Riverside University HEALTH SYSTEM Behavioral Health

MHSA

MENTAL HEALTH SERVICES ACT

Annual Plan Update

FY 19/20

http://www.rcdmh.org/

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Selvino is a local Filipino American artist and a proud member of the LGBTQ community. He is also a Certified Peer Support Specialist who volunteers his time with various community organizations, especially those that serve Transitional Age Youth (TAY), Asian American, and Homeless populations. Recognizing the important role it played in his own recovery, Selvino has become an advocate for the integration of Art Therapy in mental health treatment plans. He aims to improve his art skills every day and plans to return to college in the near future. #selvinosart

2019/20 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: Matthew Chang, MD. Telephone Number: 951-358-4501 E-mail: Matthew.chang@ruhealth.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 July 23, 2019.

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.

Matthew Chang, MD.
Local Mental Health Director (PRINT)

Signature

Date

2019/20 MHSA Annual Plan Update

County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Riverside County

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

Local Mental Health Director	County Auditor-Controller
Name: Matthew Chang, MD. Telephone Number: 951-358-4501 E-mail: Matthew.chang@ruhealth.org	Name: Paul Angulo, CPA, MA-Mgt Telephone Number: 951-955-3800 E-mail: pangulo@co.riverside.ca.us
Local Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

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

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

Matthew Chang, MD.
Local Mental Health Director (PRINT)

Signature 3/25/19 Date

I hereby certify that for the fiscal year ended June 30, 2018, 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 12/19/2018 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, 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 Paul Angulo 4/22/19 Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

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.

The primary components of MHSA are the CSS and PEI. These two components receive active funding allocations based on State distribution formulas. INN funds are derived from a portion of the CSS and PEI allocations and require additional State approval to access. WET funds were a one-time allocation that could last for 10 years; those funds have exhausted, and on-going WET Plan funding is derived from the CSS allocation. The last CF/TN funds were allocated in Fiscal Year (FY)13/14, but a portion of CSS funds can be used to address any new related plans.

Where does MHSA fit in Funding Riverside University Health System – Behavioral Health (RUHS-BH)?

MHSA is only one of the funding streams for RUHS-BH. The MHSA Plan does not represent all public behavioral health services in Riverside County and it is not meant to function as a guide to all service options. Not all services can be funded under the MHSA.

What is the Purpose of MHSA 3-year Program and Expenditure Plan (3YPE)?

The 3YPE serves like a consumer's care plan in a clinic program. It describes goals, objectives and interventions based on the stakeholder feedback and the possibilities and limits defined in State regulations.

Every three years, Riverside County is required to develop a new Program and Expenditure Plan for MHSA. The 3YPE outlines and updates the programs and services to be funded by MHSA and allows for a new three-year budget plan to be created. It also allows the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The last 3YPE plan was approved starting in fiscal year 2017/18 and expires in fiscal year 2019/20.

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 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-05 TAY One-Stop Drop-In Center

INN-06 Commercially Sexually Exploited Children

INN-07 Technology Suite

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.

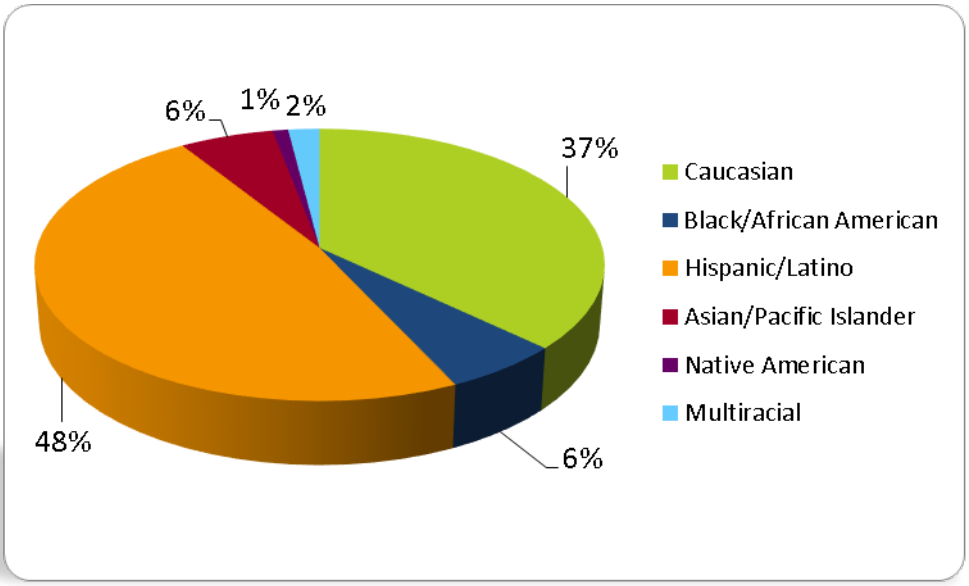
County Demographics

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.

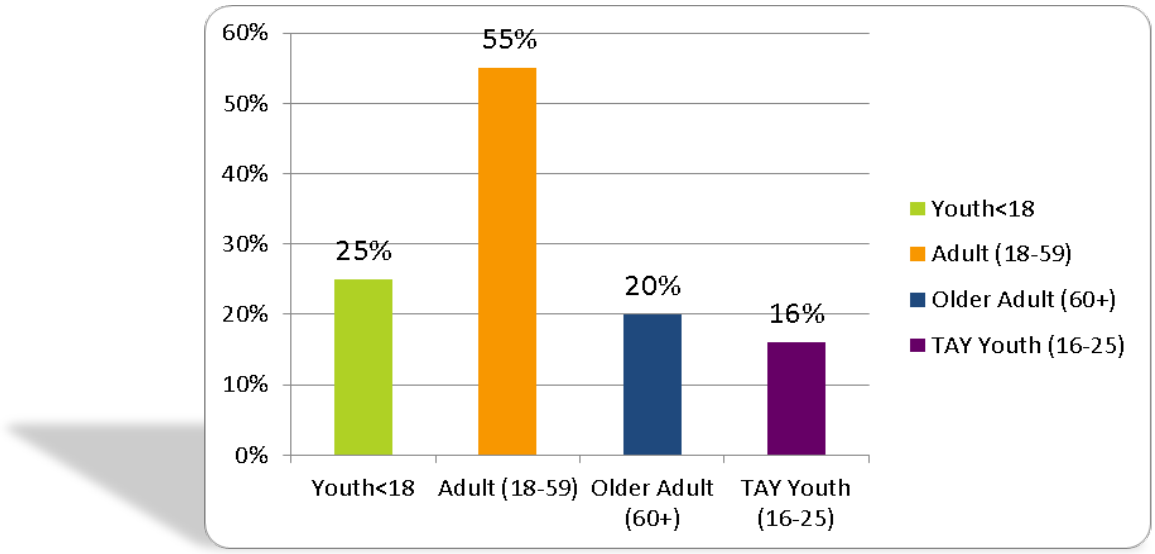
At more than 2.3 million residents (2,382,941), Riverside County is the fourth largest county in California by population according to 2017 estimates. The County is ranked as the 10th largest County in the nation and continues to grow. Over the last five years the population grew by approximately 134,630 residents. Since 2000, the population has grown by approximately 54%; the county experienced the highest population growth of all California counties. More recently (between 2011 and 2017), 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 then out. Between 2011 and 2017 net migration added over 96,377 residents. In 2017 there were 718,733 households in the County. Families comprise 72% of the households with the remainder made up of non-family households (individuals or two or more unrelated individuals).

Of the families 75% are married couples and almost half (43%) have children under the age of eighteen. The remainder of families (25%) are single householder families and nearly half (49%) have children under the age of 18. Riverside County has the eighth largest household size in California at 3.9 persons, higher than the state (3.57) and the U.S. (3.26).

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 48% of the population in 2017 while Caucasians comprise 37%. 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 20%. 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 $60,807 (2017). 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. Unemployment in June 2011 reached a high of 14%; the rate has decreased throughout 2017 starting at 6% in January 2017 and declining to 3.9% by December 2017. Forty percent of the County population 16 years or older is not employed. Poverty estimates for Riverside County indicate that 15.6% of residents live below the poverty level; and 36% of residents live between the poverty level and 200% of poverty level. Rates of children under age 18 living below poverty are 27%. The most recent Riverside County point in time homeless count identified 1,685 unsheltered and 631 sheltered homeless people (total = 2,316).

The civilian veteran population in Riverside County is 7% of the adults in the County over age 18. Most were Gulf War veterans at 39% of all veterans with 25% reporting a service related disability.

Most of the adult population (80%) over the age of 25 has a high school diploma or higher level of education. Approximately 22% had a bachelor's degree or higher. Seventeen percent of the population over the age of 25 did not have a high school diploma.

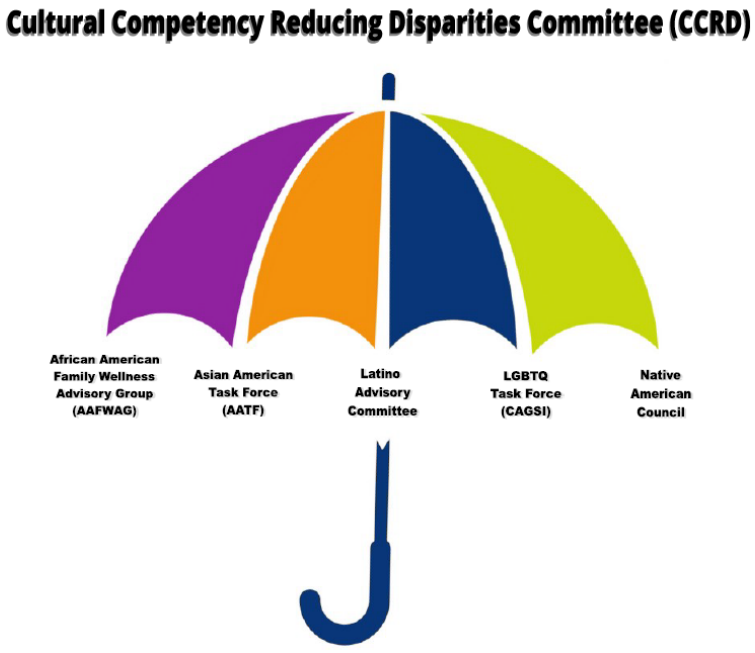
The Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) population of the County is difficult to accurately measure. Research literature has shown that this population may be at higher risk for mental illness. The California Health Interview Survey (CHIS) is one potential source for data on the LGBTQ population in the County. Recent CHIS data showed 5.2% 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 2018/19 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. The CCRD serves as an umbrella for the unity and advocacy of underserved populations:



The Cultural Competency Reducing Disparities Committee provides ethnic and culture specific perspectives to Riverside University Health System – Behavioral Health.

<u>This overarching committee:</u>

1. **Actively includes representation from intergenerational Latino, Native American, African American, Asian American, LGBTQ, Deaf and Hard of Hearing, Blind and Visually impaired, Faith based and other diverse underserved populations.**
2. **Creates a public forum for stakeholders to review disparities in behavioral health and provide recommendations on ethnic, cultural, and linguistically appropriate strategies.**
3. **Seeks to reduce disparities and promote equity by empowering local communities to engage fully in the planning, and development of ethnic, cultural and linguistically appropriate behavioral health and substance use services.**
4. **Promotes prevention and early intervention, as well as recovery based models of care that are culturally relevant and reduce stigma.**

Additionally, there are cultural community specific advisory groups that are headed by a Department-contracted 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 Faith Based Communities. 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. PEI also held quarterly PEI Collaborative meetings that spotlight and provided updates on PEI programs. The Collaboratives also created scheduled opportunities for stakeholders to have active dialogue and provide feedback regarding program implementation.

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 MHSA WET Plan education materials and plan feedback forms at Department conducted trainings.

MHSA also has a standing agenda item on the monthly Behavioral Health Commission, as they are the primary advisory body for the Department. They are routinely updated on MHSA planning activities, and of course assist the Department by conducting Public Hearing and evaluating Stakeholder interests. MHSA has also provided subject matter education to the BHC such as Trauma Informed Care, Suicide in Riverside County and Safe Messaging, and Prevention Services in Schools.

Additionally, we hosted MHSA Forums this year. These Forums were dedicated, interactive MHSA Plan education spaces at large Department events. The first Forums were provided for May is Mental Health Month events, and at the Recovery Happens Event in Riverside. 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.

This year included the dissemination of materials that identify the avenues to MHSA stakeholder participation. These materials included Riverside's Stakeholder Education and Informant structure and corresponding advisory meeting schedules:

MHSA Stakeholder Partnership and Participation Structure:
"How Can My Voice Be Heard?"

Riverside University HEALTH SYSTEM Behavioral Health

BHC & Community Advisory	Collaboratives	Forums	Posting and Public Hearing
Behavioral Health Commission Commission Meetings • Central • Regional (Desert, Mid-County, Western)	Prevention and Early Intervention • Steering Committee* • Quarterly Collaborative Meetings (Sign up at MHSA@rcmhd.org)	Focus Groups Focus Groups are coordinated meetings designed to get specific feedback on community needs. They are sometimes used to initiate planning, sustain planning, or to concentrate feedback from a particular population or group.	Plan Draft Distribution • RUHS-BH Clinics/Programs • Residential Housing • Wellness Cities • Public Libraries
Behavioral Health Commission Standing Committees • Adult System of Care • Children's Committee • Criminal Justice • Housing • Legislative • Older Adult System of Care • Veteran's Committee	Workforce Education and Training • Steering Committee* • Workforce survey, training evaluations, and feedback forms • Academic and community pipeline committees	MHSA Forums MHSA Forums are held at community events and are dedicated to education and feedback on the MHSA plan. **#MHSAtalks** • May is Mental Health Month • Recovery Happens • (More to come)	Public Hearing Public Hearing provides the community to give feedback on a proposed MHSA plan • Typically scheduled in May for annual update • Sometimes scheduled at other times of the year based on an individual workplan
Cultural Competency • Reducing Disparities • African Am. Family Wellness Group • Asian Am. Task Force • Community Advisory on Gender and Sexuality Issues • Nosotros Community Settlement • Spirituality Initiative • Native Am. Council (Developing)	Innovations • Steering Committee* • Plan related development, monitoring, and support a. TAY Collaborative b. CSEC Program Meeting		www.RCDMH.org MHSA Tab • Most recent annual update and latest 3-Year plan • Includes electronic feedback forms • MHSA@rcmhd.org

*Closed meeting

(Rev 06/27/2018)

Riverside University HEALTH SYSTEM Behavioral Health

2018 MEETING SCHEDULE

BEHAVIORAL HEALTH COMMISSION & REGIONAL BOARD ADVISORY BOARD

BEHAVIORAL HEALTH COMMISSION

1st Wednesday of the month at 12:00 noon at the following location: Riverside University Health System – Behavioral Health, 2085 Rustin Avenue, Conference Room 1051, Riverside, 92507 on the following dates:

January 3, 2018	April 4, 2018	** July 11, 2018 **	October 3, 2018
February 7, 2018	May 2, 2018	August – DARK	November 7, 2018
March 7, 2018	June 6, 2018	September 5, 2018	December - DARK

For further information, please contact Maria Roman, BHC Liaison at (951) 955-7141.
*** Due to 4th of July Holiday, meeting has been moved forward to the following week – July 11, 2018*

DESERT REGIONAL BOARD

2nd Tuesday of the month at 12:00 noon at the following location: Indio Mental Health Clinic, 47-825 Oasis, Indio 92201 on the following dates:

January 9, 2018	April 10, 2018	July 10, 2018	October 9, 2018
February 13, 2018	May 8, 2018	August – DARK	November 13, 2018
March 13, 2018	June 12, 2018	September 11, 2018	December - DARK

For further information, please contact Amber Duffle at (760) 863-8586.

MID-COUNTY REGIONAL BOARD

1st Thursday of the month at 3:00 p.m. at varying locations within the Mid-County Region on the following dates:

January 4, 2018	April 5, 2018	July 5, 2018	October 4, 2018
February 1, 2018	May 3, 2018	August – DARK	November 1, 2018
March 1, 2018	June 7, 2018	September 6, 2018	December - DARK

For further information & to confirm location, please contact Hilda Gallegos at (951) 943-8015 x235.

WESTERN REGIONAL BOARD

Bi- Monthly – 1st Wednesday of the month at 4:00 p.m. at 2085 Rustin Avenue, Riverside 92507 on the following dates:

January 3, 2018	April 4, 2018	July 11, 2018	October 3, 2018
February 7, 2018	May 2, 2018	August – DARK	November 7, 2018
March 7, 2018	June 6, 2018	September 5, 2018	December – DARK

For further information, please contact Norma MacKay at (951) 358-4523.

2018 Meeting Schedule
Revised 11/2017

Riverside University HEALTH SYSTEM Behavioral Health

BEHAVIORAL HEALTH COMMISSION - STANDING COMMITTEES 2018 MEETING SCHEDULE

ADULT SYSTEM OF CARE COMMITTEE	CHILDREN'S COMMITTEE	CRIMINAL JUSTICE COMMITTEE	HOUSING COMMITTEE	LEGISLATIVE COMMITTEE	OLDER ADULT SYSTEM OF CARE COMMITTEE	VETERAN'S COMMITTEE
Last Thursday @ 12pm 2085 Rustin Avenue Riverside, CA 92507	*4th Tuesday @ 12:15pm 3125 Myers Street Riverside, CA 92503*	*2nd Wednesday @ 12pm 3625 14th Street Riverside, CA 92501*	*2nd Tuesday @ 11 am 2085 Rustin Avenue Riverside, CA 92507*	*1st Wednesday @ 10:30 am 2085 Rustin Avenue Riverside, CA 92507*	*2nd Tuesday @ 12pm 2085 Rustin Avenue Riverside, CA 92507*	*1st Wednesday @ 10:30 am 2085 Rustin Avenue Riverside, CA 92507*
January 25, 2018	January 23, 2018	January 10, 2018	January 9, 2018	January 1, 2018	January 9, 2018	January 3, 2018
February 22, 2018	February 27, 2018	NA	February 13, 2018	February 7, 2018	February 13, 2018	February 7, 2018
March 29, 2018	March 27, 2018	March 14, 2018	March 13, 2018	March 7, 2018	March 13, 2018	March 7, 2018
April 26, 2018	April 24, 2018	NA	April 10, 2018	April 4, 2018	April 10, 2018	April 4, 2018
May 31, 2018	May 22, 2018	May 9, 2018	May 8, 2018	May 2, 2018	May 8, 2018	May 2, 2018
June 28, 2018	June 26, 2018	NA	June 12, 2018	June 6, 2018	June 12, 2018	June 6, 2018
July 26, 2018	July 24, 2018	July 11, 2018	July 10, 2018	July 11, 2018	July 10, 2018	July 11, 2018
August – DARK	August – DARK	NA	August – DARK	August – DARK	August – DARK	August – DARK
September 27, 2018	September 25, 2018	September 12, 2018	September 11, 2018	September 5, 2018	September 11, 2018	September 5, 2018
October 25, 2018	October 23, 2018	NA	October 9, 2018	October 3, 2018	October 9, 2018	October 3, 2018
November 29, 2018	November 27, 2018	November 14, 2018	November 13, 2018	November 7, 2018	November 13, 2018	November 7, 2018
December – DARK	December - DARK	NA	December - DARK	December – DARK	December - DARK	December – DARK
Committee Secretary Elizabeth Lagunas (951) 940-6215	**Committee Secretary Saida Spencer (951) 358-7348**	**Committee Secretary Valerie Arce (951) 955-1530**	**Committee Secretary Michelle Barrera (951) 715-5049**	**Committee Secretary Monet Benitez (951) 955-7270**	**Committee Secretary Cynthia Magill (951) 509-2422**	**Committee Secretary Skye Vickers (951) 955-7116**

Meetings are subject to change. For further information, please contact the Committee Secretary.
Thank you!

Cultural Competency Committees

Reducing Disparities (CCRD) and Deaf & Hard of Hearing

2nd Wednesday of the month
9:00 am – 10:30 am
Rustin Conference Center
Co-Chairs: Sylvia Aguirre-Aguilar, Carlos Lamadrid

African American Family Wellness Advisory Group

3rd Wednesday of the month
10:00 am – 11:30 am
Rustin Conference Center
Co-Chairs: Jennifer Vaughn-Blakely, Toni Lucas

Asian American Task Force

4th Thursday of the month
3:30 pm – 5:00 pm
Rustin Conference Center
Co-Chairs: Tony Ortego, Maria Abrigo

CAGSI – LGBTQ Task Force

3rd Tuesday of the month
2:30 pm – 4:00 pm
Rustin Conference Center
Co-Chairs: Ish Bribiesca, Lisa Everson

American Indian Council

TBD

Nosotros Workshop

1st Monday of the month
5:30 pm – 7:00 pm
4366 Bermuda Ave, Riverside
Facilitator: Priscilla Rivera

Spirituality Initiative

4th Monday of the month
10:00 am – 11:30 am
Rustin Conference Center
Co-Chairs: Moises Ponce & TBD

For questions regarding any of the committees, please contact:
Priscilla Gutierrez, Office Assistant to the Cultural Competency Program
(951) 955-7113 or pogutierrez@rcmhd.org

MEETING 2018 SCHEDULES

Reducing Disparities	AAFWAG	AATF	CAGSI	Nosotros	Spirituality Initiative
1/10/2018	1/17/2018	1/25/2018	1/16/2018	1/8/2018	1/22/2018
2/14/2018	2/21/2018	2/22/2018	2/20/2018	2/5/2018	2/26/2018
3/14/2018	3/21/2018	3/22/2018	3/20/2018	3/5/2018	3/26/2018
4/11/2018	4/18/2018	4/26/2018	4/17/2018	4/2/2018	4/23/2018
5/9/2018	5/16/2018	5/24/2018	5/15/2018	5/7/2018	5/28/2018
6/13/2018	6/20/2018	6/28/2018	6/19/2018	6/4/2018	6/25/2018
7/11/2018	7/18/2018	7/26/2018	7/17/2018	7/2/2018	7/23/2018
8/8/2018	8/15/2018	8/23/2018	8/21/2018	8/6/2018	8/27/2018
9/12/2018	9/19/2018	9/27/2018	9/18/2018	9/3/2018	9/24/2018
10/10/2018	10/17/2018	10/25/2018	10/16/2018	10/1/2018	10/22/2018
11/14/2018	11/21/2018	11/22/2018	11/20/2018	11/5/2018	11/26/2018
12/12/2018	12/19/2018	12/27/2018	12/18/2018	12/3/2018	12/24/2018

**Red denotes a DARK month, committee will not meet as scheduled. Dates may be subject to change.*

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention
Quarterly Collaborative Lunch Meeting

Riverside University Health System – Behavioral Health, Prevention and Early Intervention (PEI) invites you to join us in our quarterly collaborative meetings. Building upon our community planning process we will have meetings throughout the year to keep you informed about PEI programming and services, build partnerships and collaborate, and work together to meet the prevention and early intervention needs for the individuals, children, families, and communities of Riverside County.

This meeting is open for anyone who works with those who are impacted by PEI programming, agencies and organizations seeking to partner with PEI programs and providers, anyone interested in learning more about PEI services and their impact on the community, as well as anyone interested in having a voice regarding PEI programs.

2018 / 2019 Fiscal Year Schedule

Wednesday, August 29, 2018 12PM-2PM

Rustin Conference Center 2085 Rustin Ave. Riverside, CA 92507 #1048

Wednesday, October 31, 2018 12PM-2PM

Rustin Conference Center 2085 Rustin Ave. Riverside, CA 92507 #1055

Wednesday, January 30, 2019 12PM-2PM

Rustin Conference Center 2085 Rustin Ave. Riverside, CA 92507 #1055

Wednesday, May 29, 2019 12PM-2PM

Rustin Conference Center 2085 Rustin Ave. Riverside, CA 92507 #1055

Lunch will be served! Please RSVP to ensure we have enough food for all.

For more information or to RSVP, please email: Diana Brown at dabrown@rcmhd.org

This information is available in alternative formats upon request. If you are in need of a reasonable accommodation, please contact Diana Brown at 951-955-7125.

Riverside University HEALTH SYSTEM Behavioral Health

TAY Collaboratives

Community Meetings focused on Transition Age Youth

Western	Mid-County	Desert
Stepping Stones 1820 N University Avenue Riverside	The Arena 2560 N Perris Boulevard Perris	Desert Flow 78-140 Calle Tampico La Quinta
2nd Wednesday of each month 2:00 p.m.	4th Wednesday of each month 3:00 p.m.	1st Wednesday of each month 3:00 p.m.
(951) 955-9800	(951) 940-6755	(760) 863-7970

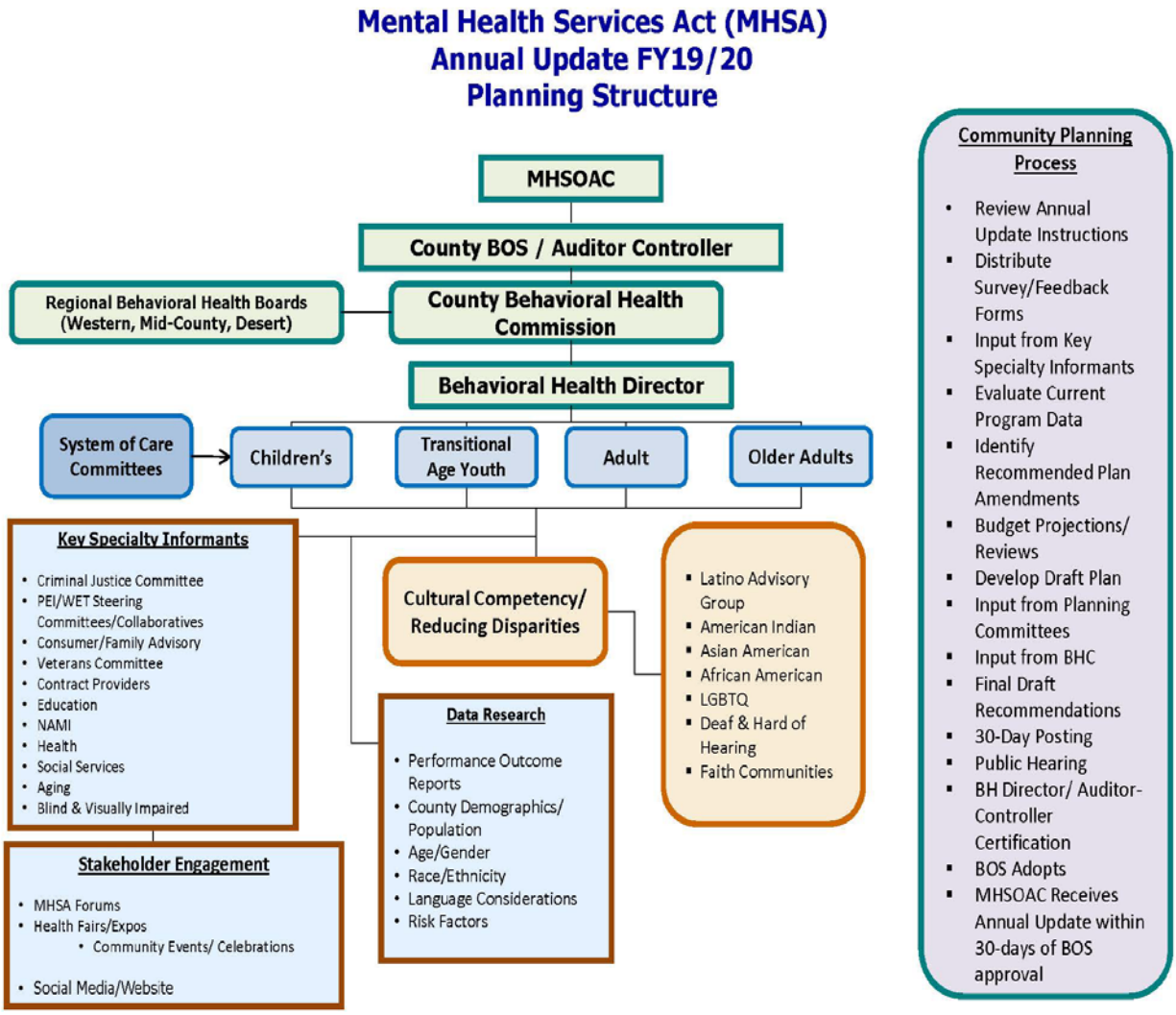
The Stakeholder Education and Informant structure also includes the development of stakeholder training. MHSA has a regular agenda point on the Riverside County Behavioral Health Commission meetings and MHSA administrative staff attend the meetings of regional mental health boards, system of care advisory committees, and the Cultural Competency Reducing Disparities group. Stakeholders groups are also encouraged to inform the Department on training areas that would best support their role as stakeholders. All community and advisory board members have been encouraged to attend RUHS-BH sponsored trainings on Mental Health First Aid, and Safe Talk and Assist (suicide prevention programs).

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 19/20 Planning Structure



MHSA Annual Update FY19/20 Time Line

Mental Health Services Act (MHSA)
Annual Update FY19/20
Time Line

August – September 2018	October – December 2018	January – March 2019	April – June 2019
▪ Develop Community Planning Process Infrastructure ▪ Identify and confirm Stakeholders and Key Informant Groups ▪ Introduce Community Planning Process to Behavioral Health Commission	▪ Provide Annual Update Instructions, Timeline, Data Review, Program Analysis, and Survey/Feedback Tools/Forms to Key Informants, Stakeholders, and Planning Committees ▪ Identify current program effectiveness and/ or rationale for consolidation or elimination of programs	▪ Continue Stakeholder Input Process, Sessions, and Opportunities ▪ Consensus Building ▪ Develop and Write Draft Annual Update for FY19/20	▪ Post Draft Annual Update for 30-Day Review and Comment (**April**) ▪ Public Hearing (**May**) ▪ Adoption by BOS (**June**) ▪ Final Annual Update 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 1, 2019 through May 1, 2019.

Circulation Methods

The Draft Plan Update and Feedback Forms is available in English and Spanish 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 1, 2019 in Riverside, May 7, 2019 in Indio and May 9, 2019 in Perris.

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 activates.

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 consolidated the two West programs into one program. The two teams in the Mid-County region, and Desert have continued to serve. The four regionally based teams provided MDFT services to a total of 149 FSP youth in FY17/18. 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). Fifty-two percent of youth, (52%) successfully completed the program.

Treatment Foster Care Oregon (TFCO):

The Treatment Foster Care Oregon (TFCO) FSP program began in 2015, as a re-envisioned program formerly known as Multi-Dimensional Treatment Foster Care that was implemented in 2006. The program was a partnership with the Department of Public Social Services. The overall goal was to provide an evidenced based program to serve foster youth in a "home-based" setting, rather than the youth going into a "group home" setting. The model included working the "reunification" family in order to increase the likelihood that the youth would successfully transition back with their family of origin. Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The TFCO program utilized "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

With the passage of Continuum of Care Reform, or CCR, in 2017, there was a statewide effort to reduce the number of youth in group home settings by two thirds and instead have that care provided in foster homes. With the roll out of CCR, Foster Family Agencies provided additional trainings to foster parents, added staff to provide in home supports for youth at highest risk of going into a higher level of care and now ensured they were working with families to transition the youth successfully back into their homes. 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 and included placement into a “treatment” foster care home, which has been a continual challenge. The program was designed to have 10 foster homes available for youth at highest risk of going into group homes. In FY 17/18, even with concerted effort to increase access to the program, only 19 foster care youth received FSP services from TFCO/Treatment Foster Care. An additional 19 youth were served with therapeutic foster care services.

Because the MHSA dollars invested in managing the program were not equal to the number of children served, the program will transition down and eventually sunset. The youth currently served will remain in the program until their graduation. All Foster youth will continue to receive an individualized assessment and linkage to the behavioral health services necessary for their optimal development.

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.

In total, Children’s Integrated Service programs served 11,496 (6,637 youth; and 4,859 parents and community members) in FY17/18. Across the entire Children’s Work Plan, the demographic profile of youth served was 48% Hispanic/Latino, 9% Black /African American, and 15% Caucasian. A large proportion (27%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are 1% served compared to 4.8% in the population, and Caucasian youth are 15% served compared to 24.7% in the population. The Black/African American youth are 9% served compared to 6% in the county 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 876 youth in FY17/18. 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 414 youth in FY17/18.

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 650 youth and families in FY17/18.

A multifaceted approach to assistance for parents continued throughout FY17/18 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 1,136 individual youth and families. Additional contacts were provided to, 3,135 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 32 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 58 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 159 youth during FY17/18.

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, was 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 FY17/18, 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 HHOPES 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 FY17/18 a total of 302 TAY youth were served by the FSP programs with 104 youth being served in the Western Region; 121 youth served in the Mid-County Region; and 81 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 group at 14% is overrepresented in the TAY FSP relative to the county population and the Asian group is underrepresented. Recent outcomes evaluation for TAY FSPs showed a 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 129 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.

Transition to Independence Process (TIP) is the most researched, evidence-supported practice for engaging TAY in their own futures planning process and assisting TAY with greater self-sufficiency and goal achievement across life domains. Fully staffed TIP-trained sites can utilize core competencies of Strengths Discovery, Futures Planning, Rationales, In-Vivo Teaching, Social Problem-Solving (SODAS), Prevention Planning for High Risk Behaviors, and Medication with Young People and Other Key Players (SCORA) in their work with TAY. Initial training in TIP was a rigorous process outlined by the model developers. After training and certifying staff, turnover has resulted in fewer staff available to support and implement the practice. Currently

sites are utilizing some of the concepts from the TIP model. The TIP Site-Based Training process with the implementation of the TAY Drop-In sites will be continued in order to re-initiate the use of the model.

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 (HHOPES)

Mental Health Court

Augmented Board and Care (ABC)

Crisis Residential Treatment (CRT)

Crisis Stabilization (All Regions), including Outreach Teams.

The Navigation Center

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 17/18 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. An additional Bridge step-down is planned for the Desert region. 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 19,342 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 863 family members and had contact with an additional 3,503 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 178, 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 945 adults were served in the Adult FSP programs; with the Western program serving 368 FSP consumers, the Mid-County serving 165 FSP consumers, the Desert serving 163 FSP consumers, Forensic FSP serving 26 consumers, and RISE serving 179 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. 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 FY17/18. These ISRCs expansion programs include an intermediate level of care called the "Bridge" and a population focused program called "RISE". The Bridge programs served 93 people in the Western and Mid-County Regions. The expectation is this program will allow for an additional 140 FSP slots for consumers. The Desert region Bridge program was in the planning stages to begin in the next FY.

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 179 individuals in FY17/18. 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 587 consumers in FY17/18. (See page 149 for a full description of the Mental Health and Veterans Court Programs.)

In FY17/18 the Crisis Stabilization Unit (CSU) in the Desert Region served 1,615 people (1,308 adults, 307 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 2,476 clients. The Desert voluntary CSU located in Palm Springs served 1,638 adults in FY17/18. The Mid-County voluntary CSU located in Perris

served 1,531 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 17/87 Mobile Crisis Stabilization outreach teams supporting law enforcement had 1,214 contacts and served 1,114 people. Mobile crisis outreach teams supporting community hospital emergency departments had 1,437 contacts serving 1,197 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 26% 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 (57%) only 18% involved youth under the age of 16; and 25% 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 38% of people they served. In addition the mobile teams serving emergency rooms were able to discontinue 5150 holds for 24% of those who were on 5150 holds at the time the mobile team had contact and provided a crisis intervention. This resulted in 206 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 774 adults at three regional CRTs. The West CRT is in a new grant funded facility and is housed with a Crisis walk-in program. This new facility served 420 people out of 903 total in the FY. 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 42 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.

Navigation Center

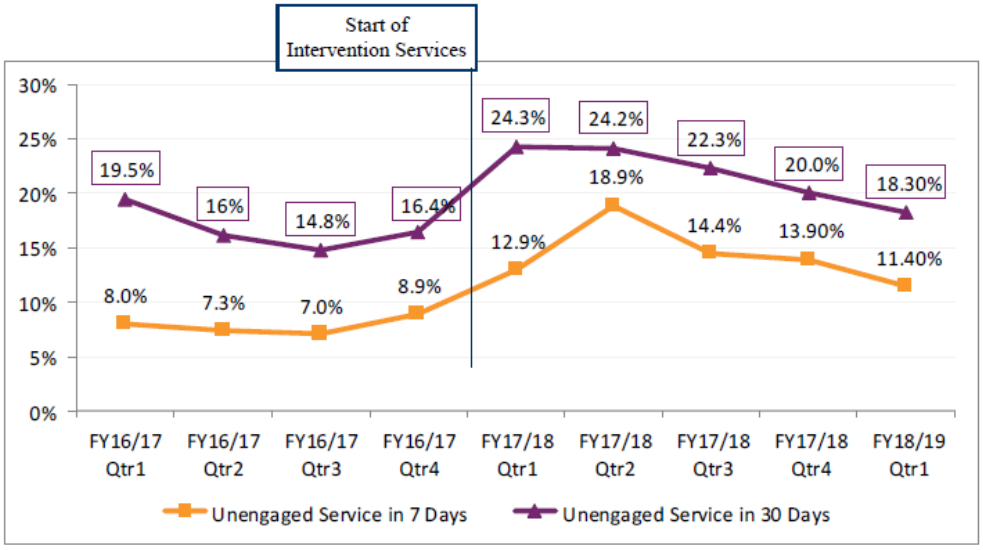
FSP Outreach/Involuntary CSU

The intervention is a post-hospital navigation center with peer-support staff and clinical staff located in the same building complex as the Inpatient Treatment Facility (ITF), the RUHS-Medical Center, Arlington Campus. The purpose of the navigation center is to assist consumers with accessing outpatient services post hospital discharge from the ITF. Peer-support staff from the navigation center utilize a variety of strategies to engage consumers prior to their hospital discharge by building rapport with consumers on the inpatient unit directly. Peers visit the unit and directly interact with the consumers while they are on the inpatient unit. These interactions on the inpatient unit can take place in groups run by the peers like Post-Crisis Wellness Action Recovery Plan (WRAP) group, or in one-on-one discussions where peers may share their experiences, inquire about interest in outpatient services, offer assistance post-discharge at the navigation center, and discuss what is available to reduce barriers such as assistance with transportation.

Post-discharge, Peers continue to engage and offer Full Service Partnership (FSP) outreach with the goal to successfully engage with the consumer and create a permanent recovery plan. This could include assistance with setting appointments and accessing a full range of health care or daily living needs, transportation to clinic appointments or to the Navigation Center to receive their first psychiatric service after discharge.

Intervention services from the Peer Navigation Center began in the first quarter of the 17/18 fiscal year (July-Sept 2017). *Figure 3* shows the percentage of unengaged consumers with follow-up services within 7 days and within 30 days, at baseline through the first quarter of FY18/19. The proportion of unengaged consumers served post-discharge has increased above the baseline of 8.9%. Initially this increase was substantial but has more recently shown some decreases due to some staffing challenges. Overall inpatient admissions to ITF did show some decreases as well in FY17/18.

Figure 3 Percentage of Unengaged Consumers with Follow-Up Services Within 7 or 30 Days



Due to the program's success, services were expanded into the Emergency Treatment Services (ETS). The RUHS Medical Center, Arlington Campus Emergency Services and the Navigation Center Services will reorganize. In a plan to better address the needs of people who have repeated visits to the psychiatric emergency room, the Navigation Center will expand FSP Outreach into a daily presence in ETS – groups and individual outreach to consumers who have otherwise been hard to engage into our system of care. They work jointly with substance use programs, housing, Transitional Age Youth programs, full service partnerships and our standard outpatient providers.

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)

Older Adults Integrated System of Care

Riverside University Health System-Behavioral Health is dedicated to supporting the programs of the Older Adult Integrated System of Care serving individuals with severe mental illness. Older Adult Integrated System of Care (OAISC) will continue to provide integrated services, which includes a Full-Service Partnership (FSP) Program, a "Bridge" FSP expansion and other supportive services. The Older Adult Integrated System of Care SMART (Specialty Multi-Disciplinary Aggressive Response Teams) Full Service Partnership programs are in three regions of the County. Each of the regional FSPs also has a "Bridge" level of care that allows for an additional 70 slots per region. The Department is committed to sustaining all other programs listed in the Older Adult Integrated work plan including Peer and Family Supports, Housing, Network of Care, and Clinic Enhancements.

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

The OAISC Work Plan includes strategies to enhance the staff available to serve older adults at regionally-based older adult clinics and through designated expansion staff located at adult clinics. Older Adult Clinics are located in Desert Hot Springs, San Jacinto, Riverside, Lake Elsinore and Temecula, and expansion staff are located at adult clinics in Perris, Banning and

Indio. Combined Older Adult clinic programs and expansion staff served 2,454 older adult consumers. The clinic Wellness program is designed to empower mature adults who are experiencing severe, persistent mental illness to access treatment and services in order to maintain the daily rhythm of their lives. The Wellness and Recovery Centers for Mature Adults provide a full menu of behavioral health services including psychiatric services, medication management, case management, individual therapy and group therapy, psycho-educational groups, peer support services and animal assisted therapy. Older Adult Clinics currently offer over 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. Peer support Specialist work hand in hand with clinicians and other staff to provide the full array of groups. 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.

The proportion of older adults served across the county is close to the county population with 20% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 24.6%. The Caucasian group served was 42% and the Black/African American group served was 10%. The Asian/Pacific Islander group served at 2.6% was less than the county population of 6% Asian/Pacific Islander.

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

The OAISC Work Plan also includes Full Service Partnership services through a multi-disciplinary team approach. Three regionally based multi-disciplinary service teams, called the Specialty Multi-Disciplinary Aggressive Response Treatment (SMART) Teams have continued to provide FSP services including: mobile outreach assessments (which incorporate health and mental health assessments), intensive case management, medication management services,

crisis assessment, crisis intervention and stabilization, rehabilitation services, linkage to community resources, and short-term treatment (6–8 visits). The SMART model encompasses mobile home-based treatment services, consultation with primary care physicians, psycho-educational services, support, and education to families, integration of substance abuse services into the treatment process and referrals to other service providers. Since many SMART consumers are homeless or at risk of being homeless, the SMART programs each have a strong housing component which utilizes the housing resources available to place older adults when possible. Some of these resources include emergency housing, placement in room and boards, Board and Cares and subsidized housing. The SMART Programs in Western and Mid County Regions have staff housed in Senior complexes to provide extra support and help with stabilization. Consumers graduate from the Older Adults SMART FSP to the Bridge program and then transition into Wellness and Recovery Services for assistance with long term treatment and recovery goals.

In FY17/18 SMART FSP teams served 129 in the Western Region, 143 served in the Mid-County Region, and 94 served in the Desert Region. The Bridges FSP step down programs in Older Adults served 20 people in the WEST region, 48 in Mid-County, and 37 in the Desert Region. 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. Overall, the effectiveness of the FSP programs resulted in a decrease in arrests, psychiatric hospitalizations, and emergency room visits.

Outcomes for the SMART FSP program consumers showed an 87% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 61%; and the number of older adults with an arrest decreased by 90%. SMART programs were successful at engaging 28% of those identified with a co-occurring substance use problem into treatment services, an additional 115 clients were identified as having a co-occurring substance use issue and 46% were engaged in substance use services. Comparisons of intake status and most recent residential status showed that the percentage of consumers living independently remained relatively stable with only a slight decrease at follow up. There was also a decrease in homelessness and emergency shelter residential settings at follow-up. The demographic profile of FSP older adults served somewhat reflects the county older adult population with a county population of 23% Hispanic/Latino older adults, 16% served in FSP. The Caucasian group represented 64% of FSP consumers, which is slightly less than the percentage found in the county general population. The Black/African American group

served was overrepresented at 11% while the Asian/Pacific Islander group served at 1% was less than the county population of 6%.

Finally, RUHS-BH is committed to sustainable and ongoing efforts to address the unmet needs of the Older Adults in the county of Riverside. The Older Adults population remains one of the fastest growing and most vulnerable populations in Riverside County, therefore we will continue to place much emphasis on expanding services and improving access throughout all regions of the County.

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 Navigation as a strategy to support and outreach to the community began implementation in FY16/17 with the Peer Navigation Line becoming available to the public. The Peer Navigation Line is a phone line where people can talk to a real person who is in their own behavioral health recovery – they have 'been there' and have had the same questions, fears, and judgments. Peer Navigation line had 1,013 phone contacts. The department is fully committed to incorporating Peers in all aspects of programming and systems of care.

Peer Support and Resource Centers also continue to be an important component of the department's peer initiatives. Recovery Innovations now operates the Peer Centers countywide referring to them as "Wellness Cities". The Peer Support and Resource Centers in FY 17/18 provided four sites, and three satellites sites that served 1,261 adults, and 184 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 operated by our contract provider (Recovery Innovations) collectively served 1,445 people. In the Western Region, Recovery Innovations provided support services to 477 adults and 86 TAY. In the Mid-county region, 339 adults and 63 TAY received services. In the Desert region, 445 adults and 35 TAY received services.

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 to 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 how to effectively engage 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 2017-18 brought many opportunities, changes, and challenges for WET programming in Riverside County. During the 2017-18 fiscal year and beyond, WET experienced major staffing changes for the first time since its inception. Despite major fluctuation 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 sustained ongoing staff support programs through leveraging resources and relationships. WET is 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

This work plan is designed to establish the basic structure and the staffing necessary to manage and implement Riverside County's WET plan. WET's 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, promotions and death has led WET to manage a series of leadership and staffing 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, training plan, and serves as the RUHS-BH designee for the Southern Counties Regional Partnership (SCRP), which is a collaborative of 10 southern county WET programs.

Those changes left the WET team with several critical positons vacant, including the positions of WET coordinator, Staff Development Officer of Education, and several additional lead staff positions. Concerted efforts were made to recruit and fill these positions over the course of several months. During fiscal year 2017/18, WET was able to fill the following positions: WET Coordinator, Behavioral Health Services Supervisor and Senior Clinical Therapist for the Lehman Center teaching clinic, Crisis Intervention Team (CIT) trainer, and one senior training position. In July 2018, WET also welcomed a new Staff Development Officer of Education.

WET-02 Training and Technical Assistance

This work plan is designed to provide the training and technical assistance needed to meet the centralized and customized training needs of Riverside County's public behavioral health workforce. Annual, global training goals include ensuring that our behavioral health workforce is prepared to serve the consumers of today and the consumers of the future.

To meet those global training goals, we focus our strategies on the following:

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

Workforce Education & Training (WET) strives to educate, innovate, empower, and transform the learning and lives of our Riverside University Health System – Department of Behavioral Health (RUHS-BH) workforce. A main purpose of our work is to provide necessary training to all staff within our service system. The training courses offered throughout the fiscal year is a testament to the evolution and growth of WET in Riverside County.

Training audiences included Department employees, employees of 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

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities. Riverside County WET continued to support and develop the use of a wide range of evidenced-based, advanced treatment practices to best serve the consumers in our communities. Prominent evidenced-based practices include Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Illness Management and Recovery, Cognitive Behavioral Therapy, Motivational Interviewing, Family Based Therapy, Parent-Child Interaction Therapy, Incredible Years, and Multidimensional Family Treatment to name just some. A few examples of new trainings offered included the culturally focused *Working with American Indians* training series and *Understanding Grief and Loss.*

As a training and education team, be made concerted efforts to create strong, introductory trainings for newly hired employees- with a focus on orienting them to MHSA's essential elements in addition to other pragmatic orientation material. During this fiscal year, the department phased-out the existing, one-day new employee orientation and replaced it with a multi-day, comprehensive training and orientation series for newly hired employees. This training series, titled New Employee Welcoming (NEW), included a range of relevant information from orientating staff to important recovery concepts, reviewing procedures, to establishing

basic consumer care skills and documentation standards. NEW has been positively received and evaluated by a wide department audience. During this transitional year, 110 employees attended the old orientation and 69 staff members attended NEW. Since it's inception, the number of staff who have attended NEW has significantly increased and now includes returning staff who need additional coaching and training to improve performance.

WET continues to organize and develop RUHS-BH Eating Disorder Practitioners. Fifty-four new staff were trained in two widely accepted evidence-based practice models conducive to treating Eating Disorders: Family Based Therapy and Dialectical Behavior Therapy. Through these training efforts, our department continued to develop and sustain multi-disciplinary teams to treat consumers diagnosed with an eating disorder throughout the County. These multi-disciplinary teams allowed RUHS-BH to provide an ecosystem of support and treatment to better serve our consumers and their families. To ensure continued education, best practice interventions and collaboration, eighty-four of our specialty practitioners attended bi-monthly Eating Disorder Practitioner Consultation meetings with a subject matter expert. We also identified Dialectical Behavior Therapy (DBT) as an effective treatment practice for staff working with an adult consumer diagnosed with an eating disorder. DBT is a cognitive behavioral treatment that was originally developed to treat chronically suicidal individuals, but 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. As a result, WET coordinated the training and development of 73 additional practitioners in Dialectical Behavior Therapy (DBT), growing our department-wide DBT specialty cohort to over 160 practitioners!

Years ago, WET developed a comprehensive Behavioral Health Specialist Training Series, designed to provide foundational and advanced training for case managers and peers in our service system. This training series included content specific to ethical and legal behaviors, understanding the DSM-5 as a tool, communication and treatment, risk and more. Over the course of the fiscal year, over 115 employees and staff of our partner agencies have attended courses within this training series. Using regional best practice standards recently released to local behavioral health departments, our agency will begin the process of realigning this established curriculum with the new competencies and standards of practice. We anticipate a newly revised training curriculum by fall of 2019.

Safety of consumers and staff remains a focus for this department. To this end, WET has led the Non-Violent Crisis Intervention (NCI) Training program and team since its inception over 11 years ago. NCI is an international, evidenced-based practice that provides practical skills and applications for the de-escalation and management of a variety of crises. To strengthen our efforts and ensure that all staff were equipped with these tools, the WET team worked closely with department administration to restructure the program and to make this important training mandatory for all staff in the department. Direct service staff attend a two-day NCI course that teaches verbal de-escalation techniques and physical interventions to protect oneself and to serve as holding techniques in the rare event of a physical attack. Indirect service staff attend a one-day NCI course that teaches the verbal de-escalation techniques and physical interventions to keep oneself safe. As a mandatory training and competency, all RUHS-BH staff are expected to provide support to clients and/or staff who may be experiencing a crisis and/or presenting with escalating or risky behavior. Three-hundred-seventy-six employees attended NCI during this fiscal year, which keeps us on track to reach our goal of training the entire department within three years of this restructured program. In collaboration with members of the RUHS-BH Crisis Disaster Committee, our Staff Development Officer of Training conducts quarterly Regional Safety Officer Meetings. During this meeting, NCI refreshers are taught to Safety Officers who, in turn, provide these refreshers to their clinic staff. These meetings continue to cultivate the department's message of securing the culture of safety.

Another proud accomplishment includes being able to offer Pets Assisting in Recovery (PAIR) training after a period of time where we were not able to. PAIR, or animal assisted therapy, is an intervention strategy that incorporates animals, such as horses or dogs, into the treatment plan with the goal to improve a consumer's social, emotional, or cognitive functioning. We proudly trained sixty-nine staff on how to effectively utilize pets in treatment.

To continue to grow and evolve our advanced training offerings, exciting new partnerships were formed to leverage other County departments as subject matter experts, resources, and training facilitators. As such, the County of Riverside Employee Assistance Program instructed a Grief & Loss training for our workforce. Going forward, WET will continue to build relationships with other County departments and community members with the intention of bringing value- added trainings to our workforce and adding to our already colorful training portfolio.

Not only is WET concerned with the development of our workforce, we are equally involved with building the knowledge and competency of our extended workforce family- our agency partners. To ensure that our agency partners are able to benefit from relevant department trainings, WET constructed a streamlined communication and registration process to improve access. The new training registration process is efficient, simple and collaborative. WET will continue to expand our resources to ensure all consumers receive the best services from any County of Riverside agency. To aid the department in retention and skill development of our workforce, both internally and externally, we offered over 365 continuing education credits for licensed or certificated staff including psychologists, clinicians, substance abuse counselors, and registered nurses. We were also able to meet critical governing boards' license renewal requirements by coordinating Law & Ethics and Clinical Supervision workshops. One hundred seventy one and 102 staff members attended these workshops, respectively.

Finally, Riverside County's WET team continues to successfully manage the Rustin Conference Center, a central training and meeting space for Riverside County's behavioral health workforce. The Rustin Conference Center housed over 19,000 staff for trainings and meeting during this fiscal year – over a 30% increase from the previous year! Riverside County is a large, geographically diverse county. To increase access and meet the training needs of our staff located throughout the County, WET also hosted and supported related trainings at alternate locations. The Conference Center serves as a meeting space to support multiple collaborative initiative and efforts occurring throughout our communities.

As a training and education team that supports a workforce of over 1,700 employees and a few hundred partner agency staff, we recognize the necessity of envisioning and restructuring how we offer staff training and development. 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. Key software and equipment has been identified and plans to obtain these tools are underway.

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 WET Coordinator and the Cultural Competency Coordinator meet regularly 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.

An exciting development for our department-wide cultural competency efforts was achieved via the Southern Counties Regional Partnership. Through this state collaborative, Riverside County WET and Cultural Competency teams were able to work with a university researcher and cultural competency subject matter expert to design and execute an assessment of our department's current level of cultural sensitivity and responsiveness. This assessment tool, and the subsequent results, will highlight areas of strength and areas of needed attention related to cultural training and workforce development. Work on the development of this assessment tool was completed during fiscal year 17/18. This cultural competency assessment was administered department wide in November of 2018, with preliminary results indicating several areas of strength and a few areas of needed growth.

C. Professional Development for Clinical and Administrative Supervisors

Understanding that administrative 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 is not an easy job and they require additional support and tools to help reinforce their achievements.

Using data gained from a 2016 needs assessment with our department supervisors, in addition to updated and ongoing consultation with supervisor leadership in the department, WET developed a comprehensive administrative supervisor training plan. There are 5 major components to this training plan including: orientation, training, a handbook, mentorship and resources. In an effort to make products available as quickly as possible, WET worked with supervisor leadership to prioritize these 5 components, which led to identifying training and resources as a priority, followed by the orientation, mentorship and the handbook components. A deeper evaluation of the training needs of administrative supervisors revealed training needs themed around 3 core topics: business practices, personnel management, and program development. During fiscal year 17/18, training content, subject matter experts and strategies were identified. Resources for supervisors, like the utilization of SharePoint software to house digital material and discussion boards, were developed and shared. Trainings for supervisors are scheduled to begin February 2019 and will be offered on a monthly basis, both in-classroom and via webinar formats. Digital archives of trainings will be stored and shared with supervisors for easy access.

As with our administrative supervisors, our clinical supervisors are also faced with complicated circumstances. As a public service agency, we often hire high numbers of pre-licensed staff whom must receive weekly, legally and ethically required clinical supervision. Often times, these pre-licensed staff require supervision for 1½ to 6 years! So, providing clinical supervision is both a necessity and a burden, especially when considering that there is little training or support to fulfil this role in our agency. Understanding that ubiquitous responsibility, WET worked closely with two nationally acclaimed clinical supervision experts to develop a training plan for clinical supervisors in public behavioral health. The premise of their training plan is rooted in hard-science which confirms that one is likely to have to serve in the role of clinical supervisor at some point in their career, that clinical supervisors are often ill-prepared to serve in this role, and that clinical supervision is a competency that must be systematically developed and maintained. This is most commonly known as the Competency Based Model of Clinical Supervision.

WET worked with these clinical supervision experts to develop a training plan, which included foundational and advanced training for new and experienced clinical supervisors, a strong focus on skill development and mentorship, along with a Train-the-Trainer element to address sustainability. Once the plan was development, it was presented as a proposal to the Southern Counties Regional Partnership. In September 2018, the proposal was presented, accepted and funded by the partnership, further lending credibility to this pervasive workforce development deficit. As a result, all 10 southern counties belonging to this partnership will benefit from this training plan and offerings. Initial training plan deliverables are scheduled to begin March 2019.

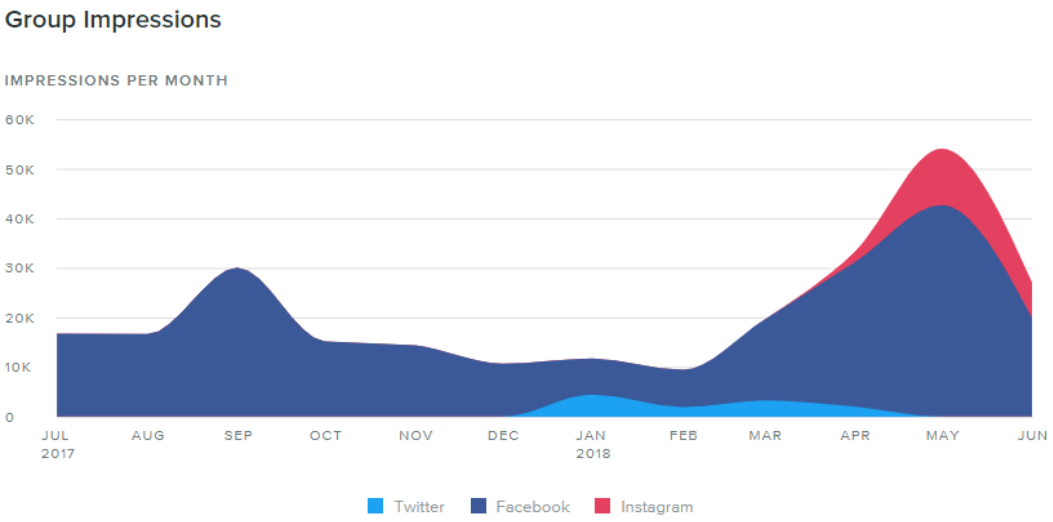
D. Community Resource Education (CRE)

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.

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 are 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, 2018, we have seen 258,551 impressions across all of our social media applications for as compared to 161,823 impressions across all of our social media applications the prior fiscal year, showing a household reach increase of 59.8% versus the prior fiscal year. Impressions are the number of times a post from our page is displayed on a feed. Facebook, in particular, has grown to almost 800 "fans," a 51.7% increase over the prior year. The community has viewed our videos over 16,000 times to date. Resource content posted on our feeds (measured as "Engagements") has been "liked," "shared" or commented on over 7,885 times as compared to 3,678, showing a 137.6% increase over the prior year.

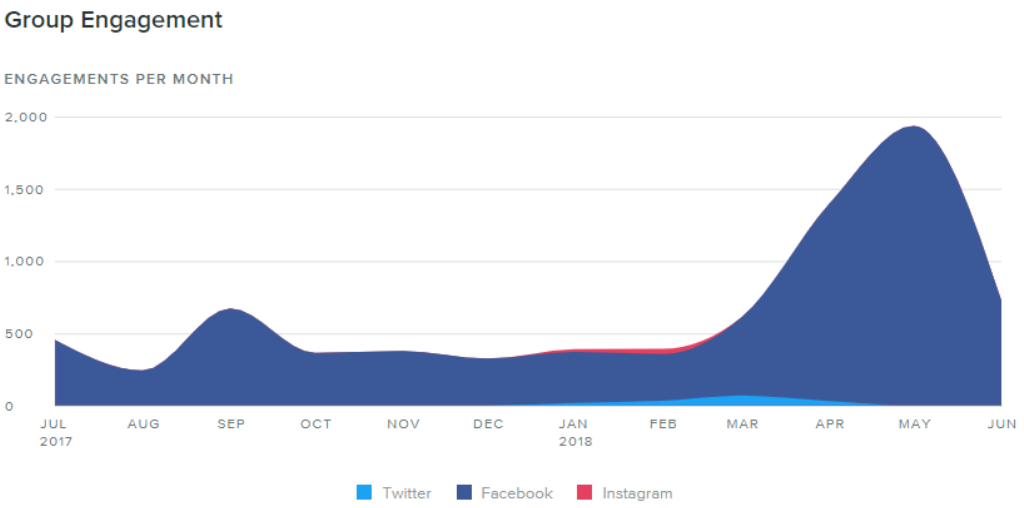


Impressions Metrics	Totals	% Change
Twitter Impressions	11,625	439.2%
Facebook Impressions	226,332	41.8%
Instagram Impressions	20,594	100%
Total Impressions	**258,551**	**59.8%**

Total Impressions increased by

59.8%

since previous date range



Engagement Metrics	Totals	% Change
Twitter Engagements	150	1,150%
Facebook Engagements	7,681	132.5%
Instagram Engagements	54	2,600%
Total Engagements	**7,885**	**137.6%**

The number of engagements increased by

137.6%

since previous date range

This year also saw the launch of our Snapchat account as part of our second phase in social media. What makes Snapchat different from other social media applications, such as Instagram or Facebook, is that Snapchat is incredibly popular with young people- especially transitional aged youth, a targeted underserved population for our agency. Snapchat performs better than other social media applications for this particular group. We used Snapchat with four events in 2018 and recorded over 21,000 views. As our social media presence, content, and discussions grow, we expect it to reach even more consumers and family members in the future.

Snapchat Event	Swipes	Uses	Views
Dare to be Aware Suicide Awareness Conference	414	150	11,622
May is Mental Health Month Wellness Fair - Mid County	132	93	2,933
May is Mental Health Month Wellness Fair - Western Region	40	31	814
Directing Change: Suicide Prevention	390	125	6,588
Total	**976**	**399**	**21,957**

To address resource access issues, 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 313 users taking advantage of over 1,000 collected resources, almost double the users and resources from the prior fiscal year.

This year also marked the completion of the first of four phases to 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. Recognition has been tied to increased staff satisfaction and higher retention rates. These activities focused on creating and maintaining 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 Appreciation Month, a ritualized formal recognition process coined "Nurturing Hope", and the further development of a Department Historian.

During this fiscal year, priority phases of the Employee Recognition Program were developed and launched. The first phase of this program began in February 2018. The formal recognition process launched with a web portal that allows staff throughout the department to give recognition to another employee. That recognition is then shared with the employee's direct manager or supervisor. Each quarter, a recognition committee, comprised of various staff members and leadership, come together to review each submission and select winners based on seven defined guidelines. Selected winners are celebrated throughout the year with various ceremonial acknowledgments. Since the inauguration of the first phase, we have seen over 400 submissions of employees recognizing staff!

As we move into 2019, we will begin moving forward with two additional phases of the Employee Recognition Program: The community compliment and Nurturing Hope phases. The Community Compliment portal will provide an opportunity for community members to express positive feedback about the Department and its employees. The Nurturing Hope item will provide supervisors with recognition training, toolkits and other materials regarding best practices and ritualized activities that can be used regularly in clinics to help engrain recognition as a part of our day-to-day work.

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

RUHS-BH collaborates with local law enforcement (LE) agencies to enhance officer training when working with someone who is experiencing mental health crisis. Our agency has also collaborated with first responders and other community-facing agencies to provide similar training and support. To support these county-wide, multi-agency efforts, a committee of Behavioral Health and 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.

After a change in personnel and direction several years ago, leadership of this collaborative and its initiatives was given to the WET team. To meet the primary goals and objectives of this collaborative, WET joined with law enforcement to provide Crisis Intervention Training (CIT), a mental health awareness and de-escalation course certified by the Commission on Peace Officer Standards and Training (POST) and the Board of State and Community Corrections (BSCC).

Due to the success and need, what was once a training has now developed into a program: the Crisis Intervention Training Program, which added an additional trainer to support the multiple requests from those who may utilize law enforcement as a resource or intervention.
The RUHS-BH CIT Program consists of 2 full time trainers, and guest speakers from our department's Parent Partner, Family Advocate, Consumer Affairs, Housing, Transitional Age Youth, and Crisis Response Programs. Our professional trainers present core content of the CIT curriculum to attendees, while the guest speakers share their "lived experiences" or provide critical information on program services and resources that are available. The guest speakers invite questions and suggestions from attendees regarding how to educate the community, consumers, and families about law enforcement intervention. This mutual learning is then

reciprocated as the guest speakers offer input and feedback to law enforcement about approaches and resources to connect community members to mental health services. Through these carefully constructed collaborations, CIT has also gained the support, trust and commitment from our Veterans Affairs and Veterans Center Programs who routinely present at CIT workshops and provide resources available for officers when encountering a veteran within the community.

Together, the CIT training team reinforces and models the importance of collaboration and offers education and awareness while reducing stigma. The primary focus and goal of the CIT program is to educate all law enforcement personnel, and interrelated agencies and employees, about behavioral health, crisis intervention, collaboration, resources, safety, self-care, and recovery.

This year's primary trainings, briefings, and in-services included:

- 17 RSO Sworn and Corrections 2-Day CIT courses
- 1 Riverside Police Department 3-Day CIT course
- 7 RSO Annual Jail 4-hour Trainings
- 4 RSO Corrections Core and Supplemental Academies
- 1 RSO Inmate Classification Course
- 3 modified CIT workshops for Department of Social Services, Child Support Services Division
- 2 customized trainings for the RSO Chaplain Academy (PTSD, CISM, Self-Care)
- 1 5150 training for Morongo Police
- 2 NCTI Paramedics Academy CIT courses
- 2 Riverside Transit Authority CIT courses for supervisors
- 3 In-Service trainings for Forensic Behavioral Health Staff
- 1 Blythe Police Department 8-hour CIT course

Over the course of the fiscal year, our CIT Program also accomplished additional successes and provided many additional presentations. Some highlights include our attendance at the State CIT and NAMI Conferences, supporting Dispatchers Achieving Relief Together (DART) events for local dispatchers, obtaining the Academy Instructor Certification, which establishes instructor training and certification requirements for law enforcement academies, in addition to being invited to present to our county Grand Jury and participate in partner agency functions.

Moving forward, our CIT Program has plans to expand, improve and evolve its initiatives to meet the growing and changing needs of our community. Some initial items that are underway include the development of advanced CIT courses, connecting and collaborating with more private police departments and first responders in our county, strengthening the collaborative committee itself, expanding outreach to non-LE community partners, and offer trainings for community organizations to help them understand how to best engage and work with law enforcement. Finally, we are proud to share that in January 2019, our lead CIT clinician became a Certified CIT Coordinator bringing our Riverside County CIT Program to a new level of national recognition and credibility.

WET-03 Mental Health Career Pathways

This work plan is designed to provide community members with the information and supports necessary to identify educational or professional career pathways into the public behavioral health service system. These actions/strategies help create accessible career pipelines aimed at expanding and diversifying our workforce in ways that better meet our communities' needs. Actions/strategies within this work plan 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 the Consumer Affairs update in this report for more information on those programs.

WET recently supported the coordination of additional Mental Health First Aid and SafeTALK Train-the-Trainer models for the Department's Parent Partners, Family Advocates, and Consumer Peers. These efforts have led to additional peer staff who are able to provide Mental Health First Aid and SafeTALK 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 tracked State Assembly Bill 906. This bill would have required 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 added peer support services as a Medi-Cal service. This bill was passed and then was subsequently vetoed by then Governor Jerry Brown. With a new Governor in office, this Department has renewed its efforts to advocate for the signing of this bill.

B. Clinical Licensure Advancement Support (CLAS) Program

The Clinical Licensure Advancement and Support (CLAS) Program was designed to support the Department's journey level clinical therapist in their professional development and preparation for state licensing. Associate therapists that were within 1,000 hours or less from being eligible to take the state licensing examination were invited to join the CLAS Program. Participants received one on-line practice test material, a one-hour weekly study group, and customized workshops on critical areas of skill development.

There are two primary reasons that WET wanted to focus specific resources and attention on this part of our workforce. First, this strategy promotes retention of a critical component of our workforce. Nearly 50% of our clinical workforce is comprised of pre-licensed clinical therapists and these employees must complete the licensing process within a certain amount of time in order to remain employed with the agency. This program is also highly desired and well-received by the workforce, which means helping to increase retention through increased employee satisfaction and loyalty. Second, this program helps us diversify our workforce and helps to increase competency of our clinicians. Our CLAS Program cohort is increasingly diverse and WET has the opportunity to introduce rigorous training, education and mentorship to support their professional development and competency development. To date, the program has served 220 employees; 137 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 Program cohort. Though we will continue to explore greater retention strategies, CLAS Program 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:

- Aligning program resources with other department retention activities to optimize impact.
- Offer more flexible, frequent and easily accessible learning opportunities for participants.
- Updating program materials, with a specific focus on redesigning the program application to better capture important demographic data about participants.
- Adding two additional customized workshops for participants on important topics like law and ethics.
- Improve methods for collecting and assessing pertinent program data and better tracking of participants through their careers with department.
- Strengthen mentorship activities by increasing contact with participants in study groups.
- Design effective ways to assess and support individual participants who demonstrate difficulties with completing the licensing process.

C. Mental Health Career Outreach and Education

This action item includes different strategies designed to promote careers in behavioral health, to help support local career pipeline efforts, to provide accurate information related to mental health and to, in general, reduce stigma wherever we can in the communities we serve. Our mental health career outreach strategies have mostly targeted local high school and community college students. Since Volunteer Services Coordination (VSC) was assigned to WET management in 2010, volunteer opportunities have expanded to include career pathways development. Our VSC has taken the lead on outreach and education efforts to date.

Throughout the year, WET delivered 15 presentations to 6 different high schools within 3 school districts throughout Riverside County. Students included Sophomores, Juniors, and Seniors who were members of their school's Health Academy and HOSA-Future Health Professionals organizations. Topics presented on included Careers in Behavioral Health, Teen Dating Violence, Depression & Anxiety, and Bullying. Over the course of these 15 presentations, WET was able to connect with 805 high school students from school districts with high minority populations.

To achieve outreach and expand our connection with the community, WET approached outreach from several creative angles. WET participated in the 3 high school steering committees to represent the industry of behavioral health, promote volunteerism, challenge stigma, and seek collaborative opportunities to support local students in their career development. We also participated in 2 high school career fairs, participated in mock interviews and helped to plan and execute multiple community events and conferences. WET supported

our department's annual youth conference named Dare to Be Aware, where 800 middle & high school students participated in workshops on various behavioral health topics and social issues. We also collaborated to offer our 3rd annual Get Psyched Symposium, where 85 high school students participated in a day-long conference focused on educating and inspiring students about careers in public behavioral health. Finally, we co-sponsored and presented on behavioral health careers at the annual Inland Empire Health Professions Conference, where over 500 middle and high school students learned about various careers in the medical field.

As we look toward the future and continue our outreach efforts, we plan to develop more opportunities for volunteering in our service system, build more partnerships with community colleges, offer more externship and mentorship options, increase our presence on local advisory committees and customize our trainings to reach greater minority populations. We will also refine our focus by bringing the best evidenced-based practices to these communities. Recently, our VSC was trained in two best-practices: Mental Health First Aid and SafeTALK. Both curriculums are best practices to educate community about mental health and suicide prevention. We will begin offering these curriculums in 2019. To help achieve our aspiring goals, we have filled a vacant position by hiring a licensed mental health clinician who will take the lead on many of these efforts.

WET-04 Residency and Internship

This work plan is designed to create opportunities for new professionals in our communities to learn and train with local public behavioral health. Well-structured and organized residency and internship programs also serve as effective recruitment and retention strategies. 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 and Traineeship (GIFT) Program

B) Psychiatric Residency Program Support

C) The Lehman Center Teaching Clinic (TLC).

A. Graduate Intern, Field and Traineeship (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 2017/18, GIFT had 145 applications for placement and coordinated internships for 46 students from 11 schools. Twenty-two 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. During this timeframe, WET was able to add a part-time field instructor to support student supervision in the desert region. Due to local regulations, however, the field instructor's assignment was ended abruptly at the end of the fiscal year. 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 Program 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.

GIFT Program 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.
- 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 has historically advocated for the 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. The GIFT Program 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%

2018	31	13	Approximately 39%

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 and financially supported by WET funding. Though WET does not directly manage this program, our team provides a range of professional supports to the Residency Program in an effort to improve 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 or more residents each year. A distinctive feature of the training program is the integrated neuroscience research curriculum in collaboration with UCR faculty, where these future psychiatrists learn about advanced technologies. The Residency Program currently has 22 residents in the program, 3 of which are in the fellowship program.

C. The Lehman Center Teaching Clinic (TLC)

The Lehman Center (TLC) is a teaching clinic staffed by highly qualified licensed professionals who teach and supervise student practitioners who are training to serve in our system of care. 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 2017/18 academic year, TLC trained 16 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 Community Advocacy for Gender and Sexuality Issues (CAGSI) LGBTQ Task Force to create off-site services at community identified safe places. Student interns provided psychoeducational and support services at these groups, gaining unique training and experience in serving the LGBTQ and underserved communities. Though the youth group remains active and well-attended, the adult group has closed due to low attendance and utilization.

WET-05 Financial Incentives for Workforce Development

This work plan is designed to offer financial and academic incentives to support workforce development efforts. 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 for 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 geographical 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 programs.

The program parameters were revised in 2013, 2016 and again in 2019 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 2018, 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 three years, our Department has seen a significant increase in employee interest and application to this program. Since its inception in 2013, there have been 65 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 MHSA workforce retention strategy for the public mental health service system. Both Department employees and service contractors were eligible to apply. Managed Care contracts were excluded. This program was administered through the Health Professions Education Foundation. Each county designated hard-to-fill or retain positions that qualified for eligibility. It was an annual, competitive application process. Selected applicants could 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 could be selected up to six times.

Each county could specify the eligible, hard-to-fill or retain job classifications that are unique to their own workforce needs – including non-clinical positions. Riverside 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 were awarded additional scoring points if they spoke a language necessary to serve the consumers of that county or if they share a demographic with an underserved population.

WET had 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 continued to offer application assistance to any MHLAP applicant from Riverside County. As a part of the advisory committee came the responsibility to also score other counties' MHLAP applications – up to 150 applications per cycle. WET fulfilled this responsibility each year.

WET's promotion of the MHLAP significantly increased the number of applicants and the number of awards for Riverside's public mental health employees. During the August 2017 cycle, over $550,000 were 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
2017	136	123	82	$561,128

Funding for the MHLAP ended in fiscal year 17/18. Though this program was wildly popular and one of the most successful recruitment and retention strategies offered through MHSA, the State has not committed ongoing funding for this project.

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. This year, the NHSC expanded loan repayment programs to include master-level, licensed or certified substance use practitioners. We worked with our NHSC representative to register 5 additional eligible sites. RUHS-BH currently has 18 employees participating in this program. Ten additional employees are in the process of applying for NHSC loan repayment programs now.

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. Throughout the fiscal year 17/18, RUHS-BH sought 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. Our agency understands that 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 for an increase in the number of clinics and staff that are eligible for NHSC loan repayment programs. Our Department is continuing its efforts to collaborate with partner agencies and is currently seeking recertification of existing sites. In late 2018, the NHCS expanded it's programming to include Substance Use Counselors. As the NHSC expands it's programming to include additional disciplines, our department will continue to support and connect eligible staff to these critical resources.

Veteran Services Liaison

The VSL continues to work tirelessly to address the eight specific goals found the VSL Plans and Actions; the foundational document identifying how the VSL would concentrate efforts. Moreover, the VSL has fostered an effective cooperative relationship with the VA Ambulatory Care Center's Veterans Community Outreach Team (VCOT) to reduce veteran suicide throughout Riverside County and improve veteran access to mental health care. The collaboration proved so effective, the VSL was invited to attend and provide a presentation on the collaborative efforts at the annual National VA Veteran Suicide Awareness Summit in Orlando Florida.

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.

Progress:

- The VSL was selected and serves as Co-Chair to the VA's VCOT Committee
- The VSL is now a member of San Bernardino's DBH's Veteran Awareness Sub-Committee to partner on regional access issues.
- The VSL continues to be an active member of Riverside BHC's Veteran Committee

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 continues to act as the point person in establishing Tri-West Providers throughout Riverside County

- The VSL was a member of the Clay Hunt 5K Committee and participated in organizing this event aimed at improving awareness of Veteran Suicide and services available
- The VSL participated in the VA Welcome Home Resource Event in Corona, CA
- The VSL has directly served a total of 22 veterans by providing clinical therapeutic services

<u>Action #3</u> – 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 a VA Senior Peer Support Specialist (Airforce Veterans) and a GIFT Intern (Marine Corps Veteran) in developing a training to improve the cultural competency of RUHS-BH staff

<u>Action #4</u> – 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 was able to secure a Navy Combat Photographer Veteran as a VSL volunteer. This volunteer will concentrate her efforts on female veterans in need of mental health services and case management

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 continues to collaborate 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 taught the first NAMI Homefront Educational Course to be held in Riverside County and San Bernardino County. From this class, the VSL established two future NAMI Homefront Teachers. This NAMI Signature course seeks to educate and support families of veterans of the mental health challenges specific to veterans
- The VSL attended Veteran Resource Fairs at MSJC Menifee and San Jacinto campuses

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 utilized the new VSL volunteer and one student intern (Marine Veteran) 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 continues to collaborate and build cooperative relationships with the Public Defender Office, Mental Health Court and Veteran Court.

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 though 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 2018/2019.

Training Conducted During FY18/19

2018 TRAININGS

DATE	TRAINING
7/19	Support Staff Training Series: Law, Ethics & Boundaries
7/25	Non-Violent Crisis Intervention Certification
8/24	Non-Violent Crisis Intervention Certification
9/12-9/13	Non-Violent Crisis Intervention Certification for Children Programs
9/19	Law & Ethics
9/25-26	Clinical Supervision
9/27-9/28	Dialectical Behavior Therapy Training
10/3	Behavioral Health Specialist Training Series: Legal & Ethical Issues In

	Behavioral Health
10/5	Pets Assisting in Recovery (PAIR) Training
10/10	I Love My Job But…
10/17	I Love My Job But…(Supervisors) (not available COR)
10/17	Non-Violent Crisis Intervention (NCI) Certification
10/26	Working With American Indians: A Beginning to Native Storytelling as Wellness
10/31	Behavioral Health Specialist Training Series: Communication & Counseling
11/9	Non-violent Crisis Intervention (NCI) Certification
11/15	Trauma Focused- Cognitive Behavioral Therapy (Initial Supervisors)
11/15	Trauma Focused- Cognitive Behavioral Therapy (Booster Supervisors)
11/15	Treatment Level of Care (Continuum of Care)
11/16	Behavioral Health Specialist Training Series: Understanding the DSM
12/6	Non-violent Crisis Intervention (NCI) Certification
12/7	Behavioral Health New Employee Orientation (NEO)
12/13	Dialectical Behavior Therapy for Eating Disorders
12/14	Behavioral Health Specialist Training Series: Mental Health Risk Training
12/14	Family Based Therapy for Eating Disorders
11/13, 11/14	Trauma Focused- Cognitive Behavioral Therapy (Initial Training)

2019 TRAININGS

DATE	TRAINING
1/9	Non-Violent Crisis Intervention (NCI) Certification for Administrative Staff
1/16	Behavioral Health Specialist Training Series: Ethical Decision Making

	and the Law in Behavioral Health Practice
2/21	Behavioral Health Specialist Training Series: Communication & Counseling
3/1	Behavioral Health New Employee Orientation
3/15	Working With American Indians: A Beginning to Theatre as a Healing Modality
3/20	Non-Violent Crisis Intervention (NCI) Certification for Administrative Staff
3/21	Behavioral Health Specialist Training Series: Understanding the DSM
1/17, 1/18	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
1/23, 1/24	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
2/14, 2/15	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
2/27, 2/28	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
2/28, 3/1	Dialectical Behavior Therapy
3/13, 3/14	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
3/28, 3/29	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
4/24	Foundational Skills & Best Practices in Clinical Supervision
4/25	Foundational Skills & Best Practices in Clinical Supervision
4/26	Behavioral Health Specialist Training Series: Ethical Decision Making and the Law in Behavioral Health Practice
5/3	I Love My Job, But...
5/9	Understanding Grief & Loss
5/10	Law & Ethics: Cultural Competence (Working with Minors) and Social Media, Suicide, and Substance Abuse
5/15	Support Staff Training Series: Customer Service
4/17, 4/18	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
4/25, 4/26	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff

5/16, 5/17	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
5/22, 5/23	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
6/13, 6/14	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
6/26, 6/27	Non-Violent Crisis Intervention (NCI) Certification for Direct-Service Staff
5/9	Trauma Focused- Cognitive Behavioral Therapy Booster
5/10	Trauma Focused- Cognitive Behavioral Therapy - Trauma Narrative Reconstructive
5/31	Cultural Competent Services for Asian American & Pacific Islanders

Prevention and Early Intervention (PEI)

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

- Cultural Competency Outreach and Engagement Activities
- Ethnic and Cultural Leaders in a Collaborative Effort
- Filipino American Mental Health Resource Center
- Toll Free 24/7 "HELPLINE"
- Network of Care
- Peer Navigation Line
- "Dare to Be Aware" Youth Conference
- Contact for Change
- Up2Riverside Media Campaign
- Promotores de Salud Mental y Bienestar
- Community Mental Health Promotion Program
- Suicide Prevention Activities
- Integrated Outreach and Screening
- Call to Care*

PEI-02 Parent Education and Support

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

PEI-03 Early Intervention for Families in Schools

- Peace 4 Kids Program

PEI-04 Transition Age Youth (TAY) Project

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

PEI-05 First Onset for Older Adults

- Cognitive-Behavioral Therapy for Late-Life Depression
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- Care Pathways - 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 Behavioral Therapy (TF-CBT)
- Trauma-Informed Systems

PEI-07 – Underserved Cultural Populations

- Hispanic/Latinx
  - Mamás y Bebés (Mothers and Babies)
- African American
  - Building Resilience in African American Families (BRAAF) – Boys Program; Girls Program
    - Africentric Youth and Family Rites of Passage Program (RoP)
    - Guiding Good Choices (GGC)
    - Cognitive-Behavioral Therapy (CBT)
- Native American project
- 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 2019/20 PEI plan.

In fiscal year 17/18 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 FY17/18 there were 76 training days with 2,242 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. 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.

Who We Serve – Prevention and Early Intervention

In FY17/18 29,710 Riverside County residents were engaged by Prevention and Early Intervention outreach and service programs. Of those, 2,662 individuals and families participated in PEI programs (excluding outreach). The following details the demographics of the participants.

Table 1

Race/Ethnicity	PEI Participants (n=2,692)	County Census (n=2,361,026)
Caucasian	17%	37%
Hispanic/Latino	52%	48%
Black/African American	12%	6%
Asian/Pacific Islander	2%	6%
Native American	2%	0.4%
Multi-Racial	3%	3%
Other/Unknown	13%	0.1%

Figure 1

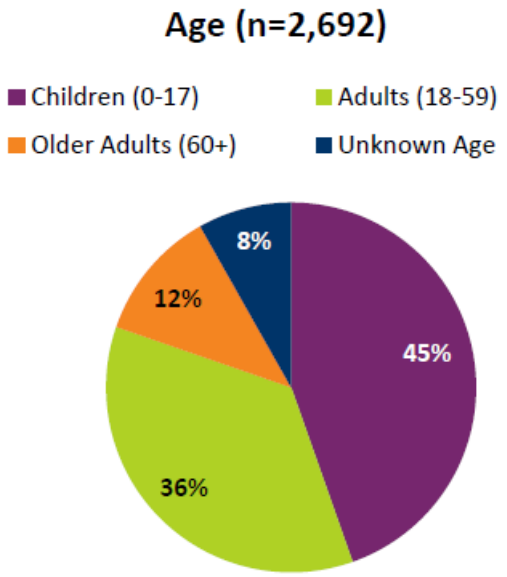
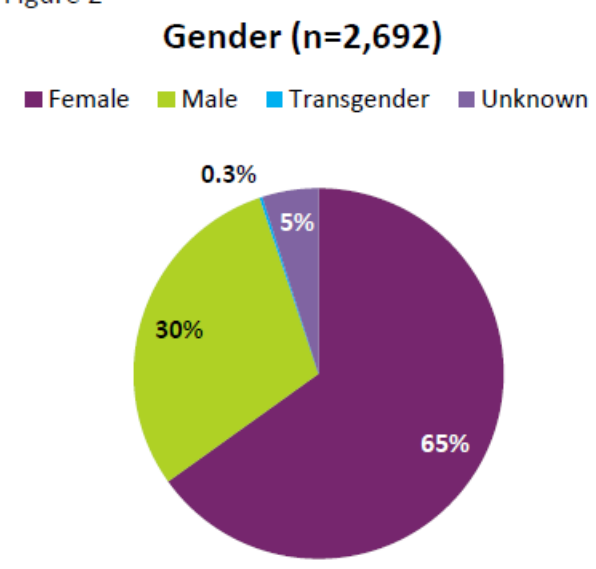


Figure 2



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.

Cultural Competency Outreach and Engagement Activities: During FY17/18, the Outreach and Engagement Coordinators provide community outreach and engagement activities targeting underserved cultural populations and reached 2,667 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; 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. This year PEI will add an additional Cultural Leader specific for faith based communities. The Call to Care program (described in more detail in a later section) was discontinued as the provider chose not to renew their contract. Call to Care is a proprietary program of Catholic Charities. As a result, a new approach is necessary to address this population. A cultural leader will be identified who can specifically address the needs of faith based communities, build relationships and partnerships with faith based communities and develop and co-chair a taskforce focused on this group. In addition, strategic outreach of the Mental Health First Aid training to faith based communities will support mental health stigma reduction, awareness of mental health needs, and increase help seeking behavior. The cultural leader will assist in developing strategies to accomplish this.

Advisory Groups:

Cultural Competency Reducing Disparities (CCRD) Advisory Committee

The Cultural Competency Reducing Disparities Advisory Committee's mission is to identify historically unserved and underserved communities in Riverside County. This objective is determined by working with the Research and Evaluation Unit overseen by Dr. Ryan Quist. County-level penetration rates are used to identify, assess and analyze available sources of data that can be utilized to identify underserved communities. Riverside County service level utilization data is used to determine who is served as well as where service gaps exist.

Dr. Ryan Quist and Research Team members Brandon Jacobs and Suzanna Juarez Williamson share demographic information with the CCRD Committee. The "Who We Serve – Consumer Population Profile" and "Service Disparities: Unmet Need, Penetration, and Service Trends" reports are presented to the committee at least twice a year. The stakeholders use this information to help guide Outreach and Engagement strategies that work well in underserved communities. During this review period, our stakeholders made various inquiries regarding the LGBTQ community and the Deaf and Hard of Hearing community. Mr. Brandon Jacobs provided more information on these populations and what measures may be considered in the future.

CCRD actively works toward building partnerships, which unify diverse communities. The overarching goal is to be inclusive, open and responsive to community needs. Common ground promotes active engagement and community participation. CCRD includes representatives from diverse groups, including the deaf and hard of hearing and blind or visually impaired communities. CCRD also provides feedback to the MHSA Administrator, PEI Manager and Workforce Training Manager.

In 2017, CCRD members served as focus group participants for planning the Statewide Cultural Competency Summit hosted by RUHS-BH, Cultural Competency Program. The members identified conference topic areas of interest. A robust discussion followed a smaller focus group process, which served to prioritize content for the Cultural Competency Planning Committee. The group was instrumental in identifying cultural considerations for the diverse communities served throughout California. Projected attendance was 300 cultural competency managers, behavioral health directors, MHSA, WET, and PEI staff, clinicians, peer specialists, family advocates and other allied health professionals.

CCRD also partners with the WET Program to promote workforce training by identifying cultural considerations. This collaboration included the planning of an Agency Cultural Competency Assessment as well as a training program, "Promote Implementing Evidence-Based, Culturally-Responsive Strategies for Engaging Ethnic Minority Families". The training was given by Jonathon Martinez, PhD from CSU Northridge.

CCRD reviews the updated Cultural Competency Plan on an annual basis. The plan addresses: adherence to CLAS Standards, commitment to Cultural Competence, strategies and efforts for reducing racial, ethnic, cultural and linguistic mental health disparities, assessment of service needs and adaptation of services, culturally competent training activities, hiring and retaining culturally and linguistically competent staff, and language capacity.

The CCRD Advisory Committee also identifies multi-cultural special events and panel presentations. The Cultural Competency Program (CCP) hosted a Dia de los Muertos Cultural Celebration. The celebration began with an outdoors Mexica/Aztec Danza Tlazolteotl and spiritual blessing by Danza Tlazolteotl. Danza Tlazolteotl invited all for a sing-a-long and copal blessing. The event also included an educational presentation on why Dia de los Muertos is celebrated, provided by WET Intern Christiany Chan. The festivities culminated with a potluck, music, and fellowship. The Dia de los Muertos Altar provided a safe and sacred space for heartfelt conversations to take place and many staff from across departmental units, including management, administrators, and behavioral health commissioners, were able to participate in the First Annual Dia de Los Muertos Altar at the Rustin Campus.

In February, CCRD sponsored a Black History Month panel presentation, which introduced Afrocentric history, customs and traditions and included a libation ceremony. The event hosted prominent leaders and community members. The theme of the gathering was, “It’s not about you, it’s not about me. It’s about WE” to emphasize UBUNTU, a Zulu word for humanity.

Opportunities for Cultural Learning and Cultural Humility provides a base for recognizing and valuing traditions, belief systems and traditional health practices. The CCRD Advisory Committee places a high value on mutual acceptance, continual learning and enlists the support of local diverse communities to offer and share their stories of mental health adversity, recovery and healing. CCRD and all its subcommittees are committed to being inclusive and respectful of diverse community perspectives.

Plans and Objectives for FY 19/20

- Finalize production of Deaf and Hard of Hearing videos and determine how they will be rolled out into RUHS-BH facilities.
- Finalize Working with American Indians educational booklet.
- Continue to promote Coming Out Day/Pride panel presentations and LGBTQ related workforce training.
- Actively engage community representation which includes transitional age youth.
- Continue to promote and recruit a workforce and leadership that is culturally and linguistically diverse.
- Establish and promote culturally appropriate policies and infuse them throughout RUHS-BH.
- Coordinate departmental activities which promote quality improvement.
- Provide RUHS-BH workforce trainings related to at least 3 underserved populations.

- Actively recruit members for all program committees.

African American Family Wellness Advisory Group (AAFWAG) Report

In 2017-2018, AAFWAG made tremendous strides in outreach and engagement with consumers, staff, and general constituency of Riverside County. Through its efforts, AAFWAG was able to address the stigma surrounding behavioral health in the African-American community; as well as, provide a platform for the voice of the African-American perspective to be heard. Due to the increased outreach and potential for additional stigma reduction, AAFWAG created a group tagline, “Lift Every Voice.” This tagline resonates throughout the African-American community, as these words are the first three words of the Black National Anthem; in AAFWAG it is looked at as a way to educate the community on behavioral health, as storytelling is a healing modality.

Through community collaboration with organizations such as The Group, the Riverside Branch NAACP and Healthy Heritage, AAFWAG has been able to create partnerships with local nonprofits, churches, community groups and parents. County residents have joined RUHS-BH in the charge to make positive change and the results of their input is evident.

The following active members promote the activities of RUHS-BH at community meetings, as well as, provide resources and linkages to services on behalf of AAFWAG: Annette Beh, Phyllis Clark, Shor Denny, Equilla Edwards, Burma Manns, Dr. Mel Palmer, LaTonia Scoggins, and James Woods.

AAFWAG played a key role in participating in the change. Member participation has resulted in helping Prevention and Early Intervention develop the Building Resilience in African-American Girls pilot project and increasing community participation in development and review of other activities.

In 2017/2018, AAFWAG community participation included:

- Event sponsorship and distribution of educational materials at the Moreno Valley African-American Family Reunion.
- Regularly attended the Riverside Eastside Pastor’s organization meetings to reduce/prevent gang activity, especially where Latino and African-American youth are involved.
- Distribution of educational materials at the Martin Luther King Walk-a-Thon, sponsored by Riverside African-American Historical Society.

- Event sponsorship and distribution of educational materials at the Juneteenth Celebration in the City of Riverside.
- Event sponsorship and distribution of educational materials at the Million Man Meditation
- Distribution of educational materials and wellness activities at the RUHS-BH May is Mental Health Month event.
- Showcased a panel of African-American behavioral health experts and peers for the Cultural Competency Reducing Disparities Committee's Black History Month celebration.

Planned Activities for FY19/20:

AAFWAG has accomplished many things over the past year; however, there is still much to be done. As AAFWAG strives to move forward in 2019/2020, the goals of the group are to:

- Create a new name that speaks to the goals of the group.
- Draft new AAFWAG information material for distribution.
- Develop a series of cultural trainings for RUHS-BH staff working with African-American consumers.
- Provide community tours of RUHS-BH facilities to reduce stigma within the African-American community.
- Increase outreach to African-American women and girls by working with groups such as the California Black Women's Health Project and additional health agencies to develop programs that will reduce stress and help improve behavioral and physical health.
- Reach out to transition age youth by working with organizations such as Feel Free 2 Feel Free.
- Work with Prevention and Early Intervention to create a Building Resilience in African-American Girls in the western region of the county.
- Host an implicit bias event featuring Dr. Bryant Marks.
- Hold community workshops geared around stigma reduction and linkage to service for African-American residents of the county.
- Work with LGBTQ Consultant to develop an outreach and education program to engage and educate the African-American LGBTQ community.
- Increase awareness of the Behavioral Health Commission and encourage AAFWAG members to learn more about their purpose and mission.
- Work with Health Equity Leadership Institute (HELI) to develop a tool to measure the impact and scale of culturally competent services.

- Sponsor and participate in additional African-American focused events throughout the county.

Asian American Task Force (AATF):

In Fiscal year 17/18, the AATF benefitted from the public-private partnership and collaborative work between the following entities: RUHS-BH's Cultural Competency Program (CCP), PEI Administration, Older Adult Services and Western Region Children's Administration, and Workforce Education and Training; community groups ICAA (Inland Chinese American Alliance), and PVFAA (Perris Valley Filipino American Association); educational institutions such as the UCR, School of Medicine and its APAMSA (Asian Pacific American Medical Student Association) group; government representatives from the State Department of Vocational Rehabilitation (DOR) and Congressman Mark Takano's office; and various other advisors and volunteers have contributed significantly to the activities and impact of the AATF. Under the leadership of Co-Chairs, Maria, Abrigo, Business Owner, State Farm and Tony Ortego, RUHS-BH Older Adult Services Administrator, the committee's membership contributed significantly to the impact of the following FY 2017- 2018 AATF activities and accomplishments:

AATF Community Outreach and Awareness Events

- World Suicide Prevention Day, September 10, 2017, Social Media Promotion in English, Chinese, Korean, Vietnamese and Tagalog with a message of HOPE and a link to suicide prevention resources. Close to 500 people were reached.
- Fil-Am Mental Health Resource Center (FAMHRC) grand opening and outreach event on September 8, 2017 attended by 68 people, including clergy, members of the AATF, PVFAA and the following representatives from Riverside County: Board of Supervisors Fifth District, Office of Marion Ashley, representatives Jaime Hurtado and Dennis Gutierrez; Mayor of Moreno Valley Dr. Yxstian Gutierrez, Mayor of Perris Michael Vargas and Moreno Valley Councilmember Ulises Cabrera.
- "Be the Support of Your Family" mental health awareness event in Mandarin Chinese conducted by Rocco Cheng, PhD in conjunction with ICAA attended by over 80 community members. Two fact sheets in traditional and simplified Chinese about mental health produced by Each Mind Matters were reviewed and distributed. Topics covered included the prevalence of mental illnesses; warning signs and symptoms of mental health problems; when should a family seek help and from who; various ways families

can improve their mental outlook and health; tips for how to approach a family member who display mental health symptoms and need help and available resources. Per Dr. Cheng, the interest from the Chinese community members present was very high. They asked many questions about general mental health issues, suicide prevention and parent/child issues. This indicated a great need for more communication and exchange about mental health facts/resources and the community members' mental wellness challenges.

- Lunar Fest Outreach on January 27, 2018 in the City of Riverside, Co-Chaired by Tony Ortego and Angie Cruz Chernik, DOR. AATF members, staff and volunteers conducted a survey and awareness about disability and services available while APAMSA conducted a health screening. Close to 300 surveys on the topic of mental health problems, awareness of services and myths about disabilities were distributed and completed by attendees. The respondents' ethnicity were 46% Latino, 28% Asian, 15% Caucasian and 7% Multiracial. A majority of respondents indicated awareness and knowledge about mental illness and mental health problems but very poor awareness about the challenges faced by people with physical and mental disabilities. A majority of respondents have not heard of the State DOR. Information about mental health and DOR services were distributed.

- AATF joined with the CCP at the annual May is Mental Health Month celebration at the Fairmount Park on May 24, 2018.

- HOPE for "Wellness and Recovery" event on May 31, 2018 in celebration of the Asian Pacific American Heritage and Mental Health month. The themes were how to increase access for the diverse AAPI families in Riverside County? How can services be adapted to be culturally competent? Event Co-Chairs, Novanh Xayarath, RUHS-BH Western Region Children's Administrator and Andrew Subica, Ph.D., UCR, School of Medicine, shared recommendations collected via a survey from RUHS-BH clinical staff and program supervisors with experience serving AAPI clients and facilitated reflections by a panel of AAPI consumers, family, providers and advocates. This was followed by a CE presentation on "Cultural Competent Services for AAPI" by staff from Special Service for Groups (SSG). This event was attended by close to 90 people.

AATF Project Implementation

- AATF supported the formation of the FAMHRC. This Center reached over two hundred individuals in its first year. It has received support from the PEI team, the Cultural Competency and Family Advocate programs and others to implement its contracted services. CCP Outreach and Engagement Coordinators have also participated in FAMHRC community presentations on Childhood Depression, Grief and Loss, Stress Management, and Navigating Resources.
- Two RFPs supported by the AATF were released. One was the "Community Mental Health Promotion Program" and the other is a bicultural parenting program "SITIF: Strengthening Intergenerational /Intercultural Ties in Immigrant Families". Both contracts are in the process of being awarded. Once operational, these programs will offer essential and critical services of mental health support and linkage and parenting resources to the growing and extremely underserved AAPI families in Riverside County.
- Under the leadership of Novanh Xayarath, Western Region Children's Programs brought SSG, a well-established and respected provider in Los Angeles County, on board as a contract provider to join its System of Care. SSG's specialty in providing culturally competent care to the AAPI population has been evident from the amount of client referrals they have received from clinics and programs. It is the hope of AATF that all systems of care will develop culturally specific programs/providers so that all AAPI families can be reached and served in Riverside County.
- AATF consultant also participated in the PEI Steering Committee as a subject matter expert with the AAPI population and reviewed evaluations of funded projects, projects/programs that did not meet objectives and will likely be defunded and projects in the pipeline for the release of RFPs for funding support. AATF consultant concurred with the recommendations of the PEI team, shared positive feedback for the thorough evaluations conducted and advocated for the support of projects for underserved ethnic and cultural populations.
- Finally, under the leadership of AATF Co-Chair, Maria Abrigo, the AATF Executive Committee worked on a logo for AATF branding. This logo features the word HOPE surrounded by the various Asian language translations of it. It was unveiled at the May 2018 annual AATF HOPE event.

AATF Plans for FY 2019-2020 are as follow:

- AATF will continue its four outreach and educational events in January/February, May, September and October of each year.
- AATF will continue to support the implementation and outreach efforts of the FAMHRC.
- AATF will support the implementation of the two new (to be awarded) contracts that focus on the AAPI population in Riverside County. Both of these programs will involve outreach and engagement with community members.
- AATF will continue to focus on working with RUHS-BH staff and community agencies and groups to increase access to the growing and diverse AAPI families in Riverside County.
- AATF will continue to voice the critical need for additional bilingual human resources at the CCP to outreach to the diverse AAPI residents in need of mental health care.

In the Unmet Needs report for FY 14/15, it is indicated that the disparity for AAPI adults in mental health care at RUHS-BH has increased by over 15% in the last decade. AATF will continue to make it a priority to support activities of outreach/education, staff training and program planning and development to assure the availability of culturally competent and relevant programs including unique services and approaches necessary to increase access and quality of care. AATF wishes to take this opportunity to thank Sylvia Aguirre-Aguilar and her team for their outstanding support of AATF's activities; to Tony Ortego for his leadership in the last three years as Co-Chair of the AATF; and to Diana Brown, PEI Administrative Services Manager, for providing staff support for the implementation of the FAMHRC.

The AATF membership consists of:

Gladys Lee, Consultant

Maria Abrigo, Co-Chair

Tony Ortego, Co-Chair

Mila Banks, Secretary

Members:

Hermie Abrigo

Sylvia Aguirre-Aguilar

Joey Chen

Yun Sang Choun, MD

Angelica Cruz-Chernick

Herb Hatanaka, DSW

Pastor Daniel Kim

Pastor Samuel Kim

Carlos Lamadrid

Myrna Careso Leon, DDM

Karen Lim

Angela Limeta-Ongkingio

Melanie Ling

Lynette Sullivan

Est'ee Song

Andrew Subica, PhD

Glenis Ulloa

Stephanie Wong

Sheila Wu, PhD

Novanh Xayarath

John Yang

Betty Yu

Advisors:

Michael Carney

Katrina Cline

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Robert Loeun

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Volunteers:

Selvino Moscare

Agnes Nazareno

Mario Nazareno

Sasha Trejos

Respectfully Submitted by: Gladys Lee, LCSW, Consultant, AATF

Deaf and Hard of Hearing

The program's Cultural Competency Reducing Disparities (CCRD) Committee has greatly benefitted from regular attendance by Center on Deafness Inland Empire (CODIE) representative, Gloria Moriarty. In addition to providing counsel on how to be more inclusive of the Deaf and Hard of Hearing community as it pertains to data gathering (the population is often not accurately represented in statistics), trainings and program planning, she has also given members insight in regards to cultural sensitivity in their day to day lives. Her presentation "Tips and Etiquette of Communication Information: Communicating with the Deaf and Hard of Hearing Community" gave CCRD members an opportunity to ask questions about deaf culture. The CCP plans to develop another sensitivity training for the RUHS-BH workforce in the near future.

CODIE partnered with the CCP to attend the May is Mental Health Month event as exhibitors.

The Cultural Competency Program (CCP) participated as an exhibitor in the 18th Annual Deaf and Hard of Hearing Awareness Celebration at Riverside City Hall. This family friendly, educational event had over 900 attendees. Outreach and Engagement Coordinator, Carlos Lamadrid was able to utilize ASL interpreters to effectively communicate with deaf community members. His outreach efforts were in collaboration with the Center On Deafness Inland Empire (CODIE) and the Deaf and Hard of Hearing Services department from the Workforce Development Center. This celebration reflects the diversity of the deaf and hard of hearing community.

Carlos Lamadrid also represented the CCP at Mayor Rusty Bailey's monthly Model Deaf Community Committee Meeting, held at Riverside City Hall. He had the opportunity to provide an overview of MHSA and shared information about the ASL video production the CCP has developed on the topics of Suicide Prevention, Depression, Parent Empowerment, Anger

Management, Mental Health and Wellness. The committee has been working toward their goal of increasing employment opportunities for the deaf workforce.

Deaf & Hard of Hearing Video Production

A series of behavioral health videos for the deaf and hard of hearing consumers are in final stages of production. The videos include information on behavioral health, prevention and early intervention, mental health, suicide prevention, and parenting. Aside from providing the information in ASL, the messages are also relayed in English via text and audio. The video production reflects a diverse community, with representation from various ethnic and age groups. The intended outcome of this production is to have a tool that will help decrease stigma, increase access to behavioral health services and is specific to the deaf community.

Blindness Support Services

Western Region Outreach and Engagement Coordinator provided brokerage to Blindness Support Services and their members in small group settings and individually. The overarching strategy was to link members to RUHS-BH services and/or community based resources through screenings, referrals, and presentations.

Cultural presentations on depression, grief and loss, avoiding substance use, self-care, relaxation, and stress reduction were provided. Western Region Outreach and Engagement Coordinator also used a variety of cultural healing methods such as interactive drumming and flute playing to engage participants. Members were able to identify coping skills and wellness activities that can help them get through challenging moments. A total of 26 Blindness Support Services clients were reached during FY 17/18.

Blindness Support Services also participated in the May is Mental Health Month event and had their own resource table available for attendees to learn more about the services they offer.

Blind Support Services were also encouraged to review PEI Requests for Proposals (RFP) as they are posted, and to consider submitting proposals on plan-approved practices that could support the recovery of people challenged by visual impairments.

Plans and Objectives for FY 19/20

- Develop sensitivity training for workforce that addresses how to best assist Blind/Visually Impaired consumers in their recovery, the importance of anger management services, and educating clinicians about the fact that this is a condition that occurs in varying stages of life.
- Continued partnership with Blindness Support Services, providing consultation, linkage and engagement with RUHS-BH.
- Encourage Blindness Support Services to continue participating in May is Mental Health Month.
- Encourage the continued review of posted PEI RFP for potential tailoring specific to the visually impaired community

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

Riverside University Health System – Behavioral Health (RUHS–BH) is committed to developing innovative, culturally competent programs which improve access to underserved communities and reduce disparities in behavioral health across racial/ethnic and socioeconomic groups. This lays the foundation for planning cultural and ethnic specific programs which utilize non-traditional methods in reaching underserved communities.

Community Advocacy for Gender and Sexuality Issues (CAGSI) is a LGBTQ Wellness Collaborative and was formerly known as the LGBTQ Task Force. CAGSI is a county-wide coalition of LGBTQ related organizations, consumers, and providers. The goal of CAGSI is to assist the RUHS–BH in reducing disparities in the mental health system by ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community. In response to both RUHS - BH and the community's desire to reduce stigma and disparities around mental health care for the LGBTQ community, CAGSI engaged in the following activities in 2017-2018:

- Continued their collaboration with Children's Mental Health Services through the Transgender Youth Workgroup to assure quality culturally competent services to Transgender and Gender diverse children, youth and young adults and their families.
    - **Workforce Education**: Expanding the cultural and welcoming capacity of the RUHS–BH workforce through education and training is a major goal of the work group. The initial Transgender 101 course was held on September 4, 2018. This

workshop introduced transgender concepts across social, cultural, legal, and political contexts. It provided a lived-experience perspective that addressed appropriate language use, gender identity, sexual orientation, body image, and how to create affirming safe spaces. This workshop challenges participants to explore their own implicit biases, assumptions, and how they affect the services we provide. The training was well received by the 80+ staff in attendance.

From this training, various clinics including the Indio and Myers Children's clinics hung "Ally" signage throughout their buildings. An intermediary training titled Trans-aware: Working with Transgender Consumers, focused on practical clinical application case studies and vignettes designed to simulate real life clinic experiences.

- Collaborated with the National Alliance on Mental Illness (NAMI) Mt. San Jacinto to co-produce the First Hemet Pride event at the Historic Hemet Theatre. The three-hour event began with a one-hour meet and greet where community, Each Mind Matters, and RUHS–BH resources were shared. The next two hours featured poetry, song, dance and a screening of LGBTQ short films. The evening was capped off with a panel of community members sharing their thoughts on LGBT life in the Mid-County, coming out stories, transitioning while in school and assessing age appropriate behavioral health care services in the region.

- Hosted the Annual Show Your Colors event in conjunction with National Coming Out Day. The featured panel discussion was intersectional, diverse and informative, illustrating the dynamic of intercultural identity and how that plays out in daily life across the lifespan for the LGBTQ community.

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

- Met monthly the 3rd Tuesday of each month.
- Participated in the First Annual Intersectional Youth Leadership Summit.
- Participated in the Coachella Valley Pride Event in conjunction with Desert FLOW TAY Center.

- Coordinated activities and outreach with all three Transition Aged Youth Centers (Desert FLOW, The ARENA, Stepping Stones).
- May is Mental Health Month – Provided booth volunteers at CCRD group table.
- Palm Springs Pride – Provided mental health information to 5,000 interested Pride participants and distributed 200 Youth themed Mental Health Brochures.
- **Community Education and Outreach:** Gave 40 presentations to 1,250 participants in diverse groups including, but not limited to: the faith community, foster parents, department staff, and community groups. Sample topics included Mental Health Needs of LGBT Older Adults, Reparative Therapy and other Harmful Issues facing the LGBT Community, and Who is the LGBT Community in Riverside County.
- **Faith-Based Outreach:** Provided training and support to churches exploring "Open and Affirming" standing on a denominational level. Provided support to churches interested in creating or reviving an LGBT youth safe space in Riverside.
- **Statewide Engagement:** CAGSI representatives participated monthly with the LGBT Health and Human Services Network collaborative conference calls and regional convening of the Out4Mental Health Statewide Workgroup.

The goals of CAGSI for FY19/20 are:

1) To assist the Riverside University Health System-Behavioral Health in reducing disparities in the mental health system; by ensuring the implementation of cultural competent services and advocating for and implementing prevention and early intervention strategies for the LGBTQ community.
    - Expand mentoring and supervision opportunities to provide experienced clinicians and care providers an opportunity to share their lessons learned, offer guidance to new therapists and staff.
    - Continue our collaboration with Transgender Youth Work Group to transform the system of care through Workforce Training and Education. Proposed RUHS–BH Trans Training Series:
        - o <u>Beginner/Introductory Level</u>: Transgender Foundations with Dylan Colt and Shannon McCleerey-Hooper. The first installment in the LGBTQ Training series is designed for all staff to create a welcoming culture for all people, with a particular emphasis on the Transgender Community. This workshop introduces transgender concepts across social, cultural,

legal, and political contexts. It brings a lived-experience perspective that will address appropriate language use, gender identity, sexual orientation, body image, and how to create affirming safe spaces. It will also challenge participants to explore their own implicit biases, assumptions, and how they influence the services we provide. Persons completing this level of training will be eligible to attend other levels of training and designated as "Trans-friendly".

- o Intermediate Level: Becoming Trans-aware: "Working with Transgender Consumers" with David Schoelen. This is the second in a series of working with Transgender consumers. In a supportive atmosphere, participants will learn how to utilize that information to begin a culturally informed, clinical practice with consumers who identify as transgender. Participants will increase their understanding of personal and professional biases, increase understanding how transgender culture can inform assessment and treatment outcomes, as well as, explore clinical implications related to coming out and working with family. This course will be useful to the mental health professional and to the para-professional with advanced experience.
- o Advanced Level This level of training is designed to build capacity of staff to become Trans-knowledgeable and assist clinicians to build their expertise in Trans care. Course instruction will be provided by various gender specialists.
- o Expert Level This group is Trans-champions, individuals identified as "go-to" persons at their clinic site on Transgender care issues. Training will be provided through specialized certification provider, WPATH, and is intended for clinical and/or medical staff providing services and treatment for our Transgender population.

2) Work towards reducing Stigma, Homophobia, Transphobia and other cultural barriers that affect the gender and sexually diverse community across the lifespan.
3) Increase cultural and linguistic prevention/education programs and share recovery experiences relevant to the LGBTQ community.
   a. Support the implementation of the LGBTQ Community Mental Health Worker Program.

b. Support the continued execution of the psychosocial education curriculum for the SOURCE LGBT youth engagement project.

c. Advocate for community awareness of the mental health needs of Transition-Age Youth in Transgender and Gender Diverse populations.

d. Conduct community seminars and workshops on mental health in the LGBTQ Community that increase community awareness of mental health, recovery, and wellness.

e. CAGSI will participate in the community engagement activities that celebrate LGBTQ culture including, but not limited to: Palm Springs Pride, Transgender Day of Visibility, AIDS Advocacy Day, LGBT Pride Month, and LGBT Health Month, to provide mental health education and outreach.

f. Continue Community education and outreach by giving presentations to participants in diverse groups including, but not limited to: the faith community, foster parents, RUHS–BH staff, consumers, family members, and other community groups.

g. To advocate for the implementation of a LGBTQ presence in each county sponsored TAY center by supporting establishment of LGBTQ support groups, cultural programming and rendering a list of resources and entities that provide culturally competent/responsive services (e.g., clinics, legal assistance, other social/health needs).

h. Conduct an Annual Needs Survey of the LGBTQ community at Palm Springs Pride Festival and other large gatherings.

Native American Activities for FY 16/17

American Indian Council (AIC):

The American Indian Council is formed under the Cultural Competency Program (CCP) at RUHS-BH. 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 CCP and RUHS-BH towards spurring and supporting the reindigenization of traditional practices and cultural strengths, including the reintroduction of the indigenous lifestyle, which supports the AI population to achieve balance (wellness) within themselves, with others, and with the larger world.

To address cultural disparities, Western adaptation processes typically involve modifying an intervention or assessment without competing with or contradicting its "core elements or internal logic" (McKleroy, Galbraith, Cummings, Jones, Harshbarger, Collins…ADAPT Team, 2006). However, residing within these "core elements and logic" is the social construction of the dominant culture reality, defined and shaped over time primarily by, and for, them (Greenfield, B., Skewes, M. C., Dionne, R., Davis, B., Cwik, M., Venner, K., & Belcourt-Dittloff, A. (2013). Within this context, cultural adaptations are typically "wrapped around" the Western constructs so as not to compete with or contradict them. This can be seen as a reductionist approach, reducing cultural input only to that which represents the dominant culture-defined constructs. State reports on reducing disparities for American Indians as well as council input speaks to the need for reindigenization or traditional approaches.

The council operates traditionally in which there is equity among members, with no central leader. This term is more culturally congruent than the western "task force" label. The AI consultant is an American Indian Clinical Psychologist with experience providing mental health services and culturally tailored, evidence based family strengthening programs within the local AI community. She works with the council of American Indian tribal members from diverse backgrounds (sociology, social work, culture bearers, historians, traditional healers, and researchers) who participate in training with American Indian experts in reindigenization and traditional healing practices, as well as use their own expertise, in guiding them in program planning, development, and advocacy in order to create sustainable infrastructure in which a system of care can be created for American Indian community helpers to support and spur the practice of and revitalization of traditional healing practices in the local community that are accessible and culturally resonant to the diverse AI population that resides within Riverside County.

Council members include Dr. James Fenelon (Lakota/Dakota, Sociologist), traditionalists Matt Leivas (Chemhuevi), Julia Bogany (Tongva/Gabrieleno), Luke Madrigal (Cahuilla) and Dr. Betsy Davis (Cherokee). We want acknowledge the work of Larry Banegas, MSW (Kumwyaay, Social

Work) on the council who passed away this past year. He is missed. Dr. Davis has stepped up to replace him on the council.

The AI population in Riverside county is diverse, with twelve local tribes and a large, geographically spread urban population consisting of both federally recognized and unrecognized AIs who are disproportionately represented in the mental health system, yet have limited access to both mainstream and culturally appropriate services. The traditional practices available aren't widely accessible to this large population, and due to colonization and oppression many traditions aren't being supported and practiced in a consistent manner. In addition, there isn't a current mechanism for bringing culture bearers and healers together and little systematic support is provided for the work they do, or to support re-indigenization.

The initial council goal was to identify these people and provide a series of gatherings to provide support, decolonization practices, and spur revitalization and/or practice of traditional healing, including storytelling as a healing modality. RUHS-BH requested the training be provided for its staff and community members. The Curriculum and Training on Working with American Indians was developed, submitted, and approved for CEU approval through RUHS-BH. All four trainings were piloted with Riverside County Mental Health Staff and community members. This helped to build cultural resources through developing a training curriculum to provide a framework for guiding services offered to the American Indian community. In addition, a Trauma Informed Care pamphlet for American Indians was drafted and is the process of finalization.

American Indian Council (AIC) 2017/2018 Activities and Accomplishments

AIC Community Outreach, Awareness Events, and Project Implementation

I. Completed RUHS-BH four-training series on Working with American Indians: A Beginning.

Working with American Indians: A Beginning was a four-part series designed for administration, program directors, clinical staff, health education professionals, paraprofessionals, and others interested in working with the local American Indian community. Workshops focused on working with indigenous people, but had broader implications for understanding historical and current forces at play in working with all people. The focus was on trauma informed care for American Indians highlighting the necessity of re-indigenization for American Indian healing and wellness. Trainings focused on the relational worldview, the incorporation of traditional ways of knowing and community based practices, and the use of story as a healing modality.

1) The first training was completed in June of 2017.

2) The second Training was completed on Aug 31, 2017.

Working with American Indians: Storytelling as a Healing Modality in Trauma Informed Care: A Beginning. The goal of this course was to bring about a beginning in understanding the relationship of cultural practices such as storytelling, and historical/global trauma and past and current oppression and colonization to Trauma Informed Care. There was a focus on expanding the context of trauma, as well as ways in which mindfulness based compassion practices could be used by providers to work with obstacles to care such as cognitive dissonance, internalized oppression, compassion fatigue, and stigma. It focused on storytelling as a healing modality utilizing the Council Circle, as well as traditional ways of working with trauma stories, highlighting the necessity of re-indigenization for American Indian healing and wellness.

3) The third training was completed on Oct 26, 2017.

Working with American Indians: Native Storytelling as Wellness: A Beginning

The goal of this training was to establish an initial understanding of the relationship of cultural practices such as Storytelling and Traditional Ceremonies to indigenous healing. There was a focus on exploring how stories connect to activism related to reindigenization/cultural revitalization and how this heals and empowers indigenous people across diverse tribal groups, facilitates social connections, and impacts community and environment in meaningful ways for the larger world**.**

4) The fourth training was completed on March 15, 2018.

Working with American Indians: Theatre as a Healing Modality.

The goal of this training was to establish an initial understanding of theatre as a healing modality for working with communities of color with a spotlight on the American Indian community; and to aid in the development of a deeper understanding of systematic oppression and power dynamics, which is critical to developing Cultural Humility. Theatre techniques were used as a vehicle to understand issues at deeper levels. In order to best understand the work, subject matter came directly from participant's personal and collective experiences, as well as American Indian Council member's experiences. Theater techniques were utilized to gain a deeper understanding of historical trauma and colonization, issues related to systemic oppression, internalized oppression and privilege, and to utilize storytelling and American Indian community building practices tied to relational worldview.

II. Submitted a draft Trauma Informed Care Cultural Pamphlet for Working with American Indians.

This culture pamphlet aims to shed light on trauma from an American Indian perspective. It is hoped that this will be used both for those providers wishing to work with American Indians, as well as to provide a framework for American Indians to understand their own trauma in the context of history and colonization. It aims to move from a deficit base model of trauma informed care to an asset driven strengths model: A Healing Centered Approach. A Healing Centered Approach is holistic— involving cultural practices, spirituality, civic action and collective healing. It also views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively (Shawn Ginwright, Ph.D.). It is a framework for trauma we are rarely taught in mainstream mental health.

III. Reviewed Statewide reports for Reducing Mental Health Disparities for American Indians and made recommendations.

The following reports were reviewed:

- RUHS-BH CLAS report
- *Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans.* Native American Health Center. March 30, 2012
- California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities. Developed by the California Pan-Ethnic Health Network in Partnership with the California Reducing Disparities Project Partners funded through MHSA 2012 -2015

The overall goal of the proposed effort is to improve mental health outcomes and reduce health disparities for American Indians through the use of culturally appropriate mechanisms.

1) The first focus, is to address Indigenous health disparities, stigma, and wellness. We propose a model targeting urban AI's (over 85% of the Riverside County indigenous population according to BIA and due to historical government policies), but also open to local tribes to be inclusive of the entire AI community in Riverside county that: a) builds healthy Indigenous communities; b) revitalizes and utilizes cultural traditions; c) promotes interconnectedness of strengths within community members; and d) revitalizes storytelling as a mechanism that drives balance and Indigenous wellness (mental, physical, emotional).

2) A second focus is to develop and implement culturally-derived assessments of American Indian wellness. To hold assessment only to the Western view of the absence of disease misses the important protection of American Indian strength being built through cultural revitalization and undoing of colonization's continuing effects.

AI Specific Objectives for 2019/2020

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

1) Continue with existing mental health promotion, awareness, and anti-stigma community events.
2) Present at the California Indian Conference Location, TBA typically in October 2020
3) Increase needed resources and support to continue with the current project. This will create a system which educates about mental health issues and wellness from an American Indian world view, builds on cultural strengths, and supports and promotes the reindigenization of healing practices and a system of care around Natural Helpers and traditional practices.
4) Continue to revitalize storytelling as a healing modality.
5) Advocate for incentives such as "volunteer and council stipends" to increase capacity for outreach activities.
6) Provide training to county staff on working with the American Indian community and using storytelling as healing. The goal is to do four a year.
7) Training for Council TBA

Spirituality Initiative

The Cultural Competency Program's Spirituality Initiative committee met to connect with local faith-based leaders as well as non-profit organizations who partner with churches. The meeting was regularly used as a space for members to reflect on spiritual passages, culture, customs, and the connection between faith and mental health. The committee also discussed ways to provide training to the faith community at large to help them view behavioral health as an intervention that can support them in their service delivery. Some of the ideas included approaching community collaboratives such as Police and Clergy Partners and the Corona Norco Interfaith Association to host workshops. The program also received requests from TAY

Stepping Stones representatives to include youth and families as a focus for a spirituality and mental health workshop.

Presentations shared at the Spirituality Initiative included “The Role of Spirituality in my Life” by Chinese-Brazilian RUHS-BH Workforce Education and Training intern, Christiany Chan, “Spirituality in African-American Culture” by Healthy Heritage Inc., and an overview of the food services and Native American outreach offered by Ministries for the Homeless initiative from St. Michael’s Community Church.

The Korean Pastors Roundtable, a subcommittee of the Asian American Task Force, met several times to discuss outreach and education for Korean church communities in Riverside County. RUHS-BH staff provided general information on behavioral health topics such as depression and schizophrenia and also worked with clergy members to resolve persisting issues with homeless presence at the church.

The Cultural Competency Program (CCP) hosted a Dia de los Muertos Cultural Celebration. The celebration began with an outdoors Mexica/Aztec Danza Tlazolteotl and spiritual blessing by Danza Tlazolteotl. Danza Tlazolteotl invited all for a sing-a-long and copal blessing. The event also included an educational presentation on why Dia de los Muertos is celebrated, provided by WET Intern Christiany Chan. The festivities culminated with a potluck, music, and fellowship. The Dia de los Muertos Altar provided a safe and sacred space for heartfelt conversations to take place and many staff from across departmental units, including management and administrators, were able to participate in the First Annual Dia de Los Muertos Altar at Rustin.

In partnership with The Stephan Center and First Five Riverside, the CCP hosted the Faith Leaders Conference: The Many Faces of Mental Health. The opening Prayer was provided by Native American Chaplain Mikey “Turtle” Ybarra with cedar blessing and circle prayer. The keynote speaker, Shabana Haxton, provided a dynamic presentation on Understanding Mental Health and Mental Illness within a Religious Context.

Workshops included Pathways to a Mentally Healthy Congregation in which the facilitators, LGBTQ Consultant, Reverend Benita Ramsey and Outreach and Engagement Coordinator, Alfredo Huerta, lead a discussion and provided resources and techniques which Faith Leaders could implement a positive mental health environment in their community, homes, and congregations. Another workshop, ABC’s and 123’s of Children’s Mental Health, featured a discussion in understanding and supporting children to ensure positive mental health practices such as suicide prevention, TAY services, and Substance Abuse/Prevention Services, lead by facilitators Ish Urbina, Children’s Mental Health Supervisor, and Carlos Lamadrid. In the third

workshop, Life Transitions and Grief: A Normal Process, facilitators Maria Algarin, Senior Family Advocate, and Outreach and Engagement Coordinator, Moises Ponce, shared their personal stories on grief and loss, and addressed the stages of grieving and how it can impact behavior and life choices. This conference was attended by about 30 individuals including RUHS BH staff, chaplains, deacons, rabbis, and others of the interfaith community.

The Open Table 2-Day Training provided CCP staff and other RUHS-BH participants with an overview of the concept. The Open Table structure is not clinical, it is relational, and relationships transform communities. This structure recruits faith-based communities and a government team who are committed to coordinate and launch Tables in the foundation year. They also design a conference to provide the coordinators with core information they need to move forward and establish a lead to work with the Open Table evaluation team. This experience gave each participant an opportunity to answer the question "What brings you here? What has been your journey?"

Carlos Lamadrid participated in the Riverside Police and Clergy Partnership held at the Magnolia Police Station. He was able to present to the group about the Mental Health Services Act and the ethnically and culturally specific groups the CCP works with.

The CCP completed outreach to the Corona Norco Interfaith Association by attending regularly to provide presentations and share resources. Carlos Lamadrid shared the Open Table concept with the group and a summary of the process involved in this relational and transformational intervention for faith-based and county leaders. Members were invited to learn more about Open Table through the free webinars they offer. The association's Proclamation Dinner hosted 140 faith-based leaders and community members to honor those who help others with grief and loss. Though small, this interfaith group is organized and impactful in its collaborative work to help others regardless of creed or faith.

The CCP continues its partnership with the Diocese of San Bernardino, Loma Linda University Behavioral Health Institute and Medical Center to provide outreach to Spanish speaking parishioners. The goal is to build rapport, trust and reduce stigma associated with mental health.

Filipino American Mental Health Resource Center: The Filipino American Mental Health Resource Center got its start mid-way through FY17/18. The resource center focuses on outreach activities and education to the Asian community in Moreno Valley and surrounding areas in order to reduce mental health stigma, increase mental health awareness, connect community with services and community mental health resources. The Outreach and

Engagement Coordinators work closely with the resource center providing monthly support groups and presentations on mental health topics. The program needed time to ramp up services and build presence in the community so little data was received. A full data report will be available in next year's update.

Toll Free, 24/7 "HELPLINE": The "HELPLINE" has been operational since the PEI plan was approved and in FY17/18 the hotline received 6,973 calls from across the county. The HELPLINE is 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 FY17/18 the website had 215,681 visits and 538,210 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 FY17/18 the Peer Navigation Line had 1,013 contacts.

"Dare to Be Aware" Youth Conference: This 16th Annual conference for middle and high school students was held on November 16, 2017, with 673 youth in attendance. Students from 4 middle schools and 22 high schools were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. This year's theme was Break the Stigma of Mental Illness: Give Support, Get Support, Speak Out. The day began with a keynote presentation from Kevin Hines who shared his personal story including surviving a suicide attempt. The students then attended 2 of 4 workshops offered: #NoFilter: Getting Real About Bullying in the Age of Social Media. Students explored social media impacts on the lives

of young people and how to be more mindful of their use of social media; Speak Up: This workshop helped students understand the importance of facing life stressors with support and how to build and maintain relationships; Press Record: This workshop showed students how to develop and tell powerful stories through film, focusing on suicide prevention and overcoming the stigma of mental illness; Moving Up, Moving On: Life Transitions: This workshop helped students explore the challenges of moving from middle school to high school or from being a senior in high school to college and/or workforce. School counselors also received a workshop focused on the AB2246 law and how to develop and implement a suicide prevention plan in their district.

Contact for Change: The program goals of this project are to reduce stigma regarding mental illness and to increase community awareness within target populations regarding mental health information and resources. Each program involves presenters with lived experience of mental health challenges sharing their personal story of recovery. The following stigma reduction activities are included:

- **Educator Awareness Program:**

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

- **Speaker's Bureaus:**

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

  - Employers: to increase hiring and reasonable accommodations
  - Landlords/Housing officials: to increase rentals and reasonable accommodations
  - Health care providers: for provision of the full range of health services
  - Legislators and other government-related: for support of greater resources to mental health
  - Faith-based communities: for greater inclusion to all aspects of the community
  - Media: to promote positive images and to stop negative portrayals

- Community (e.g., students, older adults, service clubs, etc): to increase social acceptance of mental illness
- Ethnic/Cultural groups: to promote access to mental health services

Contact for Change provided 22 Educator Awareness presentations reaching 362 educational faculty and administration. The program also provided Speakers' Bureau presentations to 2,361 community members. Pre to post measures showed decreases in stigmatizing attitudes and increases in positive attitudes towards recovery and empowerment.

Up2Riverside Media Campaign: 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 102,208 site visits in FY17/18 with 83,533 users. 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.

Between July 1, 2017 and June 30, 2018, a targeted outreach effort, known as Narrowcasting, placed outreach materials about mental health and lime green ribbons in 347 venues across Riverside County. In total, 69,481 tent cards were distributed and 47,660 lime green ribbons were distributed.

A campaign study found 81% of Riverside residents are aware of the It'sUptoUs media campaign and 50% discussed a campaign ad or message with someone else. People who had seen the campaign were significantly more likely to agree that the ads helped them know where to seek help in their community for mental health problems, where to seek help if someone in their family was showing warning signs for suicide, and where to seek help for emotional and behavioral problems in children.

Promotores de Salud Mental y Bienestar Program: 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. Program implementation with a new provider will begin in FY18/19.

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. Program implementation scheduled to begin in FY18/19.

Suicide Prevention Activities: Local efforts to enhance the statewide goals of suicide prevention include:

- **Suicide Prevention Learning Collaborative and Coalition** – Through CalMHSA, RUHS-BH had the opportunity to participate in two learning collaboratives related to suicide prevention. One was focused on best practices for safe messaging and reporting about suicide and suicide prevention, The second focused on the development of a strategic plan for suicide prevention as well as a Suicide Prevention Coalition. Preliminary work regarding data collection and understanding best practices started in FY18/19. FY19/20 will include a stakeholder process specific to suicide prevention as well as the development of a strategic plan for Riverside County and the start of a Countywide coalition.
- **Mental Health First Aid (MHFA) training** – Adult and Youth is an 8-hour course that teaches the public to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward the appropriate treatments and other supportive help. The MHFA training program was designed to teach members of the public how to support someone who might be developing a mental health problem or experiencing a mental health-related crisis, and to assist them to receive professional help and other support. The Adult course is designed to learn how to help an adult person who may be experiencing a mental health related crisis or problem. The Youth course is primarily designed for adults who regularly interact with young people. It teaches parents, family members, caregivers, teachers, school staff, peers, neighbors, and other caring citizens how to help an adolescent (ages 12-18) who are experiencing a mental health and/or substance abuse addiction or challenge. In FY17/18 443 community members completed the course. Overall, over 59% of

participants indicated “Strongly Agree” that the training would help them with mental health practical applications within various types of situations when asked on a post course survey.

- **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.
- **Applied Skills Intervention Training (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.

The training teams were expanded through a Training for Trainers (T4T) process in all three models: Mental Health First Aid (MHFA) Adult and Youth, safeTALK, and Applied Suicide Intervention Strategies Training (ASIST). Both RUHS-BH staff as well as community partners were trained in the models and agreed to provide trainings throughout the County annually and adhere to data protocols. A coordinated effort will be organized through the PEI team to ensure trainings are available Countywide and often to meet the needs of the community. In FY17/18, there were 26 MHFA trainings, 5 safeTALK trainings, and 2 ASIST trainings. In FY18/19 T4T trainings were completed by 30 people for MHFA, 20 people for safeTALK, and 15 people for ASIST. FY19/20 will see an increase in trainings available to the community.

Integrated Outreach and Screening: This expansion of outreach at Riverside County Health Care Centers integrates mental health and physical health care and allows greater opportunity to identify early signs of mental illness while also educating healthcare colleagues. Integration of services will reduce stigma associated with mental health and help seeking while also increasing access to mental health services as individuals and families who regularly attend to their physical health needs will also get screened for mental health needs where it is convenient for them. The focus of this expansion is psychoeducation for healthcare staff, stigma reduction, screening, assessment, and referral with linkage to needed resources that will reduce delay in receiving help. The RUHS Community Health Centers (CHC) currently serve around 50,000 individuals each year. They provide a gamut of services in the clinic and also perform multiple

outreach functions working at churches, schools, etc. Of note, there is currently little overlap with individuals seen at the RUHS CHCs and RUHS Behavioral Health (BH).

Federally Qualified Health Centers, also known as CHCs, are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services (UC Davis Center for Reducing Health Disparities). Health centers deliver care to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the nation's veterans (www.hrsa.gov). Poverty level has an impact on the mental health status of all Americans. Those living below the poverty line are three times more likely to have serious psychological distress as compared to those living above the poverty level.

In line with the mission of PEI, this expansion creates greater opportunity for early detection of mental health issues. Primary health care providers have identified barriers to a greater partnership between primary and mental health care that includes the "extreme separation" between the allied professions, the difficulty in connecting a patient to mental health care when the need has not yet risen to a crisis state, a lack of knowledge of resources and mental health system navigation, and a lack of partnership between the professionals involved leaving the primary care physician to be excluded from the mental health care planning (Primary Care Medical Providers Attitudes Regarding Mental and Behavioral Medicine, 2012). Screening within a physical health location reduces stigma related to help seeking and increases access to services. Once identified, linkage to appropriate resources and services will be done with supports in place to ensure connection. Integrated care is a currently evolving best practice model. Expanding PEI efforts into the CHCs will increase our reach into and throughout Riverside County. This is in-line with PEI's time-limited partnership to leverage Whole Person Care funding which focuses on coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved health and wellbeing through more efficient and effective use of resources. Support focuses on integrated care for a particularly vulnerable group of Medi-Cal beneficiaries who have been identified as high users of multiple systems and continue to have poor health outcomes. Efforts include shared data between systems, coordinated care real time, and evaluation of individual and population

progress – all with the goal of providing comprehensive coordinated care for the beneficiary resulting in better health outcomes. The expansion has the added benefit of increasing penetration rates for RUHS-BH and further develop the breadth and spectrum of the full service delivery system.

This will be a comprehensive approach throughout Riverside County. The CHCs are located in the following cities: Banning, Corona, Hemet, Indio, Jurupa, Lake Elsinore, Moreno Valley, Palm Springs, Perris, Riverside, and Rubidoux. The Health Centers currently serve the target demographic of Behavioral Health, but as noted above, are reaching members of the community Behavioral Health is not. This expansion increases Behavioral Health's reach farther into the communities of Riverside County.

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. In FY17/18, the Call to Care program provided 6 training groups with 159 participants and 12 continuing education summits with 133 participants. Call to Care is a proprietary program that belongs to Catholic Charities. FY17/18 was the last year Catholic Charities provided this service for RUHS-BH, they declined to renew their contract. As a result, Call to Care will be removed from the PEI plan.

However, the need to provide mental health awareness, stigma reduction, and access to mental resources for faith-based communities continues to be a priority for Riverside County. In order to better address the needs, build relationships, and partnerships with faith-based communities a Cultural Leader (Consultant) will be identified, as referenced earlier in this document. Additionally, MHFA training will employ a strategic outreach approach to faith-based communities which provides information that is consistent with the goals of the Call to Care program.

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 FY17/18 RUHS - BH contracted with one well established provider to deliver the Level 4 parenting program for both parents of children 2-12 as well as parents of teens 12-17 in targeted communities in the West and Mid-County regions of Riverside County. This contract was expanded to include the Desert region and the latter part of FY17/18 included service delivery in the Desert area. 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 283 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 overall decreases in the frequency of children's disruptive behaviors and a significant decrease in both the intensity and frequency of problem behaviors. In the Triple P Teen model, results indicate teens had shown decreases in total internalizing, externalizing, and total difficulties scores as well as an increase in prosocial scores on the Strengths and Difficulties questionnaire. Analysis of the Alabama Parenting Questionnaire (APQ) showed a statistically significant improvement in parental involvement across all regions, an improvement in positive parenting, and a decrease in poor monitoring and supervision scores. The overall impact of the program continues to be very positive.

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 FY17/18, 177 families enrolled in the program. In total,

130 (73%) families met the program completion criteria of completing 10 or more sessions. 96% of the families identified as Hispanic and 78% of the participants reported Spanish as the primary language spoken in the home. Of the 177 families enrolled in SFP, the majority of families (92%) lived in an underserved or low income community, and reported having poor family communication (80%). 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.

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 FY17/18, 126 children and families received PCIT through the mobile units. Countywide there was 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. 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 FY17/18 staff also provided Trauma-Focused Cognitive Behavioral Therapy, Incredible Years, Dinosaur School, and Strong Kids Group for children whose parents are incarcerated. Staff provided 62 parent consultations in elementary schools and early head starts in 9 different school districts and 31 provider consultations. 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.

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.

PEI-03 Early Intervention for Families in Schools

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 425 students in FY17/18; 349 students were enrolled in level 1, 76 students were enrolled in level 2, and 14 students were enrolled in level 3. Parents were invited to attend the “Family Time” component of the program. In total 45 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. After completing the program one student reported, “I learned how to tell how someone is feeling and how to talk to them. I also learned how to handle something when someone is angry. Also, how to handle something when I am angry or upset or even sad.”

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 FY17/18, 228 youth were served in the program. Continued outreach efforts to reach underserved youth were effective in that 61.8% of those enrolled were Hispanic and 16.2% 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. Youth who participated in the SAYM program showed decreases in the frequency of depression symptoms. Each youth was also given a measure of overall functioning and these measures indicated statistically significant improvements within interpersonal distress, somatic, interpersonal relations, and behavioral dysfunction. The satisfaction surveys were also very positive. Of note is that 87% of the youth indicated that they "agree or "strongly agree" that as a result of the program they know how to obtain help for depression and 93% indicated that they "agree" or "strongly agree" that they learned strategies to help them cope with stress.

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. The components of this program include: Speakers' Bureau Honest, Open, Proud presentations, Coping and Support Training (CAST), Directing Change workshops, Peer Mentorship, and general outreach activities. In FY17/18 there were a total of 389 various Peer-to-Peer events throughout the county with a total attendance of 5,428. 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. There were 38 Speaker's Bureau Honest, Open, Proud presentations by the TAY peers reaching 2,398 individuals. Post-test results revealed statistically significant increases in participants' affirming attitudes regarding empowerment over

and recovery from mental health conditions, as well as greater willingness to seek mental health services and support if they experience psychological challenges. There were 31 full cycles of CAST completed with 310 participants enrolled and 59% 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 offered useful points of view about the topics that were discussed. For those who completed the program, there were statistically significant improvements in self-esteem, control of their moods and school, and use of the "Stop, Think, Evaluate, Perform, Self-praise" (STEPS) process in making overall healthy decisions. There were a total of 4 Directing Change workshops in FY17/18 with 25 participants. Statistically significant improvements were found in participants' comfortability in being vulnerable about their thoughts, feelings, and emotions; feelings of being understood; and in stating that their personal experiences have helped them grow. The Peer Mentorship program enrolled 22 TAY. Few Youth completed the 32 sessions that were a part of the program design. A little more than a third attended 9-16 sessions, and more than a third completed 17-32 sessions. Improvements were found in mentee ratings of goal achievement with 62% reporting a positive change in goals related to coping/mood; and 100% reporting a positive change in goals related to relationships and school/work achievements.

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 re-unification of the youth with an identified family member.

Active Minds: Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11, 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 FY17/18 exhibits were held in all three regions of the County: College of the Desert, Riverside City College, and Mt. San Jacinto College.

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, 2017, and 2018. 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 FY17/18 students from 23 high schools, 1 University, 1 College, and 7 community based organizations, and 1 juvenile detention program submitted a total of 167 films from Riverside County, the highest in the state, with a total of 450 student/youth participants resulting in 8 State winners.

Teen Suicide Awareness and Prevention 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

FY17/18. The districts served were Alvord, Banning, Beaumont, Coachella Valley, Corona-Norco, Moreno Valley, Murrieta Valley, and San Jacinto. 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. The students are highly encouraged 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 that include safeTALK and ASIST. 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 28 high school sites and 28 middle schools in FY17/18. As a result, there were 63 suicide prevention curriculum trainings conducted to over 1,814 high/middle school students, 30,850 mental health related brochures and help cards were distributed, and there were 108 suicide prevention campaigns impacting approximately 80,152 students across Riverside County. IPS staff continued to provide parent education and staff

development activities in FY17/18. 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. FY17/18 provided 14 parent workshops, in English and Spanish, reaching 195 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 187 community and school personnel as well as one ASIST workshop impacting 16 school personnel. TSAPP supported Suicide Prevention Week (September 10-16, 2017) at 21 school sites with the following events: "Be the One" – students viewed Directing Change videos created by their peers; "Affirmation Cards" – students wrote a positive message on an index card and used food coloring to decorate the card before handing it to friend for encouragement; "Stressed Out, Let it Out" – students made their own stress balls at lunch and were provided with resources on ways to help them de-stress.

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. A total of 598 unduplicated older adults and adults transitioning to older adulthood received services from evidence-based practices and 5,400 were outreached to by the Office on Aging.

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 FY17/18 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY17/18, 106 older adults were served in this program; 67% of participants were Caucasian, 52% reported identifying as LGBTQI, and 48% were 60-69 years old. 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, reducing from moderate to minimal, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life indicating improvements in how participants felt about the things they do socially with others, their general health, physical condition, and emotional well-being. 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. This program was originally provided through the PEI plan by RUHS-BH staff. Due to costs versus numbers served it was determined through the community planning process to discontinue this service by RUHS-BH and instead 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. A request for proposal was developed and released in August 2017. A Countywide provider was identified and implementation began in FY18/19. Data reports will be available in next year's update.

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 is marketing the program. The OoA served 237 individuals in FY17/18. About three-quarters (76%) of all participants enrolled completed the program. The majority of participants were female and 85% of program participants had been caregiving for one to ten years. Almost half (48%) of the caregivers participating in support groups were in the age category of 60-79. 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 these scores as well. Caregivers reported high levels of satisfaction with 79% 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 FY17/18 two Clinical Therapists staffed this program. The Mental Health Liaisons participated in 96 outreach events within the 17/18 fiscal year. They also processed 158 referrals which resulted in approximately 10% of those referrals being enrolled in Cognitive Behavioral Therapy. Sixty-eight 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 19 older adults in FY17/18. 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. Additionally, pre to post test scores showed a statistically significant decrease in anxiety symptoms from moderate to minimal after completing the program.

CareLink/Healthy IDEAS 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 FY17/18, 76 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. The Quality of Life Survey showed the greatest improvements in how participants felt about life in general. Carelink participants reported they were satisfied with

many aspects of the program, and 84% said they were helped the most by home visits and telephone contacts.

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 FY17/18, 640 youth were screened which resulted in 74 youth being enrolled with 76% completing the program having 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 92% of youth served had witnessed physical trauma and 90% 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 significant decrease in traumatic and depressive symptoms. 77% of youth agreed or strongly agreed that the program taught them how to better cope with stress. 73% of youth agreed or strongly agreed that the program helped them to understand themselves better. Some youth responses on the satisfaction survey include: “I learned to control my breathing. My anxiety definitely calmed down. I don’t feel sad as often anymore. I learned to talk about it with kids younger or my age.” “I learned to deal with the stress and old memories I have.” “That our actions can be helped by thinking about it also that not all things that happen to me are my fault.”

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 106 individuals were enrolled and participated in at least one topic session. Seventy-three 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. Overall responses to the satisfaction survey, given upon completion of the program, were positive. Participants found the program to be helpful and would recommend Seeking Safety to others. A participant commented, “The

overall program really helped. I came into the program with frequent thoughts of self-harm/suicide but now I'm overall excited for the future."

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 Systems: 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. In a coordinated effort with the Riverside Resiliency Project, a contract was put in place with Trauma

Transformed in FY18/19 and implementation will kick off and continue into FY19/20 developing trainers and receiving consultation for system transformation.

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.

Hispanic/Latino Communities: A program with a focus on Latina 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. Competitive bids were received only for the Western region of the County, an RFP will be re-released to seek providers for the Mid-County and Desert regions. Program implementation with the newly awarded contractor began in February for FY17/18. With a late in the year start, the program served 5 women. All 5 completed the program. At program intake, 60% of the women scored on pre-test with clinically meaningful depression symptoms. At post-test, data indicated that depression symptoms decreased significantly. Results from the satisfaction survey indicate 100% of the women strongly agreed that the program taught them how to get help for depression while pregnant and after the birth of her baby. Continued outreach into this specific target population and providers who serve them will improve participation rates and outcomes next fiscal year.

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 67 youth and their families participated in the program in FY17/18 in the Western, Mid-County and Desert Regions. At both intake and follow-up, youth reported a "high" sense of relatedness according to the Resiliency scale scoring categories as well as statistically non-significant positive change in centrality on the Multidimensional Inventory of Black Identity. Not having a change in centrality scale is acceptable in this case because pre-ROP, all youth were already scoring high on centrality. This means, our sample male population does view being African American as a central definition of himself. There was a significant increase in positive ethnic identity. 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. In FY17/18 a total of 47 parents graduated from GGC representing 90% of all parents who were enrolled. Overall, County results show statistically significant improvement in involvement and positive parenting. Parents reported they learned, "how to breakdown time for family meetings and listen to my son when he wants to talk," "hot to prevent drug use, how to develop healthy beliefs and clear standards, managing conflict, and control and express your anger in a healthy way." In addition, parent support groups following the completion of GGC were offered. These group are designed to be an open space where parents can share parenting skills and seek advice on how to overcome family difficulties in raising a young teenage child. Topics discussed were: drugs, lying, bullying, weapons, etc.

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. Twenty-three youths benefitted from this intervention this fiscal year. Pre to post test results on the Strengths and Difficulties Questionnaire showed a decrease in emotional conduct, hyperactivity, and peer problems subscales. The pro-social subscale increased meaning the youth are more open to ask for help, to help others, and to behave in more socially positive ways.

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 Unity Day project. The event includes 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 April 28, 2017.

When asked how the program helped you to get along better with your family participants responded, “Being respectful. Before I wasn’t respectful with my parents. I would give them attitude. Now my parents don’t yell at me anymore.” “I talk more to my parents. The program helped me communicate with them.”

When asked how has the program changed how you feel about your culture participants responded, “I study more about my culture and how it began. I am proud. It taught us about our history and good things on what my culture did to make the world good like inventions.” “I feel better about myself. I used to disrespect people and now I feel better at school too, I feel more proud about my culture.”

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 January of FY 17/18 as a

pilot program in the Desert region. The following components included in the program show the results of a half year implementation.

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. Sixteen youth completed the program. 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. Pre and post tests are completed to track progress. The Resiliency Scale showed statistically significant positive changes for the sense of mastery subscale as well as the Sense of Relatedness subscale. The Multidimensional Inventory of Black Identity measure showed statistically significant change, which means after completing ROP the girls view being African American as a central part of who they are. The Multigroup Ethnic Identity measure measures the process of ethnic identity development among adolescents and young adults. Overall, the girls demonstrated statistically significant improvement in ethnic identity search, affirmation, belonging, and commitment.

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. Eleven parents completed the GGC course. When asked at completion, 100% of parents reported that they agree or strongly agree with the statement, “As a result of the program, I am satisfied with our family life right now.”

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. This component of the program will continue to develop in the next fiscal year.

Native American Communities:

At initial implementation of the Riverside County PEI plan in 2009, the Native American project included 2 parenting programs that were culturally adapted for the Native culture implemented by a community based organization. An RFP was released in the spring of 2015 in anticipation of the contract expiring. No competitive bids were received. There were no contracts awarded as a result of the RFP. The PEI 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.

Focus groups were conducted in FY18/19 with Native American community members and providers. Concerns identified in focus groups included: substance abuse, loss of culture, depression, anxiety, disconnection, and family/parenting needs. Stakeholders feedback regarding what is needed included: traditional healing, culture, feeling connected, and education. Stakeholders also stated that in order to be effective program implementation must include: cultural traditions, group gatherings, and mental health education. New programs have been identified and approved through the PEI Steering Committee. The project will include both evidence-based and community-defined programs: Wellbriety Celebrating Families, Gathering of Native Americans (GONA), and Cognitive-Behavioral group and individual interventions. PEI Administration will work closely with the Cultural Competency program to develop an RFP that includes the identified programs and is tailored to best meet the needs identified through the community stakeholder process.

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. A Request for Proposal was released at the end of FY 17/18 and a provider identified in FY18/19. Data will be available at the next update.

Other PEI Activities

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

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

Annual Prevention and Early Intervention Summit: The Prevention and Early Intervention Unit held the 6th Annual PEI Summit in August of 2017. 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 FY17/18 Summit theme "Hope, Help, and Healing" focused on Suicide

Prevention, Intervention, and healing in the aftermath and included first person stories and self-care techniques to help restore and inspire providers. One hundred and fifty providers attended the Summit and the overall evaluations were very positive.

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. Plans are designed around learning and not to meet service gaps.

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.

INN-05 TAY One-Stop Drop-In Center

The TAY Center Project was submitted to the MHSA Oversight and Accountability Commission in July of 2015 as an Innovation Project and was approved in August of 2015. Of the four possible main purposes of MSHA Innovation projects, this project is intended to a) increase the quality of services, including better outcomes, and to b) promote interagency collaboration. This Innovation Project examined the development and implementation of Transition Age Youth (TAY) Peer Support Specialist (PSS) training within a dedicated training hub (the TAY Center). The RUHS-BH contributed to the field a specific TAY peer training curriculum and a new comprehensive TAY PSS training approach that prepares TAY Peer Specialists' to work with TAY and their families. This TAY peer training, based on the unique needs of this age group, is a multi-dimensional approach with pre-employment skill development, and the practical application of skills in a supported employment environment. Practical opportunities included being part of an interdisciplinary team in an adapted evidenced-based practice for first episode psychosis (FEP). Adapting an FEP model to fully and meaningfully incorporate TAY PSS into the interdisciplinary team will provide a unique opportunity to enhance their work skills, and learn about the effectiveness of using TAY PSS on the team. Further, the hub is a unique learning environment by convening other service systems within the TAY Center. This provides 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. To address

unique needs in various parts of the County, three regional centers were opened (West, Mid-County, and Desert). The Centers are a place for engagement into mental health services, access resources, and the implementation of an early intervention model for TAY experiencing first episode psychosis.

Each INN project must have learning goals. The INN goals for this project focus on the following key areas:

1. To determine if training and practicing peer work skills in a dedicated TAY Center results in the development of effective TAY PSS work skills, and a high percentage of TAY PSS becoming employed or volunteering within the social service arena including mental health systems, probation, or public social services.
2. To determine if implementing TAY PSS workforce development within a dedicated training hub results in increased knowledge for TAY PSS and high completion rates for training.
3. To determine the effectiveness of training TAY PSS to work as part of an integrated interdisciplinary team in an adapted evidence-based practice for FEP. Also to determine the impact of these services to TAY and their families.
4. To determine any impacts on system changes among the interagency partners at the hub with regards to working with TAY PSS and/or hiring TAY PSS in their own agencies.
5. To compare challenges and outcomes in regional implementations of this multidimensional approach with a training hub in each of the RCDMH geographic regions.

Status of Implementation

TAY Peer Specialist Training was one of the first aspects of the Innovation Plan that was implemented, with the first training completed in March of 2016.

As shown, through June 30, 2018, a total of 5 trainings have been held with a total of 69 trainees attending and 60 graduating. There have been three trainings held in the West, and one each in the Desert and Mid-County regions.

First date of Training Series	Location	Number who started	Number who Graduated	Graduation Rate	Employed % (#)
3/28/2016	West	13	11	85%	23% (3)
9/10/2016	Mid-County	10	9	90%	50% (4)
7/11/2017	West	13	11	85%	46% (5)
1/9/2018	Desert	17	14	82%	0% (0)
3/6/2018	West	16	15	94%	6% (1)
TOTAL		**69**	**60**	**87%**	**22% (15)**

The TAY Centers first opened during FY 17-18. It took considerable time to find spaces for the Centers in each region. The objective was for each Center to be in a location with space for collaborative partners (e.g., probation and Department of Social Services) as well as space for educational/social and therapeutic groups and individual therapy. After obtaining each location, furnishings and the environment were designed to be more welcoming to TAY than a typical clinic. For example, Centers do not have a main check is desk. Rather each has a space that appears more like a living room. New TAY who enter the Center are greeted by a Peer or other staff. Bright colors, comfortable furnishing, and artwork enhance the settings. Staff and Peers at each regional Center created a meaningful name, each of which reflects a wellness and resiliency orientation.

During the 2017-18 fiscal year, the staff at the Centers engaged in a variety of outreach activities. A total of 18 events were documented across the three regional TAY Centers. Staff attending these events were usually Peer Support Specialists (or Trainees) and Family Advocate staff. Staff visited schools, community resource and health fairs, conferences, community events, and agencies. At some events they staffed a booth, distributed materials, and engaged TAY about the Center's work. At others they did group presentations and trainings. In total , Desert staff engaged in 6 activities, Mid-County had 3, and West, 9. The target audiences varied. Nearly half were for the community at large , many targeted LQBT TAY, three were aimed at homeless TAY, and one presented to agency staff. A sample of outreach activities is summarized in the following table.

During the 2017-2018 fiscal year, there was progress in adapting an evidence based First Episode Psychosis (FEP) program. The TAY Centers began their training in the FEP model and developed a workflow. Data collection tools were also developed.

RUHS-BH contracted with Orygen, The National Centre of Excellence in Youth Mental Health, from Australia to consult on youth mental health and support implementation of the first episode of psychosis program. Orygen is a world leader in youth mental health policy and research translation. They were chosen as consultants because their work has focused on developing and disseminating new models of care for youth with emerging disorders, and the organization has a long history of working with youth experiencing their first episode of psychosis. Their Early Psychosis Prevention and Intervention Center (EPPIC) dates from 1992. The consultation consists of in-person trainings, regular consultation calls, and an on-line training platform and began in FY 2017-18.

FY 2018/19

- Each TAY One-Stop Drop-In Center will continue to administer trainings that are specific to working with TAY consumers and increase the number of TAY PSS becoming employed or volunteering within the social service arena including mental health systems, probation, or public social services.

- Have more meetings with Orygen to integrate FEP training models into the full scope of TAY PSS trainings.

- Create interagency partnership with other agencies with the goal of implementing TAY PSS into their service delivery systems.

INN-06 Resilient Brave Youth

The Mental Health Services Act Innovation (INN) Project Commercially Sexually Exploited Children (CSEC) was approved by to the MHSA Oversight and Accountability Committee in February 2017. The project was proposed because CSEC youth are at a high risk for experiencing symptoms of traumatic distress including PTSD, anxiety, and depression which suggests trauma-informed treatment would be effective with this population. Despite the risks faced by this population, specific data on outcomes and therapeutic approaches to meet their needs are sparse in the research literature. This project was proposed to bridge this gap in knowledge. The CSEC INN project combines an adapted Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model to effectively treat trauma with a field-based coordinated Specialty Care Team approach designed to meet the challenges of engagement and coordination of

multiple agencies. This project was designed to improve the quality of services, promote trauma informed care, and increase interagency collaboration ultimately resulting in better outcomes for CSEC youth and families. The developers of TF-CBT have reported a need to adapt the current evidence-based practice to meet the needs of CSEC youth. This adaptation involves integrating motivational interviewing and the stages of change model in order to optimize engagement and treatment completion of TF-CBT. The adaptation utilizes TAY Peers and Parent Partners to provide services to families/caregivers to enhance engagement and provide support. These TAY Peers and Parent Partners are an integral part of the CSEC Specialty Care Team working to identify barriers and support all phases of TF-CBT treatment. It was proposed that about 100 youth a year could benefit from the program. When implemented, the program was called Resilient Brave Youth (RBY) to recognize positive assets of participants.

Each INN project must have learning goals. The INN goals for this project will focus on the following key areas:

1. Effectiveness of adapting TF-CBT for a commercially sexually exploited youth population to understand if this adapted approach delivered in a Specialty Care Team model increases engagement, retention, and outcomes.
2. Effectiveness of a coordinated Specialty Care Team approach with a CSEC team including the use of TAY Peer Specialist and Parent Partners to increase engagement and retention in services and improve outcomes.

Status of Implementation

Significant time in the first year and half of this innovation project involved ramping up the program to full implementation. Initial work to implement RBY involved hiring staff, staff training, and outreach efforts within behavioral health and with outside agencies. In addition, data collection for evaluation activities were developed. A referral form was designed to collect key information about potential participants and provide a way for referring parties to direct potential program participants.

The RBY supervisor started outreach efforts in August of 2017. Outreach efforts continued throughout the year, and involved nine staff over that time. Through these activities, RBY staff educated others about the unique needs of this population as well as describing what the RBY program could offer. There were 2 to 4 outreach activities each month during the 2017-18 fiscal year. In March 2018, the program launched an effort to reach even more potential referral

sources and 16 outreach activities occurred. During the fiscal year RBY staff engaged in 42 different outreach efforts overall. As shown in the table below, over half of these were to other Behavioral Health programs and staff, including clinics, the Wraparound program, Family Advocates, and mobile crisis programs. RBY staff also had seven outreach activities with Department of Public Social Services (DPSS), Children Services Division (CSD). Specifically, the supervisor and one staff member have met with DPSS child welfare workers, supervisors, child welfare placement staff, DPSS CSEC Unit staff, and have given a presentation to DPSS staff in an outlying region of the County (Temecula). RBY staff have met with Juvenile Justice and Probation staff five times, and have met with the Hemet and Perris School Districts in addition to the Riverside County Office of Education (RCOE). They have also outreached to outside groups such as the Rape Crisis Center and through a presentation to the Riverside Transition Age Youth (TAY) collaborative.

Agency/Organization Type			
Behavioral Health	21	Other Outside Groups	2
DA's office and partners	1	Public Health	1
DPSS/CSD	7	School District/RCOE	3
Group Home	1	Southern Counties CSD meeting	1
Juvenile Justice/Probation	5	Total	42

By December 2017, the program was nearly fully staffed. RBY staff include clinicians, behavioral health specialists, peers and parent partners. Each case has a lead clinician as well as a peer specialist, with other staff involved as needed. Staff attended trainings in CSEC, TF-CBT, and Motivational Interviewing during the first fiscal year of implementation. CSEC trainings included Webinars through GEMS (Girls Educational & Mentoring Services), National Criminal Justice Training Center, Department of Homeland Security and several other agencies. In-person trainings on working with CSEC youth included the entire staff attending the 2 day Southwest Conference Against Trafficking (SWCAT) in January 2018; select staff attending the annual Children's Network Conference sponsored by the Coalition Against Sexual Exploitation (CASE); and clinical staff attending the annual San Diego International Conference on Child and Family Maltreatment. Motivational Interviewing training was provided to all staff on December 5, 2017 to ensure that everyone understood the stages of change and how best to work with this population. TAY Peer Supports, Parent Partners and Behavioral Health Specialist received TF-CBT training utilizing the 10 hour web refresher course designed for clinicians. TF-CBT trained

clinicians reviewed the materials with the para-professional staff to assist them in understanding the therapeutic model of TF-CBT and for the group to brainstorm appropriate support and interventions. This training/refresher is offered twice per year.

The first referrals to the program were in October of 2017 and the program starting serving clients that month as well. An initial challenge in enrolling participants were that some referred youth were sent to placements out of the state before the program was able to fully serve the client. It is hoped that as the understanding of what RBY program can offer youth improves, more CSEC youth will be placed within the County where RBY staff can provide needed mental health services.

FY 2018/19

The goal for the upcoming year is to increase the number of referrals and provided services by building interagency partnership and conducting more community outreach.

INN-07 Technology Suite (Tech Suite)

RUHS-BH had the opportunity to join a 14 county INN collaborative called the Technology Suite; a set of smart phone applications that can assist people with wellness and mental health recovery. Most of the year was spent with our community stakeholders – meeting with over 1,200 Riverside County consumers, family, and supporters to ascertain community opinion and feedback on interest and viability.

This INN Plan was approved by the MHSA Accountability and Oversight Commission in September 2018 and was approved by Riverside County Board of Supervisors in January 2019.

RUHS-BH and our collaborative county partners intend to utilize a suite of technology-based mental health services and solutions which collect passive data that identifies early signs and signals of mental health symptoms and will then provide access and linkage to intervention. Tech Suite applications will serve as an enhancement to current MHSA Plan activities from prevention and early intervention to an additional care plan tool designed to decrease the need for psychiatric hospital and emergency care service.

The primary focus areas of this project are:

Early Detection and Suicide Prevention

Improve Outcomes for High Risk Populations

Improve Service Access for Rural Regions and Underserved Communities

This project, implemented in multiple counties across California, will bring interactive technology tools into the public mental health system through a highly innovative set or "suite" of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products.

The targeted populations include:

1) Hearing and Visually Impaired Communities

Riverside County is home to one of the two schools for the deaf in California, and as a result, Riverside County has one of the largest populations of deaf and hard of hearing individuals in the State. Model Deaf Community states, "National studies indicate that approximately 10% of the total population is deaf. In Riverside, that number is estimated to be 17%."

2) Higher Risk Populations: first onset; re-entry; FSP consumers; eating disorders; and, suicide prevention

- The State is prioritizing the detection and treatment of first onset psychosis as a State-wide standard in Prevention and Early Intervention. Research indicates that prodromal signs of the illness can be detected and early intervention can delay the disorder. Intervention can be highly effective when prescribed early with greatest success within the first 18 months of onset.

- The criminal justice reentry population is at high risk of failing to connect with behavioral health services upon discharge from jail in addition to being at high risk for homelessness. Moreover, the re-entry population has exceptionally high rates of behavioral health need. The Department of Health Care Service has Re-entry Focused Whole Person Care (WPC) Pilots; Riverside is one of four approved WPC pilots that is especially dedicated to serving individuals re-entering the community post-incarceration and that have designed programs to directly engage local jails and/or probation departments. Prevention of re-incarceration is a primary goal of service and additional tools can enhance already existing programs targeted at this population.

- Full Service Partnership (FSP) programs are designed to serve consumers who have the highest service utilization and the greatest risk for relapse. Working with FSP clients can be challenging and adding tools to assist the consumer in his or her own wellness management may provide immediate feedback and better tailored wellness strategies that more readily meet the goals of this population.

- Suicide Prevention to High Risk Populations: In Riverside County, males died at greater rates than females due to self-inflicted injury. Caucasians have the highest rate of deaths in Riverside County and California. In Riverside County, people between the ages of 45 to 84 years old die at the highest rates by suicide than other age groups. Overall, California shows the same trends for adult suicide rates. However, Riverside County's 65-84 year old population between 2003 and 2013 died at higher rates of self-

inflicted injuries most years than the overall California population. Riverside County had higher rates of non-fatal injury ER visits than California overall. Females were in the emergency room due to non-fatal self-inflicted injuries (suicide attempts) at higher rates than males. Riverside County females' ER visit rates were also higher than the overall rate for California females. In Riverside County in 2006-2010 and 2012, non-fatal self-inflicted injuries that resulted in ER visits were recorded for Caucasians at a higher rate than other races/ethnicities. However, in 2011 and 2013 the African Americans in Riverside County were treated in the ER a higher rate than Caucasians. Fifteen to 19 year olds were treated in the ER because they injured themselves at the highest rate compared to other age groups in Riverside County and California. Also, 20-24 year olds were in the ER at a high rate for self- injury both in Riverside County and California. Both of these age groupings include transitional age youth (TAY).

- Consumers with Eating Disorders: Though the therapeutic professions have grown more sophisticated in serving people with eating disorders, the disorders remain challenging to treat due to the co-morbid physical health problems that result from the disorder, as well as the addictive dynamics that often fuel the disorder in secrecy. Additional self-monitoring tools that can be used in conjunction with our existing Eating Disorder program could enhance outcomes and reduce risk.

3) <u>Traditionally Underserved Communities</u>:

"…The Latino community is poised to become a major trendsetter with new forms of technology and early adoption of media use. Nielsen Media Research has observed that Latinos access media from every available platform … when compared with non-Hispanic Whites. Although Latinos may use the same technologies as non-Hispanic Whites, they tend to use them differently, with greater importance

> placed on cultural and linguistic factors….Given the prevalence of smartphone and mobile device use among Latinos, López and Grant suggested that cell phone–mediated interventions may prove most effective in targeting hard-to-reach populations." (Victorson, Banas, Smith et al., Am J Public Health. 2014 December; 104(12): 2259–2265)

Riverside identifies the following populations as underserved: 1) Hispanic/Latino; 2) American Indian; 3) African American; 4) Asian-Pacific Islander; 5) LGBTQ; and, 6) Deaf and Hard of Hearing.

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

In order to improve access for rural regions, the technology would be made available to our programs that currently provide service to members in our Mid-County and Desert Regions. Those consumers who have greater barriers to accessing regular clinic contact or outreach would be candidates to utilize the technology as an addition to their existing services. Additionally, primary care and urgent care agencies in these regions would be outreached to participate in an Allied Health Care Education program. Agencies that agree to receiving education on better serving mental health consumers would also have access, in conjunction with a regional peer, to utilizing the technology with their clientele.

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.

In 2017, Riverside County proposed and approved an MHSA Amendment to our Capital Facilities component plan. Counties are allowed to shift funds from the Community Services and Support (CSS) component to continue to fund Capital Facility projects. Riverside County plans to convert a homeless shelter (Roy's Place) into a large Adult Residential Facility with a 90-100 bed capacity. This plan update includes a transfer of funds for the completion of this project.

It is located in a commercial building that also houses outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project would develop a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished bays) will be remodeled for use as a 90-100 bed licensed adult residential care facility.

The project will establish a licensed augmented residential care facility. The facility will include 45-50 bedrooms, indoor outdoor activity areas, common living areas, restroom/showers, laundry facility, commercial kitchen and dinning room, staff offices and meeting rooms. It will serve 90- 100 individual adults per day.

The facility is located in North Palm Springs. It is located in a commercial industrial complex that borders the north side of the 10 freeway. It is approximately 5 miles from

downtown Palm Springs and 10 miles from Desert Hot Springs. There is limited access to public transportation lines; however, the transportation will be provided by the residential care facility operator a part of the condition of their license and contract.

The facility will be used for MHSA funded programs and services. The existing FSP and operation of the homeless drop-in center and permanent housing program are currently fully or partially funded by MHSA. The facility is county owned. It is County of Riverside policy that all county owned facilities are maintained by Riverside County EDA/Facility Maintenance currently maintains the existing shelter facility, the FSP, and the Homeless Drop-In/Housing facilities. While residential program services will be contract provided, services will be under the direction of RUHS-BH for the purpose of providing service augmentation to the new MHSA funded Wellness Plus Living Program and the county provided FSP services. Services are required to be re-bid on a regular basis and RUHS-BH contract language insures continuous operation during transition to new contract providers.

Counties are allowed to shift funds from the Community Services and Support (CSS) component to continue to fund Capital Facility projects. Riverside County plans to convert a homeless shelter (Roy's Place) into a large Adult Residential Facility with a 90-100 bed capacity.

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.

Technological Needs – 3 Year Plan FY 17/18-19/20

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 telepsychiatry and telecounseling. 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

The Western Riverside County's Mental Health Court Program has been operational since November 2006, after the establishment of Proposition 63 Mental Health Services Act (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 January 2019, the Riverside Superior Court in Downtown Riverside restructured their master calendar and the Honorable Emma Smith replaced the Honorable Bambi Moyer as the presiding judge over the Riverside Mental Health Court Program. With this overall change, Judge Smith is now actively participating in the weekly Committee Meeting discussions, and this has resulted in increased guidance from the Court, a mutual sharing of perspectives, and a reduced amount of time spent in Judge's Chambers discussing extraneous matters.

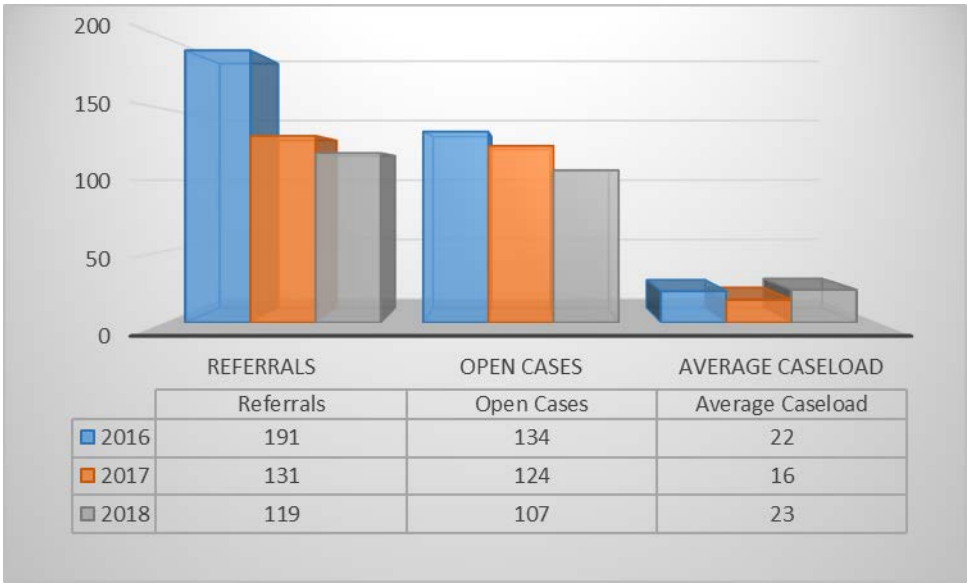
Current staffing levels:

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

*By the end of 2018 there was 1 vacant OA III position.

2018 YTD Stats as of December 31, 2018:

- Referrals – 119
- Open cases – 107
- Average caseload – 23



	Referrals	Open Cases	Average Caseload
2016	191	134	22
2017	131	124	16
2018	119	107	23

Mid-County Mental Health Court

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

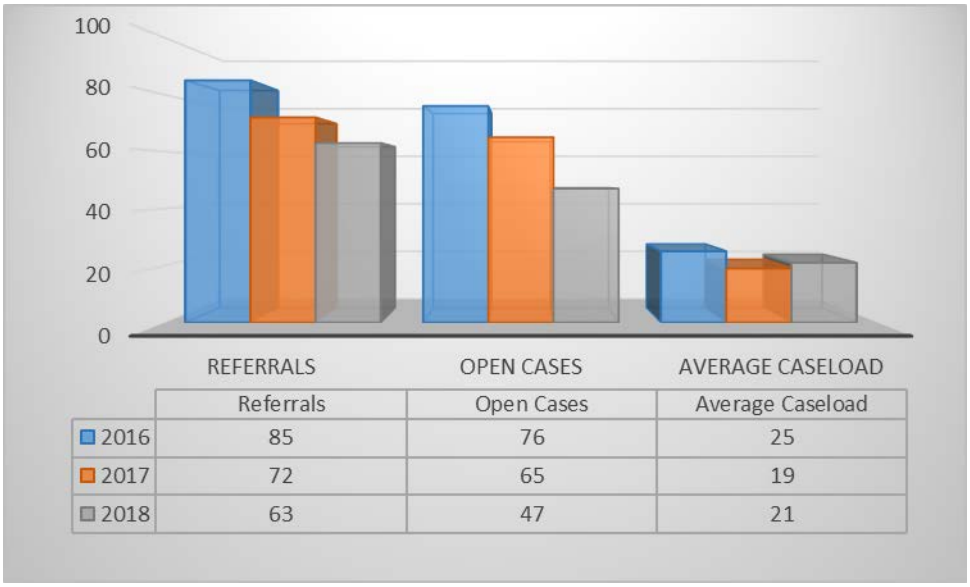
Current staffing levels:

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

*By the end of 2018 there was 1 vacant Behavioral Health Specialist II position and 1 vacant Office Assistant II position.

2018 YTD Stats as of December 31, 2018:

- Referrals – 63
- Open cases – 47
- Average caseload – 21



	Referrals	Open Cases	Average Caseload
2016	85	76	25
2017	72	65	19
2018	63	47	21

Indio Mental Health Court

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

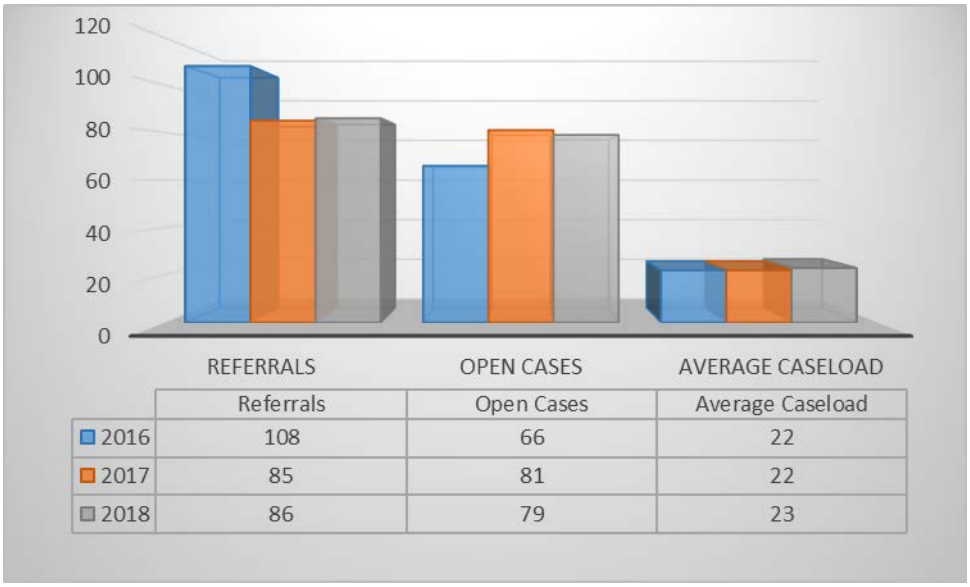
Current staffing levels:

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

*By the end of 2018 there was 1 vacant BHS II position.

2018 YTD Stats as of December 31, 2018:

- Referrals – 86
- Open cases – 79
- Average caseload – 23



	Referrals	Open Cases	Average Caseload
2016	108	66	22
2017	85	81	22
2018	86	79	23

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.

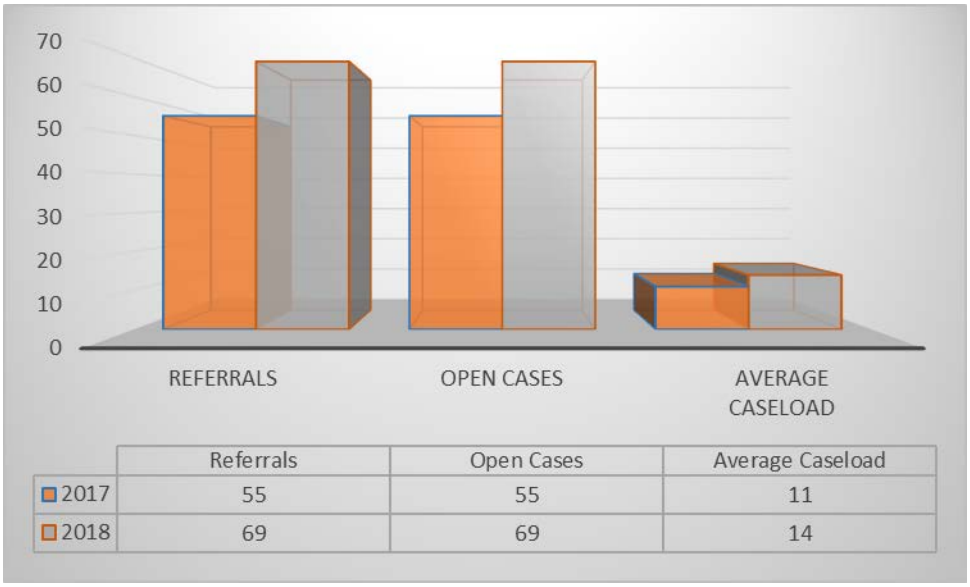
Misdemeanant Alternative Placement

Current staffing levels:

- 1 Clinical Therapist
- 0.5 Behavioral Health Specialist

2018 YTD Stats as of December 31, 2018:

- Referrals – 69
- Open cases – 69
- Average caseload – 14



	Referrals	Open Cases	Average Caseload
2017	55	55	11
2018	69	69	14

Mental Health Diversion

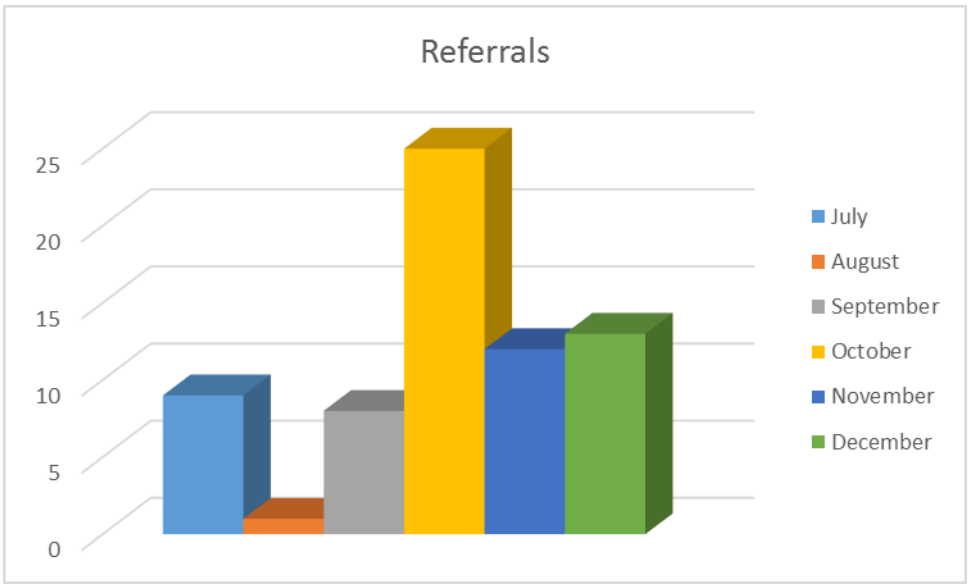
On June 27, 2018, Governor Brown signed AB1810 into law, which included legislation for Penal Code 1001.36, also known as Mental Health Diversion. Mental Health Diversion allows the court the opportunity to exercise discretion and grant diversion for qualified individuals who have committed a crime because of a mental disorder. On July 1, 2018, Mental Health Court began receiving Mental Health Diversion referrals from the court. In addition to providing clinical assessments, the Mental Health Court program also develops and implements treatment plans for the court.

Current staffing levels:

- Mental Health Diversion referrals are assigned respectively to Mental Health Court clinician(s)/case manager(s) who cover the regions where the case was referred from.

2018 YTD Stats as of December 31, 2018:

- Western Region – 30
- Mid-County Region – 12
- Desert Region – 26



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. 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 Veterans who serve as mentors.

After the Veteran attends his or her arraignment hearing, the following activities are completed by the Veterans Court Team: 1) A Veterans Court referral form is generated by the defense attorney, 2) A court date for an eligibility hearing is calendared in Department 31, and 3) The Court orders representatives from the Probation Department, Veterans Administration, and RUHS-Behavioral Health to interview the Veteran to determine the overall appropriateness of the Veterans Court program for the individual needs of the particular Veteran.

At the present time, return eligibility hearings are being scheduled for two to three weeks for those Veterans who are detained, and four to six weeks for Veterans who are out-of-custody and living in the community. The Court then requests for biopsychosocial assessment and recommendation reports to be written and submitted to the Court by the RUHS-BH Clinical Therapist assigned to the Veterans Court Program. Initially, the Superior Court designated a maximum of 50 participant slots in the program, but in 2014, in response to a growing need and proven benefits, it raised the maximum number of participants to 100 Veterans.

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 $116.00 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. While cost savings for the County remains an important goal for the program, the overall most noteworthy benefit is the preservation and enhancement of human life and dignity for the Veterans who fought to protect our Country and their families who sacrificed so much as a result.

The sixth Veterans Court graduation took place on May 25, 2018 where thirty-five Veterans were recognized by the Court for their hard work and commitment to their respective treatment regimens. The next Veterans Court graduation is scheduled to take place on Friday May 24, 2019, and a graduating class of 25 Veterans is anticipated.

*LA Times June 4, 2017

Current staffing levels:

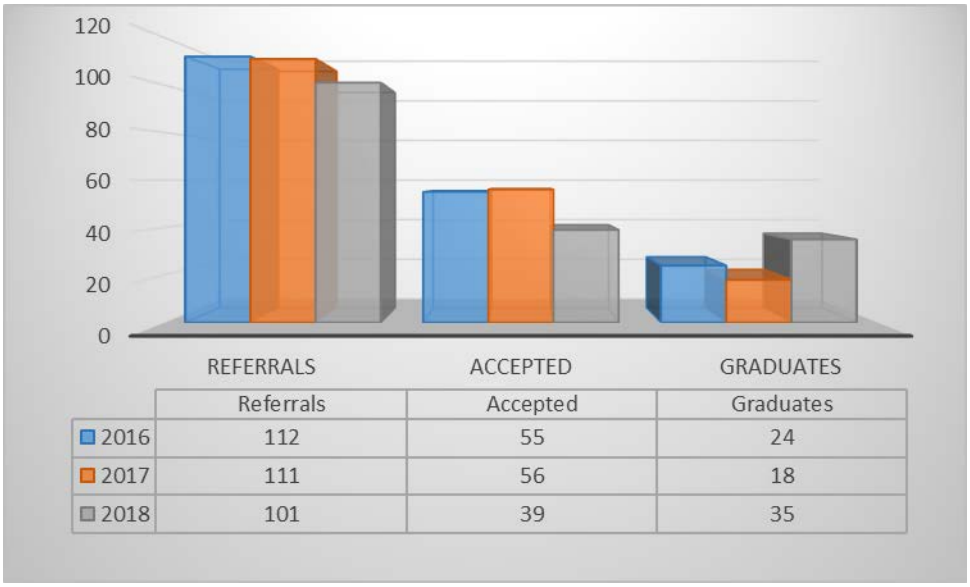
- 2 Clinical Therapist*

2018 YTD Stats as of December 31, 2018:

- Referrals- 101

- Accepted- 39
- Graduates- 35

By the end of 2018, there were sixteen (16) cases, which were pending a decision from the court as to whether or not the veteran would be granted acceptance into the Veterans Treatment Court program.



	Referrals	Accepted	Graduates
2016	112	55	24
2017	111	56	18
2018	101	39	35

Participation in Community Veteran Events

The Riverside Area Veterans' Expo (RAVE) and Stand Down was held Friday September 28, 2018 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 Third Annual Veterans Treatment Court Ruck Challenge was held on May 27, 2018 and was established as a fundraising event for the Veterans Treatment Court program. The Ruck Challenge is a unique opportunity that attracted a cadre of community members and stakeholders, including representatives from the Superior 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 in December 19, 2018, as it marked the second Veterans Treatment Court Holiday Dinner, which was held at the RUHS-Behavioral Health's Rustin Campus. A total of twenty-one Veterans Court participants, accompanied by their spouses and children, attended the event, which featured a turkey dinner catered by Marie Callendar's, holiday gifts for all the children, and last but not least, a visit from Santa Claus who rode in on a fire truck. Distiguished guests at the event included Riverside Superior Court Judge Mark Mandio, Chief Probation Officer Mark Hake, Assistant Chief Probation Officer Ron Miller, Chief Deputy Bryce Hulstrum, Assistant Health Director- Behavioral Health/Public Guardian Deborah Johnson and Ignacio Romero from Congressman Mark Takano's office. The Riverside Probation Department spearheaded coordination of this event, with additional support provided by the Reaching New Heights Foundation, the Veterans Administration, and RUHS-Behavioral Health.

Military Diversion

Military Diversion was established in January 2016, pursuant to California Penal Code 1001.80, as a form of pre-trial diversion for veterans and active duty military personnel who are suffering from mental health or trauma related issues and have been charged with misdemeanor crimes. This program offers these veterans and active duty personnel the opportunity to receive treatment in lieu of having to plead guilty and potentially face incarceration.

Current staffing levels:

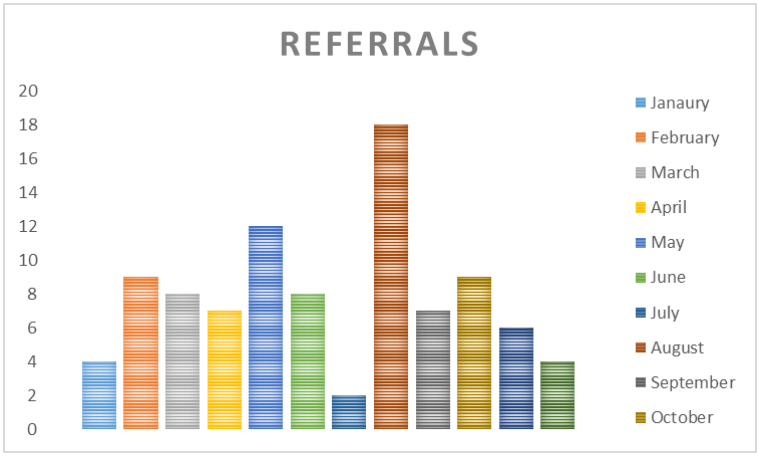
- 2 Clinical Therapist*

*Military Diversion referrals are assigned to the same two clinicians who are responsible for screening Veterans Treatment Court referrals.

2018 YTD Stats as of December 31, 2018:

- Referrals-94
- Accepted-51

By the end of 2018, eighteen cases were pending a decision from the court as to whether or not the veteran would be granted acceptance into the Military Diversion program.



Mental Health Court: On the Horizon and Current Challenges

2019 will be an exciting year for program development. There are currently two new programs being designed and implemented by the Joint Committee on Mental Health Court Diversion. These court programs include a Homeless Court in Downtown Riverside and an Incompetent to Stand Trial (IST) Diversion Court Program.

A new Homeless Court Program is being created to address the lack of adequate housing resources available for hundreds of mentally ill individuals living on the streets of Downtown Riverside. The Homeless Court will operate from Downtown Riverside, and aims to identify homeless, justice-involved individuals with serious mental illness, and link them to appropriate outpatient mental health treatment, substance use disorders treatment, and RUHS-BH's HHOPE program for emergency, transitional, and permanent housing resources and services. The second phase of the Homeless Court plan involves assisting those individuals who are demonstrating compliance with their recommended treatment plan and are actively engaged in taking the necessary steps towards independent living, to become candidates for a possible reduction or dismissal of their misdemeanor or low-level felony charges. The reduction or dismissal of charges would necessarily take place in the legal arena, with consideration and agreements among all legal parties, including the Superior Court Judge, the District Attorney, and the Public Defender.

IST Diversion is in its infancy stage of development at this time, with plans to be fully operational by late 2019. The IST Diversion program will divert eligible consumers from costly admissions to the State Hospital level of care to community-based residential treatment programs for treatment services, rehabilitation, and restoration of competency. Eligible consumers will have a diagnosis of Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder, and will have been deemed “incompetent to stand trial” on felony charges by the Superior Court.

Riverside County, much like other counties, continues to experience a paucity of transitional and permanent housing resources for those individuals who experience serious and persistent mental health disorders, compounded by a lack of adequate income and family support. This problem is further complicated when the individuals with mental illness have been charged with committing recent crimes or possess a criminal history for past transgressions, as many communities and community placement programs demonstrate outright exclusion or NIMBY-ism towards them, despite the ongoing concerted efforts to rehabilitate them. While the overall population may champion the need for permanent supportive housing for those members of society who are homeless and mentally ill, efforts to develop such housing programs are generally met with resistance and opposition from business owners, homeowners, and community members. Because of this, many programs that embody the mission to serve and rehabilitate homeless and/or mentally ill citizens are rare and costly to implement; hence the need for additional revenues to address this human crisis.

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 HHOPE Housing Resource Specialists who are funded through MHSA. This position provides ongoing support to scattered site housing managers and residents. During FY 17/18, 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) provides a cohesive and integrated housing crisis response system with our existing programs, bringing them together into a no-wrong-door system, which allows our housing crisis response community to be effective in connecting households experiencing a housing crisis (whether sheltered or unsheltered), to the best resources for their household to provide sustainable homes. HHOPE was very active in FY 17/18 in the continued development and operations of the CES program and worked to ensure that our individuals were protected and ensured that those at most risk are treated equitably. HHOPE staff will provide ongoing supports and education to the community regarding the CES system capabilities and work on improving the system

The HHOPE program currently has 7 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 veteran homelessness.

Recognized as innovative in our Housing Crisis Program development and street engagement programs, RUHS-BH HHOPE continues to work in collaboration with city government and law enforcement to provide contractual street engagement in targeted services to the City of Palm Springs.. The Palm Springs project began in 2016/17 and experienced significant success, resulting in adding an additional outreach team in the City of Palm Springs beginning in 2018. 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 FY17/18, 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.

In FY17/18 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 form 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. Residential stability is the basis for positive childhood outcomes with the hope of positive generational impact. This grant will end in 2018, with community resources meeting future rapid rehousing needs.

HHOPE began 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 very-low demand model permanent supportive housing projects. 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. These residences operate through a contract 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 chronically homeless. Ninety-nine percent of provider staff at these housing programs have received mental health services themselves (as consumers of care or family supports) and many also have experienced prolonged periods of homelessness. The Path and The Place are partially funded by HUD permanent supportive housing grants. All individuals referred to these housing programs for housing, must be referred through the HUD Coordinated Entry System, Home Connect. The RUHS-BH HUD grants have been successfully renewed in order to support these programs through FY19/20.

The Place, located in Riverside, opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry, 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, opened in 2009 and provides permanent supportive housing for 25 adults. It is located immediately adjacent to a Full Service Partnership clinic 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 contract housing providers 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 *(All facilities are open for occupancy unless otherwise noted)*	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 consumers	75	15
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 were 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 FY19/20

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 MHSA 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 MHSA-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 much community uncertainty about the ability to expand upon the success of the MHSA 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 MHSA-eligible consumers. One such effort is the No Place Like Home Program.

> "On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA).
>
> Key features of the program include:

- Counties will be eligible applicants (either solely or with a housing development sponsor).
- Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.
- Counties must commit to provide mental health services and help coordinate access to other community-based supportive services."

The HHOPE program in collaboration with Riverside County Housing Authority recently submitted five separate applications to California Housing and Community Development in the amount of $27,688,025. If all five projects are funded by HCD they will allow for construction of 488 affordable units of housing with 183 of these dedicated to consumers with significant mental health challenges. Future rounds of No Place Like Home funding are expected in late 2019 and RUHS-BH remains committed to seeking as much funding as possible to increase the stock of affordable housing to serve the most vulnerable residents of Riverside County.

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

Consumer Affairs

Support, Education, and Training

During FY17/18, Consumer Affairs continued growth within the Behavioral Health Service System. 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) are utilized in a variety of areas and programs to integrate the consumer perspective into treatment teams within the behavioral health system. 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, benefiting others who experience 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. As PSS Intern candidates, they 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 six-month training program is in place, to ensure each PSSI build the same skill sets as do other Peer Support Specialist line 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 (SPSS) supports them in their learning. In FY 17/18, there were 11 PSS Interns and of those 11, 5 obtained full time employment within the Department and our agency partners, despite a County wide hiring freeze. 3 of the 6, who were not hired on to paid positions, have retained volunteer positions as PSS in area clinics and programs.

Currently, the Consumer Peer Support workforce is comprised of 144 full time, benefited and labor union represented Consumer Peer Support Specialist line staff positions, 17 Senior-level leadership Consumer Peer Support Specialists, and the Program Manager self-identifies as a mental health consumer.

Programs

FQHC Peer Support Program has expanded to include PSS positions designated to support the Federally Qualified Health Centers – or Community Health Centers – comprehensive outpatient care for community members, regardless of ability to pay for services. Peer Support was introduced during the 15/16 fiscal cycle at the Rubidoux Family Health Care Clinic and the Lake Elsinore Family Room. As planned for the 17/18 fiscal cycle, PSS roles have been introduced to whole health care environments in all 3 regions of Riverside County in 5 additional clinics (Palm Springs, Banning, Corona, Hemet and Indio). The positions are shared with the Adult Outpatient programs in several of these environments, but the introduction of the consumer peer perspective is a new concept to traditional medical teams providing whole health wellness options that include peer support as part of a treatment plan.

The TAY (Transition Age Youth serving individuals ages 16-25) **Consumer Peer Support Program** has expanded to include three MHSA 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, receive vocational guidance and housing assistance. All three centers were opened for business as of January 2018.

These centers are located in each of the three regions in Riverside County (Western, Mid-County & Desert). 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 within the behavioral health system as a Certified Peer Support Specialist. The training pilot program "RUHS-BH TAY Peer Support Training" is a peer support certification program, recognized last fiscal cycle 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. In fiscal year 17/18 - 6 TAY Pre Employment Training classes were hosted in all 3 TAY Centers. In fiscal year 18/19, there are plans for a TAY PET Rework to establish a new, more polished product, "Building Peer Support Leaders in Youth Services – A Peer Support Pre Employment Training." The TAY CENTER TEAM currently has three dedicated Consumer Senior-level PSS Trainer/Mentors and employs 26 Consumer PSS working with young people 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 System, who are transitioning from children's services into the adult programs. This increases the likelihood of the individual continuing their 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** maintained the number of consumer providers. In FY 17/18 Riverside University Health System – Behavioral Health was privileged to have 45 PSSV providing 2,250.67 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 System or its contractors.

Senior Peer Support Specialists

Consumer SPSS (Senior Peer Support Specialists) 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 Consumer SPSS 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) Facilitation
- Consumer Peer Support Monthly Training and Support
- Recovery Services & Case Management for SAPT Programs
- MyHealthPoint, Outreach & Launch in partnership with Research & Technology
- Transgender 101

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

There are now 17 Senior-level positions for Consumer Peer Support (SPSS). Five regional SPSS (2 in Western, 2 in Mid-County and 1 in the Desert), one each in Older Adults, Forensics (AB109 & Justice-involved individuals), Research and Technology, Communications, Long Term Care, Homeless Outreach "HHOPE", four in Transition Age Youth (TAY) Programs, one in Children's Services and couple of new additions to the Consumer Peer Support Leadership Team.

As planned in FY 16/17, Senior Peer Support expanded in the area of Substance Abuse Prevention & Treatment (SAPT Waiver 1115), with the hiring of our first SPSS in SAPT. Under Waiver 1115, the Consumer SPSS for Substance Abuse Prevention & Treatment 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 were the only peer support services available in the SAPT Program. Under the Waiver, paid PSS line staff now provide peer-to-peer recovery services. RUHS-BH currently employs four full time PSS for this program, as two individuals were inspired to pursue higher education and promoted to BHSIII (Substance Abuse Counselor) positions. In fiscal year 18/19 we hope to increase the number of paid PSS to twelve.

Also planned in FY 16/17 was the expansion of Senior Peer Support in Long Term Care, to include Mobile Crisis Services Support and Commercially Exploited Youth (California Sexually Exploited Children) CSEC Services. Both expansions were successfully implemented in the FY 17/18 with the addition of one additional SPSS position and additional training for our existing Long Term Care SPSS.

The Consumer SPSS in Research and Technology has continued to support the County wide launch of Whole Health Wellness peer groups. This is a consumer-directed program utilizing the RI International, Inc. curriculum "Facing Up to Whole Health". This program launched early in January 2015 and has trained approximately 275 staff of all disciplines in the facilitation of the "Facing Up" curriculum. This SPSS position also works County wide 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 by the SPSS in Research and Technology to Managers and Directors. They are reviewed on a quarterly basis.

The SPSS in Communications provides information to the community and other RUHS agencies. A primary focus in FY 17/18 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 PSS'. It also assists with navigating the complexities of the "Job Gateway" on the County Human Resources website. In the 17/18 fiscal cycle there were 107 attendees of the POW. Of the 107 attendees, 6 were hired to permanent full time employment with RUHS-BH and our agency partners (despite a County wide hiring freeze) and all 11 Peer Support Interns assigned in FY17/18 where products of the POW. The SPSS in Communications also works in collaboration with the RUHS-BH Public Information Officer to provide consistent recovery-focused, person-first language in all press releases, marketing materials for programs, 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 17/18 fiscal year the SPSS joined with the Consumer Affairs Program Manager to facilitate these workshops. These conferences included the International Association of Peer Supporters (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 Organizations (CAMHPRO).

Workshops Presented as Community Education & Support:

- "Recovery is Not a Four-Letter Word: Addressing Interagency Frustrations of Recovery Advocacy"
- "Being There When You Are Needed The Most: Post-Hospitalization or Incarceration Peer Support – The Navigation Center"
- "Building The Peer Navigation Line: What We Learned"
- "The Peer Support Practice: Advocating for Inclusion"

Other Consumer Affairs Management activities include instrumental participation in:

- Eisenhower Hospital Transgender Peer Support Mentorship Project
- Trans Youth Work Group – Supporting LBGTQ "Safe Zones" in children's and adult clinics
- Whole Person Care Collaboration with the RUHS Hospital System FQHC Clinics
- UCR Sex Trafficking Symposium
- Presenting to the Orygen Behavioral Health Conference via Webex to Brisbane Australia on training and hiring Youth Peer Support Staff
- San Diego Trans Symposium
- Riverside County Re-entry Conference
- Hosting CAMPRO Southern Regional Forum - 130 in attendance from surrounding Counties peer support programs to train and network for Peer Support Specialist statewide certification.

In fiscal year 17/18 Consumer Affairs hosted the Los Angeles County Peer Support Leadership Education Summit. It included twelve behavioral health workers (including the Department Administrator) in attendance for a 3-day educational conference to participate in workshops,

panel discussions and site visits surrounding implementation, training and integration of peer providers in the Los Angeles County Behavioral Health System at large. The feedback from LA County was extremely positive. In months following the conference, LA County continued to reach out to RUHS-BH for technical support and mentorship, as they transition non-billable peer-to-peer services into billable behavioral health peer support services, in line with SAMHSA guidelines for peer support. In addition, the Consumer Affairs division has been mentoring Stanislaus, San Diego, Orange, San Mateo and Alameda Counties with on-going support to Peer Support Program Directors there.

In fiscal year 17/18 The Gym at Rustin had its first 100 participants in 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. 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.

Additional Community Education

The following list of presented workshops focuses on continued implementation of peer-provided services within the behavioral 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, in partnership with the Workforce Education and Training Team, presented 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 Master's-level Social Services programs. This has allowed students to gain knowledge and insight into how County services are 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 Education Options, Human Trafficking and Sexual Abuse, Substance Abuse Prevention & Recovery, Building Resiliency in Families, Spirituality in Recovery, Self-Doubt vs Positive Self Talk, Professional Interactions, Peer Certification Senate Bills, and Stages of Change.

During the FY 17/18, collaborating with a County contracted agency, RI, International (formerly, Recovery Innovations) seven Peer Employment Trainings (PET) were held and have graduated an additional 140 students. The PET is two weeks (72 hours) of intensive college level material. It includes a mid-term and final examination. This class provides the Department, as well as our contracted providers with new PSS staff, volunteers and interns. It also assists consumers to further their personal recovery.

<u>Senior Peer Support Manualized Leadership Training</u>

The Consumer Affairs division continued efforts to develop and expand the RUHS-BH Consumer Peer Support Leadership Initiative. Consumer Affairs recognizes the evolution of Senior Consumer Peer Support service to internal and external customers. This initiative expanded upon an RUHS-BH agency-specific leadership training curriculum. The training is 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. The "Consumer Affairs Senior Peer Support Orientation & Training Manual" was published by the Department in March of 2018.

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. Including the authoring of Policy #164, Recruitment, Training and Promotion Policy. The Senior-level staff is collaborating in a number of ventures providing training to the community, sharing resources and co-facilitating events. The eight annual "All Peer Education Summit" (Consumer Affairs, Family Advocate Program, and Parent Partner Program) was held in October 2017. There were more than 250 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, trauma-informed care, self-care and burnout prevention.

Consumer Affairs collaborated with the Homeless Outreach "HHOPE" 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 Consumer Affairs Division 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 2017. In Mid-County Region, Perris area, activities included a moment of silence held in memoriam for those who had lost their lives on the streets. Blankets, hot chocolate and warm smiles were given to those in need. In the Desert Region, staff and consumers gathered at Miles Park in Indio, along with the vital blankets, clothing, and "goodie-bags" of 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. The event had approximately 30 attendees.

For FY 17/18, 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 2000 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 800 community members present.

On November of 2017, Consumer Affairs was recognized, by the Council on Criminal Justice and Behavioral Health (CCJBH – formerly known as COMIO) with a "Promising Program" Award for the Peer Navigation Line, which is a peer-run warm line that works to resource community members of all walks of life to community agency partners and services. The Peer Navigation Line (PNL) is a real-time navigation service that utilizes Consumer Peer Support to provide warm hand-offs to area resources, not just simply giving out phone numbers to those who call the toll free number. When a community member calls in, they are met on the line by a PSS, who will inquire as to the well being of the individual and their immediate needs. They are specially trained in telephone call center service and the use of the "conference" features on the telephone system, to join the caller with the resource entity on the call, before disengaging the conversation, They are also the first RUHS staff to utilize our centralized resource database, "iConnect", that contains resources from all areas of the County and beyond. In the process of connecting people to resource and a discovery that a resource is outdated or no longer in service, it can be updated by staff in real time, allowing for the PNL team to have real, up-to-date resource options for the community it serves. This service is free of charge and available to anyone calling in to inquire about resources in Riverside County and neighboring cities.

Future Planning

In FY 18/19; 19/20; 20/21 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.

- Further 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 a majority of their peer provided services through contracted service providers.
- 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.
- 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 2019. Peer Support Specialists are proposed to be added to staff in the Emergency Department at the Cactus Avenue Campus and additional FQHC clinics throughout the County in a series of phases.

- As a carry-over from 17/18, Bilingual Spanish Peer Support Services: 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.
- Rework and Launch of the RUHS-BH TAY Peer Support Training as "Building Peer Leaders in Youth Services: A Peer Support Training for Transitional-Aged Youth" and provide a more structured approach to youth learning in pre-employment at the TAY Centers and Rustin Campus.
- "Movies on the Green" Community Outreach & Engagement Events offered by the Consumer Affairs division to provide a social interactive environment as a way to reduce stigma, build community supports for consumers and their families and bridge community at large with the behavioral health consumer community. Movies licensed to be shown free of charge on the lawn of the Rustin Campus and at area sites in Downtown Riverside, sponsored by Riverside University Health System Behavioral Health.
- LGBTQ Peer Outreach efforts to be expanded to include community education materials and training, "Safe Zone" advocacy and Transgender education for staff and the community at large.

Family Advocate Program

Provides assistance to family members in understanding and coping with the mental illness and substance abuse challenges 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.
- **Services provided in both English and Spanish.**

The Family Advocate Program (FAP) assists family members in coping with and understanding the mental illness and substance abuse challenges 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.

The Family Advocate Program includes ten (10) Family Advocate Senior Behavioral Health Peer Specialists (Sr. BHPS) and thirty (30) Family Advocate Behavioral Health Peer Specialists (BHPS) providing services throughout the three Regions within Riverside County (Western, Mid-County, and Desert) and we continue to grow.

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

Desert, one to the TAY Drop-In Center in Mid County, one to the Family Rooms located in Lake Elsinore and Perris, and four are assigned Countywide with one each to specialized area: Forensics, Substance Abuse, Outreach & Engagement, and Prevention & Early Intervention (PEI). The Family Advocates are available to provide individual family support to family members within the behavioral health system, as well as, offer support to the community. Family Advocates facilitate weekly family support groups in various locations throughout Riverside County. The FAP offers family support groups in each region of Riverside County with the inclusion of distinct support groups such as TAY Family Support Groups, a Sibling Support Group, and Substance Abuse Family Support Groups. Also, Family Advocates offer informational presentations to family members and the community on topics such as: "What is a 5150?", "Addictions, Families, and Healing", "Nutrition and Mental Wellness", "Families, Mental Illness and the Justice System", "Meet the Doctor" and many more. 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. These Psychiatrists address topics such as medication compliancy, sleeping disorders, Schizophrenia, Bi-polar disorder and more. The FAP facilitates training courses titled, "Mental Health First Aid (MHFA)" and "Family Wellness Recovery Action Plan (Family WRAP)". 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). As such, Family Advocates assists the four local affiliate NAMI chapters with the coordination and support of the NAMI Family-to-Family Educational Program through the provision of facilitating classes in both English and Spanish when needed. The FAP collaborated with the Riverside and Hemet NAMI affiliates to implement 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 fifth 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 an effort to engage, support, and educate family members on mental health services, the FAP networks with community agencies through outreaching, distributing educational materials, attending health fairs, visiting schools, and providing trainings (MHFA and Family WRAP) to culturally diverse populations. Most recently, FAP has collaborated with the Filipino American Mental Health Resource Center.

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.

Family Advocate Senior Behavioral Health Peer Specialists (Sr. BHPS)

The FAP has a Countywide Family Advocate 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 the criminal justice system. The Family Advocate Sr. BHPS is able to assist families in navigating these programs, offering support, providing a better understanding of the justice system and offering hope to their loved ones. The FAP was recognized by the State of California, Council on Criminal Justice and Behavioral Health (CCJBH; formerly known as 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”, “The Conservatorship Process”, and “My Family Member has Been Arrested”, in both English and Spanish. In addition, a library of presentations are offered countywide to family members, providers, and the community.

The Countywide Family Advocate Substance Abuse Sr. BHPS assists families in understanding the Substance Abuse programs within the behavioral health system. The Family Advocate Sr. BHPS provides support to families by providing them with the knowledge and skills needed to build healthy boundaries for their loved ones with co-occurring challenges. This 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 Family Advocate 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. This Family Advocate Sr. BHPS provides direct linkage to community based supports such as NAMI, Depression Bi-Polar Support Alliance, Recovery Innovations, Nar-Anon, Al-Anon, Co-Dependent Anonymous, and regional Family Advocates and their support groups. Participates in outreach events to distribute information and resources to the community and difficult to engage populations.

The Countywide Family Advocate Outreach and Engagement 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 Family Advocate Sr. BHPS organizes all-inclusive community mental health events in an effort to make interpersonal connections with families in their integration into the mental health system within Riverside county. The Family Advocate Sr. BHPS is involved in May is Mental Health Month, NAMI Walk, Recovery Happens, and numerous public engagements. The Family Advocate Sr. BHPS works in collaboration with the Cultural Competency program outreach and engagement coordinators in all three regions. Services provided in both English and Spanish. The Family Advocate Sr. BHPS has successfully secured presenters from various community engagements to provide free of charge presentations to families. These presentations include “Meet the Doctor,” LEAP Foundation’s “I’m not sick, I don’t need help,” Dr. Alex Kopelowicz’ “Family Psychoeducation,” and more.

The Countywide Family Advocate Prevention & Early Intervention (PEI) Sr. BHPS is the primary liaison between RUHS – Behavioral Health and NAMI. This Sr. BHPS assists the four local NAMI affiliates with their infrastructure. As a NAMI State Family-to-Family and Support Group Trainer, the Family Advocate PEI Sr. BHPS provides support groups and Family-to-Family trainings to local NAMI affiliates. RUHS – Behavioral Health has provided workspace dedicated to the Western Riverside, Mt. San Jacinto, and Temecula NAMI affiliates. These workspaces may include computers, telephone access, storage, and conference rooms. In collaboration with local NAMI affiliates, the Family Advocate PEI Sr. BHPS provides NAMI High School Campus (NHSC). In partnership with PEI, the Family Advocate 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 Family Advocate PEI Sr. BHPS works closely with the PEI team 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.

A Family Advocate Sr. BHPS is assigned to the Mid County Region "Family Room" innovative program. 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. The Family Advocate Sr. BHPS provides leadership, mentorship, and guidance to Family Advocate BHPS.

Two Family Advocate Sr. BHPSs are assigned to the TAY Drop-In centers. The TAY Drop-In Centers are an innovative free flowing nontraditional approach to working with Transitional Aged Youth (16 to 25 years of age) and their families. The TAY Centers are designed to provide recovery focused services to youth utilizing staff with lived experience (Peers) and clinical staff. The vision is to have integrated teams that provide all levels of service, from engagement, support, coaching, life skill development, behavioral recovery education, therapy, medication services and resources. These centers are an open, safe, and welcoming environment; free from judgment and stigma helping transitional aged youth (TAY) achieve wellness. The centers are designed to provide a drop-in atmosphere, so that youth and their families feel encouraged and comfortable to come in and receive any and all levels of support. Services are centered on recovery model concepts and practices, and driven by the consumer voice. The recovery model conceptualizes a person's Choice, Hope, Empowerment, Environment, Spirituality, Discovery and Self-Advocacy; these are the driving forces of the treatment team assisting a person to discover a life of meaning and purpose. Education, information and engagement of parent, family members and other supportive persons are included in the services and are at the receiving end of supportive services from Family Advocates and Parent Partners. 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 Family

Advocate Sr. BHPS will be providing leadership, mentorship, and guidance to BHPS. This countywide innovative program is located in each region: Western, Mid County, and Desert.

Three Family Advocate Sr. BHPSs are assigned to regional areas within Riverside County. Working in collaboration with providers, a Family Advocate Sr. BHPS will be providing leadership, mentorship, and guidance to BHPS. These regional Family Advocate Sr. BHPS provide appropriate and relevant services to family members of adults with serious mental illnesses in their respective regions of Riverside County; they are easily accessible and "welcoming" and advocate on their behalf. They will provide lead support, education, resources and assistance in navigating the mental health system to family members of adults with a serious mental illness in their regions clinics and programs. In addition, they will develop and facilitate family support groups and educational presentations for family members within our mental health programs and community. Regional Family Advocate Sr. BHPSs continuously collaborate and develop effective relationships with mental health providers, programs, clinics and community organizations to promote family integration into our mental health services delivery. They act as lead in supporting, coaching and in an advising capacity to BHPSs.

Through the Workforce Education and Training (WET) Program, five Family Advocate Sr. BHPS were trained to facilitate Mental Health First Aid (MHFA) in both English and Spanish to their communities. Due to the increased demand for MHFA classes, an additional six Family Advocate Sr. BHPSs and one Family Advocate BHPS were trained as MHFA facilitators in 2019. As a result, the FAP now has 12 certified MHFA trained facilitators conducting classes throughout Riverside County. 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 Family Advocate PEI Sr. BHPS is designated as the Adult MHFA coordinator and as such, collaborates with other Family Advocate trained staff to provide this course to the community at large. In the year 2017, from August to December, the Family Advocate Adult MHFA facilitators graduated 143 Mental Health First Aiders. In 2018, the Family Advocate Adult MHFA facilitators graduated 274 Mental Health First Aiders.

Family Advocate Behavioral Peer Specialists (BHPS)

Currently, the FAP has Family Advocate Behavioral Health Peer Specialists (BHPS) assigned to several clinics within Riverside County. These Family Advocate BHPSs work directly with family members of consumers within their clinics. The FAP has added Family Advocate BHPSs to provide support at the Blaine, Hemet, and Indio Adult Behavioral Health Clinics. These

additional Family Advocate BHPSs 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 Family Advocate BHPS is assigned to the office of PG and LTC programs and assists families with Mental Health Court. This Family Advocate BHPS will provide support, resources, and education to families whose loved one is placed on conservatorship and/or are at a Long Term Care Facility. The Family Advocate BHPS acts as a liaison between families and these programs to offer additional support and an understanding of the LTC and PG processes. Also, a Family Advocate 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).

Volunteers and interns continue to be an essential part of the FAP. Family Advocate Sr. BHPSs mentor volunteers and interns 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 Family Advocate 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.

Goals

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 Family Advocate BHPS positions to other clinic sites and programs such as Substance Abuse clinics, TAY Drop-In Centers, and Navigation Center.
- Offer Dialectical Behavior Therapy to family members and caregivers.
- Recovery Management for family members and caregivers.
- Develop and facilitate Forensics Support Groups for family members and caregivers.
- 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. Up until the third quarter of the year 2018, the FAP has engaged 3,200 family members and/or caregivers

through the provision of special events, support groups, outreach engagements, and contact via telephone or e-mail. This number does not reflect the 474 MHFA graduates.

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 been developed in response to the many obstacles confronting families seeking mental health care and to ensure treatment and support be comprehensive, coordinated, strength-based, culturally appropriate, and individualized. The Parent Support Program activities are intended to engage parents/caregivers from the moment they recognize assistance is necessary. Activities include parent-to-parent support, education, training, information and advocacy. This will enhance their knowledge and build confidence to actively participate in the process of treatment planning at all levels and relate 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 transformation to promote better outcomes for children and their families.

Background

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

What is a Parent Partner?

Parent Partners are hired as county employees for their unique 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 has been able to individually reach out to over 26,000 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 57 Total (26 whom are bilingual).

There is a quarterly county-wide Parent Partner Meeting for all 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, Crest/Reach, SafeHouse, HHOPE, Confidentiality, Mandated Reporting, Team Building, Boundaries, Strengthening Families and Documentation for Parent Partners. Parent Partners county-wide participated in the UACF and UC Davis Parent Partner Training's. A Parent Partner curriculum continues to enhance training for all newly hired parent partners. This is inclusive of an 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. With the addition of our System of Care Providers, we have also included the Parent Partners working within those Providers.

PS&T was able to co-facilitate the Eighth Annual All Peer Retreat, with all Parent Partners, Family Advocates, and Peer Specialists coming together. Over 196 Peer Specialists, Parent Partners, TAY Peer Specialists and Family Advocates participated in our first Peer Conference. There were a variety of Workshops, Key Note Speakers for all Peer Staff to be educated on. PS&T was excited to come together with all of the amazing people who work for the Department who have lived experience, to network and learn from each other.

PS&T Program 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 continue to be heard in both systems. Parent Support & Training Program continues to attend TDM/CFT to be a part of the process and a support to the families. PS&T Program attended 194 Meetings for families and 13 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 more of our local Universities Nursing and PA Programs, to bring a more physical health overall wellness approach. The Event was well attended with over 1800 participants.

In this fiscal year, PS&T has collaborated with Substance Use, to provide Triple P to the families that are in the Family Preservation Program. 196 parents have taken Triple P through this new endeavor. As we continue to partner with Probation, 235 parents at the Day Reporting Center have participated in Parenting Classes. As we have been providing Triple P at Smith Correctional Facility, 207 parents have participated while incarcerated.

With Special Projects, PS&T has been able to utilize community 76 volunteers during FY1718 with outreach events and donation projects.

- 17th Annual Back to School Backpack Project: 582 backpacks were distributed to youth at clinics/ programs.
- 17th Annual Thanksgiving Food Basket Project: 166 food baskets were distributed to families.
- 17th Annual Holiday Snowman Banner Project: 1,659 snowflake gifts were distributed to youth in clinics/programs.
- In the Mentoring Program, coordinated through Oasis, an average of 33 youth has been in the Mentoring Program at any given time during FY17/18. The mentors are varied in their life experience and education. Several of the mentors have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the objectives for the youth is to be linked with an interest in the community. Clinicians will 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. The goal is to have support groups County-wide in English and Spanish.

Support Groups

- Open Doors Riverside (Parent Support)
- Open Doors Murrieta (Parent Support)
- Open Doors Riverside – Spanish (Parent Support)
- Open Doors San Jacinto (Clinic Parent Partner)
- Open Doors San Jacinto - Spanish (Clinic Parent Partner)
- Open Doors Banning (Clinic Parent Partner)
- Open Doors Perris (Youth Group-Parent Support)

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. In this fiscal year PS&T Program has had 528 parents in the community participate in our Parenting Classes.

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.

Triple P Teen – Triple P Teen is an evidence-based parenting program for parents raising youth that are 12 years and older.

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.
- Seven (7) 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 Housing to work with our families that are homeless in Riverside County.
- 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 Activis 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 (Faith Based Communities)
- 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 (CSOC) CORE Meeting
- Pathways to Wellness (CSOC) Steering Committee
- Pathways to Wellness (CSOC) 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

Parent Support and Training Program FY19/20

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

Parent Support and Training Program will continue to facilitate parenting classes/trainings that are provided to parents/caregivers who receive services through clinics/programs. The classes/trainings are also available to the community. PS&T will continue to provide ongoing

support groups that are open to the community for parents/caregivers who are raising children who are experiencing challenging behaviors.

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

PS&T Program is implementing the Mental Health First Aid (Youth), Strengthening Families and Safe Talk Trainings that will be open to all community members that are interested in participating in this valuable training. The vision is to also be able to facilitate these Trainings at school sites for staff, parents and youth. PS&T Program will continue to facilitate the Parent Partner Trainings for parents/caregivers in the community as well as to newly hired parent partners within the Riverside University Health System – Behavioral Health and Department of Public Social Services to learn more about Recovery Skills, Telling their Story, and working within the county system as an employee/volunteer. Parent Support and Training Program continues to network within the County Behavioral Health System as well as community-based organizations to bring information to parents. PS&T will continue to be a part of the Law Enforcement Training, as a part of the Panel Presentation, to provide the parent perspective when a child is 5150'd.

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

Parent Support and Training will continue their collaborative efforts with Department of Public Social Services and Probation in regard to the Pathways to Wellness (Katie A.) and Continuum of Care (CCR) legislation and transformation of Mental Health Services to families within systems. PS&T will continue to collaborate on committees and with ongoing trainings to staff,

community, parents, and youth that are involved with that system. Parent Support and Training plans to have a key role in upcoming Child, Family, Team Meetings, and providing Intensive Home-Based Services to those families. PS&T will begin to offer Orientation Meetings for parents of youth that are involved within the Juvenile Justice System.

One of the identified areas of need is for homeless families that we work with. This will be a continued area of focus. Families and youth are more successful when there is a component of housing stabilization for the entire family.

PS&T will be adding a Senior/Lead Parent Partner with our Cultural Competency Program and to work with a new approach to community engagement with the Open Table Concept for the families that we work with in the community.

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

The Goal

The goal is for Riverside's Parent Support Program to assist families, regardless of whether or not they are receiving any type of mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family. The African American population is an identified population that PS&T is actively participating in regarding Outreach and Community Events. The Homeless Population of Families is also an identified high needs population that PS&T is actively outreaching. A need that has been identified by the Prison-Release Parents and the Parents involved with the Children Protective Services Population, is the need for Anger Management Classes that will engage and help this population of Parents with their anger issues and how to effectively advocate for their Children within the multitude of systems in which that they are involved. A continued need that is identified by the parents that we work with is the need for Childcare. The parent perspective will be incorporated in all aspects of planning and at the policy level. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will help to avoid homelessness, hospitalization, and incarceration, out of home placement, and/or dependence on the state for years to come. Parent Support & Training has developed a parenting plan for implementation into the County Jail System. This will be a collaborated effort, so that as prisoners take parenting classes while incarcerated, the classes will transition to the DRC as prisoners are released.

This goal will be accomplished through parent-to-parent support, peer support, advocacy, training and tangible resources. Scholarships and childcare will be provided for education and training to parents who would not be able to attend otherwise. Additional services will be offered for “clients and their families” such as mentorship, transportation, and donated goods. Activities provided will increase participation and involvement of parents/caregivers who have children/youth that are unserved, underserved, or inappropriately served as well as enhance partnerships between families and professionals within multiple systems. The program will require Parent Partner positions and recruitment of volunteer’s county-wide, to ensure the necessary infrastructure is in place to support this program. Expansion of supports and services will reduce stigma while providing support to the unserved, underserved, and inappropriately served and will target culturally diverse populations as required in the Mental Health Services Act.

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 / Data

De Novo Programs

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 recovery opportunities.

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

RI- International, Wellness City provides an open recovery environment for adults and transitional aged youth (TAY) where they can explore a wide range of mental health and recovery based services. Wellness City programs are based on the foundation of recovery and reflect RI International’s service values like hope, empowerment, wellness, community focus and personal responsibility. As part of a larger organization we ensure individuals are equipped and presented with the highest organizational values at our centers.

These values reflect the professional and purposeful mission of all Wellness Cities with the highest of quality, creativity, teamwork, and cultural competence. Wellness City provides an environment for individuals to embark or expand their recovery journey. Our well trained peers,

titled Recovery Coaches, have experiences of their own recovery successes and share their experiences in order to instill hope alongside each participant. Individuals that participate in our program are considered Wellness City, Citizens, just like in any community where they both participate and receive from the community.

The citizens of Wellness City learn to identify their personal strengths and challenges in order to develop personalized action plans that incorporate their dreams for the future. Each citizen of Wellness City partners with a Recovery Coach and creates a strong and trusting relationship between Wellness City citizens and coaches. These relationships are nurturing and most importantly allow Wellness City to be part of a healing recovery community. The healing dynamics of Wellness City include the following services to support: wellness and recovery.

Recovery Education:

Recovery Education classes are offered daily where citizens can learn, explore and practice wellness in all its dimensions. Wellness City offers groups and activities that support each citizen in directing their own recovery journey. All activities are useful, engaging and fun but are also guided by the Recovery Pathways. Opportunities to participate in elective Enrichment classes are offered. Interests such as public transportation, financial management and self-advocacy are also addressed. Individuals are encouraged to participate in recovery classes and activities, where they can practice wellness in all its dimensions: Social, Emotional, Intellectual, Occupational, Spiritual, Physical, Financial, Recreation, Home and Community. Town Hall meetings are held once a month in order to open up the opportunity for, each citizen to share and celebrate their progress and seek support from other Wellness City citizens.

Community Enrichment Activities:

Wellness City offers a comprehensive program of wellness including community enrichment activities that are scheduled monthly. Our ultimate goal is to see each participant achieve a greater level of independence and involvement in the community. Wellness City hopes to provide opportunities for participants to express interest and introduce new experiences and activities that ultimately enrich their lives.

Resource Center:

RI International's Wellness Cities have a resource center where participants have access to information on Employment, Housing, Benefits, Education and more. Support is always available for those in navigating opportunities and research.

Peer-Support:

Recovery Coaches assist the development of a “Personal Wellness Plans”. Each citizen has the opportunity to schedule a “One on One” support from the coaches to go over wellness, goals and future opportunities to enrich their recovery journey.

Criteria for Eligibility:

The criteria for eligibility are open to anyone who has experienced behavioral health services and lives in the Riverside County area. Orientation packets are available upon arrival to the centers. Recovery Coaches or Engagement Specialists are available to answer all questions on site.

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

- Department of Rehabilitation
- Riverside County Department of Public Social Services
- Housing and Urban Development
- Medi-Cal/ MediCare
- Transportation Assistance Program (TAP)
- Vocational Rehabilitation
- Riverside Community Colleges
- SSI Advocacy Firms
- Insurance Benefits and Coverage
- CalFresh and SNAP Benefits
- Student Assistance Program

Community Partnerships, Fairs and Support:

Partnerships and fairs allow RI International with various community organizations and have expanded the services and support we provide throughout Riverside County. The following are a few of those collaborations:

- Wellness Cities across Riverside County, partnered with RUHS-BH Mental Health Clinics. Presentations opened up the potential for participants to receive services at RUHSBH Mental Health Clinics.

- RI International participated in the May is Mental Health Fair. Citizens were able to gather resources from other local mental health agencies. Citizens also had the opportunity to receive medical and dental screenings and join the health workshops offered at the fair.

- Loma Linda University Nursing department partnered with RI International to present citizens with different methods for recovery and overall mental health. Loma Linda Nursing students presented classes from an array of different health topics. Interns shared health facts and promoted overall wellness to our citizens. In the future our partnership with Loma Linda Nursing Department seeks to expand its topics to Public Health Education.

- Riverside Wellness City partnered with Blaine Street Clinic to provide support and outreach to locals in the Riverside area.

- RI International partnered with NAMI, ANKA and Telecare to collaborate and introduce RI's services for future referrals.

- 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.

- RI International- Eastern Region, partnered with Palm Springs Unified School District to provide information about our services and outreach to prospective TAY citizens.

- RI International partnered with the College of the Desert to inform nursing students about our program for future referrals.

Community Enrichment Activities:

Enrichment activities were offered at all Wellness Cities depending on the suggestions from citizens per location. Popular activities include: movies, museums, concerts, performing arts events, community festivals, fairs. For example, some of the other activities attended this year include:

- Wellness City citizens attended the Mental Health Art Show –Fair Grounds, Indio. Citizens had the opportunity to attend the art show and several citizens displayed their work and poems. The citizens also displayed their group project of a thousand paper cranes and won third place.

- RI International provided an opportunity for citizens to participate in a Sound Bath meditation in Indio. This opportunity allowed them to explore their spiritual wellness and strengthen inner coping mechanisms. The event was a success and citizens felt balance and serenity throughout the hour. This was a perfect opportunity to self-reflect and enjoy a new experience for the citizens.

- The NAMI walk at Diamond Lake in Hemet was a popular event across all Wellness Cities. Citizens walked to raise awareness for mental health and to reduce the stigma surrounding mental health

- 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. The film was followed by a speaker, peer, from the Contact for Change program.

- As part of a yearly tradition, RI International hosted their Annual Holiday Celebration for participants across all Wellness Cities in Riverside County. Participants enjoyed a catered meal while participating in karaoke, and line dancing. 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.

Wellness City Outreach and Unique Individuals Served:

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

- Western Region outreached to eight hundred and seventy-nine (879) individuals.
- Mid-County Region outreached to one thousand and forty (1,040) individuals.
- Desert Region outreached to one thousand six hundred and twenty-six (1,626) individuals.
    - A combined total of 3,545 individuals were reached throughout Riverside County.

Adult Services:

Adult Services provided support 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

The following represents the number of unique individuals served per region:

- Western Region supported three hundred and four hundred and seventy-seven (477) individual participants
- Mid-County Region supported three hundred and thirty-nine (339) individual participants
- Desert Region supported four hundred twenty-five(429) individual participants
    - A combined total of 1,245 adult participants were served throughout Riverside County.

Transitional Aged Youth (TAY) Services:

TAY Services support individuals from the age of 16 through 25. Services and supports focus on the unique needs of the TAY population.
The following is a report of the number of unique TAY individuals served per region:

- Western Region provided service to eighty-six (86) participants

- Mid-County Region provided service to sixty-three (63) participants
- Desert Region provided service to thirty-five (35) participants.
    - A combined total of 184 TAY participants were served throughout Riverside County.

Other notable support services include:

Western Region:

- Support for twenty-four (24) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for twenty-two 22) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported thirty-four (34) individuals with enrolling in an education program and twenty (20) individuals completed an educational goal.
- Supported fifty-five (55) unique individuals in applying for benefits and of those fifty five, fifty-two (52) of them are now receiving benefits which has enhanced the financial wellness for these individuals.

Mid-County Region:

- Support for nine (9) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for eighteen (18) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twenty-five (25) unique individuals in enrolling in an education program and sixteen (16) individuals completed an educational goal.
- Supported twenty-six (26) unique individuals in applying for benefits and of those twenty two, (22) of them are now receiving benefits which can create financial wellness for these individuals.

Eastern Region:

- Support for seven (7) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for eighteen (18) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.

- Supported twenty-three (23) individuals with enrolling in an education program and twelve (12) individuals completed an educational goal.
- Supported eighteen (18) unique individuals in applying for benefits and of those twenty five, eleven (11) 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”
- “Empowerment is our goal”
- “Home away from home”
- “I like that everyone smiles, it makes me feel comfortable”
- “Where everyone is treated equal”

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. In FY 18, RI International provided seven classes in Riverside County though this contract, with a total of 140 individuals graduating with the certified peer support specialist credential. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery.

Dates	Region	Class Name	# of Graduates
7/11/17 to 7/21/17	Western	Empowerment League of Beautiful Minds	21
9/11/17 to 9/22/17	Desert	Peers for Fears	17
11/6/17 to 11/17/17	Western	65th Resistance	22
1/12/18 to 1/26/18	Mid-County	Serenity Seekers	20
3/5/18 to 3/16/18	Western	Riverside Recovery Rock stars	21
4/9/18 to 4/20/18	Desert	Peer Shenanigans	20
6/4/18 – 6/15/18	Mid-County	Piercing Hearts Out of the Darkness	19
		Total number of graduates FY 18	**140**

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 18 include:

- The Riverside Arts Council asked us to feature two of our Art Works volunteer teachers in their "Spotlight" article to bring attention to "the meaningful impact RI is having on the community".
- Art Works was invited to do an eleven-piece art exhibit in Congressman Mark Takano's office. We displayed our participant's work.
- One of our participants became Ambassador for Riverside County of ACCESS, Advancing Client and Community Empowerment through Sustainable Solutions, funded by MHSOAC. She was sent to Sacramento to learn how they "strengthen and expand local and statewide client/consumer stakeholder advocacy in California's Public Mental Health System through individual and community empowerment.
- One participant went back to school to become a surgical technician and, after a lengthy job search, was hired in March. She is ecstatic that she reached this goal.

Some participant comments from the FY18 satisfaction surveys are:

- Had so much fun – really calmed me down and released stress! Thank you.
- I am happy to be here and I have made a wonderful start to an endeavor in watercolor. All participants and facilitators were a delight.
- Art Works has helped me greatly in the past and I need that help again. Thank you
- Art Works has been here for me at different times in my life and has helped me by encouraging my art and the After Works program. I have learned to create a variety of art projects that I would not have understood how to create and impress others with my ability to perform art. My art display has been here for a long time and that I can feel good about. Thank you very much.
- Selvino and his assistant Karen conducted every class with enthusiasm. The clients thoroughly enjoyed this experience and we are eternally grateful for this opportunity. (RIM hosting agency comment)
- Was really quite well done and we are very grateful for the consistent six weeks of instruction and guidance. Can't think of any changes that would make it better.
- Very therapeutic in my recovery. Thank you Art Works program!

- It has been an asset to my recovery. Best thing ever. Thank you.
- You guys help me feel confident and cared about. Thank you.
- Art Works is amazing. Very relaxing.
- Cindy and Susana were terrific teachers – kind and patient. They are very good teaching the quilling. I am motivated to do it at home. I have already bought my own materials and made a few cards both large and small.
- What a great opportunity to learn quilling – something I had not heard of before.
- I feel the Art Works is very beneficial for mental health. Many have discovered they enjoy art more than they thought and have talked about pursuing more.

Art Works Gallery Classes

Art Works held 55 unique workshops. There were approximately 313 unduplicated students served at these classes. Some of the classes included watercolor painting, Dream Manager, tissue paper painting, recovery stories, quilling, acrylic painting, peer chat/adult coloring, inspirational movies, open studio, collage, finger painting, weaving, felt flowers, mixed media, melted beads, washer pendants, cupcake social, block printing, zentangle, fused glass, beaded bracelets, teddy bears, paper crafts, woven baskets, abstract painting, gel painting, papier mache, silhouette paintings, autumn leaf bowls, floral arranging, photography, recreate the masters painting, line dancing, beading, ornaments, coats of arms, sketching basics, perspective painting, mosaic, felted hearts, paper beads, Fimo clay, still life palette painting, book club, spray paint art, karaoke, cartooning, diamond art, and crepe paper roses to name a few. 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. When a piece sells, 70% goes to the artist and 30% goes back to Art Works. 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.

- Three participants collaborated to teach a Heraldry/Coat of Arms class. Each person created their own Coat of Arms with pictures of items that are important to them. They shared their finished projects with the class and explained the meaning of each symbol.

- A participant was having anxious feelings about her living situation. Susana, one of our peer support coordinators, was able to support her to focus on creating art which, after 30 minutes, brought her back to her happy art creating place. She then sang the first Karaoke song.
- A participant who started at Art Works very new in her recovery has now taught classes as a volunteer, completed PET, and was hired at an RI program using her newly found skills.

After Works Workshops

Our *After Works* classes are held on Friday nights and are open to the community at large. The purpose is to have program participants and individuals not enrolled in our services engage in art projects together as equal community members which serves to reduce the stigma attached to mental illness. There were 50 After Works workshops during the fiscal year teaching 35 unique classes every Friday night to a total of 211 duplicated participants during FY 18. Some of the classes taught this year were quilling, sand casting, cement pots, poetry, solar lights, sailboat models, rock painting, mindful painting, sand candles, spooky mason jars for Halloween, shrinky dink pendants, painted skulls, watercolor painting, game night, Festival of Lights, holiday ornaments, coffee painting, custom paper bags, holiday cards, 2018 calendars, fabric pouches, journals, block printing, street art painting, memory wire bracelets, origami, chalk drawing, palette knife painting, and jewelry making 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 18. There were 892 people reached through outreach activities during this fiscal year.

On the first Thursday evening of every month from 6pm to 8pm, 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 40 duplicated individuals visited Art Works during Art Walks in FY 18.

In addition, Art Works participated in the Riverside Art and Music Festival, Fiesta Day at Canyon Lake, May is Mental Health Month in Riverside and Perris, and Parking Space Day in Downtown Riverside.

We presented six exhibits during the year at our Studio: Paintings by Art Works' Artists, Weaving from the Loom, Christmas Show, We Put the Art in Heart and Photo, Recycled Art, and Entries from the Indio Art Show.

One of our participants who started coming to Art Works a couple of years ago had no confidence at all in her artistic talent when she first started coming. In August, we exhibited her work for six weeks….mixed media that she has fallen in love with and she has discovered a newfound confidence in her abilities. Another participant had his work on exhibit at Back to the Grind….his first ever big exhibit outside of Art Works.

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, and recruit possible volunteer teachers as well as new participants.

Off-site events included; attending the Saw Dust Festival in Laguna Beach, the California Science Museum in Los Angeles, Huntington Gardens, and the Museum of Tolerance

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 sometimes a peer assistant. Classes this year included acrylic painting, quilling, and "The Inner Me" painting. In FY 18 a total of 256 duplicated attendees were served by RIM at the following venues:

- Sunrise Recovery Ranch
- Brighter Day Sober Living
- Eddie Dees Senior Center
- Cielo Sober Living
- San Jacinto Behavioral Health
- Banning Older Adult Clinic

One of the RIM hosts sent the following email: "I wanted to take a moment to let you know Artworks coming to the clinic was a wonderful experience and we are looking forward to having the art work displayed at the art show. We think Susana is great……..very mellow and this helped with anxiety. She spent time with each client encouraging them to follow their heart, then provided support. She is super nice too!!! THANK-YOU!!!!!!"

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. With a Program Coordinator in each region and their own team of peer presenters, these teams go throughout the County sharing their personal recovery stories, instilling hope that recovery is possible for all, and sharing resources for people to seek help for themselves and/or their loved ones.

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 (SB)

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

Western Region: We conducted 23 SB presentations to 372 audience members.

- Venues included the Rape Crisis Center, Fair Housing Council, 211 Connect, Eastside Partnership Meeting, Grandparents raising Grandchildren, Intercoast College, Disability Access Center, Innovation High School, Preschool Parent Advisory Committee, District Attorney's Office, Learn 4 Life, and the Red Cross.

Mid-County Region: We conducted 21 SB presentations to 1478 audience members

- Venues included Tahquitz High School, Dora Nelson African American Museum, San Jacinto College, Lake Elsinore Senior Center, Center for Spiritual Living, Community Christian Church, Paloma Valley High School, Pinacate Middle School, and Perris Rotary Club

Desert Region: We conducted 32 SB presentations to 421 audience members

- Venues included LGBT Community Center, Soroptimist House of Hope, Desert Sands Unified Transportation Dept., Center for Employment, Help for Future Leaders, Park David Senior Apts., Shelter from the Storm, Senator Jeffrey Stone's office, Banning Senior Center, Banning Probation Dept., Serenity Hospice, Word of Life Church, and Big Brothers/Big Sisters.

Region	# of presentations	# of audience members
Western	23	372
Mid-County	21	1478
Desert	32	421
Total	76	2271

Some of the audience written comments include:

- I appreciated how honest the stories were and it helped me understand a different side to mental illness. Great presentation!
- Did an awesome job. Very inspirational and relatable
- I love that they gave their time and appreciate them being this strong and loving to share their wonderful stories with us and would hope to see more like this in the future because stories can change people's lives and help them through depression themselves.
- Thank you for sharing your stories. They touch my heart. You guys are really brave. Your stories are truly amazing. Thank you for taking the time to visit us.
- The speakers were great and their stories were/are very moving and I am so happy I came. Hearing these stories give me a different view.
- Thank you for taking time out of your day to speak to us. I enjoyed hearing your stories. Believe it or not, you are inspiring individuals and I will keep this information in mind. Anyone is capable of achieving their goals. Keep chasing your dreams.

Educator Awareness Program (EAP)

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

Western Region: We conducted 6 EAP presentations to 85 educators.

- Venues included Riverside County Office of Education, Rising Stars Academy, Abe Lincoln High School, Youth Opportunity Center, and RUSD Family Resource Center

Mid-County Region: We conducted 6 EAP presentations to 134 educators.

- Venues included SELPA Perris, Boys and Girls Club of Perris, Lake Elsinore Unified School District, and Tahquitz High School

Desert Region: We conducted 9 EAP presentations to 134 educators.

- Venues included PSUSD District Office, Palo Verde Unified School District, Jefferson Middle School, Mohave River Academy, Banning High School, Westside Elementary, Indian Health Native Challenge, and Desert Ridge Academy.

Region	# of presentations	# of educators
Western	6	85
Mid-County	6	134
Desert	9	134
Total	21	221

Educator written comments include:

- Thank you for sharing your personal stories and promoting that positive educator to the children in our class.
- Thank you so much for moving testimonies to shine different light on mental illness.
- The presentation was awesome! These two ladies were very brave and made me cry and think about all my children in the classroom. Thank you!
- Thank you for sharing your stories. I will educate myself on the signs of a mental illness.
- I am impressed with your insights with mental illness and your strength to overcome.
- Thank you very much! Such powerful and dynamic speakers. I would love to have them speak to our educators and staff.

De Novo – Integrated Care Behavioral Health Full Service partnership Programs

During FY 18, RI International was awarded the contract for two clinics (one in Perris and one in the Desert Region) to those with Mental Health and/or Substance use challenges who are also criminal justice involved. Start up for those programs occurred during FY 18 and services will begin during the FY 19.

MHSA Funding Summary

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

County: Riverside

Date: 5/31/19

	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	52,597,812	22,305,134	19,585,405	4,685,822	18,814,265	
2. Estimated New FY2017/18 Funding	83,259,548	20,814,887	5,477,602			
3. Transfer in FY2017/18[a/]						
4. Access Local Prudent Reserve in FY2017/18						
5. Estimated Available Funding for FY2017/18	135,857,360	43,120,021	25,063,007	4,685,822	18,814,265	
B. Estimated FY2017/18 MHSA Expenditures	68,262,017	20,446,150	7,979,406	2,337,174	864,724	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	67,595,344	22,673,870	17,083,601	2,348,648	17,949,541	
2. Estimated New FY2018/19 Funding	76,029,055	19,007,264	5,001,912			
3. Transfer in FY2018/19[a/]	(14,000,000)			2,000,000	12,000,000	
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	129,624,399	41,681,134	22,085,513	4,348,648	29,949,541	
D. Estimated FY2018/19 MHSA Expenditures	71,585,150	22,330,552	9,854,259	2,814,722	500,000	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	58,039,249	19,350,582	12,231,254	1,533,926	29,449,541	
2. Estimated New FY2019/20 Funding	73,522,170	18,380,542	4,836,985			
3. Transfer in FY2019/20[a/]	(14,000,000)		0	2,500,000	11,500,000	
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	117,561,419	37,731,124	17,068,239	4,033,926	40,949,541	
F. Estimated FY2019/20 MHSA Expenditures	66,728,457	23,441,987	9,209,126	2,917,348	23,021,167	
G. Estimated FY2019/20 Unspent Fund Balance	50,832,962	14,289,137	7,859,113	1,116,578	17,928,374	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	24,217,189
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	24,217,189
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	24,217,189
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	24,217,189

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: 5/31/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Childrens	7,458,186	2,112,325	2,902,920	0	0	2,442,940
2. CSS-02 TAY	4,483,907	1,296,195	2,397,877	0	0	789,835
3. CSS-03 Adults	24,523,838	11,300,904	10,600,622	0	0	2,622,312
4. CSS-04 Older Adults	5,809,086	2,406,163	3,227,298	0	0	175,625
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-01 Childrens	45,824,569	7,228,979	21,523,937	0	0	17,071,653
2. CSS-03 Adults	86,874,719	37,423,294	41,192,877	0	0	8,258,548
3. CSS-04 Older Adults	9,884,384	4,382,385	4,867,498	0	0	634,501
4. CSS-05 Peer Supports	187,167	187,167	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	571,354	391,045	180,309			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	185,617,209	66,728,457	86,893,338	0	0	31,995,414
FSP Programs as Percent of Total	63.4%					

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: 5/31/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness, & Stigma I	18,169,801	16,305,320	978,694	0	0	885,788
2. PEI-02 Parent Education and Support	6,016,092	1,956,692	1,676,764	0	0	2,382,635
3. PEI-03 Early Intervention for Families in Schools	736,220	736,220	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,031,629	1,031,629	0	0	0	0
5. PEI-05 First Onset for Older Adults	723,224	723,224	0	0	0	0
6. PEI-06 Trauma-Exposed Services	806,277	806,277	0	0	0	0
7. PEI-07 Underserved Cultural Populations	1,298,523	129,523	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	524,329	524,329	0	0	0	0
12. PEI-05 First Onset for Older Adults	292,277	284,602	7,674	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	944,170	944,170				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	30,542,543	23,441,987	2,663,132	0	0	3,268,423

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: 5/31/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-05 TAY One-Stop Drop-In Center	10,166,275	6,536,915	3,629,360	0	0	0
2. INN-06 Commercially Sexually Exploited Chi	3,901,039	2,672,212	1,228,827	0	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	14,067,314	9,209,126	4,858,187	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: 5/31/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	2,084,573	1,362,697	721,875			
2. WET-02 Training & Teach Assist	70,190	45,883	24,306	0	0	0
3. WET-03 MH Career Pathways	116,403	116,403	0	0	0	0
4. WET-04 Residency/Internship	1,674,520	1,200,739	341,720	0	0	132,061
5. WET-05 Financial Incentives	191,626	191,626	0	0	0	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	4,137,311	2,917,348	1,087,902	0	0	132,061

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: 5/31/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Roy's Place-Palm Springs	23,021,167	23,021,167				
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	23,021,167	23,021,167				

Cost Per Client

MHSA Funding
Cost Per Client
FY 2017/18

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	1,169
COST:	$1,772,479
AVERAGE COST:	$1,516

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	995
COST:	$1,795,544
AVERAGE COST:	$1,805

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	4,307
COST:	$8,078,396
AVERAGE COST:	$1,876

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	779
COST:	$1,830,952
AVERAGE COST:	$2,350

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:	13,832
COST:	$7,278,621
AVERAGE COST:	$526

PLAN NAME:	TAY GSD *
UNIQUE CLIENTS:	5,408
COST:	$4,362,050
AVERAGE COST:	$807

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	15,800
COST:	$14,319,666
AVERAGE COST:	$906

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	2,297
COST:	$3,350,770
AVERAGE COST:	$1,459

PLAN NAME:	Adult/TAY Residential Treatment Services
UNIQUE CLIENTS:	1,056
COST:	$1,646,507
AVERAGE COST:	$1,559

PLAN NAME:	Crisis Stablization Units
UNIQUE CLIENTS:	7,211
COST:	$5,582,599
AVERAGE COST:	$774

MHSA Funding- PEI
Cost Per Client
FY 2017/18

PEI PROGRAMS- PREVENTION

	PEI- 01
PLAN NAME:	MENTAL HEALTH OUTREACH, AWARENESS AND STIGMA REDUCTION
UNIQUE CLIENTS:	15,407
COST:	$7,124,227
AVERAGE COST:	$462

	PEI-02
PLAN NAME:	PARENT EDUCATION AND SUPPORT
UNIQUE CLIENTS:	731
COST:	$1,227,191
AVERAGE COST:	$1,679

	PEI-03
PLAN NAME:	EARLY INTERVENTION FOR FAMILIES IN SCHOOLS
UNIQUE CLIENTS:	425
COST:	$911,700
AVERAGE COST:	$2,145

	PEI-04
PLAN NAME:	TRANSITION AGE YOUTH (TAY) PROJECT
UNIQUE CLIENTS:	9,447
COST:	$912,883
AVERAGE COST:	$97

	PEI-05
PLAN NAME:	FIRST ONSET FOR OLDER ADULTS
UNIQUE CLIENTS:	3,835
COST:	$839,863
AVERAGE COST:	$219

	PEI-06
PLAN NAME:	TRAUMA-EXPOSED SERVICES
UNIQUE CLIENTS:	180
COST:	$311,888
AVERAGE COST:	$1,733

	PEI-07
PLAN NAME:	UNDERSERVED CULTURAL POPULATIONS
UNIQUE CLIENTS:	156
COST:	$893,001
AVERAGE COST:	$5,724

PEI PROGRAMS- EARLY INTERVENTION

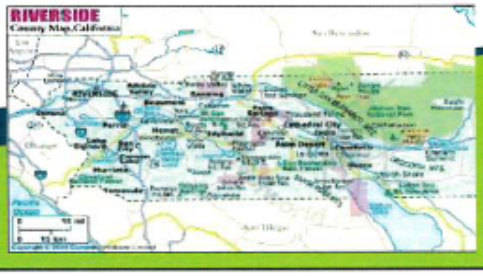
	PEI-04
PLAN NAME:	TRANSITION AGE YOUTH (TAY) PROJECT
UNIQUE CLIENTS:	228
COST:	$385,911
AVERAGE COST:	$1,693

	PEI-05
PLAN NAME:	FIRST ONSET FOR OLDER ADULTS
UNIQUE CLIENTS:	106
COST:	$230,691
AVERAGE COST:	$2,176

Mental Health Services Act 2019 Annual Plan Update

Riverside University Health System

Behavioral Health



Riverside County

- Estimated Population: 2,423,266 (U.S. Census Bureau report, 2017)
- **4th largest county in California by population and by land area**
- Riverside County is roughly the size of the State of New Jersey, containing frontier, rural, and metropolitan population densities, resulting in plan implementation barriers of small, medium and large counties combined
- **Riverside County ranked 3rd in population growth in counties nationwide; the only California county to make the list of "Top 10 Gainers" in the last US Census Bureau report**
- Western Riverside is most populated and faced the highest population growth pressures

Riverside University HEALTH SYSTEM Behavioral Health

Diversity

- 48% Latino/Hispanic; 36% Caucasian; 6.4% African-American; 6% Asian/PI; American Indian < 1%
- Riverside County Dept. of Public Health (2014) estimated the LGBT population between 71,000 to 236,000, potentially making this community the 3rd largest minority group in Riverside County
- Riverside County is home to one of the two schools for the deaf in California. Estimated population of deaf individuals nationally is 10%; Riverside County estimate is 17%
- 38% of Riverside County residents were living at or below 199% of poverty in 2016
- Older Adults (age 60+) represents 20% of the population
- TAY (age 16-25) represent 15% of the population

Riverside University HEALTH SYSTEM Behavioral Health

What is a public hearing?

- A status report and open meeting about programs funded in Riverside County by the MHSA
- An opportunity to give community feedback about the MHSA Plan and the programs
- MHSA updates are either on 3-year Plans (like a Care Plan) or an Annual Update (like a progress report)

Riverside University HEALTH SYSTEM Behavioral Health

What to Expect Today

- Get some information about MHSA funded programs in Riverside County
- You will have some brief time to make a verbal comment on the plan
- Encouraged to complete a written comment form (okay to ask for help!)
- Hearings are based on comments, so any question you ask may be rephrased as a comment and then you will be asked if we got it right
- You will have some time after the hearing for more dialogue if you choose

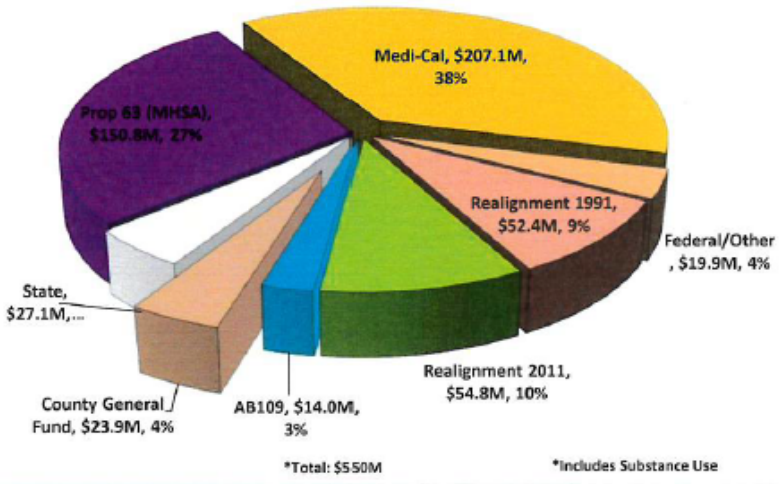
Riverside University HEALTH SYSTEM Behavioral Health

What is MHSA?

- 2004 CA voter approved ballot proposition (Prop 63)
- 1% income tax on incomes over $1 million
- Funds are divided across counties and used to "transform" MH services
- MHSA has rules (regulations) about the limits and possibilities of how the money can be used
- CANNOT pay for involuntary programs, supplant existing funds (November 2004), or SAPT programs (unless COD)

Riverside University HEALTH SYSTEM Behavioral Health

Where does MHSA (purple) fit?



MHSA Frame

- 5 Components:
  1. Community Services and Supports (CSS)
  2. Prevention and Early Intervention (PEI)
  3. Innovation (INN)
  4. Workforce Education and Training (WET)
  5. Capital Facilities and Technology (CF/TN)
- Also pays for CA State administration

Riverside University HEALTH SYSTEM Behavioral Health

CSS

- Largest Component
- Integrated mental health and support services to children/TAY and adults/older adults whose needs not met by other funds
- Full Service Partnerships (FSP) – 50%
- Clinic expansion – includes adding Peer Support, Peer PET, and regional Peer Centers (Wellness Cities)
- Also includes Housing/HHOPE and the Crisis System of Care
- Riverside Workplans: Integrated Services Program for 1) Children; 2) TAY; 3) Adults; 4) Older Adults. Workplan 5 – Peer Recovery Support Services

Riverside University HEALTH SYSTEM Behavioral Health

PEI

- Next largest component
- Reduce stigma related to seeking services, reduce discrimination against people with a diagnosis, prevent onset of a SMI
- Early intervention for people with symptoms for one year or less or do not meet criteria for a diagnosis; low intensity, short term intervention
- Services for youth under age 25 – 51%
- Riverside Workplans: 1) MH Outreach, Awareness, & Stigma Reduction; 2) Parent Education & Support; 3) Early Intervention for Families in Schools; 4) TAY Project; 5) First Onset for Older Adults; 6) Trauma Exposed Services; 7) Underserved Cultural Populations

Riverside University HEALTH SYSTEM Behavioral Health

INN

- Funded out of CSS and PEI
- Used to create "research projects" that advance knowledge in the field; not fill service gaps
- Time limited: 3-5 years.
- Requires additional State approval process to access funds
- Current Riverside Workplans: TAY Drop-in Centers; CSEC Mobile Team; Tech Suite

Riverside University HEALTH SYSTEM Behavioral Health

WET

- Original WET funds were 1-time funds that lasted 10 years. Expired 2018.
- Continued plans funded through a portion of CSS dollars
- Recruit, retain, and develop the public mental health workforce
- Riverside Workplans: 1) Workforce Staffing Support; 2) Training & TA; 3) MH Career Pathways; 4) Residency & Internship; 5) Financial Incentives for Workforce Development

Riverside University HEALTH SYSTEM Behavioral Health

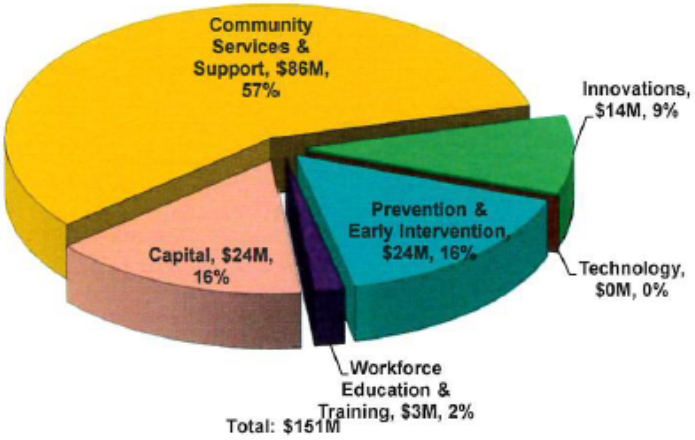
CF/TN

- The last CF/TN funds were allocated in 2013-2014, but a portion of CSS funds can be used to address new workplans
- Completed projects:
  - Desert Safehaven Drop-In Center
  - West Region Children's Consolidation (Myers St.)
  - West Region Adult/OA Consolidation (Rustin Ave.)
  - Electronic Health Record
- Improve the infrastructure of public mental health services: buildings and electronic programs.
- Current Workplans: North Palm Springs Adult Residential Facility with 90-100 beds

Riverside University HEALTH SYSTEM Behavioral Health

MHSA Funds Chart

RUHS - Behavioral Health
FY 19/20 Proposed County Budget
MHSA (Prop 63) Funding Categories



Stakeholder Process

- Stakeholder = People, groups, organizations, government depts., businesses, anyone with a stake or a vested interest
- Feedback accepted all year long, but finishes with the annual update process including a 30 day public posting and this public hearing

Riverside University HEALTH SYSTEM Behavioral Health

Stakeholder Partnership and Participation Structure

(Rev 06/28/2018)

Riverside University HEALTH SYSTEM Behavioral Health

MHSA Stakeholder Partnership and Participation Structure:
"How Can My Voice Be Heard?"

Riverside University HEALTH SYSTEM Behavioral Health

BHC & Community Advisory	Collaboratives	Forums	Posting and Public Hearing
Behavioral Health Commission Commission Meetings • Central • Regional (Desert, Mid-County, Western)	**Prevention and Early Intervention** • Steering Committee* • Quarterly Collaborative Meetings (Sign up at MHSA@rcmhd.org)	**Focus Groups** Focus Groups are coordinated meetings designed to get specific feedback on community needs. They are sometimes used to initiate planning, sustain planning, or to concentrate feedback from a particular population or group.	**Plan Draft Distribution** • RUHS-BH Clinics/Programs • Residential Housing • Wellness Cities • Public Libraries
Behavioral Health Commission Standing Committees • Adult System of Care • Children's Committee • Criminal Justice • Housing • Legislative • Older Adult System of Care • Veteran's Committee	**Workforce Education and Training** • Steering Committee* • Workforce survey, training evaluations, and feedback forms	**MHSA Forums** MHSA Forums are held at community events and are dedicated to education and feedback on the MHSA plan. #MHSAtalks • May is Mental Health Month • Recovery Happens • (More to come)	**Public Hearing** Public Hearing provides the community to give feedback on a proposed MHSA plan • Typically scheduled in May for annual update • Sometimes scheduled at other times of the year based on an individual workplan
Cultural Competency • Reducing Disparities • African Am. Family Wellness Group • Asian Am. Task Force • Community Advisory on Gender and Sexuality Issues • Nosotros Community Settlement • Spirituality Initiative • Native Am. Council (Developing)	**Innovations** • Steering Committee* • Plan related development, monitoring, and support a. TAY Collaborative b. CSEC Program Meeting		www.RCDMH.org MHSA Tab • Most recent annual update and latest 3-Year plan • Includes electronic feedback forms • MHSA@rcmhd.org

*Closed meeting

So what do I do?

- Use your lived experience and learned knowledge to give feedback and input
- Provide your opinion on what works, what isn't working, and what you would like to see
- Give your thoughts on a solution
- Ask for more information or training

Riverside University HEALTH SYSTEM Behavioral Health

Decision Making

- Smaller ideas, like the format of the plan, can readily be adopted
- Bigger ideas, like bringing a certain program to Riverside County, move through advisory groups, steering committees, key informants, and Department executive leadership
- Once accepted, a program idea is developed
  - Assigned to a Program Manager with expertise to project manage as part of Department operations
  - Or goes out to a community based organizations and requires a Request for Proposal (RFP)
- RFP can take over a year due to checks and balances
  - Once awarded, contracts are negotiated

Riverside University HEALTH SYSTEM Behavioral Health

Why didn't my idea change the Plan?

- Doesn't fit into the MHSA rules or regulations
- Idea better fits with a different funding source
- It's too specific to a particular program and not about the bigger plan
- Conflict of Interest – "Buy my Widget!"
- Budget: What do we remove to pay for it?
- Already addressed in the plan
- Big idea that didn't get enough committee or community advisory group support

Riverside University HEALTH SYSTEM Behavioral Health

Where does my comment go?

- All comments are documented: Both the verbal and written comments
- Reviewed by the BHC and each gets a formal response
- The original comment and the response are added to the plan as part of the chapter on the Public Hearing

Riverside University HEALTH SYSTEM Behavioral Health

Riverside University HEALTH SYSTEM Behavioral Health

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.

Do you have any other recommendations or comments about the programs or services in the MHSA Annual Plan Update?
Riverside County needs to invest in hiring additional employees to support the events and initiatives provided by the Cultural Competency program which supports much needed services - this program does phenomenal work for the community.
Funding id available which is a good thing
All have value, After hearing the data presentation it would be difficult to have to cut any programs as they're all showing impact
The County is doing really well at intervention programming. However, parent participation is waning and this type of programming is faulturing
New to county, learning about services
All sound very good and working
All would like to have more strengthening families in Jurupa Unified. We are happy with the availability of Triple P
Older Adult Services and the FSP Services, Navigation Center, Mental Health Urgent Care
Groups at JWC
All program and services. I would like to keep for me. I would like to get a GED program started
TAY drop in programs
Program supportive housing. Although HHOPE is doing a great job at housing our consumers it's not enough. With 45 beds in west 30 mid and 30 in Desert doesn't meet the needs of each community region. It's essential we keep moving forward with different funding.
WET Train nursing staff at ETS ITF empathetic SVC delivery

The plan continues to reconfigure to reach a wider scope of the community even down to technology and using youth to help the old helps build self-worth and establishes to someone that they are a valuable member of the community
Navigation Center helped me
Family rooms navigation centers TAY drop ins
Senior services at M.H clinic in San Jacinto being trained as a P.S.S through NAMI- helps me have compassion with other. Art group allows me to have "time out" with the traumas of life. I love my doctor at the clinic
There are many great programs. Integration of health and mental health and expanding health screenings is a very important new expansion. This will be a good way to identify more people
TAY- Mid-County , VCCC - Hemet, Substance Use Prevention/Intervention, Suicide Prevention Srs (RUHS Public Health)
All of them
PEI and trauma based practices
All
All
All
I think they are all helpful and should be kept
The mental health clinics, RI Wellness City, Art Works, Contact for Change and Peer Navigation Center
Programs such as PEI (peace 4 kids, BRAFF & PEI) and wrap around that goes to the consumers and increase availability to utilize services

I think all programs received an addition to work done by SafeHouse, PEI Mobiles, Parent Support and TAY are all great services. I think all programs that were presented should be kept
MFI- Strengthening families parenting groups
School based PCIT, Seeking Safety, Stigma reducing - contact for change
Mobile services for children 0-5
Preschool 0-5 Programs mobile services, TAY, Tech Services/Suicide Prevention, Riverside County office of aging services. All PEI programs need to stay
All hold a valuable service
Seeking safety
All the health services that I have heard about are all very helpful
Seeking Safety
Seeking Safety
Seeking Safety
Peer nav Line, SU Cares line,
Peer to Peer Services
Peer to Peer Operation Safehouse
Care Pathways, CPST-LLD, Carelink, Directing Change

Cultural Competency - PEI, Family Advocacy, First 5
All are helpful to consumers
All PEI programs. ALL
RI International Wellness City and Contact for Change
All behavioral health services are great
Triple P
The mobile children's clinic and mature adults
BRAAF
Assist and Safe Talk
CBT and Mental Health Services for children, families, and community. All these assist our program, clients we work with and community
My 28 Year old deaf step daughter can use your services especially with the early detection devices. My 13 year old neighbor cut her arms and is sexually active and needs someone to talk to
Innovations Technology
All of it. Most especially the resources online to be able to offer help to those in need
Crisis Intervention / Outreach PEI/ TAY

Drug Intervention
Seeking Safety
Indio CA
Peer support services
Peer, JWC, Art Classes, Groups
Going to group anger management sessions
Mental Health like hyper for children
Substance Abuse CARESline
Substance Abuse and Mental Health housing ; CARESlines
Mental Health
I like Riverside
Prevention & Intervention
RI

Mental Health, IURS
All of them
I believe that all of the mental health services are helpful and I would keep all of them to instill the knowledge of people's challenges to be more helpful in the community.
Wellness center RI Jefferson Wellness Center
The anxiety and depression services
AB 109
The stress management and veteran services
Karer P. A.A
Following services @ RUHSBH for Each Mind Matters to understand help is always available
Haven’t tried none
Haven’t tried one yet
Navigation Center
All of them

Anything that helps
Teen Suicide , WET, TAY
WET! 20/20 prog PEI!- I like that they provide prevention services for youth who are at risk
Substance abuse program
Miembro de familia de salud mental
Substance abuse services
The Arena (Perris)
The Journey TAY has been really helpful to me hands down
RI Wellness Center
Substance abuse services
All Above
It really more info than I know
Church
Substance abuse, Jefferson wellness
Liked all the programs
Volunteer work, Law enforcement training

Me parecen muy bien porque ayudan mucho a personas con desordenes, son confiables

Please provide feedback on any gaps in service in the existing Community Services and Support (CSS) and/or Prevention and Early Intervention
Increase staffing to support more culturally competent/diverse events to improve penetration rates of underserved populations.
Yes. The Asian American population needs more outreach to target specially AAPI clients
Would like to see more school based services and opportunities to be able to inform which programs are selected. As a provider we have decades of experience and have programs that have been piloted, mainstreamed, and accompanying data on efficacy. Would love to have a conversation on this
Universal prevention programing for elementary youth that starts with programming not assessment. Can the county update MHSA from 2005 Program models. Use programming that includes trauma-informed prevention
N/A
Mama's y bebes- good program. How is this program being "advertised"? How can we reach more? Post-partum is high risk with no low resources
none every program available can help someone
None all are helpful, but I would like more NA, CA, AA meeting within the building
Over population of Blaine St. Clinic. We need new clinics in Riverside Drop in center concept for adults (ages 18-59) with clinical staff- unlike wellness city.
Drop in center at The Place only allows for some homeless a 1x service. Being homeless is a severe blow and feeling of demoralization. Personal feel dirty and unable to shower or find food. If we could provide some type of drop in center that would allow for showers and laundry service this would allow for some to be able to look for work. Maybe even have DOR a part of. also there isn't a program such as The Place for Mid County. Noted: BHC has no change for the vast amount of comment in this plan
Maybe a map from 1st interaction with mental health system that include certain steps to achieve a particular outcome for example drugfree, getting a job, independent living, earn a degree or education basically here are known pathway that have lead others with Mental Health challenges

ITF, there was too many people there and most of them said they were waiting for a bed at a board and care. It felt like a jail, nothing much to do child like treatment and 1 or 2 groups. Nurse staff was rude
Although there's a new plan for housing we need at least 1 in each region Board and Care with FT peer staff to run groups that help transition to room and boards. Lets not overcrowd our hospitals that need to have available to those in need
More therapy given to our clinic
More stigma reduction program like "NAMI Ending the Silence" expanded to high schools in Riverside County. Some NAMI's are able to do this but not all
There is a huge need for substance use services in the rural mountain communities (Anza, Idyllwild) for students and probably adults. There is also a need for MH SR in the areas. Providing regular (weekly) mobile services or opening an office in the area would be great. any contractors in the area would be great as well
N/A
None
N/A
None- although more services are needed for 9th grade youth - peer to peer specifically
I would like to see all percentages rise (increase)
I cannot think of anything at this time
N/A
More services within the school system, especially at the elementary level to help meet the needs and reach individuals on a more proactive level/prevention area
I think all services Riverside offers is all helpful. Additionally, I learned about the strengthening families programs which is a new program I will be referring to
all services are needed

Service linkage between county behavioral health and community PEI programs is lacking. Need for increased awareness of BH staff of available PEI services. So many PEI programs may be available when consumers don't meet BH criteria on as a step down from intensive BH services
N/A
None
Increasing connections folks who provide services to college age populations. Linking active minds, ect with other programs
Many of our clients are homebound and unable or ineligible to go for B. health treatment at a clinic. Home visiting therapist , or transportation to clinics would really be helpful to our clients
It would be nice if a warmer hand off is given to organizations that provide services to those that PEI specific organizations. It should be a team effort
Transportation - help people get to resources. More implementation of collaborative strategies between programs. A net catches more than a dot. Perhaps less community members would fall through the cracks
12 months- 24 months
None
There are always updates and new changes for mental health services and these help
Application and/or expedited training for law enforcement
I think all these programs are helpful everyone learns difference
Better Group Leaders
housing more efficient + obtainable
Transportation to group and classes
AA meetings- cussing that happens

More children's mental health
There has been no gap
Not have a programs
All of them seem helpful
I think all are helping people
The technology suite is not in effect yet, however it will change or bridge the service gaps for individual's who are afraid to come in contact with professionals
CVRM/ Roaches in dorm sucks
I didn't notice any that were not helpful
I don't know really but you give good information. Next I don't know
know all help is youth and old youth lot of education that we may all be helpful any substance and nonsubstance
Services in ETS, Patients need more support in accessing mental health
Haven't used services but here to learn
Need to keep all, just get the info out there so people know what help is available
it sees the programs for older adults need more advertisement
I would like to see more community events for young ones
everything that I got from behavioral health services have been helpful never had an issue
If there is not one 24/7
I have never been
nothing, everything's good
N/A. Mental Healthy Adults that suffer an illness

Bueno personalmente me gustaria que todo el equipo que ofrece la ayuda fuera anable y esplicaba todo bien para que la gente no se asuste y reciba la atencion medica secesaria

Do you have any other recommendations or comments about the programs or services in the MHSA Annual Plan Update?
RUHS-BH needs to provide more promotions/events that promote cultural awareness and wellness
N/A
School sites need services that can touch a large # of students, faculty + staff for comprehensive campus climate change because the vast % of students are experiencing ever-higher rates of trauma, depression, stress.
Transparency of evaluation for programming, how do programs get evaluated
Improved housing
Looks good. My concern is post-partum depressions. When will BH get involved. So many help/resources/services. Very limited support to dads, education, outreach, know the signs, how to talk about things that can help. Doctors/ offices/ hospitals postpartum awareness kits just like suicide not forget infanticide (hope i spelled it) suicide
Is there the possibility to offer more at the age 7-10? Bounce back or some other trauma focus program. There is much need.
Need more older adult services and more employees to assist
There are a lot of people that suffer from mental illness that don't have GED, or diploma, so starting something that can help people with learning disabilities obtain their GED
Putting flyers in programs and treatment facilities sober living homes. Putting out services in commercials T.V the internet so people all over can no about JWC
Need at least one family advocate in each clinic and 2-3 peer staff. Create part time positions for PSS's
ETS ITF very poor service/overcrowded definite change needed board and care facility needed beyond ridiculous.

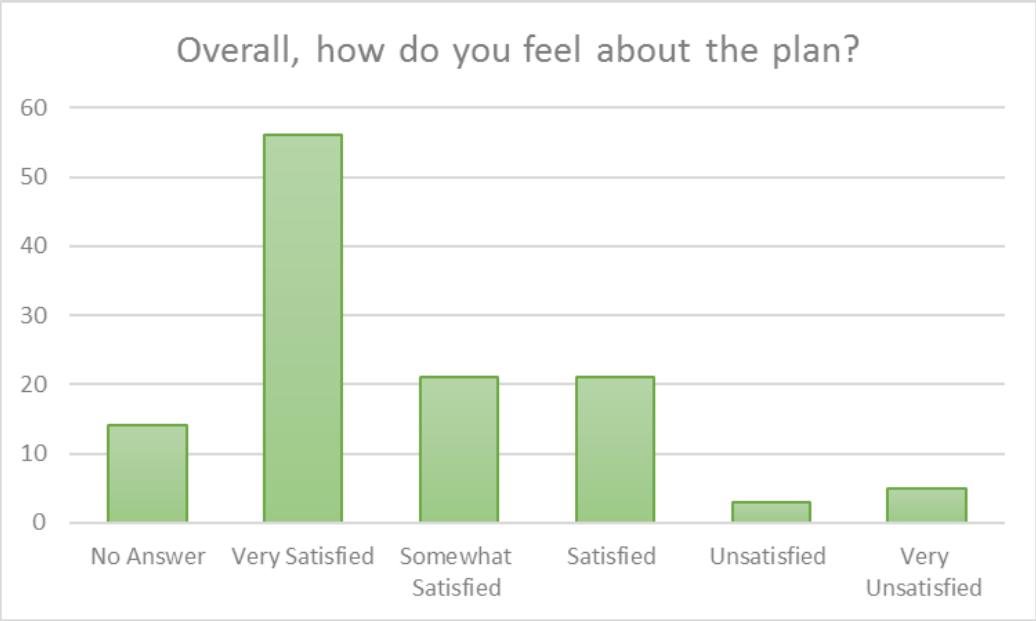
I feel that the plan is definitely on right path for a greater wellness
Liked the peer staff they cared. Nothing about the hospital included/drastic change needed there
County should have own PET and not sub contract to RI. Lift hiring freeze.
Many insights and what is happening in our system here in mid-county. Very interesting I would like to see more NAMI (ending the Silence) in all high schools in our county- being funded by MHSA (my granddaughter committed suicide 3 years ago)
I like the idea of a more robust stakeholder process. Bringing in more of the public at large to the process would be beneficial. Would like to hear more about what this would look like
would love to hear more about the innovative programs
Make if more easier to get t services
N/A
Great Job
None
I am proud to be part of Riverside County where Mental Health is a priority and services are abundant
None
More services are need in the Desert
Respite services for parents who have children w/externalizing behaviors

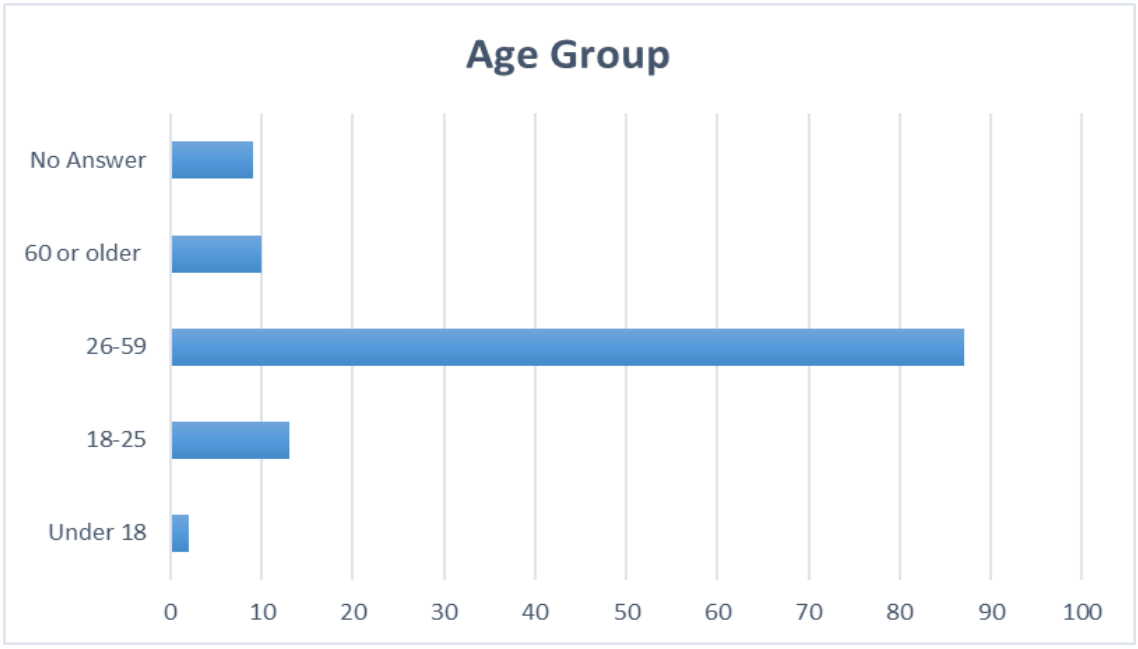
Services for parents who need
Prevention is key
The work is great
More older adult programs specifically a housing option for older adults in the future
Love it/them
It’s wonderful
Increase mature adult services throughout the county - need Corona site
None
Very good summit and presentations by the staff. Thank you
If you can let me know about deaf services and services for my neighbor
Thankful that the mental health services are back on the rise to help those in need
Amazing and Inspiring
Keep helping those with Mental Health
I have found it to be very Helpful
Love services
Don’t know really what is this

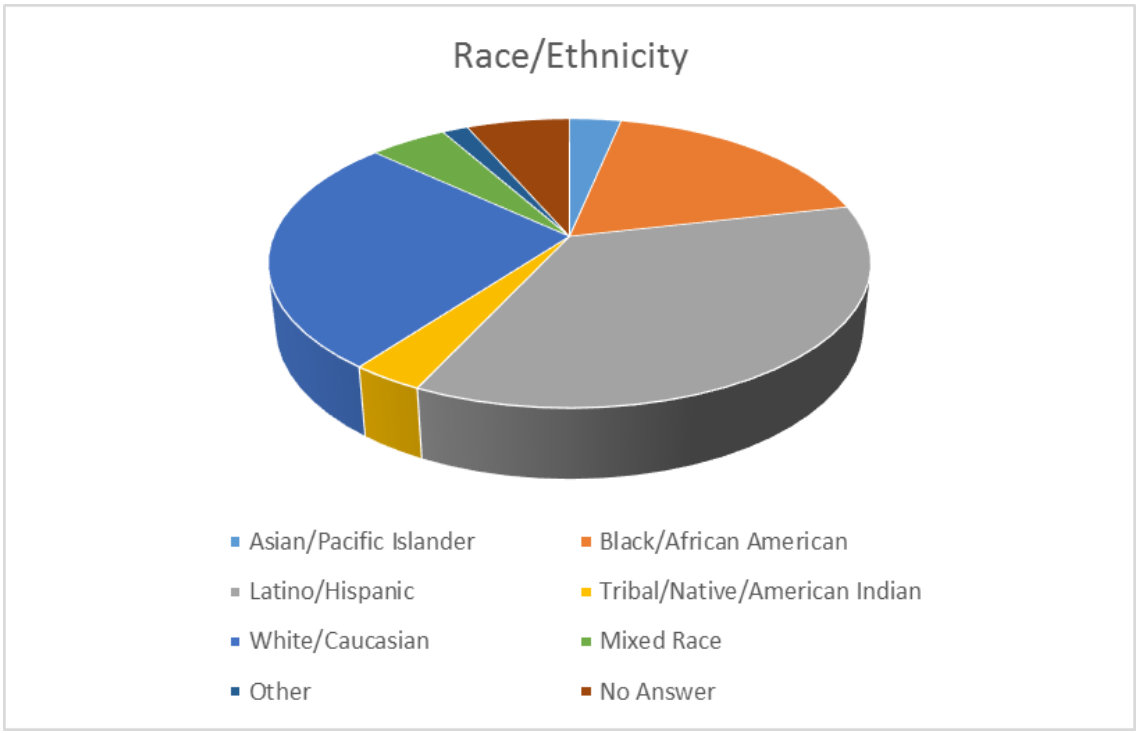
I enjoy everything, thank you
it has truly helped me to achieve recovery and housing
I appreciate all the info you guys have to offer all ages
I like see the MHSA
its good to learn something new everyday
I love MHSA people are so friendly and considerate
They should have more
I would love to be a part of the team in the future
Doing the peer support program
I believe its well run
I need MHSA
I think this is such a great program. Its good to know these resources are available
Get as much help as possible
Know we all can get along
Seems wonderful
I would like to learn more one day

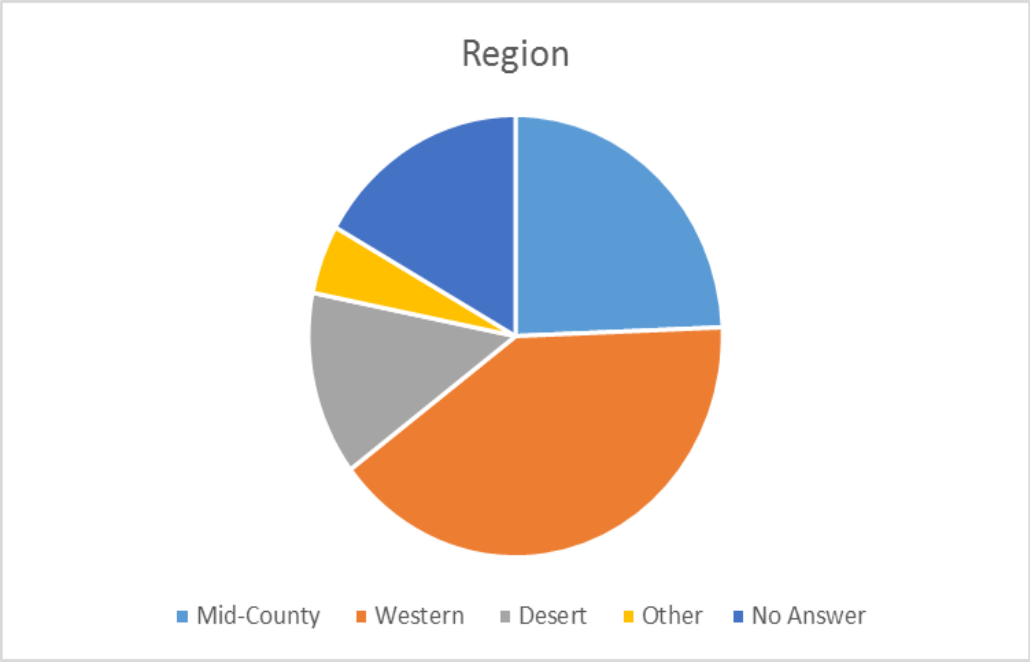
I want ETS patients to be more supported while in the hospital. The Navigation Center is helping but the hospital needs more peers
Thank you for being there for me/us
I think this is a great idea
Very much needed
I am very thankful for the programs and services the county provides
It’s amazing! I hope it keeps growing
I love it so much that I recommend it to a lot of people
Go to other states other than California other states need help as well
Can’t complain its great
Meetings
Thank you! More info! I want to be involved

Demographics – Community Feedback Surveys




Age Group
No Answer
60 or older
26-59
18-25
Under 18
0
10
20
30
40
50
60
70
80
90
100


Race/Ethnicity
Asian/Pacific Islander
Black/African American
Latino/Hispanic
Tribal/Native/American Indian
White/Caucasian
Mixed Race
Other
No Answer


Region
Mid-County
Western
Desert
Other
No Answer

Behavioral Health Commission (BHC) - Public Hearing

Public Comments on the MHSA Annual Plan Update FY19/20

LOCATIONS:

May 1, 2019

Rustin Conference Center

2085 Rustin Avenue,

Riverside CA 92507

3:00pm-5:00pm

May 07, 2019

Riverside Wellness City Indio

81735 HWY 111,

Indio CA 92201

12:00pm-2:00pm

May 09, 2019

Riverside Wellness City Perris

170 Wilkerson Ave., Suite A/B

Perris CA 92570

12:00pm-2:00pm

Comments on the MHSA Annual Plan Update FY19/20

The MHSA Annual Update Plan FY19/20 was posted for a 30-day public review and comment period, from April 1, 2019 through May 10, 2019. After the 30-day public review and comment period, Public Hearings were held by the Riverside Behavioral Health Commission. Hearings were held on May 1, 2019 at the Rustin Conference Center in Riverside and May 07, 2019 at the Riverside Wellness City Indio and May 09, 2019 at the Riverside Wellness City Perris.

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.

WRITTEN COMMENTS:

All written comments relating to serving gaps, access, and communication about services were incorporated into the Community Feedback Survey information that was collected during the planning process. The comments received during the planning process are included in the Community Feedback Surveys section on page 228.

There were a total of 12 Feedback Forms with written responses submitted for the three Public Hearing: 4 responses were “Very Satisfied”, 2 were “Somewhat Satisfied”, 0 were “Satisfied”, 3 was “Unsatisfied”, and 1 was “Very Unsatisfied”. (Note: 4 Feedback Forms did not record a ‘Satisfaction’ Response).

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

(1) **Comment:** Peer Navigation Services, group therapy and one- on- one therapy sessions

RESPONSE: Having a full spectrum of services allows the greatest opportunity to individuate care. As part of clinic expansion under the MHSA plan, peer services have been fully integrated into our outpatient service system and now, as a part of FSP outreach, even into involuntary emergency care. The MHSA Plan includes services from Prevention and Early intervention to full Community Services and Supports.

BHC RECOMMENDATION: The BHC recommends sustaining program level support for peer services, as well as, traditional clinical therapeutic service in the MHSA Annual Plan Update 19/20.

(2) **Comment:** Wellness City. Having case manager (someone to check on a me [Oasis] Benefits team [Oasis])

RESPONSE: Thank you for your recognition of two different but complementary services.

BHC RECOMMENDATION: The BHC recommends sustaining program level support for peer services, as well as, traditional clinical therapeutic service in the MHSA Annual Plan Update 19/20.

(3) **Comment:** FSP/TAY Groups

RESPONSE: Full Service Partnership (FSP) services compose the core the Community Services and Supports (CSS) component of the MHSA Plan. There are FSP services for every age group(Children, Transitional Age Youth [TAY], Adults, and Older Adults). TAY services also include the TAY Drop In Centers and specific TAY Peer Support Specialist Training.

BHC RECOMMENDATION: The BHC recommends sustaining FSP services in the CSS component, as well as, the TAY specific programming outlined in the MHSA Plan Annual Update 19/20.

(4) **Comment:** All especially RI Wellness Cities

RESPONSE: Wellness Cities are stand-alone centers or recovery environments that support a wide range of recovery-based services that include wellness education, community enrichment activities, peer support, and resource centers. Wellness Cities are part of the CSS component of the MHSA Plan. Each county region has their own Wellness City.

BHC RECOMMENDATION: The BHC recommends sustaining the Wellness Cities as part of the CSS component of the MHSA Plan Annual Update 19/20.

(5) **Comment:** FSP's, Wellness Cities, CSU's are all wonderful services. FSP's are an important part of this plan. More individuals in FSPs- at least keep what we have.

RESPONSE: Full Service Partnership (FSP) services compose the core the Community Services and Supports (CSS) component of the MHSA Plan. There are FSP services for every age group (Children, Transitional Age Youth [TAY], Adults,

and Older Adults). Within the last year, RUHS-BH has made concentrated effort to increase access to FSP level of care for those who qualify. Wellness Cities are recovery environments that support a wide range of recovery-based services that include wellness education, community enrichment activities, peer support, and resource centers. Crisis Stabilization Units (CSU) are voluntary Mental Health Urgent Care centers that allow someone to receive a range of behavioral health care in a supportive setting for up to 24 hours. Each county region has their own CSU and can manage most psychiatric care that was traditionally managed at the psychiatric emergency departments.

BHC RECOMMENDATION: The BHC recommends sustaining FSP, Wellness Cities, and CSU care in the MHSA Plan Annual Update 19/20.

(6) **Comment:** RBY and Tech Suite

RESPONSE: Resilient Brave Youth (also known as Commercially Sexually Exploited Children project) and the Tech Suite are two Riverside MHSA approved Innovation component plan. RBY is a mobile team that serves youth traumatized by human sex trafficking, and the Tech Suite is a bundle of smart phone applications that support recovery tools in behavioral health. Both plans are countywide, and serve in each region of the county. Based on Innovation regulation, these programs are time-limited plans.

BHC RECOMMENDATION: The BHC recommends sustaining RBY and the Tech Suite Innovation plans in the MHSA Plan Annual Update 19/20.

(7) **Comment:** Mental Health Urgent Cares! TAY programs in each region is a great service

RESPONSE: Crisis Stabilization Units (CSU) are voluntary Mental Health Urgent Care centers that allow someone to receive a range of behavioral health care in a supportive setting for up to 24 hours. Each county region has their own CSU and can manage most psychiatric care that was traditionally managed at the psychiatric emergency departments. Full Service Partnership (FSP) services compose the core the Community Services and Supports (CSS) component of the MHSA Plan. There are FSP services for every age group (Children, Transitional Age Youth [TAY], Adults, and Older Adults). TAY services also include the TAY Drop In Centers and specific TAY Peer Support Specialist Training.

BHC RECOMMENDATION: The BHC recommends sustaining CSU care and TAY specific programming outlined in the MHSA Plan Annual Update 19/20.

(8) **Comment:** Crisis Stabilization Units

RESPONSE: Crisis Stabilization Units (CSU) are voluntary Mental Health Urgent Care centers that allow someone to receive a range of behavioral health care in a supportive setting for up to 24 hours. Each county region has their own CSU and can manage most psychiatric care that was traditionally managed at the psychiatric emergency departments.

BHC RECOMMENDATION: The BHC recommends sustaining CSU care as outlined in the MHSA Plan Annual Update 19/20.

(9) **Comment:** Wellness City- Daily groups scheduled yet flexible

RESPONSE: Wellness Cities are recovery environments that support a wide range of recovery-based services that include wellness education, community enrichment activities, peer support, and resource centers. Wellness Cities are part of the CSS component of the MHSA Plan. Each county region has their own Wellness City.

BHC RECOMMENDATION: The BHC recommends sustaining the Wellness Cities as part of the CSS component of the MHSA Plan Annual Update 19/20.

(10) **Comment:** Measure A transportation is amazing and I use it. Citizens like DBT and CBT services, Mental Health Urgent Care, Peer Employment Training, Navigation Center, peer run programs, more housing specialists, each mind matters event, counseling and Dr's at clinics

RESPONSE: Public Transportation in Riverside County is challenged by our vast geography and sprawl. Though Measure A is not part of the MHSA plan, we are glad to hear you leverage your resources to create an active plan to meet your recovery needs.

The WET Plan includes training department staff in evidenced based models like Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT).

Crisis Stabilization Units (CSU) are voluntary Mental Health Urgent Care centers that allow someone to receive a range of behavioral health care in a supportive setting for up to 24 hours. Each county region has their own CSU and can manage most psychiatric care that was traditionally managed at the psychiatric emergency departments.

Peer Employment Training (PET) is a two week, intensive coursework program that prepares people with lived experience to use that experience to engage others seeking care and to assist them in developing their own recovery planning.

The Navigation Center is a peer-oriented program that provides recovery engagement and FSP outreach while consumers are still in a hospital inpatient or emergency setting.

Each Mind Matters is a Prevention and early intervention (PEI) initiatives implemented at the State level and is supported by the Riverside PEI plan – and includes Stigma and Discrimination Reduction, Suicide Prevention and Student Mental Health. Each Mind Matters created the lime green ribbon that now symbolizes mental health awareness.

Riverside County has one of the most robust peer integrated service systems in the State and includes consumers of behavioral health care, family members of people with a diagnosis, and parents who have had minor children in the mental health services system. Please see the sections of the plan from Consumer Affairs, the Family Advocate, and Parent Support and Training for a more comprehensive look at all our peer oriented programming countywide.

RUHS-BH 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 HHOPE Housing Resource Specialists who are funded through MHSA. This position provides ongoing support to scattered site housing managers and residents. During FY 17/18, 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. Your recommendation to increase staffing for this program has been forwarded to the Housing Manager.

BHC RECOMMENDATION: The BHC recommends sustaining evidenced based practices training in the WET Plan, CSU care, PEI support of the Each Mind Matters campaign, peer-centered programs and services, and housing services in the MHSA Plan Annual Update 19/20.

(11) **Comment:** Prevention Services, Innovations (TAY Centers) Resilient Brave Youth

RESPONSE: The Prevention and Early Intervention (PEI) component of MHSA is designed to reduce stigma related to seeking behavioral health services, reduce discrimination against people with a diagnosis, and prevent onset of a serious mental illness. Early intervention services are for people who have experienced mental health symptoms for one year or less or do not meet criteria for a diagnosis; these are low intensity, short-term intervention programs. Fifty-one percent of PEI funds must be for youth age 25 or younger. Riverside PEI Workplans are: 1) MH Outreach, Awareness, & Stigma Reduction; 2) Parent Education & Support; 3) Early Intervention for Families in Schools; 4) TAY Project; 5) First Onset for Older Adults; 6) Trauma Exposed Services; and, 7) Underserved Cultural Populations.

The TAY Drop-In Center is an Innovation component plan. There is a center in each county region and are designed to engage and serve this population at a developmentally vulnerable time when most serious mental illness often manifests. The model provides a "drop-in" center approach, allowing any TAY-aged member of the community to receive support, mental health education and services, regardless of diagnosis in an environment that is welcoming to this generation.

Resilient Brave Youth (also known as Commercially Sexually Exploited Children project) is a Riverside MHSA approved Innovation plan. RBY is a mobile team that serves youth traumatized by human sex trafficking.

BHC RECOMMENDATION: The BHC also celebrates Prevention as an included area of mental health services in the MHSA plan. The BHC recommends sustaining TAY related programming and the RBY project in the MHSA Plan Annual Update 19/20

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

(1) **Comment:** See more groups or a group that centers on overcoming and maintaining a lifestyle without engaging in the activity. And a place to receive support.

RESPONSE: The MHSA planning process is like constructing a cookbook; at this level of development, we look at what kind of book we want to create and the kinds of recipes, but we don't often include the ingredients of each recipe. Ingredients are typically left to the program manager who manages the clinic or service team. The variety of groups or kinds of group that you would like to have at any program are best advocated at the program manager level – like the chef! Each clinic, center, or program has a supervisor and a manager/administrator. As a stakeholder, you have

the right to have your voice heard by these leaders. Please let your immediate service provider know the kind of group support or therapy that you need for your recovery. You can tell your immediate clinical or peer worker, ask to speak with the program supervisor, or ask for the phone number of the program manager.

BHC RECOMMENDATION: Advocacy acknowledged. The BHC recommends no change to the MHSA Annual Update 19/20.

(2) **Comment:** A large variety of groups of RUHSBH- Indio. Larger Board + Care (Desert Sage) more accommodating. Maybe make it or combine it with a new FSP for non-TAY age in Indio. Employment Support groups, faster services at Vocational work programs. Bring back TAY/Adult FSPs in Indio.

RESPONSE: Your recommendations for changes or additions to some adult services has been forwarded to the Adult Services Administrator for the Desert Region.

FSP programs for all age categories are available in each Riverside County region.

In 2017, Riverside County proposed and approved an MHSA Amendment to our Capital Facilities component plan.. Riverside County plans to convert a homeless shelter (Roy's Place) into a large Adult Residential Facility with a 90-100 bed capacity. The facility is located in North Palm Springs. It is located in a commercial industrial complex that borders the north side of the 10 freeway. It is approximately 5 miles from downtown Palm Springs and 10 miles from Desert Hot Springs.

It is located in a commercial building that also houses outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project would develop a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished bays) will be remodeled for use as a 90-100 bed licensed adult residential care facility.

The project will establish a licensed augmented residential care facility. The facility will include 45-50 bedrooms, indoor-outdoor activity areas, common living areas, restroom/showers, laundry facility, commercial kitchen and dinning room, staff offices and meeting rooms. It will serve 90- 100 individual adults per day.

There is limited access to public transportation lines; however, the transportation will be provided by the residential care facility operator a part of the condition of their license and contract.

The facility will be used for MHSA funded programs and services. The existing FSP and operation of the homeless drop-in center and permanent housing program are currently fully or partially funded by MHSA. The facility is county owned. It is County of Riverside policy that all county owned facilities are maintained by Riverside County EDA/Facility Maintenance currently maintains the existing shelter facility, the FSP, and the Homeless Drop-In/Housing facilities. While residential program services

will be contract provided, services will be under the direction of RUHS-BH for the purpose of providing service augmentation to the new MHSA funded Wellness Plus Living Program and the county provided FSP services. Services are required to be re-bid on a regular basis and RUHS-BH contract language insures continuous operation during transition to new contract providers.

BHC RECOMMENDATION: The BHC recommends sustaining the new Palm Springs Residential Facility development in the MHSA Capital Facilities Plan Annual Update 19/20.

(3) **Comment:** Concerned about the high homeless stats. Roy's transitional does not appear sufficient

RESPONSE: RUHS-BH 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 HHOPE Housing Resource Specialists who are funded through MHSA. This position provides ongoing support to scattered site housing managers and residents. During FY 17/18, 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.

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It is located in a commercial building that also houses outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project would develop a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished

bays) will be remodeled for use as a 90-100 bed licensed adult residential care facility.

The project will establish a licensed augmented residential care facility. The facility will include 45-50 bedrooms, indoor-outdoor activity areas, common living areas, restroom/showers, laundry facility, commercial kitchen and dinning room, staff offices and meeting rooms. It will serve 90- 100 individual adults per day.

There is limited access to public transportation lines; however, the transportation will be provided by the residential care facility operator a part of the condition of their license and contract.

The facility will be used for MHSA funded programs and services. The existing FSP and operation of the homeless drop-in center and permanent housing program are currently fully or partially funded by MHSA. The facility is county owned. It is County of Riverside policy that all county owned facilities are maintained by Riverside County EDA/Facility Maintenance currently maintains the existing shelter facility, the FSP, and the Homeless Drop-In/Housing facilities. While residential program services will be contract provided, services will be under the direction of RUHS-BH for the purpose of providing service augmentation to the new MHSA funded Wellness Plus Living Program and the county provided FSP services. Services are required to be re-bid on a regular basis and RUHS-BH contract language insures continuous operation during transition to new contract providers.

BHC RECOMMENDATION: The BHC recommends sustaining the new Palm Springs Residential Facility development in the MHSA Capital Facilities Plan Annual Update 19/20.

(4) **Comment:** Change TAY services for ages 13-25 vs 16-25

RESPONSE: Not all clinicians and researchers agree about when the transitional age period starts and ends. For Riverside County planning purposes, the transitional age period is defined by the regulatory standard of 16 through 25 years old. This period is increasingly recognized as being a distinct developmental period characterized by progressive independence and the establishment of careers, families, and core values. The degree of independence from parents and establishment of adult roles varies widely within this group, underscoring a need to assess and respond to the developmental needs of individual TAY. The transitional age period is characterized by important biological differences from later adult years. There are also increasingly challenging practical and legal considerations when mixing a cohort of a larger age span.

That does not neglect the fact that early adolescents, often referred to as “Tweens” or middle school age, face their own developmental challenges that require a tailored approach that is different than for younger children. Children’s

programming throughout the behavioral health services system often includes specific group or service formats that accommodate this age group.

BHC RECOMMENDATION: Advocacy acknowledged. The BHC recommends no change to the MHSA Annual Update 19/20.

(5) **Comment**: Add ages 13-17 to the CSU in Riverside. Expand building to allow this. More staff (Asian American) in Cultural Competence

RESPONSE: PEI funds are utilized to support the RUHS-BH Asian American consultant position and the Asian American Task Force, as well as, the staffing and operations of the RUHS-BH Cultural Competency program as a whole. Stakeholder feedback was a critical voice in achieving the PEI funded Filipino American Resource Center and the Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) program. SITIF is a parenting program designed specifically for Asian American families.

With the recent PEI contract awards for Community Mental Health Promoters for each of the underserved communities, including the Asian American Pacific Islander community, we anticipate a significant increase in culturally informed outreach activity to better engage and educate on behavioral health. These community contractors are representatives from the communities from which they serve, and will have on-going assistance and relationship with RUHS-BH Cultural Competency and PEI programs. All PEI contractors go through rigorous contract monitoring and must demonstrate deliverables based on a contracted scope of work. We look forward to the success of these programs and to support the avenues in which the underserved can be better connected to the help services that are much needed to improve community wellness.

Your recommendation to expand program size at the Western Region CSU to include adolescents will be forwarded to the Crisis System Manager. Currently, adolescents age 13-17 can be served in the regional CSUs in Mid-County and the Desert. Psychiatric Emergency services for youth ages 13-17 can be managed at the Psychiatric Emergency Treatment Services (ETS) of Riverside University Health System Medical Center, where adolescents have their own separate unit from the adult population.

BHC RECOMMENDATION: The BHC will monitor the use of mental health urgent care services by adolescents in the Western Region to assist with program development in this area. The BHC recommends sustaining culturally informed services to underserved populations that include the newly contracted Mental Health Promotion programs in the MHSA Annual Update FY 19/20.

(6) **Comment:** MH Urgent care for children in Riverside City

RESPONSE: RUHS-BH has previously managed a emergency services unit for children's mental health emergencies, but the unit did not receive the volume of referents necessary to sustain operations. Currently, adolescents age 13-17 can be served in the regional CSUs in Mid-County and the Desert. Psychiatric Emergency services for youth ages 13-17 can be managed at the Psychiatric Emergency Treatment Services (ETS) of Riverside University Health System Medical Center, where adolescents have their own separate unit from the adult population. Additionally, the new mobile crisis team that centers on children and adolescents serves youth of any age. As with clients of any age, services offered in the least restrictive environment are always considered first based on the presenting need.

Your request to develop urgent care services for children in Riverside has been forwarded to the Crisis System Manager.

BHC RECOMMENDATION: The BHC will monitor the use of mental health urgent care services by children to assist with program development in this area. The BHC recommends a follow up report by the RUHS-BH Crisis Manager and Children's Services Deputy over the next 6 months.

(7) **Comment**: More housing workers on the streets for the homeless support

RESPONSE: RUHS-BH 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 HHOPE Housing Resource Specialists who are funded through MHSA. This position provides ongoing support to scattered site housing managers and residents. During FY 17/18, 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.

BHC RECOMMENDATION: The BHC recommends sustaining the HHOPE program in the MHSA Annual Update. The request for additional staffing will be forwarded to the Housing Manager. The BHC requests a follow up report by Housing Manager regarding homeless outreach outcomes and staffing.

(8) **Comment:** More spdak testing available to homeless, "tent city". More affordable housing that accept low income or tenant based rental assistance, like the Path of Life gives. Board + Care homes are so expensive that tenants only have a small amount of $ for clothes, hygiene, if they get SSI, Riverside County B + Cares. Clothing for job seekers-boots.

RESPONSE: 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** *(All facilities are open for occupancy unless otherwise noted)*	**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 consumers	75	15
Mid-County	The Vineyards at Menifee – Older Adults	80	15
Western	Cedar Glen – All consumers	Phase 1 – 78 (open) Phase 2 – 75	15

		(in construction)	
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.

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 MHSA-eligible consumers. One such effort is the No Place Like Home Program.

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). This does not constitute a new funding source, but rather dedicated funding in the MHSA that will reduce other MHSA allocations to each county.

The HHOPE program in collaboration with Riverside County Housing Authority recently submitted five separate applications to California Housing and Community Development in the amount of $27,688,025. If all five projects are funded by HCD they will allow for construction of 488 affordable units of housing with 183 of these dedicated to consumers with significant mental health challenges. Future rounds of No Place Like Home funding are expected in late 2019 and RUHS-BH remains committed to seeking as

much funding as possible to increase the stock of affordable housing to serve the most vulnerable residents of Riverside County.

The federal governments determine SSI rates, including the cost an operator can charge for Board and Care rent.

Housing assessment includes the use of an assessment tool. Riverside County Co uses the VI-SPDAT, Version 2.0 (Vulnerability Index- Service Prioritization Assessment Tool). The VI-SPDAT is a standard set of questions used by outreach and engagement workers to quickly assess people based on need and eligibility. The tool is used to understand the needs of a person experiencing homelessness, identify prioritization by vulnerability and to refer to the most appropriate housing or service intervention based on that need. The assessment applies a standardized scoring system to assist our community in determining the most appropriate level of intervention for an individual or family.

Your recommendation for specific homeless support has been forwarded to the Housing Manager.

BHC RECOMMENDATION: The BHC recommends sustaining homeless and housing services for people who have a serious mental illness in the MHSA Annual Update 19/20.

(9) **Comment:** Innovations based programs and service are needed to serve those not benefiting by western "traditional" models

RESPONSE: The integration of traditional cultural healing or alternative recovery practices offer many people avenues to wellness. We encourage you to participate in the Cultural Competency Reducing Disparities Committee or on one of the community advisory groups that are specific to underserved cultural populations. These committees explore these ideas and offer specific suggestion that can result in the integration of new programs into operations.

BHC RECOMMENDATION: The BHC recommends sustaining the Cultural Competency program and cultural community advisory resources in the MHSA Plan Annual Update 19/20.

(10) **Comment:** The psych hospitals are aggressive to their patients. They mistreat their patients. My experience at the hospital made me scared to seek for help afraid I will get mistreated. Like I did when I went to the psych hospital ETS Psych Hospital.

RESPONSE: The fundamentals of any health care is "caring." Consumers have rights and avenues to advocate for those rights. Any person receiving county behavioral health care can file a grievance through the Quality Improvement office. Every clinical program has these forms and contact information in their lobby. If you do not see the forms, you can to request them from any staff at that clinic. Additionally, Patient's Rights, a unit specifically designed to address consumer concerns regarding right's violations, monitors consumer rights. Patient's Rights can be contacted at: 800-350-0519.

BHC RECOMMENDATION: Though, not directly related to the MHSA Plan, the BHC support quality, compassionate care. BHC recommends sustaining WET planning that emphasizes the values and mission of RUHS. This comment will also be included in the MHSA feedback summary that is provided to RUHS-BH executive leadership.

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

(1) **Comment:** Transportation for those in the outer areas that may not have access to public transportation

RESPONSE: Programs within the MHSA plan can incorporate some transportation supports into their program design, but general supports to public transportation do not fit into the MHSA Plan. Some public insurance providers have added transportation support into their coverage. Transportation is a challenge in a large geographic county like Riverside that also has significant city sprawl. Advances in technology may also assist in bringing services to the people that need them, even at a distance. Riverside already uses such technology in more remote areas such as Blythe. The newly approved MHSA Innovation Plan, The Technology Suite, is also developed with this in mind.

BHC RECOMMENDATION: The BHC recommends to sustain transportation and transportation access as a consideration when developing behavioral health programs within the MHSA Plan.

(2) **Comment:** More emphasis and education on work programs for MH consumers. Question? How is the Hispanic population the most underserved in Riverside County when they have the highest population?

RESPONSE: Population size and care access are separate variables that are compared to look at service disparity. Historically, non-Caucasian populations have not been served at the same percentages that they represent in the overall

population. Strategy and efforts to better reach and welcome the underserved have seen improvements in some population groups. For FY 17/18, Hispanic populations were the highest served ethnic group in Riverside County at 38%, yet still not served at their nearly 48% representation of Riverside County as a whole. Underserved outcomes must be measure in the context of decades of care, not just a single year. Just 2 years prior, FY 15/16, Hispanics represented the highest percentage of service disparity of any ethnic group in Riverside County at over 12% (47% of population and served at 34.4%).

Multiple variables can negatively impact access to care for everyone: location, transportation, stigma, cost, lack of insurance, lack of mental health education. Such barriers to care are the core of PEI Workplan 01: Mental Health Outreach, Awareness, and Stigma Reduction. Some factors can be more culturally bound: historic oppression and institutionalized racism; mistrust of government operated health systems; cultural beliefs regarding illness and healing; lack of culturally informed care; and language. Ultimately, it is the goal of the health care system to ensure that everyone who needs care can access care.

Though the Pathways to Success and CalWORKS programs are designed around vocational development, other programs like The Wellness Cities and FSP programs include vocational planning into their program design. Your recommendation for increased attention on vocational development programs and resources for consumers was forwarded to the Adult Program Services Administrators.

BHC RECOMMENDATION: The BHC recommends sustaining culturally informed programming, and vocation resources in the MHSA Annual Plan Update 19/20.

(3) **Comment:** Has the county considered a "Tiny Houses" program for the homeless population that will provide individuals a private place to call their own and keep them off the streets and with food, clothes and shelter.

RESPONSE: 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. 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 MHSA-eligible consumers. One such effort is the No Place Like Home Program.

Your recommendation has been forwarded to the Housing Manager for further consideration.

BHC RECOMMENDATION: The BHC recommends sustaining homeless and housing services for people who have a serious mental illness in the MHSA Annual Update 19/20.

(4) **Comment:** Increase services at urgent cares/ETS/CSU for ages 13-17 and services for LGBTQ population

RESPONSE: Currently, adolescents age 13-17 can be served in the regional CSUs in Mid-County and the Desert. Psychiatric Emergency services for youth ages 13-17 can be managed at the Psychiatric Emergency Treatment Services (ETS) of Riverside University Health System Medical Center, where adolescents have their own separate unit from the adult population.

Currently, the Riverside MHSA Plan includes the support of the Cultural Competency Program, the LGBTQ Community Consultant, and the related advisory committee called Community Advocacy for Gender and Sexuality Issues (CABSI). CAGSI collaborated with the RUHS Children's Mental Health Services to create the Transgender Youth Workgroup which resulted in a series of trainings for Department staff. Also, PEI contracts were recently awarded to community health promoters for each of the underserved cultural populations, including the LGBTQ community.

Additionally, LGBTQ youth are a target population in PEI-Workplan 04 TAY Project, and in PEI-Workplan 05 First Onset in Older Adults. The Innovations Plans, TAY Drop-in Centers, and Tech Suite, both target LGBTQ populations as well.

BHC RECOMMENDATION: The BHC will monitor the use of mental health urgent care services by adolescents in the Western Region to assist with program development in this area. The BHC recommends sustaining culturally informed services to underserved populations that include the newly contracted Mental Health Promotion programs in the MHSA Annual Update FY 19/20.

(5) **Comment:** More programs for Asian American families to help educate them and reduce stigma to help them support their relatives. Stigma in this culture prevents them from accepting services. Replace staff positions when people retire. Don't save money by not hiring

RESPONSE: PEI funds are utilized to support the RUHS-BH Asian American consultant position and the Asian American Task Force, as well as, the staffing and operations of the RUHS-BH Cultural Competency program as a whole. Stakeholder feedback was a critical voice in achieving the PEI funded Filipino American Resource Center and the Strengthening Intergenerational/Intercultural Ties in Immigrant

Families (SITIF) program. SITIF is a parenting program designed specifically for Asian American families.

With the recent PEI contract awards for Community Mental Health Promoters for each of the underserved communities, including the Asian American Pacific Islander community, we anticipate a significant increase in culturally informed outreach activity to better engage and educate on behavioral health. These community contractors are representatives from the communities from which they serve, and will have on-going assistance and relationship with RUHS-BH Cultural Competency and PEI programs. All PEI contractors go through rigorous contract monitoring and must demonstrate deliverables based on a contracted scope of work. We look forward to the success of these programs and to support the avenues in which the underserved can be better connected to the help services that are much needed to improve community wellness.

Employees are the most costly expense of any organization. RUHS is a single system in a county-wide government. Hiring direction and planning is often a combination of multiple factors which can include a hiring freeze from the Riverside County Board of Supervisors.

BHC RECOMMENDATION: The BHC recommends sustaining culturally informed services to underserved populations that include the newly contracted Mental Health Promotion programs in the MHSA Annual Update FY 19/20. The BHC will monitor the impact of staffing on Department operations and request an update from Department leadership on the impact of staffing levels on fiscal and service operations.

(6) **Comment:** More funds in housing for 1st and last month rent and cleaning deposit. Also support in keeping their animals with them. More staff for cultural competence in administrative MHSA plans available in English and Spanish.

RESPONSE: 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. Because housing development is often done in partnership, the policies for having pets may also be influenced by a property management partner. We recognize the importance of pets in recovery, and have advocated for housing options that include pets.

With contracts awarded to community organizations to provide Community Mental Health Promotors to our underserved populations, including Latino/Hispanic, Asian, and LGBT, we hope to augment cultural outreach and support that had once been limited to the county outreach team under the Cultural Competency Program. Additionally, WET has actively partnered with Cultural Competency Program to ensure the development and coordination of system-wide training that specifically addresses the needs of our cultural communities. Ideally, any member of our community should be able to engage the behavioral health program in their neighborhood and feel confident that the practitioner welcomes them and understands their needs. Your concerns regarding augmenting Cultural Competency Program staff will be include in the MHSA Plan feedback summary provided to Department executive leadership. We will need to work more closely with Cultural Competency around language translation of the MHSA plan. Because the plan relies heavily on data from our Research and Evaluation Unit in order to provide program outcomes, we are often delayed in plan composition until those end-of-year reports are completed. The MHSA Plan is written by multiple authors and then must be edited. In draft form, the plan is approximately 300 pages. Unfortunately, a page for page translation cannot be completed in a timely enough manner to meet State submission deadlines. We will continue to work on procedures that will allow for greatest opportunity at a full translation before posting.

BHC RECOMMENDATION: BHC recommends sustaining the continuum of housing and homeless services within the CSS plan, and supporting the Cultural Competency program within the PEI plan in the MHSA Annual Update 19/20.

(7) **Comment:** Being disabled (CPAP, Apnea machine). Dual Diagnosed – I was turned away from 23 hr respite CU for being a liability suffering mentally and physically then emotionally.

RESPONSE: Thank you for sharing this vulnerable testimony. Having both acute mental health and physical health needs can frustrate access to care and feel overwhelming. Because most psychiatric urgent and emergency care programs are freestanding locations, they are not immediately connected to acute care for primary health. This can restrict them from accepting consumers that have medical needs that they are not equipped or are licensed to treat. These programs are not typically intended for respite care, but rather designed to stabilize the client, or to bring them back to their pre-crisis state of wellness. The inability to treat both the physical and mental health needs is risk for the client as well as a liability for the care provider. Consumers who also have acute physical health conditions are often referred to resources based on their primary health care need first.

BHC RECOMMENDATION: Personal testimony acknowledged. The BHC recommends to sustain support of the Crisis Stabilization Units in the MHSA Annual Update 19/20 and to provided further education on resources that support complex presenting needs.

(8) **Comment:** What about people who have majority health problems compounded by mental health. Can they stay free anywhere? I have used adult protective services for those people the county funded their housing. Last election there were 2 measures, what is status of that?

RESPONSE: The focus of the MHSA is on mental health care. Health care silos create experts, but also frustrate when the "whole" person needs care. Primary Health Care and Behavioral Health Care integration has increasingly become a greater focus in all health care planning. Though some outpatient programming has integrated care, RUHS has made significant movement in the transformation of our Riverside County Federally Qualified Health Centers to include greater access to behavioral health care at each location.

Housing and housing programs are often formed and governed by a multiple agency partnership based on regulation. Cost and eligibility can vary and can be confusing. Programs that are specifically designed to navigate housing are best to review qualifications. There are multiple community agencies that provide this service; within the MHSA Plan, that program is 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.

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. Parts this legislation required additional approval by California voters in 2018. The bonds are repaid by funding from the Mental Health Services Act (MHSA). This does not constitute a new funding source, but rather dedicated funding in the MHSA that will reduce other MHSA allocations to each county. This legislation is in early stage of implementation.

Empowerment begins with the right information. You can learn more about the No Place Like Home legislations by following up with California Department of Housing and Community Development.

BHC RECOMMENDATION: The BHC recommends sustaining the continuum of housing and homeless services provided by the HHOPE program as described in the CCS plan of the MHSA Annual Update 19/20.

(9) **Comment:** What are the sustainability plans for the ethnic specific services and/or the consultants when the act is no longer able to fund them. How do you as department serve those needs and populations without a much needed BRIDGE?

RESPONSE: There are no plans to remove ethnic specific services or the cultural community consultants from the MHSA Plan. These services have been part of Riverside County MHSA plan since the first approved PEI Plan in 2009. PEI Workplan 01 – Mental Health Outreach, Awareness, and Stigma Reduction, and PEI Workplan 07 – Underserved Cultural Populations – both directly address culturally informed outreach, engagement and services.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed outreach and services of the MHSA Annual Update 19/20.

(10) **Comment:** I feel that we need people on the psych hospitals the care about the patients seeking for help. Not staff that make them feel worse while trying to be better.

RESPONSE: The fundamentals of any health care is "caring." Consumers have rights and avenues to advocate for those rights. Any person receiving county behavioral health care can file a grievance through the Quality Improvement office. Every clinical program has these forms and contact information in their lobby. If you do not see the forms, you can to request them from any staff at that clinic. Additionally, Patient's Rights, a unit specifically designed to address consumer concerns regarding right's violations, monitors consumer rights. Patient's Rights can be contacted at: 800-350-0519.

BHC RECOMMENDATION: Though, not directly related to the MHSA Plan, the BHC supports quality, compassionate care. BHC recommends sustaining WET planning that emphasizes the values and mission of RUHS. This comment will also be included in the MHSA feedback summary that is provided to RUHS-BH executive leadership.

Behavioral Health Commission

Western Region Public Hearing

May 01, 2019

Comments on the MHSA Annual Plan Update

FY 19/20

ORAL COMMENTS

(1) **Comment:** Dear Behavioral Health Commissioners, Ladies and Gentlemen: Good Afternoon! I am the consultant for the Asian American Task Force (AATF) which is composed of concerned citizens and community leaders representing a few of the many Asian American and Pacific Islander groups in Riverside County. Our goal is to guide the Cultural Competency Program to develop effective outreach strategies, provide culturally competent mental health education and awareness activities in addition to addressing the severe disparities in mental health care in Riverside County AAPIs. First of all, representing AATF, I'd like to thank RUHS-BH and especially the Cultural Competency Program and PEI for their outstanding support. There is now a special program, the Filipino American Mental Health Resource Center, to outreach the largest AAPI group in Riverside County. PEI recently awarded a contract that will provide bicultural parenting skills for AAPI parents and soon another contract will be awarded to train AAPI community members to conduct outreach and linkage. It is the hope of AATF that these three programs will help reach those AAPIs in need of mental health services but do not know how to access care and have severe stigma about seeking help. While AATF is gratified and grateful with progress made, we continue to be very concern that many AAPIs who need mental health and substance abuse intervention are not getting the help they need. Most enter the RUHS-BH system via emergency services. To illustrate our concerns, data from the Who We Serve report for Fiscal Year 2017-2018 shows of the 59,298 consumers served, only 865 are from the AAPI communities. A major challenge for providers is the degree of diversity within this group known as AAPIs. The groups are Vietnamese, Korean, Filipinos, Asian Indians, Japanese, Pakistani,

Cambodian, Laotian, Thai, Hmong, Indonesian, Bangladeshi, Burmese, Sri Lankan, Nepalese and Malaysian. Outreach to such immense diversity is a challenge to say the least. Based on my professional experience as a social worker for over forty years developing and operating programs for AAPIs in Los Angeles County, it takes more than a village to reach AAPI families. While many AAPIs are new immigrants who bring tremendous vitality and energy to the economy and social fabric in Riverside County, they are also at greater risk for developing mental health problems. When children assimilate and no longer speak their parents' native languages; when parents feel they can no longer instill old customs and traditions and expect their children to comply; when mental illness, which is color bind, strikes and there are no services with staff that speaks your language or understand your culture, tragedies can happen such as the Vietnamese man in Eastvale who killed his wife as he thought she was having an affair. He had a long history of untreated mental illnesses. Therefore, the AATF would like to request that specialized services and approaches be developed with staff from these diverse cultures who speak a variety of AAPI languages and dialects, who understand the unique challenges of adjustment and appreciates the deep stigma for mental health among the AAPI communities. It is only with such commitment that the severe disparities in mental health care for AAPIs can be reduced. RUHS - BH Children's Administration has recognized this unique challenge by funding a long time AAPI provider from Los Angeles County with EPSDT funds to serve children's and families. AATF would like to see this program expanded to serve more families from the AAPI communities and urge similar programs and services for other age groups. With solid bilingual services available, the outreach programs to be funded by PEI can enhance care with outreach, education and linkage services. Additionally, it is critical that outreach staff at the Cultural Competence have more support to reach AAPIs. They currently have only three full time staff bilingual in Spanish to reach all ethnic groups in the three regions in Riverside County. This severely hampers what can be done. To be successful and effective with the under-served and fast growing AAPI populations in Riverside County, RUHS – BH cannot just depend on a very part-time consultant and a group of volunteers to do this very challenging work. Finally, we respectfully recommend that ethnic service manager be part of the executive management team as the addition of this culture expert can enhance the cultural competence of the entire RUHS-Behavioral Health. Thank you for your time and attention.

RESPONSE: Thank you for your dedication, advocacy, and commitment to meeting the needs of Riverside's underserved. PEI funds are utilized to support the RUHS-BH Asian American consultant position and the Asian American Task Force, as well as, the staffing and operations of the RUHS-BH Cultural Competency program as a whole. We also celebrate the success of the Asian American Task Force; AATF was a critical voice in achieving the PEI funded Filipino American Resource Center and the Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) program. SITIF is a parenting program designed specifically for Asian American families. With the recent PEI contract awards for Community Mental Health Promoters for each of the underserved communities, including the Asian American Pacific Islander community, we anticipate a significant increase in culturally informed outreach activity to better engage and educate on behavioral health. These community contractors are representatives from the communities from which they serve, and will have on-going assistance and relationship with RUHS-BH Cultural Competency and PEI programs. All PEI contractors go through rigorous contract monitoring and must demonstrate deliverables based on a contracted scope of work. We look forward to the success of these programs and to support the avenues in which the underserved can be better connected to the help services that are much needed to improve community wellness.

Additionally, RUHS-BH, via Network Adequacy requirements, has started to distinguish RUHS practitioners that identify with the cultural or linguistic background necessary to serve consumers that request mutuality as a treatment necessity. WET Planning includes outreach to young adults to inspire youth, particularly from underserved populations, to seek careers in public behavioral health. WET provides additional selection points for intern applicants that have the cultural background or linguistic skill necessary to serve Riverside's diverse communities.

Your recommendations have been added to the Stakeholder summary reviewed with RUHS-BH executive leadership.

Behavioral Health Commission (BHC) RECOMMENDATION: The BHC requests an update on the implementation of the programs described above and will monitor progress in order to re-visit the concerns expressed by the AATF Consultant. The BHC recommends sustaining culturally informed programming in the MHSA Annual Update FY 19/20.

(2) **Comment:** I am a resident of Riverside County for 15 years. I also do a small business in Riverside County as a State Farm Agent. Currently I am the Co-Chair of the Asian American Task Force. So I am here today representing the Asian American Community in our county to express my appreciation for the contributions by the Cultural Competency program led by Sylvia Aguirre-Aguilar. When the Asian American Task Force (AATF) was an idea, I committed myself because I knew that the program would be the source to have better acceptance and understanding and reduce stigma that go with it. You might be aware that very few Asian people use services by RUHS-BH. It's not because we do not suffer from mental illness but because we belong to very unique ethnicities and our lifestyles are deeply associated with our cultures. We hold deep importance to our reputation, we have to be professionals, hardworking, smart and all that define perfection. As a layman, the term culture is comparable to comfort food. Every taste brings back memories of families and friends, festivities and celebration, a reminder that we belong, accepted to how we look, how we talk and how we move. The Cultural Competency program is breaking barriers of stigma and the AATF is a source of building bridges of understanding, solidarity and cohesion. This year, there was no Lunar festival in Riverside which was attend by an estimated 65,000 people. We presented the idea to AATF and the Cultural Competency obliged. Through a very short planning time, volunteers from the community namely the Perris Valley Filipino American Association, Inland Chinese American Alliance, Indonesian Friends of Inland Empire, Inland Chinese American Alliance, Special Service for Groups, UCR School of Medicine, Asian Pacific Counseling and Treatment Center, Filipino American Mental Health Resource Center and other community based businesses made the celebration possible. The celebration symbolized acceptance and good will and we felt accepted. It dawned on me that RUHS-BH is not only a location for seeking help, treatment and recovery. This building can now be associated as a happy place.

People can see this building with less stigma. A place that brings together our Asian American communities with vivid colors, music, food and dance. Moving forward, I realize the importance of Cultural Competency and would like to make a recommendation to add more support staff to the Cultural Competency program so that may be able to expand their great work to the underserved populations like the AAPIs. Thank you for supporting Asian American Pacific Islanders in the community.

RESPONSE: Please see response to Oral Comment, No. 1, Western Region Public Hearing.

BHC RECOMMENDATION: The BHC requests an update on the implementation of the programs described above and will monitor progress in order to re-visit the concerns expressed by the Asian American Task Force (AATF) Consultant. The BHC recommends sustaining culturally informed programming in the MHSA Annual Update FY 19/20.

(3) **Comment:** Good Afternoon everyone. I am a currently student of Blindness Support Services here in Riverside and I am also a student at Cal State San Bernardino majoring in psychology. As I have been attending, the CCRD [Cultural Competency Reducing Disparities] meeting, I attended it only once, and I would have to say that upon attending it, I have noticed that TAY has become a very important factor. However, I feel that it is one of the underserved populations. There should be TAY coming out to represent in these meetings. I know it can be very hard to recruit especially now that we are all immersed in technology. We are all doing our own thing. We barley pay attention to what is going on around us, I can qualify myself as one of them, sometimes. So I would have to say that I would love to see more youth representing and also youth that are disabled would be another great thing. As I have also noticed in the MHSA plan, they are mentioned meaning youth, as people who have been incarcerated, people that are homeless. However, I did not see disabled in the youth that is being helped out with Mental Health. So I would really love to see that in the MHSA plan. I do see that there are centers but there isn't really much mentioned in regards to disability and not just visually impaired such as myself but everyone in general and that would be amazing. So I would say that is all the recommendation, I would have to say for youth. And then if youth was to come

out and represent, I would recommend either an afternoon or evening meeting because if we were to go with youth from high school you there in high school all morning. Everyone gets up early. And even in college, I myself am an early bird and would rather get over it with classes in the morning to have the afternoon to myself, so I would really recommend that. Thank you everyone.

RESPONSE: Thank you for your participation and your voice. TAY perspective is encouraged and welcomed at any community advisory meeting held by RUH-BH. Current census statistics indicate that Transitional Age Youth (TAY) ages 16 – 25 represent approximately 15% of the Riverside County population. TAY are considered a distinct age-related population in MHSA due to their unique developmental needs. Riverside's MHSA Plan has some specific, TAY-aged programming including regional TAY Drop-In Centers, a TAY-specific Peer Support Specialist employment training, and TAY Full Service (FSP) Partnership programs.

WET Plan includes outreach to high school and early college age students to educate on the importance of behavioral health and to encourage volunteerism and career development in public behavioral health care. Intern applicants from underserved populations, including physical disability, are provided additional selection points.

The newly approved Innovation Plan, The Tech Suite, targets TAY-aged population as both consumers and ambassadors of the proposed technology. The TAY voice is important. TAY Collaboratives, an open forum meetings on TAY needs and programs, are held one time per month in each region.

Across age categories, consumers who have experienced some of the most visible consequences (homelessness, incarceration, repeated hospitalization) due to illness are targeted in much of MHSA regulation. MHSA regulation mandates that 50% of CSS allocation, the largest of the MHSA components, be spent on Full Service Partnerships (FSP) – programs designed to support the recovery of those at highest risk due to their mental illness.

Certainly, people with physical health and sensory disabilities face unique challenges typically unknown to those who do not share that experience. The Cultural Competency Reducing Disparities welcomes the voice of those from the disabled community and are grateful for your attendance. Advocacy for the disabled has resulted in some initial programming designed to address this need, and includes: WET and Cultural Competency partnering with community organizations to create training for RUHS-BH employees on better service for consumers who are blind or deaf; the inclusion of behavioral health outreach staff at events or organizations that target the blind and the deaf; and the inclusion of the deaf and the blind as target populations in the newly approved Technology Suite. You can read more about these partnerships under the PEI Workplan 01: Mental Health Outreach, Awareness, and Stigma reduction.

Your recommendation regarding meeting times has been forwarded to the manager of the TAY collaboratives and to the Cultural Competency Manager.

BHC RECOMMENDATION: The BHC requests an update on the implementation of the programs described above and will monitor progress in order to re-visit the concerns expressed by the disabled community. The BHC recommends sustaining culturally informed programming in the MHSA Annual Update FY 19/20.

(4) **Comment:** Today is May 1, I think that it is International Workers Day and I am a UCR resident so this is my neighborhood. I also work for the Department of Mental Health but today I am here for my own self since I worked extra to have this time off to feel free to express my points of view. First of all, I would like to congratulate the Mental Health Movement for the changes that been happening. I have been working for Mental Health for over 20 years I guess, and I see many changes. Our demographics are changing especially in this Riverside area. I think that even though sometimes I have a little problem with that because everybody cares and everyone is important but we have to go with the reality that Latinos, Mexican, Chicanos, Central Americans have become the majority in this city as well as Asian. Is one of the highest enrollment at the University, UCR.

The issue of Cultural Competence is very important. I think at this time the Cultural Competency committee has done an incredible job and I do participate in this

committee. Not only because of the staff participation but for the networks and the consultants that we have with the different groups in the committee. But I see the cultural competence committee as something that is ongoing and growing. The cultural competence committee, they need more staff and there must be money for that. I imagine a cultural competency committee where we have an open employee or a consultant that really represents people with disability, individuals from the LGBTQ community open and free, that can represent the male population which is very important and some other groups. The Cultural Competence committee needs to be more visible that means more publicity more outreach, needs funding. Well it needs more funding beside I mentioned before I have been here for a while. So probably about 10 years ago we, the Department, hosted Spanish classes, before we had the funding from proposition 63. We had Spanish classes and everybody was taking those classes, Caucasian clinicians ,everybody that needed to perfect their skills. They were very happy with the teacher I didn't hear anything negative about the teacher. She was fantastic and I think that this was something that in these challenging times that also we can give back to the employees since we are changing some ways of working. But we can give back with these classes, the same thing with sign language and we do not have that anymore.

Also, I think that it is very important, I have the version of the plan in English and in Spanish, I notice and I think that the commission has the golden opportunity to shine in the State of CA if you implement this in the clinics. That is visible, tangible because not in every clinic, everything is computerized, computers are wonderful but I am an old fashioned, paper person. There is a little detail, the volume of the Spanish version in English is smaller; I do not know how it was short it should be bigger because we use more words. Putting that aside I think that what is important is to have. I love that we are on a volunteer basis not mandatory but sometime things have to be mandatory. In every single clinic, children's or adults anything that we have those plans need to be there and visible with the forms where people can fill them out there. We have the intention but not the purpose. Same thing will be either the lobbies where we welcome people in our communities, we have all these paperwork that is very important. Some clinics may have it, some clinics may have it hidden a little bit. So I think we have to, we can do a competition. Which one is the

clinic that is up to date, an event, maybe it can be part of the Mental Health month but I think that it is very important.

Last but not least, I rushed over here because the meeting was over at 5, so I said ok what I have to say I will have time. But the meeting was short and I think that you have to go by the paper, if it says until 5, its like a solider you don't abandon the ship. I am glad that you are here. I just want to say it because I do community outreach events that are over at a certain time and you get people rushing to get to the place and by the time they get there, it is already over. This is also part of being cultural competence of the struggle of the people, single mothers, how people get here. And that is basically what I have to suggest.

RESPONSE: Thank you for taking time out of your schedule to represent the community and voice your ideas. Cultural Competency is important. Research indicates that when services are culturally informed, outcomes are better, and when any one individual is more productive and experiences greater wellness, the less dependent they are on any formal help system. Ultimately, the result is a life lived well.

Riverside County statistics indicate that our population is: 48% Latino/Hispanic; 36% Caucasian; 6.4% African-American; 6% Asian/PI; and less than 1% American Indian.

Riverside County Dept. of Public Health (2014) estimated the LGBT population between 71,000 to 236,000 people, potentially making this community the third largest minority group in Riverside County. Riverside County is home to one of the two schools for the deaf in California. Estimated population of deaf individuals nationally is 10%; Riverside County is estimated 17%.

With contracts awarded to community organizations to provide Community Mental Health Promotors to our underserved populations, including Latino/Hispanic, Asian, and LGBT, we hope to augment cultural outreach and support that had once been limited to the county outreach team under the Cultural Competency Program. Additionally, WET has actively partnered with Cultural Competency Program to ensure the development and coordination of system-wide training that specifically addresses the needs of our cultural communities. Ideally, any member of our community should be able to engage the behavioral health program in their neighborhood and feel confident that the practitioner welcomes them and

understands their needs. Your concerns regarding augmenting Cultural Competency Program staff will be include in the MHSA Plan feedback summary provided to Department executive leadership.

The decision to end the Department hosted language classes was due to outcomes. Though the classes allowed staff an introduction to another language, the classes did provide the intense education necessary for fluent language acquisition – a fluency needed to provide therapeutic services to vulnerable populations. WET programming offered an alternative: Tuition Assistance for any employee who pursues college-level language coursework in a language necessary to serve Riverside Communities.

We will need to work more closely with Cultural Competency around language translation of the MHSA plan. Because the plan relies heavily on data from our Research and Evaluation Unit in order to provide program outcomes, we are often delayed in plan composition until those end-of-year reports are completed. The MHSA Plan is written by multiple authors and then must be edited. In draft form, the plan is approximately 300 pages. Unfortunately, a page for page translation cannot be completed in a timely enough manner to meet State submission deadlines. We will continue to work on procedures that will allow for greatest opportunity at a full translation before posting.

A copy of the MHSA Plan, feedback forms, and Public Hearing notification flyers, in English and Spanish, are sent to all Department program managers to distribute to county programs for lobby posting. This year, housing and residential facilities that support our consumers were also added to the distribution. Additionally, the MHSA Plan is posted electronically and promoted on the Department website and social media. Printed copies of the plan along with feedback forms are provided to local libraries. Your idea to create a competition among programs on “best” promotion of the plan is novel and will be included in next year’s posting process. Additional ideas on plan promotion are always welcome!

The public hearing is a formal process that follows hearing standards. This structure formalizes feedback, but can also create a rigid proceeding. Once the public present no longer offers comment, the BHC adjourns the hearing. This can make it more difficult for late-comers to participate in the hearing. A member of the BHC and the MHSA Coordinator remain until the close of advertised time in the event additional

community members arrive and want to provide feedback. MHSA Administration has started adding MHSA Forums to community events. These Forums provide a more informal orientation to the plan and allow greater flexibility for the community to learn and give feedback about Riverside's MHSA Plan.

BHC RECOMMENDATION: The BHC requests an update on the implementation of the programs described above and will monitor progress in order to re-visit the concerns expressed.

The BHC recommends sustaining culturally informed programming in the MHSA Annual Update FY 19/20.

Behavioral Health Commission

Indio Public Hearing

May 07, 2019

Comments on the MHSA Annual Plan Update

FY 19/20

ORAL COMMENTS

(1) **Comment:** These are things that concern me, but I am also thinking of the things in the long run: Training for cops dealing with mental health patients. I know there are some training but I would like a little bit more because in crisis I do not want to go to jail. I have not been to jail in a while but I would prefer not to go to jail, I would prefer to go to a hospital and I think that most people with mental health challenges would prefer that too. Places for parents and children to go, I do not have children but mental health challenges run in my family really, really bad. Like my sister's child has a mental health challenge, I have one, my mom has one my grandmother has one and my great grandmother has one. So it would be great to be able to prevent it at least to start it with families with mental health challenges, this is just an idea. Places like this, something like this where we can both get service at the same time. So they are learning about prevention and I am learning about education on how to prevent it with them. Something more oriented for me and my child, especially when it runs in my family. I deal with paranoid schizophrenia and post-traumatic stress disorder. I am totally fine. I work full time and I just got off of social security so I am really, really happy but I am also worried about if I have a child and the prevention there. It goes along with what someone was saying about prevention at a younger age; it kind of goes along with that especially with families like mine. And I want more community outreach for African Americans because stigma is so hard on our community especially when you are a Christian. Like the idea with the Indians. I like that idea about a community - like maybe a picnic or something to just kinda get the word out because a lot of people deal with especially if they are on drugs

and they have a mental health challenge that goes along with it. Something like that geared towards the African American committee because if I wouldn't have came here I wouldn't have known about it. I just kind of stumbled into it, and I have had a mental health challenge for 11 years. I'm 36 and was diagnoses at 25.

To beat stigma, especially for people who would like to go back into the workforce, it would be nice to see commercials publicized in really nice areas about those of us who are healthy. Or even an actor who is portraying someone who is healthy. So employers can see us in a positive light and when they hear about our diagnosis they do not try and fire us because I do not want to have to. I'm sorry this is a touchy subject. I do not feel like I should have to stick to mental health jobs in order to be comfortable with my mental health challenge. I really believe stigma should be out even in the workforce and by gearing commercials towards employers so they can hire people like me. I am well-qualified. I am almost over qualified for some of the jobs I am applying for.

Growth nationwide is a really big thing for me. I wouldn't mind seeing programs like this nationwide. I know it will take forever but something like this. I have a nephew that lives in Washington who is autistic, extremely autistic, and I would love for him to come to a day center like this. For his mom to get educated because she deals with depression. Something geared outside of this region for people who deal with mental health challenges. I would love to volunteer at a place like this, just FYI, this is me personally. I would like somewhere where I can volunteer. I do not want to work for mental health; I've done it once. I am definitely a foodie; I like being a chef. I like being a cook, I would like to share my lived experience on a non-paid basis in a community setting like this. I really think that it would be beneficial. I have a peer support specialist certificate too and it would be great for me to share the knowledge I have on a little more concrete level, not just 'she's a peer she's just talking.' But it would be nice to say, 'I am a volunteer; how can I help you?' on a non-paid basis. Schedule loosely made, I do not really care. I have two jobs but it would be nice to give back to the community that has given me so much. I really came here homeless and I worked and I got off of social security. So places like this are really, really helpful; they are really beneficial. They are amazing and I am really thankful and it would be great to give back.

RESPONSE: Thank you for your personal testimony and recommendations. You are inspirational in both your lived experience and your desire to give back.

The MHSA Plan includes a law enforcement education collaboration for law enforcement agencies in Riverside County called Crisis Intervention Training (CIT). This training assists law enforcement with interventions when a person experiences a mental health crisis, and includes speakers with consumer, family, and parent experience. The program has grown over the years and has expanded beyond Riverside Sheriff Office to include independent police forces throughout the county in addition to the California Highway Patrol, Tribal Rangers, paramedics, and the Riverside Transit Agency. The course is well-received and well-evaluated by officers and deputies. RUHS-BH has recently expanded our police ride-along program from Western Region into all regions of Riverside County. This program provides for a law enforcement and therapist partnership in the field.

RUHS-BH does not currently have a program that integrates all stages of life development into a single program. There are some programs, like Multi-dimensional Family Therapy, that focus on serving the whole family to support the development of the child. In our general system development, we have expanded Family Advocate and Parent Support and Training Programs that educate and support family members who have loved ones receiving care. The Family Room, was a former Innovation Plan that incorporated family support and education into the primary service delivery to adult consumers; its success has allowed the program to remain funded through the CSS Plan. Some parts of the county, such as Lake Elsinore and Indio, have programs for Children and Adults co-located in the same building. Additionally, RUHS-BH has been actively partnering with our primary care sister agencies in order to create better integration of behavioral health care services at the Federally Qualified Health Centers (FQHC). Once completed, this integration would allow for both primary and behavioral health care for some conditions in one family care location. Your idea of an integrated program will be provided to our system of care committees and to our executive leadership.

Research indicates that culturally-informed services create better outcomes. MHSA Plan includes the support of the RUHS-BH Culturally Competency Unit, the Cultural Competency Reducing Disparities committee, and cultural consultants and a related community advisory groups for each of the underserved populations. The advisory group dedicated to African Americans is the African American Family Wellness Advisory Group (AAFWAG). Among other accomplishments, AAFWAG has sponsored African-American community events such as the Junteenth Celebration and the Million Man Meditation. Additionally, via the PEI Plan, a contract was recently awarded to provide Community Mental Health Promotion to the African American community that directly provides outreach and education to inform, increase access, and decrease stigma regarding mental health and behavioral health care. The PEI plan also includes the Building Resilience in African American Families (BRAAF) program. BRAAF works with African American males ages 11-14 and their families in a 9-month Rites of Passage program. The Desert Region also includes a pilot project focused on African American girls. Annually, all 4 programs throughout the County come together for a Unity Day event that is open to the community to learn about this program as well as other resources available.

PEI Plan also includes formal media campaigns designed to increase accurate mental health education and to reduce stigma regarding mental health in all facets of life, including employment. Another PEI program, Contact for Change, includes a speakers' bureau. One of the targeted audiences for the speakers' bureau is employers with the goal to increase hiring and understand reasonable accommodations. In FY 17/18, the speakers' bureau presented to over 2,000 community members; pre- and post- measures showed a decrease in stigmatizing attitudes and increase in positive attitudes toward recovery and empowerment.

RUHS-BH has an active volunteer services program that reports to the WET Manager. In addition to general volunteerism, there are specific volunteer programs for student interns and for peers.

BHC RECOMMENDATION: Your idea of an integrated program based on the stages of life will be provided to our system of care committees and to our

executive leadership. Your interest in AAFWAG activities will be provided to the committee chairperson. Your interest in volunteerism has been provided to the WET Manager. BHC recommends sustaining law enforcement education and culturally informed care into the MHSA Annual Update 19/20.

(2) **Comment:** One of the programs, and I'm honestly not sure if they already have it, but a program that puts people through school. You know, when people call the suicide hot line, having people in the mental health field, not just someone on the phone that is going to talk you done a little bit but someone who has been there. It can be peers; it can be whatever, but someone who has some life experience, not just someone who is just a volunteer. But thank God for them that they do that. It's a blessing that they do that.

But I would think that if there was maybe some type of statistic, as far as show they are answering the phones, and who they are and see the results, to see if it doesn't add up right. There are too many suicides then that may help get the funding. They can train people; maybe even peers train them to be able to do it. I think that would be good because I called the suicide hotline and it just wasn't adequate. I thank God for it and it helped me with what it could. At the time that I called, I was very suicide and when I called and really didn't get help, it took me on a stupor pretty much and so I think that it is a very sensitive time. It's a time when you have to get them while they are right there and so if we have the right people in charge answering the phones it might help a lot.

I suggest that we have a small 2-3 page magazine and it would be called "Road to Recovery Success Stories" and just have little stories of people who have made successes in their mental health challenge; who have went back to work, who have gotten their peer support specialist certificate, whatever it may be, even if it is just being able to cope with day to day. We want to put it toward everyone so that everybody can relate to it. I suggest that it should be a handout when you sign up for mental health services so that they can see success stories so they can say if they did this I can do this too. Maybe get 15-20 stories that can be very helpful.

RESPONSE: There are multiple telephone numbers that provide help service to people in mental health crisis, some are local and some are national. The toll free, "HELPLINE," is a contracted PEI program with Community Connect, the same organization that manages Riverside County 211. It is a nationally accredited hotline. Certainly, each experience with a trained volunteer or employee can be different.

Any unsatisfactory interaction with a helper of any kind needs to be addressed to coordinator, supervisor or manager. Any care concern from a Riverside County behavioral health program can be directed to any Department leadership or formalized through the grievance procedure via the Quality Improvement Program. Forms to file a grievance or to get more information can be located in each clinic lobby.

People at varying levels of risk call Crisis Lines. Pairing a caller's suicidal intent rating with the resolution of the call can help in understanding reduction of suicide risk and assist in deciding whether an intervention is needed. Suicidal Intent is a good choice for a common metric because it is most likely to change during the short span of a call and reflects the current risk of the caller. Asking about suicidal intent helps the caller distinguish between feelings and actions. It can be therapeutic and empowering for a caller to understand that talking about their pain and feelings is different than acting upon them. The most recent data shows that of callers who identified as having the highest suicidal intent at the start of the call, 42% of them report lower suicidal intent by the end of the call. That is, of callers who rated their suicidal intent at 4 or 5 at the start of the call (N=38), 42% of them report a suicidal intent rating of 3 or below at end of call (N=16).

PEI also offers suicide prevention and assistance training throughout the county by conducting free training in Mental Health First Aid, SafeTALK, or ASIST. These trainings allow anyone the opportunity to learn how to support someone at suicide risk and link him or her to professional care. To request or learn more about these trainings, please contact PEI@ruhealth.org .

Stories of hope are truly inspirational and are at the heart of the peer movement. Success stories from people who have been there inspire those in despair and

motivate those who help. Your idea of producing some related material has been provided to our lived experience program managers at Consumer Affairs, Family Advocate, and Parent Support and Training.

BHC RECOMMENDATION: The BHC recommends sustaining HELPLINE services and Suicide Safer Trainings in the MHSA Annual Update FY 19/20.

(3) **Comment:** First, I would like to say about the volunteering that I have heard it said in groups that I have personally attended in my journey to recovery that someone say, 'you get paid to tell me that.' So it would be nice to come back and say, 'I am a volunteer; I do not get paid to share my story but I would really like to help you.' Not talking down to the peers because I wouldn't be where I am at today without the ones that worked with me. It took me two years to get to the point where I am brave enough to even speak up and look people in the face and communicate with them. So it hits a soft spot for me because, yes, they have done so much to get me to this point. So in no way do I underestimate being a paid peer, but at the same time, I feel volunteers have an edge; we don't get monetary support for being here; it puts a nice touch on things.

Personally, one thing that I haven't seen in the two years that I have been attending group is attention really addressed to those who self-harm. I have been a cutter since the age of thirteen and picked at my skin since the age of eight. I currently learned that there isn't an underlying reason to it. I've talked to eleven-years-old and sixteen-year-old who've seen my scars and say, 'Oh, I do that too.' This puts me in a precarious situation because can I explain to them something that I have not yet really overcome? Or at least having a space where individuals who do engage in this behavior can talk about that and not always add it to 'It's because she is bipolar; it's because of her trauma as a child.' Because that may not always be the case for those who do that type activity. Yes, it is a challenge, and it starts here, but at the same time, it would be nice to have a support group or outlet even --not just support for other people who participate in it, but also how do we work with it to get a handle on it, or overcome it. So that would be nice to see.

RESPONSE: Thank you for your meaningful and vulnerable testimony, and for your service as a volunteer. The MHSA Plan supports the Peer Support Specialist Volunteer Program (PSSV). In FY 17/18, RUHS-BH benefited from 45 PSSV providing 2,250.67 hour of service. PSSV perform a variety of tasks, including greeting clients in the lobby, providing resources, co-facilitating recovery groups and providing one-to-one support.

Certainly, stigma falls on a continuum, and some mental health needs meet with greater misunderstanding than others. Self-harm is difficult to acknowledge for just that reason – it is rarely understood by those who have not experienced it. Sometimes the very shame that can drive the self-harm is the same shame that can prevent someone from the confidence to seek help. The MHSA Plan supports the development of Dialectical Behavioral Therapy (DBT), an evidence based practice that has shown success in helping people who have thoughts of self-harm to develop a path of recovery. Many Department programs have direct service staff who have been trained in DBT.

Support groups tend to be community developed and self-led. Your recommendation for a support group that supports people who self-harm has been forwarded to Recovery International, the contractor of the regional Wellness Cities, and to the Manager of RUHS-BH Consumer Affairs.

BHC RECOMMENDATION: Recognizes the importance of people with lived experience throughout the service delivery system and especially acknowledges our system volunteers who provide a unique level of support. The BHC recommends sustaining Volunteer Program supports within the MHSA Annual Update 19/20.

(4) **Comment:** I would like to see in mental health: People who go and know that there is a place like here, where you can go, instead of going into the hospital. You can come here. There are groups. We can help you out to get you to not go back into the hospital. It will satisfy people to understand to live without going back into the hospital. To understand that mental health, their illness, can keep them out of the hospital.

RESPONSE: Recovery planning can be, and ought to be, very individual. Having a variety of support resources, treatment options, and opportunities to develop wellness tools creates a menu for resilience. Finding the right pieces, increasing understanding, and practice can reduce or eliminate the painful consequences of a mental illness, including hospitalization.

The Wellness Cities are one such tool, not only helping with wellness development, but also providing a community of people wanting to affirm, encourage, and support. The MHSA Plan supports each of the regional Wellness Cities and their programs.

BHC RECOMMENDATION: The BHC recommends sustaining the Wellness Cities within the MHSA Annual Update 19/20.

(5) **Comment:** I like to think that my situation, and my becoming amongst everyone I have encountered at any sort of mental health, physical, mental, bodily, roadside anything to do is very beneficial to me. I believe that I am learning a lot here. I am having trouble focusing on what is natural, and I want to be actually done, instead of what is said to be done whether or not it is meant.

RESPONSE: Thank you for your personal testimony. It sounds like you are learning and discovering your best life – which is at the heart of everyone's wellness. We are glad that you find lessons to support that journey at the Wellness City.

BHC RECOMMENDATION: Personal testimony acknowledged. BHC recommends no change to the MHSA Annual Update 19/20.

(6) **Comment:** Some kind of program around families and technology, this is a pretty big reason why we do have a lot of 9, 10 & 11 year olds at Desert Regional Hospital. And then it is more of a question to lead you to where you hoping to go

with public comments: What are your three top successful programs in Riverside City proper region that we do not have access to in the Coachella Valley and can we start moving those programs over if they do not already exist? There has been a lot of research around how much screen time children of all ages get but it is just that. There isn't necessarily a program that teaches parents how to have conversations with their children, teaches parents how to take away some of that screen time from their children, teaches parents what positive reinforcement may look like. And there isn't sort of like a community support of known parents who do this; people may do this individually in their households, but it is not known that 'oh my neighbor and my cousin across the street from my home are participating in a similar program. Along with that, there is a space in the Coachella Valley for young children like 8, 9, 10-15, other than the hospital, where children can go; how are they attended too outside of the emergency room. Yet our hospital, Desert Regional, is seeing very large volume on a weekly basis of these age patients. They will see them in the hospital and discharge them. What is the location before the hospital, and what is the location after the hospital, to service these children and their families.

RESPONSE: Though most MHSA programs have data reports that are used to measure progress, "success" can be a subjective determination. Some of the common programs that receive the largest public support are our new Crisis Urgent Care Centers and mobile crisis teams, our law enforcement education collaboration, and our homeless outreach and housing program. All three of these programs are offered in each region of the county, including the Desert. There is a continuum of care from prevention and early intervention to Full Service Partnership services available to children. You can learn more about these programs by contacting the Desert Regional Administrator of Children's Services. Kelley Grotsky. The Crisis Mobile team that serves area emergency departments is also a great resource to understand outpatient services.

The largest MHSA component is Community Services and Supports (CSS). By regulation, 50% of the CSS funds must be spent on Full Service Partnership Programs (FSP). These programs hold both the practical and philosophical success of MHSA. Each county region, including the Desert region, has FSP

programs for each of the developmental age groups: Children; Transitional Age Youth (TAY); Adults; and, Older Adults. By regulation, data is collected on all FSP participants to measure progress. Annual FSP reports are developed by the Research and Evaluation Unit.

The most recent annual report for the Adult FSP indicated that desert clients, when compared to clients in the other regions, received the most service hours per client. The Desert FSP also reported some of the highest outcomes when looking at client problems at intake compared to follow-up: Arrest rates were down 97%; Acute Psychiatric Hospitalizations were down 88%; Mental Health Emergencies were down 98%; and, Physical Health Emergencies were down 95%.

Multi-dimensional Family Therapy (MDFT) is the model utilized to provide Children's FSP. MDFT is an evidenced-based practice that provides an integrated, comprehensive, family-centered treatment for youth problems and disorders. MDFT prevents out-of-home placement. In Riverside County, most referrals come from the Juvenile Justice system. Desert Outcomes indicate that Desert, youth participants had a 52% reduction in arrests, 66% reduction in psychiatric hospitalizations, 97% decrease in school expulsions, and 95% reduction in school suspensions.

Riverside County MHSA Plan also has a county-wide Parent Support and Training Program (PSTP) that offers a number of parenting programs, in English and Spanish, including: 1) Educate, Equip, and Support designed for parents raising children with emotional challenges; 2) Positive Parenting Program (Triple P), an evidenced based parenting program for children under 12 who exhibit challenging behaviors; 3) Triple P Program for teenagers; 4) Facing Up, a non-traditional approach to overall wellness, 5) Strengthening Families, designed to help families identify and develop protective factors that enhance family strengths; and, 6) Nurturing Parenting, designed to help parents better understand their role. Your concern regarding technology and development will be forwarded to the Manager of the Parent Support and Training Program. You can learn more about the PSTP services by calling: (888) 358-3622 .

BHC RECOMMENDATION: The BHC recommends sustaining program equity in the MHSA Plan among regions. It appears that community may not be aware of many programs and that greater marketing and awareness needs to be made in order to better educate the public on resources and choices

(7) **Comment:** I was interested in why the CREST and the REACH team combined because they operated as separate programs and were successful so I am not sure why. Another question was organizations talk about there isn't enough behavioral health professionals: LMFTS, LCSW, Psychiatrist, Psychologist, etc. But in the update, it was stated that in the next 6-7 years there will be a shortage more so and so. What is the circumstances that we are actually decreasing when there are a number of program/organizations that are trying to boaster or increase? If we are seeing a downturn is there something specific for those of us? If that was something that could be answered to. And something totally separate to MHSA, but I'm interest in. Public Health. From the State has come out with the 10-year initiative resilience focus on children, so I'm wondering since this is supposed to be every county in California, on the 10-year resilience trauma informed, how in behavioral health and public health and other county agency's going to figure a way to do this together? I can't imagine it just being 1-2 departments. Especially when organizations and other stakeholders have been asked to align and come on board with that. So how is that really going to look like in the long hall because I haven't really seen how the Departments are going to work together for this particular initiative, and whenever there are other long years initiatives, and how does everyone come along to that? I just want to say that the reason why I asked the question on the Public Health Resilience Initiative is that it is a very long initiative where Public Health is asking for alignment with other agencies, organizations and educational institutions etc. etc., and other counties have an initiative as well, but as a funder we like to see integration coordination and that's what we are trying to do. So if there are initiatives where we fund it, it is good to know that there are coordinated efforts, so when organizations come to us with our initiative that we are then looking at the fact that they are partnering and collaborating with county Departments or other agency's in going forth with their programs and services, in terms of if it is

evidence based. This is so much more impactful and will make for a healthier community at large, and that is why I was wondering how the example of this 10-year plan and others are coordinated around county departments. When you are asking outside agencies that you contract with, and others how it really looks like, because I think it helps us as funders to know how we set forth our request for proposals, what organizations are already aligning to certain county initiatives and what it looks like. How do we then work together to make even more impact because of the dollars that would come from us as a funder or from Desert Healthcare District or from California Community. I'm hoping that makes a little sense.

RESPONSE: MHSA regulations direct counties to leverage funding whenever possible. The mobile crisis teams known as CREST and REACH were also funded using a California State Crisis Grant. The grant ended. The program was evaluated, based on use and outcomes, to determine sustainability. Combing the teams allowed for the same level of service at a reduced cost.

There are a number of contributing factors that will continue to impact the behavioral health workforce landscape over the next decade. On the State level, the overall demand for mental health services is projected to increase while the relative supply of providers is projected to decrease. The State will face a substantial shortage of workers in all occupations relative to behavioral health, largely due to population increase and a retiring workforce. Additional contributing factors include disparate compensation and reimbursement rates, workforce burnout, and restrictive regulations and requirements. Although statewide workforce data indicates the supply of some behavioral health professionals will actually increase over the next 10 years, the studies suggest that the State will still have 11-28% fewer psychologists, LMFTS, LPCCs, and LCSWs than is needed to support our growing population and demand.

Data for the Inland Empire region indicates compounded factors that put this region at even higher risk. To begin, the Inland Empire has a lower per capita ratio of providers as compared to other regions in the state. Riverside County has an estimated 5.29 psychiatrists per 100,000 people, compared to the statewide average of 14.47 per 100,000 people. Ratios for other providers (psychologists,

LCSWs, LMFTs) fall substantially below the California average. And, 2015 data from the American Academy of Child Adolescent Psychiatry designated Riverside County a "severe shortage area" and estimated the county "actually needs 20 times the number of practicing child and adolescent psychiatrists to sufficiently meet the need."

To address and counteract these trends and their impact on our region, RUHS-BH has employed several creative strategies including an affiliated partnership with UCR School of Medicine to host a psychiatry residency program including a child psychiatry fellowship, targeted efforts to expand alternative prescribers in our system (i.e. PAs, PMHNPs, NPs), the use of telepsychiatry to expand access to remote regions of our county, and critical partnering to strengthen integrated healthcare options in the region.

Additional strategies to recruit and retain our qualified behavioral health workforce include a suite of academic and financial incentives, promotional opportunities and supports, and targeted training and development efforts for staff throughout our services system.

Behavioral Health is working with Public Health on the Resiliency Project. The Activate workgroup within the project focuses on developing strategies to assist agencies throughout the County in becoming a Trauma-Informed service provider. Behavioral Health has just begun the implementation of Trauma Informed Systems, which is a department wide transformation into a trauma informed service system. This will further inform the efforts of the Resiliency Project. Public Health and Behavioral Health continue to work closely to find ways to coordinate these efforts.

BHC RECOMMENDATION: The BHC recommends sustaining WET planning to support workforce development in MHSA Annual Update FY 19/20. Your encouragement of better system's integration has been noted and will be provided to Department leadership.

(8) Comment: I stayed at the Mission for a while and trust me 90% of the people there have some type of mental illness. I can tell. I can recognize it. I have been

there and that is like 90% of their problem there. They may be on drugs and it may be co-occurring but that doesn't matter, they are still people; they still deserve a chance just like I got. That would be another thing that would be good, to some way or another have a program that is integrated into places, like the mission, that gives these guys an opportunity to express what they are going through. I do not know how. I have no detail as far as how it would go, but just some type of program that they are touching base with the Mission and places like that where they are giving these guys opportunity. Because of mental and drug problems they will not go to get care. I tried to get them to go there when I was staying there telling them about all the help I got but they were scared. So if you go to them and let them know it ok and let them know that you are there for them in their corner at places like that, it is going to change a lot of people. I believe that, it is going to make a huge impact.

Another thing I would like to mention, I know it's a big deal too, but it is a very important deal and I think it is another reason and I believe this with everything I have inside. I've been praying a lot about this. I believe the mental health system, and one of the main problems were having with the mental health system now, is that you say it's a spiritual program. I am a Christian but I also believe in all religions. I believe that whatever you want to practice you should be able to practice and I think that should be integrated into the mental health system. Instead of having them go get their religion and don't bring it over here, don't talk about it over here, I think that WELL should have it and WRAP should have some type of program to where they are teaching people to get in contact with their spiritual being. We are all spiritual beings; we all know that. A program that they have more help for themselves when nobody else is there, their higher power is. Whatever it maybe, Buddha. I don't even care. It doesn't matter to me cause it is none of my business. Like someone told me to "Stay in my own Lane" but let them have a lane to stay in, teach them a lane to stay in.

RESPONSE: Engaging people at their place of recovery is where service begins. This can be a physical place, an emotional place, a psychological place, or a spiritual place. Seeking help and accepting change in one's life is empowering, but is also filled with the unknown. The unknown is often filled with fear. All behavioral health programs should first focus on engaging the person served, but some programs specialize in doing so. Because of the special needs of the

homeless, the MHSA Plan supports the Homeless, Housing, Opportunities, Partnerships, and Education (HHOPE) Program. HHOPE provides a full continuum of housing services including street and shelter outreach. Though each region of the county had outreach teams, the City of Palm Springs had a dedicated outreach team formed in 2018.

Spirituality is recognized as an essential element of recovery for those whose faith is part of their daily living. Through the MHSA funded Cultural Competency Program, spirituality has received special consideration through the development of a Spirituality Initiative committee. The Department has also partnered with several faith based organizations and churches to bring mental health services to congregations, and to educate faith leaders on the role of mental health services. Any consumer should feel confident to assert spirituality as part of their recovery plan.

BHC RECOMMENDATION: The BHC recommends sustaining the HHOPE Program, and faith based community outreach and spirituality integration via the Cultural Competency program, in the MHSA Annual Update FY 19/20.

Behavioral Health Commission

Mid-County Public Hearing

May 09, 2019

Oral Comments on the MHSA Annual Plan Update

FY 19/20

Oral Comments

(1) **Comment**: Do you have resources or support or can I get your email or card because I have a 13-year-old who is pretty distressed about a lot, and I did manage through Medi-cal to get him, but he hasn't gone to a psychiatrist. Although I know, he basically has social anxiety and depression, and I would definitely love for him to learn some new skills because he does not want to hear it from me, even though I am in the industry and I have earned so much. School is sucking for him. I would love to take him here.

RESPONSE: Finding a portal to care can be daunting especially when the starting point is not clear, and is for someone we love. The MHSA Plan funds lived experience programs and each has their own related "warm line" to assist community with system navigation. The Parent Support and Training Line, for parents and caregivers of minor children, is staff by other parents who have been there. Their phone number is: (888) 358-3622.

BHC RECOMMENDATION: The BHC recommends sustaining peer-centered programing in the MHSA Annual Update FY 19/20.

(2) **Comment:** Creating another location for RI in Moreno Valley 225,000 people or in Hemet that needs it too.

RESPONSE: Each region of the county has a Wellness City. Sometimes a satellite program can operate under the primary center, but variables such as the number of attendees utilizing the Wellness City programs and cost of expansion have to be considered. Significant budget allocation would mean a decrease in programming in other parts of the CSS Component.

Your request has been forwarded to the Manager of Consumer Affairs for Review.

BHC RECOMMENDATION: The BHC recommends that the Manager of Consumer review the request and determine if further analysis is required. The BHC recommends sustaining Wellness City services in each region for MHSA Annual Update FY 17/18.

(3) **Comment:** I think that ETS should definitely handle the 13-17 year old population if possible; get permission to expand, hire staff, open the doors for the meltdowns as I call it when my son is not having a good day. He uses a chrome book at his charter school and when he went to the bathroom someone typed on his open chrome book " I want to kill myself" so then the counselor called me and I actually had to take my son to ETS to get a release for him to go back to school to make sure he was ok. It was just a big mess. He was seen at 13, but I do not think he could have entered into the facility for treatment if it had been a major breakdown. Like I said I'm going to connect with this lady here too see about getting some other Riverside resources so I can be as supportive as a parent as I can be in this difficult time. He is also transgender. Do we have more transgender support groups? I was able to find one through this thing on Facebook, Rainbow Village. They were able to tell me where this group was for teenagers, not for parents, so they feel free to speak their minds and be heard and have compassion and non-judgmental listening. So far, I am doing what I can but I know there is more that I can do.

RESPONSE: Emergency Treatment Services (ETS) is the psychiatric emergency room of RUHS Medical Center. Adolescents can be served by ETS and have a separate unit at the ITF (Inpatient Treatment Facility). The Mid-County and Desert region Voluntary Crisis Stabilization Units, also known as Mental Health Urgent Cares, now accept adolescents for services. Consumer of any age should be treated at the least restrictive level of care based on the presenting need.

The PEI funded Cultural Competency Program has an LGBTQ consultant and a related advisory group. A subsequent workgroup was formed that initiated the development of recommendations on trans-youth care in the behavioral health system. RUHS-BH has partnered with a local, affirming church to provide a space for LGBT identified youth to meet after school and participate in resiliency-building psycho-education. Additionally, the PEI contractor, Operation Safehouse, is centered on serving youth and has LGBT-friendly programming.

BHC RECOMMENDATION: BHC recommends sustaining services in the MHSA Plan Annual Update FY 19/20 to youth in crisis, and to continue support services to high risk populations like LGBTQ youth.

(4) **Comment:** I belong to the AATF, Asian American Task Force and we have been in existence for almost 5 years now. I was there in the beginning of it when there was nobody interested to doing an Asian American program. This was created under the Cultural Competency which is I believe is doing a great job. Our observation for so many years is that workforce, there is no Asian American; there are not that many Asian American professionals that are hired by the county especially the Cultural Competency. We thought there should be someone especially for the Asian American group because right now the statistics show that of all the 480 people served by the county only about 16 were Asian American, the rest were Hispanic and other among the ethnic groups the Asian Americans and Filipino for that matter maybe 1 or 2 of the 16.

As so we were thinking and we have been putting this in the MHSA report update every time that perhaps they can consider hiring more Asian American professionals in Behavioral Health and 1 specific full time employee in the Department. That would really do a great impact on focusing on the needs of the Asian American people. Because you know, being in this group for this long time, Asian Americans culturally are very deep into stigma. A lot of the statistic show there are a lot of Asian American high school and college student that have been committing suicide that have not been reported as mental health, it happens. Thinking about PEI, how can we prevent that? What we have found through our dealings with the community, I am also the coordinator for a program funded by PEI called the Filipino American Mental Health Resource Center, is that Filipinos in particular and almost all Asians do not want to go to a provider who they think does not understand their cultural because as you know Asian American parents have high expectations of their children. Children feel so obligated that when they cannot perform according to their parents' expectations, they go into depression and eventually commit suicide. In our center we refer those who come to us, come to services but they ask is this an Asian provider, I do not want to go because I am embarrassed, my mother will know and things like this. We are trying to find even in the private sector any Asian American professional that maybe we can link to and refer these people to. Some people will talk to their friends but others hide and put on a happy face.

I have been and I didn't realized that I was in depression for 21 years and only through the programs that I have been involved in that I realized that and finally got myself to psychiatrist through my provider. But I was thinking all this time that I didn't know what to do or where to go or anybody that I could trust. How many more people are there like me? Even now there are a lot of friends that I have who have lost people in their family and friends and I said I need to help them. They are grieving but they are not open, and because like I said, the stigma is so deep and strong and not knowing that they cannot go to anyone that they can trust is difficult. Although we try to do that, I still believe there should be someone that we can say we have an Asian American department at CCRD [Cultural Competency Reducing Disparities committee] that you can talk to these people and go from there. So far in my center we have only referred successfully 2 families: one to the Blaine clinic and the other I think dropped out, and I was wondering how else can we reach to these people? We need to gain their trust but we need make sure we really have someone who we can send them to who understands what their needs are, and what they are going through, and be able to talk to them, communicate with them in a way that is culturally acceptable to the patient because it is the patient that needs the service and the professional needs to make sure that they are reaching the patient. At CCRD, I was talking to Sylvia Aguirre who stated we do not have any budget or provision for an additional staff. We are understaffed as it is but somebody should tell whoever has power, who makes these decisions to provide a worker or a position for that need. So, I said I would go to the hearing to speak about it.

I would like to make an announcement: The AATF is hosting a hope event on Wednesday May 15th at Rustin. It is a cultural expression. We have a panel of speakers who will share their stories of recovery and we will have Asian foods. Open to all on Wednesday, May 15th from 8:00-2:00pm. Listen to what the AATF is doing for the Asian Americans and Pacific Islander Community. My own group the Filipino American Mental Health Resource Center is inviting you to a Hawak Kamay, which is a word for holding hands, Wellness Walk in Lake Perris this Saturday coming. Rain or shine we will walk. It is like we did with the NAMI walk but this one is just, there are no vendors, it is purely a show of force and make people aware of services in the county, programs for them and all we have to do is reach out and hold hands. We will have the Hawak Kamay holding hands the length of the dam and then we will take pictures and send them to PEI. We have done this --the Wellness Walk -- we have done a fun walk before and we realized

you just need to let the community know and they will come. There is no pressure; we wanted the people to be more free and open, no strings attached. Come and join us and let us help each other. If you are able to come, registration is from 7-8am and we will have the walk along the dam on Saturday. The walk starts at 8:00am. Unfortunately, people have to pay $10.00 per car, we will provide water and a little bit of snacks. Open to the public and come out and join us.

I hope that we will someday have another person actually with CCRD that will be covering the needs of the Asian American and Pacific Islanders because we are the biggest group in the ethnic component of Riverside and the least served according to statistics.

RESPONSE: Thank you for your dedication, advocacy, and commitment to meeting the needs of Riverside's underserved. PEI funds are utilized to support the RUHS-BH Asian American consultant position and the Asian American Task Force, as well as, the staffing and operations of the RUHS-BH Cultural Competency program as a whole. We also celebrate the success of the Asian American Task Force; AATF was a critical voice in achieving the PEI funded Filipino American Resource Center and the Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) program. SITIF is a parenting program designed specifically for Asian American families. With the recent PEI contract awards for Community Mental Health Promoters for each of the underserved communities, including the Asian American Pacific Islander community, we anticipate a significant increase in culturally informed outreach activity to better engage and educate on behavioral health. These community contractors are representatives from the communities from which they serve, and will have on-going assistance and relationship with RUHS-BH Cultural Competency and PEI programs. All PEI contractors go through rigorous contract monitoring and must demonstrate deliverables based on a contracted scope of work. We look forward to the success of these programs and to support the avenues in which the underserved can be better connected to the help services that are much needed to improve community wellness.

Additionally, RUHS-BH, via Network Adequacy requirements, has started to distinguish RUHS practitioners that identify with the cultural or linguistic background necessary to serve consumers that request mutuality as a treatment necessity. WET Planning includes outreach to young adults to inspire youth, particularly from underserved populations, to seek careers in public behavioral health. WET provides additional

selection points for intern applicants that have the cultural background or linguistic skill necessary to serve Riverside's diverse communities.

Your recommendations have been added to the Stakeholder summary reviewed with RUHS-BH executive leadership.

BHC RECOMMENDATION: The BHC requests an update on the implementation of the programs described above and will monitor progress in order to re-visit the concerns expressed by the AATF Consultant. The BHC recommends sustaining culturally informed programming in the MHSA Annual Update FY 19/20.

(5) **Comment:** Do other events just occur sporadically throughout the year? How would I go about getting that information? I make announcements the first Tuesday of the month and so if I had information to share with the citizens I will spread the word. I'm all about knowledge is power.

RESPONSE: MHSA supports the management of RUHS-BH social media accounts on Facebook, Instagram, Twitter, and Snapchat. Events and other announcements are frequently featured on these platforms. Additionally, similarly, these announcements are featured as a banner on the top page of the RUHS-BH website: RCDMH.org.

BHC RECOMMENDATION: The BHC recommends sustaining social media as an engagement and informing tool within the WET plan for the MHSA Annual Update FY 19/20.

Appendix A

Riverside University Health Systems-Behavioral Health MHSA

Annual Prevention and Early Intervention Program and Evaluation Report

FY 2017-2018

This appendix provides the data necessary to meet the Annual Prevention and Early Intervention (PEI) Program and Evaluation report in accordance with the CCR regulations and the MHSOAC waiver enacted for PEI data collection and reporting.

The following report is structured according to the RUHS-BH, MHSA PEI Plan project areas, and begins with an overall summary of all PEI participants and PEI project areas; followed by a section for each project area, with a project area narrative and a data reporting table for each PEI program. Each reporting table includes the program name, unduplicated clients served, demographic data, implementation challenges, successes, lesson learned, and relevant examples of successes for each program. The narrative for each project area section that precedes the data tables will address any PEI programs for which data collection and reporting was either not completed due to the nature of the program, or where data collection and reporting is evolving. For any demographic data point that had less than 11 people, the data is not displayed in order to maintain participant anonymity and is indicted with an asterisk.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

The goals of this PEI project area is to increase community outreach and awareness about mental health information/resources, and to reduce stigma. These activities are designed to outreach to underserved populations, increase awareness of mental health topics, and to reduce stigma and discrimination.
Most of these programs have limited data collection, so more narrative information is included for these programs. Two programs (Call to Care and Contact for Change) collected more detailed demographic data which is provided on the data table at the conclusion of this project area section.

Program Type: Outreach
Outreach and Engagement Activities for FY17/18
During FY17/18, the Outreach Coordinators conducted 113 community events and meetings and had contact with 2,667 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.

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 FY17/18 the website had 538,210 viewers. Data collection for this program is limited to web hits.

Program Type: Access and Linkage
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 Peer Navigation Line had 1,013 contacts in FY17/18. Given the nature of the contact and focus of this navigation line demographic data is not currently collected. Future programming will include navigators working with specific clients post hospital or crisis discharge and additional data collection will be completed on linkage to services.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

Program Type: Stigma Reduction
"Dare To Be Aware" Youth Conference
This 16th Annual conference for middle and high school students had 543 youth in attendance. Students from 3 middle schools and 21 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 The students then attended workshops offered during the day about coping strategies, common warning signs of suicide, and how to get help. As a stigma and discrimination reduction one day event data collection is only the number of youth reached.

Program Type: Suicide Prevention
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 102,208 site visits in FY17/18 with 83,533 users. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.
Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a "story" about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate some-thing about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at www.Up2Riverside.org. There are currently 20 digital stories available for viewing on the Up2Riverside website. They include videos developed by a veteran, a Transition Age Youth, a parent, and one is in Spanish.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

Teen Suicide Prevention and Awareness Program (continued)

PEI funded the Riverside County University Health System – Public Health, Injury Prevention Services (RUHS-PH) to continue implementing the teen suicide prevention. RUHS-PH 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. RUHS-PH 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 are 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. 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 are identified as SP outreach providers with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers have training on topics such as: leadership, identifying warning signs to suicide behavior, local resources to mental/ behavioral health services, and conflict resolution

In addition, RUHS-PH assisted 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 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. Trainings are also provided that target the staff and parents of students. RUHS-PH provides Gatekeeper trainings to school staff, and SafeTALK 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, RUHS-PH works 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 56 school sites in FY17/18. RUHS-PH staff continued to provide parent education and staff development activities in FY17/18. 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. FY17/18 provided 14 parent workshops reaching 195 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 187 community members. There was 1 ASIST Training with 16 school personnel. As a stigma and discrimination reduction, suicide prevention program data collection is currently number trained and districts enacting campaigns.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

Program Type: Suicide Prevention
Toll Free, 24/7 "HELPLINE"
The "HELPLINE" has been operational since the PEI plan was approved and in FY17/18 the hotline 6,973 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. Currently the data available for this program includes the number of calls received. Some demographic data was being collected for this program however the categories differ from those in the PEI regulations, with regards to age and race/ethnic categories.

Prevention and Early Intervention Statewide Activities
In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This allows support of ongoing statewide activities including the awareness campaigns. The community Planning Process for 2017/2020 3YPE Plan and PEI Steering Committee continued their support for the CalMHSA statewide efforts.
The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities. Additional benefits this year of the statewide efforts include suicide prevention and mental health educational materials with cultural and linguistic adaptations. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these campaigns.
The **Directing Change Program** and Student Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. In order to sup-port the contest and to acknowledge those local students who submitted videos, RUHS – BH and San Bernardino Department of Behavioral Health have partnered to host a Directing Change Gala. The Gala is a semi-formal event that was held at the Fox Theater in Riverside in 2017. Students, their families as well as school advisors and administrators were invited to celebrate the students. In FY17/18 180 films were submitted by 458 Riverside County students.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

Prevention and Early Intervention Statewide Activities (Continued)

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. 232 people have attended trainings in these models since the trainers have become certified. Data collection plans for SafeTALK and ASIST will in the future include more information on the individuals trained.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: Contact for Change
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: The Contact for Change program outreaches to individuals and organizations, by working within the community and collaborating with schools, businesses, community organizations, and faith-based organizations, to provide activities that include Speaker's Bureau "Honest, Open, Proud" presentations and the Educator Awareness Program (EAP). Speaker's Bureau "Honest, Open, Proud" presentations are utilized to educate and outreach to target audiences to address the unique issues that those with mental illness experience as they relate to mental health and interpersonal issues, with the aim of reducing stigmatizing attitudes. EAP is a program with a specific target audience of educational faculty and administration and increases mental health awareness.
Number of unduplicated individual participants or audience members during FY1718: 2,505

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	1,009
Transition Age Youth (16-25)	555
Adult (26-59)	664
Older Adult (60+)	199
Declined to Answer	78
Race	
American Indian or Alaska Native	24
Asian	97
Black or African American	233
Native Hawaiian or other Pacific Islander	0
White	1,930
Other	23
More than one race	161
Declined to Answer	37
Ethnicity	
Hispanic or Latino as follows	1,349
Central American	25
Mexican American	495
South American	13
Multiple Hispanic	9
Other Hispanic	18
Did not specify Hispanic/Latino group	789
Asian as follows	
Filipino	54
Japanese	10
Other Asian	22
Did not specify Asian group	*

Preferred Language	
English	2,161
Spanish	155
Bilingual	159
Other	*
Declined to Answer	22
Gender	
Male	1,008
Female	1,454
Transgender (did not specify)	*
Other	0
Declined to Answer	36
Sexual Orientation	
Lesbian	*
Gay	*
Bisexual	*
Homosexual, did not specify	161
Other	63
Not LGBQ/Declined to Answer	2,273
Disability	
Yes	163
No	2,212
Declined to Answer	130
Veteran Status	
Yes	114
No	1,657
Declined to Answer	734

Program Reflection

Implementation Challenges:

Scheduling Educator Awareness Program (EAP) presentations to school sites was challenging due to complications with obtaining required Memorandums of Understandings (MOUs). Furthermore, when there was an MOU obtained by the contractor for a school district, it was still at the discretion of individual school sites within that district to allow presentations to occur. Another challenge with EAP presentations were due to school staff availability and time. Oftentimes presentations could only be scheduled during staff development days (in which there were no students present), or squeezed within the time constraints of pre-existing meetings.

Success:

Speaker's Bureau:
Throughout the county, a total of 2,137 individuals attended a Speaker's Bureau event. The most frequently reported race/ethnicity for each region in the county was Hispanic/Latino. This is an underserved population within the county, and a population that struggles with negative attitudes and stigma regarding mental illness.
Post-test results revealed a statistically significant reduction in participant's stigmatizing attitudes.
Statistically significant increases were found in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Participants reported strong satisfaction with the enthusiasm and knowledge of the Speaker's Bureau presenters, and high likelihood to recommend the program to others.
Educator Awareness Program:
A total of 368 individuals attended an EAP event. Post-test results showed a statistically significant reduction in participants' stigmatizing attitudes, and statistically significant increases in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Participants reported strong satisfaction with the enthusiasm and knowledge of the EAP presenters, and high likelihood to recommend the program to others in the education sector, with several positive comments on leaving with a better understanding of how to communicate mental health topics with students and faculty.

Lessons Learned:

Lessons Learned:
Approaching more private and charter schools for EAP presentations, where an MOU is not as big of an issue. Being able to present the benefits of the EAP presentation directly to the school's principals to get a green light for presentations at that school site.
Effective networking within the community (e.g., outreach at rotary meetings) in order to reach more local businesses for Speaker's Bureau presentations).

Relevant Examples of Success/Impact:

Participant's Comments:

- "Awesome! I can relate and appreciate this workshop and resources you shared. It will help me, and help me help the young people."
- "Thank you so much! I greatly appreciate the information and understand mental illness from a different perspective."
- "The sharing of stories was important. I found this for myself because I too struggle with mental illness that I have been hiding for years. The presentation showed me it's okay and not a bad thing that I have always heard in my home."

Outreach Activities

This section is only for Outreach programs

Type of Outreach	Number of Events
Presentation	98

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: Call to Care
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: Provides training for lay persons to initiate and maintain understanding, caring relationships with people from their communities. Trained individuals also participate in outreach events.
Number of unduplicated individual participants or audience members during FY1718: 292

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	90
Older Adult (60+)	16
Declined to Answer	176
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	122
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	122
Central American	*
Mexican American	30
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	89
Asian as follows	
Filipino	*
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	*
Spanish	70
Bilingual	47
Other	0
Declined to Answer	172
Gender	
Male	17
Female	105
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	170
Sexual Orientation	
Lesbian	*
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	291
Disability	
Yes	*
No	100
Declined to Answer	183
Veteran Status	
Yes	*
No	113
Declined to Answer	178

Program Reflection

Implementation Challenges:
Having participants continue in the training class to completion was a challenge. Half of the participants (50%) completed the training class. Completion was defined as attending 8 out of the 12 sessions. Outreach and engagement across multiple faith groups was also a challenge. Additionally, change in program leadership and staffing contributed to challenges in maintaining fidelity to the program. The program is proprietary to Catholic Charities who declined to renew their contract for this service. Implementation of this particular model is challenged by this change. Therefore, an alternative approach will be utilized to meet the objective of increasing knowledge about mental health, resources, and linkage to faith based communities and leadership.
Success:
Staff conducted 342 outreach events, 3,049 pieces of literature were distributed, and outreach presentations were offered with 204 attendees. 100% of the participants in the program identified as Hispanic/Latino, of which 44% primarily spoke Spanish. Twelve continuing education meetings were held with 133 attendees.
Lessons Learned:
Leadership involvement in program implementation and monitoring of fidelity is critical to success. Outreach across faith communities requires a strategic approach built on partnerships and will need to be employed in new ways for future work with faith based groups.
Relevant Examples of Success/Impact:
Participant's Comments: • "Thank you for all the knowledge I had acquired. It was very helpful in understanding habits of life and what we go through. You are the best. I enjoy being in your class." • "The program was very helpful for me. The topics were really good. Thank you for bringing us this program." • "I was very satisfied with all of the sessions. It has helped me in taking care of my family and changing my attitude and character. The teacher was great! Very professional and great leader."

Outreach Activities

This section is only for Outreach programs.

Type of Outreach	Number of Events
Events	342
Literature Distribution	3,049

PEI Plan Project Area #2: Parent Education and Support

The goal of the project is to provide a family based intervention to teach parents effective communication skills, improve family functioning, build social support networks, and decrease children's risky social behaviors in a setting that is de-stigmatizing to a lot of families, which is school. RUHS-BH staff are co-located at two middle school campuses in one of the more resource deficient, high-risk communities in the County.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Positive Parenting Program (Triple P)
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: Triple P is a multi-level system of parenting and family support strategies for families with children from birth to age 12. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.
Number of unduplicated individual participants or audience members during FY1718: 219 parents

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	182
Older Adult (60+)	*
Declined to Answer	31
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	13
Native Hawaiian or other Pacific Islander	0
White	32
Other	*
More than one race	*
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	*
Mexican American	45
South American	*
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	118
Asian as follows	
Filipino	*
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	113
Spanish	106
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	30
Female	189
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	219
Disability	
Yes	201
No	15
Declined to Answer	*
Veteran Status	
Yes	*
No	210
Declined to Answer	*

Program Reflection

Implementation Challenges:
The Triple P program is in it is 8th year of implementation for the western Region, 2nd full year for the mid county region, and 1st year for the desert region with the contractor The Carolyn Wylie Center. Program goals were reached for the western and mid county regions. The desert region struggled in its first year due to several factors. The contractor had difficulty hiring and maintaining staff for this region. This region requires a bilingual staff, which made recruitment more difficult. The desert region is also a new territory for this contractor, and they were simultaneously learning about resources, locations, and developing relationships with community organizations and schools. Triple P program does not offer the Train the Train model, which makes training new staff more challenging for implementation.
Success:
Countywide, the Triple P parenting program was provided to 219 parents. CBO regional provider totals are as follows: Carolyn Wylie (Desert) served 32 parents, Carolyn Wylie (Mid-County) served 94 parents, and Carolyn Wylie (West) served 93 parents. Analysis of the APQ measure indicated that overall, by the end of the program, participants had shown increases in positive parenting practices, and decreases in inconsistent discipline. Analysis of the DASS-21 showed that parents experienced a decrease in their depression, anxiety, and stress levels. Outcomes from ECBI measures showed overall decreases in the frequency of children's disruptive behaviors. ECBI Intensity Scale scores decreased significantly from pre to post measure. ECBI Problem Scale scores also decreased significantly indicating that parents reported fewer behaviors as problematic.
Lessons Learned
Contractors who are not familiar with Riverside County, more specifically the desert region, require additional technical assistance and training. Fidelity meetings not only focused on training to the EBP, but a special focus on innovative outreach strategies that were specific to the desert population
Relevant Examples of Success/Impact:
Participant's Comments: • "How to solve any problem at home. I learned how to deal with my child's behavior, how to make rules, praise and be consistent." • "More patience with my children, tolerance, time out." • "Keeping up with consistency is important and praising your child helps a lot. Praising at least four times for every one time you scold your child is the right ratio." • "How to plan ahead and chart behavior; learn discipline techniques and set ground rules; to also use positive encouragement and ignore bad behavior."

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Positive Parenting Program (Triple P) - Teen
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: Triple P is a multi-level system of parenting and family support strategies for families with children from 13 to age 18. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.
Number of unduplicated individual participants or audience members during FY1718: 64

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	64
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	*
Asian	0
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	*
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	55
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	44
Spanish	20
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	*
Female	59
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	59
Other	0
Not LGBQ/Declined to Answer	0
Disability	
Yes	*
No	57
Declined to Answer	*
Veteran Status	
Yes	0
No	61
Declined to Answer	*

Program Reflection

Implementation Challenges:
The Teen Triple P program is in its 1st year of implementation for all three regions of the county with the contractor The Carolyn Wylie Center. The desert region struggled in its first year due to several factors. The contractor had difficulty hiring and maintaining staff for this region. This region requires a bilingual staff, which made recruitment more difficult. The desert region is also a new territory for this contractor, and they were simultaneously learning about resources, locations, and developing relationships with community organizations and schools. Contractors required additional support and training for developmental issues specific to adolescents . The Triple P program does not offer the Train the Train model, which makes training new staff more challenging for implementation.
Success:
Countywide the Teen Triple P parenting program was provided to 64 parents. Regional totals are as follows: Carolyn Wylie (West) served 39 parents and Carolyn Wylie (Mid-County) served 25 parents. Demographics information showed that most of the parents in Triple P spoke Spanish (69%). The majority of parents served were Hispanic/Latino (85.9%) followed by African American (4.7%), Caucasian (7.8%) and a small portion identified as American Indian (1.6%). Analysis of the APQ showed a statistically significant improvement in parental involvement across all regions, an improvement in positive parenting, and a decrease in poor monitoring and supervision scores. A majority of parents strongly agreed that they were satisfied with the Teen Triple P program. They reported the program provided them with assistance with their teen. In addition they were satisfied with program logistics, and the quality of group leaders
Lessons Learned
Contractors who are not familiar with Riverside County, more specifically the desert region, require additional technical assistance and training. Fidelity meetings not only focused on training to the EBP, but a special focus on innovative outreach strategies that were specific to the desert population . We also learned that we will need to add additional screening questions to determine if parents require a higher level of service than prevention services.
Relevant Examples of Success/Impact:
Participant's Comments: • "I learned strategies to improve relationships with my children praise their achievements with greater frequency." • "I learned tools to deal with a difficult teen and I learned that I am not the only one with challenges." • "I liked the contract between parent and teen. The program gave new insight to parenting that I enjoyed. Thank you for taking your time in commuting and coming to Hemet."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Strengthening Families Program (6-11)
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: SFP is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 6 to 11 years old. This program brings together the family for each session.
Number of unduplicated individual participants or audience members during FY1718: 244 parents/guardians

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	234
Older Adult (60+)	*
Declined to Answer	2
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	235
Other	0
More than one race	0
Declined to Answer	*
Ethnicity	
Hispanic or Latino as follows	234
Central American	*
Mexican American	148
South American	0
Multiple Hispanic	0
Other Hispanic	4
Did not specify Hispanic/Latino group	79
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	37
Spanish	190
Bilingual	13
Other	0
Declined to Answer	*
Gender	
Male	67
Female	172
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	*
Sexual Orientation	
Lesbian	0
Gay	*
Bisexual	*
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	233
Disability	
Yes	*
No	235
Declined to Answer	*
Veteran Status	
Yes	*
No	233
Declined to Answer	*

Program Reflection

Implementation Challenges:

Countywide, 177 families enrolled in the program and 244 individual parents or guardians.
Securing a non-stigmatizing site i.e. (school or community center) to hold the program that had at least 2-3 separate rooms that enabled confidential discussion. Negotiating hours of flexibility with staff (i.e. security guard to open/ close building) at the sites.

Success:

Parenting Skill Strengthened
Countywide, parents showed statistically significant improvements on the Alabama Parenting Questionnaire in the areas of parental involvement, positive parenting, and inconsistent discipline.
Family Strengths Improved
Countywide improvements in overall family strengths were observed through the Family Relationship Index. Family cohesion and expressiveness increased, while family conflicts (fighting) decreased.
Enhanced Children's School Success
The Alabama Parenting Questionnaire asked parents and guardians about their involvement in the SFP child's school life in the parental involvement scale. Countywide, parental involvement increased and suggested that parents were more involved in their SFP child's school success at the end of the program.
Reduced Child Risk Factors
The Strength and Difficulties Questionnaire showed statistically significant improvement in child risk factors. Parents reported statistically significant improvements with their children in regard to emotional problems, conduct problems, peer problems, pro social skill, and total difficulties.
Satisfaction
The majority of participants were satisfied with 97% reporting overall satisfaction with the program and 98% were satisfied with the group leaders. All of the participants reported they would recommend this course to others (100%).
Booster
Countywide, 95 parents/guardians attended a booster session 3 months after the end of the program. Participants did not report further improvement on the measures. However, participants were satisfied with the booster session.

Lessons Learned

To develop relationships with the schools early which helps in Identifying non-stigmatizing sites early before recruitment. Identifying key stakeholders at Schools and invite, them to come see the program or conduct presentations to get community buy-in

Relevant Examples of Success/Impact:

Participant's Comments:

- Thank you very much to all our instructors, thank you for your time and your work to help us know more about our children and help us to make our family more united.
- I loved the talks and they helped me understand my children better. I have more patience and I listen more to my children. When they do something wrong, I stop and think of the consequences.
- I want to thank everyone for these kinds of programs for our community and especially my family, it helped us a lot and the whole team is very kind, understanding, disciplined and above all they have a lot of experience with the topics. Each time we spoke they gave us a lot of very helpful information.

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Mobile PEI
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: Three Riverside County mobile units provide mental health services, Parent and Child Interaction Therapy (PCIT), and a variety of prevention interventions to families in the West, Mid-County and Desert regions of Riverside County. The Mobile PEI prevention activities include; pro-social groups, parenting classes, parent consultations, provider consultations, and outreach.
Number of unduplicated individual participants or audience members during FY1718: 268

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	134
Transition Age Youth (16-25)	*
Adult (26-59)	130
Older Adult (60+)	*
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	23
Other	0
More than one race	22
Declined to Answer	122
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	95
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	*

Preferred Language	
English	0
Spanish	68
Bilingual	0
Other	0
Declined to Answer	200
Gender	
Male	89
Female	79
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	100
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	268
Other	0
Not LGBQ/Declined to Answer	0
Disability	
Yes	0
No	0
Declined to Answer	268
Veteran Status	
Yes	0
No	0
Declined to Answer	268

Program Reflection
Implementation Challenges:

• Clients in the remote areas served are first time recipients of services related to social and emotional health. A lack of awareness and understanding regarding services and the stigma related to mental health present barriers to families accessing needed services.
• Educational and behavioral health systems having different agendas and expectations and at times poor school administrative support create challenges when working on school campuses. Administrative support at partner school sites is essential to:
  • Ensure students in need of services are appropriately identified, referred and linked to needed services.
  • Allow students to be excused from class without consequence to participate in activities.
  • Having secure access and consistent parking in order to navigate and park a 39 foot mobile clinic.
  • Maintain HIPPA privacy for clients
  • Decrease barriers and stigma for social and emotional health services.
• Balancing continuity of care with ongoing vehicle maintenance, mechanical issues related to wear and tear on mobile clinics, driving conditions and unexpected vehicle challenges that may arise. Subsequently needing to re-arrange or reschedule appointments, offering services in alternative settings such as in the home, school, or community.
• Hiring staff fit for both clinical work and having a willingness to operate mobile vehicles including driving, fueling, emptying waste tanks etc.
• Adequately training clinical staff enabling them to drive, operate, and maintain mobile clinics.
• Adequately staffing all mobile units to meet the high demand of client need throughout the entire span of Riverside County.

Success:
• A total of 4,500 PCIT/MH services were provided totaling 8324.2 hours to children and/or their families in the 17/18 FY. • Countywide and regionally there was 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, for clients who completed PCIT. • Parent consultations are provided by mobile PEI staff as light touch, early intervention services where parents can, by walk-in or appointment, talk about raising their children and discuss the social, emotional and learning issues that they are facing. In the 17/18 FY, 62 parent consultations serviced 58 parents and resulted in 103 referrals. • In the 17/18 FY, 31 provider consultations were completed with either child-care providers, teachers, parent • educations or other school support staff. • Upon completion of the Nurturing Parenting program, parents reported statistically significant increase in • positive parenting practices as well as a statistically significant decrease in inconsistent discipline. • Mobile staff participated in 4 outreach events throughout the community totaling 14.5 hours and reaching 268 people.

Program Reflection

Lessons Learned
• It is essential to maintain regular communication with school administration and staff • When new administrators or staff are on board, meet and greet meetings are held allowing staff to tour the mobile clinics, meet the clinical team, and learn about the program • Program materials and referral forms are regularly provided to staff • Participation in back to school activities, school in service days and such have proven effective to increase program support and awareness. • The hiring process now includes a site visit to observe the mobile clinics "in action" to ensure a full understanding of what the position entails prior to employment commencement. • Staff have become adept at troubleshooting issues related to the operation of the mobile units. • MOUs between RUHS - BH and partner school districts are now kept on mobile units to have as reference should any questions arise regarding presence on campus and services provided and now include language regarding specific health screens as frequently requested by school districts. • In addition to classroom and behind the wheel drivers training for new staff, there is now an annual refresher training for all PEI mobile and support staff to review driver's safety and mobile maintenance. • Current exploration regarding the possibility of having a 50amp plug outlet installed on school campuses to allow mobile units to operate electrical needs without use of diesel generator (generator exhaust and noise can be disruptive to both school setting and PEIMS services provided). • Concerns regarding School safety have been on the rise within society and our staff have navigated and learned the various school systems/districts and steps needed in order to provide classroom consultation, classroom observations and services for children on campus within their school setting.
Relevant Examples of Success/Impact:
The PEI Mobile clinics have been instrumental in delivering services to families whom have limited resources, including transportation and geographical barriers. As part of the mobile clinic, families have been able access services easier as well as learn techniques and a new way of positive parenting that have changed lives and family dynamics in a positive way. During some of our graduations, parents have become emotional and expressed their sincere gratitude for the skills they have learned and the availability of resources that they may have not received in other situations. Families have learned to see the glass half full as opposed to half empty. One family shared, "We wished our parents were taught this when we were younger."

PEI Plan Project Area #3: Early Intervention for Families in Schools

This PEI project area works with children and families with a focus on providing services in non-traditional and natural community settings, e.g., family resource centers, faith based organizations, and child care centers. Providing services in community settings to enhance parental knowledge, skills, and confidence in managing their children's disruptive behaviors. Each component of this project focuses on children and families through a variety of interventions and strategies.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Peace 4 Kids
Project Area as Defined by PEI Plan: PEI#3 Early Intervention for Families in Schools
Program Description: Based on Aggression Replacement Training for middle school student during school with two levels. The program goals are for students to master social skills, school success, control anger, decrease acting out behaviors, and increase constructive behaviors. A parent component is included in the program as well to create social bonding among families. The program takes place at the Desert Hot Springs Middle Schools for 10 weeks.
Number of unduplicated individual participants or audience members during FY1718: 425 middle school students

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	425
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	*
Asian	*
Black or African American	44
Native Hawaiian or other Pacific Islander	*
White	311
Other	*
More than one race	37
Declined to Answer	11
Ethnicity	
Hispanic or Latino as follows	273
Central American	13
Mexican American	217
South American	0
Multiple Hispanic	0
Other Hispanic	*
Did not specify Hispanic/Latino group	72
Asian/PI s follows	
Filipino	*
Cambodian	*
Japanese	*
Indonesian	*
Other Asian	*

Preferred Language	
English	303
Spanish	41
Bilingual	67
Other	0
Declined to Answer	14
Gender	
Male	147
Female	267
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	11
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	17
Homosexual, did not specify	7
Unknown	14
Other	*
Not LGBQ/Declined to Answer	378
Disability	
Yes	11
No	376
Declined to Answer	38
Veteran Status	
Yes	-
No	-
Declined to Answer	-

Program Reflection

Implementation Challenges:
Coordination of student school schedules and the program schedule is often a challenge of this program. Increasing parental engagement to enhance participation in the family component of the program in the evening hours.
Success:
Behavioral Difficulties Decreased and Pro-social Skills Increased A pre to post behavioral measure evaluated changes in behavior and growth in pro-social skills. The Strength and Difficulties Questionnaire (SDQ) was collected from students and parents. Outcomes comparing pre to post SDQ scores showed statistically significant improvements in emotional problems, conduct problems, hyperactivity, peer problems, and overall problematic behavior difficulties for both student and parent ratings. Pro social skills also significantly improved as reported by student and parent ratings. Use of Positive Social Skills Increased A pre to post Skill Streaming checklist was completed by the youth to rate their use of positive social skills focused on during the program. Pre to post scores were collected for 296 students and showed improvements in their use of positive social skills
Lessons Learned:
Setting up presentation with principles that give an overview of the program helps open communication with teachers and administrators regarding concerns about the program. Engaging and understanding parental burden has been helpful in building relationships with the parents and youth during recruiting events and follow up with those relationships before program starts.
Relevant Examples of Success/Impact:
Participant's Comments: • "I learned how to tell how someone is feeling and how to talk to them. I also learned how to handle something when someone is angry. Also, how to handle something when I am angry or upset or even sad." • "The staff listened to what I had to say. They always know how to make us smile. They were nice and always had a smile on their faces. They were always happy."

PEI Plan Project Area #4: Transition Age Youth (TAY) Project

This project area is designed to address specific outreach, stigma reduction, and suicide prevention activities for (TAY) at highest risk of self-harm. Targeted outreach is used to identify and provide services for LGBTQ TAY, TAY in the foster care system and those transitioning out of the foster care system, runaway TAY, and TAY transitioning onto college campuses.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☐ Prevention ☒ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Stress and Your Mood
Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project
Program Description: Stress and Your Mood (SAYM) is an early intervention for depression program based on the Cognitive Behavioral Therapy (CBT) model, with modifications for transition age youth (TAY). SAYM was developed to improve access to evidence-based treatment for TAY with depressive disorders and sub-clinical depressive symptoms, with referrals given to those in need of medication evaluation with prescribing psychiatrists to ensure continuity of care. SAYM services have three phases: Conceptualization; Skills and application training; and Relapse prevention. Services are low-intensity and time limited, and can be provided in either or both group and in individual sessions.
Number of unduplicated individual participants or audience members during FY1718: 228

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	*
Transition Age Youth (16-25)	220
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	*
Asian	*
Black or African American	11
Native Hawaiian or other Pacific Islander	25
White	163
Other	*
More than one race	12
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	141
Central American	*
Mexican American	38
South American	*
Multiple Hispanic	*
Other Hispanic	17
Did not specify Hispanic/Latino group	76
Asian as follows	*
Filipino	*
Vietnamese	*
Japanese	0
Other Asian	*
Did not specify Asian group	*

Preferred Language	
English	216
Spanish	12
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	60
Female	165
Transgender Male to Female	*
Transgender Female to Male	*
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	37
Unknown	*
Other	*
Not LGBQ/Declined to Answer	177
Disability	
Yes	*
No	204
Declined to Answer	16
Veteran Status	
Yes	0
No	214
Declined to Answer	14

Program Reflection

Implementation Challenges:

The program is in its 9th year of implementation delivered by the contractor Operation SafeHouse. The main challenge this year was the contractor expanded to the mid county region for the first time. The contractor had little experience providing services in this region and needed additional support with community engagement, developing relationships, and establishing contracts with schools for the first time.

Success:

A total of 228 participants were served in the SAYM program, and 96.5% were TAY in FY 2017-2018. The majority of those enrolled in the programs were females (72.4%), and predominantly Hispanic/Latino (61.8%). Of the youth served, the majority of participants were 17-18 years of age or younger (70.1%), and 16.2% identified as LGBTQ.

Youths who participated in the SAYM program showed decreases in the frequency of depression symptoms. Overall, the average total scores are still above the clinically significant level of 16 points, although there was still a statistically significant decrease from pre-test.
Pre- to post-comparisons on the average Y-OQ®-SR total scores showed a clinically significant decrease of at least 13 points, and the changes are statistically significant ($p < .001$) within the *Interpersonal Distress*, *Somatic*, *Interpersonal Relations*, and *Behavioral Dysfunction* subscales.

Using BASIS-24® scale, baseline measurement scores showed that participants' seemed to have heightened levels of excessive emotional reactions and frequent mood changes (*Emotionally Labile* scale), showing some difficulty maintaining relationships (*Relationship* scale), and experiencing some difficulty in overall functioning (*Depression Functioning* scale).
At post-test, results showed a statistically significant improvement within the "Emotionally Labile" and "Depression Functioning" subscales. Overall, there was also a statistically significant decrease in the Total Weighted Score, $t = 2.037$, $df = 18$, $p < .05$.

The agency was contracted to serve an established number of participants in the different regions. In the Desert region, Operation Safehouse met 124.3% of its contract expectations, while in Western/Riverside and Mid-County regions met 78.6% and 64.3% of their contract expectations, respectively.

Lessons Learned

The program expectations may need to be adjusted to address the 18-25 population as well to include more adaptions for the older TAY population. Collaboration with community colleges needs to be addressed.

Relevant Examples of Success/Impact:

Participant's Comments:

- "How to communicate in a clear way with a good tone. Be very alert to control our emotions. Think about a positive to every negative."
- "I learned different strategies to cope with the feeling of helplessness and I learned how to get rid of negative thoughts."
- "I learned that there are more resources available to me than I know I also found that I have other ways to cope with stress and depression."

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: [X] Prevention [ ] Early Intervention [X] Outreach [ ] Access& Linkage

Program Name: Peer-to-Peer
Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project
Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/informational groups to at-risk youth and families. Additionally, the program is designed to educate the public about mental health, depression, and suicide, while also working to reduce stigma towards mental illness among TAY (16-25 years old) individuals who are considered to be at high-risk. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Other activities include Speaker's Bureau "Honest, Open, Proud" presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues) and Coping and Support Training [CAST] (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts).
Number of unduplicated individual participants or audience members during FY1718: 310

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	52
Transition Age Youth (16-25)	243
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	15
Race	
American Indian or Alaska Native	0
Asian	20
Black or African American	29
Native Hawaiian or other Pacific Islander	*
White	227
Other	*
More than one race	11
Declined to Answer	17
Ethnicity	
Hispanic or Latino as follows	189
Central American	*
Mexican American	91
South American	0
Multiple Hispanic	*
Other Hispanic	*
Did not specify Hispanic/Latino group	84
Asian as follows	20
Filipino	*
Vietnamese	*
Japanese	*
Other Asian	12
Did not specify Asian group	0

Preferred Language	
English	240
Spanish	22
Bilingual	28
Other	*
Declined to Answer	18
Gender	
Male	106
Female	185
Transgender Male to Female	0
Transgender Female to Male	0
Other, Transgender did not specify	*
Declined to Answer	17
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	67
Unknown	22
Other	0
Not LGBQ/Declined to Answer	221
Disability	
Yes	13
No	232
Declined to Answer	65
Veteran Status	
Yes	*
No	270
Declined to Answer	39

Program Reflection

Implementation Challenges:

The program is in its 9th year of implementation delivered by the contractor Operation Safehouse. The main challenge of the program is staff turnover. Due to the program implemented by TAY peers, for this age group, the workforce is transitory in nature. There are three evidence based practices being used to build resiliency and spread awareness among the TAY age group. Having high turnover has interfered with program implementation and progress toward program goals.

Success:

A total of 5,428 participants attended Peer-to-Peer led groups and activities throughout the County during FY17/18.
A total of 2,398 individuals attended a Speakers Bureau event; 51% of whom were TAY, with an average age of 16 years.
The most frequently reported race/ethnicity for each region was Hispanic/Latino. The most frequently reported zip codes were for the cities of Moreno Valley, Perris, and Indio.
Pre- and post-tests were collected from 2,336 individuals. Pre- and post-tests included a compilation of four different questionnaires to measure stigmatizing (AQ-9), recovery (RS-3), empowerment (ES-3), and care-seeking attitudes (CS -6). Since not all items were completed, sample sizes for each questionnaire varied. Statistically significant increases were found in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges.
There were 31 CAST cycles with a total of 310 enrolled participants; 285 of which attended at least one session. Of those 285 participants, 169 completed CAST, representing a 59% completion rate.
401 individuals were screened for CAST; 300 of the total participants, enrolled from a screening.
Participants reported the highest ratings in the overall level of satisfaction with the support they get from the program, and in feeling that their group leader offered useful points of view about the topics that were discussed.
Statistically significant improvements were found in participants' self-esteem, control of their moods and school, and use of the 'Stop, Think, Evaluate, Perform, Self-praise' (STEPS) process in making overall healthy decisions

Lessons Learned

The main lesson learned this year is to reduce the program from 4 main activities to 3 main activities. This will help with training, support, and staff retention.

Relevant Examples of Success/Impact:

Participant's Comments:

- "I learned to love myself a little more. Thank you."
- "They helped & encouraged me to pursue education goals & create a plan to pursue my goal."
- "To know other people have similar views and not just opposing ones."

Outreach Activities

This section is only for Outreach programs.

Type of Outreach	Number of Events
Presentation	2,398
Public Event	5,428
Other (Workshop)	25

PEI Plan Project Area #5: First Onset for Older Adults

This project focuses on the first onset of depression in the older adult population. Programs in this project include in home services as well as services that are portable. Collaboration includes partners that have experience and expertise with the older adult population in Riverside County, i.e.: Office on Aging. Targeted outreach is used to identify and provide services for underserved cultural populations, specifically LGBTQ older adults.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☐ Prevention ☒ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Cognitive Behavioral Therapy (CBT) for Late Life Depression
Project Area as Defined by PEI Plan: PEI#5 Early Onset for Older Adults
Program Description: CBT for Late Life Depression is a structured problem-solving program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues. It includes specific modifications for older adults experiencing symptoms of depression. Clients are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and redevelop them to be more adaptive and flexible thoughts. Emphasis is also placed on teaching clients to monitor and increase pleasant events in their daily lives using behavioral treatment procedures.
Number of unduplicated individual participants or audience members during FY1718: 106

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	*
Older Adult (60+)	97
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	71
Other	23
More than one race	*
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	23
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	*

Preferred Language	
English	86
Spanish	14
Bilingual	*
Other	0
Declined to Answer	*
Gender	
Male	51
Female	55
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	55
Unknown	0
Other	0
Not LGBQ/Declined to Answer	51
Disability	
Yes	33
No	73
Declined to Answer	0
Veteran Status	
Yes	0
No	0
Declined to Answer	106

Program Reflection

Implementation Challenges:
Staffing difficulties in the Mid-County region were the biggest challenge for CBT-LLD. The provider was unable to fill the vacancy created midway through the fiscal year. In Western Region, the provider had challenges with clients completing treatment. Clients did not complete services for a variety of reasons, including moving and health challenges.
Success:
In the Western Region, the provider was able to build successful partnerships with a number of senior centers to outreach to the older adult population. They also did outreach to doctors specializing in treating the older adult population as a way of getting referrals. The Desert Region provider continued to have success serving the LGBTQ+ population. The Desert provider's client population almost exclusively identifies as LGBTQ-81% of the total clients served by the organization.
Lessons Learned
Staffing in the Mid-County region can be particularly challenging, despite the best efforts of the provider. Having a clinician that is skilled at and comfortable with outreach will be key to program success
Relevant Examples of Success/Impact:
Participant's Comments: • "Thank you for making the program available to the community and to me. I was sort of paralyzed by events and my thoughts were typical of someone in shock. [Staff name] really helped me get a handle of things quickly. CBT was very beneficial." • "I am able to move on with my life now. I have great plans for the future. My mind stays on positive things. I am able to keep my mind regulated and think of good things. I do not feel sad anymore, because I stay busy and [am] doing the things I like. I have learned to put the past behind me and look for greater things in life. Reaching for the stars."

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Care Pathways
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: A 12 session support group for caregivers of older adults. Outreach, engagement, and linkage to the support groups target caregivers of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia.
Number of unduplicated individual participants or audience members during FY1718: 237

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	93
Older Adult (60+)	130
Declined to Answer	10
Race	
American Indian or Alaska Native	*
Asian	*
Black or African American	21
Native Hawaiian or other Pacific Islander	*
White	200
Other	0
More than one race	*
Declined to Answer	*
Ethnicity	
Hispanic or Latino as follows	76
Central American	*
Mexican American	47
South American	*
Multiple Hispanic	0
Other Hispanic	*
Did not specify Hispanic/Latino group	22
Asian as follows	
Filipino	*
Thai	*
Japanese	*
Other Asian	*
Did not specify Asian group	*

Preferred Language	
English	208
Spanish	*
Bilingual	14
Other	0
Declined to Answer	*
Gender	
Male	37
Female	37
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	*
Gay	*
Bisexual	*
Homosexual, did not specify	*
Unknown	0
Other	0
Not LGBQ/Declined to Answer	229
Disability	
Yes	28
No	175
Declined to Answer	34
Veteran Status	
Yes	18
No	183
Declined to Answer	36

Program Reflection
Implementation Challenges:
Staff changes impacted the program delivery nominally. A new bi-lingual facilitator was hired and trained and a new Office Assistant was transferred into the department after the first quarter. Midway through the year, the program was fully staffed and all regions were covered. Outreach in the desert communities is challenging because many persons are "snowbirds" and are only in the area for 4-5 months during the winter season. In addition, community agencies are not as likely to collaborate and make referrals as in other regions of the county. More classes are taught in the desert area, with fewer persons per class; therefore more effort and time is spent in preparation and travel. Persons from this region of the county are less likely to attend the series consistently.
Success:
Developed key relationships with other professionals who were able to assist in outreach efforts and in highlighting the program through fairs, classes and conferences. Multiple opportunities to present at community events resulted in targeted outreach. Identified a small local newspaper in mid-county in which to advertise, that resulted in significant numbers of inquiries by community members, in otherwise hard to reach areas. Bi-lingual staff made good connections into various communities with high Latino populations and received referrals from other agencies serving the same population. Directed outreach to working caregivers through use of the County email system resulted in 2 evening classes. These caregivers reported not knowing of caregiver resources or receiving any assistance or support before entering the classes. Many of these working caregivers reported to returning to work the morning after class, and shared the information with co-workers who were in similar situations. Some of the same co-workers have registered for subsequent classes, word of mouth has generated a lot of inquiries .
Lessons Learned
Assigning specific class locations (senior centers, community centers, etc) to each facilitator enabled them to build rapport with the center staff and establish and maintain relationships with professionals within that community.
Relevant Examples of Success/Impact:
A 56 year old male caregiver registered for the series of classes; he had just started to provide care for his mother with dementia. He reported he reached out to different resources to find assistance because he had no idea what to do with the new caregiving situation; his mother had just moved in with him and his partner. He was very worried about his mother's increasing need for care and wanted to find what options were available out in the community for them. He found out about Care Pathways and enrolled. He shared his attempts to have his mother apply for Medi-Cal, but was unable to have her apply because she thought this program was for "really poor people." Caregivers in the class immediately shared with him that Medi-Cal was not just for "really poor people" but for individuals who were low income and who may benefit from some of the programs like IHSS. After the facilitator explained to the class how IHSS worked and how she could possibly even qualify for Cal Fresh, the caregiver set up a meeting with his mother and other family members to convince his mother that Medi-Cal was an excellent option for her to get extra help with showering as she was embarrassed to have her son to assist. The family meeting turned out to be a success; as a cohesive voice they were able to convince his mother to apply for Medi-Cal. The caregiver was able to come back to class and share that without the support of the group, he would have not set up a family meeting to discuss Medi-Cal with his mother. He was thrilled about the possibility of having someone help his mother with her Activities of Daily Living (ADL's) this way he could focus on helping his mother in other ways.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☐ Outreach ☒ Access& Linkage

Program Name: Embedded Staff-Office on Aging
Project Area as Defined by PEI Plan: PEI#5 Early Onset for Older Adults
Program Description: Embedded Staff is a Prevention and Early Intervention program in which Riverside University Health System-Behavioral Health (RUHS-BH) 'Mental Health Liaisons' and the Riverside County Office on Aging work collaboratively to (1) identify older adults who are either at risk of depression or are experiencing the first onset of depression and (2) link them with early intervention programs, such as Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD). Additionally, the Mental Health Liaisons link older adults with other resources and services, as needed, to reduce depression and suicide risk.
Number of unduplicated individual participants or audience members during FY1718: 177

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	*
Older Adult (60+)	17
Declined to Answer	158
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	13
Other	0
More than one race	0
Declined to Answer	152
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	*
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	92
Spanish	60
Bilingual	*
Other	*
Declined to Answer	19
Gender	
Male	35
Female	142
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	177
Disability	
Yes	0
No	0
Declined to Answer	177
Veteran Status	
Yes	0
No	0
Declined to Answer	177

Program Reflection

Implementation Challenges:
Difficulties in understanding the role of the Embedded Staff.
Success:
The Embedded Staff attended a total of 96 outreach events during the year, providing 158 referrals. The Embedded Staff worked hard to cultivate a more open partnership with the Office on Aging and provided educational programming for the staff to help them understand their specialized role.
Lessons Learned
Continuing to cultivate the working relationship between the Embedded Staff and the Office on Aging is essential to a smooth referral process and implementation of the program. Educating the staff at Office on Aging about the specifics of their role and depression in older adults is important to the success of the program
Relevant Examples of Success/Impact:
Participant's Comments: • "I am very grateful to [Staff personnel] and [Staff personnel] for their invaluable help that they have given me. All this time to get out of my depression. I hope I do not fall in the same way because it really is very sad."-

Access and Linkage to Treatment

This section is only for Access and Linkage programs.

Number of referrals to SMI treatment programs: 0
Number of participants enrolled into SMI treatment programs: 0
Number of referrals to PEI programs: 19
Number of participants who enrolled into PEI programs: 15
Number of referrals to other Non-PEI programs: 1
Number of other referrals: 79

Note: Not all individuals met criteria for referrals.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Healthy IDEAS
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: Facilitated by the Riverside County Office on Aging. It is a care management program for older adults who are at high risk for developing mental health problems, primarily depression and anxiety. Healthy IDEAS intervention focuses on behavioral activation and social support and is utilized for those who are demonstrating symptoms of depression and anxiety.
Number of unduplicated individual participants or audience members during FY1718: 78

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	21
Older Adult (60+)	56
Declined to Answer	0
Race	
American Indian or Alaska Native	*
Asian	0
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	67
Other	0
More than one race	*
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	27
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	27
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	63
Spanish	15
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	21
Female	57
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	*
Unknown	*
Other	0
Not LGBQ/Declined to Answer	76
Disability	
Yes	76
No	*
Declined to Answer	0
Veteran Status	
Yes	*
No	76
Declined to Answer	0

Program Reflection

Implementation Challenges:
The challenges reported by the Care Management staff include the number of participants willing to participate in the Healthy IDEAS program. The participants reported that depression is a negative behavioral health diagnosis. Those participants who have a faith system were more challenged in acknowledging their depression. In their view being depressed demonstrated lack of faith in God. Most participants' goals were to get their social or environmental needs met; their behavioral/emotional needs were among their lowest priorities. They wanted assistance with Medi-Cal application, advocacy with In-Home Supportive Services, minor home repairs, food resources, transportation or other resources. Clients believed that by obtaining these items their depression would resolve.
Success:
According to the MHSA Prevention and Early Intervention Healthy IDEAS FY 2017-2018 Report, CareLink and Healthy IDEAS program successfully addressed issues identified in the care plan while reducing depression. On an average client's depression score decreased by 7 or more points. On the Quality of Life Survey participants reported the greatest improvement in how they felt about their life in general.
Lessons Learned
This year continued to demonstrate the importance of skills of the Care Manager to navigate barriers to participants' reluctance to participant in the Healthy IDEAS Program. Care Managers were able to increase the level of participants by utilizing Motivational Interviewing as well as education.
Relevant Examples of Success/Impact:
One participant enjoyed the visits and interacting with the Social Worker, especially when we played Sudoku (behavior activity). Having the interaction and being concerned for her well-being is what gives her the ability to be positive and see every day on a better note. Healthy IDEAS and anti-depressants combined helped the participant to enjoy life once again. Participant stated that her symptoms (crying spells, isolating self and lack of interest) have reduced significantly. And being active is what she enjoys. In addition, having the support from the Social Worker assisted in reducing her symptoms.

PEI Plan Project Area #6: Trauma-Exposed Services for All Ages

Through the community planning process the high need for services for trauma exposed individuals was a priority. This project includes programs that address the impact of trauma for youth, TAY, and adults.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Cognitive Behavioral Intervention for Trauma in Schools
Project Area as Defined by PEI Plan: PEI#6 Trauma-Exposed Services for All Ages
Program Description: CBITS is a cognitive and behavioral therapy group intervention to reduce children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.
Number of unduplicated individual participants or audience members during FY1718: 74

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	73
Transition Age Youth (16-25)	*
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	43
Other	*
More than one race	*
Declined to Answer	15
Ethnicity	
Hispanic or Latino as follows	43
Central American	*
Mexican American	39
South American	*
Multiple Hispanic	0
Other Hispanic	*
Did not specify Hispanic/Latino group	0
Asian as follows	
Filipino	*
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	49
Spanish	*
Bilingual	*
Other	0
Declined to Answer	16
Gender	
Male	30
Female	44
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	*
Bisexual	*
Homosexual, did not specify	*
Unknown	0
Other	*
Not LGBQ/Declined to Answer	66
Disability	
Yes	0
No	0
Declined to Answer	74
Veteran Status	
Yes	-
No	-
Declined to Answer	-

Program Reflection

Implementation Challenges:
Staff turnover in the Mid-County region mid group cycle was a challenge for the provider. Mid-County was also an expansion to the provider's current contract. They had less time to do outreach and begin implementing services since it was enacted mid-year. Parent/Caregiver and teacher engagement, as required by the model, is also difficult. Often caregivers are unable to come to meet in person or difficult to reach via phone. Teachers also do not have time to meet individually regarding students in the group. For schools that rely on referrals for CBITS group vs larger-scale screenings, getting enough referrals to form a group has been difficult. Getting buy-in from administrators on the benefits of screening on a larger scale has been a challenge for the provider.
Success:
Even with staffing challenges and the shortened implementation time in the Mid-County region, 34 students were enrolled in services. Western Region facilitators worked closely with referring counselors to establish a larger pool of students to screen.
Lessons Learned
Teaming and matching facilitators together makes a big difference in the success of program implementation in the field.
Relevant Examples of Success/Impact:
Participant's Comments: • "That our actions can be helped by thinking about it also that not all the things that happen to me are my fault." • "I learned to control my breathing. My anxiety definitely calmed down. I don't feel sad as often anymore. I learned to talk about it with kids younger or my age." • "I learned to deal with the stress and old memories I have."

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Seeking Safety
Project Area as Defined by PEI Plan: PEI#6 Trauma-Exposed Services for All Ages
Program Description: An evidence based practice that utilizes cognitive-behavioral therapy model for relapse prevention and coping skills to help participants with PTSD and substance use disorders. It is conducted in group or individual formats.
Number of unduplicated individual participants or audience members during FY1718: 106

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

*Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	78
Adult (26-59)	27
Older Adult (60+)	0
Declined to Answer	*
Race	
American Indian or Alaska Native	*
Asian	*
Black or African American	15
Native Hawaiian or other Pacific Islander	0
White	75
Other	0
More than one race	*
Declined to Answer	*
Ethnicity	
Hispanic or Latino as follows	53
Central American	*
Mexican American	23
South American	*
Multiple Hispanic	0
Other Hispanic	*
Did not specify Hispanic/Latino group	29
Asian as follows	
Chinese	*
Vietnamese	*
Japanese	0
Other Asian	*
Did not specify Asian group	0

Preferred Language	
English	98
Spanish	*
Bilingual	*
Other	*
Declined to Answer	*
Gender	
Male	43
Female	62
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	*
Sexual Orientation	
Lesbian	*
Gay	*
Bisexual	12
Homosexual, did not specify	*
Unknown	0
Other	0
Not LGBQ/Declined to Answer	86
Disability	
Yes	16
No	82
Declined to Answer	*
Veteran Status	
Yes	*
No	103
Declined to Answer	*

Program Reflection

Implementation Challenges:
It has been challenging to reach the adult population for Seeking Safety services. Targeted outreach was attempted for locations where adults were likely to frequent (i.e., community centers, community colleges, parents of high school students where the Seeking Safety program was being offered); however, the acquisition and retention of adult participants has been challenging throughout the county.
Success:
Most of the Seeking Safety participants identified as Hispanic/Latino (50%), which is an identified underserved population within Riverside County. Participants reported a decrease in trauma-related symptoms following participation in the program. Participants' pre to post measure scores showed a statistically significant decrease across the total score and all subscales of the Trauma Symptom Checklist 40 (TSC—40). Furthermore, comparison of pre to post scores showed an improvement in positive coping response subscales and a decrease in negative coping responses to life stressors. All of these changes were statistically significant, except for changes in mental disengagement. Overall responses to the satisfaction survey, given upon completion of the program, were positive. Participants found the program to be helpful and would recommend Seeking Safety to others
Lessons Learned:
It was found that the retention rates between closed groups versus open groups was higher and the group participants in the closed groups attended group more regularly. Follow-up of group participants by facilitators in between sessions also increased the likelihood of participants returning to complete the program.
Relevant Examples of Success/Impact:
Participant's Comments: • "This service helps me to be more friendly and confident. I know many ways to solve my problems positively." • "The overall program really helped. I came into the program with frequent thoughts of self-harm/suicide but now I'm overall excited for the future." • "Seeking Safety has been a great help to me. I had bad urges to smoke and I would lash out, but being here has helped me work on PTSD and my self-esteem."

PEI Plan Project Area #7: Underserved Cultural Populations

Through the community planning process, input was solicited from key community leaders from unserved and underserved cultural populations. The key community leaders gathered feedback and information from the communities that they represent and provided specific PEI recommendations regarding needed services. Specific interventions for the following underserved groups are included: Hispanic/Latino, African American, Native American, and Asian American.

Some of the programs previously implemented in this project area were out to bid in the FY17/18, and new programs are currently out to bid as well.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Building Resilience in African American Families (BRAAF) - Boys and Girls
Project Area as Defined by PEI Plan: Underserved Cultural Populations
Program Description: This project is a multi-intervention strategy with prevention and early intervention programs being provided throughout Riverside County. The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health issues. The BRAAF Project will utilize four evidence-based practices: Africentric Youth and Family Rites of Passage Program (ROP), Cognitive Behavior Therapy (CBT), Guiding Good Choices (GGC), and Parent Support Groups in three different Riverside County regions.
Number of unduplicated individual participants or audience members during FY1718: 146

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	82
Transition Age Youth (16-25)	0
Adult (26-59)	64
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	138
Native Hawaiian or other Pacific Islander	*
White	*
Other	0
More than one race	*
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	*
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	*
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	144
Spanish	0
Bilingual	*
Other	0
Declined to Answer	0
Gender	
Male	82
Female	64
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	*
Unknown	0
Other	0
Not LGBQ/Declined to Answer	144
Disability	
Yes	*
No	140
Declined to Answer	0
Veteran Status	
Yes	*
No	141
Declined to Answer	0

Program Reflection

Implementation Challenges:

The implementation challenges of this program are related to response bias from the parents when filling out the Alabama Parenting Questionnaire (APQ). Parent's complete the APQ measure which assesses several dimensions of parenting—positive and negative parenting practices—that are the target of many parent management interventions. Parents are reticent to openly share the challenges of parenting in the beginning of the program. This is especially prominent amongst African American communities whom have been targets of unethical re-search methodology for the sake of science.

Success:

The program is designed for African American girls and boys between ages 11 and 14. The goal of the MAAT program is empowerment of black adolescents through a nine-month rites of passage program. The girls saw a significant increase in resiliency. At intake, youth reported an "average" sense of relatedness according to the Resiliency Scale scoring categories, and at follow-up they moved to "high" sense of relatedness.
3 months prior to beginning ROP, 75% of the youths did not have any sudden drop in school performance while 25% did. Since participating in ROP, 86% of the youths did not have any sudden drop in school performance and there was a decrease in school suspensions.
Results showed youths reported having higher levels of ethnic identity achievement after completing.

Lessons Learned

It is important to understand the family burden when establishing relationships with participating families to reduce anxiety and build trust at recruitment opportunities.
To continue to address response bias, utilize Participatory evaluation that includes the parents' feedback regarding parental challenges and clarifying the assessment tool is meant to reflect a measurement of growth.
To continue to identify hopes and dreams for all program participants and show how the tenets of the program can support them.
Strengthen family cohesion through connection and empowering support of the staff, especially the parent partner, throughout the week.

Relevant Examples of Success/Impact:

Participant's Comments:

- "Get along better with my family."
- "Once my mom met another girl's mom [from ROP], she is more fun and wants to go do things together."
- "Before program I wanted to hit my siblings, but I have learned restraint."
- "Yes, I am nicer to family members. Started respecting elders and sisters more."
- "Learned to be more grateful for what I have, because I know some people don't have that."
- "The self-control and manners class was useful."

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: The target population to be served is African American children and their parents/guardians that live in communities with high rates of poverty and community violence.
Number of referrals to a PEI RUHS-BH program: 0
Number of referrals to Mental Health Treatment (county clinic or private provider): 0

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Mamas y Bebes
Project Area as Defined by PEI Plan: Underserved Cultural Populations
Program Description: Mamás y Bebés (MyB) is a prenatal intervention, focused on both Spanish and English speakers, designed to prevent the onset of major depressive episodes (MDEs) during pregnancy and postpartum. The intervention is an 8-session course that uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues. The program helps participants create a healthy physical, social, and psychological environment for themselves and their infants.
Number of unduplicated individual participants or audience members during FY1718: 9

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	*
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	*
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	*
Central American	0
Mexican American	*
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	*
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	*
Spanish	*
Bilingual	*
Other	0
Declined to Answer	0
Gender	
Male	0
Female	*
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	*
Disability	
Yes	0
No	*
Declined to Answer	0
Veteran Status	
Yes	0
No	*
Declined to Answer	0

Program Reflection

Implementation Challenges:
The program was in its first year of implementation for our contractor Reach Out. The MYB contract began in Dec 2017 and the contractors were trained and began outreach in January 2018. This was also the first contract with Riverside University Health Systems Behavioral Health for Reach Out. Due to named challenges, program implementation required guidance with the population, community, and outreach strategies. Learning about local resources and services connected to this priority population was challenging and interfered with program goals.
Success:
The contractor developed a relationship with a community hospital and a family resource center and began providing group services to several mothers. Simultaneously, the PEI team provided training and support by using live observations and debriefing for the group facilitators. Group facilitators became more skilled in the evidence based practice and obtained fidelity scores of 80%. By the end of the fiscal year 17/18, eight women completed the program
Lessons Learned
Contractors who are not familiar with Riverside County and who have not provided maternal mental health services before require additional technical assistance and training. Fidelity meetings not only focused on training to the EBP, but a special focus on innovative outreach strategies.
Relevant Examples of Success/Impact:
Outcome scores for those who completed both a pre and a post measure indicated that depression symptoms significantly decreased among the women who participated in the program (t=4.212, p-value = 0.014). Average scores at intake (pre) indicated that women were within clinically meaningful levels of depression with an average score of 26.40. The post measure provides evidence of a significant decrease in depression levels as the score reduced to an average of 8.80, which indicates that women indicated no symptoms of depression after completing the program. **Participant Comments:** • "I liked everything. I am grateful that programs like these exist. Many thanks." • "I loved this class because it helped change my behavior towards a positive behavior." • "Very interesting topics." • "The interaction between the girls in the group is really good, really helpful and safe."

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: Hispanic/Latino
Number of referrals to a PEI RUHS-BH program: 0
Number of referrals to Mental Health Treatment (county clinic or private provider): 0

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: Filipino-American Mental Health Resource Center
Project Area as Defined by PEI Plan: Underserved Cultural Populations
Program Description: The Filipino-American Mental Health Resource Center is a newly funded project that started in FY2017-2018 intended to provide mental health resources to the Filipino-American and Asian populations. The Resource Center staff provides referrals, general mental health information, newsletters, suicide prevention materials, and other outreach engagement with the community. The center will also host quarterly mental health seminars and monthly support groups, both of which will be facilitated by Cultural Competency staff.
Number of unduplicated individual participants or audience members during FY1718: 14

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	14
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	14
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	14

Preferred Language	
English	0
Spanish	0
Bilingual	0
Other	0
Declined to Answer	14
Gender	
Male	0
Female	0
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	14
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	14
Disability	
Yes	0
No	0
Declined to Answer	14
Veteran Status	
Yes	0
No	0
Declined to Answer	14

Program Reflection

Implementation Challenges:
An implementation challenge is targeting the Asian American and Filipino American population at the new Moreno Valley location.
Success:
The resource center has hosted successful monthly mental health support groups at their new Moreno Valley location. Each mental health support group has focused on various mental health topics.
Lessons Learned
Continued strategic outreach needs to be conducted in order to increase awareness of the resource center and to reach the Asian American and Filipino American population.
Relevant Examples of Success/Impact:
Community members are becoming aware of the resource center acquiring information about mental health resources offered through their center. The PVFAA center has referred individuals to services offered through RUHS-BH.

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: Asian American and Filipino Americans
Number of referrals to a PEI RUHS-BH program: 0
Number of referrals to Mental Health Treatment (county clinic or private provider): 0

Riverside University Health System – Behavioral Health

MHSA Administration

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