

DRAFT

M H S A

**MENTAL HEALTH
SERVICES ACT**



**FY 18/19 PLAN ANNUAL
UPDATE**

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2018/19 MHSA Annual Plan Update

County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County

- Three-Year Program and Expenditure Plan
 Annual Update

Local Mental Health Director

Program Lead

| | |
|--|---|
| Name: Steve Steinberg Telephone Number: 951-358-4500 E-mail: SRSteinberg@rcmhd.org | Name: David Schoelen Telephone Number: 951-955-7106 E-mail: DSchoelen@rcmhd.org |
| Local Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503 | |

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

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

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

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

Steve Steinberg
Local Mental Health Director (PRINT)

Signature Date

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

2018/19 MHSA Annual Plan Update
County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Riverside County

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

Local Mental Health Director

County Auditor-Controller

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

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

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

Steve Steinberg
 Local Mental Health Director (PRINT)

 Signature Date

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

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

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

 Signature Date

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

Mental Health Services Act Overview

What is the Mental Health Services Act (MHSA)?

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

The programs funded through MHSA must include services for all ages: Children (0-16), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60+). Though program implementation may be integrated into the Department's existing management structure, the MHSA Administrative Department manages the planning and implementation activities related to the five MHSA components which are:

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

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

What is an Annual Update?

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

Once the Annual Update draft is completed, it must be posted for public review for a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the Annual Update and document the input accordingly. Following the posting period the

Department calls upon the Riverside County Behavioral Health Commission (BHC) to hold a Public Hearing so they may receive face-to-face feedback on the current update.

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

MHSA FY 18/19 Introduction

All MHSA funded programs and components are highlighted in this update and include progress reports on their status. This is an opportunity for any stakeholder to learn about the types of services funded by MHSA and to see how they are performing. The Department invites and encourages stakeholders to share their perspectives and opinions so they may be considered in the strategic planning and review of the MHSA plans.

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

Community Services and Supports

CSS-01 Children's Integrated Services Program

CSS-02 Integrated Services for Youth in Transition

CSS-03 Comprehensive Integrated Services for Adults

CSS-04 Older Adult Integrated System of Care

CSS-05 Peer Recovery and Supports Services

Workforce, Education and Training

WET-01 Workforce Staffing and Support

WET-02 Training and Technical Support

WET-03 Mental Health Career Pathways

WET-04 Residency and Internship

WET-05 Financial Incentives for Workforce Development

Prevention and Early Intervention

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

PEI-02 Parent Education and Support

PEI-03 Early Intervention for Families in Schools

PEI-04 Transition Age Youth (TAY) Project

PEI-05 First Onset for Older Adults

PEI-06 Trauma-Exposed Services for All Ages

PEI-07 Underserved Cultural Populations

Capital Facilities/Technology

Innovation

INN-02 Recovery Learning Center

INN-03 Family Room

INN-04 Older Adult Self-Management Health Team Project

INN-05 TAY One-Stop Drop-In Center

MHSA Budget Summary

Over the past nine months MHSA monthly distributions have been in line with projections. Realignment II stabilized several mental health funding sources and improved cash flow starting in FY11/12. However, increasing demands by EPSDT (Early Periodic Screening Diagnostic and Treatment), Congregate Care Reform, and Katie A. services are threatening to impact MHSA (Mental Health Services Act) cash utilization on an ongoing basis. All the major mental health funding sources (1991 Realignment, Realignment II, EPSDT, Managed Care, and MHSA) with the exception of Medi-Cal, are tied to sales taxes and personal income taxes. Both of these

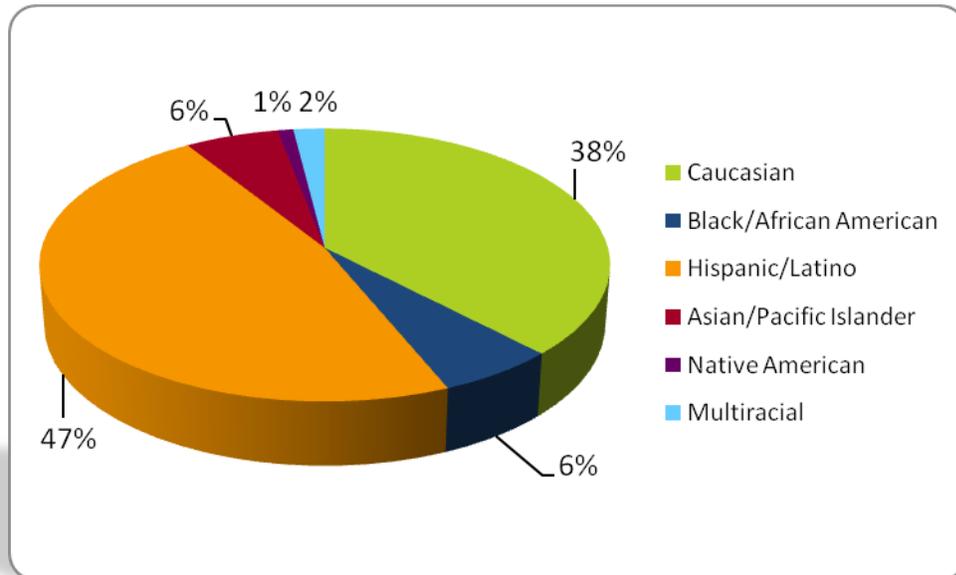
funding sources can fluctuate considerably based on the State's economy. Should this trend continue, it will put increased strain on MHSA funds in the future.

County Demographics

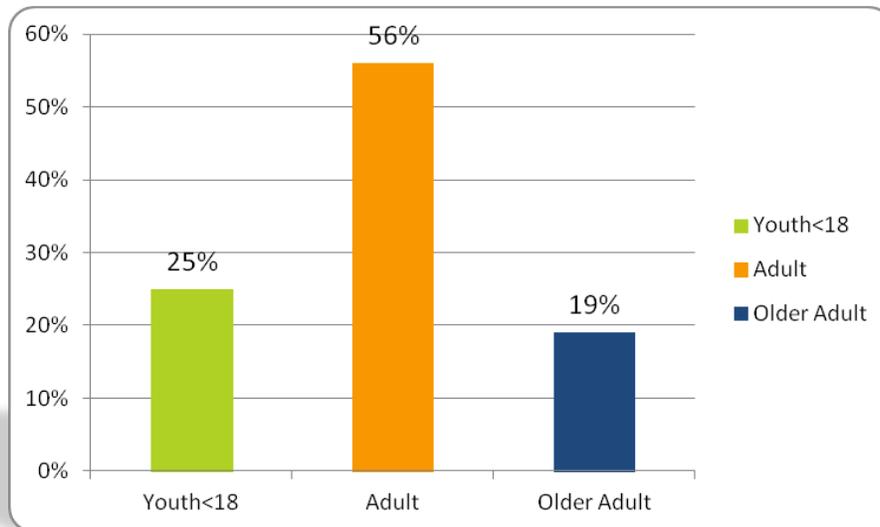
Riverside County stretches 200 miles across from Orange County to the Arizona border. Geographically Riverside County is the fourth largest county in the state, comprising over 7,200 square miles, and is home to diverse geographical features, including deserts, forests, and mountains. There are 28 cities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

At more than 2.3 million residents (2,352,694), Riverside County is the fourth largest county in California by population according to 2016 estimates. The County is ranked as the 10th largest County in the nation and continues to grow. Over the last five years the population grew by approximately 135,339 residents. Since 2000, the population has grown by approximately 51.9%; the county experienced the highest population growth of all California counties. More recently (between 2011 and 2016), Riverside County's average annual population growth varied between 1.54% in 2011 to 1.48% in 2016. This rate of growth is toward the higher range among counties in the Southern California Association of Governments (SCAG). Riverside County's growth has come from a combination of natural increase and migration. The County has continued to have a positive net migration with more people moving into the area than out. Between 2011 and 2017 net migration added over 73,254 residents. Natural increase (births minus deaths) is a substantial contributor with over 88,795 new residents added during this same period. In 2016 there were 705,716 households in the County. Families comprise 73% of the households with the remainder made up of non-family households (individuals or two or more unrelated individuals). Of the families 73% are married couples and almost half (46%) have children under the age of eighteen. The remainder of families (27%) are single householder families and over half (52%) have children under the age of 18. Riverside County has the eighth largest household size in California at 3.2 persons, higher than the state (2.9) and the U.S. (2.6).

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



Riverside County has a large Hispanic/Latino population comprising 47% of the population in 2016 while Caucasians comprise 38%. Black/African American and Asian/Pacific Islander are represented in nearly equal proportions at 6%; and the Native American population was less than 1% of the total population. A small percentage (2%) of county residents reported multi-racial or other as their race/ethnicity. Riverside County's population is relatively young, with a median age of 34 years and 25% of residents under age 18. However, older adults are a significant proportion of the population at 19%. The older adult population is expected to grow significantly over the next several decades and much faster than younger cohorts.



In Riverside County the most common language spoken at home is English and the most common Non-English language is Spanish. Only English is spoken by 59% of the population. Census data showed that overall 15.3 % of the population spoke another language and spoke English less than very well. Among the Hispanic/Latino population that speaks Spanish 37% reported not speaking English very well or reported not speaking English at all.

Socio- Economic Factors

Median household income in the County is \$57,927 (2016). Ten percent of households received Food Stamp/SNAP benefits in the past 12 months. Employment in Riverside County declined in 2008 and 2009 but began to improve after 2010. The unemployment rate has decreased to 6.3% in 16/17 FY after reaching a high of 14% in June 2011. Forty percent of the County population 16 years or older is not employed. Poverty estimates for Riverside County indicate that 15.3% of residents live below the poverty level; and 36% of residents live between the poverty level and 200% of poverty level. Rates of children living below poverty are 22%. The most recent Riverside County point in time homeless count identified 1,638 unsheltered and 775 sheltered homeless people (total = 2,413).

The civilian veteran population in Riverside County is 5%. Most of the adult population (80%) over the age of 25 has a high school diploma; and approximately 21% has a bachelor’s degree or higher. The Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) population of the County is difficult to accurately measure. Research literature has shown that due to social stressors this population may be at higher risk for mental illness. The California Health Interview

Survey (CHIS) is one potential source for data on the LGBTQ population in the County. Recent CHIS data showed 4.69% of the population identified as Gay, Lesbian or Bisexual.

Community Planning and Local Review

Local Stakeholder Process

Riverside County engages in a year-round MHSA Community Planning Process; this year focused on the FY 2017/18 Annual Update to the MHSA 3YPE Plan. The Department relies on age-specific system of care planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform MHSA program planning and decision making. Additionally, MHSA presented and welcomed feedback at committees formed by the Behavioral Health Commission to address the needs of special populations: Housing Committee (Homeless); Veteran's Committee; and the Criminal Justice Committee (Law Enforcement and Consumer Re-integration from the Legal System). These cross-collaborative committees are comprised of partner/community agencies and providers, consumers/family members, Board and Commission representatives, and a variety of other subject matter experts. MHSA staff routinely attend the planning committees and not only review MHSA plans on an annual basis but provide stakeholders the opportunity to complete a feedback survey to share their perspective.

The other critical element involved in the process is the inclusion of the Cultural Competency Reducing Disparities Committee (CCRD) to provide a concerted voice for underserved communities and integrate culturally-informed strategies into outreach and program development. Additionally there are cultural community specific advisory groups that are headed by a Department-hired cultural liaison. These advisory groups are formed by the community and receive Department support. Underserved communities represented include: Latino/Hispanic; African American; American Indian; Asian/Pacific Islander; LGBTQ; Deaf and Hard of Hearing; and Spirituality. MHSA administration also has oversight of the Department's Veteran's Services Liaison program and utilizes this role as an expert voice in integrating the needs of military veteran's into the plan.

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

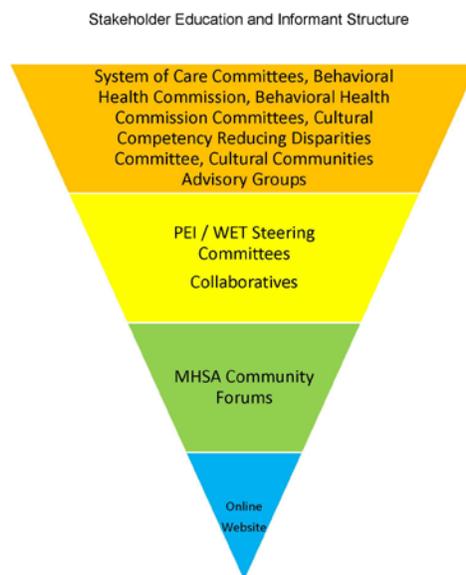
The PEI Steering Committee was comprised of representatives from education, community-based providers, Cultural Competency, Office on Aging, Health, and County PEI staff. The

committee fully vetted the PEI plan and made final recommendations for the PEI Annual Update.

The WET Steering Committee was comprised of stakeholders from academia, employees of the public mental health system, and individuals with lived experience as consumers and family members or who had clinical expertise. Additionally, WET supplied MHSAs WET Plan education materials and plan feedback forms at Department conducted trainings.

MHSA also has a standing agenda item on the monthly Behavioral Health Committee as they are the primary advisory body for the Department. They are routinely updated on MHSAs planning activities and of course assist the Department by conducting Public Hearing and evaluating Stakeholder interests.

This year included an intensive examination of Riverside's stakeholder process that involved the development of a readily identified Stakeholder Education and Informant structure. This structure can be used to educate and orient stakeholders on all the portals for stakeholder feedback.



The first phase of this implementation included the formation of regionally-held, quarterly PEI Collaborative meetings that spotlight and provide updates on PEI programs. The Collaboratives also create scheduled opportunities for stakeholders to have active dialogue and provide

feedback regarding program implementation. Our goal is to expand the Collaboratives format to WET as well.

Additionally, we planned to pilot MHSA Forums this year. These Forums are dedicated, interactive MHSA Plan education spaces at large Department events. The first Forums were planned for May is Mental Health Month events. Stakeholders were invited to meet MHSA administrative staff, interact on an individual basis on MHSA programs, receive education and resources information about the plan, and provide both written and verbal feedback opportunities. The goal is to expand these Forums to other Department and County events that span throughout county regions.

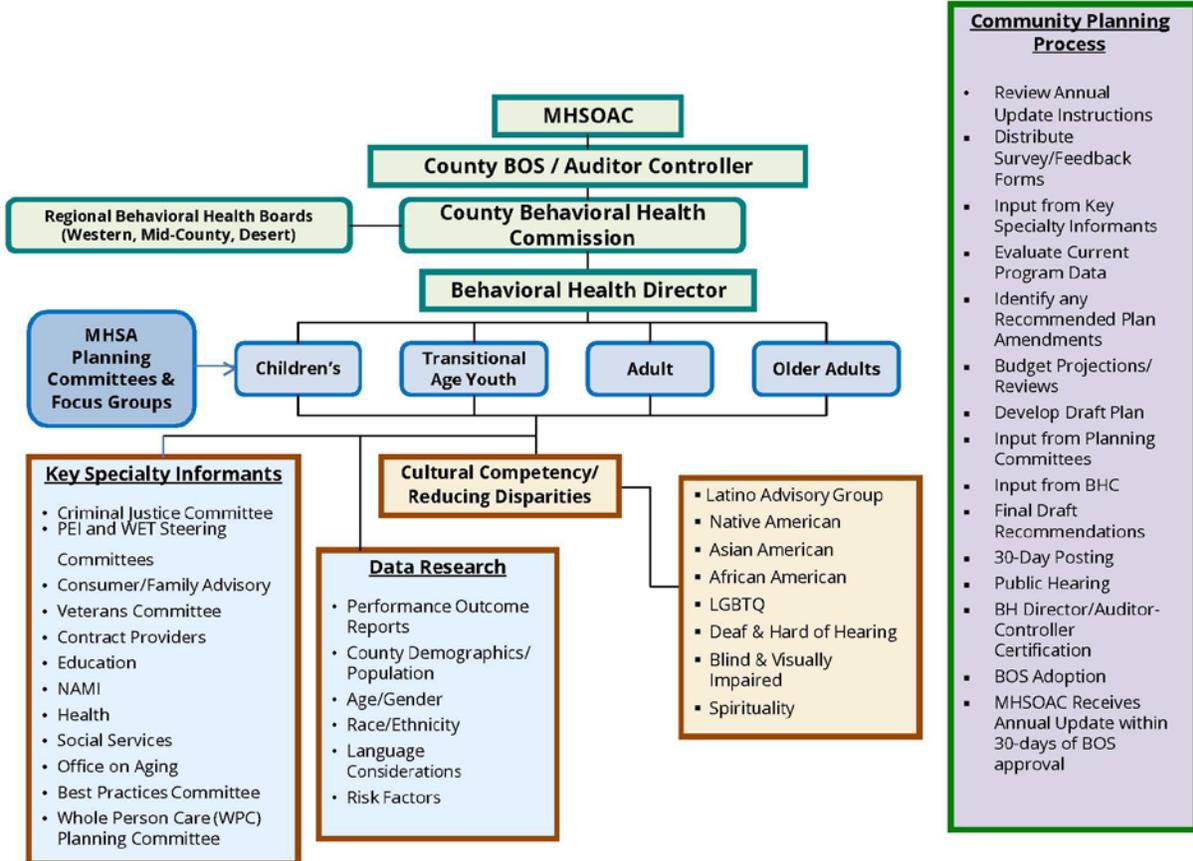
The Stakeholder Education and Informant structure also includes the development of stakeholder training. This year, stakeholders were encouraged to inform the Department on training areas that would best support their role as stakeholders. These topics will develop into training presentations that will be offered to all standing stakeholder groups. Topics of interest include: Understanding the MHSA Components and Regulations; Understanding RUHS-BH Organizational Structure and Service Delivery; Understanding a Service Delivery Arc – From PEI to Acute Care; Understanding Riverside County Logistics and Demographics; and, Understanding County Administration Practices.

Once the Annual Update is completed, copies are circulated to the stakeholder community for reference and review. Stakeholders were encouraged to continue to provide feedback on the initiatives outlined in the Plan Update verbally and/or in writing. Surveys were distributed to all Planning Committees, the Behavioral Health Commission, consumer programs, Family Advocates, Schools, Parent Support, Clinic Out-Patient Lobbies, NAMI, and community providers. The Plan is posted all year round on the RUHS-BH website, along with electronic stakeholder feedback forms, to welcome and encourage input from the community.

Stakeholder Description

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

MHSA Annual Update FY 18/19 Planning Structure



MHSA Annual Update FY18/19 Time Line

**August -
September 2017**

- Develop Community Planning Process Infrastructure
- Identify and confirm Stakeholders and Key Informant Groups
- Present Community Planning Process to Behavioral Health Commission

**October -
December 2017**

- Provide Annual Update Instructions, Timeline, Data Review, Program Analysis, and Survey/Feedback Tools to Key Informants, Stakeholders, and Planning Committees
- Identify current program effectiveness and/or rationale for consolidation or elimination of programs

**January -
March 2018**

- Continue Stakeholder Input Process, Sessions, and Opportunities
- Consensus Building
- Develop and Write Draft Annual Plan

**April -
June 2018**

April: Post Draft Annual Update for 30-Day Review and Comment
May: Public Hearing
June: Adoption by BOS
Final Annual Plan sent to MHSOAC 30-Days after BOS adopts

30-Day Public Comment

The Draft MHSA Annual Plan Update was posted for a 30-day public review and comment period, from April 2, 2018 through May 2, 2018.

Circulation Methods

The Draft Plan Update and Feedback Forms is available in English and posted on the Department website, at County Clinics, disseminated at all county libraries as well as distributed through the Behavioral Health Commission, Regional Behavioral Health Boards, and all MHSA Planning and Steering Committees. Advertisements for the Public Hearing will be posted in both English and Spanish for publication in the Press Enterprise newspaper which is distributed in all regions of the County. It will also be advertised in local regional newspapers such as the Desert Sun and The Valley Chronicle.

Public Hearing

After the 30-day public review and comment period, Public Hearings will be held by the Behavioral Health Commission (BHC) on May 2, 2018 in Riverside and May 16, 2018 in Indio.

All community input and comments will be reviewed with an Ad Hoc BHC Executive Committee for review and to determine if changes to the Work Plans are necessary. All input, comments, and Commission recommendations from the Public Hearing will be documented and included in this Update.

Community Services and Supports (CSS)

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

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

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

CSS-01 Children's Integrated Services Program

Full Service Partnership

Multi-Dimensional Family Therapy (MDFT)

Western Region (Riverside)

Mid-County Region (Lake Elsinore/Perris)

Desert Region (Indio)

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

County-Wide

Parent Child Interaction Therapy (PCIT)

Lake Elsinore

Pre-School

System Development

Parent Support

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

Mentoring

Youth Hospital Intervention Program (YHIP)

Clinic Enhancements and Expansion: Cognitive Behavioral Therapy (CBT), Aggression Replacement Training (ART), Parent Child Interactional Therapy (PCIT), Incredible Years (IY), and Parent Partners

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

A comprehensive system of care is supported by the Children's Integrated Services program array of services. Children's Integrated Services programs include interagency service enhancements and expansions, evidence-based practices in clinic expansion programs, full service partnership programs, and continued support of Parent Partners employed as regular county employees. Priority populations identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependents) and those suffering from a co-occurring disorder. Needs identified for children/youth during the planning process included children/youth involved in the juvenile justice system, those with co-occurring mental illness and substance use disorders, youth transitioning to the adult system of care, homeless youth, and children 0-5 years old.

The previously approved Full Service Partnership (FSP) programs continue to operate in all three regions in the County. These programs were designed to meet the needs of the priority populations with Multidimensional Family Therapy (MDFT) program serving mostly probation youth, and Treatment Foster Care (formerly Multi-Dimensional Treatment Foster Care) serving dependents of the court. Multidimensional Family Therapy (MDFT) Full Service Partnership program was specifically implemented to serve youth with a co-occurring disorder. MDFT has continued expanded program services with two teams in the West region, two teams in the Mid-County region, and one in the Desert. The five regionally based teams provided MDFT services to a total of 156 FSP youth in FY16/17. Collaborations with County Probation have resulted in referrals from the youth Probation Department to MDFT with nearly 67% of youth served referred through the Probation Department. Children's FSP programs served a diverse group of consumers. The majority served by the MDFT Full Service Partnership programs were Hispanic/Latino youth (61%). Recent outcomes from MDFT FSP programs showed improvements in youth behaviors with a 62% decrease in the number of arrests, and an 80% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 50% compared to baseline. School suspensions decreased by 84% compared to baseline. Measures of externalizing behaviors showed improvement with a statistically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

The Treatment Foster Care Oregon (TFCO) FSP program was expanded to include Therapeutic Foster Care to increase the number of foster care youth served. In previous years the number of youth served was limited by the narrow admission criteria in TFCO which includes placement in a treatment foster care home which has been a continual challenge. The TFCO program expansion was in response to community needs and is an effort to meet the requirements of the California Katie A vs. Bonita class action settlement. This expansion has been funded by EPSDT Medi-Cal, and has not impacted MHSA dollars. In FY 16/17, 12 foster care youth received FSP services from TFCO/Treatment Foster Care. An additional 22 youth were served with therapeutic foster care services. Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The TFCO program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. Treatment foster homes are certified, and licensed in collaboration with Probation and Social Services.

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

The expansion of clinic staff to include Parent Partners as part of the clinical team is integral to children's clinics enhancement. Parent Partners welcome new families to the mental health system through an orientation process that provides the opportunity to inform parents about clinic services and offer support/advocacy in a welcoming setting. Parent Partners are advocates assisting with system navigation and education. Parent Partner services are invaluable in promoting engagement from the first family contact, providing support and education to families, and supporting the parent voice and full involvement in all aspects of their child's service planning and provision of services. (See Parent Support and Training, page 179, for more details.)

In total, Children's Integrated Service programs served 11,062 (6,650 youth; and 4,412 parents and community members) in FY16/17. Across the entire Children's Work Plan, the demographic profile of youth served was 48% Hispanic/Latino, 9% Black /African American, and 17% Caucasian. A large proportion (25%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at <1% served compared to 6% in the population.

Systems development service enhancements with interagency collaboration and the expansion of effective evidence-based models, continue to be central components of the Children's Work Plan.

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

collaborated with DPSS staff at TDM meetings serving 1,090 youth in FY16/17. In addition Department staff participated in several hundred Child and Family Team (CFT) meetings with DPSS staff and families to support the creation of a family plan through a collaborative process.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal, and a number of youth without Medi-Cal, through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 471 youth in FY16/17.

The Youth Hospital Intervention Program (YHIP) provides follow-up linkage and parent/caregiver support to youth presenting in crisis at the County Emergency Treatment Services (ETS) facility and youth being discharged from an inpatient psychiatric admission. This program leveraged CSS with a SAMHSA system of care expansion grant which allowed the program to expand to three regional teams. Each County region had the capacity to respond locally to youth and families with case management, assessments, and follow-up linkage into the County system of care. The YHIP staff served 547 youth and families in FY16/17.

A multifaceted approach to assistance for parents continued throughout FY15/16 with Parent Support Staff (Parent Partners) in each clinic providing direct support services to clients and their families; and a Central Parent Support Team to provide a variety of assistance to parents including: community outreach; a parent support warm line; and parenting classes. Parent Partners from Central Parent Support provided a number of support services impacting 1,283 individual youth and families. Additional contacts were provided to, 3,048 parents through community engagement and outreach efforts at community events. Parent Partners provided informational presentations in diverse settings throughout the community visiting schools, health providers, local law enforcement, and non-profit agencies who serve diverse traditionally underserved communities.

Clinic expansion programs also included the use of Behavioral Health Specialists in each region of the county to provide groups and other services addressing the needs of youth with co-occurring disorders. Mentoring services have also been provided to 36 children that have an open case file in the children's clinics. Evidence-based practices (EBP) expanded in the

children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). Cognitive Behavioral Therapy continued to expand with the availability of Trauma-Focused CBT for youth with symptoms related to significant trauma experiences. PCIT was provided within the context of a full service partnership program to 89 youth. Outcomes for PCIT have consistently shown reductions in externalizing/disruptive behaviors and decreases in parental stress as measured by Eyberg Child Inventory (ECBI) and Parental Stress Index (PSI).

Services to youth involved in the Juvenile Justice system have continued with Aggression Replacement Therapy (ART) provided in several youth detention settings. ART is an EBP that focuses on the development of strategies to manage anger and improve social skill competence. The ART program served 122 youth during FY16/17. Additional services to youth in the Juvenile Justice system are described in 3YR projections/amendments.

CSS-02 Integrated Services for Youth in Transition

Full Service Partnership

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

Integrated Services Recovery
Center-Mid-County

Integrated Services Recovery
Center-Desert

System Development

Peer Support and Resource
Centers (see CSS-05 Peer
Supports)

Transition to Independence
Process (TIP) training

Crisis and Adult Residential
Treatment (CRT) (ART)

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

Transition Age Youth (TAY) programs continue to be implemented as originally designed in the 3YPE. TAY with a serious persistent mental illness and frequent psychiatric crisis or inpatient admissions, or that are experiencing incarcerations and/or homelessness, were an identified service priority. TAY, with co-occurring disorders, were also a priority. Services to Transition Age Youth were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, and hospitalizations; as well as promoting independent living and recovery. The CSS strategies supporting transition age youth during FY16/17, including Integrated Services Recovery Centers, Peer Support and Resource Centers, and Crisis Residential Services were designed to address the issues identified for TAY youth during CSS planning.

The Integrated Services Recovery Centers (ISRC) Full Service Partnerships continue to operate in all regions of the County. The Peer Support and Resource Centers were fully operational with the TAY supports provided in all three regions of the County. Crisis and Adult Residential Treatment are available for TAY needing stabilization, although they are funded through the Adult Integrated Services Work Plan.

Emergency and Permanent Housing are also available to TAY through the HHOPE Program outlined in the Adult Work Plan. Progress reports for all the programs listed in the TAY Work Plan are described below.

TAY Integrated Services Recovery Centers (ISRC) established in each region of the county (Western, Mid-County, and Desert) continued to provide Full Service Partnerships services focusing on youth transitioning to adult services. A variety of services and supports are available at the TAY ISRCs including mental health services, housing supports, vocational counseling, substance abuse counseling, peer support, and psychiatric services. In FY16/17 a total of 315 TAY youth were served by the FSP programs with 132 youth being served in the Western Region; 107 youth served in the Mid-County Region; and 88 served in the Desert Region. The TAY FSP program shows good progress with regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs somewhat reflect the proportion of Caucasian and Hispanic/Latino population in the Riverside County population with more Hispanic/Latino TAY (36%) youth served than other ethnic/race group. The Black/African American demographic represents 14% of youth served. Asian youth were underrepresented. Recent outcomes evaluation for TAY FSPs showed a 84% reduction in the number of arrests; a 74% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 54% reduction in the number of inpatient psychiatric hospital admissions.

Crisis Residential Treatment (CRT) services have been available to TAY age youth to stabilize youth in acute crisis in order to eliminate or shorten the need for inpatient hospitalization. CRT services operating in the Western and Desert Regions provided this community-based alternative to 102 TAY age youth. In addition three TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting, for up to six months, for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive IMD setting, and provides the services and structure needed to assist consumers with removing barriers to discharge, and optimizing re-integration into the community.

Peer Support and Resource Centers operated by Recovery Innovations, Inc. are referred to as "Wellness Cities". Peer Support Centers are operating in all three regions of the County. The centers provide another avenue for TAY youth to receive educational and vocational support as

well as peer mentorship with a recovery focus. Progress of the Peer Support and Recovery Centers is included under the Peer Support and Recovery Center Work Plan (CSS-05).

CSS-03 Comprehensive Integrated Services for Adults

Full Service Partnership

Integrated Services Recovery Centers

ISRC West

ISRC Bridges (Western/Mid-County)

ISRC (Riverside Integrated Service Expansion (RISE) – for High Utilizers

ISRC Mid-County

ISRC Desert

System Development

**Adult Residential Treatment (ART)
Mid-County/Desert Regions**

Safehaven Western/Desert Regions

Housing (HHOPE)

Mental Health Court

Augmented Board and Care (ABC)

Crisis Residential Treatment (CRT)

**Crisis Stabilization (All Regions),
including Outreach Teams.**

Family Advocate Program (FAP)

**Peer Support and Resource Centers
(see CSS-05)**

Clinic Enhancements/Expansions

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

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

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a recovery focused supportive system of care for adults with serious mental illness. The priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies include a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. These strategies are intended to be

recovery oriented, incorporating both cultural competence and evidence-based practices. The Comprehensive Integrated Services for Adults (CISA) program continues to offer Full Service Partnership (FSP) programs in all regions of the County. In FY 16/17 the Bridge FSP expansion programs have continued to successfully operate. The “Bridge” acts as an intermediate level of care to step individuals down to a lower level of care from the FSP. In addition the “RISE” FSP expansion has continued to offer FSP services to those transitioning from the most intensive residential settings to community care settings. All System Development programs continue to be operational with the exception of the Augmented Board and Care (ABC). The department is continuing to explore ABC opportunities to expand capacity to provide adult residential facilities and services. All the other systems development programs in the work plan are fully operational including the Adult Residential Treatment Program, Safehaven, Mental Health Court, Crisis Residential and Stabilization Program, Family Advocate, and Clinic Enhancements/Expansions.

Recovery focused support is a key component in the outpatient clinic system. The employment of Peer Support Specialists is part of the adult CISA clinic enhancements. Peer Support Specialists have continued to serve as an important part of the clinic treatment team by providing outreach, peer support, recovery education, and advocacy. Wellness Action Recovery Plan (WRAP) groups have become well established in our adult clinic system due to the work of Peer Support Specialist. Peer-Support Specialists working in the clinics as regular Department employees provide continual support for consumers’ recovery.

Recovery Management, Dialectical Behavior Therapy, and Co-Occurring Disorder groups are evidence-based practices offered in the adult clinics and supported through the Adult Work Plan. Training and continued staff support to ensure program fidelity has been a key component in offering these groups to consumers. Many consumers have benefitted from this therapeutic group service. Outcomes from recovery management showed that knowledge of illness and self-management strategies improved from initial measurement to follow-up. In total 14,216 consumers have benefitted from clinic expansion and enhancements.

Family Advocates has been an important component of enhanced clinic services. Family Advocates provide families with resources and information on mental illness and how to navigate getting help for their family member. Families with a loved one accessing services in the county mental health system can consult with Family Advocates when needed. In addition the Family Advocate unit provides a variety of informational and support services to assist

families of mentally ill adults and TAY consumers in the community who may not be currently utilizing the county system. Typical Family Advocate activities include assistance with navigating access to clinic services and connections to self-help support groups like NAMI. Family Advocates also directly facilitate support groups for family members. Family advocates have been certified in providing Mental Health First Aid which is an 8 hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Family advocates have trained family members, community members, and organizational providers increasing their ability to identify, understand, and respond to the signs of mental illness and substance abuse. The Family Advocate Program provided support to 1,131 family members and had contact with an additional 1,538 people through various community outreach events and educational/training presentations.

Family Advocates who have a family member with a serious mental illness contribute a unique perspective to supportive services provided in the clinics and in the community. **(See Family Advocate Program, page 174, for more details.)**

FSP programs provide a more intensive level of service through regionally placed Integrated Service Recovery Centers (ISRC). Three ISRCs provided Full Service Partnership services for adults with a service array that includes: mental health services, vocational counseling, substance abuse counseling, peer support, benefits assistance, and psychiatric services. In total 828 adults were served in the Adult FSP programs; with the Western program serving 323 FSP consumers, the Mid-County serving 161 FSP consumers, the Desert serving 149 FSP consumers, Forensic FSP serving 32 consumers, and RISE serving 134 consumers. The ISRCs serve consumers who are unengaged and are homeless or at risk of homelessness. The program also targets consumers who have a history of cycling through acute or long term institutional treatment settings. These centers collaborate with community resources and agencies to meet the vocational, educational, social and housing needs of Adult consumers. Services are provided by a multi-disciplinary team that embraces the principles of recovery and resilience. The Adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (54%) followed by the Hispanic/Latino group at 22% of those served. Adult FSPs continue to have some disparities with regard to the proportion of Hispanic and Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the

Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the county's population. FSP quarterly meetings have continued and include FSP program management and supervisors including contract providers. FSP outcome reports have been presented which provided an avenue for further discussion with staff with regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed a 95% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 75% compared to baseline; and the number of consumers with admissions to the emergency room for psychiatric reasons has decreased visits 95% compared to baseline data. Comparisons of consumers' residential status at intake and their most recent residential status showed that homelessness decreased and consumers living on their own in an apartment, house, or rented room increased. In addition, the number of days spent living independently, in supervised placement, and residential treatment increased and the days spent homeless (68% decrease), or in jail (72% decrease) decreased.

FSP expansion programs have continued full operation in FY16/17. These ISRCs expansion programs include an intermediate level of care called the "Bridge" and a population focused program called "RISE". The Bridge programs served 90 people in the Western and Mid-County Regions. The expectation is this program will allow for an additional 140 FSP slots for consumers.

The Department is contemplating expanding Bridge services to the Desert region as well, as a true FSP Step Down Program. The model and scope of service would mimic the Step Down "Bridge" models that are currently operational in Western and Mid-County regions.

The RISE (Riverside Integrated Services Expansion) was developed to engage individuals on LPS conservatorships who are transitioning back to the community after treatment in a secure long-term care facility. Formerly this population was among those with high service utilization in crisis or acute settings. RISE served 135 individuals in FY16/17. These individuals have been stabilized in less restrictive living situations while receiving intensive mental health supports through FSP.

For the adult forensic population, dedicated mental health staff provide assessments, linkages, and case management for consumers referred through the superior court system. Adults with serious mental illness can, when appropriate, receive treatment rather than incarceration. The model is an interagency collaborative that includes the Riverside County Superior Court, District

Attorney, Public Defender, Sheriff, Probation, and Behavioral Health. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court program to one of the Integrated Service Recovery Centers, or other appropriate county clinic or community resource based on the consumer's needs and recovery goals. The Mental Health Court program served 507 consumers in FY16/17. (See page 150 for a full description of the Mental Health and Veterans Court Programs.)

In FY16/17 the Crisis Stabilization Unit (CSU) in the Desert Region served 1,628 people (1,403 adults, 225 youth <18). MHSA funds have continued to support the department's Crisis Response System of Care. Expansion in the crisis system includes three voluntary CSUs one in each region of the County. The Western CSU which began in a temporary location has moved into a grant funded newly constructed facility which also houses a Crisis Residential Treatment program. The Western CSU served 2,279 clients. The Desert voluntary CSU located in Palm Springs served 727 adults in FY16/17. The Mid-County voluntary CSU located in Perris served 776 adults. Although only partially funded by MHSA, this allows the Department to build upon existing MHSA Crisis Stabilization and Residential Treatment services. Leveraging crisis resources should result in lower in-patient hospital rates and associated costs aligning with MHSA principles.

Outreach teams support Community Hospitals and Law Enforcement to ensure those in crisis have alternatives to hospitalization by fully utilizing the Crisis Stabilization Services. In 16/17 Mobile Crisis Stabilization outreach teams supporting law enforcement had 1,069 contacts and served 982 people. Mobile crisis outreach teams supporting community hospital emergency departments had 1,493 contacts serving 1,265 people. Both adults and youth under age 18 benefitted from the outreach teams services. One third of the law enforcement crisis contacts were for youth under the age of 16 and 24% were for TAY age youth 16-25 years old. Most of the mobile crisis outreach teams contacts supporting community hospitals were for adults 26 years of age and older (64%) only 12% involved youth under the age of 16; and 24% were TAY age youth (16-25yrs old). Outreach teams supporting law enforcement were able to divert from hospitalization 77% of the people they served. Outreach teams supporting Community Hospitals were able to divert from emergency rooms 36% of people they served. In addition the mobile teams serving emergency rooms were able to discontinue 5150 holds for 27% of those who

were on 5150 holds at the time the mobile team had contact and provided a crisis intervention. This resulted in 243 people being released from a 5150 hold and diverted.

Crisis Residential Treatment (CRT) services and the Adult Residential Treatment (ART) program have provided community based voluntary alternatives to acute inpatient admissions and/or earlier discharge from acute or long term settings. This CISA program served 645 adults at two regional CRTs. The CRTs supported stabilization and discharge planning in a residential treatment setting, for up to two weeks, thus avoiding more costly inpatient settings. The Adult Residential Treatment program served 36 adults enabling them to stay in a therapeutic residential treatment setting for up to six months before transitioning to a less restrictive living situation. This program allowed the consumers to receive assistance with removing barriers to living more independently and maximized the opportunity for a successful re-integration into the community.

CSS-04 Older Adult Integrated System of Care

Full Service Partnership

SMART (Specialty Multi-Disciplinary Aggressive Response Treatment) Team

(SMART) West

(SMART) Mid-County

(SMART) Desert

(SMART) Bridge

System Development

Peer and Family Supports

Housing

Network of Care

Clinic Enhancements and Expansions

Older Adult Clinics

(Western, Mid-County, and Desert Regions) Riverside-Rustin, Lake Elsinore, Temecula, San Jacinto, and Desert Hot Springs

Satellite Older Adult Clinics

(Indio, Banning and Perris Adult clinics)

Riverside University Health System-Behavioral Health is dedicated to supporting the programs of the Older Adult Integrated System of Care serving individuals with severe and chronic mental illness in our programs. The Full Service Partnership, SMART, System Development, Wellness and Recovery and Prevention and Early Intervention including Peer and Family Supports, Housing, Network of Care, Older Adult Clinics and Clinic Enhancements. Within the Full Service Partnership and System Development, Older Adult Services has sustained considerable improvements in timeliness to first service, typically within 7 calendar days. Overall, the Older Adults Integrated System of Care served 4,231 consumers (60 + years) in year 2016-17 versus 3, 217 in the previous fiscal year, a 32% increase year to year. Of the 4,231 older adults served, 40% were served in the Western Region, 25% were served in the Desert, and 35% were served in Mid-County. In reference to mental health, the Older Adult population is underrepresented relative to their proportion in the Riverside County general population.

Overall more Caucasian Older Adults were served as compared to the next four largest racial and ethnic groups. Within Riverside County, the distribution of Older Adults served by race was Caucasian 42%, Hispanic 20%, African-American 10%, Asian 3%, and Native American <1%.

For older adult consumers, the primary diagnoses of those served were Major Depression, 31%, Schizophrenia/Psychotic Disorder, 27%, Mood, Anxiety and Adjustment Disorders, 15% and Bipolar Disorder, 12% (Riverside County, 2017).

Based on the Riverside University Health System-Behavioral Health Consumer Satisfaction Survey Adult from November 2014 to November 2017, 97% of Older Adults were generally satisfied with the services received throughout the Older Adults Integrated System of Care (RUHS-BH, 2017). Additionally according to the survey, 72% of the mature adults reported improvements in their psychiatric symptoms.

SMART (Specialty Multidisciplinary Aggressive Response Treatment) Team/Full Service Partnership (FSP)

The SMART (Specialty Multi-Disciplinary Aggressive Response Treatment) Team/ Full Service Partnership continues to provide services in all three regions of the County (West, Mid-County, and Desert). The FSP services will continue to include the “Bridge” level of care that provides expanded consumer allotments and services in each region. The “Bridge” expansion was implemented in all regions during 2016 as a step down program.

The three Regional (SMART) Teams continue to provide FSP services including: community and mobile outreach for homeless and homebound consumers, integrated care assessments, intensive case management, housing, medication management services, field-based nursing and preventive care services, crisis assessment, intervention and stabilization, rehabilitation services, linkage to community resources, and short-term individual and group therapy. The SMART model encompasses home and community-based interdisciplinary treatment services, consultation with primary care physicians, psycho-educational services, behavioral supports, psychoeducation to families, integration of substance abuse services into the treatment process, and referrals to other service providers and community stakeholders. Since SMART consumers are predominately homeless or at risk of being homeless, the SMART programs each have a strong housing component which includes emergency housing, placement in room and boards, Board and Cares in subsidized housing. The SMART Programs in Western and Mid County Regions have staff housed in Senior residential complexes to provide additional support and assistance with housing and behavioral stabilization. Consumers transfer from the Older Adults SMART FSP to the Bridge program and then transition into Wellness and Recovery Services for assistance with long term treatment and recovery goals. Within the last year, over 30

consumers have been transferred to either the Bridge or Wellness program. In addition staff from the FSP and Wellness team consult during an interdisciplinary team meetings for needed behavioral services and supports for mature adults with extraordinary challenges in order to provide treatment.

As of July 2016, a total of 883 adults participated in the FSP program, since its inception. The breakdown by region indicates that the Mid-County and Desert regions each served 275 consumers, and the Western region served 350 consumers. Overall, the demographic outcomes indicated that the race/ethnic groups served in the FSP were African American (10%), Hispanic (16%) and Caucasian (65%). However, the demographic outcomes demonstrated that the race/ethnic groups served in the FSP were not representative of the population in Riverside County (Riverside County, 2017).

Overall, the effectiveness of the FSP programs resulted in a decrease in arrests, psychiatric hospitalizations, and emergency room visits. Regionally, arrests of FSP consumers showed a 90% decrease for the Desert and Western regions, and a 78% decrease for Mid County. Decreases in psychiatric hospitalizations were evidenced across all three regions. The Mid County and Desert programs showed decreases of 79% and 73% respectively, while the Western region had a 44% decrease. Emergency room visits for psychiatric reasons declined 90% and 88% in Mid County and the Desert respectively while the West had a 78% decrease. Similarly, emergency room visits due to physical emergencies in the Desert and West decreased 90% and 88% respectively while Mid County evidenced an 82% decrease.

Wellness and Recovery Centers for Mature Adults (Older Adults Clinics)

Older Adult Clinics continue to serve consumers at regionally-based older adult clinics in Desert Hot Springs, San Jacinto, Riverside, Lake Elsinore and Temecula, and through designated extension staff located at adult clinics in Perris, Banning and Indio. As of January 2018, The Wellness and Recovery Center for Lake Elsinore and Temecula has expanded from three service days in Lake Elsinore and two service days in Temecula to five days in each center in order to provided needed services in the Mid-County region of Riverside County. The Wellness program is designed to empower mature adults who are experiencing severe, persistent mental illness to access community treatment and services in order to maintain the daily rhythm of their lives while promoting personal recovery and resiliency.

The Wellness and Recovery Centers for Mature Adults provide a comprehensive menu of behavioral health services including community outreach, psychiatric services, psychological assessment, medication management, and field based nursing and preventive care services, case management, individual therapy and group therapy, psychoeducational groups, peer support services and animal assisted therapy and assistance with housing. Older Adult Clinics currently offer over 25 therapy and psychoeducational groups including Wellness, WRAP, Facing Up, Cognitive Behavioral Therapy for Depression, Anger Management, Cognitive Behavioral Therapy for Psychotic Symptoms, Seeking Safety, Dialectical Behavioral Therapy, Bridges, Grief and Loss, Brain Disorders and Mental Health, Creative Arts, Art Therapy, Computers, Chronic Medical Conditions, Recovery Management and Co-Occurring Disorders. The Wellness and Recovery Centers have continued to innovate with the development of enhanced psychological services (assessment and evaluation). Within our Older Adults Clinics we have incorporated psychological assessment within the Interdisciplinary Team process in order to assist in differential diagnosis, integrated care and to augment recovery from severe, persistent mental illness. In addition, we have developed Spanish psychoeducational groups, Wellness and WRAP for monolingual older adults. Moreover, at three of our Wellness and Recovery Centers (Rustin, Lake Elsinore and Temecula) we have implemented a Drop in Mindfulness Center utilizing the family room model for the older adults that we serve. With the continuation of the rapid growth of the Older Adult population in Riverside County, there is a potential for a future clinic expansions in Corona, Indio and Banning.

CSS-05 Peer Recovery Support Services

The Department continues to be dedicated to the previously approved key Peer initiatives including Peer Employment and Recovery Training, Peer Employment, and Peer Support and Resource Centers. This has continued to support building our Peer Workforce capacity as the department now funds well over 200 peer positions department wide and through contractors. The department will continue to expand Peer Support Specialist positions in accordance with any program growth.

Peer Support and Resource Centers also continue to be an important component of the department's peer initiatives. Recovery Innovations now operates the Peer Centers countywide referring to them as "Wellness Cities". In the last planning cycle an additional Wellness City was added in Western Coachella Valley and was to serve like a step down program for the Full

Service Partnership Program housed in Palm Springs. The Peer Support and Resource Centers in FY 16/17 provided four sites, and three satellites sites that served 1,085 adults, and 153 Transition Age Youth (TAY).

Provided below are additional details on all the programs listed in the Peer Recovery Support Services Work Plan.

Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. Four regionally located centers were operated by our contract provider (Recovery Innovations) and collectively served 1,238 people. In the Western Region, Recovery Innovations provided support services to 350 adults and 40 TAY. In the Mid-county region 340 adults and 55 TAY received services. In the Desert region 395 adults and 40 TAY were served.

See page 189 for additional information on the Recovery Innovations program. See page 163 for a full description of a variety of Consumer Empowerment Initiatives such as Employment, Supportive Education, and Training highlights.

Workforce Education and Training (WET)

“Education. Vocation. Transformation.”

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

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

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

Fiscal year 2016-17 brought many opportunities, changes, and challenges for WET programming in Riverside County. During this fiscal year and beyond, WET experienced major staffing changes for the first time since its inception. Despite major fluxuation in staffing, WET was able to readdress and strengthen existing evidenced-based practices for serving some of our most vulnerable consumers, develop a comprehensive new employee training series, expand our reach with social media and sustain ongoing staff support programs through leveraging resources and relationships. WET is also looking forward to forging ahead in the

coming years through further collaboration and contributions within our own workforce, working with our partner agencies, and better engagement in our stakeholder processes.

WET-01 Workforce Staffing Support

The first 3 actions/strategies within the WET plan are dedicated to the basic staffing needs necessary to manage and implement the plan. WET administrative staffing has enjoyed many years of consistency, with only modest changes to manage the increased demands of program development. However, recent changes prompted by retirement and promotions has led WET to manage a series of leadership changes while striving to ensure sustainability and integrity of its programs. WET administrative staffing remains critical because WET manages the programs encompassed with the approved plan, and also manages the daily operations of our Department's Conference Center in Riverside and serves as the RUHS-BH designee for the Southern Counties Regional Partnership (SCRP) which is a collaborative of 10 southern county WET programs.

Recent changes prompted by retirement and promotions led to the hiring of a new Staff Development Officer of Training and has left the Staff Development Officer of Education position vacant. Efforts are being made to fill this critical position. In 2017, WET added a second trainer to expand our law enforcement collaboration and education actions/strategy, Crisis Intervention Team (CIT) training. Increased requests for this training and other supports had exceeded the availability of our one designated trainer. (See more about CIT under Training and Technical Assistance of this WET update.)

WET-02 Training and Technical Assistance

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

These Actions include:

- A) Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program
- B) Cultural Competency and Diversity Education Development Program
- C) Professional Development for Clinical and Administrative Supervisors
- D) Community Resource Education

E) Crisis Intervention Training (Law Enforcement Collaborative – See Crisis Intervention Training for more).

A. Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program

Training audiences included Department employees, employees at partner agencies and academic institutions. All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSa to ensure content was relevant:

- 1) Community Collaboration
- 2) Cultural Competency
- 3) Client and Family-Driven
- 4) Wellness Focus which includes Recovery and Resilience
- 5) Integrated Services

Over 13,000 attendees were trained at the Rustin Conference Center or related Department locations during fiscal year 2016/17, not including program specific training for law enforcement (see Crisis Intervention Training) and training for student interns (see Graduate Internship Field and Traineeship Program). WET is currently reviewing and redeveloping our department-wide training plan to meet the evolving needs of our workforce with a focus on refining current offerings and expanding offerings to job classifications or settings that have not historically received as much attention (i.e. Mental health detention services, medical staff, etc.).

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities. Two hundred fifty-one staff members were trained or retrained in Nonviolent Crisis Interventions, an evidenced-based practice designed to support the care, welfare, safety and security of those in crisis. We offered two workshops to 173 professional or licensed staff members covering current legal and ethical issues and considerations. We also offered our team-developed curriculum series for paraprofessional staff, support staff, and trained/retrained 183 practitioners who provide our co-occurring, manualized group treatment called Co-Occurring Recovery (CoRE). Exciting new training opportunities included workshops on the rise in Autism Spectrum Disorder, pediatric psychopharmacology, Mindful Workforce development, and training language interpreters in behavioral health.

Furthermore, WET coordinated the development of 32 new practitioners of Dialectical Behavior Therapy (DBT), adding to a cohort of over 160 practitioners department-wide. Dialectical

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

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

WET organized the development of RUHS-BH practitioners specializing in the treatment of eating disorders. Thirty therapists have completed the training and receive bi-monthly consultation from a specialist. These therapists not only serve consumers at their assigned clinic locations, but can serve consumers anywhere within their region to increase access to eating disorder recovery. WET also coordinated the trainings for Trauma-Focused CBT assisting in making this model available throughout our children's programs. Future directions in our efforts to treat eating disorders includes training and developing in-house trainers for sustainability and developing regional, multidisciplinary treatment teams to support overall medical and therapeutic treatment efforts for the client and family.

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

New Employee Orientation (NEO) is a one day welcoming and informational training for new RUHS-BH employees across job classifications. Employees receive a foundation of program mission and operations from Department leadership. Subjects include: Our history, structure, and culture; Presentations by Consumer Affairs, Family Advocate, Parent Support and Training, and Cultural Competency; and, Understanding confidentiality, compliance, employee health and benefits. During the 2016/17 fiscal year, an additional 163 employees attended NEO.

Original WET planning included the exploration of expanding the NEO to include standardized training on clinic procedures and related compliance. Aptly titled the New Employee Welcoming (NEW) training series, this training series was re-conceptualized by the WET team to include reviews of major core competencies for different classifications, professional development as well as practice through skill labs. In all, this training model concept offered 3 to 9 days of initial training and orientation for every new department employee. Though previously hesitant, department leadership unanimously supported this training proposal after considering the many benefits of standardized training for all staff. In fiscal year 2016-17, WET and our Quality Improvement team began researching and developing this foundational training model. Training tracks for each major classification of employee were considered and incorporated. This curriculum was completed in late 2017 and the training series was piloted with 44 new employees in February 2018. Initial evaluations and feedback indicate the training was well received.

In the past, the WET Steering committee recommended that RUHS-BH encourage more on-line trainings especially for the regular, mandated trainings that are necessary for Human Resources. Efforts to increase the accessibility of trainings by offering workshops in multiple modalities is underway. WET is currently exploring on-line, eLearning, webinar and “flipped-classroom” training formats in an effort to maximize accessibility to core and critical trainings for all department staff. In addition, committee members and other stakeholders recommended increasing the number of advanced treatment and skill development workshops which WET intends to incorporate into the revised, department-wide training plan.

B. Cultural Competency and Diversity Education Development Program

WET serves as a primary support to the RUHS-BH Cultural Competency Program in the identification and coordination of training related to cultural competency and culturally informed care. The Cultural Competency Manager position was vacant for a period of time. Upon hire, the WET Manager and the Cultural Competency Manager met to review the status of RUHS-BH's training to assist staff with developing culturally informed practice and service, as well as, the identification and necessity of trainings addressing the unique needs of each cultural community.

Additionally, WET coordinated or conducted trainings related to working with Native Americans, the prevention of the financial exploitation of mature adults, assisting staff with meeting the cultural and clinical needs of the LGBTQ community, and a specific two-day training conference on the needs of transgender youth. WET Steering committee continued to reinforce the need for the provision of trainings specific to each unique cultural community, and encouraged the Department to consider promising practices when serving cultural communities. Via the Southern California Regional Partnership, WET will be participating in a department-wide, cultural competency assessment process to better understand our strengths and areas of needed growth in this workforce development area.

C. Professional Development for Clinical and Administrative Supervisors

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

In 2016, WET completed a needs assessment with our department supervisors as a project from one of our graduate student interns, securing data that helped define areas of training while also assisting the intern with a better understanding of administrative social work. This research, along with consultation from the WET Steering Committee and our department's supervisor group, will serve as the foundation for the curriculum development and implementation of this job classification training series. Resources previously developed to support supervisor efforts, like discussion boards using SharePoint software and the new supervisor workgroup, are still in effect.

The WET Steering committee provided guidance in their recommendation of specific training features that could be included in an overall training package for department supervisors. Recommended training features included reference manuals for common business procedures encountered by supervisors, the utilization of small consultation groups for coaching and refining skills, and the formation of a mentorship or fellowship program with senior management. WET will continue developing training to support the professional development of supervisors in this department.

D. Community Resource Education (CRE)

The Community Resource Educator serves as a liaison to key community resource organizations, and problem solves resource access issues within the service delivery system, establishes a library of community resource referral applications and promotional materials, and educates both department staff and the community on viable resources to help with consumer family needs. Additionally, the CRE serves to educate staff on academic and career development programs and serves as department historian regarding department accomplishments, awards, and recognition. The CRE provided a direct access for staff to call in or e-mail with requests for research on specific resources. There was a total of 37 direct requests for resource research in fiscal year 2016-17.

Social media has become the dominant form of communication and interaction among the population in general, so our ability to contribute to these social media conversations is critical. Through the work and leadership of the CRE, Riverside University Health System – Behavioral Health was able to adopt these tools in order to elevate its presence as a resource and insight about mental health and substance use concerns in our community. Social media allows us to participate in conversations as they're happening. Rather than posting static, one-way messages, we can 'listen' to what our consumers are saying and then engage them in relevant conversations.

We officially launched Facebook, Twitter, Instagram and YouTube as our first phase into the social media realm in June of 2016. The results of have been extremely positive. As of June 30, 2017, we have seen 161,823 impressions across all of our social media applications for FY16/17 as compared to 93,578 impressions across all of our social media applications the prior fiscal year, showing a household reach increase of 58% versus the prior fiscal year. Impressions are the number of times a post from our page is displayed on someone's feed.

Facebook, in particular, has grown to 612 “likes,” a 75% increase over the prior year. The community has viewed our videos over 12,900 times to date. Resource content posted on our feeds has been “liked,” “shared” or commented on over 3,678 times. As our social media presence, content, and discussions grow, we expect it to reach even more consumers and family members in the future.

WET began the development of an online collaborative platform called iConnect. Using Microsoft SharePoint technologies, we have 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 143 users taking advantage of over 500 collected resources.

For the incoming fiscal year, the Community Resource Educator will focus on developing and launching a staff recognition program- where both staff and consumers have the opportunity to recognize good work. Recognition is important because it creates a work environment that helps employees feel good about what they do and about each other. The Community Resource Educator is in early phases of developing and launching an employee recognition program for the department that creates and maintains a culture of empowerment. When staffs’ strength and positive attributes are emphasized, developed, and nurtured, this ultimately enhances their performance in a recovery-based service delivery system. Features of this program include an ongoing, year-round formal recognition process and options for spotlighting exceptional stories with department leadership, participation in organization-wide Employee Appreciate Month and the further development of a Department Historian. Early features of this program will have been launched in February of 2018.

E. Crisis Intervention Training (CIT): Law Enforcement Collaborative

RUHS-BH has collaborated with local law enforcement (LE) agencies to enhance officer training when working with someone who is experiencing mental health crisis. This collaborative is coordinated by a WET program Senior Clinical Therapist who partners with LE to provide Crisis

Intervention Training (CIT), a 16-24 hour course which is Peace Officer Standards and Training (POST) certified. This past year, an additional licensed staff member was added as a second trainer in order to meet expanding needs and requests related to this collaborative.

The CIT team consists of two clinical therapists and a range of guest presenters from Parent Support and Training, Family Advocate and Consumer Affairs. The CIT training team reinforces and models the importance of collaboration, educates on the benefits of behavioral health services, and increases awareness while reducing stigma. CIT program topics include recognizing behaviors of common mental illnesses, tactical communication to de-escalate a situation before it turns into a crisis and to maintain safety, and to clarify mental health law as it pertains to involuntary hospitalization.

Guest presenters from Parent Support and Training, Family Advocate and Consumer Affairs share their recovery stories and provide panel discussions in order to increase officer understanding of a mental health crisis and recovery from the perspective of the consumer and the family. The panels invite questions and suggestions from law enforcement regarding how to further educate the community, consumers, and families about police intervention. This is then reciprocated as our panel also offers input and feedback to law enforcement, as well as, provide them with valuable resources that officers can use to assist the community members they encounter who need help. In addition, CIT has expanded to include speakers from our Crisis Support System of Care and Recovery Innovations Crisis Stabilization Units. Both programs inform LE regarding the benefits of their respective programs, how to access services through their programs, and request feedback regarding ongoing program development. CIT has also gained the interest and support of our local Veteran's Administration and Veterans Center Programs and, since 2017, these organizations have joined the CIT team as additional guest presenters and partners.

In fiscal year 2016-17, we conducted the following trainings on behalf of this action/strategy:

- 23, 16-hour workshops for Sworn and Corrections RSO and outside LE agencies

- 4, 8-hour workshops for city police departments

- 1, 24-hour workshop for a large city police department

We trained a total 765 learners to better identify and handle mental health crisis. In addition, we provided instruction for our RSO partners in corrections related courses, including 12 monthly

Annual Jail Training courses, 1 Deputy Supplemental Core Course, 1 Correctional Deputy Core Academy Course, and 1 Inmate Classification course. As a result of these trainings and collaboration, WET received several special training requests from particular LE agencies. These trainings were modified in order to tailor the presentation to the specific needs of the requesting agency.

Additional trainings have led to opportunities for further collaborations on a number of special projects including training and participating in the development of RSO Dispatcher's peer mentoring pilot program, guest instructing at dispatchers' and Chaplain Academy trainings, and invitations to speak at various professional and public events such as the California Welfare Fraud Investigator Association's Annual Conference. Further, we received invitations to speak at the Corrections Health Services Skills Day about CIT and our LE collaboration and were asked to provide in-service trainings to Department of Veteran Affairs personnel and in-service trainings at local LE briefings.

Leadership from our Family Advocate and Parent Support Programs report anecdotal stories they have heard from community members describing a positive difference when interacting with LE that have been trained in CIT. CIT evaluations reveal that many LE attendees would like additional training in mental health. We also receive requests from officers who would like to become CIT instructors. The WET Steering Committee, though excited about the program's success, wants to emphasize the law enforcement education in this area is still a pressing need, especially in areas of the county where LE is unlikely to have access to a training of this type. The steering committee also recommends training for the community on law enforcement procedures to create a greater team relationship between community and officers.

Projected plans for future growth of this action/strategy include additional curriculum and program development to include intermediate, advanced and refresher courses for LE, expanding the foundational trainings offered to first responder groups serving our community, and providing foundational CIT trainings for private city police agencies. We will also focus future efforts on strengthening our established partnerships, seeking new partnerships within our community and creating promotional and informing tools to better educate the public about this effort.

WET-03 Mental Health Career Pathways

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

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

A. Consumer and Family Member Mental Health Workforce Development program

Consumer and family member integration into the public mental health service system continued to expand. WET continues to support the administration of the Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment Training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer related duties. (See Consumer Affairs update in this report for more.) WET will in the process of coordinating another round of Mental Health First Aid Train the Trainers for the Department's Parent Partners, Family Advocates, and Consumer Peers to add additional staff who be able to provide Mental Health First Aid to members of the community and partner agencies.

The State has continued to move forward with the development of regulations and standards for peer credentialing. WET provided consultation to the Office of Consumer Affairs regarding credentialing recommendations and is also tracking State Assembly Bill 906 which would require the Department of Health Care Services (DHCS) to establish a certification program for peer and family support specialists (PFSS), for purposes of assisting clients with mental health and substance use disorders, and adds peer support services as a Medi-Cal service.

B. Clinical Licensure Advancement Support (CLAS) Program

The Clinical Licensure and Support (CLAS) Program was designed to support the Department's journey level clinical therapist with their professional development and prepare for licensing examination. Associate therapists that were 1,000 hours or less away from license examination eligibility were invited to join CLAS. CLAS participants received one on-line practice test, a one-

hour weekly study group attendance, and centralized workshops on critical areas of skill development. To date, the program has served 175 employees; 91 of those participants have exited the program, the majority obtained licensure. Retaining staff post licensure has long been a challenge for public, behavioral health systems, including Riverside County. RUHS-BH retained approximately 50% of the graduated CLAS cohort. Though we will continue to explore greater retention strategies, CLAS participants demonstrated a greater retention rate than employees who do not participate. WET continues to refine the CLAS program to improve upon outcomes. Planned enhancements to this program include:

- Changing the program to better align with department retention activities. Instead of offering the test bank to employees at no initial charge, the program will change to a reimbursement of monies spent on test prep materials after the employee has been licensed 1 year and remains with the department.
- Updating program materials, with a specific focus on redesigning the program application to better capture important data about participants.
- Adding two additional workshops to the annual series- Law and Ethics as well as professional development topic. Currently there are 4 workshops.
- Improving methods for collecting and assessing pertinent data and tracking participants through their careers with department.
- Strengthening our mentorship with participants by increasing contact with the study groups.
- Designing effective ways to assess and support specific participants who have failed exams or are otherwise struggling with progress.

C. Mental Health Career Outreach and Education

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

La Sierra High School- Alvord Unified School District
Ramona High School – Riverside Unified School District
Canyon Springs High School- Moreno Valley Unified School District
Vista Del Lago High School- Moreno Valley Unified School District
Valley View High School- Moreno Valley Unified School District
Cathedral City High School- Palm Springs Unified School District
Coachella Valley High School- Coachella Valley Unified School District

Through our affiliation agreements, WET has conducted a variety of presentations on behavioral health topics that are pertinent to teenagers. In fiscal year 2016-17, the VSC conducted nearly 30 high school presentations to over 650 students. Presentations included topics on Depression & Anxiety; Teen Dating Violence; Bullying Prevention; and, Careers in the Behavioral Health field. Many students from our partner schools express increased interest in furthering their behavioral health education and doing an internship in Public Behavioral Health after hearing these presentations. In an effort to expand our outreach and accessibility, the VSC also participated and served on 3 high school Steering Committees, 2 high school career fairs, and she conducted mock interviews at 2 local high school Health Academy Programs.

In addition, Riverside partnered with San Bernardino Behavioral Health and the Inland Coalition to coordinate a future mental health professional's seminar for high school students called, Get Psyched! Topics included an orientation to the spectrum of possible mental health careers, a review of internships with a panel of current graduate students, managing self-care in the helping professions, a presentation by the consumer art studio, Artworks, and personal recovery stories told by consumers. Thirty-seven students from throughout the region attended this 2 day conference in 2015, 47 students attended in 2016 and 76 attended in 2017. Post conference surveys revealed an increase interest in developing mental health careers, increased awareness around mental health needs and services in general, and a reduction in mental health stigma.

The WET Steering Committee also advised that Riverside educate individuals about prominent mental health topics and available resources and that WET offer support and resources to

community high schools battling campus-wide mental health crises. Though not a WET-led project, this department is currently exploring a grant to provide crisis intervention services for children and youth, 0-21 years of age, with a focus on providing services on campuses.

WET-04 Residency and Internship

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

RUHS-BH Residency and Internship Actions include:

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

A. Graduate, Intern, Field, Trainee (GIFT) Program

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

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

WET had affiliation agreements with more than 20 educational institutions, including every graduate program that has a specialty in Mental Health. In Academic Year 2016/17, GIFT had

141 applications for placement and coordinated internships for 70 students from 16 schools. Thirty-nine of the students were bilingual in Spanish or another language, and many had lived experience as a consumer or family member.

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

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

The Department's graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. The Department continues to hire over 50-80% of the graduating student cohort each year – not only meeting the workforce development needs for this hard-to-fill job classification but confirming that the WET GIFT program had prepared them to succeed in public mental health service. Data indicates that the GIFT students also have a higher retention rate than employees hired outside of this intern experience. The WET Steering Committee also noted that graduates of the GIFT Program have been a recognized asset to our service delivery system.

Students also received other supplementary, centralized training. These included a winter workshop on intervention strategies and a spring meeting on professional transition and preparation for job seeking.

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

- Sharpening the student recruitment and selection process to meet changing/growing workforce needs.

- Increasing department/program capacity for supporting a variety of students that align with workforce needs (i.e. master level clinician, psychiatric nurse practitioners, AOD, medical, Macro/administrative, high school/entry level).
- Enhancing cultural and linguistic training opportunities for students (i.e. revisiting the cultural immersion rotations from previous years; implementing community/culture-specific training tracks).
- Utilizing a tool to evaluate targeted, department-specific clinical and professional competencies.
- Improving methods for collecting and assessing pertinent data on cohorts and tracking participants into their careers with department

The WET Steering Committee would like to see an improvement in the application and retention of GIFT Program graduates as employees. Though the department fully supports this program as valuable and necessary to achieving our workforce development goals, WET data suggests that we could achieve better recruitment outcomes with the GIFT Program. GIFT allows our Department an extensive period to evaluate the work ethics and skills of interning students; students who have learned our policies, procedures, and electronic record system. These students are often more loyal to the Department, as they have established mentors and relationships within our system. Yet, even in times of position demand, we under-hire from this recruitment pool. The table below summarizes Department hiring data of our last two student cohorts:

| Year | Eligible graduates | Hired | Percent hired |
|------|--------------------|-------|-------------------|
| 2016 | 51 | 22 | Approximately 43% |
| 2017 | 41 | 17 | Approximately 41% |

B. Psychiatric Residency Program Support

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

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

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

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

C. The Lehman Center Teaching Clinic (TLC)

The Lehman Center (TLC) is a teaching clinic primarily staffed by student practitioners who train and serve system of care consumers. TLC proudly opened its doors in October 2014. Named after Judy Lehman, the retired Department Supervisor who helped found the centralized student placement coordination; TLC is an innovative training clinic that offers both traditional and advanced training options for the students selected each year. TLC is a single clinic with two campuses – one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice. During the 2016/17 academic year, TLC trained 20 student practitioners. Students developed and ran a groups on cutting-edge topics like Mindfulness and music therapy. Students also facilitated an animal assisted therapy group for clients with depression and anxiety. Because of a large cohort placement of bilingual/Spanish therapist interns, TLC has served Spanish speaking clients who would have otherwise experienced delays in receiving services.

Additionally, TLC was able to create specialized programming to meet the prevention and early intervention needs of the LGBTQ community. As a result, two community support groups were developed – one for adults and one for adolescents -- to assist LGBT attendees with identifying cultural strengths, connect with community, and build resiliency. WET partnered with a local

affirmative church and the Department's LGBTQ Community Task Force to create off-site services at community identified safe places. Student interns, who provide services at these support groups, receive special training on serving the LGBTQ community and additional experience in meeting the needs of this underserved community. The youth group has averaged between 6-10 participants weekly. The adult group participation was initially strong, but has waned over this past year, prompting WET to engage in efforts to revitalize participation.

In the previous year, the WET Steering Committee had advised the creation of a specialized learning track for Bilingual/Spanish interns and also encouraged TLC to also consider training tracks in Family Therapy and Play Therapy. During the 2016/17 academic year, graduate students and staff worked together to develop a curriculum for the Bilingual/Spanish training track which has since been implemented. Early reports from the participants indicate that the curriculum is being well-received.

WET-05 Financial Incentives for Workforce Development

The purpose in offering financial and academic incentives for workforce development is twofold; the long term retention of quality employees and fostering a qualified workforce that is committed and prepared to serve in public behavioral health. WET approaches financial and academic incentives strategically; we focus on filling unmet workforce needs specific to our agency as well as maximizing workforce development funding investment.

1. 20/20 & PASH Program

The 20/20 & PASH Program is designed to encourage and support Bachelor Degree level employees to pursue graduate study preparing them for Clinical Therapist I job openings. WET inherited management of the 20/20 Program in 2007. Program records indicated that 14 Department employees had entered the program from 1992 to 2007. Of those 14 employees, 6 continue to serve the Department.

Due to fiscal constraints, the program was suspended from new applications from 2008 through 2010. The program was reopened in fall 2011. With WET recommendation, the Department expanded the targeted areas of workforce development beyond bilingual/bicultural skills to include certified skills in treating chemical dependency, developmental disabilities, or acute physical health. Additionally, applicants scored higher if they demonstrated a commitment to work in the hard to recruit area of Blythe. WET also developed the Paid Academic Support

Hours (PASH) phase of the 20/20 Program in order to support employees who were accepted into part time, graduate school.

The program parameters were revised in 2013 and again in 2016 in order to strengthen the program, to streamline the application process and to enhance quality selection. The two most significant changes applied to the selection process. WET wanted to increase the years of retention of 20/20 employees and address long term shortfalls in DBH leadership due to retirement. National research on the public mental health service system reported that turnover was concentrated in the first 2 years of employment. To capture the most vested candidates, employees were required to have a minimum of 2 years of DBH service to qualify for the 20/20 Program as opposed to simply passing probation. Applicants also had to complete a quality appraisal interview with WET before progressing to selection interviews with the Assistant Directors. The quality appraisal process included a review of applicants' interests and aptitudes for DBH leadership. Further, WET increased the level of support and oversight of program candidates to promote success and ensure compliance with program regulations. This led to greater efforts to help employees and in a few cases, it led to a participant being released from the program.

From 2012 to the present, the department has enjoyed an increase in both interest and number of applicants for this program. In general, employees who complete the 20/20 Program remain employed with the department. From 2012 to 2017, 36 employees were accepted into the program, and 34 continue to serve in the Department.

| Year | Accepted into program | Currently working for department |
|---------|-----------------------|----------------------------------|
| 2012/13 | 3 | 2 |
| 2013/14 | 5 | 5 |
| 2014/15 | 5 | 4 |
| 2015/16 | 6 | 6 |
| 2016/17 | 10 | 10 |
| 2017/18 | 7 | 7 |

2. Tuition and Textbook Reimbursement

Riverside County encourages the development of Department sponsored Tuition Reimbursement to support employee skill development and create pathways to career advancement. WET developed and proposed an infrastructure to manage a Tuition Reimbursement Program. Partnering with central Human Resources' Educational Support Program (ESP), WET implemented the Tuition Reimbursement Program at the start of 2013.

In the last two years, our Department has seen a significant increase in employee interest and application to this program. Since its inception in 2013, there have been 53 employees who have accessed or benefitted from Tuition and Textbook Reimbursement. Degrees and certificates range in topic from clinical degrees, accounting, business and public administration, computer science as well as substance abuse counselor certifications. The Program has two components designed to address separate Department needs:

PART A: Authorizes employees to seek reimbursement for earning a certificate or degree that creates a promotional pathway or would increase their knowledge in their current position, but is not required for your job classification. Employees apply to ESP and complete vocational testing that matches employee interest in a related academic degree with a Riverside County career. Only upper division coursework is reimbursed. To incentivize academic success, WET added that tuition reimbursement is contingent on the grade received in the coursework.

PART B: Authorizes employees to seek reimbursement for completing individual coursework and is managed by WET. County policy allows Departments to authorize payment of coursework up to \$500. Employees who seek higher education on RUHS-BH job related subjects can attend the individual courses that will enhance their abilities to serve and perform. PART B also provides the employee that is ambivalent about school an opportunity at a "school trial" to ascertain if education advancement is

comfortable and manageable. Employees seeking education across technical, administrative, and clinical areas of study are eligible to apply.

3. Mental Health Loan Assumption Program (MHLAP)

The MHLAP is a MHSAs workforce retention strategy for the public mental health service system. Both Department employees and our service contractors are eligible to apply. Managed Care contracts are excluded. It is administered through the Health Professions Education Foundation. Each county designates hard-to-fill or retain positions that qualify for eligibility. It is an annual, competitive application process. Selected applicants can be awarded up to \$10,000 in student debt reduction in exchange for a year of service in the public mental health service system. Awardees can be selected up to six times.

Each county can specify the eligible, hard-to-fill or retain job classifications that are unique to their own workforce needs – including non-clinical positions. Riverside has identified: Psychiatrist; Psychologist; Clinical Therapist I and II; Registered Nurse; Licensed Vocational Nurse and Licensed Psychiatric Technician; Nurse Practitioner; Physician's Assistant; Health Education Assistant; and, Supervisor and Manager positions. Applicants are awarded additional scoring points if they speak a language necessary to serve the consumers of that county or if they share a demographic with an underserved population.

WET has applied for and was selected to sit on the State MHLAP Advisory Board, allowing Riverside's needs to be represented in the development of the program, as well as, provided additional insight into the application and selection process that benefitted staff during application completion. WET continues to offer application assistance to any MHLAP applicant from Riverside County. As a part of the advisory committee comes the responsibility to also score other counties' MHLAP applications – up to 150 applications per cycle. WET fulfills this responsibility each year.

WET's promotion of the MHLAP has significantly increased the number of applicants and the number of awards for Riverside's public mental health employees. During the August 2016 cycle, over \$700,000 was awarded to Riverside's public mental health service system employees. The following table demonstrates the MHLAP application and awards data for Riverside County:

| Year | Applications Received | Applications Reviewed | Awards Provided | Total award money |
|-------------|------------------------------|------------------------------|------------------------|--------------------------|
| 2009 | 28 | 28 | 13 | \$135,583 |
| 2010 | 16 | 16 | 15 | \$125,700 |
| 2011 | 61 | 55 | 33 | \$251,400 |
| 2012 | 68 | 68 | 57 | \$500,000 |
| 2013 | 72 | 68 | 58 | \$528,941 |
| 2014 | 101 | 92 | 78 | \$547,996 |
| 2015 | 159 | 137 | 92 | \$612,547 |
| 2016 | 114 | 99 | 88 | \$700,596 |

4. National Health Service Corp (NHSC)

The NHSC offers loan repayments for licensed health providers (Licensed Clinicians, Psychologists, Psychiatrists, and Nurses). The NHSC offers between \$40,000 and \$60,000 in loan forgiveness in exchange for a two-year service obligation. RUHS-BH currently has 18 employees participating in this program.

The mission of the NHSC is to provide incentives for professionals to work in rural and underserved areas. Award eligibility is based on the location of the employee's clinic. The NHSC determines eligibility by reviewing the evaluation scores established through the Health Professional Shortage Area (HPSA) application process. Employees who serve in programs located in a HPSA that scored at 14 or above are good candidates for application.

Program eligibility has changed over time based on available funding and political philosophy. Currently, RUHS-BH is seeking to collaborate and join with RUHS-Medical Center's NHSC efforts in order to sustain, improve and expand opportunities for staff serving in both of these agencies. A partnership with RUHS- Medical Center would strengthen both agencies' HPSA scores, thus increasing both agencies' ability to serve communities through recruitment and retention of talented medical and behavioral health staff in rural and underserved areas of our

county. Working in collaboration with our partner agencies also allows an increased in the number of clinics that are approved for NHSC loan forgiveness.

Veteran Services Liaison

Riverside University Health System- Behavioral Health (RUHS-BH) is dedicated to integrity; we are equally committed to the people who seek our assistance in their time of need. RUHS-BH honors the principle that every Veteran and his or her family are inherently entitled to the highest quality of life with dignity and honor. We are dedicated, as President Lincoln so eloquently echoed in his 2nd Inaugural Address *“to care for him who shall have borne battle, and for his widow, and his orphan.”*

California has the largest concentration of veterans anywhere in the country. Approximately 129,364 veterans call Riverside County home. The Department's Veterans Services Liaison (VSL) exists to assist the Department in identifying strategies for improving our work with Veterans who experience difficulties related to mental health. In addition, the Liaison will provide support to Families of Veterans in making and respecting decisions in regard to the needs of military families.

On August 17, 2017, retired Navy Senior Chief “Reported for Duty” as RUHS-BH’s full-time Veterans Services Liaison. The VSL is not only a US Military Veteran, but also a journey level Clinical Therapist that serves as a portal to behavioral health care. Since the date, the VSL has worked tirelessly to address the eight specific goals found the VSL Plans and Actions; the foundational document identifying how the VSL would concentrate efforts.

Action #1 – Reduce Stigma and Improve Veteran Access to Mental Health Care

Research and our own anecdotal experiences tell us that the stigma associated with mental illness is a very real barrier to mental health service access. This stigma may be even more real for our military veterans who are generally at more risk for suicide, substance abuse, and homelessness due to unresolved mental health needs than their civilian brothers and sisters. Community events in Riverside County serve as forums to inform the public on RUHS-BH’s mission, planning, and services and to educate on the truths of mental illness and with seeking help. These events serve as an opportunity to engage veterans and their families and educate on veteran mental health, as well as, inform the general public on RUHS-BH’s commitments to addressing the needs of returning veterans and their families. The VSL will network with community and veteran organizations to ensure RUHS-BH representation at community forums in order to be a visible face to those veterans in need of mental health care.

Action #2 – Expand Veteran Mental Health Services with Community Mental Health Service Providers

It can be a difficult first step to request mental health care. Multiple doors and frustrated attempts to receive help can discourage engagement. For the best possible opportunity for recovery, vets need to be appropriately served at whatever agency door they enter. Veterans have their own language, culture, and worldview. For veterans to be properly served, providers need to understand the world of the vet, their norms, and their training. The VSL will outreach community mental health organizations to promote the necessity of veteran cultural competency, provide military mental health education, and problem-solve veteran engagement and service issues. The VSL will encourage, support and assist with the development of veteran specific mental health care and help increase awareness of such programs once they become operationalized.

Progress:

- The VSL collaborated with the Patient Billing Team and a Tri-West Contractor to expedite the process of establishing Tri-West Providers at various clinics throughout the county thus allowing Veterans a choice of where they receive MH services.
- The VSL collaborated with March Air Reserve Base to provide a presentation to active duty members on the MH services available to them and their families.
- The VSL has directly served a total of 15 veterans.

Action #3 – Improve RCDMH Staff Knowledge on Service to Veterans and Veteran Cultural Competency

As we encounter more and more veterans and families entering the public mental health service system, RUHS-BH staff will need to better understand how to engage and support veteran mental health recovery. Veterans have their own unique service needs. In order to best engage and serve our military service consumers, staff will need to become more familiar with the military experience. The VSL will develop and provide training that will include educating staff on culture, customs, language, and everyday norms of veterans and their families. Workforce development will span from students in RUHS-BH's GIFT Program to Department employees and volunteers. The identification and dissemination of appropriate veteran support resources will also be included.

Progress:

- The VSL is collaborating with San Bernardino County- Behavioral Health in developing a 3-day training to improve Veteran Cultural Competency (this course will offer CEU's).

Action #4 – Military Service Members and Military Family Volunteer Recruitment

Volunteers and interns throughout RUHS-BH have greatly enhanced services to consumers and their family members. Volunteers and interns with a lived experience have become a vital component in RUHS-BH's transformation to a more strength-based, solution focused service delivery system. Veterans as volunteers and interns would therefore support service transformation, as well as, serve as informal consultants to Department employees on veteran culture and experience. Spouses and other family members of our veteran and active duty service members also provide a valuable lived experience for serving the families and children impacted by the adjustment, fears, and realities of deployment and a vet's return home.

Progress:

- The VSL's networking led to identifying an Air Force veteran to volunteer in VSL efforts.
- The VSL is also collaborating with county supervisor's staff in exploring the development of a county wide Veteran Internship Program.

Action #5 – Optimize Network of Care (NOC) as a Resource Portal for Veterans, Families, and Service Providers

Riverside County Network of Care (NOC) site is an electronic, web-based application that serves as a vehicle of information for consumers, family members, and staff when managing and accessing mental health and allied services. The Network of Care has recently created a separate application that is specific to meeting the needs of veterans. Once strengthened and regularly monitored for updates and changes, the Veterans' NOC would be an outstanding tool to support veterans in need. Riverside County's NOC is maintained by RUHS-BH.

Progress:

- The VSL is collaborating with Legislative Assistant to Supervisor Chuck Washington, Trilogy and key stakeholders to improve this platform.

Action #6 – Improve Resources and Mental Health Support for Veterans' Families

Following the guidelines, mission, and mandate given by both the President's New Freedom Commission on Mental Health (2003) and California's Mental Health Services Act (MHSA), the involvement of family is critical to a person's mental health wellness and recovery. Collaborating with RUHS-BH Family Advocate and Parent Partner programs will be crucial for individual, family, and community recovery of Riverside veterans. This collaboration will be ongoing and will need to adjust to the fluctuating and trending needs of veterans and their families, which will hopefully and inevitably assist in the reintegration process of returning veterans into their families and communities.

Progress:

- The VSL has collaborated with NAMI California and the VA to establish the first NAMI Homefront Education Course (a tailored NAMI Family to Family to Family Education Course meant to address specific needs and concerns of veteran families). The VA Ambulatory Care Center (ACC) in Redlands, CA, is eager to advertise this new educational course, provide classrooms, and has, and has maintained an interest list.

Action #7 – Improve Recovery Outcomes for Homeless Veterans

Only 7.3% of the general population can claim veteran status, but nearly 13% of the homeless adult population is composed of veterans. Approximately 1 in every 4 homeless people in the United States is a military veteran; 50% of them experience symptoms of a mental disorder and 70% struggle with substance abuse. RUHS-BH H.H.O.P.E program created an Outreach Veterans Specialist position to address the growing problem of homelessness among veterans. The VSL will collaborate with H.H.O.P.E, Outreach Veterans Specialist, in order to ensure that the special needs of homeless veterans remain visible.

Progress:

- The VSL will utilize the new VSL volunteer and one student intern to provide Case Management and address the systemic challenges with Housing Authority, Social Security Administration and others.

Action #8 – Improve Recovery Outcomes for Veterans in the Legal System

As of January 2013, Riverside County started a Veterans' Mental Health Court. Riverside recognized that many vets encounter the legal system due an unsuccessful reintegration into our communities after returning from war. Veterans' Mental Health Court assists Veterans in permanently resolving the factors that lead to incarceration, expunging their conviction records, and becoming independent and contributing member of society once again. The VSL will advise, provide feedback, and support this developing program. Riverside County also continues to address the integration of inmates released due to AB 109, which may include parolees and probationers who once served in the military and retain their veteran status. RUHS-BH programs designed to meet the needs of AB 109 consumers may require assistance in accessing the provisions and entitlements guaranteed to all persons meeting criteria to be classified as Veteran.

Progress:

- The VSL is collaborating and building cooperative relationships with the Public Defender Office, Mental Health Court and Veteran Court.

Prevention and Early Intervention (PEI)

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

Outreach and Engagement

Ethnic and Cultural Leaders in a Collaborative Effort

Promotores de Salud Mental

Community Mental Health Promotion Program

Toll Free 24/7 “HELPLINE”

Network of Care

Peer Navigation Line

Call To Care

“Dare To Be Aware” Youth Conference

Contact for Change

Media and Mental Health Promotion and Education Materials

The Navigation Center

PEI-02 Parent Education and Support

Triple P - Positive Parenting Program

Mobile Mental Health Clinics

Strengthening Families Program

PEI-03 Early Intervention for Families in Schools

* Families and Schools Together (FAST)

Peace 4 Kids Program

PEI-04 Transition Age Youth (TAY) Project

Stress and Your Mood Program (SAYM)

TAY Peer-to-Peer Services

Outreach and Reunification Services to Runaway TAY

Active Minds

Teen Suicide Prevention Program

Prevention and Early Intervention (continued)

PEI-05 First Onset for Older Adults

Cognitive-Behavioral Therapy for Late-Life Depression

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

Caregiver Support Groups

Mental Health Liaisons to the Office on Aging

CareLink/Healthy IDEAS

PEI-06 Trauma-Exposed Services

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Seeking Safety

Trauma Focused Cognitive Behavior Therapy (TF-CBT)

Trauma Informed Care

PEI-07 – Underserved Cultural Populations

Hispanic/Latino

Mamás y Bebés (Mothers and Babies)

African American

Building Resilience in African American Families – Boys Program

Guiding Good Choices

Africentric Youth and Family Rites of Passage Program

Cognitive-Behavioral Therapy

Building Resilience in African American Families – Girls Program

Native American

Incredible Years

Guiding Good Choices (GGC)

Asian American/Pacific Islander (AA/PI)

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

* **Eliminated**

PEI Overview

The Prevention and Early Intervention (PEI) plan was approved in September of 2009, and since that time significant strides have been made toward full implementation of the plan. The annual update and community planning process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate programs and services that have not yet been implemented, and look at new and expanded programs and services. A PEI Steering Committee met to review input from the community, RUHS - BH committees, and stakeholder groups. These diverse groups also reviewed the outcomes of programs currently being implemented in order to make informed decisions about programs and services included in the 2018/19 PEI plan.

In fiscal year 16/17 many programs continued full implementation, serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster trainings related to those models and other PEI topic-specific trainings. In FY16/17 there were 34 training days with 529 people trained. Please refer to the list of trainings in the Training and Technical Assistance section of this report.

The PEI unit includes five Staff Development Officers (SDOs), two Clinical Therapists (CTs), three Social Service Planners (SSPs), and one Family Advocate/NAMI Liaison. The SDOs have completed the process of becoming trained trainers in many of the programs being funded which allows for local expertise as well as cost savings. Each SDO worked with their assigned PEI providers to offer training and any needed problem solving and technical assistance, as well as monitoring of model fidelity. The SSP/CTs also offer ongoing support to the PEI providers through technical assistance including, but not limited to, support surrounding outcome measures. The Family Advocate serves as the Department's NAMI liaison with our four local affiliates, offers training, and works with PEI programs to link families to needed resources. RUHS-BH/ Family Advocates were instrumental in helping establish the first in Riverside County NAMI On Campus High School at Murrieta Mesa High on October 17, 2017. The PEI unit was built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community.

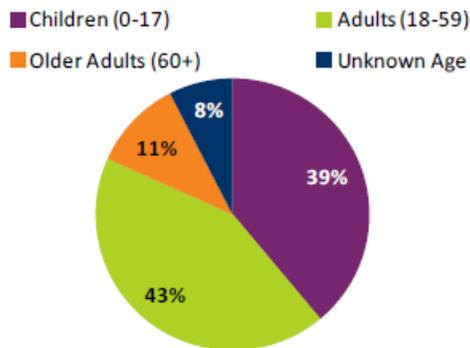
The FAP Prevention & Early Intervention (PEI) Countywide Sr. BHPS is the primary liaison between RUHS – Behavioral Health and NAMI. The Sr. BHPS assists the four local NAMI affiliates with their infrastructure. As a NAMI State Family-to-Family and Support Group Trainer, the PEI Sr. BHPS provides both support groups and Family to Family trainings to local NAMI affiliates. RUHS – Behavioral Health has provided dedicated workspace to the Western Riverside, Mt. San Jacinto, and Temecula NAMI affiliates. These workspaces may include computers, telephone access, storage, and conference rooms. The Sr. BHPS outreaches at local universities, colleges, high schools, and middle schools to provide education and resources to staff and students on mental health and stigma reduction. The PEI Sr. BHPS collaborates with local NAMI affiliates to provide NAMI High School Campus (NHSC). Also, works with the PEI team to assist in various anti-stigma campaigns where behavioral health outreach is not traditionally given, such as community centers and faith-based organizations, while emphasizing the importance of family involvement, specifically with first break psychosis. In collaboration with NAMI, the Sr. BHPS will outreach to Veteran clinics and hospitals to provide information on NAMI Homefront, an educational program designed to assist military families care for a family member diagnosed with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other diagnosis.

Who We Serve – Prevention and Early Intervention

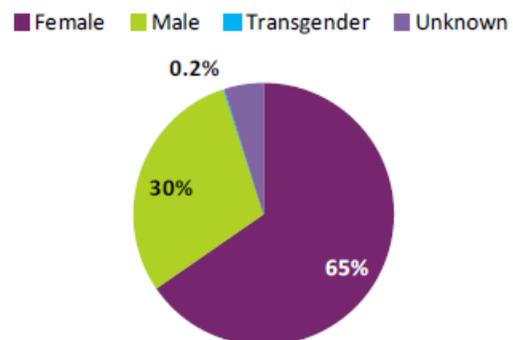
In FY16/17 26,516 Riverside County residents were engaged by Prevention and Early Intervention outreach and service programs. Of those, 2,879 individuals and families participated in PEI programs (excluding outreach). The following details the demographics of the participants.

| Race/Ethnicity | PEI Participants (n=2879) | County Census (n=2,361,026) |
|------------------------|---------------------------|-----------------------------|
| Caucasian | 14% | 37% |
| Hispanic/Latino | 56% | 48% |
| Black/African American | 10% | 6% |
| Asian/Pacific Islander | 2% | 6% |
| Native American | .4% | 0.4% |
| Multi-Racial | 3% | 3% |
| Other/Unknown | 4% | 0.1% |

Age (n=2,879)



Gender (n=2,879)



PEI programs are intended to engage un/underserved cultural populations. In Riverside County the target ethnic groups are: Hispanic/Latino, Black/African American, Asian/Pacific Islander, and Native American. The table above lists each of the groups and the percentage of PEI participants from each in comparison to the County census for Riverside. The table demonstrates that PEI services are reaching the intended un/underserved ethnic groups at appropriate rates, with the exception of Asian/PI. RUHS-BH Cultural Competency program has

been working closely with a community consultant, an Asian American taskforce has been established, and programs designed specifically for the Asian/PI population will be provided by community contract providers when the request for proposal process is completed. More detail about this is explained under work plan PEI-07.

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

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

Outreach and Engagement Activities: During FY16/17, the Outreach and Engagement Coordinators provide community outreach and engagement activities targeting underserved cultural populations and reached 3,219 individuals. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information. They also continued to provide short-term mental health services upon request in a variety of community based locations including but not limited to faith based organizations and resource centers. Those services include individual and family support. The Outreach Coordinators work closely with each of the un/underserved cultural group taskforce committees described below.

Ethnic and Cultural Leaders in a Collaborative Effort: Throughout the community planning process, stakeholders indicated the need for mental health awareness education specifically tailored for unserved and underserved cultural populations. Input from the community focused on ensuring that individuals providing the mental health awareness information reflect the culture of the communities receiving the information. RUHS-BH has continued to work with Ethnic and Cultural Community Leaders from ethnic and cultural populations within local communities in order to identify key community leaders and to build a network of individuals from these communities to promote mental health information and the use of PEI services. The Ethnic and Cultural Community Leaders represent the following populations: African American; Native American; Asian American/Pacific Islander; Deaf/Hard of Hearing; and LGBTQ. The

Promotores de Salud program listed below addresses similar needs in the Hispanic population. The Ethnic and Cultural Community Leaders assist RUHS-BH in coordinating advisory groups for each of the populations they represent that are inclusive of key community leaders, community based providers, and faith based organizations. Each advisory group will work to develop culturally and linguistically appropriate mental health education and awareness materials which will provide information on mental health, mental illness, and available mental health services. Each advisory group has an identified set of goals and objectives developed by each advisory group. See below for details. Because the Ethnic and Cultural Community Leaders come from the community they serve they can address barriers due to linguistic and cultural differences, stigma, and mistrust of the system.

Advisory Groups:

African American Family Wellness Advisory Group (AAFWAG) Report - Outreach and Education Initiatives for FY16/17

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

- Sponsored and supported the first Million Man Meditation, held on October 14, 2017. The event was envisioned as an iconic symbol of power and pride amongst the African American culture, representing a communal cohesion that defies the images of violence and hate circulated in the media. By introducing yoga, martial arts, meditation, and traditional cultural practices as healing methods, Million Man Meditation united the African American community to address and provide education on health and wellness issues.
- Participated in the annual May is Mental Health Month expo held at Fairmount Park.
- Actively worked toward the implementation of new culturally competent services such as the Building Resiliency in African-American Families for Girls program and the Community Health Promoters Program for African Americans.

Additionally, AAFWAG participated in more than 20 culturally specific events and regular stakeholder meetings to reach out to community groups, churches and residents by providing behavioral health speakers, presentations by members and distributing information about the departments' behavioral health services. Through their presence at conferences, health fairs, spiritual gatherings, and county meetings, members have continued forging relationships with providers, businesses, and public agencies to garner support for the cause of AAFWAG and advocating for better inclusion of the African-American community.

In the 2016 -2017 MHSA Annual Plan Update, Outreach to African-American populations in Riverside County focused on engaging the African-American Family Wellness Advisory Group in creating partnerships with divisions within RUHS-BH. It also included participation in ethnic specific community celebrations and increasing the community's awareness of the group's mission. The AAFWAG educated itself by incorporating speakers and presenters from the department in educating its members on services and programs within the department. Based on these experiences the following goals are recommended for the next year:

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

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

Asian American Task Force (AATF):

The AATF is a committee of the Cultural Competency Program at the RUHS-BH. It is organized to bring the Asian American Pacific Islander (AAPI) population in Riverside County together with providers and community health resources for the purpose of networking, education, advocacy and community building. Its overall mission is to assist and guide the Cultural Competency Program to help the AAPI population to achieve overall wellbeing in their bodies and minds. The AATF is a public/private partnership chaired by a leader from the AAPI community in Riverside County and an administrator from RUHS – BH. It is guided by a consultant with experience in community organizing, program planning and development, public policy and advocacy on behalf of ethnic and cultural populations especially the AAPI population. Its diverse membership consists of 25 to 30 individuals representing several AAPI ethnic community groups, pastors, educators, consumers/peers, students and representatives from RUHS-BH and other governmental agencies such as State Department of Vocational Rehabilitation. It meets the 4th Thursday of the month at the Cultural Competency Program. In January 2017, AATF adopted Membership Guidelines to strengthen its infrastructure and selected

members to take a greater leadership role as officers of AATF and created membership categories to include advisors and volunteers. The AATF has played a significant role in linking AAPI communities to RUHS-BH services and other public and private resources in Riverside County.

Asian American Task Force FY 2016-2017 Activities and Accomplishments:

AATF Community Outreach and Awareness Events:

- “Bridging the Gap. Reaching a Compromise” educational and awareness event by Dr. Ernelyn Navarro on bi-cultural parenting with Filipino American parents and families hosted by PVFAA (Perris Valley Filipino Americans Association) held on July 16, 2016. This event reached over 80 individuals
- World Suicide Prevention Day, September 10, 2016, Social Media Promotion in English, Chinese, Korean, Vietnamese and Tagalog
- Presentation on an EBP parenting curriculum call “SITIF- Strengthening Intergenerational/Intercultural Ties in Immigrant Families” by certified trainer Dr. Rocco Cheng to increase understanding by AATF members for this model for bi-cultural parenting on July 28, 2016
- Korean Pastors Roundtable Planning from August 2016 to December 2016 resulting in the formation of a Korean Pastors Roundtable monthly meeting from January 2017 through June 2017. One plan discussed is to offer Mental Health First Aid training to Korean American pastors in Riverside County
- Hmong Outreach Kick Off Event and Luncheon at the Banning Mental Health Clinic on October 19, 2016 attended by several Hmong consumers and community members followed by the distribution of outreach packets with stories of recovery in Hmong/English in written booklets and on CDs at Hmong New Year celebrations in Banning and other Southern California cities. 31 packets were distributed
- Lunar Fest Outreach on January 28, 2017. AATF members, staff and volunteers conducted a stress survey with close to 300 individuals and distributed over 400 bags with mental health and Know the Sign brochures in several AAPI languages and RUHS-BH resources and gifts of a back scratcher.
- May Mental Health Month celebration at Fairmont Park, Riverside on May 25, 2017

- HOPE event on May 31, 2017 in celebration of Asian Pacific Heritage and Mental Health month. “Healthy Options for Positive Enrichment” featured a presentation on the “Evolution of Recovery” by Dr. Andrew Subica, Assistant Professor, UCR, School of Medicine followed by a panel of AAPI consumers, family members and advocates on their experiences with recovery and ended with a cultural entertainment, Taiwanese Aboriginal Dance, by the Inland Chinese-American Alliance. This event also included lunch and over 90 people were in attendance
- MHSA Steering Committee participation

AATF Project Implementation

- Filipino American Resource Center Application for Funding was released in the Fall of 2016 with the application and review process completed in December 2016. This contract was awarded to the Perris Valley Filipino American Association in February 2017

AATF Specific Objectives for FY 2017/2018:

AATF members reviewed and discussed community needs, priorities and strategies at the Executive Committee and regular AATF meetings in 2016 and 2017 and identified the following priorities and projects for fiscal year 17/18:

- 1) Continue with existing mental health promotion, awareness and anti-stigma community events in January, May, July, September and October each year
- 2) Support the implementation and evaluation of the Hmong CD Outreach Project
- 3) Support the implementation of the first “resource center” for the Filipino American community
- 4) Advocate for the release for proposal for SITIF, a bicultural parenting program to support AAPI parents in Riverside County
- 5) Support training and mental health literacy for Korean American pastors
- 6) Advocate for the release for proposal for the AAPI Mental Health Worker curriculum development, training and outreach
- 7) Advocate for two bilingual AAPI staff, one with a minimum of a master degree and one paraprofessional at the Cultural Competency Program to focus on outreach with the diverse AAPI population

- 8) Explore effective avenues to increase access and quality of care for AAPIs in need of mental health intervention and current AAPI clients

Reviewed and adopted by the AATF Executive Committee and AATF on February 22, 2018

Deaf and Hard of Hearing

The Western Region Outreach and Engagement Coordinator regularly attended Mayor Rusty Bailey's Model Deaf Community Committee meetings. The committee's mission is to promote access, advocacy, education, and inclusion in order to create a fully-integrated community that can provide employment, effective communication and cultural awareness for the Deaf and Hard of Hearing population. Members are appointed by the Mayor and collaborate with various agencies to plan activities that will provide a platform for the Deaf and Hard of Hearing community.

One of the major annual events that the committee hosts is Deaf Awareness Week, which was held on September 23rd through September 28th, 2017. The Western Region Outreach and Engagement Coordinator participated in the Kickoff celebration by having a resource booth at the event and interacting with the community through an ASL interpreter. The event featured various vendors, children's activities, live entertainment, guest speakers, and an award ceremony for deaf friendly businesses and deaf community leaders. Over 900 people attended the event, which was inclusive of subcultures and was open to the non-deaf community. Other activities coordinated during Deaf Awareness Week included a tour of the California School for the Deaf and a fundraiser benefitting the Center on Deafness – Inland Empire (CODIE).

The Western Region Outreach and Engagement Coordinator was able to strengthen the connection between RUHS-BH and the Model Deaf Community Committee by providing a behavioral health presentation in November of 2017. Carlos provided an overview of MHSA and shared ASL videos developed by the Cultural Competency Program and Dr. Ben Wilson. The videos cover topics such as Deaf Suicide Prevention, Deaf Depression, Deaf Parent Empowerment, Deaf Anger Management, and Deaf Mental Health and Wellness, and aim to decrease stigma in the Deaf community as well as increase access to behavioral health services.

The Cultural Competency's partnership with CODIE also provided educational opportunities for representatives from all of the program's subcommittees (CAGSI, AAFWAG, AATF, Spirituality Initiative) as well as community partners and other RUHS-BH staff. CODIE Advocate Specialist Gloria Moriarty presented at the December 2017 Reducing Disparities committee on Tips and Etiquette for Communicating with a Deaf or Hard of Hearing Person. With the use of an ASL interpreter, Gloria facilitated an open discussion regarding group communication, communicating with deaf patients/consumers, communicating during emergencies, using interpreters and alternative methods of communicating with the deaf, and common misconceptions about the Deaf and Hard of Hearing Community. Gloria's presentation increased the audience's knowledge of the community and its unique culture.

Community Advocacy for Gender & Sexuality Issues (CAGSI) – A LGBTQ Wellness Collaborative

During FY16/17, the LGBTQ Community Consultant and CAGSI participated in 85 community events and meetings and engaged in extended educational encounters of five minutes or more with 2750 individuals. In order to reach and engage under and unserved LGBTQ populations, outreach has strategically targeted LGBTQ specific events and social groups (ex: LGBT Center of Desert, Palm Springs Pride, etc.). Brochures, rainbow bracelets, handouts, and training/educational materials were distributed at all outreach activities. The LGBTQ Liaison and CAGSI members responded to community requests for presentations about mental health topics and mental health system information with a particular emphasis on issues and challenges facing the LGBTQ Community. Two of the highlights of the CAGSI in FY16/17 were the Trans Youth Care Symposium and the SOURCE project.

Trans Youth Care included over 100 regional professional participants in the Trans Youth Care Symposium. The two-day symposium was designed for professionals interested in providing sensitive and competent mental health and medical care for gender non-conforming children, transgender youth, and young adults. While primarily didactic in presentation, this symposium also included case studies and audience activities designed to highlight the challenges of caring for this population and improve understanding of their needs. This led to the formation of the Transgender Children, Youth, Parents/Caregiver Behavioral Health Care Workgroup.

SOURCE stands for Support, Outreach, Unity, Respect, Community, and Education. SOURCE is a youth support group that meets weekly at the First Congregational Church of Riverside (FCC). Forty-five youth ages 12-17 have participated in this prevention and early intervention program designed to provide a welcoming and safe space for youth of diverse experiences regardless of sexual orientation or identity. The focus of the group is to assist youth with identifying cultural strengths to build resiliency and to provide psychoeducation that allows the youth to make informed choices regarding their own behavioral health and development. The first half of the group is peer run. The second half of the group is topic-oriented and facilitated consistently by a team from Rainbow Pride Youth Alliance with support from Lehman Center clinician and/or interns. Professional staff is available during the course of the group to monitor attendees for signs of early risk, to intervene should risk be present, and to refer to professional behavioral health resources when applicable.

Other Outreach Activities:

Oct 11, National Coming Out Day, “Show Your Colors” Day in conjunction with RUHS- BH, TAY Programs and various community partners: 200 people reached.

May 6, First Annual East Coachella Pride Festival: distributed 75 Wellness packets

Assorted Panel and workshop presentations: reached 550 people

Community Advocacy for Gender & Sexuality Issues Goals for FY 17/18

CAGSI goals for FY 17-18 are to continue to expand outreach to the LGBTQ community across the lifespan with particular opportunities to provide Queer and Transgender youth with opportunities for meaningful involvement in preventing violence, creating community change, enhancing neighborhood organizations’ ability to engage LGBTQ youth in their activities and change the social and physical environment to reduce and prevent violence using culturally appropriate methods. CAGSI will achieve its goals in the following manner.

1. Training community residents to be peer educators in order to implement outreach, advocacy, education, and referral to support services activities, and provide leadership training for transgender youth.
2. Providing leadership and support to Gay Straight Alliance (GSA) Summits to be held in the Desert Region, Mid-County, and Western regions of the County in 2019.

3. By supporting the Transgender Children, Youth, Parents/Caregiver Behavioral Health Care Workgroup Plan for Transformative care for Trans youth. Including but not limited to:
 - a. Create safe, welcoming, and affirming environments for Transgender Children, Youth, and their Parents/Caregivers where behavioral health services reflect best practice in integrated specialty care. These practices will honor a person's chosen name and their individual process of gender identification.
 - b. Review and adopt Transgender Care practice guidelines for Children and Youth which are consistent with established professional Standards of Care.
 - Practice consistent with MHP Medical practice guidelines
 - Core Competencies for Clinical Therapists in Transgender Care for children, youth, and Families
 - c. Conduct a review of RUHS-BH policies and procedures to ensure practices are consistent with established Federal, State, and healthcare standards.
 - Review new state guidelines for recognition of a 3rd gender and implications for practice/policy.
 - Review RUHS-BH policies related to gender expression for consumers and employees to insure compliance with guidelines.
 - d. Workforce Development: Support the training of RUHS Staff in Best Practice Standards of care across the workforce to ensure consistent, informed, safe, and welcoming environment for Transgender Children, Youth, and their Parents/Caregivers.
 - Integrate Core Values of Care in New Employee Presentation consistent with Transgender Care best Practices (Winter)
 - Establish a Welcoming Training regarding LGBTQ behavioral health needs for all RUHS-BH staff. (Winter)
 - Develop Regional/Program Experts/Champions in Transgender Child, Youth, Parent/Caregiver Care Training which reflects certification on transgender care standards (Spring)

- Provide on-going supervision and support for teams working with transgender children, youth, and their families. (Following Initial Training and On-going)
- e. Identify Community Based Resources and other supports for transgender children, youth, and parent/caregivers throughout Riverside County and the broader Inland Empire Region.

Native American Activities for FY 16/17

During FY 16/17 four training curriculums were completed on Working with American Indians, these training were submitted for CE approval, and the first of four trainings was piloted with RUHS staff and community members. *The Working with American Indians, A Beginning* training series includes: Working With American Indians, A Beginning; Storytelling as a Healing Modality in Trauma Informed Care; Native Storytelling as Wellness; and Theatre as a Healing Modality. The American Indian Council leads the trainings. The American Indian Council is formed under the Cultural Competency Program at RUHS-BH. It includes American Indian tribal members from diverse backgrounds including psychology, sociology, social work, culture bearers, historians, tribal leaders, and traditional healers. It is focused on decolonizing/reindigenizing approaches to mental health and wellness for American Indians from conception through intervention. Goals include providing information through written materials, as well as presentations on cultural understandings of the etiology of mental health issues, cultural definitions of mental health issues, how the forces of history, colonization, and oppression impact mental health and wellness currently, identifying cultural strengths including relational worldview with emphases on the family and systems of care, and supporting, utilizing, and revitalizing traditional health practices and cultural strengths from within the community, thereby increasing access to culturally appropriate resources and cultural providers. Its overall mission is to guide the Cultural Competency Program towards spurring and supporting the reindiginization of traditional practices and cultural strengths, including the reintroduction of the indigenous lifestyle which supports the AI population to achieve balance within themselves, with others, and with the larger world. This year helped to build resources through training and curriculum development that provide a framework for future trainings to support the circles of care for American Indian community helpers, non-native mental health and health care providers wishing to work with American Indians, as well as provide a structure for outreach materials, which are in the process of being developed.

The American Indian Council also participated in community outreach through community presentations. The American Indian Council presented at the California Indian Conference, San Diego State University October 2016 in San Diego, California. The presentation was titled, *Sacred Lands (Knowledge) versus Genocide (Culturicide) in Southern California*. Participants included Luke Madrigal (Cahuilla), Matt Leivas (Chemehuevi), James Fenelon (Dakota / Lakota), Renda Dionne (Turtle Mountain Chippewa), Julia Bogany (Tongva, Gabreleno) and Larry Banegas (Kumeyaay). This marks the 4th annual California Indian Conference the Council has been involved with, which began at Cal State San Bernardino, in which RUHS hosted an American Indian Panel which included Drs. Bonnie Duran, and Michael Yellowbird. This, along with individual trainings by Dr. Greg Cajete and Mary Louise Defender, have served as a foundation for our Working with American Indians training series. In addition, issues related to Land Conservancy and Healing Landscapes was presented by Teresa Mike and Darrell Mike, Tribal Chairman of the 29 Palms Band of Indians at RUHS-BH Mental Health Month Celebration in Riverside on May 19, 2016, along with Cahuilla Bird Singers. In preparation for the upcoming trainings, some of the members of the American Indian council also attended Native Storytelling for Healing with Native American Storyteller Gene Tagaban. In addition, Dr. Dionne participated in a facilitators training for Theatre of the Oppressed. An expansion of activities for FY 17/18 will focus on finalizing the four training curriculums, obtaining CE approval, and piloting the entire training package. The entire council will be involved in delivering the training for the first year to aid in learning, revising, and improving the curriculum. In the next year, the training will be finalized to include integrating the training model within a culturally informed trauma informed care model. Cultural Resources for the RUHS library will also be compiled.

Spirituality Initiative

The Spirituality Initiative helped coordinate partnerships between the Diocese of San Bernardino and Riverside Counties, Loma Linda University, RUHS Medical Center and RUHS – Behavioral Health for a special outreach event targeting Latino Spanish-speaking families. This collaboration included health care and behavioral health professionals, interns, family advocates, peer specialists and cultural competency program clinicians. Various services including health and behavioral health screenings, referrals, and educational groups were offered to parishioners at Our Lady of Perpetual Help Church in Riverside and St. James Catholic Church in Cathedral City after their Sunday mass. This collaborative effort has proven

to be successful in reaching this underserved community and there will be other similar outreach events in the fiscal year. The Riverside event alone engaged 100 parishioners and required follow-up for 62 of them. The Diocese has identified Hemet as the next area for service planning.

The Cultural Competency Program also established a partnership with the Stephan Center by offering a Conference for Faith based Leaders. The Opening Ceremony included a Native American perspective. The goal was to explore an understanding of mental health and mental illness with a faith based setting. An interfaith panel had a community dialogue followed by workshops which incorporated several themes, including the ABC's of Children's Mental Health, Life Transition and Grief: A Normal Process, and Pathways to a Mentally Healthy Congregation. The forum addressed the importance of early prevention, intervention and treatment. We hope to have a follow up Conference that will more specifically address behavioral health challenges, first aid and how to navigate the county behavioral health service delivery system of care.

The Cultural Competency Team members attended the Annual Interfaith Conference. They also collaboratively worked with the Corona-Norco Interfaith Council as well as the Interfaith Council in Hemet.

Two members of our Cultural Competency Team attended a special conference on Open Table, which is a spiritual based model of care in faith based communities. Trainers from Arizona and Oregon have held site visits to explore the feasibility of working on a special project for Open Table conceptual framework. RUHS-BH is working to initiate a contract with Open Table which will target Transition Age Youth (TAY).

The Asian American Task Force (AATF) has a small group of Korean Pastors that organized a Roundtable Forum to discuss issues specifically related to their community. Dr. Yun Choun, a psychologist for the Older Adults program, facilitated discussions and provided resources for various mental health barriers, substance abuse issues, and the growing homeless population. The meetings were held in Korean with the use of an English interpreter for RUHS-BH staff. The group decided it would be beneficial to provide other faith leaders like them with Mental Health First Aid Training. Plans are underway to schedule a training by the end of this fiscal year.

The Cultural Competency Program also hosted an interdepartmental Dia de los Muertos (Day of the Dead) event in October 2017. The celebration provided a historical overview of the tradition, honored loved ones who have passed away and was inclusive of all faiths.

Promotores de Salud Mental: Promotores de Salud Mental Program is an outreach program that addresses the need of the county's diverse Latino Community. Program implementation began in July 2011. During fiscal year 2016/2017, Promotores de Salud Mental was not implemented. The contract with the previous provider was not renewed. A Request for Proposal was developed and was released in December 2017.

Community Mental Health Promotion 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 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.

Toll Free, 24/7 "HELPLINE": The "HELPLINE" has been operational since the PEI plan was approved and in FY16/17 the hotline received 7,831 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline. This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the "HELPLINE". This has many benefits for the caller as it allows for access to local supports and services because the "HELPLINE" is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention.

Network of Care: Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In FY16/17 the website had 182,168 visits and 651,342 page views.

Peer Navigation Line: The Peer Navigation Line (PNL) is a toll free number to assist the public in navigating the Behavioral Health System and connect them to resources based upon their individual need. The public can contact the PNL, which is staffed by individuals with "lived experience" who can listen to the caller's worries and talk about their choices, help figure out where local resources can be found, help the person decide which resources are best for them, point out possible places to start, answer questions about mental health recovery, and help the

caller see the hope through sharing “lived experience.” The resources provided include, but are not limited to, behavioral health, education, vocation, shelter, utilities, pets, and other social services. In FY16/17 the Peer Navigation Line had 257 phone contacts. The PNL is just one system Navigation Service offered at the Navigation Center. See page 86 regarding more about The Navigation Center.

Call to Care: The Call to Care program is designed to train non-professional caregivers/leaders in underserved populations, particularly in faith-based groups, in order to increase their awareness and knowledge of mental health, mental health resources, and to increase their readiness to identify potential mental health issues and eliminate stigma and discrimination associated with mental illness. It centers first on the needs of the person seeking support or help, and secondly on increasing self-awareness of the caregivers/leaders. At the same time, it strives to point out and clarify the skills, knowledge and boundaries that the caregiver/leader needs in order to be effective. Training includes mental health awareness and beneficial resources; cultural awareness and sensitivity necessary to provide quality support; active listening and communication; self-care for the caregiver/leader and helping others deal with grief and loss. The populations to receive Call to Care training are individuals in a leadership, educational, or supportive role whom are associated with community-based and faith-based organizations, as well as non-traditional health care providers, i.e.: indigenous traditional helpers, traditional healers, midwives, bone-setters, herbalists, and other specialists, that offer different services aimed at preventing illness, restoring health and maintaining individual, collective and community health. In FY16/17, the Call to Care program provided 10 training groups with 194 participants and 9 continuing education summits with 116 participants. The community planning process this year identified the need for collaboration between the Call to Care program and the Spirituality committee referenced above. This will allow for greater partnership between organizations already trained in the Call to Care model and increase access for organizations who would like to be trained.

“Dare To Be Aware” Youth Conference: This 15th Annual conference for middle and high school students was held on November 29, 2016, with 648 youth in attendance. Students from 5 middle schools and 23 high schools were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day began with an inspiring keynote presentation from Dee Hankins who shared his personal story and challenged

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

Media and Mental Health Promotion and Education Materials: RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 96,850 site visits in FY16/17. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.

The Up2Riverside campaign was acknowledged by the PEI Steering Committee as having a positive impact with community members that they know. Between July 1, 2016 and June 30 2017, a targeted outreach effort placed outreach materials about mental health and lime green ribbons in 395 venues across Riverside County, including the city of Riverside, Jurupa Valley, Moreno Valley, Desert Hot Springs, Indio and Palm Desert. In total, 35,921 tent cards were distributed and 21,005 lime green ribbons were distributed.

The Navigation Center (TNC)

The Navigation Center opened in March of 2017 tasked with engaging and serving clients who had been hospitalized, but remained unserved by our outpatient service system. Initial data suggested that approximately 150 members per month were being discharged from the inpatient psychiatric hospital, and that only a very small minority of these members were successfully engaged and linked to on-going outpatient care. The Navigation Centers primary function was to outreach individuals while they are hospitalized, establish rapport, strengthen informal supports, minimize barriers to recovery, and link to outpatient behavioral health clinics.

The navigation Center program was built using lessons learned from the Innovation Plan, The Recovery Learning Center. Peer Support were the primary service partners and recovery coaching was the basis of intervention.

The clinic facility was restructured to ensure the best flow of work. Staff received enhanced training in greeting, engaging and inspiring members who had already decided that behavioral health held no hope for them. New relationships with the hospital, the outpatient clinics, residential rehabilitation facilities, and other community partners were developed. Hospital and outpatient system of care were oriented to the role of the Navigation Center and new procedures were developed. Implementation required a gradual evolution of new collaborative efforts and new practices.

Phase One began with The Peer Navigation Line outreach to members post-hospitalization. Phase Two included Medi-Cal certification, a new medication room, and the provision of clinical and psychiatric services. Phase Three involved strengthening the members' informal support systems by outreaching, welcoming, and educating families and caregivers. Phase Four extended outreach and engagement services beyond the inpatient treatment facility (ITF) to the Emergency Treatment Facility (ETS), the hospital's emergency or triage department.

Establishing rapport by phone was challenging. The majority of the members discharging from the hospital were struggling with homelessness, substance abuse, or both. Many did not have addresses or phone numbers. Those who had phone numbers and addresses did not answer or respond to messages. Most of the members that contacted declined services.

Leadership decided to launch Phase Two and began outreach and engaging members in the hospital prior to discharge. This proved to be more challenging than anticipated. Staff attended

two discharge planning meetings within the hospital each week to increase the likelihood of engaging members prior to discharge, and to increase communication and rapport with hospital staff.

The Navigation Center began hosting a weekly Outreach Collaboration Meeting and inviting all of the outpatient outreach teams, including those from the housing program (HHOPE), substance use (START), full-service partnerships, and outpatient clinics. The Navigation Center set up workstations and invited outreach workers to use the space as a second, or satellite office.

The integration of HHOPE, START, and the other programs has proved extremely powerful. Very early in TNC development, we supported START, with psychiatric and medication services. START and HHOPE placed clients in residential rehabilitation facilities and supportive housing. These facilities often require 30 days of medication and psychiatric clearance before they accept clients. Meeting these immediate time frames was a challenge for the outpatient clinics. The Navigation Center became the “home clinic” to all clients placed by START into residential rehabilitation in the Western Region. Once they were discharged to a lower level of care, these clients were linked to another outpatient clinic for ongoing services.

The success of system collaboration became evident when we engaged a man in his early twenties. He had over 50 hospitalizations, was diagnosed with a severe mental illness, and had self-medicated with amphetamines for many years. He was estranged from his family and living on the streets. We engaged him at ETS and continued that rapport after admission to ITF. We coordinated HHOPE and START services as well. Our family advocate worked with his family, providing education, support, and resources. Initially, the client declined services. He was discharged and soon returned but was diverted to Mental Health Urgent Care, where his Navigation Center Peer Support Specialist continued to engage him. He was subsequently admitted to Lagos, where he was visited by the same Peer Support Specialist daily. Finally, he agreed to services. The Navigation Center provided transportation to his clinical assessment and psychiatric evaluation. He started taking medications consistently and began feeling better. When he came for his third medication follow-up appointment, his Peer Support Specialist took him to a new innovative program for Transitional Age Youth where he was introduced to their Peer Support Specialists and oriented to the wide variety of services offered. Before long, he was reunited with his family who welcomed him back into their home. He now receives

consistent behavioral health services, celebrates many months of sobriety, and wants to become a Peer Support Specialist himself.

We participated in and witnessed many other similar stories. One male client in his early forties was admitted to the hospital on a 5150 for grave disability after having been catatonic and mute for over three years following the loss of his job and marriage. This client was assessed, deemed gravely disabled, placed on a 5250, and steps were taken to begin the LPS conservatorship process. He responded positively to medication prior to discharge, and was discharged home to his family. Our Family Advocate worked closely with his family, and his Peer Support Specialist continued to provide encouragement and support. Within two months, this client who had been catatonic and mute for three years, was speaking to his family members and providers, participating in groups, and was working part time in a warehouse. He continues working and receives outpatient services today.

We began asking, “What do these success stories have in common, and how do we foster these commonalities in others?” The one common thread was family support. The Navigation Center began referring the families or other supports to the Family Advocate Program and Phase Three began. Family Advocates program reached out to families by phone and met with families at TNC. Families received education as well as comfort through the listening and understanding of the Family Advocates. They were informed about NAMI and of all the support groups throughout the area. By September of 2017, the Navigation Center had a full time Family Advocate on staff.

Before the end of our first year, RUHS-BH started to concentrate more intently on disrupting the cycle of relapse and readmission to ETS. The Navigation Center was invited to attend daily discharge planning meetings with the doctors, nurses, and social workers at ETS. The Navigation Center targeted clients who have had two or more ETS admissions within six months, or five or more over their lifetime. We also served as liaison to the other outpatient clinics and START. Every morning, we identified which clients were already open to a clinic and notified these clinics and their supervisors via email that they have a client at ETS. For clients who were not already receiving consistent outpatient mental health services, we made referrals to the appropriate program based on the client’s age and needs. If they met Navigation Center criteria, we assigned a Peer Support Specialist to outreach and engage. We also planned to offer psychoeducation and support groups at ETS two times a week to introduce clients to

alternatives such as Mental Health Urgent Care, Lagos, and the multitude of services offered by our outpatient clinics.

There are five different hard to engage groups of clients we follow for outreach and engagement purposes with the goal to provide hope and connect to on-going care. The first group is the higher-need clients at ETS who have had multiple admissions. The second group is the clients who are currently admitted at ITF, Urgent Care, and CSU. We attempt to engage, encourage, and support these clients at least once, often twice, per day. Our family advocate also outreaches to the family members of these clients by phone, and our CT offers family therapy sessions pre- and post-discharge. The third group included consumers who have recently discharged from one of the hospitals, urgent care, or CSU with discharge plans that include the Navigation Center. Our peer support specialists attempt telephone engagement every 2-3 days and sometimes make home visits. The goal is to build rapport, instill hope, and begin removing barriers to treatment. If transportation is needed to the initial intake appointment, we provide it. The fourth group includes those clients who have presented for their intake assessment and are officially open to our program. They continue to receive telephone support and family advocate support at 1-2 times per week or more, as needed. Once the treatment team and client agree the client is ready to be linked to their “home” or permanent clinic, they are transferred. These referrals often involve one of our Peer Support Specialists transporting the client to their new clinic and introducing them to their new Peer Support Specialist. If necessary, our Peer Support Specialist will accompany the client for their psychiatric appointment to provide emotional support. The fifth group consists of those consumers that were without a Navigation Center connecting but could have used our level of support. Our peer support specialists conduct telephone outreach to these consumers and their families for two to three weeks, attempting to establish rapport, and encourage follow-up services at the Navigation Center. If we are unsuccessful in reaching them and they have an address, we mail letters encouraging them to reach out if they decide they are interested in services.

So far, we have successfully linked 68 of the most difficult to engage clients to consistent outpatient behavioral health services. Each of these 68 success stories required a tremendous amount of collaboration, consultation, and organization of resources, along with multiple sources of support, dozens of engagement attempts, transportation arrangements, and large investments of time. We are currently supporting another 40 clients who are receiving services

at the Navigation Center and preparing to be linked to their home clinics. We are following another 30 consumers who have been recently discharged and have follow-up appointments scheduled with the Navigation Center within the next few days.

Our plans for the next plan year 2018-2019 include ongoing staff development and training around working with our unique population considered “difficult to engage.” We are also pursuing ongoing training in motivational interviewing. We continue to make efforts to orient and train the inpatient staff on the role of the Navigation Center. We are in the process of doubling our psychiatrist hours. We hope to expand our family advocate services to include regular hours in the lobby at the hospital, to increase opportunities to meet with families as they are coming to take their loved ones home. We hope to offer concurrent support groups for clients and families. We are gearing up to begin facilitating psychoeducation and support groups on the unit at ETS, to introduce consumers to the alternatives to hospitalization and the wide array of services available in our outpatient service system. We continue to strengthen our relationships with Mental Health Urgent Care, Lagos, Telecare FSP in mid-county, and the various residential treatment facilities. We continue to attend staff meetings at county programs throughout the county to promote the Peer Navigation Line. We will continue to host peer support and family advocate volunteers and interns, to promote a pool of candidates for hire into these programs. With the difficult nature of this work in mind, we are exploring ways to promote mindfulness and wellness in our team members. Most importantly, we will continue to hold hope for our community that recovery is possible, and do our very best to make a difference in this world one life at a time.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program): The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents’ knowledge, skills, and confidence. In FY16/17 RUHS - BH contracted with one well established provider to deliver the Level 4 parenting program in targeted communities in the West and Mid-County regions of Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback.

Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 249 parents were served through the Triple P classes. Evaluation of the impact of change in parenting as a result of the classes indicated significant improvement in positive parenting as well as overall decreases in inconsistent discipline. In addition to pre and post surveys that look at parenting practices, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed statistically significant decreases in both the intensity and frequency of problem behaviors. The overall impact of the program continues to be very positive. For FY17/18, the current provider expanded services into the Desert region and included Triple P Teen group as well.

Mobile Mental Health Clinics: There are three mobile units that travel to unserved and underserved areas of the county to reach populations in order to increase access. The mobile units allow children, parents, and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors and appropriate interventions, training for school staff, parent consultations regarding specific problem behaviors, and small groups for children whose parents are incarcerated as well as a school readiness group (Dinosaur school). In FY16/17, 125 children and families received PCIT through the mobile units. Countywide and regional PCIT outcomes showed a statistically significant decrease in the frequency of child problem behaviors and in the extent to which caregivers perceived their child's behavior to be a problem. Outcome measures also revealed a significant decrease in parental stress. Overall parents felt more confident in their parenting skills and ability to discipline their child. Parents felt their relationship with their child and their child's behavior improved. In addition to PCIT, in FY16/17 staff also provided Trauma-Focused Cognitive Behavioral Therapy, Incredible Years, Dinosaur School, and Strong Kids Group for children whose parents are incarcerated. Staff provided 46 parent consultations as well as consultation to 22 providers. Each unit is also equipped, stocked, and prepared to respond locally and to other counties if called upon in response to disasters through regional mutual aid agreements. The staff takes the mobile units to community events to provide outreach and education to underserved communities.

Strengthening Families Program (6-11) (SFP): SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. In FY16/17, 186 families enrolled in the program. In total, 138 (74%) families met the program completion criteria of completing 10 or more sessions. 93% of the families identified as Hispanic and 72% of the participants reported Spanish as the primary language spoken in the home. Of the 186 families enrolled in SFP, the majority of families (87%) lived in an underserved or low income community, and reported having poor family communication (76%). Evaluation of program outcomes include measuring decreases in behavioral, emotional and social problems as well as measuring increases in parenting skills, parent supervision, building family strengths, enhancing school success, concentration skills, and pro-social behaviors. Many statistically significant outcomes resulted for families that completed the program. These included: increases in parental involvement, increases in positive parenting, decreases in inconsistent discipline, significant improvements in child's behavioral difficulties, as well as improvements in prosocial skills.

PEI-03 Early Intervention for Families in Schools

Families and Schools Together (FAST): The FAST program is an outreach and multi-family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school thus avoiding problems such as school failure, violence, and other delinquent behaviors. The FAST program utilizes a team of four (4) (one school administrator, one parent partner from the school, and two community-based organization staff) to implement the program at each school site. In FY 16/17, the program was implemented at five (4) school sites. One of the requirements of utilizing the FAST program is that it must be provided at the school sites, which de-stigmatized the intervention with a goal of increasing families' willingness to attend and complete the program. FAST served families with youth who attended Kindergarten through 3rd grades at the trained sites and 45 families participated in the program. In total, 36 (80%) of those families who participated met the program completion criteria of attending 6 or more sessions. Pre and post measures were completed by adult

participants as well as school staff. Parents reported an improved relationship with their child, parents perceived their sources for affectionate support and emotional support as well as higher levels of giving and receiving social support at the end of the program. Parents reported that their child's conduct problems improved. Teachers reported an improvement in children's conduct problems and an increase in pro-social behaviors.

In the FY14/15 Annual Update, it was reported that the PEI Steering Committee recommended ending the FAST program and to broaden the use of the Strengthening Families program. The recommendation included completion of the last cycle in FY16/17. Upon further review, the PEI Steering Committee for the 3YPE plan concurred with the existing recommendation based upon the following. The RUHS – BH Research and Evaluation unit was asked to develop a comparison of the Families And Schools Together (FAST) and the Strengthening Families Program (SFP). Both programs serve families with young children through use of multiple family interventions. Both programs also have overall goals of increasing parenting skills, developing family cohesion and increasing school success and decreasing child disruptive behaviors. FAST and SFP both have a similar structure to the sessions, including a family meal, groups for parents and children and bringing families back together to practice new skills. The pre/post measures given in each program are different so comparison of outcomes across the programs are not exact. There are categories, however, that can be compared across the programs. In the areas of cohesion/ building family strengths, hyperactivity/concentration, emotional symptoms, pro-social behaviors and peer/social problems, the Strengthening Families Program showed overall better outcomes for program participants. The area of conduct/behavioral problems was the one area that the FAST program showed better outcomes. The implementation requirements and rigid structure of the FAST program created challenging barriers for providers as well as incurred additional costs to the County that could be otherwise avoided. The PEI Steering Committee recommended elimination of the FAST program and increase the implementation of the Strengthening Families program with the condition that Strengthening Families be provided on school campuses. FY16/17 was the final year of implementation for SFP, this program will be removed from the PEI plan.

Peace4Kids: Peace 4 Kids, Level 1 curriculum, is based on five (5) components (Moral Reasoning, Empathy, Anger Management, Character Education, and Essential Social Skills). The program goals include: helping students master social skills, improve school performance,

control anger, decrease the frequency of acting out behaviors, and increase the frequency of constructive behaviors. There is also a parent component, which strives to create social bonding among families and within families, while teaching social skills within the family unit. In the FY14/15, Peace 4 Kids added Level 2 for students that had previously completed Level 1 and requested additional classes in order to practice what they had learned as well as to learn new skills. Level 2 included advanced lessons related to the same five components as Level 1, with the same goals as Level 1. Students had to have completed Level 1 before participating in Level 2 in order to have a basic understanding of the topics covered. In FY16/17 the program added a level 3. Level 3 is designed to support students who need more time to develop and practice empathy, anger management, character traits and essential social skills. RUHS – BH and Palm Springs Unified School District continue to have a Cooperative Agreement to have the program at the two middle schools in Desert Hot Springs. The Peace 4 Kids program enrolled 371 students in FY16/17; 317 students were enrolled in level 1, 44 students were enrolled in level 2, and 16 students were enrolled in level 3. Parents were invited to attend the “Family Time” component of the program. In total 39 parents participated. Pre and post measures were completed by the students and parents. Outcomes comparing pre to post scores showed statistically significant improvements in emotional problems, conduct problem, hyperactivity, peer problems, and overall problematic behavior and overall behavioral difficulties. Pro social skills also significantly improved as reported by student and parent ratings.

PEI-04 Transition Age Youth (TAY) Project

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

Stress and Your Mood (SAYM): SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. In FY16/17, 213 youth were served in the program. Continued outreach efforts to reach underserved youth were effective in that 76% of those enrolled were Hispanic and 14% of the youth reported being LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning. The results were very positive in that before the

intervention, 79% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated that average depression scores decreased to below the clinical level of depression. The clinician also completes a measure after each module. Of note is that the clinician rating of change after the first two modules was minimal; however, statistically significant changes were noted after the final module, suggesting youth should complete the intervention in its entirety. Each youth was also given a measure of overall functioning and these measures indicated significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 92% of the youth indicated that they “agree or “strongly agree” that as a result of the program they know how to obtain help for depression and 90% indicated that they “agree” or “strongly agree” that they learned strategies to help them cope with stress. Currently, a community based organization provides this service in the Western and Desert regions. In FY15/16 the provider for Mid-County region decided not to renew their contract. An RFP will be released soon.

TAY Peer To Peer Services: This program is one in which Transition Age Youth (TAY) Peers provide formal outreach, informal counseling and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. In order to provide additional structure to the providers around activities for TAY, providers were given training on how to develop a Speakers Bureau as well as the Coping and Support Training program (CAST). CAST is an evidence-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts. Each CAST cycle consists of a screening session and 12 sessions focused on skill development. The “Cup of Happy” TAY program has become well known in the Western and Desert Regions and the provider for the Mid-County region continues to outreach to become known in the targeted communities. In FY16/17 there were a total of 524 various Peer-to-Peer events throughout the county with a total attendance of 6,876. Event topics included mental health stigma reduction, psycho education, coping skills, LGBTQI support, and program marketing. The TAY peers attended large health fair events and passed out mental health related information in the community. Outreach also resulted in 107 individual contacts. There were 121 Speaker’s Bureau presentations by the TAY peers reaching 2,966 individuals. Post-test results revealed a statistically significant reduction in participants’ stigmatizing attitudes and statistically significant

increases were found in affirming attitudes regarding empowerment over, and recovery from, mental health conditions, as well as a greater willingness to seek mental health services and supports. There were 26 full cycles of CAST completed with 272 participants enrolled and 58% of those completing the program. Participants reported the highest ratings in overall level of satisfaction with the support they get from the program, and in feeling that their group leader is someone they can count on to help them. For those who completed the program, there were statistically significant improvements in self-esteem, control of their moods and use of the “Stop, Think, Evaluate, Perform, Self-praise” (STEPS) process in making overall healthy decisions.

In FY15/16 nine (9) focus groups were conducted focused on the TAY population in efforts to ensure that current programs are meeting the needs of TAY in Riverside County. Despite evidential success in Peer-to-Peer programs, two customized focus groups were held for participants of the Peer-to-Peer Coping and Support Training (CAST) program within PEI, to gain specific feedback on programmatic efficacy. Efforts were made to identify different themes in the responses among various TAY populations during the focus groups, with the goal to gather feedback on the needs of the TAY population. One theme that rose to the top was the need for one-to-one mentoring. The PEI Steering Committee reviewed the focus group report along with data related to the TAY population and existing programming and concluded the addition of Peer Mentoring would enhance services and respond to the community’s request. Peer mentoring will be an enhancement to the existing Peer-to-Peer program and will be included in the next RFP.

Outreach and Reunification Services to Runaway Youth: This program includes targeted outreach and engagement to this population in order to provide needed services to return them to a home environment. Outreach includes training and education for business owners, bus drivers, and other community agencies to become aware of at-risk youth who may be homeless or runaway and seeking support. Trained individuals assist youth in connecting them to safety and additional resources. Outreach includes going to schools to provide students with information on available resources, including crisis shelters; going to places where youth naturally congregate, such as malls; and working with organizations most likely to come in contact with the youth. Crisis intervention and counseling strategies are used to facilitate reunification of the youth with an identified family member.

Active Minds: Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11, FY11/12, and FY13/14 RUHS - BH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are: University of California Riverside, College of the Desert, Riverside City College, Mount San Jacinto College, and Moreno Valley College. Student activities include providing information to students and faculty regarding mental health topics and promoting self-care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and State level. Send Silence Packing (SSP) is an exhibit of 1,100 backpacks that represent the number of college age students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. At each exhibit, 1,100 backpacks are displayed in a high-traffic area of campus, giving a visual representation of the scope of the problem and the number of victims. RUHS-BH continues to support these efforts through sponsoring the Send Silence Packing traveling exhibit. In FY16/17 an exhibit was held at Mt. San Jacinto College.

Teen Suicide Prevention and Awareness Program: Riverside University Health System – Public Health, Injury Prevention Services (IPS) continued to implement the teen suicide prevention and awareness program in eight school districts throughout Riverside County in FY16/17. The districts served were Moreno Valley, Coachella Valley, Murrieta Valley, Corona-Norco, Beaumont, San Jacinto, Alvord, and Banning. IPS continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. IPS provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school and middle school within the selected school district will be required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. It is imperative to create buy in from the students on each campus, and by focusing on a peer to peer approach with the SP program it helps to bridge the trust among students and utilize the program to its full potential. Individuals in each service group will be

identified as SP outreach providers, with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers will have training on topics such as:

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

In addition IPS assists each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. One of the required high school club activities is to participate in the annual Directing Change video contest. The remaining activities will include handing out SP cards at open house events, school events, and making PSA announcements. This will help to build momentum around suicide prevention and reduce the stigma associated with seeking mental health care services. As a way to provide additional services that target the staff and parents of students at the selected school sites, training opportunities will be offered. IPS will provide Gatekeeper trainings to school staff. SafeTALK, is a 3 hour training designed to introduce the topic of suicide intervention. The goal of this training is to equip participants to respond knowledgeably and confidently to a person at risk of suicide. Just as "CPR" skills save lives, training in suicide intervention makes it possible for trained participants to be ready, willing and able to help a person at risk. In addition, IPS will work with Riverside County Helpline to provide suicide prevention and awareness trainings to parents. This will help to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness. The program supported 25 high school sites and 32 middle schools in FY16/17. As a result, there were 64 suicide prevention curriculum trainings conducted to over 1,340 high/middle school students, 30,850 mental health related brochures and help cards were distributed, and there were 111 suicide prevention campaigns impacting approximately 72,875 students across Riverside County. IPS staff continued to provide parent education and staff development activities in FY16/17. The parent education component provided parents with a 1 to 2-hour presentation on the warning signs, risk factors, and resources available to youth in crisis. FY16/17 provided 13 parent workshops, in English and Spanish, reaching 122 community members. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing 7 SafeTALK suicide awareness trainings impacting 163 community and school personnel.

PEI-05 First Onset for Older Adults

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

Cognitive-Behavioral Therapy for Late-Life Depression: This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. There continued to be a great deal of outreach activities that occurred during FY16/17 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY16/17, 60 older adults were served in this program. The largest percentage of participants were ages 65-69 (30%) and 17% of those served were 80-90 years of age. Of note is that 65% of those served identified as LGBTQ. One of the providers exclusively serves the LGBTQ community in the Desert Region of the county. 65% of those served by that agency identified as LGBTQ. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life indicating that participants were engaging in more social behavior and pleasurable activities. This program has demonstrated positive outcomes since implementation began.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS): This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. In FY15/16 the implementation of the program was evaluated, as noted in last year's plan update. In addition to evaluating program outcomes, a full implementation and referral analysis was conducted. This revealed a troubling pattern in that over the last three fiscal years the number of referrals has steadily decreased despite significant strategic outreach efforts. As a result the program was far below the intended target for numbers to be served. The analysis proved that while the actual outcomes were positive, the cost versus the numbers served was not justifiable to sustain the program. The decision in the FY15/16 annual update was to slowly transition the current caseload through completion of the program and discontinue new referrals into the program until further

analysis can be made. The PEARLS program discontinued services in June 2016. However, throughout the 3YPE community planning process, community and stakeholder feedback was clear, depression prevention services are needed for the older adult population. The PEI Steering Committee explored new strategies for the implementation of PEARLS to address the barriers noted above and also explored other programs that address this need. Through the stakeholder process, it was determined to implement the PEARLS model in the community recognizing that community based providers have a better ability to engage target communities and individuals who will benefit from these services. In FY16/17 the request for proposal was developed and was released in August 2017.

Care Pathways - Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called “Care Pathways”, consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions, and stress reduction techniques. They continued to have great success in marketing the program. The OoA served 212 individuals in FY16/17. Eighty percent of participants were female and 84% of program participants had been caregiving for one to ten years. Fifty-four percent were age 60 or older. The most frequent relationships to the care recipient was mother at 32% and husband at 27% of those participating. There was a statistically significant decrease in depressive symptoms which was recorded prior to beginning the group and at the end of the 12-week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. Caregivers reported high levels of satisfaction with 99% of participants who completed the survey reported that the support groups helped them in reducing some of the stress associated with being a caregiver and 100% of participants reported that they would recommend the support group to friends in need of similar help.

Mental Health Liaisons to the Office on Aging: There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing

the CBT for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff and other organizations serving older adults about mental health related topics, as well as providing mental health consultations for Office on Aging participants. In FY16/17 two Clinical Therapists staffed this program. The Mental Health Liaisons participated in 124 outreach events within the 16/17 fiscal year. They also processed 177 referrals which resulted in 10% of those referrals being enrolled in Cognitive Behavioral Therapy. Thirty-nine percent of the referrals they received were referred to other non PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 28 older adults in FY16/17. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement of symptoms of depression. Overall, depression reduced from moderate to minimal. QOL survey results indicated that program participants felt better about life in general, with statistically significant improvements in how participants feel about the amount of relaxation in their lives, things they do with other people, the people they see socially, their physical condition, and their emotional well-being.

CareLink Program: CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY16/17, 72 of the individuals that were served through the CareLink program were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants showed a statistically significant decrease. Program staff continued to receive additional coaching in the enrollment criteria for the program as well as the use of the model to ensure that program participants are receiving the model as it was

designed. The Quality of Life Survey showed the greatest improvements in how participants felt about life in general.

PEI-06 Trauma-Exposed Services

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): This is a group intervention designed to reduce symptoms of Post-Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with school districts to provide the program on school campuses. In FY16/17, 95 youth were enrolled in the program and 74 (78%) attended 8+ sessions. Overall, the largest numbers of participants were Hispanic females. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Intake data showed that 93% of youth served had witnessed physical trauma and 92% reported experiencing emotional trauma. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a statistically significant decrease in traumatic and depressive symptoms. Analysis was also done on pre/post measures completed by parents regarding their child's behaviors. There were small improvements in youth's total strength and difficulties.

Seeking Safety: This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. A total of 353 individuals were enrolled and participated in at least one topic session. Seventy-one percent of those served were TAY. Participants were asked to provide information about their trauma-related symptoms before they began the program and when they completed. Changes in the frequency and intensity of traumatic symptoms showed a statistically significant change. Comparison of pre/post scores on the COPING Inventory showed statistically significant change in positive coping responses and a decrease in negative coping responses to life stressors. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis and would recommend the program to a friend.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents.

Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy. This model has been implemented successfully within RUHS – BH children’s clinics. Outcomes from the program demonstrate significant reduction in traumatic symptoms and improvement in behavioral difficulties. RUHS - BH and the Riverside County Department of Social Services are collaborating to serve children who are brought into the foster care system, including providing clinical intervention when needed.

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

PEI-07 Underserved Cultural Populations

This Work Plan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based and evidence-informed practices that have been found to be effective with the populations identified for implementation. In addition to

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

Native American Communities: The two programs included for this population focus on parent education and support.

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

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

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

African American Communities:

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

Africentric Youth and Family Rites of Passage Program: This is a nine month after school program for 11–15 year old males with a focus on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in family enhancement dinners. The providers initially focused their efforts on outreach through personal contacts, marketing and presentations in order to facilitate referrals. This included outreach to faith-based organizations, community providers, schools, and health fairs. A total of 58 youth and their families participated in the program in FY16/17 in the Western, Mid-County and Desert Regions. Pre to post surveys revealed a non-significant change to the resiliency scale measuring a sense of mastery. There was a significant increase in identifying Africentric values. This is an important outcome as it relates to the goal of the program because positive ethnic identity represents a strong protective factor for these youth.

Guiding Good Choices (GGC) - This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. FY16/17 was the first year of implementation. A total of 66 parents graduated from GGC representing 100% of all parents who were enrolled. Results from pre/post measures show statistically significant improvement in positive parenting. In addition, FY16/17 was the first year parent support groups, following the completion of GGC, was offered. Parents had the opportunity to continue meeting with a clinician and other parents from BRAAF to talk about parenting styles and general advise and support. All parents were encouraged to attend once a week and share their questions.

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

intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer. Thirteen benefitted from this intervention this fiscal year.

The Executive Directors for each of the providers continue to meet as a Leadership Team along with RUHS - BH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. An annual project collaboratively planned and implemented is the primary goal of the leadership meetings. Program Administrators also coordinate outside of the leadership meetings in order to complete the annual project. This year BRAAF program administrators and staff from all three regions came together through their leadership team to create the first Unity day. Future years will include leadership from the BRAAF girls pilot program which began implementation in FY17/18. Unity Day is an objective of the Building Resilience in African American Families (BRAAF) program provider's agreement with the Riverside County Universal Health Systems – Behavioral Health and shall incorporate the participation of all three regions (Western, Mid-County, and Desert). The regions work collectively to plan, host and execute the project/event. The event will include family style activities, outreach/community service activities, food and traditional Africentric rituals. The project will also include elements that will serve as evidence and historical reference that Unity Day took place in the selected community. The event was held in April 2017.

Building Resilience in African American Families (BRAAF) Girls Program: The pilot BRAAF Girls project, was released for bid through the Request for Proposal process during FY16/17. It is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. Implementation began in FY 17/18. Data outcomes will be available in the next update.

Africentric Rites of Passage Program - is an evidence-informed, comprehensive prevention program for African-American girls in middle school and their caregivers/families. The project is designed to wrap families with services to address the needs of middle school aged African-American girls, build positive parenting practices, and address symptoms of trauma, depression, and anxiety. The goal of BRAAF is empowerment of African American girls ages 11-13 through a nine-month Rites of Passage Program. The BRAAF Girls ROP serves girls enrolled in middle school, who meet criteria, in an after school program three days per week for 3 hours after school on Mondays, Wednesdays and Fridays and every Saturday. The Saturday sessions will

focus on dance, martial arts and educational/cultural excursions. The BRAAF Girls ROP program stresses parent and caretaker involvement to promote healthy relationships with their girls. Family enhancement and empowerment buffet dinners are held monthly for a minimum of 2 hours each meeting, over 9 months of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Community guest speakers/experts are included in the monthly presentations.

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

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

Hispanic/Latino Communities: A program with a focus on Latino women was identified within the PEI plan.

Mamás y Bebés (Mothers and Babies) Program: This is a manualized 9-week mood management course for women during pregnancy and includes three post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. At the end of FY15/16 the contract with the County-wide provider was not renewed. A new RFP was released in January 2017. Program implementation with the newly awarded contractor began in FY17/18. Data outcomes will be available in the next update.

Asian American/Pacific Islander Communities:

Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families: This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Process, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program. Significant focus was placed on identifying a consultant from the community to continue the

outreach that was begun over the past few years by the Department. An Asian American/Pacific Islander Task Force has been formed to engage representatives from communities with the goal of relationship building, identifying culturally appropriate ways to increase awareness of promoting health, and developing a plan to implement the SITIF program. Progress has been made in this area and FY16/17 began the development of the Request for Proposal. The RFP will be released in FY17/18.

Filipino American Mental Health Resource Center

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

Other PEI Activities

Annual Prevention and Early Intervention Summit

The Prevention and Early Intervention Unit held the 5th Annual PEI Summit in August of 2016. The overall purpose of the Summit is to (1) address any challenges PEI providers have been facing in the past year and provide skills they can directly apply to their work in PEI, (2) educate providers about all PEI programs and increase their understanding of how their program fits into the PEI plan, (3) to increase collaboration, partnership, and referrals between PEI providers, and (4) recognize the contributions of PEI providers in Riverside County and motivate providers to continue the work in the year to come. The FY16/17 Summit theme “Healing from Trauma” focused on the power of healing & forgiveness and healing through safety. One hundred and forty-six providers attended the Summit and the overall evaluations were very positive.

Inland Empire Maternal Mental Health Collaborative (IEMMHC)

This Riverside and San Bernardino collaborative works to educate and bring awareness to the issue of maternal mental health. Activities include an annual conference, film screenings with panel discussions, and other activities that support these efforts. One of the goals of the collaborative is to provide an annual conference on a topic related to maternal mental health. RUHS – BH supports the conference every other year. RUHS – BH will continue to support the

conference. Each conference has had about 200 or more people attend, including local professionals that serve pre- and post- natal women.

Prevention and Early Intervention Statewide Activities & Suicide Prevention

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

The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities. Additional benefits this year of the statewide efforts include suicide prevention and mental health educational materials with cultural and linguistic adaptations. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these campaigns.

Directing Change

The Directing Change Program and Student Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. In order to support the contest and to acknowledge those local students who submitted videos, RUHS – BH and San Bernardino Department of Behavioral Health have partnered to host a local Directing Change Gala. The Gala is a semi-formal event that was held

at the Fox Theater in Riverside in 2014, the Lewis Family Playhouse in Rancho Cucamonga in May 2015, the Fox Theater in Riverside in May 2016 and May 2017. Students, their families as well as school advisors and administrators were invited to celebrate the students. PEI staff conducted outreach and awareness at high schools throughout the county to raise awareness about the contest and encourage students to make videos. In FY16/17 students from 20 high schools, 2 Universities, 2 Colleges, 5 community based organizations, and 1 juvenile detention program submitted a total of 119 videos from Riverside County with a total of 325 student/youth participants.

Suicide Prevention Training

Several PEI staff and community partners were trained as trainers in two suicide intervention strategies: SafeTALK and ASIST (Applied Suicide Intervention Strategies Training). SafeTALK is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. ASIST is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Over 49 trainings have occurred in these models since the trainers have become certified. The PEI Steering Committee continues to recommend that funding be allocated to continue these gatekeeper trainings since there is now capacity to train community members on a widespread basis.

Olweus Bullying Prevention

Another local impact is the collaborative partnership that RUHS - BH and Riverside County Office of Education (RCOE) developed to participate in the K-12 Student Mental Health Initiative. This initiative included the implementation of the Olweus Bullying Prevention Program (OBPP) at four school demonstration sites and has since included training at an additional four school sites. Two PEI Staff Development Officers and one RCOE Program Manager participated in the OBPP Train the Trainer process. In FY16/17 RUHS – BH and RCOE continued efforts around bullying prevention and providing training to school staff around student wellness. Due to a reduction in the availability of funding, CalMHSA has been forced to

prioritize their efforts. As a result, the Student Mental Health Initiative came to an end at the end of FY14/15. Statewide training/support is no longer available. Both Staff Development Officers from PEI who were trained moved out of the unit for promotional opportunities and are no longer able to provide this training. Therefore, this program will be removed from the plan. RCOE will continue to support these efforts with the staff they have in place.

PEI Steering Committee Recommendations

As stated earlier, the Steering Committee members reviewed the outcomes of currently funded programs as well as feedback received through surveys related to PEI activities. Recommendations for program enhancements and changes have been shared throughout this document within each work plan. Overarching recommendations include broadening the approach to PEI programming in Riverside County to include more community defined evidence programming as well as working more closely with faith-based groups for partnership and collaboration in service delivery. Additionally, strategic outreach and program implementation to Title I schools throughout the County. The PEI unit will continue to work closely with the cultural competency program, the cultural and ethnic consultants, and the various community/stakeholder groups to enhance and shape implementation to meet the needs of the un/underserved populations of Riverside County.

Training, Technical Assistance and Capacity Building

In the original Training, Technical Assistance and Capacity Building proposal submitted on 7/15/2009, the Department requested funding to support Evidence-Based Practices through the expansion of our California Institute for Behavioral Health Solutions (CIBHS) contract, Law Enforcement Collaborative training, consumer training and vocational supports. This funding was made available through Prevention and Early Intervention one-time funds that have now expired. The Department acknowledges the importance of sustaining all of these initiatives and plans to continue their support and implementation through the local PEI budget. The CIBHS contract will allow the Department to support trainings related to Evidence-Based and Promising Practices identified in the MHSA Plans. In addition to staff participation the intent is to continue to offer training opportunities to our community providers and agencies as well as cross-county opportunities that may present themselves in the Southern Region. The Law Enforcement Collaborate training continues to be offered on a monthly basis and consumer employment training and support continues to surface through our stakeholder process as a primary need. Below are trainings that were conducted during Fiscal Year 2016/2017.

Training Conducted During FY16/17

2016 TRAININGS

| DATE | TRAINING |
|-------------|---|
| 7/12 | Positive Psychology |
| 7/19 | Behavioral Health Specialists Training Series: Understand the DSM |
| 8/2 | Eating Disorder Consultation |
| 8/4 | Understanding How to Work With Dreamers |
| 8/11 | Non-Violent Crisis Intervention Certification |
| 8/25 | Pets Assisting in Recovery (P.A.I.R.) |

| | |
|-------------|---|
| 8/30 | Psychological First Aid |
| 8/30 | Disaster Services |
| 8/31 | I Love My Job But |
| 9/6, 9/7 | Non-Violent Crisis Intervention Children Certification |
| 9/8 | Pets Assisting in Recovery (P.A.I.R.) |
| 9/14 | RUHS-BH New Employee Orientation |
| 9/20 | What Does the Phrase "Standard of Care" Mean to You? |
| 9/26-30 | Mental Health First Aid |
| 9/27, 9/28 | Clinical Supervision |
| 9/28-30 | Mental Health First Aid |
| 10/3-10/5 | New Direction Training |
| 10/4 | Non-Violent Crisis Intervention Certification |
| 10/11 | Eating Disorder Consultation |
| 10/12 | Recovery 101 & Peer Support 101 |
| 10/12 | Child Abuse Mandated Reporting |
| 10/17-10/20 | Non-Violent Crisis Intervention Trainer Recertification |
| 10/17-10/18 | Adult Matrix |
| 10/24-26 | Mental Health First Aid |
| 10/25 | Human Trafficking Training |
| 10/26 | The Rise in Autism Spectrum Disorder |
| 10/26 | Elder & Dependent Adult Mandated Reporting |
| 10/26 | Mental Health First Aid |
| 11/7-11/8 | Cognitive Behavior Therapy for Post-Traumatic Stress Disorder |

| | |
|-------|---|
| 11/16 | Pediatric Psychopharmacology |
| 11/29 | Non-Violent Crisis Intervention Certification |
| 11/30 | Scams and Fraud Targeting the Elderly |
| 12/7 | RUHS-BH New Employee Orientation |
| 12/8 | Non-Violent Crisis Intervention Certification |
| 12/12 | Ethics, Boundaries & Confidentiality/Group Facilitation |

2017 TRAININGS

| DATE | TRAINING |
|------------|--|
| 1/11 | Managing Up |
| 1/17 | Non-Violent Crisis Intervention Certification |
| 1/19 | Recovery Management |
| 1/24-1/25 | Dialectical Behavior Therapy Training |
| 1/25, 1/26 | Non-Violent Crisis Intervention Children Certification |
| 1/31 | Behavioral Health Specialists Training Series: Mental Health Risk Assessment |
| 2/7-2/8 | Non-Violent Crisis Intervention Children Certification |
| 2/16 | I Love My Job But |
| 2/21-22 | Living in Balance Training |
| 2/21 | Non-Violent Crisis Intervention Certification |
| 2/28-3/1 | Mindful Workforce Training |
| 3/2 | RUHS-BH New Employee Orientation |
| 3/2 | Behavioral Health Specialists Training Series: Law, Ethics & Boundaries |
| 3/7-3/9 | Training of Interpreters |

| | |
|-----------|--|
| 3/14 | Training Providers Who Use Interpreters |
| 3/22 | Training Providers Who Use Interpreters |
| 3/30 | Non-Violent Crisis Intervention Recertification |
| 4/4 | Parent Child Intervention Therapy |
| 4/4-4/5 | Adult Matrix |
| 4/11-13 | Training of Interpreters |
| 4/13 | Law & Ethics |
| 3/30 | Non-Violent Crisis Intervention Recertification |
| 4/4 | Parent Child Intervention Therapy |
| 4/4-4/5 | Adult Matrix |
| 4/11-13 | Training of Interpreters |
| 4/13 | Law & Ethics |
| 4/18 | Non-Violent Crisis Intervention Certification |
| 4/19 | Support Staff Training Series: Welcoming & Professional Development |
| 4/26 | Behavioral Health Specialists Training Series: Understanding the DSM |
| 4/26-4/27 | Adolescent Matrix |
| 4/27 | Positive Psychology |
| 5/4 | Substance Abuse 101 |
| 5/4 | Mental Health 101 |
| 5/10 | Psychopharmacology |
| 5/10 | Cognitive Behavior Therapy |
| 4/18 | Non-Violent Crisis Intervention Certification |
| 4/19 | Support Staff Training Series: Welcoming & Professional Development |

| | |
|-------------|--|
| 4/26 | Behavioral Health Specialists Training Series: Understanding the DSM |
| 4/26-4/27 | Adolescent Matrix |
| 4/27 | Positive Psychology |
| 5/4 | Substance Abuse 101 |
| 5/4 | Mental Health 101 |
| 5/10 | Psychopharmacology |
| 5/10 | Cognitive Behavior Therapy |
| 5/16 | Motivational Interviewing |
| 5/16 – 5/17 | Non-Violent Crisis Intervention Children Certification |
| 5/24 | Co-Occurring Recovery (CORE) Treatment Manual |
| 6/1 | RUHS-BH New Employee Orientation |
| 6/21 | Non-Violent Crisis Intervention Certification |
| 6/27, 6/28 | Non-Violent Crisis Intervention Children Certification |

Innovation (INN)

Mental Health Services Act (MHSA) Innovation (INN) funds provide exciting opportunities to learn something new that has the potential to transform the behavioral health system. An Innovation Project is defined as one that contributes to learning and one that tries out new approaches that can inform current and future practices.

An Innovation Project addresses one of the following as its primary purpose:

- 1) Increase access to underserved groups.
- 2) Increase the quality of services including measurable outcomes.
- 3) Promote interagency and community collaboration.
- 4) Increase access to services.

By virtue of the Innovation projects being piloting or demonstrations they are time-limited and are one-time funded. In the event Innovations projects prove to have positive learning goals and successful outcomes, they may be adopted and funded through another MHSA Component. Since inception of the Innovation component Riverside County has introduced five projects.

- The INN-05 TAY One-Stop Drop-In Center, was approved in August of 2015 and is in the early stages of implementation.
- The INN-06 Commercially Sexually Exploited Children, was approved in February 2017 and is in the early stages of development and implementation.

INN-03 Family Room Project

Primary Innovation: Increase the quality of services including measurable outcomes.

The Family Room Innovation Project's primary purpose was designed to increase the quality of services including measurable outcomes. The development of the Family Room project was driven by stakeholder feedback gained from the Mental Health Services Act Planning Committees (Children's, Transition Age Youth, Adult, and Older Adult) as well as the Mental Health Board. A diversity of age groups, ethnicities, and geographic representation were reflected in these membership groups. Throughout the planning phase we heard the voices of family members and consumers who reflected upon on the need for more family member involvement and support in the service delivery model.

This Innovation piloted a family-focused service system, and emphasized the recovery goals of the consumer in a warm welcoming environment, and was aptly named the Family Room. The goal was to create positive outcomes of consumer well-being, self-reliance, and empowerment of the consumer and family members. The Family Room was designed to transform the clinic environment to one where consumers and family members felt welcome and comfortable. The Family Room was the first clinical setting to utilize a staffing model that hired Family Support Specialist to provide direct clinic services.

Priority Issue of the Innovation Project

The priority issue this innovation project addressed was building a service delivery model that partnered with the consumer's family and/or other supportive individuals. Family member is broadly defined as any other person identified by the consumer to help in their recovery. Consumer's and family members expressed a need to collaborate more with family members and significant other's in the consumer's life to strengthen the consumer's ability to benefit from mental health services. This service delivery model was grounded in utilizing family support staff with lived experiences as family members, as well as peer supports with experience as consumers of mental health services. This project was a consumer and family member driven innovation.

The Project

At the center of this transformational approach was a service delivery model centered on Family Support Specialist as County employees serving directly in a clinic setting providing family supports and services. Before the innovation project the department only had three regional (West, Mid-County, Desert) Family Advocates who provided support to an entire geographic region. This regional approach meant only one Family Advocate was available for a large regional service area with the goal of providing information, advocacy and system navigation. The regional Family Advocates assisted the public seeking information for their loved one with mental health challenges, and they provided support to the family of clinic involved consumers at a number of clinic locations in each region.

The Family Room, Family Support Specialist modeled and taught the language and principles of recovery while providing advocacy, education, referrals, and support to family members. They coached family members on how to best support and encourage the recovery of the consumer—their loved one. They provided referrals and actively linked the family members and consumers to other community-based services that fit their recovery needs. They provided orientation and education about the program and about the mental health system as a whole, increasing self-advocacy skills and promoting choice in available services. They also became active members of the multi-disciplinary team at the clinic providing ambulatory direct services to consumers.

Consumer Peer Specialists were also important service providers in the Family Room. They too, modeled and taught the language and principles of recovery, while encouraging the involvement of family members in the recovery process. As a means to facilitate communication between consumers and family members, they identify family members to involve in the recovery process. They interact with the consumers providing education, support, and advocacy.

The transformation into the “Family Room” began with changing the clinic environment.

Part of the process of building a clinic culture that would embrace consumers and family members meant a greater emphasis on welcoming, so it was necessary for the physical environment and appearance to mirror this collaborative approach.

The clinic created a family-friendly lobby by rearranging the reception area, removing the glass in the reception window, and creating a Welcome and Information Center.

The physical environment and appearance of the clinic was changed (with warm paint colors and comfortable furnishings in the lobby, clinic offices, and group rooms), so that barriers were lowered, and service effectiveness enhanced.

An additional component of welcoming involved bring the clinical staff out into the lobby each morning to engage the consumers present and collaborate on what brought the consumer to the clinic and how they could be of assistance.



Project Learning Goals

Transform family support services from ancillary to a service delivery model that puts services from Family Support Specialist at the forefront of recovery-oriented services to consumers. The primary learning goals were to determine if the establishment of Family Support Specialist services would result in:

1. An increase in engagement in available services.
2. A decrease in reliance on crisis and hospitalization services.
3. Family members being highly satisfied with Family Peer Services.
4. Consumers being highly satisfied with Family Peer Services.
5. Increase the likelihood of consumers maintaining/achieving desired least restrictive housing, and stable living situation.

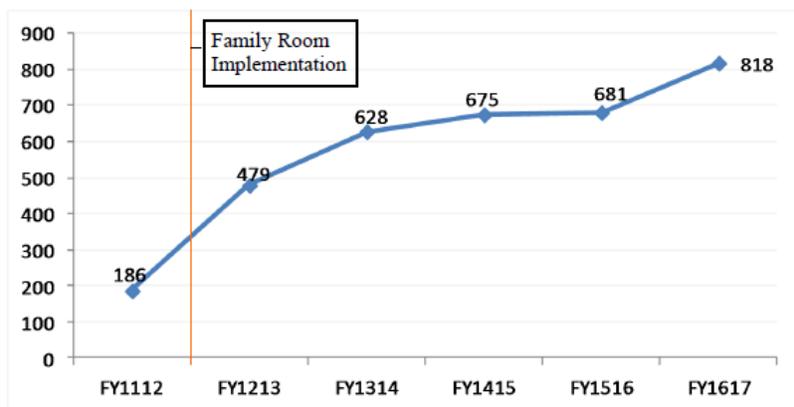
THE IMPACT

Learning Goal 1.-Increase engagement in available services.

Engagement in services was assessed utilizing service data. Since the ‘Family Room’ program was embedded within the clinic, data on clients served was derived from service records where the provider of the service was a Family Support Specialist. This service data was recorded in the RUHS-BH electronic health record for consumers served at the clinic where the Family Room was located.

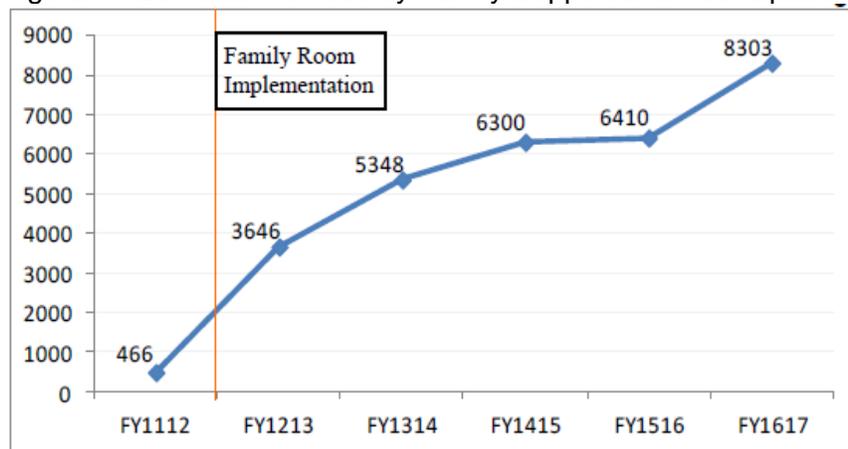
During the Innovation project period of the Family Room, a total of 2,025 unduplicated clients received services from both Consumer and Family Support Specialist (77% of the services were recorded by Family Support Specialist and the remaining 33% of the services were recorded by Consumer Peer Specialist). The total 2,025 consumers served represents 59% of the total population served at the clinic during the time frame of the innovation project which shows the Family Support Specialist along with the Consumer Peer Specialist were able to engage and serve a significant proportion of the overall population coming into the clinic. Figure 1 shows the trend for unduplicated clients served by Family and Peer Support Specialists during the time frame of the project. Consumers are unduplicated within each fiscal year, but may cross fiscal years, so the sum of the FYs will not equal the overall 2,025 unduplicated consumers served.

Figure 1 - Consumers Served by Family Support Specialist



The volume of services provided also showed a steady increase over the duration of the project. A total of 30,008 services were provided by the Family Support and Consumer Peer Specialist over the duration of the project.

Figure 2 - Services Provided by Family Support and Peer Specialist



A majority of the services provided were direct billable services (85%) and were primarily case management, group or individual mental health services. Much of the mental health services provided were group services. The Family Room group offerings included: Peer Support Group and Family Support Group (in English and Spanish), Wellness Action Recovery Plan (WRAP), WiseMind, Recovery Up Front, CORE, Mastering Anxiety, Whole Health, Kick-Back Art, Creativity Gallery, and Crisis to Stability. The number of services provided by the Family Support and Consumer Peer specialist was similar to the volume of services provided by the clinical disciplines (licensed and intern therapist) and Behavioral Health Specialist. The Family Support specialist were proving just as much services which reflects the extent to which they were fully integrated into the clinical operations.

In addition, the supervisor of the Family Room project reported that the clinic culture has experienced a shift with the Family Support Specialist becoming fully integrated within the clinic team. Both the Family and Peer Support specialist are recognized for their contribution to the service array and both are fully integrated with the clinical and psychiatric staff. The supervisor also reported that over the last few years of experience the Family Support Specialist are being sought by the psychiatrist, therapists and others. Noting that "It is the new normal". The Family Room currently has five Family Support Specialist which is the most of any clinic. Probably the greatest success is the integration with the different professionals and the complementary team approach where all the staff are contributing by sharing their expertise and perspective.

Learning Goal 2- A decrease in reliance on crisis and hospitalization services.

Changes in the use of crisis services was assessed by utilizing service data from the RUHS-BH electronic health record. A one year pre and one year post methodology was used to examine crisis utilization in the 12 months prior to participation at the Family Room and in the 12 months after the first service in the Family Room. Crisis service use was defined as an admission at either the main County Emergency Treatment Services facility (ETS), the contracted Desert Crisis Stabilization Unit (CSU), or the contracted Voluntary Crisis Stabilization unit. Both the County ETS and the Desert CSU are 5150 facilities. Out of the 2,025 clients served by the Family Support and Consumer Peer Specialist, 647 clients had crisis stabilization services at a CSU, in the 12 months preceding their first service at the Family Room. The overwhelming majority of these crisis stabilization services were at the County ETS facility (97%). This group of 647 clients with a history of crisis admission at a CSU was nearly one third of the total clients the Family Support and Consumer peer specialists served.

Post data on the 12 months after the first service in the Family Room showed a significant decrease for those with a history of crisis CSU usage. When the year prior is compared to the year after first service in Family Room the number of clients and the number of admissions they had to a CSU decreased.

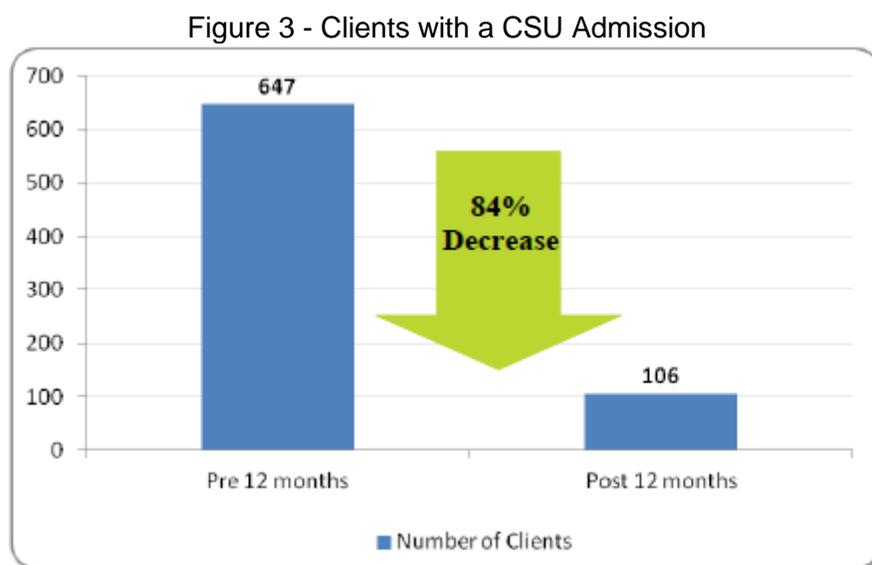


Figure 3 shows an 84% decline in the number of clients with a CSU admission.

Figure 4 - Number of CSU Admissions

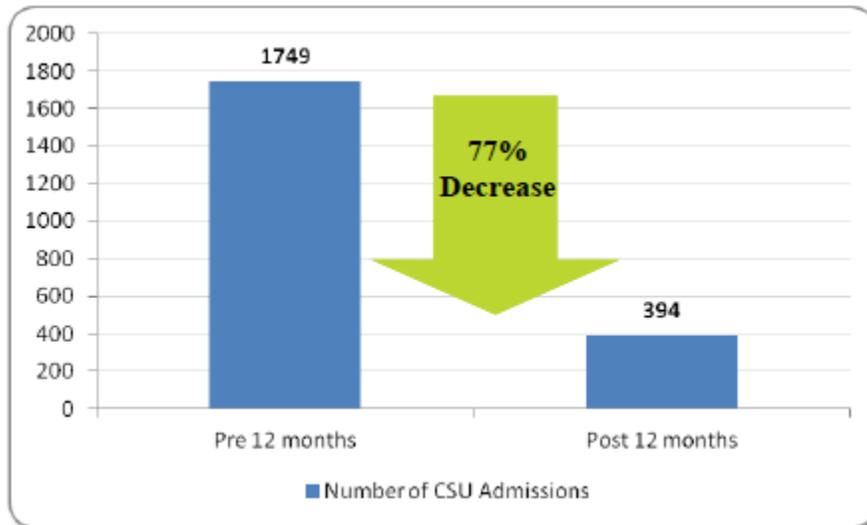


Figure 4 shows a similar decline in admissions for the same clients pre and post 12 months.

Changes in the use of psychiatric hospital services was assessed by utilizing service data from the RUHS-BH electronic health record. A one year pre and one year post methodology was used to examine hospital utilization in the 12 months prior to participation at the Family Room and in the 12 months after the first service in the Family Room. Hospital use was defined as an admission at either the main County Inpatient Treatment Facility (ITF), the Desert Psychiatric Hospital Facility (PHF), or other inpatient facilities where the hospital stay is billed through the County. Both the County ITF and the Desert PHF are 5150 facilities. Out of the 2,025 clients served by the Family Support and Consumer Peer Specialist, 362 clients had an inpatient stay in the 12 months preceding their first service at the Family Room. The overwhelming majority of these inpatient services were at the County ITF facility (81%). This group of 362 clients with a history of inpatient services were 18% of the total clients the Family Support and Consumer peer specialists served.

Post data on the 12 months after the first service in the Family Room showed a decrease for those with a history of inpatient service usage.

Figure 5 - Consumer Inpatient Stays



When the year prior is compared to the year after first service in Family Room, the number of consumers with an inpatient stay decreased. Figure 5 shows a 45% decline in the number of clients with an inpatient stay.

Figure 6 - Consumer Inpatient Days

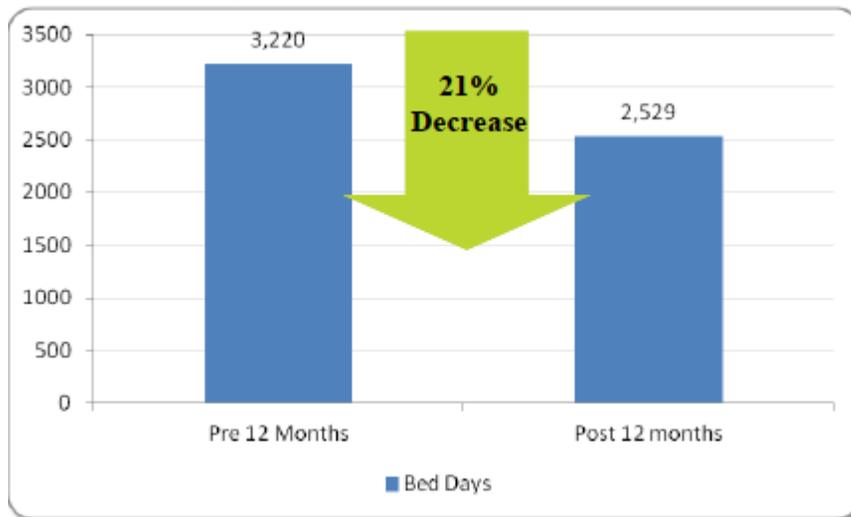


Figure 6 shows the bed days for the same consumers pre and post 12 months.

Learning Goal 3-Family members being highly satisfied with Family Peer Services

Information from families on their experience with the Family Room was derived from two sources. The first was a family member focus group conducted to gain insight into what families thought about the Family Room approach and also to inquire about their perceptions of outcomes. The second source of information was collected on a family satisfaction survey that was developed after the focus group utilizing insights gained from the discussion with families.

The following qualitative data is a summary of the families' responses from the focus groups which were conducted after slightly more than a year of operating the Family Room. In the focus group the family members were asked what, if anything, do they feel they are receiving from the program, and if they do gain something from the program, how do they get this. All quotes throughout this summary were taken from what was shared by both consumers and family members at this focus group.

In the spirit of the Family Room, there was one large focus group facilitated. It was bilingually conducted with a translator interpreting the entire time, and included both consumers and family members together. Below are themes that were consistently brought up and shared by many consumers and family members present at the focus group session.

- **Decreased Use of Traditional Mental Health Services**

Many consumers and family members reported decreased use of traditional mental health services since engagement in the Family Room program. In particular, crisis service utilization and hospitalization was much less frequent after beginning services at the Family Room clinic.

“When we first came here, my son was in crisis....everyone here embraced us and helped to lift the monster of ignorance that was on my back.”

- **Increased Engagement**

Many consumers and family members reported increased engagement with mental health services after starting services at the Family Room. Consumers reported having higher participation rates because they actually wanted to go to groups, etc. Family Members also reported that since finding the Family Room, they observed in their loved ones a higher desire to participate in their own recovery.

- **Stable Living Situation**

Many of those present expressed a positive shift in their living situation after being involved with the Family Room. One consumer in particular was homeless and after finding the Family Room, staff reached out to and coached his mother, who prior to this wanted nothing to do with her son. After staff explained to her his diagnosis and provided education around his symptoms and symptom management, she allowed him back into the home and he has been there since. This was only one of several examples of how living situations stabilized after participation in the Family Room.

- **Integrated Services & Community Resources**

Some of the consumers and family members expressed appreciation that the recovery model was central to the Family Room, but also were happy that ancillary services such as medication management, clinical assessment, and other services were integrated into the program design as well. They also reported having been linked by staff with helpful community services that fit their recovery needs.

- **Increased Understanding**

Many consumers and family members shared that they had experienced a dramatic increase in understanding surrounding their own and/or their loved ones mental health struggles. They attributed this to persistent yet caring staff efforts to educate, orient, and inform them about these challenges. They learned about recovery concepts and the importance of various aspects of the recovery model, such as consumer choice, empowerment, self-reliance, etc. Increased knowledge in these areas led to decreased stigmatization, as well as improved family functioning.

“This program works to destroy the stigma associated with mental illness. And this program accomplishes this by encouraging us to focus on the solutions to the causes of our problem, instead of labeling us with whatever our diagnosis is, and giving us medications to hide our sorrows.” Program Participant

- **Improved Family Communication & Involvement**

Many consumers and family members reported an improvement in family functioning. Through participation in the Family Room and working closely with staff, many consumers and family members shared the recent ability to better communicate with each other. Many also shared having an increased amount of family involvement in consumer recovery.

- **Support & Environment**

Many consumers and family members spoke to the supportive environment that existed at the Family Room, and shared how important and essential this support was to a successful recovery process. Many of those present shared how clear it was that the staff working there worked from their heart. They reported experiencing a lot of support not just from staff and family, but from the entire group at the Family Room. Also frequently stated, was the supportive nature of the physical structure of the Family Room. Family members and consumers shared that they found the environment of the Family Room clinic (pictured on the previous pages) to be warm, nurturing, engaging, welcoming, comfortable, safe, friendly, and 'like a second-home', emphasizing how this environment is really an important aspect of recovery because they are so comfortable and feel so at home here. This theme was incredibly persistent and came up in nearly every comment offered.

“Before finding this place, we were in darkness...this clinic has been like a second home for us...everyone who works here works from their heart...it is a beautiful thing.”

- **Increased Hope, Self-Reliance, Resiliency & Empowerment**

Many consumers and family members shared increased feelings of hope, a primary goal of the recovery model. Many also reported increased self-reliance and a feeling that they can handle things better than before their participation in this program. Many also reported feelings of empowerment as a result of their experience with the Family Room, and several linked this directly to the information and education that is provided by both the Peer Support Specialists and Family Peer Specialists.

“It gives us hope and the power of hope is really a remarkable thing.”

- **Better Outcomes & Recovery Progress**

Many consumers and family members reported that they have experienced better outcomes since being at the Family Room compared to mental health services received in the past at other places. This was brought up often, as was the improvement many consumers and family members saw in their own recovery progress since their involvement with the Family Room clinic.

“Now that I knowI get along better with my family”

- **Higher Consumer & Family Member Satisfaction**

Many consumers and family members for some or all of the reasons listed above and on the previous page, reported having significantly higher satisfaction with Family Room services than with prior mental health services received in the past. Higher satisfaction was a persistent theme, as was the opinion expressed by many that the quality of services delivered at the Family Room was much higher than the quality of mental health services elsewhere.

“I have finally found my family safe & secured & feel real happy we are together again”

- **Program Expansion**

Toward the end of the focus group, many consumers and family members expressed the desire to see the Family Room model expanded and adopted elsewhere.

“What this program is doing is not only completely new, but also something potentially revolutionary.”

In addition to the focus group a family satisfaction survey was developed using guidance from the Family Peer specialist and participants in the focus group. The items were rated on a 5 point Likert scale ranging from strongly disagree to strongly agree.

| Family Empowerment/Satisfaction Item | % Agreed or Strongly Agreed |
|--|------------------------------------|
| Mental Health Knowledge | |
| Since coming to the Family Room I have learned about the symptoms of mental illness. | 91% |
| Since coming to the Family Room I believe I have better understanding of the symptoms of mental illness. | 93% |
| Since coming to the Family room I believe I have learned ways to help my family member cope with mental illness. | 90% |
| I know what I can do to help my family member manage their mental illness | 85% |
| Sense of Support from Family Room | |
| Staff at this clinic encouraged me to participate in the clinics support groups and events. | 92% |
| I feel welcome at this clinic. | 98% |
| Belief in Recovery | |
| Since coming to the Family Room I have more hope for my family members future. | 91% |
| I believe my family member will be able to achieve their goals | 82% |
| Since coming to the Family Room I have learned about the recovery process . | 88% |
| Relationship with Family | |
| Coming to the Family Support groups has helped me to have a better relationship with my family member | 88% |
| Since coming to Perris Family Room I believe I can better support my family member. | 93% |
| I believe it is important for me to be involved in my family members recovery. | 98% |
| Two items on seven point scale ranging from Delighted to Terrible | |
| How do you feel about the way you and your family act toward each other? | 76% |
| How do you feel about the way things are in general between you and your family? | 75% |

Additional Family Member Comments

- “Finding out about the family support group has been the best thing that has ever happen to me!”
- “My son has relapsed. He has tried so many anti-psychotics prescribed by psychiatrists. He tries them for 2 or 3 days and then quits taking them because he says he can't stand the "side-effects". This has left me feeling helpless at times to help him manage or cope with his illness. I have hope that we will finally reach a break-thru and start achieving progress. I am better able to support him--just not in his medication problem. They (the clinic) are providing the most wonderful care he has ever had! It is his inability to find an anti-psychotic drug that he feels he can tolerate that is holding his progress back. I have marveled for the year he and I have been coming at the atmosphere, variety of programs offered, friendliness (not phoniness), and last but not least--the high level of staff communication with each other regarding the patients they share in treatment. There is truly a "family" feeling here. It is not a dysfunctional family as ours is in real life. Each patient is treated with such a respect for them as a person as they deserve. I know for many of them this is the only place they receive such affirmation of their value as a person. The clinic is our 2nd family--really should have said our 1st family as it is the place we can come for warmth, expertise, and unconditional love providing us acceptance.”
- “I just want to thank you for this family room. Everything shared here is very educational and of much help with the situation we find ourselves in with our loved one. God bless you. A thousand thanks.”
- “I like the help you give us very much. I think we all enjoy the help we are given very much. Thanks”
- “Very pleased with conversations and visits and appreciate the clinic so much!”
- “This program is great”

A consumer satisfaction survey was developed using guidance from the Family and Consumer peer specialists. The items were rated on a 5 point Likert scale ranging from strongly disagree to strongly agree. A summary of data collected over several years is provided in the following table. Nearly one half of the consumers completed at least one survey, the most recent survey was used for the summary table.

| Consumer Satisfaction Item | % Agreed or Strongly Agreed |
|--|-----------------------------|
| Mental Health Knowledge | |
| Since coming to this clinic I have learned ways to cope. | 84% |
| I know what I can do to manage my symptoms. | 77% |
| Sense of Support from Family Room | |
| Staff at the clinic encouraged me to participate in the clinics groups and events. | 90% |
| I feel welcome at this clinic. | 96% |
| The environment of this clinic is friendly. | 95% |
| Belief in Recovery | |
| Since coming to the clinic I have more hope for my future. | 86% |
| I believe I will be able to achieve my goals. | 79% |
| Relationship with Family | |
| I believe it is important for my family to be involved in my recovery. | 79% |
| Staff have talked with me about including my family members or support person in the Family Support Group or activities. | 83% |
| I am aware that Family Support staff are available at this clinic to help me communicate with my family. | 87% |

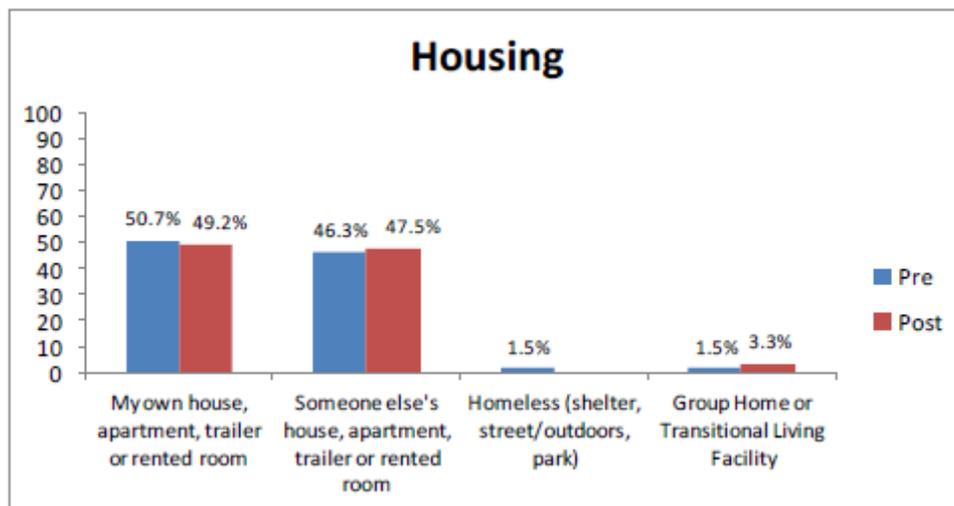
Additionally consumers' comments were collected on the survey. The following consumer comments are representative of the types of comments received on the surveys.

- “This is the best Mental Health clinic I have ever been a part of. Staff is wonderful with a great variety of knowledge and specialization. Wise mind group has enriched my life and changed me for the better.”
- “This is a wonderful place to recover.”
- “This clinic provides exceptional service. I would strongly recommend this clinic to family & friends.”
- “This clinic is helping me with my recovery.”
- “The groups I have attended are some of the best I've been to ever. The instructors relate to you in a way that makes sense in the real world. They talk with you and not to you, and the difference is felt.”
- “The clinic staff and programs are positive and forward moving. Every time I have attended group meetings, something new is learned, know what to do in the event of a slip; relapse, prevention techniques. In general my experience at this clinic has been a positive one and all the staff has been helpful and motivating. I would like to see more programs or classes in regards to substance abuse.”
- “My quality of life has improved 100%.”
- “I have been coming to a couple of classes (WiseMind, WRAP) and the most beneficial thing I have gleaned from these two classes is: I can relate to the people in the classes and the instructors are like me in the sense that they have a problem too that they are currently working on. I feel like a part of something good and not different but a part of my healing. My peers have gone through what I'm going through or something similar. I makes me feel comfortable knowing I truly am not alone.”
- “I feel this is a very friendly and safe place for me I can get support here.”
- “I enjoy my spare time, care, family room, hope, I can continue for as long as possible family room is helpful and hopeful.”
- “Family support specialist Heidi has always been very kind and warm to myself and to supportive to my mother. She is very understanding & Josie is very sweet and offers great advice, support, and wisdom to me. All my doctors & specialist are great but felt the need to mention the ladies above!”

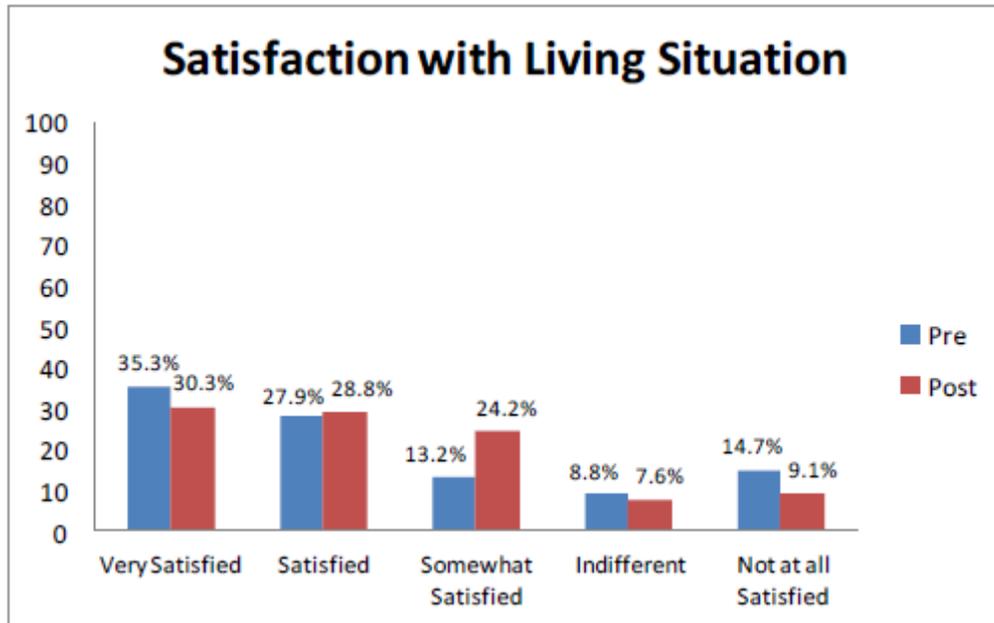
- “Everything involved, assistants, doctor, translator. The service is stupendous. Thank you very much. The doctors are very good. They listen and they respect you. Thanks for involving my family, this helps me.”

Learning Goal 5-Increase the likelihood of consumers maintaining/ achieving desired least restrictive housing, and stable living situation.

Information on living situation proved difficult to obtain. The premise was that working with families would assist consumers where family conflicts/issues could have jeopardized their ability to continue to live with that family member. A pre to post survey instrument was developed that included items for satisfaction with living arrangements. The sample size collected was low. Most did not report to be homeless. Changes in types of housing reported by consumers and satisfaction with living situations are illustrated in the charts below.



Most 83.3% of consumers reported being at least somewhat satisfied with their living situation at follow-up, compared to 76.4% at

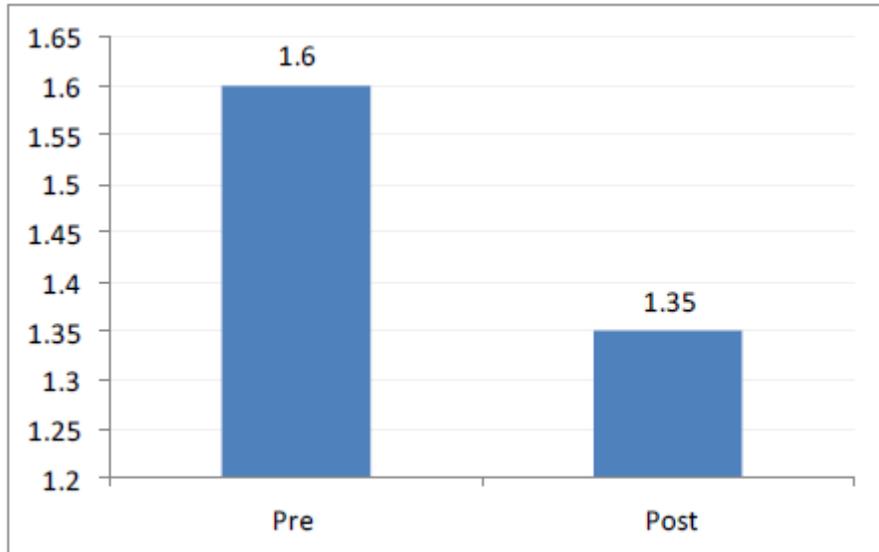


A majority (69.6%) of consumers reported that their current living situation was stable at follow-up, compared to only 63.2% at intake. In response to the survey item “Since you have been coming to Family Room has your living situation improved?” 62.3% of consumers reported at follow-up that their living situation had improved since going to the Family Room.

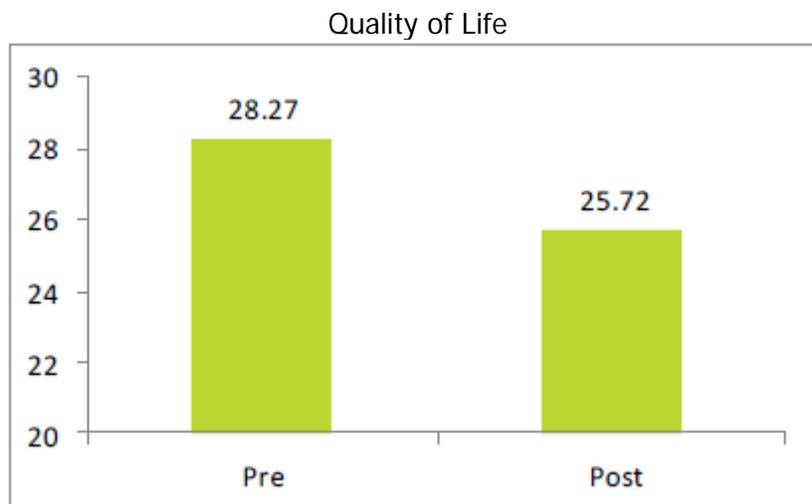
Additional measures were attempted at the Family Room but the collection of post measures proved difficult in the clinic environment. So sample sizes were lower than expected.

The following graphs show the change in reported symptoms from intake to follow-up using the BASIS-24 measure. Overall the sample size was low relative to the number of people that have been in the program. Consumers with both an intake and follow-up score (matched pair) were used for comparison purposes. Graph represents BASIS Total score, and was statistically significant at $p < .05$.

BASIS-24 Symptom Measure

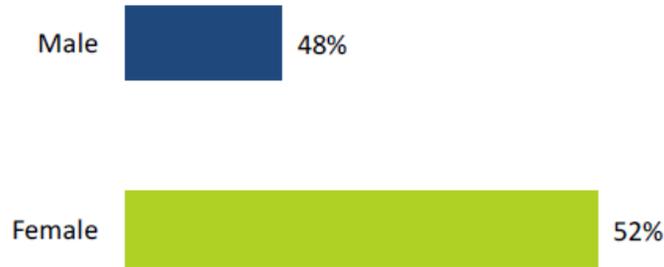


The Quality of Life was also measured at intake and follow-up. The average total scores for Quality of Life are shown in the following figure. Lower scores on this scale were indicative of more positive perceptions of one’s quality of life. The sample size for matched pairs at intake to follow-up measures was small relative to the number of people in the program. Consumer’s reported more positive perceptions of Quality of Life from intake to follow-up with statistical significance at $p < .05$.

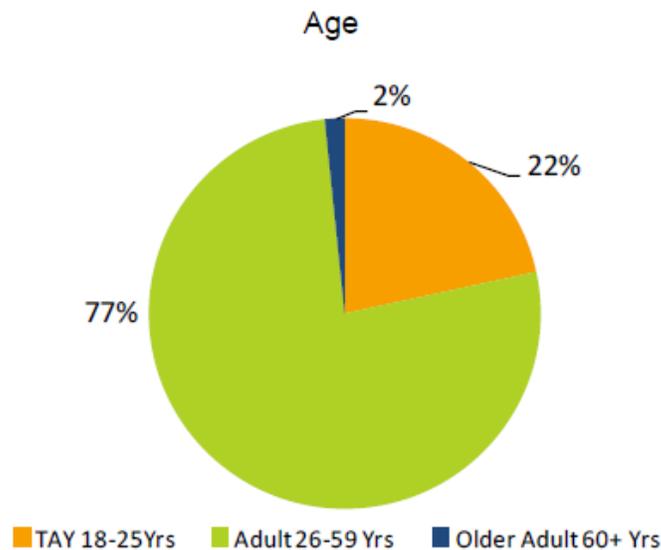


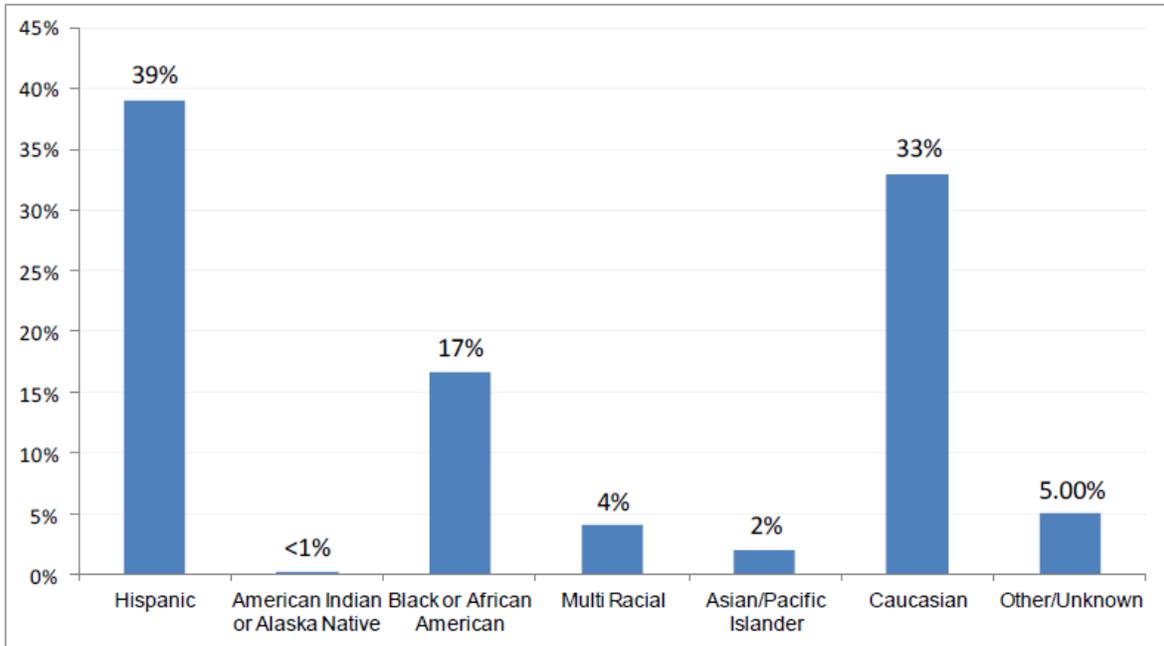
DEMOGRAPHICS

Demographics for the 2,025 consumers served at the Family Room showed a fairly even distribution for males and females. There were no reported transgender consumers. Additionally no consumers were reported within the electronic health as Lesbian, Gay or Bi-Sexual



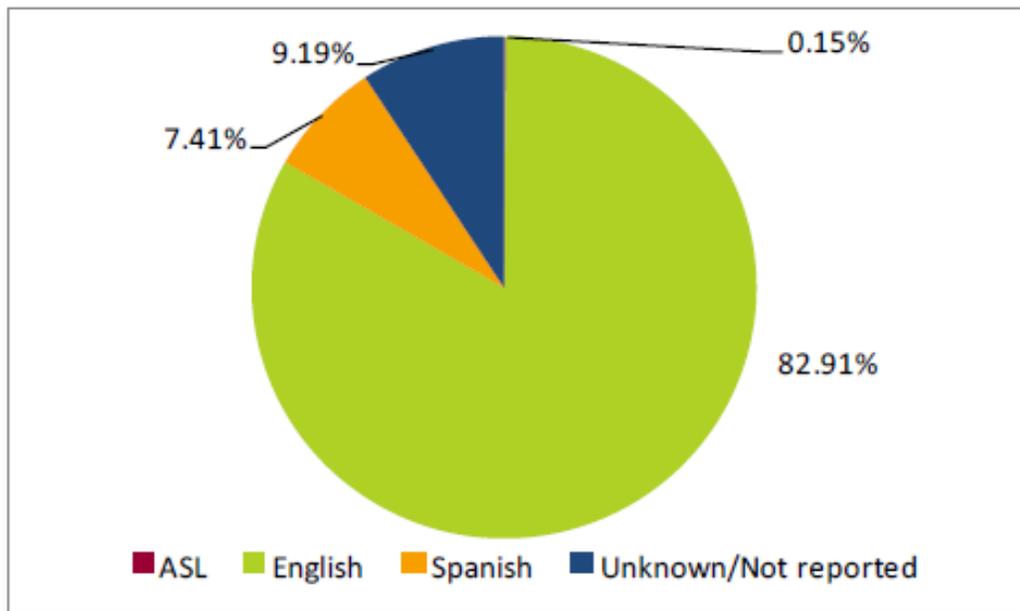
Family room consumers' age showed nearly one quarter (22%) were in the TAY age range at 18-25 years old. Since the location is an adult clinic it is not expected that there would be consumers under age 18. Most were adults 26 to 59 years of age.





Race and ethnicity data for the 2,025 served in the Family Room is shown in the following figure. The consumers were primarily Hispanic/Latino, Caucasian, or Black African American.

The consumers reported language was mostly English followed by a much smaller percentage of Spanish speakers at 7.41%. A very small percentage reported ASL as their language.



BUILDING ON THE PROGRESS

The Family Room project continues to provide innovative services, engaging and supporting clients and their families with Family Support Specialist embedded into their integrated team approach. The Perris clinic Family Support Specialist staff and their direct service delivery within the Family Room has continued since the conclusion of the innovation project, and is supported by MHSA CSS funding and Medi-Cal billing reimbursement. The hiring of Family Support Specialist has expanded to other County clinics across the department providing more service locations where consumers and families can benefit from a “Family Room Approach”. These Family Support Specialist have been hired into the County job classification and are regular County employees assigned to their own clinic sites. The additional Family Support Specialist are delivering services in multiple clinic locations beyond the original innovation clinic site. A total of 23 additional Family Support Specialist staff have been added to clinic sites beyond the original innovation location at the Perris clinic. As the use of Family Support Specialist has grown the service strategies have also grown. Family Support Specialist are now providing Family Wellness Recovery Action Plans (FWRAP), evening offerings of “Meet the Doctor” for families and consumers, and crisis to stabilization which involves both family and consumers.

The Family Room has continued to implement new approaches to engagement and support to consumers and families. The program recently initiated a “Hospital and Crisis Outreach” service and a “Next to Kin Home Visits” service. These programs follow the “Team Model” approach which is one of the main characteristics of the Family Room concept. These two services include multi-disciplinary staff with Consumer Peer Support Specialist, Nurses, Behavioral Support Specialists, and Family Support Specialists. Both types of service focus on engagement of clients and their families who are in crisis discharged from a hospital, or are challenged with engagement into services. These services are intended to provide intense individualized services to clients and their families who are experiencing increased symptoms, stressors or have crisis situations.

The “Hospital and Crisis Outreach” service follows the principal of “whatever it takes” to engage clients and their families into a successful transition from a higher level of care to wellness and recovery. Frequently these services collaborate with the hospital discharge team to assist clients in transitioning to outpatient services by developing a plan for follow up services and assistance in setting meaningful goals in their recovery process. In addition, this service

monitors symptoms and stressors and promotes involvement into treatment to reduce the need for re-hospitalization. During the course of these services the participants identify stressors, learn coping skills to manage their crisis, learn the concept of recovery, establish goals and values that bring hope and increased motivation.

The “Next to kin – home visits” service focuses on clients and their families who are not fully engaged into service and thus frequently miss follow up appointments, encounter problems with housing, lack resources and have multiple health issues. The core emphasis is to promote integrated, collaborative and complementary service. It means the client and family-driven mental health services are delivered within the context of a partnership between the client and provider in an accessible, individualized manner. It also involves a support that is tailored to a client’s readiness for change that leverages family/community partnerships in the delivery of services.

Another principle that drives this service is a “no-fail approach” which means that services are not based on pre-determined expectations or responses. It emphasizes the importance of understanding the individual and family situation and environment. New and innovate service strategies are continuing to be developed at the Family Room. One new idea that is in the beginning stages of implementation is the Open Microphone with our Doctor and our Peer.

CHALLENGES AND LESSONS LEARNED

The initial roll-out of the Family Room took more time than anticipated. The implementation challenges included the location of space, and the timing involved to hire staff into the program. Modifications to the clinic environment also took time to complete. It is important to continually focus on the four pillars of the family room concept, 1) Theoretical Perspective, 2).Method of Work, 3).Clinic Culture and 4).Data. In addition the implementation of the Family Room concept allows us to make a distinction between illness and disability where illness is a medical condition and disability as a process of loss in individual abilities, such as personal power, motivation, judgment, identity, dignity. These underlying assumptions and beliefs drive the motivation for staff and their day to day interactions. This key motto is “Taking back what was lost”. (see appendix for staff orientation to this philosophy).

The Family Room developed their own unique way of defining recovery. Recovery is a process of taking back what was lost which is hopes, dreams, expectations, uniqueness, motivation, dignity, and identity. This requires a lot of support and reconnection to family members and others. This process becomes more effective when family and other significant people in a person's life take part in the recovery process. Through this process the resulting outcome is the emergence of a new sense of self. Life is not about finding a self but creating a self.

A key challenge was engaging and keeping families involved to sustain a commitment of family room advisory council. The Family Room has begun the process of reestablishing the Family Advisory Council. Originally the Family Advisory Council was the group of stakeholders that drove the development and implementation of the Family Room project. Going forward the re-established Advisory Council members will be composed of clients currently receiving services and their family member of choice. It is intended to empower clients and their families in supporting and maintaining the fidelity of the Family Room Concept. The Council members will make sure that services promote a recovery philosophy, family engagement and education in the area of health and wellness. In addition, the Council Members advice will be sought to ensure the continued implementation of a family atmosphere that is focused on providing health and recovery for those who seek services with engagement and support to their families.

Another key challenge was maintaining the clinic culture and the staff being mindful of principles, clear communication and maintaining core values, such as passionate, having enthusiasm for what they do, responsive, the individual bringing your whole self to work, driven, a desire to wow other, engaging and giving full attention to each client. Additionally it was vital to continually monitor self-awareness, interactions, acceptance of feedback, and providing feedback to others. This was particularly important because that lack of awareness will pollute the culture. Nurturing these values has to be a conscious effort with continued attention to maintaining the conceptual learning.

Data Collection Challenges

Most of the primary learning objectives were able to be addressed with the collection of electronic health record data. Pre to post design data collection was a challenge to implement. The BASIS, HOPE and Recovery Assessment Scale measures were combined into one tool which made it fairly long and although many pre-tests measures were collected, knowing when

to collect a post measure and ensuring staff thought about it and collected it when the clients were available proved challenging. Future considerations for pre to post design data collection that relies on consumer completed measures should take into consideration technology advances that utilize easy to complete measures by using tablets and easy to click through questions and electronic screens.

INN-05 TAY One-Stop Drop-In Center

TAY One-Stop Drop-In Center

Primary Innovation: Increase the quality of services including measurable outcomes

The Transitional Age Youth (TAY) Drop-In Innovation Program was approved in August of 2015. RUHS-BH through this innovation project will test the development and implementation of TAY PSS training within a dedicated training hub (the TAY Drop-in Center). RUHS-BH proposed to contribute to the field a specific Transition Age Youth (TAY) peer training curriculum, and a new comprehensive TAY PSS training approach that prepared TAY Peer Specialists' to work with transition age youth and their families. This TAY peer training based on the unique needs of this age group was a multi-dimensional approach with pre-employment skill development, and the practical application of skills in a supported employment environment that was specifically for TAY. A key component of this multi-dimensional approach was develop and implement the TAY PSS training within a dedicated training hub (the TAY Drop-in Center). This hub of workforce development provided the opportunity to test TAY peer curriculum, and also the impact of providing the practical application of work skills in an integrated way through service delivery to TAY and their families. Practical opportunities included being part of an interdisciplinary team in an adapted evidenced-based practice. Adapting an FEP model to fully and meaningfully incorporate TAY PSS into the interdisciplinary team provided a unique opportunity to enhance their work skills, and learn about the effectiveness of using TAY PSS on the team. Further, RUHS-BH expected the hub to be a unique learning environment by convening other service systems within the TAY Drop-In Center. This provided an integrated setting for TAY PSS to learn and practice navigating complex systems of care, as well as developing skills to link TAY and their families with multiple resources. The Drop-In Center for Transition Aged Youth (TAY) provided a place for engagement into mental health services, access to resources, and the implementation of an early intervention model for youth experiencing first episode psychosis.

Status of Implementation

Much of FY2015/16 was focused on identifying appropriate locations for the three Drop-In Centers across the vast area of Riverside County. The plan was to locate a Drop-In Center in the Desert Region, one in Mid-County, and one in the Western Region (including the City of Riverside).

In June 2016, a site was selected in La Quinta, California, which met criteria for the TAY Drop-In Centers. The TAY drop-in staff moved into the identified space in La Quinta at the close of FY16/17. Similarly, a space was identified in the City of Riverside which met criteria for our TAY Drop-In Center. The move in for the Riverside TAY drop-in staff did not occur in FY16/17. The Mid-County TAY drop-in gained a space in FY16/17 but the actual move in did not occur in FY 16/17.

At least one more TAY peer training occurred in the 16/17 fiscal year. After 80 hours of training individuals were deemed qualified to be TAY Peer Support Specialists. At least 7 trained TAY peers have obtained employment as peer specialist.

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

During this Fiscal Year we were successful in continuing the TAY Collaboratives in all three regions of the County. The Desert Region Collaborative meets is now meeting in the new La Quinta site. Again the focus is on agencies who work with 16-25 year olds. Often the discussion is on how we can be collaborative partners to this age group and how the new TAY Drop-In Center can facilitate collaboration.

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

FY 2017/18

All three TAY Drop-In Centers were operational in their individual locations. All TAY Drop-In Centers feature similar programs but differ to reflect the differences in each region of our County.

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

Research has shown that the initial contact and initial time spent at the TAY Drop-In Center is the key indicator to whether the TAY will return for more services. There is continued focus on developing and adapting First Episode Psychosis to include the trained TAY peers. Lead Psychiatrist, Elizabeth Tully, M.D., will train all staff in signs and symptoms of First Episode Psychosis.

We expect each Center to take on their own identity and culture as represented by the various regions. We expect clientele to continue to grow and diversify. We have stressed in community meetings and discussions with community partners that we have no need to duplicate services that already exist in Riverside County but instead to focus on building opportunities for utilizing out trained TAY peers and allowing them opportunities to practice those skills in the drop-in centers. Transitional Age Youth traditionally have extremely high rates of no-show to appointments and the lack of follow through with plans. Our Drop-In Centers will offer the opportunity to examine if the TAY peers centers have better retention rates and effective at engaging TAY youth.

INN-06 Commercially Sexually Exploited Children

Commercially Sexually Exploited Children

Primary Innovation: Increase the quality of services including measurable outcomes

Commercially Sexually Exploited Children (CSEC) Mobile Response - On February 23, 2017, Riverside County was approved for the CSEC Innovation project by the Mental Health Services Oversight and Accountability Commission. The Department will receive \$6.2M of Innovation funding over the duration of 5 years. After 60 days the plan was submitted to the Riverside County Board of Supervisors for approval, and the project began implementation in late FY16/17 by hiring staff for the CSEC mobile teams.

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

Status of Implementation

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

The remainder of FY 16/17 after Board of Supervisor approval was a ramp-up period to hire staff and to establish the office location the field teams would be housed in. New clients began services in FY17/18 thus no client data is available to report for FY 16/17. Some training was accomplished with CSEC 101 training for staff and additional training will occur in FY17/18 including Motivational Interviewing, CSEC 102, and TF-CBT.

Capital Facilities/Technological Needs (CFTN)

Capital Facilities

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

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

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

Technological Needs

The Department has fully implemented the original Behavioral Health Information System purchased through the Technology Component. The final year of the Technology funding was FY13/14, and no further funds are being allocated to this component at this time. The Department has fully implemented the original Behavioral Health Information System purchased through the Technology Component. The final year of the Technology funding was FY13/14. Upcoming priorities include implementation of a consumer portal so that consumers can access information about their care, such as their prescriptions. An additional priority will be to meet the new Federal Managed Care requirements regarding Network Adequacy, time and distance access standards, and changes to the authorization process.

Mental Health Court

Riverside Mental Health Court

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

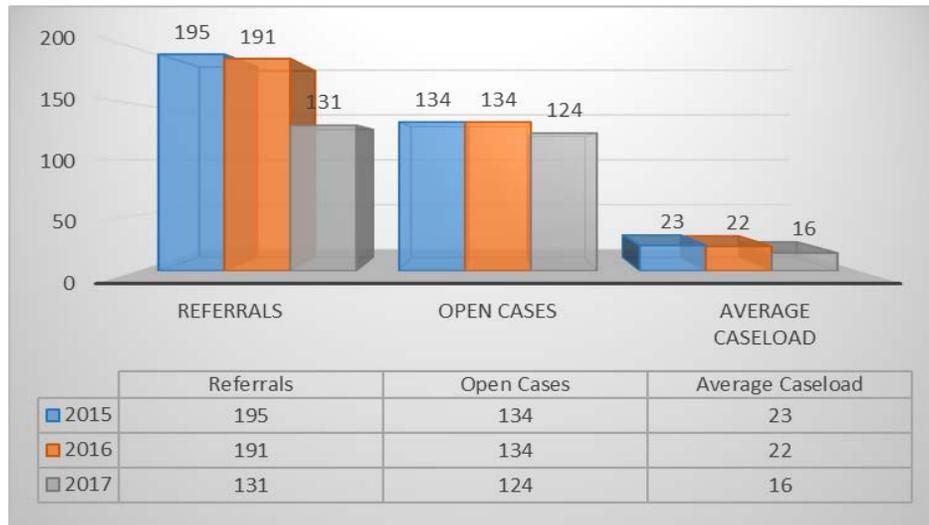
Current staffing levels:

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

By the end of 2017 there was 1 vacant CT I/II position*.

2017 YTD Stats as of December 31, 2017:

- Referrals - 131
- Open cases - 124
- Average caseload – 16



Mid-County Mental Health Court

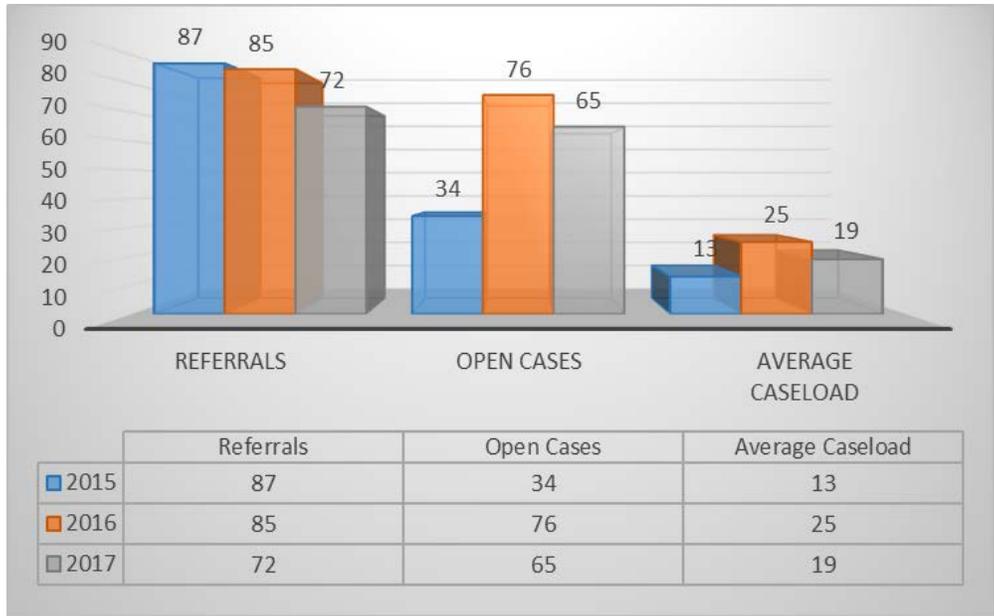
The Mid-County/Southwest Mental Health Court was established in September of 2009.

Current staffing levels:

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

2017 YTD Stats as of December 31, 2017:

- Referrals – 72
- Open cases – 65
- Average caseload – 19



Indio Mental Health Court

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

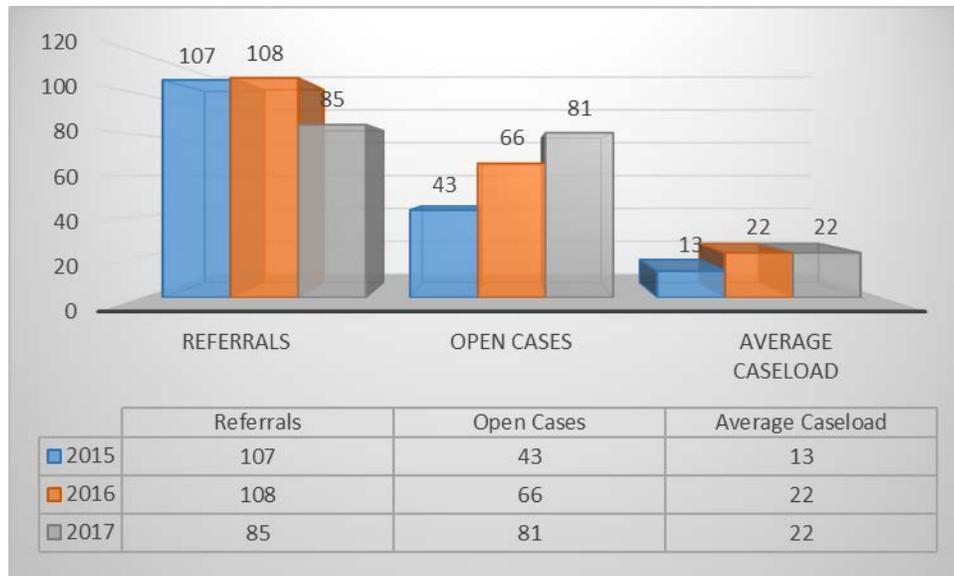
Current staffing levels:

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

*By the end of 2017 there was 1 vacant CT position; however an offer has been accepted and the candidate is presently undergoing the Sheriff's Departments background verification.

2017 YTD Stats as of December 31, 2017:

- Referrals – 85
- Open cases – 81
- Average caseload – 22



While Prop 47 continues to have a significant impact on the Mental Health Court, the program continues to be a viable and highly sought after alternative in Riverside County.

California Proposition 47, the Reduced Penalties for Some Crimes Initiative, reduces the classification of most "nonserious and nonviolent property and drug crimes" from a felony to a misdemeanor.

Veterans Court

On January 5, 2012, Veterans Court convened for the very first time in Department 31 under the leadership of Superior Court Judge Mark Johnson; however the leadership role was transferred to the Honorable Mark Mandio in January 2017. Veterans Court is a joint effort between the Riverside County Superior Court, Veterans Administration (VA), and several Riverside County and City agencies including the District Attorney, Public Defender, Probation, Behavioral Health, Reaching New Heights Foundation, and other county veteran agencies. The Court specifically addresses the needs of Riverside County Veterans charged with criminal offenses, and it is a 12 to 18 month program that provides treatment and rehabilitation to Veterans.

A key component of the program continues to be mentoring. It has been tried and proven that when individuals feel a sense of universality ("I am not in this alone.") the participation and response are much greater. Veteran mentors are pre-screened volunteer veterans and are

critical to the success of the participants. Mentors provide support and guidance to the veterans in a way that is culturally competent, as they understand and relate to the military culture so ingrained in Veterans Court participants. These volunteers dedicate countless hours each week to support the veterans and the program. Currently, there are two (2) veteran mentors.

The goal of entry into the program is that three weeks (21 days) from arraignment, the Veterans Court referral form is completed by the client's attorney, and the case is set in Department 31 for an eligibility hearing, at which time the Court will order representatives from the Probation Department, Veterans Administration and RUHS-Behavioral Health to meet with the Veteran to determine the overall appropriateness of the Veteran for the program. Presently the court is setting return eligibility hearings for Veterans who are in custody two to three weeks out and four to six weeks for Veterans who are out of custody. At this time the court requests mental health clinical assessments, which are prepared by the Clinical Therapist assigned to the Veterans Court. The Superior Court initially designated up to 50 participants in the program at one time but raised it to 100 in 2014.

The success of the program can be measured both economically and socially, as it saves both the State and County funds (\$207.01 per day in State prison* and **\$106.60** per day at local jails) when treatment is provided in lieu of incarceration. In addition when the Veterans Administration is responsible for providing the treatment services, the County is able to receive further savings as costs are shifted from the local level to the federal level. The most significant savings however continues to come in the form of human life and dignity for the veterans who fought for our Country and their families who sacrificed so much as a result.

The fifth Veterans Court graduation took place on May 26, 2017 where 18 Veterans were recognized by the Court for their hard work and dedication to their treatment. The next Veterans Court graduation is scheduled to take place Friday May 25.

*LA Times June 4, 2017

Current staffing levels:

- 1 Clinical Therapist*

*By the end of 2017 there was 1 vacant CT position; however an offer has been accepted and the candidate is presently undergoing the Sheriff’s Departments background verification.

2017 YTD Stats as of December 31, 2017:

- Referrals-111
- Accepted-56
- Graduates- 18



Participation in Community Veteran Events

The Riverside Area Veterans’ Expo (RAVE) and Stand Down was held Friday April 21, 2017 at the Army National Guard Armory and United States Army Reserve Training Center, where information was provided to Veterans and community members about the Behavioral Health

Veterans Court Program as well as brochures for various other mental health community resources. As part of the RAVE and Stand Down, Veterans Treatment Court was afforded the opportunity to hold the scheduled court hearings there at the event, allowing Veterans the chance to witness the collaboration that takes place between program participants, members of the court and treatment providers.

The 2nd Annual Veterans Treatment Court Ruck Challenge was held on May 28, 2017 and was established as a fundraising event for the Veterans Treatment Court program. The Ruck Challenge is a unique opportunity in that event participants include representatives from the Court, Public Defender's office, VMB Attorneys, Sheriff's Department, Probation Department, Veterans Administration, RUHS-Behavioral Health, Community Volunteers and most importantly the Veterans and their family members.

Veterans Treatment Court's most recent event occurred this past December 22, 2017, as it marked the first Veterans Treatment Court Holiday Dinner, which was held at the RUHS-Behavioral Health's Rustin Campus. A total of 23 Veterans Court participants and their family members attended the event, which featured a turkey dinner, presents for the all of the children and last but not least a visit from Santa Claus who given an escort to the event by the Riverside Sherriff's Department, The Riverside Probation Department took the lead in implementing this event, with additional support coming from the Reaching New Heights Foundation and representatives from both the Veterans Administration and RUHS-Behavioral Health.

Law Enforcement Collaborative

A committee of Behavioral Health/Riverside County Regional Medical Center professionals was created to continually review, revise, and present training to correctional and patrol employees of the Riverside Sheriff's Office (RSO) and Riverside Police Department. Over the past 4 years, this collaborative has been coordinated, led and maintained by a Riverside University Health System, Behavioral Health (RUHS, BH) licensed clinician who partners with law enforcement to provide Crisis Intervention Training (CIT), which is a 16-24 hour training course certified by the Commission on Peace Officer Standards and Training (POST).

In addition to the lead instructors, the CIT training team consists of volunteers and guest speakers from our Department's Parent Partner, Family Advocate, Consumer Affairs Programs and Crisis Response Teams. These individuals provide either their "lived experiences", program services and/or a combination of both to the officers. The speakers invite questions and suggestions from law enforcement regarding how to further educate the community, consumers, and families about police intervention. This is then reciprocated as the speakers offer input and feedback to law enforcement and provide them with a number of resources to connect community members to mental health services in crises or otherwise. CIT has gained the interest and support of our local VA and Veterans Center Programs and since 2017 have joined the CIT team as additional guest presenters and partners.

Together the CIT training team reinforces and models the importance of collaboration and offers education and awareness while reducing stigma. The main focus and goal of the CIT program is to educate all law enforcement personnel about mental illness and how to de-escalate an encounter with someone with a mental illness before it turns into a crisis and to maintain safety. Deputy Sheriffs and police officers from other counties and agencies regularly attend CIT as well.

We had twenty-three 16 hour (Sworn and Corrections RSO and outside LE agencies), four 8 hour (Hemet PD) and one 24 hour course (Riverside PD) for a total 765 students trained to better identify and handle mental health crisis last fiscal year. In addition, we have provided instruction for our RSO partners in corrections related courses, including 12 monthly Annual Jail

Training courses, 1 Deputy Supplemental Core Course, 1 Correctional Deputy Core Academy Course, and 1 Inmate Classification course.

As a result of previous trainings and collaboration, California Highway Patrol has continued to outreach and we have coordinated RUHS, BH Peer presenters for 5 of their mandatory mental health courses.

Additional trainings, collaborations, accomplishments for FY 2016/2017

- Yearly instruction for the Dispatch Update course and the Chaplain Academy
- Yearly informational sessions for Grand Jury
- Invitation to the California Welfare Fraud Investigator Association's Annual Conference to speak on mental illness and de-escalation
- Invitation to speak at Corrections Health Services Skills Day about Crisis Intervention Training and our LE Collaboration.
- Invitation to provide In-service training to Department of Veteran Affairs personnel
- Requested to develop and instructed an 8 hour mental health course for NCTI - National College of Technical Instruction
- Collaborated, trained and participated in the development of RSO Dispatcher's peer mentoring pilot program
- In-service presentations at LE briefings

Projected plans and considerations for 2017/2018:

- RSO will have reached goal of having all LE complete CIT course and are scheduled to discuss further implementation of update, ancillary, intermediate and/or advanced CIT courses for sworn personnel.
- Offer CIT and/or related MH trainings to private police departments within Riverside County as well as other First Responders outside of law enforcement
- Continue collaboration with existing law enforcement partners for new ideas regarding curriculum and program implementation; ongoing needs assessment to stay current and up to date with CIT trends, law enforcement and community needs.

- Continued collaboration with additional County departments and programs related to and/or impacted by law enforcement for CIT program expansion and comprehensive application.
- Development of trainings specifically for Corrections personnel and Forensic Mental Health staff in order address challenges unique to the correctional setting, strengthen multi-disciplinary teamwork, skills/knowledge and delivery of services.

Housing

MHSA Housing Activities, July 1, 2016 - June 30, 2017

The Riverside University Health System – Behavioral Health continued to operate our Housing Crisis Response Program serving the Department's housing continuum and homeless needs through the Homeless, Housing, Opportunities, Partnerships and Education (HHOPE) program. HHOPE staff provides oversight of multiple programs serving those who are on the streets or at risk of homelessness. The Housing Region provides oversight of the services in our Housing Crisis Response system including outreach and engagement in the streets, housing navigation and full continuum of housing for the individuals we serve from preventive, emergency to long term permanent supportive housing.

One critical aspect of the program are our HHOPE Housing Resource Specialists who are funded through MHSA. This position provides ongoing support to scattered site housing managers and residents. During FY16/17, the staff of the HHOPE Program provided property management and resident supportive services to consumers residing in 279 supportive housing apartments/units across Riverside County, which incorporated various funding streams including HUD, state and MHSA funds. They also support the various landlords in the MHSA apartments and our emergency shelter motel vendors to ensure safe and available housing options. Their role includes grant compliance and rental assistance and prevention activities.

HHOPE was awarded a HUD grant as the Riverside County Coordinated Entry Lead. A Coordinated Entry system (CES) creates a cohesive and integrated housing crisis response system with our existing programs, bringing them together into a no-wrong-door system, which (whether sheltered or unsheltered), allows our housing crisis response community to be effective in connecting households experiencing a housing crisis to the best resources for their household to provide sustainable homes. HHOPE was very active in FY 16/17 in the developing of the CES program and worked to ensure that our individuals were protected and ensuring that those at most risk are high on the system scale. HHOPE staff will provide ongoing supports and education to the community regarding the CES system capabilities and work on the active system through November 2018 when the grant ends.

The HHOPE program has currently 5 dedicated Housing Crisis Response Teams, composed of a Behavioral Health Specialist 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 our MHSA services. These teams continue to be integral and key players in the housing of homeless Veterans initiatives in our community, as well as the chronically homeless. The veterans initiatives resulted in Riverside County being awarded as the first large community in the nation to achieve functional zero for veterans.

Recognized as innovative in our Housing Crisis Program development and street engagement programs, RUHS-BH HHOPE program was worked in collaboration with city government and law enforcement to provide contractual street engagement in targeted services to 2 cities (Riverside and Palm Springs) in our community. The Riverside project ended in July 2016 when funding was ended. The Palm Springs project began in 2016/17 and experienced significant success, resulting in a request for the future for 18/19 of an additional team. Utilizing an innovative Housing crisis approach and housing plan development initiatives, these teams play a key role in linking those on the streets into our Behavioral health services and system. HHOPE has also worked with local agencies to provide ongoing trainings to staff on Housing Crisis program development and is working collaboratively with law enforcement agencies as they develop new homeless specific services in their programs.

During FY16/17, MHSA funding for temporary emergency housing was continued and further supplemented with grant funds from EFSP (Emergency Food, Shelter Program) in order to provide access to emergency motel housing or rental assistance. These funds also help support our Housing crisis program around housing prevention services to prevent actual homelessness and subsequent families or individuals living in the streets.

HHOPE continued a short term rental assistance HUD grant for Rapid Re-Housing, which provides deposits and short term rental assistance to families in the system who are homeless. The focus for this grant was for families with children who were experiencing a housing crisis due to the family's struggle with the child's mental health challenges and behaviors. Often the households have lost income due to frequent absences in their employment due to the child's needs, or the child's behaviors have resulted in evictions from their previous housing. These results linked to the child's mental health challenges puts significant pressure on the family, its internal relationships, and stability. This grant provides, at minimum, 90 days of rental supports,

with the possibility of up to 12 months. As the pressures are adjusted, family dynamics shift. The child is now the individual facilitating housing into the family and aiding in providing stability during difficult periods. It has a generational effect, as the families become stable in their new housing. This grant will end in 2018, with community resources meeting the Rapid Rehousing needs.

HHOPE has also begun a collaboration with the Family advocate program to develop a Housing Resource specialist role with the Family Advocates, to support and navigate our families through the challenges of a Housing Crisis which can be overwhelming.

The HHOPE Program continues to support two unique community based Safehaven model programs and housing. The Place and The Path, follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions are operated contracting with a nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing at either location must have a diagnosed behavioral health challenge and be currently on the streets as an individual who would be considered chronically homeless. Ninety-nine percent of provider staff at these housing programs have received mental health services themselves (as consumers of care or peers) and many have also experienced prolonged periods of homelessness. The Path and The Place are partially funded by HUD permanent supportive housing grants. All individuals now referred to these housing programs for housing, must process through the new HUD Coordinated Entry System, Home Connect. The RUHS-BH HUD grants have successfully been renewed in order to support these programs through FY17/18.

The Place, located in Riverside, was opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry and shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The permanent housing component operated at above 100% occupancy over the course of the year. Overall, more than 91% of residents of The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, was opened in 2009 and provides permanent supportive housing for 25 adults. It is located immediately adjacent to a Full Service Partnership clinic that

is operated by RUHS-BH. Nearly 92% of the individuals who have resided in The Path maintain stable housing for one year or longer and the PATH maintain over 100% occupancy rates across the year. Five individuals that moved on from their residency at The Path to live independently in their own apartments.

The success of The Path and The Place, together with the prominent role they play in the continuum of housing for RUHS-BH consumers, positions these programs for continued success as a valuable contact point for homeless individuals with severe mental illness.

HHOPE staff have also provided ongoing consultation, landlord, and housing supports to the Riverside County Probation department. Through the AB109 Housing program the HHOPE program worked to acquire housing to meet the needs of offenders recently released from jail and seeking housing. Housing ensures stability and safety for the AB-109 early Release individuals who are living on the streets while the work to re-engage with their families and community and seek reinstatement in active and positive community contributions, including employment and self-sufficiency. .

MHSA - RUHS-BH has committed and expended all available MHSA housing development funds held in trust by the California Housing Finance Agency (CalHFA) and will continue to support affordable housing development and development projects as soon as funding becomes available. RUHS-BH leveraged more than \$19 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850 units of affordable housing throughout Riverside County. Integrated within each MHSA-funded project were 15 units of permanent supportive housing scattered throughout the apartment community. The affordable housing communities that received MHSA funding from the RUHS-BH for permanent supportive housing are identified in the following chart:

| Region | Project Name and Population Served <i>(All facilities are open for occupancy unless otherwise noted)</i> | Number of affordable housing units in the community | Number of MHSA units embedded in the community |
|---------------|--|--|---|
| Desert | Legacy - All consumers | 80 | 15 |
| Desert | Verbena Crossing - All consumers | 96 | 15 |
| Mid-County | Perris Family Apartments - All | 75 | 15 |

| Region | Project Name and Population Served <i>(All facilities are open for occupancy unless otherwise noted)</i> | Number of affordable housing units in the community | Number of MHSA units embedded in the community |
|---------------|--|--|---|
| | consumers | | |
| Mid-County | The Vineyards at Menifee – Older Adults | 80 | 15 |
| Western | Cedar Glen – All consumers | Phase 1 – 78 (open) Phase 2 – 75 (in construction) | 15 |
| Western | Rancho Dorado – All consumers | Phase 1 – 70 Phase 2 - 75 | 15 |
| Western | Vintage at Snowberry – Older Adults | 224 | 15 |

The MHSA permanent supportive housing program continues to maintain stable housing for over 109 at risk participants with each MHSA-funded project consisting of 15 integrated supportive housing units within the larger 75-unit complex. Each apartment community includes a full-time onsite RUHS-BH funded support staff with a dedicated office. Additionally, the HHOPE program staff support the tenants as well as wrapping supports around the landlord to help support them around any complications they may experience. The MHSA apartment units operate at 100% occupancy and experience very little turnover, with an ongoing waiting list of more than 100 eligible consumers for housing of this kind.

Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

HHOPE has been identified as one of the leading providers of supportive housing in our community and as such has provided ongoing consultation services and specialized training to other Behavioral Health staff and community agencies on landlord services and Supportive Housing Best Practices. Three trainings in the summer 2017 was attended by more than 280 individuals, with additional program specific training provided to new PSH agencies. Our

HHOPE manager has been requested to present in 16/17 at numerous nationwide homeless webinars on Youth Housing as well as veterans outreach achievements and Nationwide conferences on Housing Crisis and Best Practices in Housing including in Washington D.C. This allows what HHOPE has learned in the past years to be shared and educate others on the best services for our individuals.

Looking Ahead to FY17/18

The HHOPE staff will continue to provide a unique Housing Crisis Response program with ongoing landlord and supportive housing supports throughout the community. Additionally, we will expand our Housing Crisis Response - outreach and engagement teams to an additional team in Palm Springs and a new team in the Blythe community in eastern Riverside County,

There are now a total of 105 units of MHSAs permanent supportive housing delivered to mental health consumers in Riverside County with more than 200 in other supportive housing, yet there are more than 100 MHSAs-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County. Permanent supportive housing for people with a behavioral health challenge remains an integral part of the solution to homelessness in Riverside County. The need for this housing continues to outpace the supply. While there remains is much community uncertainty about the ability to expand upon the success of the MHSAs permanent supportive housing program due to the loss of various state and federal funding, such as Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, we continue to press forward and seek every opportunity to provide needed housing opportunities. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing which includes units of permanent supportive housing for MHSAs-eligible consumers.

HHOPE will diligently work to end homelessness and provide for the housing needs of our individuals we serve.

Consumer Employment, Support, Education, and Training

During FY16/17, Consumer Affairs continued its growth within the Behavioral Health Department. Recovery model and consumer initiatives were implemented in cross-agency training and participation throughout the year. This is the priority of the Consumer Affairs Program which remained strong and Peer Support Specialists (PSS) continued to be utilized in a variety of areas and programs to integrate the consumer perspective into the recovery teams within the behavioral health field. PSS are people who have experienced significant mental health and/or substance use challenges that have disrupted their lives over lengthy periods and have achieved a level of recovery and resiliency to use their experience to benefit others experiencing behavioral health challenges. PSS have been added to existing programs and to developing innovative programs.

Workforce

Consumer Affairs added to its numbers by bringing on qualified PSS Interns (PSSI) who have completed Peer Employment Training. They then go through a selection process, which includes a meeting with the Consumer Affairs Manager and Workforce Education and Training (WET) Manager. Those who are selected provide direct services in the clinics and programs. A detailed training program is in place to ensure each PSSI builds the same skills as do other Peer Support Specialist staff. This is accomplished in a learning capacity, while performing all the essential job functions of a full-time PSS. A Senior Peer Support Specialist (Sr. PSS) supports them in their learning. In FY16/17, there were 15 PSS Interns and of those 15, 10 were hired to full time positions within the department. The hiring rate has increased by 200% over the last fiscal cycle, due, in part to a new training coordination, participation process and updated curricula.

Currently, the Consumer Peer Support workforce is comprised of 138 full time, benefited and labor union represented Peer Support Specialist line staff members, 15 Senior-level leadership Peer Support Specialists and the Program Manager self-identifies as a mental health consumer.

Programs

The TAY (Transition Age Youth serving individuals ages 16-25) **Consumer Peer Support Program** has expanded to include three MHSAs Innovations grant funded drop-in centers that focus on early intervention recovery services to young people in first episode psychosis. These centers provide support for youth who experience first episode psychosis and need assistance to develop life skills, further education, vocational guidance, and housing assistance. All three centers will be open for business as of January 2018.

These centers are placed in each of the three regions in Riverside County. There is a training component to this Innovations program that provides TAY-specific peer support pre-employment training to any participant in services who seeks employment with the behavioral health system. The training program “RUHS-BH TAY Peer Support Training” is a peer support certification program, recognized this fiscal year by the California Mental Health Advocates for Children and Youth (CMHACY) as an innovation in training young people and providing hope for a better future. The training allows young people to learn how to provide the evidence based practice of Peer Support to other young people who experience challenges of mental health, substance use, homelessness and early parenthood. The TAY CENTER TEAM currently has three dedicated Sr. Consumer PSS, and employs 12 Consumer PSS working with youth and their families. The CHILDREN’s TAY Peer Support Team provides needed support and resources to the Transitional Age Youth receiving services in the Children’s Behavioral Health program, who are transitioning from children’s services into the adult programs. This increases the likelihood of the individual continuing his or her recovery into young adulthood and reduces the chances of those same individuals falling into crisis during this very challenging transition. There is an additional TAY Sr. Consumer PSS working with the Children’s Services Administrator and the Peer Policy and Planning Specialists from Adults, Family Advocates, and Parent Partners to augment current PSS Training offered to adults. This includes subject matter to assist the TAY Consumer PSS in working alongside young people and their parents to ensure appropriate Medi-Cal reimbursements for services provided through Riverside University Health System – Behavioral Health. There are currently 16 Consumer PSS on the CHILDREN’s TAY Peer Support Team.

The PSS Volunteer (PSSV) Program also increased the number of consumer providers. In FY 16/17 Riverside University Health System – Behavioral Health was privileged to have 49 PSSV

providing 5,123.07 hours of service. This program has been particularly exciting, since the volunteers are all providing direct services resulting in a tremendous client response. The PSSV perform a variety of tasks, including greeting clients in the lobby, providing resources, co-facilitating recovery groups and providing one-to-one peer support. Many of the volunteers go on to be hired to work for the Behavioral Health Department or its contractors.

Senior Peer Support Specialists

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

- Recovery Documentation
- Advanced Peer Practices
- Recovery Focused Service Delivery
- Recovery Coaching
- Collaboration: A Recovery Practice
- Recovery-Focused Service Delivery for MDs
- One-Day Personal WRAP for Work
- Wellness Recovery Action Plan[®] Facilitation
- Facing Up to Whole Health Facilitation
- Co-Occurring Life of Recovery (COLOR)
- Consumer Peer Support Monthly Training and Support

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

There are fourteen senior level positions for Consumer Peer Support. Four regional Sr. Consumer PSS (2 in Western, 1 in Mid-County, and 1 in the Desert), one each in Older Adults, Substance Abuse Prevention & Treatment (SAPT Waiver 1115), AB109 “New Life”, Research and Technology, Communications, Long Term Care, Homeless Outreach “HHOPE”, and the Family Rooms, and four in Transition Age Youth Programs.

Under Waiver 1115, the Sr. Consumer PSS for Substance Use has implemented the use of paid line staff PSS to provide direct recovery services to individuals who are receiving treatment for substance use challenges. Previously, PSS volunteers are the only peer support services available in the Substance Use Program. Under the Waiver, paid PSS line staff now provide peer-to-peer recovery services. RUHS-BH currently employs six full time PSS for this program.

The Sr. Consumer PSS in Research and Technology has continued to support the countywide launch of “Whole Health”. This is a consumer-directed program utilizing the RI International, Inc. curriculum “Facing Up.” This program launched early in January 2015 and has trained approximately 225 staff of all disciplines in the facilitation of the “Facing Up” curriculum. This Sr. PSS position also works countywide to ensure compliance of written materials in clinic lobbies and that customer service practices are in line with supplying consumers with a welcoming environment that works to reduce stigma and promotes recovery. Compliance reports are generated and delivered to Managers and Directors for review. In September 2016 the Senior PSS for Research and Technology began supporting the line staff of the Rustin Gym. This innovative program provides access to gym equipment, education, and groups for the programs housed at the Rustin Campus of Behavioral Health, supporting whole person wellness to behavioral health consumers.

The Sr. PSS in Communications provides information to the community and other RUHS agencies. A primary focus in FY 16/17 has been on training of all staff, especially newly graduated PSS. The “Peer Opportunities Workshop” (POW) for recent graduates of RI, International’s Peer Employment Training (PET) was provided to educate and assist in the vocational development of individuals seeking employment utilizing PSS skills. This workshop informs recent graduates of the programs in and out of the county system, for which they can be of service as new PSSs. It also assists with navigating the complexities of the “Job Gateway” on the County Human Resources website. In the 16/17 fiscal cycle there were 103 attendees of the POW. Of the 103 attendees, 26 were hired to permanent full time employment with RUHS-BH

and all 15 Peer Support Interns assigned in FY16/17 were products of the POW. The Sr. PSS in Communications also works in collaboration with the RUHS-BH Public Information Officer to provide consistent recovery-focused, person-first language in all marketing materials for programs, events, social media outlets and events throughout the service system.

Community Education and Support

The Consumer Affairs division receives requests all year to submit proposals for workshops nationwide. In the 2016/2017 fiscal year the Sr. PSS joined with the Consumer Affairs Program Manager to facilitate these workshops. These conferences included the International Association of Peer Supports (iNAPS), the California Association of Social Rehabilitation Agencies (CASRA) spring and fall Conferences. In addition, the Department has participated in assisting with the development of Statewide Peer Support Certification in collaboration with the California Association of Mental Health Peer Run Agencies (CAMHPRO).

The Consumer Affairs Program Manager presented at the CIBHS Wellness Conference in Ontario, CA, to share progress and growth in the peer workforce and consumer culture influence on the service system. In the same month, inspired by the active shooter incident in San Bernardino County, Consumer Affairs was included in the Adjunct Crisis Response Team Training, to assist in providing debriefings in the community in the event of a crisis or disaster.

Other Consumer Affairs team activities include their instrumental participation in; identifying best practices in hospital discharge planning, including peer provided services at the front door when a person is ending a hospital stay; presented to the Whole Person Care Committee at the RUHS Medical Center; hosted an education summit for Los Angeles County, to educate and support LA County's ongoing development of Peer Support Services.

The LA County Peer Support Leadership Education Summit was highly successful. It included twelve behavioral health workers (including the department administrator) in attendance for a 3-day conference to participate in workshops, panel discussions and site visits. The feedback from LA County was extremely positive. The administrator expressed appreciation and gratitude for the mentorship RUHS-BH has been providing over the last fiscal cycle. LA County continues to reach out to RUHS-BH for technical support, as they transition non-billable peer-to-peer services into billable behavior health peer support services in line with SAMHSA guidelines for peer support.

The fiscal year ended with the launch of The Gym at Rustin, which is a fitness center operated by a Peer Support Specialist who is trained and certified as a fitness instructor. The Gym offers wellness strategies for all Adult, TAY and Mature Adult consumers. The classes offered this fiscal cycle were WRAP for Life, Mindfulness (Yoga), Chair Yoga and Circuit Training.

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

- “Crisis Response and Peer Support”
- “Peer Support Career Ladders”
- “Peer Navigation: Making Connections”
- “Recovery is Not a Four Letter Word”
- “Management Supporting Implementation of Peer Providers”
- “Billing for Peer Services”
- “Supporting the Team – Senior PSS Roles”
- “Facilitation of Recovery Groups”
- “Peer Roles in County Agencies”

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

Training and Support

The Consumer Affairs division continues to hold monthly trainings. There have been specialized presenters to provide information on topics such as Ethics and Boundaries, Pets Assisting in Recovery (PAIR), Older Adults, Spirituality in Mental Health, Cultural Competency, Substance Use and Recovery, Housing Support Services, Commercial Sexual Exploitation of Children, Mental Health Court and much more.

During the FY 16/17, partnering with a county contracted agency, RI, International (formerly, Recovery Innovations) eight Peer Employment Trainings were held and have graduated 155 students. This class is two weeks (72 hours) of intensive college level material. It includes a mid-term and final examination. This class provides the Department with new PSS staff, volunteers, and interns. It also assists consumers to further their personal recovery.

Consumer Affairs continues to collaborate with the Family Advocate Program as well as Parent Support and Training. This ensures that Riverside University Health System – Behavioral Health carries a singular message of hope to the community. The senior level staff is collaborating in a number of ventures providing training to the community, sharing resources and co-facilitating events. The sixth annual “All Peer Education Summit” (Consumer Affairs, Family Advocate Program, and Parent Partner Program) was held in October 2017. There were more than 300 attendees from all three programs. This summit was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives. Speakers from varying disciplines of behavioral health and social services brought education regarding a myriad of topics like forensics, detention, commercial sexual exploitation of children, behavioral health administration, whole health wellness and trauma-informed care.

During the last fiscal cycle Consumer Affairs implemented a consumer resource help line to connect the community with resources and solutions to not only behavioral health challenges, but also life challenges that often exacerbate the behavioral health challenge. The Peer Navigation Line (PNL) began in April 2016 and is a toll-free number to assist the public in navigating the Behavioral Health System, and connecting to the individuals need. The public can contact the Peer Navigation Line, which is staffed by individuals with “lived experience”. In its infancy, the staff included one full time PSS, two PSS interns, and several PSS volunteers, supervised by the Senior Peer Support Specialist for Communications. During the 16/17 fiscal year, the PNL has been relocated and inspired the implementation of a whole new service

system to answer the needs of those consumers who are in need of extra support upon discharge from psychiatric hospitals. That inspiration has led to the development and implementation of two post-discharge planning clinics in our adult system of care called the Navigation Centers. These centers are located just steps from the two RUHS-BH psychiatric inpatient facilities in Western Riverside and the Desert region. In collaboration with WET and the MHS Administration office, these programs launched with the PNL as the community resource, expanding the telephone resource into in-person early intervention after hospitalization. The Navigation Centers employ 10 full time PSS, three volunteers and all PSS interns have a PNL rotation as part of their internship educational process. "Nav Center" PSS staff can: listen to the caller's worries and talk about their choices; help figure out where local resources can be found; help the person decide which resources are best for them; point out possible places to start; answer questions about mental health recovery; and help callers see the hope through sharing "lived experience". In person, they "meet them at the door" upon hospital discharge, make visits onto the inpatient units to engage and inform guests of the facility of peer support services/recovery resources and facilitate wellness groups on the units. "Nav Center" PSS staff members provide community presentations and marketing tools throughout Riverside County, increasing awareness of the program. The PNL has completed 363 contact log entries (220 MH Admitted Client Contact Log, 143 MH Contact Log) this fiscal year. The utilization of the contact log allows for open communication between the PNL and the individual's "home clinic" when applicable. The resources provided include, but are not limited to finding assistance with basic needs (food, clothing and shelter), education, vocation, utilities, pets, and other social services.

Consumer Affairs collaborated with the homeless outreach team to present the Longest Night events, which were held in all three regions of the county. Donations from employees, community members, and consumers were gathered. Comfort items, such as blankets, gloves, coats, scarves, socks, and shoes were gathered and distributed to each event. Any donations not used at each of the events were forwarded to the Homeless Outreach "HHOPE" team to utilize for those they encounter and engage during outreach activities. In Western Region, Jefferson Wellness Center and The Recovery Learning Center outreached to over 100 community members. Staff and volunteers provided support, distributed upwards of 100 blankets for those struggling with homelessness and shared a night of conversation, hot chocolate, soup and other snacks. A candlelight memorial was held to honor those who lost

their lives on the streets in 2016. In Mid-County Region, Perris and Hemet area, activities included a moment of silence was held in memoriam for those who had lost their lives on the streets. Blankets, hot chocolate and warm smiles were given to those in need. In the Desert Region, staff and consumers gathered at two locations. The event at Replier Park in Banning had approximately 30 attendees. Blankets, socks, coats, gloves, scarves, and beanie hats were handed out to those in need. At Miles Park in Indio, along with the vital blankets, clothes, and “goodie-bags” with toiletries, attendees participated in a memorial, during which, individuals shared their stories of survival while living on the streets. Hot chocolate and candy canes made the moment even brighter.

For FY 16/17, Consumer Affairs took an instrumental role in the May is Mental Health Month events across the County reaching more than 2,500 community members. The Desert Region held its annual art show sponsored by the Desert Region Behavioral Health Commission. Approximately 150 participants shared their art and written work with the community in an effort to reduce the stigma associated with mental illness. Prizes were awarded for submissions. In the Western Region a Mental Health Fair was held at Fairmount Park in downtown Riverside. There were more than 75 vendors present to share information on various services throughout the community. There were approximately 1800 community members present. Mid-County Region presented a health Fair at Foss Field Park and Perris City Council Chambers. There were more than 65 vendors present and over 600 community members.

In FY 17/18; 18/19; 19/20 Consumer Affairs proposes to continue to innovate and implement recovery practices building inter-agency and community connections to better service all those who are within our County. The following are planned activities for the future.

- Mentoring of neighboring behavioral health agencies to implement direct peer provided services and recovery model practices within Los Angeles, Orange, Kern, Tulare and Mendocino county services vs. those counties providing solely contracted peer support services.
- Implementing the RUHS-BH Consumer Peer Support Leadership Initiative. Consumer Affairs recognizes the evolution Senior Consumer Peer Support service to internal and external customers. This initiative will develop an RUHS-BH agency-specific leadership training curriculum. The training will be comprised of leadership, coaching, “real world” on-

the-job recovery-focused professional development for Consumer PSS and manualized resources for reinforcement of skills that support Department expectations.

- Recovery Coaching and Language In-service Training – Inpatient Treatment Facility. Consumer Affairs has been invited to provide hopeful language and recovery coaching training to the nurses, clinicians, and technicians at the Inpatient Treatment Facility (ITF) in Riverside.
- Substance Abuse and Treatment Peer Support Training – This is a specific training aimed at enhancing Peer Employment Training for Peer Support Specialists working under Waiver 1115.
- Rustin Café Vocational Program. This is a program focused on providing real life training to individuals who are seeking to get into the workforce, either as a return employee or as a first time employee. A Request for Proposal has been open for public review and response.
- Consumer Affairs has been invited to collaborate with the Veterans Affairs Department in Loma Linda to assist with the development of ongoing training for Peer Support Specialists.
- Peer Support Specialists in the Emergency Departments throughout Riverside County, beginning with RUHS-run facilities to assist with navigating systems and obtaining resources in the hopes of reducing the overuse of emergency services thus reducing the overall cost of those services is in the works for 2017. Peer Support Specialists are proposed to be added to staff in the Emergency Department at the Cactus Avenue Campus and FQHC clinics throughout the County in a series of phases.
- Expansion of Senior Peer Support in Crisis Support, Bilingual Spanish Peer Support Services, California Sexually Exploited Children and Integrated Health Care environments. FQHC clinics and Emergency Departments have been proposed. To meet the needs of our Spanish-speaking consumers, Consumer Affairs is proposing a language-specific unit within Consumer Affairs to target group facilitation and recovery activities that are culturally responsive to that population. The expectation of continued growth in peer support staffing in these environments will require additional leadership positions.
- Fostering the expansion of Peer Policy & Planning management for TAY Consumer Peer Support Specialists. The Consumer Affairs office has proposed to executive management the creation of a new program management position to support and educate all consumer PSS who work with Transition Aged Youth. TAY Consumer PSS staff numbers have increased from eight staff members to twenty-eight staff members over the last two fiscal

cycles. The Consumer Affairs unit has identified the potential for continued PSS staff increases over the next fiscal year.

Family Advocate Program

Family Advocate Program

Provides assistance to family members in understanding and coping with the mental illness of their ADULT family members through:

- Information, education, and support.
- Resource information and assistance for family members in their interactions with service providers and the behavioral health system.
- Facilitating and improving relationships between family members, service providers, and the behavioral health system.
- Providing services in both English and Spanish.

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

Currently, there are ten (10) Senior Behavioral Health Peer Specialists (Sr. BHPS) and twenty-seven (27) Behavioral Health Peer Specialists (BHPS) providing services throughout the three Regions in Riverside County (Western, Mid-County, and Desert) and we continue to grow.

The ten Sr. BHPS are assigned accordingly: one in Western region, one in Mid-County region, one in Desert region, one to the Transition Age Youth (TAY) Drop-In Center for the Desert

region, one to the TAY Drop-In Center for Mid County, one to the Family Rooms located in Lake Elsinore and Perris, and four are assigned Countywide with one each to specialized areas: Forensics, Substance Abuse, Outreach & Engagement, and Prevention & Early Intervention (PEI). The Family Advocates are able to provide individual family support to family members within the behavioral health system, as well as, support in the community. Currently, they offer weekly family support groups in various locations throughout Riverside County. The FAP offers family support groups Countywide; including TAY Family Support Groups and a Sibling Support Group. Also, they offer informational presentations to family members and the community on topics, including but not limited to: “What is a 5150?”, “Addictions, Families, and Healing”, “Nutrition and Mental Wellness”, “Families, Mental Illness and the Justice System” and “Meet the Doctor”. In addition, they facilitate training courses titled, “Mental Health First Aid (MHFA)” and “Family Wellness Recovery Action Plan (Family WRAP)”. Through our “Meet the Doctor” series, the FAP collaborates with Riverside University Health System – Behavioral Health (RUHS – Behavioral Health) Psychiatrists to inform and educate families from a provider’s perspective. All presentations, groups, and trainings are free of charge and offered in both English and Spanish.

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

In addition, the FAP networks with community agencies through outreaching, providing educational materials, attending health fairs, visiting schools, and providing trainings (MHFA

and Family WRAP) to culturally diverse populations; in an effort to engage, support, and educate family members on mental health services.

The FAP has a Countywide Forensics Sr. BHPS to support families in Mental Health Court, Veterans Mental Health Court, Detention, Public Guardian (PG), and Long Term Care (LTC) programs. Families experience increased struggles with understanding the complexity of these programs. The Sr. BHPS is able to assist families in navigating these programs, offering support, providing a better understanding of the system and offering hope to their loved ones. The FAP was recognized by the State of California, Council on Mentally Ill Offenders (COMIO), for the support offered to families in the judicial system and its continued contribution to reduce recidivism rates. The FAP has developed several family educational series, such as “Families, Mental Illness, and the Justice System” and “The Conservatorship Process”, in both English and Spanish and has added a library of presentations that are offered countywide to family members, providers, and the community.

The Substance Abuse Countywide Sr. BHPS assists families in understanding the Substance Abuse programs within the behavioral health system. The Sr. BHPS provides support to families by educating them with the knowledge and skills needed to build healthy boundaries for their loved ones with co-occurring challenges. The countywide position acts as a liaison between Substance Abuse programs, behavioral health providers, and families. Substance Abuse Family Support Groups are offered in each region of Riverside County on a monthly basis. The Sr. BHPS collaborates with the Substance Abuse Prevention and Treatment (SAPT) Program and other RUHS – Behavioral Health departments to offer support, education and resources to families throughout Riverside County. The Sr. BHPS participates in outreach events to distribute information and resources to the community and difficult to engage populations.

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

Through the Workforce Education and Training (WET) Program, five Sr. BHPS were trained to facilitate Mental Health First Aid (MHFA) in both English and Spanish to their communities. MHFA is a public education program that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and overviews common treatments and supports. The PEI Sr. BHPS has been designated as the Adult MHFA coordinator and as such, collaborates with other trained Sr. BHPS and peers to provide this course to the community at large. In the year 2017 from August to December, the Adult MHFA facilitators graduated 143 Mental Health First Aiders.

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

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

The FAP continues to work closely with the Mid-County Region innovative programs. The "Family Room" concept emphasizes engagement of families into treatment by supporting

families and enhancing the family member's knowledge and skills by expanding their participation and role into their loved one's treatment. The Family Room model places the family advocate services at the forefront of clinical services by promoting the empowerment of family members to take an active role in the recovery of their family member through support, education, and resources. Families can then better assist and promote their loved one's road through recovery as well as their own. "The Family Rooms" are located within the Perris and Lake Elsinore Adult Clinics.

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

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

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

- Continue to increase BHPS positions to other clinic sites and programs such as Substance Abuse clinics and TAY
- Increase the number of MHFA trainers to offer more courses throughout the year to the community.
- Recovery Management for family members
- Spirituality support groups
- Continue to be an active part of the Crisis Stabilization Unit (CSU)
- Continue to expand Family Advocates into the Crisis Residential Treatment Facility (CRT)

The FAP continues to partner with Consumer Affairs and Parent Support and Training programs to promote collaboration and understanding of family and peer perspectives. In the year 2017, the FAP has engaged 2,664 family members and/or caregivers through special events, support groups, outreach engagements, and contact via telephone or e-mail.

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

Parent Support and Training Program

Classes/Trainings

EES
Triple P
Facing Up
Nurturing Parenting
Parent Partner Training
Safe Talk
Mental Health First Aid/Mental
Health First Aid-Youth
Strengthening Families

Special Projects

Back to School Backpacks
Thanksgiving Meals
Snowman Banner Gifts
Donations

County-Wide Services/Activities

Outreach Events
Volunteers
Interns
Mentorship
Parent Orientations
Support Groups
Conferences
Multi-Agency Collaboration
Transition Age Youth

Introduction - Why Parent Support?

Parent Support and Training (PS&T) Programs across the country have developed in response to the many obstacles confronting families seeking mental health care and to ensure treatment and support are comprehensive, coordinated, strength-based, culturally appropriate, and individualized. The Parent Support Program activities are intended to engage parents/caregivers from the moment they recognize assistance is necessary. Activities include parent-to-parent support, education, training, information and advocacy. This will enhance their

knowledge and build confidence to actively participate in the process of treatment planning at all levels relating to their child as well as their family. These activities are specifically supported in the Mental Health Services Act as a part of Mental Health Service System transformation to promote better outcomes for children and their families.

Background

The Riverside University Health Systems – Behavioral Health, Parent Support Program was established in 1994 to develop and promote client and family driven nontraditional supportive mental health services for children and their families.

What is a Parent Partner?

Parent Partners are hired as county employees for their unique expertise in raising a child with special needs. A Parent Partner is responsible for working out of a designated clinic or program to assist staff in the planning and provision of treatment to children and families. In coordination with clinicians, the Parent Partner will work directly with assigned parents, families, and child caretakers whose children receive behavioral health services through the Riverside University Health System – Behavioral Health. Assistance may include activities such as orientation for families newly entering the mental health system or a particular clinic setting, parent education, mentoring, advocacy and assistance/empowerment for parents to act on their own behalf for the needs of their children and family. This is primarily a trainee position, which would receive direct supervision from the clinic supervisor(s) of the Mental Health clinic(s)/program(s) where he/she is assigned.

Mental Health Peer, Policy, and Planning Specialist

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

The Vision

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

Program Outcomes

PS&T individually reached out to over 22,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their children, and families. The current number of Parent Partners county-wide is 49 Total (28 whom are bilingual).

There is a quarterly county-wide Parent Partner Meeting for all 49 Parent Partners (Mental Health Peer Specialists). There is also a quarterly regional Parent Partner meeting with all parent partners in their own region to discuss regional issues. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partners. Presentations are provided by both county and contracted programs, such as CCR Implementation, OliveCrest-Safe Families, Crest/Reach, SafeHouse, HHOPE, PAIRS, Black Infant Health, Confidentiality, Team Building, Boundaries, and Documentation for Parent Partners. Parent Partners County wide participated in the WISE Parent Partner Training. A Parent Partner curriculum continues to enhance training for all newly hired parent partners and includes orientation for Parent Partners; How to Facilitate a Support Group; How to Facilitate a Parent Orientation for parents entering the Behavioral Health System; and, Nurturing Parenting Facilitator Training. Parent Support & Training Program offered and trained parent partners for the Behavioral Health Department, Department of Social Services and the Community Providers that we work with. All Trainings/Meetings are open to all parent partners working within a multitude of systems.

PS&T co-facilitated the Seventh Annual All Peer Retreat, bringing together all Parent Partners, Family Advocates, and Peer Specialists. Over 160 Peer Specialists, Parent Partners, and

Family Advocates learned from each other regarding the different programs and services that are provided. There were a lot of Team Building Exercises, a Housing Training from HHOPE, and collaboration throughout the day.

PS&T Program has continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways Trainings for new staff. PS&T along with DPSS have incorporated the changes in both systems to ensure that all children entering the Child Welfare System are receiving the mental health services that are needed. This has been an avenue to have the parent and family voice heard in both systems. Parent Support & Training Program continues to attend TDM/CFT in order to be a part of the process and to support the families. PS&T Program attended 206 Meetings for families and 69 Meetings for our Non-Minor Dependents.

This fiscal year PS&T Program coordinated the May Is Mental Health Event Resource Fair. This added an overall family feel to the event with the addition of a TAY Area, and more community partners for an overall wellness approach. The Event was well attended with over 1500 participants.

With Special Projects, PS&T utilized 88 community volunteers during FY16/17 at outreach events and with donation projects.

- 17th Annual Back to School Backpack Project: 582 backpacks were distributed to youth at clinics/ programs.
- 17th Annual Thanksgiving Food Basket Project: 171 food baskets were distributed to families.
- 17th Annual Holiday Snowman Banner Project: 1,668 snowflake gifts were distributed to youth in clinics/programs.
- In the Mentoring Program, coordinated through Oasis, an average of 37 youth has been in the Mentoring Program at any given time during FY16/17. The mentors are varied in their life experience and education. Several of the mentors have consumer backgrounds in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the objectives is to link youth to an interest in the community. Clinicians can ask for them by name on the Mentor Referral. Some of the comments

from parents are that this program has helped their youth with school and has improved his/her confidence.

Existing Support and Services in the Parent Support Program

Countywide Parent to Parent Telephone Support Line is open to parents/caregivers who live in Riverside County and are seeking parent-to-parent support through a non-crisis telephone support line. This is another way of supporting and educating parents who are unable or choose not to attend a parent support group. Support is provided in both English and Spanish.

“Open Doors Support Group” is open to the community and provides parents and caregivers who are raising a child/youth with mental health/emotional/behavioral challenges a safe place to share support, information, solutions, and resources. Open Doors groups are held in Riverside, Murrieta, San Jacinto, Banning and Perris; Spanish groups are offered in Riverside and San Jacinto. (Parent Support The goal is to have support groups County-wide in English and Spanish.

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

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

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

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

Triple P (Positive Parenting Program) - Triple P is an evidence-based parenting program for parents raising children 0-12 years old who are starting to exhibit challenging behaviors.

Facing Up - This is a non-traditional approach for overall wellness for families to encompass Physical, Mental, and Spiritual Health.

SafeTALK - Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed, or avoided - leaving people more alone and at greater risk. SafeTALK training prepares you to help by using TALK (Tell, Ask, Listen, and KeepSafe) to identify and engage people with thoughts of suicide and to connect them with further help and care.

Nurturing Parenting - Is an interactive 10-week course that helps parents better understand their role. It helps in strengthening relationships and bonding with their child, learn new strategies and skills to improve the child's concerning behavior, as well as develop self-care, empathy, and self-awareness.

Strengthening Families – is a 6-week interactive course that will focus on the Five Protective Factors. The Five Protective Factors are skills that help to increase family strengths, enhance child development and manage stress.

Mental Health First Aid - Teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care.

Mental Health First Aid Youth – reviews the unique risk factors and warning signs of mental health problems in adolescents ages 12-18. It emphasizes the importance of early intervention and covers how to help an adolescent in crisis or experiencing a mental health challenge.

Parent Partner Training - This is a two-week class for parents/caregivers to navigate mental health and other systems, in order to better advocate for their children.

Special Projects - Donated Goods and Services benefit children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates, and as well as cultural and social events.

Mentorship Program - This program offers youth who are receiving services from our County clinic/programs and are under the age of 18 an opportunity to connect with a mentor for 6 – 8 months.

Volunteer Services - Volunteer Services recruits, supports and trains volunteers from the community, including families that are currently receiving services, giving both the parents and the youth an opportunity to “give back” and volunteer their services.

Trainings - Provide staff, parents, and the community information on the Parent/Professional Partnerships. The trainings include engagement and a parent’s perspective to the barriers they encounter when advocating for services and supports for their child. They also provide a parent’s perspective regarding providing mental health services to children and families.

Scholarships - Are provided to parents to attend trainings and workshops to increase their knowledge, confidence, and skills. Limited full and partial scholarships are available to parents and youth who would not otherwise be able to attend.

Current Staff in the Parent Support Program

- One (1) Parent Partner in Administration works in partnership with Children’s Programs Administrators and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- Six (6) Senior/Lead Parent Partners work out of the Parent Support and Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children’s Administrator, Children’s Supervisors, and Parent Partners to ensure and help with providing support for families. This year we added a Senior/Lead position specifically for TAY to work with the TAY Center in Riverside.
- Ten (10) Parent Partners are assigned to work out of the Parent Support and Training Program. They provide assistance, answer the support line, and provide EES, Triple P, Facing Up, Safe Talk, Parent Partner, Mental Health First Aid Youth, Strengthening Families and Nurturing Parenting Trainings county-wide. They also facilitate Support Groups County-wide, offer presentations to community providers, and offer support to clinicians and families including orientation for parents/caregivers entering the system when needed.
- One (1) Volunteer Services Coordinator coordinates special projects and donated goods, provides outreach, targets culturally diverse populations, trains, and mentors volunteers, and is bilingual.

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

Community Committees/Boards

- Southwestern and Western Region Child Care Consortium (Committee)
- HOPE Prevent Child Abuse Board
- United Neighbors Involving Youth (UNITY)
- Directors of Volunteers in Agencies (DOVIA)
- Riverside County Community Volunteers (RCCV)
- Community Adversary Committee (CAC) (Corona)
- Mujeres Activas en La Salud (MAS)
- Eastside Collaborative, Community Health Foundation
- Civic Center Collaborative
- Riverside Unified School District (RUSD) English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative
- RCOE Fiesta Educativa Committee
- Family Service Association (FSA) Children's Conference Committee
- Eric Soleader Network – Resource Person
- Perinatal Collaborative
- League of Latin-American Citizens

- Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs)
- Task Force Family and Youth Murrieta
- SELPA Interagency Meeting
- Riverside County Department of Mental Health Committees/Boards
- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee
- Translation and Interpretation Committee
- Cultural Awareness Celebration Committee
- Pathways to Wellness/CCR - Collaboration with DPSS
- TAY Collaborative Committee
- Building Bridges Committee
- Pathways to Wellness/CCR - Family Perspective Presentation
- Women, Infants and Children Clinics
- Behavioral Health Commission (previously the Mental Health Board) (Recovery Presentation)
- Mental Health Children's Committee
- Wraparound Family Plan Review Meeting
- Western Region Supervisors Meeting
- Central Region Supervisors Meeting
- Mid-County Region Supervisors Meeting
- Desert Region Supervisors Meeting
- Kinship Navigators Committee

- Peer Workshop Presentation
- Pathways to Wellness (Katie A) CORE Meeting
- Pathways to Wellness (Katie A) Steering Committee
- Pathways to Wellness (Katie A) Work Groups Leader Orientation
- TAY Collaborative
- Task Force Family and Youth Murrieta

Outreach Events:

| | |
|---|-------------------------------|
| Path of Life Health Fair | NAMI Walk |
| Family Resource Center Perris Health Fair | Million Man Event |
| Arlanza Fair | Black History Parade |
| Recovery Happens Fair | May Is Mental Health Month |
| I.E. Disabilities Health Fair | Health and Safety Event |
| Working Well Together Conference | NAMI Conference |
| Tribal TANF | Cultivating Our Community |
| African American Family Wellness | Rubidoux Resource Fair |
| Million Father March | Heart For Health |
| LULAC Community Health Fair | Fiesta Educativa |
| Riverside Summerfest | HOPE Resource Fair |
| Summer Solstice | Day of the Child |
| Cabazon Community Fair | YAC-Teen Health |
| Family Engagement Conference | Tahquitz HS Health Fair |
| Parent Education Summit | IE Perinatal MH Collaborative |

Recovery Innovations

Wellness City Programs

Overview of Services
Recovery Education
Community Integration
Resource Center
Peer Support
Community Supports and Partnerships
Western Region Service data
Mid-County Region Service data

Peer Employment Training

PET Service Data

Art Works Programs

Gallery Classes
Special Events
Recovery In Motion

Contact For Change

Program Overview

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

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

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

incorporate their dreams for the future. Each citizen of Wellness City partners with a Recovery Coach who understands the challenges and is standing by ready to offer support. Strong and trusting relationships grow and are nurtured between Wellness City citizens. These relationships are the key ingredient that will allow Wellness City to be a healing recovery community. There are citizens who receive services, citizens who provide services, citizens who are leaders and citizens who volunteer within our program and outside community. The healing dynamics of Wellness City include the following services to support: wellness and recovery.

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

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

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

Peer-Support: Each citizen will be welcomed and offered the opportunity to spend time with a Recovery Coach who will provide an orientation to the activities provided in Wellness City and assists them in developing a “Personal Wellness Plan”. Each citizen will select a Recovery

Coach who will walk alongside them and encourage them as they carry out the actions they have listed in their “Personal Wellness Plan”.

Criteria for Eligibility: Anyone who has experienced behavioral health services and live in the Riverside county area will be welcome to participate in Recovery Innovations Wellness City. Citizens will be encouraged and supported to participate in community activities within the Wellness City and outside community.

The RI team also assists individuals in connecting with community resources and supports, in order to promote community integration, physical wellness and social participation. Examples of these resources include but are not limited to:

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

Community Partnerships, Fairs and Support:

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

- RI International’s various wellness city locations partnered with RUHS-BH Mental Health Clinics. Presentations were facilitated by RI staff to staff of RUHSBH and potential participants receiving services at RUHSBH Mental Health Clinics.

- RI International Wellness City Riverside participated in the Recovery Happens event sponsored by Riverside University Health Systems-BH Substance Use. Citizens of Riverside Wellness City attended the event and had an opportunity to learn about RUHSBH services. Recovery Coaches provided potential participants and their family members with information on RI International services. Brochures, class calendars and giveaways were provided.
- RI International participated in RUHS-BH's Art Show and Creative Writing event for May is Mental Health month. Citizens of RI International Wellness Cities were transported to the event and several were participants in the Art Show contest. Recovery Coaches provided potential participants and their family members with information on RI International services.
- Loma Linda University Nursing Students partnered with RI International to facilitate Health Awareness classes. Loma Linda interns facilitated a two hour class once a week. The Interns shared health facts and promoted physical wellness to our Wellness City citizens.
- Disability Rights Advocate Group partnered with RI International to facilitate Self Advocacy classes. The facilitators hosted an 8-week, one hour class to discuss various topics that were selected by the citizens of Wellness City.
- RI International participated in the American Foundation for Suicide Prevention's "Out of the Darkness" walk. Resources were provided to potential participants, family members and community agencies, information on RI supports and services. Citizens attended to walk and promote awareness on the importance of suicide prevention.
- IEHP partnered with RI International to provide a presentation for the citizens of Wellness City. The presentation provided information about IEHP and the representative answered questions regarding navigating services.

- RI International participated in the Riverside County Probation Collaborative. Information on RI International services was provided to potential citizens and probation officers of Riverside County.
- RI International participated in the May Mental Health Fair sponsored by RUHS-BH. Recovery coaches attended and provided potential participants and their family members with information on RI International services. Brochures, class calendars and giveaways were provided.

Community Enrichment Activities

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

- Wellness City citizens attended the South Regional Empowerment Networking Forum hosted by CAMHPRO. Citizens had the opportunity to share their experience relating to navigating services in their communities. Citizens attended focus groups and two keynote speaker forums, where they learned that their voice mattered in discussing current events involving mental health recovery.
- RI International provided an opportunity for citizens to participate in an outing to the Getty Center in Los Angeles. Citizens were excited to attend and in preparation, classes were hosted to explore the history of the artists and the artwork that was on exhibit at the center. Citizens expressed their enjoyment of the enrichment activity and appreciated having the history prior to attending the event.
- RI International hosted their Annual Holiday Celebration for the participants involved in our Wellness Cities through Riverside County. Participants enjoyed a catered meal while participating in karaoke, line dancing and taking pictures at the photo booth. Transportation to the event was provided. The celebration provided participants the

opportunity to connect and meet other individuals throughout all of the Riverside County programs.

- RI International hosted their annual film series for the Western, Mid-County and Eastern region communities. Wellness City citizens from all regions attended the educational film series. This event provided a great opportunity for citizens to connect with others and gain insight and awareness about resilience and recovery through the documentaries shown.
- Wellness City citizens attended the NAMI walk at Diamond Lake in Hemet. Citizens walked to raise awareness for mental health and to reduce the stigma surrounding mental health. Citizens stated that they felt empowered and excited to take part in the walk.

Wellness City Outreach and Unique Individuals Served

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

- Western Region outreached to nine hundred and thirty-two (932) individuals.
- Mid-County Region outreached to nine hundred and seventy-seven (977) individuals.
- Desert Region outreached to one thousand one hundred and three (1103) individuals.

The Adult Program provides supports and services for individuals who are 26 years and older. Recovery Education groups are facilitated daily that focus on identifying coping skills to enhance wellness, developing skills to obtain desired individual goals, and create the opportunity to strengthen their natural supports. One-on-one goal oriented Peer Support is available and provided for each individual who receives service. The following represents the number of unique individuals served per region:

- Western Region supported three hundred and fifty (350) individual participants
- Mid-County Region supported three hundred and forty (340) individual participants
- Desert Region supported four hundred ninety-five (395) individual participants

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

- Western Region provided service to fifty-five (55) participants
- Mid-County Region provided service to fifty-eight (58) participants
- Desert Region provided service to forty (40) participants.

Other notable support services include:

Western Region:

- Support for thirteen (13) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for seventeen (17) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twenty four (24) individuals with enrolling in an education program and nineteen (19) individuals completed an educational goal.
- Supported thirty-four (34) unique individuals in applying for benefits and of those thirty-four, eighteen (18) of them are now receiving benefits which has enhanced the financial wellness for these individuals.

Mid-County Region:

- Support for ten (10) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for fifteen (15) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twenty-three (23) unique individuals in enrolling in an education program and seventeen (17) individuals completed an educational goal.

- Supported twenty-two (22) unique individuals in applying for benefits and of those twenty two, eleven (11) of them are now receiving benefits which can create financial wellness for these individuals.

Eastern Region:

- Support for twenty seven (27) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for thirty-one (31) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twenty-nine (29) individuals with enrolling in an education program and twenty-one (21) individuals completed an educational goal.
- Supported twenty five (25) unique individuals in applying for benefits and of those twenty five, nineteen (19) of them are now receiving benefits which has enhanced the financial wellness for these individuals.

Participant Quotes:

- “Wellness City Indio has given me a sense of purpose” – R.P.
- “To me, Wellness City is a Miracle City; it has allowed me to reconnect with my family.” – L.F.
- “Wellness City is a place I can come to and be a part of something that is for a greater good.” – A.C.
- “Wellness City helped me learn and supported me through life changes.” - F.P
- “Staff is very friendly and supportive.”- anonymous

Peer Employment Training (PET)

RI International continues to provide training to equip peers who want to work as Peer Support Specialists in the County of Riverside. For FY 17, RI International provided eight classes. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery.

For FY17 there were a total of 157 graduates from Peer Employment Training Classes.

| Dates | Region | Class Name | Graduates |
|---------------------|---------------|-----------------------|------------------|
| 7/11/16 to 7/22/16 | Western | Ambassadors of Hope | 22 |
| 9/12/16 to 9/23/17 | Desert | Rockstars of Recovery | 21 |
| 11/7/16 to 11/17/16 | Mid County | Storm Survivors | 20 |
| 1/9/17 to 1/23/17 | Western | Peers with Heart | 21 |
| 2/13/17 to 2/24/17 | Mid County | Living Proof | 14 |
| 4/3/17 to 4/14/17 | Desert | Lane Changers | 24 |
| 5/15/17 to 5/26/17 | Desert | Em'Power Rangers | 22 |
| 6/5/17 to 6/16/17 | Mid County | Stigma Stompers | 13 |
| | | Total | 157 |

Art Works Programs

Art and creativity have proven to be valuable wellness tools for many participants who come to Art Works for their own mental health and/or substance abuse recovery and wellness. Lives have been enhanced and changed dramatically for many people who credit Art Works as a significant wellness tool for their personal recovery through the art classes, field trips,

community outreach, and the opportunity to share their personal recovery stories to encourage others.

Highlights for FY 17 include:

- Two of our participants wanted to learn to crochet but were very skeptical that they'd be able to learn. Both of them finished their first project and love the new skill they've learned. One of them struggled to learn crochet for decades with disappointing results and began working on her first blanket, something she never thought she'd be able to do. Our volunteer peer teacher, Karen, who is both a current participant and also teaches crochet, even learned to crochet left-handed so she could teach the left-handers in the class who were getting frustrated because they couldn't figure out how to do it from watching right-handers. Crochet was our most-attended class in July.
- California Science Museum was a well-attended and enthusiastically enjoyed field trip. We were joined by participants from the Juvenile Probation Department, who had been attending art classes at Art Works for several months. All participants were loaned cameras to take pictures of things they found interesting at the Science Center, which were matted and displayed at Art Works in September
- One participant said that she gets other forms of therapy but finds what happens at Art Works the most beneficial to her. She said she really likes the people who come here.
- A participant who volunteered to be RIM assistant for the September series of classes had a wonderful experience. She said she was full of self-doubt, afraid she couldn't do the job, but discovered that she excelled at it. The students loved her energy and encouragement and she says she loved every second of it. Now she is seeking employment opportunities because she believes in abilities again.
- One of our participants was invited to speak December's Cultural Competency meeting about his recovery story and also to show his art. At the meeting he sold almost all the Christmas cards he had made and two of his paintings. He said afterwards it was one of the best days of his life.
- Art Works was invited to paint a group project mural on one of the 120 foot hallway walls in the Rustin building. We bought the supplies, drew the design on the wall, and started a weekly class in March for our participants to go to Rustin as a group to paint the mural. The project was completed August 2017.

- One of our participants who has been coming to Art Works with great frequency the past few months became a fan of quilling. He bought supplies for himself so he could quill at home, using the skills he learned at Art Works. He created a special project to enter in the Indio Art Show in May with this story that he wrote “I started quilling at Art Works for the first time which was around December 2016. I did not know how to quill, so when I was taught for the first time I learned very well. So, I took over and did a Big Project. Every Day the quilling helps me with relaxing and makes me want to do more quilling and make art for others. It make me happy to do for others too. It feels good to have my quilling project in the Art Show.”
- We participated in Fiesta Day at Canyon Lake on May 27th at the invitation of Dr. George Middle. We talked to people about what Art Works does, helping reduce stigma against mental illness in the process. We also sold work by some of our artists.
- The May Art Show in Indio was a big success. All of our participants that attended talked about what a good time they had and each one of them received a Certificate of Appreciation for the art they entered. Several of them sold their pieces at the show too!
- Art Works participated in the May is Mental Health Month in Perris. Three of our artists took the stage to talk about the impact art and Art Works has had in their recovery and had samples of their art at the RI table for people to see. We also participated in the event at Fairmount Park, handing out calendars and talking to people about our program.
- Our field trip to the Broad Contemporary Art Museum in Los Angeles was a big hit with the participants that went. We ate lunch at Central Market and enjoyed the amazing art at the museum.

Art Works Gallery Classes

Art Works held 46 unique workshops. There were approximately 514 unduplicated students served at these classes. Some of the classes included felting, City Hall concerts, quilling, fused glass, book club, dance and movement, inspirational movies, crochet, open studio, dream manager, acrylic painting, mosaics, watercolor, silhouette plates, tin box dioramas, canvas project for Rustin, holiday crafts, music, drawing, move it!, Ojo de Dios, mixed media journal, decoupage houses, painted hearts, Sculpey clay pendants, Valentine card making, Shrinky

Dinks, Rustin mural, papier mache, into to poetry, sun prints, photography, tissue flowers, design concepts, teacup flowers, and mosaic pendants. Some of the art created in classes is consigned to our retail gallery if the artist chooses, allowing students seeking mental wellness to explore their creativity, build confidence in their abilities, and earn money in the process. Art allows us to explore all the Recovery Pathways: Choice, Hope, Empowerment, Recovery Environment / Culture, and Spirituality and to express them creatively and artistically. All staff members are Certified Peer Support Specialists. Many volunteer instructors are also peers while others just have the desire to share their gifts and talents with our participants.

After Works Workshops

Our After Works classes are held on Friday nights and are open to the community at large. The purpose is to have program participants and individuals not enrolled in our services engage in art projects together as equal community members which serves to reduce the stigma attached to mental illness. There were 10 After Works workshops during the fiscal year teaching 38 unique classes every Friday night to a total of 345 duplicated participants during FY 17. Some of the classes taught this year were wire wrapping, wire plant stakes, watercolor flowers, tie dye, mobiles, block printing, upcycling, quilling, fall centerpieces, cartooning, floral pins, teddy bears, coffee painting, crafts, game night, painted skulls, wind chimes, poetry, Christmas cards, felted soap, calligraphy, dance, paper flowers, faeries, mask messenger, mandalas, all about you journal, Spring baskets, acrylic painting, bottle necklaces, drawing, bird nests, rope bowls, create a card, floral watercolor, rope hats, and music jam. As the community at large works alongside Art Works peers in a happy and creative environment, stigma is reduced and replaced with comradery, inspiration, and fun. Many of our After Works instructors have personal lived experience with mental health challenges.

Special Events/Outreach

Art Works engaged in several different community outreach events in FY 17.

On the first Thursday evening of every month from 6pm to 9pm, Art Works participates in Arts Walk, sponsored by the City of Riverside and the Riverside Arts Council. We join Riverside Art Museum, Mission Inn Foundation and Museum, Life Arts Center, and several other art-oriented

businesses in downtown Riverside to bring attention to Riverside's art community. A total of 199 duplicated individuals visited Art Works during Art Walks in FY 17.

We presented six exhibits during the year at our Studio: the original art of Felipe Orozco, a local artist specializing in one-of-a-kind horse paintings, Who Arted? Group Show, Volunteer Teachers Showcase, Retail Therapy, Heart Mixing with Karen and Holly and Be Quill My Heart/Art Works' Artists, David Lines Past and Present, and Quilling Bee.

Art Works did weekly outreach at Pacific Grove Hospital to let in-patient clients in their arts and crafts class learn about Art Works as a resource for their personal recovery once they are discharged. We also regularly attended the monthly Riverside Arts Consortium and NAMI Western Riverside meetings to share our class calendar, answer questions about the program, recruit possible volunteer teachers as well as new participants.

Recovery in Motion (RIM)

RIM is a special program that integrates art and recovery, taking classes to underserved populations/communities throughout Riverside County, many of whom may have no other exposure to the healing power of art as a recovery tool. Classes are taught by a peer staff member and a peer assistant. In FY 17 a total of 250 duplicated attendees were served by RIM at the following venues:

- Wellness City Banning
- DHS Wellness in Desert Hot Springs
- Torres Martinez TANF in Murrieta
- Juvenile Corrections in Riverside
- RLC in Indio
- San Jacinto Adult Clinic in San Jacinto

Mutuality and understanding are important components of peer support so all of our staff are Certified Peer Support Specialists and our RIM assistants are also peers. They can attest to the positive impact art has had on their own recovery and also relate to the participant's challenges of living with mental illness. Teaching art techniques combined with recovery principles, our

staff and peer assistants have walked the walk and use their personal experience to provide hope, encouragement, and support to those who attend their classes.

Contact for Change Programs

RUHS-BH has contracted with RI International to provide stigma reduction presentations throughout Riverside County. Our Contact for Change Programs went live in FY 17. Staff were hired and trained to provide these programs and the team is in full force, ready to serve our FY 18 Programs.

Contact for Change programs consist of two distinct presentations designed to increase awareness of mental health and also to reduce the stigma against mental illness. Those presentations are Speaker's Bureau and Educator Awareness Program:

- **Speaker's Bureau**
 - Two presenters share their personal recovery stories of lived experience with mental health challenges and their journeys to wellness.
 - **Where They Were** before their mental health challenges appeared, the onset of symptoms and what those symptoms were
 - **Their Recovery Journeys** beginning with when they chose recovery and what played an important part in their recovery success (treatment, coping skills, developed strengths)
 - **Where They Are Now and Where They're going;** their accomplishments despite their mental health challenges and their hopes for the future
- **Educator Awareness Program**
 - This presentation is specifically designed for educators and school staff members
 - A moderator reviews the common mental health diagnoses in children and adolescents and what those behaviors look like. Then two presenters, a former educator and a TAY former student, share their personal recovery stories with particular emphasis on their mental health challenges during their school years.
 - **Early Experiences:** things that were noticed when mental health challenges first appeared
 - **Struggles:** things that occurred as a result of mental health challenges

- **Successes:** things that were done well in support of mental health challenges and other things that might have helped.
- **Stigma:** ways it was experienced and overcome

We look forward to providing these programs throughout target areas in Riverside County in FY 18 and 19.

MHSA Funding Summary

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

County: Riverside

Date: 4/2/18

| | MHSA Funding | | | | | |
|--|---------------------------------|-----------------------------------|------------|----------------------------------|--|-----------------|
| | A | B | C | D | E | F |
| | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs | Prudent Reserve |
| A. Estimated FY 2017/18 Funding | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 33,156,157 | 25,715,123 | 21,237,270 | 1,610,212 | 12,416,370 | |
| 2. Estimated New FY2017/18 Funding | 79,945,072 | 19,986,268 | 5,259,544 | | | |
| 3. Transfer in FY2017/18 ^{a/} | (4,000,000) | | | 4,000,000 | 0 | |
| 4. Access Local Prudent Reserve in FY2017/18 | | | | | | 0 |
| 5. Estimated Available Funding for FY2017/18 | 109,101,229 | 45,701,391 | 26,496,814 | 5,610,212 | 12,416,370 | |
| B. Estimated FY2017/18 MHSA Expenditures | 67,123,660 | 20,486,155 | 12,279,101 | 1,748,489 | 8,000,000 | |
| C. Estimated FY2018/19 Funding | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 41,977,569 | 25,215,236 | 14,217,713 | 3,861,723 | 4,416,370 | |
| 2. Estimated New FY2018/19 Funding | 71,950,565 | 17,987,641 | 4,733,590 | | | |
| 3. Transfer in FY2018/19 ^{a/} | 0 | | | | 0 | |
| 4. Access Local Prudent Reserve in FY2018/19 | | | | | | 0 |
| 5. Estimated Available Funding for FY2018/19 | 113,928,134 | 43,202,877 | 18,951,303 | 3,861,723 | 4,416,370 | |
| D. Estimated FY2018/19 MHSA Expenditures | 71,585,150 | 22,330,552 | 9,854,259 | 2,117,234 | 0 | |
| E. Estimated FY2019/20 Funding | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 42,342,984 | 20,872,325 | 9,097,044 | 1,744,489 | 4,416,370 | |
| 2. Estimated New FY2019/20 Funding | 61,103,141 | 14,975,786 | 3,940,996 | | | |
| 3. Transfer in FY2019/20 ^{a/} | (5,000,000) | | | 5,000,000 | 0 | |
| 4. Access Local Prudent Reserve in FY2019/20 | | | | | | 0 |
| 5. Estimated Available Funding for FY2019/20 | 98,446,125 | 35,848,111 | 13,038,040 | 6,744,489 | 4,416,370 | |
| F. Estimated FY2019/20 MHSA Expenditures | 75,164,408 | 23,447,080 | 10,346,972 | 2,223,096 | 0 | |
| G. Estimated FY2019/20 Unspent Fund Balance | 23,281,717 | 12,401,032 | 2,691,068 | 4,521,393 | 4,416,370 | |

| H. Estimated Local Prudent Reserve Balance | |
|---|------------|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2017 | 28,300,497 |
| 2. Contributions to the Local Prudent Reserve in FY 2017/18 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2017/18 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2018 | 28,300,497 |
| 5. Contributions to the Local Prudent Reserve in FY 2018/19 | 0 |
| 6. Distributions from the Local Prudent Reserve in FY 2018/19 | 0 |
| 7. Estimated Local Prudent Reserve Balance on June 30, 2019 | 28,300,497 |
| 8. Contributions to the Local Prudent Reserve in FY 2019/20 | 0 |
| 9. Distributions from the Local Prudent Reserve in FY 2019/20 | 0 |
| 10. Estimated Local Prudent Reserve Balance on June 30, 2020 | 28,300,497 |

^{a/} Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

MHSA Funding – CSS

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: Riverside

Date: 4/2/18

| | Fiscal Year 2018/19 | | | | | |
|---|--|--------------------------|----------------------------|-------------------------------|---|----------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CSS Funding | Estimated Medi- Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| FSP Programs | | | | | | |
| 1. FSP-01 | 8,229,428 | 3,756,693 | 2,485,410 | 0 | 1,687,326 | 299,999 |
| 2. FSP-02 | 5,801,864 | 2,116,380 | 2,026,744 | 0 | 965,789 | 692,951 |
| 3. FSP-03 | 22,580,111 | 11,784,697 | 8,583,236 | 0 | 1,387 | 2,210,791 |
| 4. FSP-04 | 7,842,997 | 4,747,969 | 2,535,307 | 0 | 0 | 559,721 |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| Non-FSP Programs | | | | | | |
| 1. FSP-01 | 66,055,540 | 11,335,622 | 27,865,599 | 0 | 23,654,095 | 3,200,224 |
| 2. FSP-03 | 54,469,936 | 26,312,962 | 23,906,862 | 0 | 705,188 | 3,544,924 |
| 3. FSP-04 | 11,589,253 | 6,937,843 | 3,919,906 | 0 | 5,069 | 726,435 |
| 4. SD-05 | 2,639,914 | 2,639,914 | 0 | 0 | 0 | 0 |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| CSS Administration | 4,989,896 | 1,953,070 | 3,006,826 | | | 30,000 |
| CSS MHSA Housing Program Assigned Funds | 0 | | | | | |
| Total CSS Program Estimated Expenditures | 184,198,939 | 71,585,150 | 74,329,890 | 0 | 27,018,854 | 11,265,045 |
| FSP Programs as Percent of Total | 62.1% | | | | | |

MHSA Funding - PEI

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside

Date: 4/2/18

| | Fiscal Year 2018/19 | | | | | |
|---|--|--------------------------|----------------------------|-------------------------------|---|----------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi- Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| PEI Programs - Prevention | | | | | | |
| 1. PEI-01 Mental Health Outreach, Awareness, & Stigma | 12,070,877 | 11,371,221 | 689,086 | 0 | 0 | 10,570 |
| 2. PEI-02 Parent Education and Support | 6,257,729 | 3,648,830 | 1,492,745 | 0 | 1,100,178 | 15,976 |
| 3. PEI-04 Transitional Age Youth (TAY) Project | 1,433,306 | 1,433,306 | 0 | 0 | 0 | 0 |
| 4. PEI-05 First Onset for Older Adults | 729,790 | 729,790 | 0 | 0 | 0 | 0 |
| 5. PEI-07 Underserved Cultural Populations | 3,234,874 | 3,234,874 | 0 | 0 | 0 | 0 |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| PEI Programs - Early Intervention | | | | | | |
| 11. PEI-03 Early Intervention for Families in School | 136,638 | 136,638 | 0 | 0 | 0 | 0 |
| 12. PEI-06 Trauma-Exposed Services for All Ages | 862,272 | 862,272 | 0 | 0 | 0 | 0 |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| PEI Administration | 913,621 | 913,621 | 0 | 0 | 0 | 0 |
| PEI Assigned Funds | 0 | | | | | |
| Total PEI Program Estimated Expenditures | 25,639,107 | 22,330,552 | 2,181,831 | 0 | 1,100,178 | 26,546 |

MHSA Funding – INN

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Innovations (INN) Component Worksheet

County: Riverside

Date: 4/2/18

| | Fiscal Year 2018/19 | | | | | |
|---|--|--------------------------|----------------------------|-------------------------------|---|----------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi- Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| INN Programs | | | | | | |
| 1. TAY Drop In Center | 9,756,867 | 6,593,526 | 3,163,341 | 0 | | 0 |
| 2. CSEC Mobile Response | 3,859,207 | 2,643,557 | 1,215,650 | 0 | | 0 |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| INN Administration | 617,176 | 617,176 | | | | |
| Total INN Program Estimated Expenditures | 14,233,250 | 9,854,259 | 4,378,991 | 0 | 0 | 0 |

MHSa Funding – WET

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Workforce, Education and Training (WET) Component Worksheet

County: Riversides

Date: 4/2/18

| | Fiscal Year 2018/19 | | | | | |
|---|--|--------------------------|----------------------------|-------------------------------|---|----------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated WET Funding | Estimated Medi- Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| WET Programs | | | | | | |
| 1. WET-01 Work Staffing Support | 1,666,386 | 1,089,326 | 577,060 | | | 0 |
| 2. WET-02 Training & Teach Assist | 18,061 | 11,806 | 6,254 | | | 1 |
| 3. WET-03 MH Career Pathways | 24,963 | 24,963 | | | | 0 |
| 4. WET-04 Residency/Internship | 990,578 | 990,578 | | | | 0 |
| 5. WET-05 Financial Incentives | 561 | 561 | | | | 0 |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| WET Administration | 0 | | | | | |
| Total WET Program Estimated Expenditures | 2,700,549 | 2,117,234 | 583,314 | 0 | 0 | 1 |

MHSA Funding – CFTN

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside

Date: 4/2/18

| | Fiscal Year 2018/19 | | | | | |
|---|--|---------------------------|----------------------------|-------------------------------|---|----------------------------|
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated CFTN Funding | Estimated Medi- Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| CFTN Programs - Capital Facilities Projects | | | | | | |
| 1. New Hemet Clinic | 0 | | | | | 0 |
| 2. | 0 | | | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| CFTN Programs - Technological Needs Projects | | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| CFTN Administration | 0 | | | | | |
| Total CFTN Program Estimated Expenditures | 0 | 0 | 0 | 0 | 0 | 0 |

Cost Per Client

MHSA Funding Cost Per Client FY 2016/17

FULL SERVICE PARTNERSHIPS

| | |
|-----------------|-------------|
| PLAN NAME: | Child FSP |
| UNIQUE CLIENTS: | 356 |
| COST: | \$6,360,162 |
| AVERAGE COST: | \$17,866 |

| | |
|-----------------|-------------|
| PLAN NAME: | TAY FSP |
| UNIQUE CLIENTS: | 450 |
| COST: | \$4,304,407 |
| AVERAGE COST: | \$9,565 |

| | |
|-----------------|--------------|
| PLAN NAME: | Adult FSP |
| UNIQUE CLIENTS: | 984 |
| COST: | \$12,267,547 |
| AVERAGE COST: | \$12,467 |

| | |
|-----------------|-----------------|
| PLAN NAME: | Older Adult FSP |
| UNIQUE CLIENTS: | 733 |
| COST: | \$6,618,331 |
| AVERAGE COST: | \$9,029 |

Calculation based on Total FSP Program Cost is Inclusive of Outreach Services and Indirect Program Services.

*TAY GSD includes services provided for the TAY population within the child GSD and Adult GSD Programs.

GENERAL SYSTEM DEVELOPMENT

| | |
|-----------------|--------------|
| PLAN NAME: | Child GSD |
| UNIQUE CLIENTS: | 12,872 |
| COST: | \$49,438,713 |
| AVERAGE COST: | \$3,841 |

| | |
|-----------------|--------------|
| PLAN NAME: | TAY GSD * |
| UNIQUE CLIENTS: | 8,039 |
| COST: | \$21,013,445 |
| AVERAGE COST: | \$2,614 |

| | |
|-----------------|--------------|
| PLAN NAME: | Adult GSD |
| UNIQUE CLIENTS: | 11,062 |
| COST: | \$27,047,300 |
| AVERAGE COST: | \$2,445 |

| | |
|-----------------|-----------------|
| PLAN NAME: | Older Adult GSD |
| UNIQUE CLIENTS: | 2,496 |
| COST: | \$9,130,843 |
| AVERAGE COST: | \$3,658 |

| | |
|-----------------|--|
| PLAN NAME: | Adult/TAY Residential Treatment Services |
| UNIQUE CLIENTS: | 36 |
| COST: | \$743,108 |
| AVERAGE COST: | \$20,642 |

| | |
|-----------------|----------------------------|
| PLAN NAME: | Crisis Stabilization Units |
| UNIQUE CLIENTS: | 5,296 |
| COST: | \$10,250,081 |
| AVERAGE COST: | \$1,935 |

Community Feedback Surveys

A community feedback survey was provided at each stakeholder meeting and was distributed by e-mail to various community agencies. Additional feedback survey forms were provided to various community organizations for distribution to stakeholders that may not have been present at community forums. The survey included a series of items for written comment and a “Tell us About Yourself “ demographics page to gather information on the age group, race/ethnicity, language, gender, region of the county, and any group affiliation. Summarized written comments relating to service gaps, access and communication about services are provided below. There were two different areas identified, which included Service Gaps and Access. Within these areas, common subthemes were also included. Themes are detailed below and examples of some respondent’s comments are provided on the next three pages.

Is the 3-Year Plan Working to Meet Priority Needs of Riverside County?

The programs offered are working great and meeting the needs of those in Riverside County. It brings hope to be able to help people with no resources and provide no cost services.

There are lots of recovery based and healing programs

They are doing amazing.

The programs being offered are great.

Need to make the Veteran Services Liaison position into a team and have these teams in each region throughout Riverside. Team members need to be vets or significant others of vets who understand veteran culture. Vet to vet is KEY to reaching and being able to support and treat veterans.

Gaps in Service in Existing CSS & PEI Programs?

Parenting support and classes for youth under 18 is much needed.

Educational outreach programs to more culturally diverse groups of people. More stigma reducing presentations to the public.

We need more housing for the homeless.

Service to older adults age 60 and older.

Need better services for seniors.

| Recommendations/Comments about Program/Services |
|--|
| Great plan, lots of thought put into planning. More stakeholder input. |
| How can we integrate <ol style="list-style-type: none">1.) The purposed community based PEARLS program + PAIRS.2.) Seminars/ workshops for educators whose students live with grandparents- listening for potential issues. |

Behavioral Health Commission (BHC) - Public Hearing

Public Comments on the MHSA Annual Plan Update FY18/19

LOCATIONS:

May 2, 2018

Rustin Conference Center

2085 Rustin Avenue, Riverside 92507

May 10, 2018

Indio Mental Health Clinic

47-825 Oasis Street

Indio 92201

Comments on the MHSA Annual Plan Update FY18/19

The MHSA Annual Update Plan FY18/19 will be posted for a 30-day public review and comment period, from April 2, 2018 through May 2, 2018. After the 30-day public review and comment period, Public Hearings will be held by the Riverside Behavioral Health Commission. The Hearings will be held on May 2, 2018 at the Rustin Conference Center in Riverside and May 16, 2018 at the Indio Mental Health Clinic.

All community input and comments will be recorded and reviewed with an Ad Hoc Behavioral Health Commission Committee for review and to determine if changes to the Plan Update are necessary. All input, comments, and Commission recommendations from the Public Hearing will be documented.

Riverside University Health System – Behavioral Health
MHS Administration
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