacitación para Padres y Competencia Cultural. Se trata de un gran grupo de familias hispanohablantes que fluctúa entre 25 y 45 personas por taller y se reúne mensualmente. El distrito escolar también proporciona cuidado de niños en una sala separada. Se ofrecen refrigerios ligeros para todos.

Durante los grupos de discusión, los padres del JUSD identificaron una variedad de temas de salud conductual que deben ser abordados en la comunidad, incluyendo el manejo del estrés, la ansiedad y la depresión en niños y adolescentes, viviendo una vida con gratitud, y la auto-motivación/concienciación propia y habilidades de comunicación efectivas. El programa forma parte del Plan de Competencia Cultural y está financiado por el Plan de Trabajo PEI-01 de MHSA. Este programa permanece tanto en los planes de Competencia Cultural como en los de la Isla Príncipe Eduardo.

RECOMENDACIÓN DE LA COMISIÓN: La comisión recomienda mantener el programa financiado por MHSA como parte de una asociación del distrito escolar en el Centro de Padres Jurupa en el Plan de 3 años de MHSA.

Written Comments

1. Which behavioral health services have you found helpful and would like to keep?

When a MHSA funded program from the Riverside County MHSA 3-Year Plan FY 20/21-22/23 has been identified by more than one stakeholder, the BHC response will only address programs that were not previously part of another response.

- (1) **Comment:** Art Works in Riverside and Contact For Change in Riverside County have provided important resources to assist consumers and reduce stigma in the community. In addition, The Mental Health Urgent Care site in Palm Springs provides cost effective, non-emergency care and respite, for consumers.

RESPONSE:

- Art Works: The “Art Works Program” combines four essential elements to improve the lives of the people it serves: 1) creative art therapies, 2) vocational training, 3) peer-driven wellness and recovery, and 4) anti-stigma outreach. The Art Works team has built relationships throughout the county to bring relevant programming to each location it serves. In addition to the local gallery programs in the City of Riverside, the team travels to various locations to provide a series of on-site classes. These classes focus on the unique blend of art that has a recovery theme or represents one’s journey. A variety of peer support specialists, peer artists, local artists and professional educators are a part of Art Works programs. Art Works is funded in MHSA CSS-03.
- Contact for Change: Contact for Change is a MHSA PEI strategy funded under PEI Workplan-01. The program goals of this project are to reduce stigma regarding mental illness and to increase community awareness within target populations regarding mental health information and resources. Each program involves presenters with lived experience of mental health challenges sharing their personal story of recovery. The following stigma reduction activities are included:
 - Educator Awareness Program:

Presentations to school professionals that include information to help them identify the key warning signs of early-onset mental illnesses in children and adolescents in school.

- Speaker's Bureaus:

This will be an interactive public education program in which consumer speakers share their personal stories about living with mental illness and achieving recovery. The target audiences and goals are:

- Employers: to increase hiring and reasonable accommodations
 - Landlords/Housing officials: to increase rentals and reasonable accommodations
 - Health care providers: for provision of the full range of health services
 - Legislators and other government-related: for support of greater resources to mental health
 - Faith-based communities: for greater inclusion to all aspects of the community
 - Media: to promote positive images and to stop negative portrayals
 - Community (e.g., students, older adults, service clubs, etc): to increase social acceptance of mental illness
 - Ethnic/Cultural groups: to promote access to mental health services
- Mental Health Urgent Care: Mental Health Urgent Care (MHUC) is a 24/7 voluntary crisis stabilization unit. The consumers can participate in the program for up to 23 hours and 59 minutes. The average length of stay is 8-14 hours. The consumer and their family receive peer navigation, peer support, counseling, nursing, medications and other behavioral health services. The goal is to stabilize the immediate crisis and return the consumer to their home or to the Crisis Residential Treatment Program. The secondary goal is to reduce law enforcement involvement, incarceration, or psychiatric hospitalization. There is a MHUC in each region. MHUC is funded in MHSA CSS Workplan-02.

BHC RECOMMENDATION: The BHC recommends sustaining the related programs as described above in this MHSA 3-year Plan.

- (2) **Comment:** Temecula Adult Clinic, NAMI [National Alliance on Mental Illness - Temecula Valley, Family Advocates, Mental Health First Aid.

RESPONSE:

- The Temecula Adult Clinic is a behavioral health care clinic in the adult system of care that offers a variety of behavioral Health services including General System Development services as part of the MHSA CSS.
- NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness, and offers a variety of supports and mental health education via local chapters in the community. RUH-BH has an active partnership with Riverside County chapters.
- The Family Advocate Program (FAP) assists family members in coping with and understanding the mental illness of their adult family members through the provision of information, education, and support. Also, the FAP provides information and assistance to family members in their interactions with service providers and the behavioral health system to improve and facilitate relationships between family members, service providers, and the mental health system in general. All services provided by FAP are free of charge and available in both English and Spanish. Currently, FAP employs ten (10) Senior Family Advocates and thirty-two (32) Family Advocate Peer Specialists providing services throughout the three Regions in Riverside County (Western, Mid-County, and Desert). The Family Advocate is funded in MHSA CSS-03: Outreach and Engagement.
- Mental Health First Aid (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. MHFA is a suicide prevention activity as part of PEI Workplan 01: Outreach, Awareness, and Stigma reduction. MHFA is free to the community

and a educational workshop can be coordinated by contacting PEI at:
PEI@ruhealth.org.

BHC RECOMMENDATION: BHC recommends sustaining Family Advocate and PEI outreach and engagement activities within this MHSA 3-Year Plan.

- (3) **Comment:** I see all of the services that are offered through the programs through MHSA funding as useful. Particularly, the FSP [Full Service Partnership] type programs, homeless services, peer services and staff support through training and retention efforts. I have been with the County for many years and have seen many staff benefit from the 20/20, PASH, GIFT and CLAS programs as well.

RESPONSE:

- **20/20 Program:** The 20/20 Program is designed to support current RUHS-BH employees who already hold a Bachelor's degree achieve a Master's Degree in a clinical discipline. This prepares them to meet the minimum qualifications to meet job requirements for a Clinical Therapist I position. The 20/20 Program specifically targets the years a student is completing their internship/practicum as part of their degree requirement. "Grow your own" employee development programs have shown to be an effective strategy at workforce retention. The 20/20 Program is funded under MHSA WET Workplan-05.
- **PASH Program:** Paid Academic Support Hours (PASH) is the partner program to our 20/20 Program. PASH targets the non-field years(s) of a clinical, graduate degree and allows participating employees to have some flexibility in their work schedule to meet academic requirements that cannot be met outside of their normal work hours. PASH is funded under MHSA WET Workplan-05.
- **GIFT Program:** Graduate, Intern, Field and Trainee (GIFT) Program is a structured education program that utilizes department programs as training sites for students who require field experience as part of an academic degree. WET partners with colleges and universities to provide field instruction to bachelor and master level students. RUHS-BH GIFT Program is one of the most highly sought training programs in the region. WET has

affiliation agreements with more than 20 educational institutions, including every Southern California graduate program that has a specialty in mental health. GIFT applicants who have lived experience or linguistic or cultural knowledge that serves our communities are given additional selection points at application. GIFT graduates become an excellent pool of candidates for employment. GIFT is funded under MHSA Workplan-04

- CLAS Program: Clinical Licensure Advancement Support (CLAS) Program was designed to support the Department's journey level clinical therapist in their professional development and preparation for state licensing. Participants received one on-line practice test material, a one-hour weekly study group, and customized workshops on critical areas of skill development. This strategy promotes retention of a critical component of the RUHS-BH workforce. Nearly 50% of the Department's clinical workforce is comprised of pre-licensed clinical therapists and these employees must complete the licensing process within a certain amount of time in order to remain employed with the agency. This program is also highly desired and well-received by the workforce, which helps to improve retention through increased employee satisfaction and loyalty. This program is funded under MHSA WET Workplan-03.

BHC RECOMMENDATION: BHC recommends sustaining these MHSA WET Plan programs in this MHSA 3-year Plan, and commends the RUHS-BH workforce for their dedication and hard work in supporting each consumer's recovery.

(4) **Comment:** Substance Abuse and Mental Health

RESPONSE: RUHS-BH offers a full system of care for people challenged by substance use and mental health needs. MHSA regulations permit MHSA funds to provide substance related services only when they are part of a co-occurring (diagnosed with both a substance addiction and a primary mental health disorder) recovery treatment program.

BHC RECOMMENDATION: The BHC recommends sustaining MHSA support and planning for people experiencing co-occurring recovery in this MHSA 3-Year Plan.

- (5) **Comment:** The Cultural Competency Program (CCP) has been most responsive to the needs of the diverse Asian American Pacific Islander (AAPI) residents in Riverside County. This program provides an experienced consultant to guide the Asian American Task Force (AATF) to provide outreach and education to the AAPI residents in Riverside County and to develop programs that are needed. Since September 2014, AATF, with the support of the CCP, the guidance of the consultant and dedicated service of community members, educators, students, consumers, RUHS-BH staff, has developed a rich annual calendar of outreach/education events that includes: The Lunar Festival in January/February; A HOPE event every May in celebration of the Asian Pacific American Heritage and Mental Health month; A Suicide Prevention/Awareness social media outreach in September, and a community mental health education seminar targeting the Chinese immigrant community in October, in observation of the Mental Illness Awareness month. All these outreach events have successfully engaged many community members from the Asian community to gain a better understanding for the importance of mental health and knowledge around issues such as mental illness and recovery, stress management, adjustment issues for new immigrants and older adults challenges such as Alzheimer disease. In addition, AATF has advocated for the development of a resource center for the Filipino American community, the largest AAPI group in Riverside County, family support services such as parenting classes and mental health promotion and counseling services for the entire family. There is now a Filipino American Mental Health Resource Center. Recently, grants were awarded to the Asian Pacific Counseling and Treatment Center (APCTC) for a bicultural parenting program, KITE [Keeping Intergenerational Ties in Ethnic Families], based on the SITIF [Strengthening Intergenerational Ties in Immigrant Families] model and for mental health promoters. In addition, APCTC also received funds for treatment services for youth. All these essential services need to be supported in addition to the work of the AATF.

RESPONSE:

- **Cultural Competency Program:** The Cultural Competency Program (CCP) is dedicated to fostering a system of care in which persons from diverse backgrounds have the opportunity to experience wellness and recovery. Cultural Competence is critical to promoting equity, reducing health disparities and improving access to high quality integrated behavioral health services that are respectful of and responsive to the needs of the diverse communities in Riverside County. The collective efforts of the Cultural Competency Program Staff, Cultural Consultants and Ethnic/Cultural Advisory Committees bring a breadth of diversity, knowledge, and expertise, which reduces disparities throughout our behavioral health system of care. CCP is funded under MHSA PEI Workplan-01.
- **Asian American Task Force:** Cultural Community Consultants chair or co-chair a related committee that is respective of each of the underserved communities they represent. The advisory groups counsel RUHS-BH on culturally informed engagement and service delivery. These advisory groups typically meet every other month and welcome community participation. The committee that represents the Asian American and Pacific Islander communities is the Asian American Task Force (AATF), provided under PEI Workplan 01.
- **Filipino American Mental Health Resource Center:** Riverside's largest Asian American Pacific Islander Community is Filipino. The resource center focuses on outreach activities and education to the Asian community in Moreno Valley and surrounding areas in order to reduce mental health stigma, increase mental health awareness, connect community with services and community mental health resources. The Outreach and Engagement Coordinators work closely with the resource center providing monthly support groups and presentations on mental health topics. The resource center is funded through MHSA PEI Workplan-01.
- **KITE:** Keeping Intergenerational Ties in Ethnic Families was formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families. The name of the program was changed to a more culturally appealing name. This was done by the newly contracted provider (FY19/20) who has an expertise in serving this

population. This is a selective intervention program for immigrant parents that includes a culturally competent, skills-based parenting program. KITE is funded through MHSA PEI Workplan-07.

BHC RECOMMENDATION: The BHC recommends sustaining these MHSA PEI funded programs in this MHSA 3-Year Plan.

- (6) **Comment:** I think that the service of embedding a therapist with police is important as well as suicide prevention and awareness.

RESPONSE: CBAT: The Community Behavioral Health Assessment Team is a co-responder team comprised of a clinical therapist and a law enforcement officer (Sheriff or PD). CBAT functions as a team that responds to 911 behavioral health related crisis calls, mental health emergencies/5150, substance abuse related, and homeless engagement. CBAT provides field based risk assessment, linkage and referral, and follow up case management. The goal of CBAT is to decrease psychiatric inpatient hospitalizations, decrease incarceration, decrease emergency department admissions, reduce repeated patrol calls, make appropriate linkages to care and resources and strengthen partnership between the community, Law Enforcement and Behavioral Health. The program has shown much success in reaching its' goals, with 84% of the response to calls resulting in diversion from hospitalization. CBAT teams are responding from these Riverside County Police Departments: Riverside, Hemet, Indio, Murrieta, Temecula, and Moreno Valley. CBAT is funded under MHSA CSS Workplan-02 Additionally, RUHS-BH collaborates with local law enforcement agencies to enhance officer training on interactions with people experiencing mental health issues and/or crises. The Crisis Intervention Training (CIT) course is taught by RUHS-BH clinical therapists con-jointly with law enforcement and includes training all Riverside Sheriff's deputies (both patrol and corrections), Riverside Police Department, other city police departments, as well as, some first responders.

BHC RECOMMENDATION: BHC recommends sustaining planning and operations for the CBAT program in this MHSA 3-Year Plan, and will monitor for

expansion of the CBAT program, as well as, other opportunities for law enforcement partnerships.

- (7) **Comment:** The outreach and education programs developed and implemented by the Asian American Task Force (AATF) have been very effective in promoting mental health and wellness and reducing stigma for the diverse Asian American Pacific Islander (AAPI) residents in Riverside County. This is a high need area for RUHS-BH, as RUHS-BH data has indicated for over a decade, an immense disparity in unmet mental health need within the AAPI community, as few AAPI consumers engage in services each year. In addition, the AATF has been an effective model to engage AAPIs from various sectors of the community, and it should be supported to continue its vital work. In addition, The Asian Pacific Counseling and Treatment Center was recently awarded several grants for programs that are very much needed in the AAPI communities in Riverside County. Most of these programs are fairly new. The KITE (Keeping Intergenerational Ties in Ethnic Families) parenting program, since its inception in September 2019, has served over 250 parents from the Chinese, Korean and Filipino community. Their Community Mental Health Promotion Program since November 2019, has made over 17,000 contacts and reached over 100 community members to inform them about mental health. Their counseling program (EPSDT) has received 39 referrals of Riverside County residents of Chinese, Filipino, Korean, Laotian, Thai and Vietnamese descent. Many of these callers are adults. The diagnosis include schizophrenia, depression and anxiety. This success demonstrates that when there is a right mix of services and providers who speak their native languages and come from similar cultures, AAPIs who need help will emerge and utilize mental health services—addressing a major clinical gap in RUHS-BH services.

RESPONSE: Community Mental Health Promoters Program: The Community Mental Health Promotion Program (CMHPP) is an ethnically and culturally specific mental health promotion program that targets: Native American, African American, LGBTQ, Asian American/Pacific Islander, and Deaf and Hard of Hearing. A similar approach as the Promotores de Salud Mental model, the program will focus on reaching un/underserved cultural groups who would not

have received mental health information and access to supports and services. A Request for Proposal was developed and was released in March 2018. Program implementation will begin in FY19/20. Community Mental Health Promotes and Promotores de Salud Mental are funded under PEI Workplan 01.

BHC RECOMMENDATION: BHC recommends sustaining planning and operations of the Community Mental Health Promoters and the Promotores de Salud Mental programs as part of the MHSA PEI Plan in this MHSA 3-Year Plan.

- (8) **Comment:** The Filipino American Mental Health Resource Center (FAMHRC), through the PEI/Cultural Competency Reducing Disparities Programs, with modest funding, has been serving the Filipino Americans and Asian Pacific Islanders community in the County of Riverside by educating, providing information and making referrals to county mental health services for this much-underserved segment of the population. In 2019 to date, the Resource Center has conducted 16 workshops and 2 community-wide seminars and "coming together-helping one another" family sports and entertainment events. The workshop and seminar topics ranged from Mental Health First Aid, Suicide Prevention, Trauma, Substance Abuse to Self-Care and Coping Strategies During the COVID-19 pandemic. Through these activities, the FAMHRC has generated 411 attendees. New contacts are being reached via our online presentations and newly created 5-minute podcasts in partnership with another organization. While only five (5) referrals for diagnosis and treatment have been made through the Resource Center in its three years of existence, two of these are continuing care in county clinics and programs. With the current pandemic situation, information and workshops are conducted online, on social media and by telephone as well as old-fashion mailing of printed resources through the US Postal Service. The support and related efforts of the Asian American Task Force (AATF) is strengthening the resolve of the FAMHRC to continue to reduce stigma and the disparity in mental health services for Filipinos and AAPIs in Riverside County.

RESPONSE: Cultural Competency Reducing Disparities (CCRD) Committee: The Cultural Competency Program Manager, Cultural Consultants, and staff team engage with diverse communities to build partnerships and collaborative efforts. The overarching goal is to be inclusive, open and responsive to community needs. Common ground promotes active engagement and community participation. CCRD includes representatives from diverse groups, including the deaf and hard of hearing and blind or visually impaired communities. The advisory committee represents RUHS-BH department staff, community based organizations, and individuals with lived experience. The Cultural Competency Reducing Disparities Advisory Committee identifies unserved and underserved communities in Riverside County. This objective is determined by working with the Research and Evaluation Unit. Riverside County service level utilization data is used to determine who is served as well as where service gaps exist. Committee meetings occur monthly and are open to the public. CCRD is funded under MHSA PEI Workplan-01.

BHC RECOMMENDATION: The BHC encourages continued integration and development of culturally informed outreach and services to underserved cultural populations. The BHC recommends sustaining Cultural Competency Program activities and PEI planning to underserved cultural population in this MHSA 3-Year Plan.

2. **Which behavioral health services have you not found helpful or would like to see us change? Please also tell us about any service gaps or services that seem missing**

(1) **Comment:** Temecula or the area needs a Mental Health Urgent Care!! There is nothing for miles and our ERs do not have psychiatrists! I have no complaints about any county services here, there just needs to be more of everything! More Family Advocates, more Parent Partners, more psychiatrists, so that the wait will not be so long.

RESPONSE: Thank you for your support of Mental Health Urgent Care model. Riverside's vast geography, roughly the size of the state of New Jersey, with distinct

population densities and sprawl, poses unique challenges for all service implementation. Location of services can be influenced by willingness of cities to have a mental health agency within their communities, cost, availability of space, and the overall resources and mental health risk factors of the related communities. Though the Mental Health Urgent Cares provide care regardless of person's funding source, County Services are designed to primarily meet the needs of people who do not have health care insurance or who receive government-funded insurance. Additionally, economic projections for MHSA, as well as other tax based mental health service funding, has been significantly impacted by COVID-19. Appropriations for MHSA funding are expected to decrease by 35%. The costs for Mental Health Urgent Care, which operate 24/7, can be considerable. There are no current plans to expand Mental Health Urgent Cares in any Riverside County region.

Temecula does have other crisis system of care services that can assist during a mental health crisis. The RUHS-BH mobile crisis teams serve hospital emergency departments, law enforcement dispatched to mental health related circumstances, school districts, group homes, and foster care homes. Local law enforcement, community hospital emergency departments, and schools are familiar with these mental health mobile crisis teams. Additionally, Temecula has one of the six police departments in Riverside County that has a co-responder team – a clinical therapist partnered with a police patrol officer (called a Community Behavioral Health Assessment Team).

Your advocacy for additional services has been provided to the RUHS-BH Mid-County Adult Services Regional Administrator, as well as, the Administrator of the Crisis System of Care.

BHC RECOMMENDATION: The BHC will continue to monitor stakeholder interest in the expansion of the crisis system of care and support the timely intervention of mental health crisis care throughout Riverside County. The BHC recommends sustaining existing Mental Health Urgent care and mental health crisis response services in this MHSA 3-Year Plan.

- (2) **Comment:** Current school-based mental health services are fragmented and inappropriately diagnose students with mental disorders who otherwise have

behavioral issues. I would like to the adaptation of PEI and WET into a continuum of systems approach integrating school and mental health services to both reduce non-clinical mental health stigma and inappropriate diagnosis of students.

RESPONSE: A primary tool for a successful treatment and recovery plan is an accurate diagnosis. Yet, not all mood, thinking, or behavior concerns rise to the acuity or necessity of formal diagnosis. It is frustrating and discouraging to see a mismatch of presenting problem, diagnosis, and intervention.

RUHS-BH and many Riverside County school districts have active partnerships to meet the needs of youth experiencing social, behavioral, and emotional challenges. School Districts also have their own independent systems of care designed to help meet the needs of students who present with behavioral or other academic interfering symptoms. Systems collaboration can be difficult and are bigger than just programs funded out of the MHSA.

Because of PEI, school districts have had increased opportunities to create conjoint programs with RUHS-BH over the years. Currently, PEI Workplan-02: Parent Education and Support, as well as PEI Workplan-03: Early Intervention for Families in Schools, and PEI Workplan-06: Trauma-Exposed [Services](#), have programs that provide PEI services on school campuses and created collaborative relationships to address suicide prevention and trauma informed care. Reducing stigma is frequently the first step in many of the PEI programs, as RUHS-BH recognizes that those that need the services the most often feel most ashamed about seeking them.

WET has affiliation agreements with middle and high schools. WET Workplan-03: Career Pathways includes mental health awareness and career development presentations on campus. These efforts are aligned with the goal to inspire youth to consider careers in public mental health. Students from underserved communities are targeted in this planning.

BHC RECOMMENDATION: The BHC supports RUHS-BH partnership with Riverside County school districts to enhance services to students that optimize development, well-being, and academic success. The BHC welcomes continued dialogue on the topic from the community and encourages related champions to attend Children System of Care Committee, a BHC subcommittee, and the PEI Collaborative to help inform the on-going relationship between RUHS-BH and

schools. The BHC recommends sustaining MHSA programming that supports positive behavioral health on school campuses in the MHSA 3-Year Plan.

- (3) **Comment:** Treatment for Agoraphobia is needed. My son has Asperger's and was abused by teachers for several years. He started with GAD [Generalized Anxiety Disorder] w/panic attacks and within a year it was Agoraphobia. He was 12 when the abuse started. He is 18 now and he still cannot get help. There are no services anywhere within Riverside County for Agoraphobia. He was seen at the San Jacinto Children's Clinic, Kaiser, Inland Psychiatric, LLUMC and Easter Seals. No one will help him because he's high functioning Autism. The children's clinic sent staff out to do an assessment then demanded that he going to the clinic for treatment. The staff at the time obviously didn't understand the dynamics of Agoraphobia. Many on the Autism spectrum have comorbid diagnosis, usually types anxiety and depression. Yet they are the most underserved, vulnerable subgroup of our population that is disregarded and forgotten about. No one cares. The school district won't assist; behavioral health services don't assist and still no one cares as they become more isolated. As a parent, I can only do so much. Exposure therapy for this diagnosis is greatly needed, not ABA [Applied Behavioral Analysis] therapy. That's a completely different treatment method for a typical behavioral and social behaviors.

RESPONSE: Watching someone you love trapped in illness is heartbreaking; the helplessness, especially experienced by a parent for their child, can be filled with a unique pain that only other parents can truly understand. The “rules” around service delivery, and how services are divided by regulation can result in multiple referrals for care that do not fully materialize. This is often a greater problem than programs proposed in the MHSA plan.

Your son may benefit from TAY Center Services, a drop-in center model that serves all Transition Age Youth with mood, thinking, or behavior challenges. COVID-19 adaptations to service delivery have created telehealth and telephonic services options for some consumers. The TAY Center in the Mid-County region is located Perris and is called The Arena, phone number: (951) 940-6755.

RUHS-BH services delivery and service options can be difficult to understand due to multiple entry points into care, specialized care services, organization of care based on diagnosis, and the availability of care based on treatment model, funding,

insurance coverage, and medical necessity. As a result, MHSA funds the Family Advocate Program (FAP) in MHSA CSS Workplan-03. The Family Advocate is staffed with specially trained family members who also have a loved adult who needs or has received mental health services. FAP can assist you in navigating RUHS-BH services, provide support, and help problem solve service access issues. The Family Advocate has a centralized support telephone number: (800) 330-4522.

BHC RECOMMENDATION: The BHC recommends sustaining lived experience outreach and engagement programs – Consumer Affairs, The Family Advocate, and Parent Support and Training – in this MHSA 3-Year Plan. The BHC will request a follow-up report on the standards of care when serving people who have both a developmental disability and a primary mental health challenge, and monitor service delivery to consumers within this population.

- (4) **Comment:** The primary gaps in services are trauma EBPs [Evidence Based Practices] for adults, particularly for complicated or developmental trauma. It would be very beneficial for some staff to be able to be trained in EMDR [Eye Movement Desensitization Reprocessing] or something similar so that they could have effective tools to address the complicated issues that result in hospitalizations, homelessness and incarceration for adults.

RESPONSE: RUHS-BH continues to developed trauma informed care. PEI Workplan-06: Trauma-Exposed Services has a number of trauma related services as early intervention models, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a trauma model for children and adolescents, which has shown very effective outcomes even for youth with complex trauma histories.

In the implementation of evidence-based practices in our adult system, Seeking Safety was chosen due to the universal nature of its applicability. Trauma care implementation was centered on this model to ensure a successful foundation of its practice, including the infrastructure to support practitioners in mastering the model. EMDR, as well as, Cognitive Processing Therapy have been explored as additional trauma intervention therapy models. Both have equally impressive results. Your support of EMDR has been noted as RUHS-BH continues to explore the next practical and effective model to implement.

BHC RECOMMENDATION: The BHC recommends sustaining trauma informed care in the MHSA 3-Year Plan and will monitor expansion of trauma-related care to support and advise RUHS-BH on further development of mental health care for trauma exposed consumers.

(5) **Comment:** More counseling

RESPONSE: All RUHS-BH outpatient programs have trained clinical therapists who provide clinical therapeutic services. Most programs also have paraprofessional staff, such as Peer Support Specialists, that can provide recovery coaching or recovery counseling.

BHC RECOMMENDATION: The BHC recommends sustaining counseling and therapeutic services as they are identified in the MHSA 3-Year Plan.

(6) **Comment:** While the Asian American Task Force (AATF) has been very successful in its outreach and program development activities, the immense diversity of languages and cultures of the Asian American Pacific Islander (AAPI) residents in Riverside County requires more resources to reach. The CCP [Cultural Competency Program] used to have three outreach coordinators, one for each region. There is only one coordinator who currently works at the Cultural Competency Program. AATF strongly advocates for the two vacant positions to be filled as soon as possible, and that one full time outreach coordinator who can speak one of the AAPI languages be added to this team to augment what AATF can achieve. While the 2010 Census has the AAPI population at 6% of the total Riverside County population, AATF believes this number has grown exponentially in the last decade. There is also a great need for treatment services for the entire AAPI family and services for those without Medi-Cal.

RESPONSE: Thank you for your support of PEI programming and for your personal testimony regarding Cultural Competency Outreach activities. Research indicates that the integration of culturally competency into all health care improves treatment

adherence and health outcomes. County services for people who meet medical necessity due to a mental illness are generally designed to serve people who do not have health insurance or who have government-managed health care. An exception to this is PEI services, such as the Mental Health Promoters Program for the AAPI community, Keeping Intergenerational Ties in Ethnic Families (KITE) that is designed to address the needs of AAPI families, and the Filipino Mental Health Resource Center.

During this is the first year of implementation for the Mental Health Promoters Program, the Cultural Competency Program (CCP) will examine which outreach and engagement duties will now be managed by these contractors, which were selected because of their identification and expertise in working with each of the specific underserved communities. These duties may have formerly been the sole responsibility of the CCP, but are now performed by members of the community for which they serve through the Promoters Program contracts. The budget for the Promoters' programs were significantly increased in order to secure a unique contractor for each of the cultural communities.

Your support of the CCP is noted and your advocacy to fill and expand staffing will be provided to executive leadership.

BHC RECOMMENDATION: The BHC will monitor the implementation of the cultural outreach programs and request updates regarding progress, and the status of service disparities. The BHC is committed to ensuring culturally competent care. The BHC encourages and recommends sustaining the cultural specific services in this MHSA 3-Year Plan.

(7) **Comment:** I would like to see EMDR training implemented into treatment as an effective evidence based treatment. I would also like to see an expansion of LCSWs within the police departments. I also think that the use of technology with treatment including video, telehealth, mobile apps etc. could be expanded.

RESPONSE: RUHS-BH continues to developed trauma informed care. PEI Workplan-06: Trauma-Exposed Services has a number of trauma related services as early intervention models, including Trauma-Focused Cognitive Behavioral Therapy

(TF-CBT), a trauma model for children and adolescents, which has shown very effective outcomes even for youth with complex trauma histories.

In the implementation of evidence-based practices in our adult system, Seeking Safety was chosen due to the universal nature of its applicability. Trauma care implementation was focused on this model to ensure a successful foundation of its practice, including the infrastructure to support practitioners in mastering the model. EMDR, as well as, Cognitive Processing Therapy have been explored as additional trauma intervention therapy models. Both have equally impressive results. Your support of EMDR has been noted as RUHS-BH continues to explore the next practical and effective model to implement.

Help@Hand, formerly known as the MHSA Innovation Plan called the Tech Suite, is still in early implementation. The Riverside County developed peer chat app called Take My Hand has had an early trial due to COVID related service adaptations and will move into a full trial very soon. Additionally, more applications are being explored as a part of this project that aim to bring further technology into recovery services. The use of telehealth services became pivotal to provide services during COVID stay-at-home orders. This has created an opportunity to explore and develop remote technologies to ascertain which tools can be integrated into overall service delivery moving forward.

BHC RECOMMENDATION: The BHC recommends sustaining trauma informed service models, the Community Behavioral Health Assessment Team (CBAT) or police/therapist response teams, and the Help@Hand Innovation plan in this MHSA 3-Year Plan.

- (8) **Comment:** In a short period of time, APCTC [Asian Pacific Counseling and Treatment Center] has reached many AAPI [Asian American Pacific Islander] residents in Riverside County and this number will continue to grow through the direct efforts of the AATF [Asian American Task Force] and APCTC. Yet key service gaps remain. Many AAPI callers of all age groups who need direct treatment services do not have Medi-Cal. It is imperative that general and flexible funding be identified to support services to vulnerable Asian families without benefits. For example, PEI funding can be a solution to develop “bridge” short term counseling

services to serve the entire family. This will prevent the development of more serious mental health problems and will also allow time to assist appropriate families with severe mental illnesses to apply for Medi-Cal and other available benefits so their services can continue. In the RUHS-BH Unmet Needs document, in FY 2017/18, the disparities for AAPI adults was 91.67%. This disparity was 79.51% in FY 03/04. The AAPI population is growing in Riverside County. It represents many ethnic groups who speak distinctly different languages. They are severely underserved. A parallel, culturally competent system of care is sorely needed.

RESPONSE: Thank you for your advocacy for the AAPI community and your commitment to reducing service disparity for AAPI consumers and families. Research indicates that the integration of culturally competency into all health care improves treatment adherence and health outcomes. County services for people who meet medical necessity due to a mental illness are generally designed to serve people who do not have health insurance or who have government-managed health care. An exception to this is PEI services, such as the Mental Health Promoters Program for the AAPI community, Keeping Intergenerational Ties in Ethnic Families (KITE) that is designed to address the needs of AAPI families, and the Filipino Mental Health Resource Center. PEI continues to work with the Asian American Task Force to inform planning.

WET recruitment strategies include providing additional selection points for applicants from diverse communities when seeking clinical internships with the Department. WET is interested in forming greater relationship with the AAPI community, as well as other underserved populations, in order to define and encourage students from these communities to seek public mental health careers. Cultural Competency Program has been reorganized as part of MHSA administration increasing the opportunities for component integration when developing culturally competent service planning. MHSA administration looks forward to a continued partnership with the AAPI community to explore options that will improve behavioral health care to AAPI consumers and families in Riverside County.

BHC RECOMMENDATION: The BHC will monitor the implementation of the cultural outreach programs and request updates regarding progress, and the status of service disparities. The BHC is committed to ensuring culturally competent care. The

BHC encourages and recommends sustaining the cultural specific services in this MHSA 3-Year Plan.

(9) **Comment:** There is still an underutilization of mental health services in the Filipino and AAPI community. The FAMHRC [Filipino American Mental Health Resource Center] needs to reach out to more people. There is a growing interest among Filipino faith-based communities to focus on mental health in their congregations and parishioner, but the lack of funding for training in both clergy and lay leadership, and adding the scarcity of mental health professionals with the ethnic background and language skills in the AAP culture, is a challenge. There is a lingering stigma on mental health and the need to build capacity and improve on trust and assurance of ethnic populations require more dedicated efforts to educate this population. In order to develop and implement more outreach programs to tap on students in and out of school, churches and church groups, parents and workers to identify their needs and educate them to self-care and seek county professional services. financial resource is dire. Funds are needed to mobilize volunteers and organize events and create grass roots interest and participation. In addition, the availability of more professionals proficient in the culture and language of the community can help us build our capacity to reach more people and build faith and trust in the mental health services to be provided and reduce the disparity. People need to be assured that the professional knows and understands the nuances of language and culture in relation to their expressed symptoms. The element of trust and confidence is important in compliance as well.

RESPONSE: The agreement for the Filipino American Mental Health Resource Center has recently been reviewed to prepare for a new application cycle of funding. The budget was significantly increased to support more center activity and outreach.

BHC RECOMMENDATION: The BHC recommends sustaining the Filipino American Mental Health Resource Center as part of MHSA PEI Workplan 01 in this MHSA 3-Year Plan.

3. **What other thoughts or comments do you have about behavioral health services or about the MHSA plan?**

- (1) **Comment:** The severely under-funded Mental Health services in Riverside County can be improved by reallocation of funds away from incarceration and toward community services. Non-police response to disturbances reported about persons experiencing a mental health crisis and more efficiently and less lethally managed by well-trained mental health professionals.

RESPONSE: By regulation, the use of MHSA funding for incarcerated individuals is limited to discharge planning only. MHSA funds are primarily intended for voluntary, community-based services that support the wellness necessary to prevent incarceration or other consequences of untreated mental illness.

Full Service Partnerships (FSP), CSS Workplan-01, the largest of the MHSA components must constitute 51% of the total CSS funding. FSPs serve clients with serious behavioral health diagnoses and who are at risk of homelessness, incarceration, or hospitalization.

CSS Workplan-02 contains diversion and justice-involved programs such as: Mental Health Court, Veteran's Court, and Homeless Court; Youth Treatment and Education Center for juveniles in custody; the therapist/patrol officer ride-along partnerships called the Community Behavioral Health Assessment Teams; and the leveraging of funding with Proposition 47 programs that provide FSP level of care to consumers who are justice involved.

This 3-Year Plan also includes new MHSA Capital Facilities programs that are designed toward diversion and the reduction of recidivism: The Riverside Arlington Recovery Community, The RUHS-BH Diversion Campus, and the Restorative Transformation Center Diversion Program.

BHC RECOMMENDATION: The BHC recommends sustaining programs in this MHSA 3-Year Plan that are designed to develop wellness that prevents incarceration or recidivism, and will monitor for the expansion of these programs based on service need and delivery.

(2) **Comment:** As a NAMI [National Alliance on Mental Illness] Family to Family teacher, the most common complaint from family members, is access to a doctor in Temecula, and the lack of a Mental Health Urgent Care.

RESPONSE: Thank you for your support of Mental Health Urgent Care model. Riverside's vast geography, roughly the size of the state of New Jersey, with distinct population densities and sprawl, poses unique challenges for all service implementation. Location of services can be influenced by willingness of cities to have a mental health agency within their communities, cost, availability of space, and the overall resources and mental health risk factors of the related communities. Though the Mental Health Urgent Care provide care regardless of person's funding source, County Services are designed to primarily meet the needs of people who do not have health care insurance or who receive government-funded insurance. Additionally, economic projections for MHSA, as well as other tax based mental health service funding, has been significantly impacted by COVID-19. Appropriations for MHSA funding are expected to decrease by 35%. The costs for Mental Health Urgent Care, which operate 24/7, can be considerable. There are no current plans to expand Mental Health Urgent Care in any Riverside County region.

Temecula does have other crisis system of care services that can assist during a mental health crisis. The RUHS-BH mobile crisis teams serve hospital emergency departments, law enforcement dispatched to mental health circumstances, school districts, group homes, and foster care homes. Local law enforcement, community hospital emergency departments, and schools are familiar with these mental health mobile crisis teams. Additionally, Temecula has one of the six police departments in Riverside County that has a co-responder team – a clinical therapist partnered with a police patrol officer (called a Community Behavioral Health Assessment Team).

Your advocacy for additional services has been provided to the RUHS-BH Mid-County Adult Services Regional Administrator, as well as, the Administrator of the Crisis System of Care.

BHC RECOMMENDATION: The BHC will continue to monitor stakeholder interest in the expansion of the crisis system of care and support the timely intervention of mental health crisis care throughout Riverside County. The BHC recommends

sustaining existing Mental Health Urgent care and mental health crisis response services in this MHSA 3-Year Plan.

(3) **Comment:** I like to offer advanced insight. In 1999, I witnessed K-12 students inappropriately diagnosed with mental disorders who otherwise had behavioral issues. My investigation concluded no one to fault. Schools required support for their students, and mental health leadership responded. However, multiple conflicting system challenges resulted. In November 2019, California's Surgeon General, Dr. Nadine Burke, acknowledge toxic stress and childhood trauma as a public health crisis. Today's COVID-19 crisis exacerbates yesterday's problems, compounds today's efforts, and hinders future planning for the increasing behavioral health problems that will soon emerge in the fall. In alignment with Senate Bill 1004 and the MHSAOAC [Mental Health Services Oversight and Accountability Commission] competitive grant program, I like to introduce through public comments the opportunity to develop a strategic partnership with the County Department of Behavioral Health (DBH), Schools of Social Work, Community Colleges, and Local Education Agencies (LEA). The organization will evolve a systemic practice linking PEI through Workforce Development, simultaneously offering timely and proactive service access for children, youth, and transition-age youth to identify undiagnosed depression effectively. The partnership will evolve the integration of mental health and school systems resulting in a Continuum of PEI Learning Supports within K-12 Education. Project Trauma-Informed Paraprofessional (TIP) is culturally responsive and designed to reduce trauma-exposure and the environmental stressors that deepen health disparities in vulnerable communities. As a community-defined evidence-practice, the research method addresses the economic, cultural, system, and individual barriers to service utilization among African Americans. The Social Work Apprentice program provides on-the-job training and wages to qualify transition-age youth as Trauma-Informed Paraprofessionals to increase and develop the effectiveness of future social work professionals. Paired in teams, hands-on trainees offer evidenced-based behavioral modification as social skills development to primary school-age students as universal behavioral health promotion. And, in the continuum, cognitive-behavioral instruction, as emotional skills development to intervene early, amongst intermediate school-age students during in-and after-school

hours. The non-threatening continuum of PEI learning supports system is essential to reduce non-clinical mental health stigma and effectively identify undiagnosed depression amongst the targeted age groups. Project TIP transforms the Mental Health System by:

- Introducing a culturally responsive practice enabling a referral mechanism to support individuals requiring intensive services.
- Strengthens the service-delivery capacity of LEA's to improve the traditional diagnoses and treatment medical model, shifting to community-led PEI.
- Develops intergenerational social connections, linking Workforce Development with PEI funding resulting in cost savings while building a culturally responsive workforce.
- Realign County DBH & LEA existing resources, processes, and staff deployment to effectively scale county-wide.
- Producing a longitudinal study to assess the impact of coordinated PEI across age populations to determine if whole-community engagement offering employment will reduce toxic stress, acts of bullying, violence, and suicide.

I welcome the opportunity to provide additional insight. As county budgets are impacted due COVID19, the adaptation of PEI and redeployment of county staff are essential to improving service access, program funding, and partnership linkages that enhance the delivery of behavioral health services in Riverside County. What can be expected in terms of receiving a response or the county taking action based on submitted recommendations?. Thank you for your engagement with the community!

RESPONSE: The Riverside County Board of Supervisors agrees with you that trauma is a public health concern, supported by research on Adverse Childhood Experiences (ACE) that demonstrate a life-time of physical and mental health complications from unresolved and untreated childhood trauma. As a result, Riverside County developed the Riverside Resilience project headed by Riverside County Public Health in partnership with other human services and law agencies including RUHS-BH.

You have developed an integrated proposal that would require the cooperation and interface of multiple independent systems that may have existing relationship and

program that already addresses some of your proposal ideas. Re-envisioning those plans or portions of those plans is something to be explored.

Your proposal contains ideas that are operationalized in current WET and PEI plans, and through our Peer Employment Training and education, that is part of our Lived Experience Programs.

BHC RECOMMENDATION: Your passion and commitment to a better Riverside County is evident. BHC recommends you to participate in the on-going stakeholder activities such as: Children's System of Care Committees (a sub-committee of the BHC); PEI Collaboratives; TAY Collaboratives, and Cultural Competency Reducing Disparities Committee. These committees are good places to have new ideas heard and to generate the interest of the overall community in addressing and supporting a proposal. Overall community stakeholder support is the primary avenue to integrating a new program into the overall MHSA plan.

Further information can also be obtained through contact with Sheree Summers, WET Manager; Diana Brown, PEI Manager; Lorie Lacey-Payne, Parent Support and Training Manager; and Shannon McCleerey-Hooper, Consumer Affairs and Family Advocate Manager.

We look forward to your continued partnership.

(4) **Comment:** Thank you for the update!

RESPONSE: Thank you for your participation in the MHSA 3-year Plan and annual update process.

BHC RECOMMENDATION: The BHC encourages and recommends continued stakeholder participation for all interested parties in Riverside County, and commends RUHS-BH MHSA Administration for their management of the annual MHSA update and stakeholder process. The BHC welcomes all stakeholders to participate and provide feedback.

(5) **Comment:** Case managers. Support Staff and Peers are very supportive people who understand you and are very helpful

RESPONSE: Thank you for witnessing the power of recovery and effective, quality services. This MHSA 3-Year Plan contains multiple personal stories from real people who have benefited from MHSA funded programming.

BHC RECOMMENDATION: The BHC is grateful for the amazing work and commitment of the RUHS-BH workforce and their investment in the wellness of Riverside County.

- (6) **Comment:** The MHSA plan is clear, well written and organized. The various methods of communication such as face-to-face meetings, posted summaries, narrative, graphs etc. are very helpful. Staff are open and collaborative and helpful. The addition of a phone number for stakeholders to share their feedback is very much appreciated. AATF [Asian American Task Force] is concerned about the quality of care for current AAPI [Asian American Pacific Islander] clients at RUHS-BH. In the last few years, AATF has tried different ways to engage current AAPI clients without much success. AATF would like to suggest that an AAPI Consumer and Family Member Focus group or survey be developed, perhaps by interns, to gather this critical data.

RESPONSE: COVID Adaptations to meet the stakeholder feedback process has opened up new possibilities for continued use of new MHSA education tools and feedback avenues. MHSA Administration will integrate the success of these adaptations into future MHSA Plan annual updates in order to support the community in voicing their input. Your interest in further data to support AAPI consumer outreach and engagement has been provided to the Research and Evaluation Manager and will be reviewed with the new Cultural Competency Manager (currently in the hiring process).

BHC RECOMMENDATION: The BHC recommends the continued used of new MHSA Plan feedback avenues and education media to support a wider reach into the community during the annual update process. The BHC will monitor the implementation of the cultural outreach programs and request updates regarding

progress, and the status of service disparities. The BHC is committed to ensuring culturally competent care. The BHC encourages and recommends sustaining the cultural specific services in this MHSA 3-Year Plan.

- (7) **Comment:** EMDR [Eye Movement Desensitization and Reprocessing] is a very effective treatment for trauma. Increased use of EMDR. Continue to work on reducing stigma connected to seeking help and increased suicide prevention and awareness.

RESPONSE: RUHS-BH continues to developed trauma informed care. PEI Workplan-06: Trauma-Exposed Services has a number of trauma related services as early intervention models, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a trauma model for children and adolescents, which has shown very effective outcomes even for youth with complex trauma histories.

In the implementation of evidence-based practices in our adult system, Seeking Safety was chosen due to the universal nature of its applicability. Trauma care implementation was focused on this model to ensure a successful foundation of its practice, including the infrastructure to support practitioners in mastering the model. EMDR, as well as, Cognitive Processing Therapy have been explored as additional trauma intervention therapy models. Both have equally impressive results. Your support of EMDR has been noted as RUHS-BH continues to explore the next practical and effective model to implement.

BHC RECOMMENDATION: The BHC recommends sustaining trauma informed care in the MHSA 3-Year Plan and will monitor expansion of trauma-related care to support and advise RUHS-BH on further development of mental health care for trauma exposed consumers.

- (8) **Comment:** I hope to see data on the mental health or related health needs of Filipinos and AAPIs [Asian American Pacific Islanders] and from their own perspective why they are not seeking mental health services. Or when they do, what do they perceive as helpful, adequate or lacking in their services.

RESPONSE: Your interest in further data to support AAPI consumer outreach and engagement has been provided to the Research and Evaluation Manager and will be reviewed with the new Cultural Competency Manager (currently in the hiring process).

BHC RECOMMENDATION: The BHC will monitor the implementation of the cultural outreach programs and request updates regarding progress, and the status of service disparities. The BHC is committed to ensuring culturally competent care. The BHC encourages and recommends sustaining the cultural specific services in this MHSA 3-Year Plan.

4. **What are some ways that the county can increase awareness about behavioral health care services offered in your community?**

- (1) **Comment:** Increased outreach in Coachella Valley to support homeless persons with mental illness and connect with services and relationships that will help them find safety and shelter. Outreach to provide transportation to services.
More media/ads promoting Mental Health Urgent Care and other crisis intervention programs that will keep people out of ERs and the justice system.

RESPONSE: Riverside University Health System – Behavioral Health continued to provide housing and homeless services to our department and the community at large through the Homeless Housing Opportunities, Partnership, and Education (HHOPE) program. HHOPE provides a full continuum of housing and homeless services. These include but are not limited to:

- Coordinated Entry System (CES): a 24/7 hotline and staff to assess and refer those in a housing crisis
- Street Outreach & Case Management
- Emergency Housing
- Rental Assistance
- Transitional / Bridge Housing
- Permanent Supportive Housing

- Augmented Adult Residential Facilities
- New Housing Development & Production Activities

The HHOPE program currently has 8 dedicated mobile homeless outreach teams, composed of a Behavioral Health Specialist II and a Peer Support Specialist on each team. These teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to MHSA services.

Recognized as innovative in Housing Crisis program development and street engagement programs, RUHS-BH HHOPE continues to work in collaboration with city government and law enforcement to provide contractual street engagement in targeted services to the City of Palm Springs. The Palm Springs project began in 2016/17 and experienced significant success, resulting in adding an additional outreach team in the City of Palm Springs beginning in 2018.

RUHS-BH has seen significant increases in social media outreach and service education, including a 450% increase in traffic over the prior fiscal year and a 115% increase in followers. Over 1,000 people have connected to behavioral care via social media.

Additionally, PEI funds an overall mental health awareness and stigma reduction campaign that include traditional forms of media such as radio, internet ads, TV commercials, and billboards.

Your feedback has been provided to the Housing Administrator, the WET Manager (oversight for social media), and the PEI Manager.

BHC RECOMMENDATION: The BHC recommends sustaining homeless and housing services, social media education and outreach, and mental health awareness and stigma reduction campaigns as identified in this MHSA 3-Year Plan.

(2) **Comment:** Possibly, if there were more staff connected to the Clinical Behavior Assessment Team [CBAT], then maybe the bridge to services could happen before an arrest. And of course more access to Mental Health Court. Families don't even seem to be made aware, and possibly police should carry information?

RESPONSE: In addition to CBAT, MHSA funds Crisis Intervention Training (CIT). RUHS-BH collaborates with local law enforcement agencies to enhance officer training on interactions with people experiencing mental health issues and/or crises, and to understand mental health resources. CIT attendees are provided specially designed tent cards that contain

contact information to navigate mental health resources and the cards can be provided directly to the people the officer encounters.

The CIT training began through the actions of a committee made up of Behavioral Health and Riverside County Medical Center professionals to develop, evaluate, revise, and provide training to sworn and correctional staff within Riverside Sheriff's Office (RSO) and Riverside Police Department (RPD). The past expansion of the CIT Program ensured that any First Responder agencies and justice-involved professionals who were unable to access the CIT training through the Sheriff's Department were now able to obtain further education on increasing effectiveness and safety when encountering individuals experiencing mental health issues and crises.

The Family Advocate Program (FAP) assists family members in coping with and understanding the mental illness of their adult family members through the provision of information, education, and support. Also, the FAP provides information and assistance to family members in their interactions with service providers and the behavioral health system to improve and facilitate relationships between family members, service providers, and the mental health system in general. All services provided by FAP are free of charge and available in both English and Spanish. Countywide, Senior Family Advocates provide services with one each assigned to specialized areas including Forensics.

The Forensic dedicated Senior Family Advocate was designed to help educate families of the arrested, incarcerated, or adjudicated on Mental Health Court and other justice-involved options.

BHC RECOMMENDATION: The BHC recommends sustaining law enforcement partnership and education, as well as Family Advocate support and education in this MHSA 3-Year Plan. BHC will monitor for expansion of the CBAT program into additional police departments in Riverside County.

(3) **Comment:** Autism and Anxiety awareness. Partnering with the schools again to help people like my son. He's 18 and in high school until he's 22.

RESPONSE: The MHSA Plan supports multiple school district and RUHS-BH partnership programs that include parent support and training, mental health services on some school campuses, mental health crisis support for youth experiencing a mental health crisis, mental health awareness clubs and campaigns, and public mental health career development.

MHSA funded programs that support service outreach and navigation like the Family Advocate and Parent Support and Training (MHSA CSS Workplan-03) can support parents and families in understanding both the limits and possibilities of public behavioral health resources. Additionally, RUHS-BH has a full program designed to address the recovery perspective in behavioral health program planning and operations through the Consumer Affairs office. Any adult can benefit from contact with peer support that can help problem solve recovery and inspire hope.

BHC RECOMMENDATION: The BHC recommends continuing MHSA planned department and school district partnerships that better serve youth and their families, as well as, lived experience programs like Parent Support and Training, Consumer Affairs, and the Family Advocate that assist and support families with loved one who are challenged with mental illness.

(4) **Comment:** I think that if we educated our staff about the full array of services that we offered and had a well-rounded website and app, then our staff would be able to direct the community partners that they already engage with (probation, parole, contract agencies, etc) and be able to have a resource to go to when they need to update their own knowledge.

RESPONSE: Educating the service system on the services available is a task when programs span county-wide and become highly specialized. WET began the development of an online collaborative platform called iConnect in late 2016. Using Microsoft SharePoint technologies, WET begun cataloging and centralizing a searchable library of resources that can be used across the service delivery system. 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 result is an electronic hub that staff can utilize to access resources, information, and experiences that were not previously accessible in a timely, efficient manner due to the geography and infrastructure of our agency. The software was beta tested at one program and has since been rolled out slowly to other clinics and programs across the service delivery system. To date, there are 407 users taking advantage of over 1,000 collected resources and a 50% increase in user adoption from the prior fiscal year. Data entry and keeping any clearinghouse of information up-to-date can be the greatest

challenge. Your idea to integrate this into an app has been provided to the Tech Suite/Help@Hand Manager.

BHC RECOMMENDATION: The BHC recommends sustaining MHSA planning to incorporate the use of improved technology to support resource education and management in this MHSA 3-Year Plan.

(5) **Comment:** Open resources being available in English and Spanish

RESPONSE: Spanish is a recognized threshold language in Riverside County. Department services and related materials should be available in Spanish. Please inform your provider if you prefer materials in a language other than English.

BHC RECOMMENDATION: The BHC recommends sustaining planning and expanding materials, outreach, and services designed to serve the community in their preferred language in this MHSA 3-Year Plan.

(6) **Comment:** There are not many services for AAPIs [Asian American Pacific Islanders] in Riverside County. Culturally relevant and competent services are just beginning. A competent system of care is needed and it has to include outreach and education. The following suggestions include: Increase funding for the Cultural Competency Program to increase outreach; community connections and education; support community education and awareness seminars and programs; support prevention programs such as KITE [Keeping Intergenerational Ties in Ethnic Families] and the Promoters; develop flexible funding to support counseling services for the entire family; establish internship programs for BSW, MSW, PhD and MD students to focus on the AAPI communities, Identify current bilingual AAPI staff at RUHS-BH.

RESPONSE: Thank you for your advocacy for the AAPI community and your commitment to reducing service disparity for AAPI consumers and families. Research indicates that the integration of culturally competency into all health care improves treatment adherence and health outcomes. County services for people who meet medical necessity due to a mental illness are generally designed to serve people who do not have health insurance or who have government-managed health care. An exception

to this is PEI services, such as the Mental Health Promoters Program for the AAPI community, Keeping Intergenerational Ties in Ethnic Families (KITE) that is designed to address the needs of AAPI families, and the Filipino Mental Health Resource Center. PEI continues to work with the Asian American Task Force to inform planning. WET recruitment strategies include providing additional selection points for applicants from diverse communities when seeking clinical internships with the Department. WET is interested in forming greater relationship with the AAPI community, as well as other underserved populations, in order to define and encourage students from these communities to seek public mental health careers. Cultural Competency Program has been reorganized as part of MHSA administration increasing the opportunities for component integration when developing culturally competent service planning. MHSA administration looks forward to a continued partnership with the AAPI community to explore options that will improve behavioral health care to AAPI consumers and families in Riverside County.

BHC RECOMMENDATION: The BHC encourages continued integration and development of culturally informed outreach and services to underserved cultural populations. The BHC recommends sustaining Cultural Competency Program activities and PEI planning to underserved cultural population in this MHSA 3-Year Plan.

(7) **Comment:** Social Media, champions and ambassadors, and talks at local schools, police departments, community events and centers.

RESPONSE: MHSA WET, PEI, CSS Workplan-03, and INN plans all have programs and activities that address these ideas.

BHC RECOMMENDATION: BHC recommends sustaining MHSA outreach, engagement, and education activities as identified in this 3-Year Plan.

(8) **Comment:** Very few culturally responsive RUHS-BH services exist for AAPIs [Asian American Pacific Islanders] in Riverside County. Culturally relevant and competent services are just beginning. A competent system of care is needed and it has to include outreach and education. The following suggestions include:

- * Increase funding for the Cultural Competency Program to increase outreach, community connections and education
- * Support community education and awareness seminars and programs
- * Support prevention programs such as KITE [Keeping Intergenerational Ties in Ethnic Families] and the Promoters
- * Develop flexible funding to support counseling services for the entire family
- * Establish internship programs for BSW, MSW, PhD and MD students to focus on the AAPI communities
- * Identify current bilingual AAPI staff at RUHS-BH

RESPONSE: Thank you for your advocacy for the AAPI community and your commitment to reducing service disparity for AAPI consumers and families. Research indicates that the integration of culturally competency into all health care improves treatment adherence and health outcomes. County services for people who meet medical necessity due to a mental illness are generally designed to serve people who do not have health insurance or who have government-managed health care. An exception to this is PEI services, such as the Mental Health Promoters Program for the AAPI community, Keeping Intergenerational Ties in Ethnic Families (KITE) that is designed to address the needs of AAPI families, and the Filipino Mental Health Resource Center. PEI continues to work with the Asian American Task Force to inform planning. WET recruitment strategies include providing additional selection points for applicants from diverse communities when seeking clinical internships with the Department. WET is interested in forming greater relationship with the AAPI community, as well as other underserved populations, in order to define and encourage students from these communities to seek public mental health careers. Cultural Competency Program has been reorganized as part of MHSA administration increasing the opportunities for component integration when developing culturally competent service planning. MHSA administration looks forward to a continued partnership with the AAPI community to explore options that will improve behavioral health care to AAPI consumers and families in Riverside County.

BHC RECOMMENDATION: The BHC will monitor the implementation of the cultural outreach programs and request updates regarding progress, and the status of service disparities. The BHC is committed to ensuring culturally competent care. The BHC

encourages and recommends sustaining the cultural specific services in this MHSA 3-Year Plan.

- (9) **Comment:** Support organizations that are dedicated to smaller segments of the population under one program umbrella like the CCRD [Cultural Competency Reducing Disparities]. Increase funding and provide free training to organizations for better and more effective outreach strategies. Hire more professionals skilled in the language and culture of ethnic populations.

RESPONSE: CCRD includes representatives from diverse groups, including the deaf and hard of hearing and blind or visually impaired communities. The advisory committee represents RUHS-BH department staff, community based organizations, and individuals with lived experience. The Cultural Competency Program Manager, Cultural Consultants, and program team engages with diverse communities to build partnerships and collaborative efforts. The overarching goal is to be inclusive, open and responsive to community needs. CCRD is an open community meeting and participation is welcomed and encouraged by any member of the community who wishes to contribute.

All PEI contracted programs, including those designed toward outreach, are assigned a PEI Staff Development Officer who assists with coaching and monitoring an organization's success in meeting contacted goals. This includes training and technical assistance.

PEI also periodically offers mini-grants, one time awards based on a specific mental health related objective, that provide some additional funding to address a mental health prevention need targeting an at-risk community. These grants have included tool kits to reach and engage community.

WET recruitment strategies include providing additional selection points for applicants from diverse communities when seeking clinical internships with the Department. WET Tuition Reimbursement program provides funding to employees pursuing language acquisition coursework to serve communities in Riverside County.

BHC RECOMMENDATION: The BHC recommends sustaining MHSA planning that supports the development of culturally informed community outreach and service delivery in the MHSA 3-Year Plan.

Additional Feedback Received via email

- (1) **Comment:** Great job on cultural competence report! My suggestion is to be sure we have enough staff in the cultural competence program under CSS plan. Staff in all 3 regions and a supervisor designated exclusively to cultural competence.

RESPONSE: Thank you! RUHS-BH is currently in the hiring process to replace the recently retired Cultural Competency Manager. The program has been reorganized into MHSA administration in order fully integrate cultural competency planning across the MHSA components and facilitate more enhanced collaboration among units. The implementation of the Mental Health Promoters programs for each of the underserved cultural populations will also influence how the CCP is organized and operationalized.

BHC RECOMMENDATION: The BHC will monitor the implementation of the cultural outreach programs and request updates regarding progress, and the status of service disparities. The BHC is committed to ensuring culturally competent care. The BHC encourages and recommends sustaining the cultural specific services in this MHSA 3-Year Plan.

- (2) **Comment:** Need to do more to increase training and access to technology for consumers/community to access treatment.

RESPONSE: The Help@Hand INN projects includes creating Tech Ambassadors. The “Technology Ambassadors” program that will become part of our Transition Age Youth (TAY) drop in centers. The Ambassadors would serve as Peer Support Interns, an expansion of Riverside’s existing Peer Internship Program that includes stipends for participants. Not only is the community served with this approach, but this approach also generates an expertise, purpose, and job skills for the TAY Ambassador. Both Gen Z and Millennials are most interested in working in technology (45%) and education (17%). (Workplacetrends.com, 2018)

BHC RECOMMENDATION: The BHC recommends sustaining the INN planning that includes the development of TAY Peer Support/Tech Ambassadors in this MHSA 3-Year Plan.

(3) **Comment:** Any suicide prevention with Domestic Violence Prevention?

RESPONSE: Though many of our mental health wellness and suicide prevention education and awareness programs address multiple variables that can increase risk, there is no suicide prevention program that also specifically targets intimate partner violence. Through PEI, domestic violence programs are eligible to receive free suicide prevention gatekeeper trainings such as safeTalk, ASIST, or Mental Health First Aid.

BHC RECOMMENDATION: The BHC recommends PEI outreach programs designed to address Intimate Partner Violence to educate and inform of available suicide prevention gatekeeper training as identified in this MHSA 3-Year Plan.