SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

891

FROM: Department of Mental Health

SUBMITTAL DATE: June 10, 2013

SUBJECT: Fiscal Year 2013/14 Mental Health Services Act (MHSA) Plan Update (District: All/All)

RECOMMENDED MOTION: Move that the Board of Supervisors adopt the FY 2013/14 MHSA Plan Update

BACKGROUND: In November 2004, California voters passed Proposition 63, the Mental Health Services Act, which became law on January 1, 2005. The Act imposed a 1% taxation on personal income exceeding $1M. These funds were designed to transform, expand, and enhance mental health services to individuals of California. The MHSA itself requires that each County shall develop a Three-Year Plan and Annual Update in collaboration with local stakeholder's involvement in which is called a Community Planning Process. County MHSA programs and/or services can only be funded if the Community Planning Process set forth in MHSA regulations is followed. Once the three year plan was developed, MHSA regulation requires an implementation progress report on the three-year plan on an Annual basis, called a Plan Update.

(continued pg. 2)

JW:BB:KS

Jerry Wengerd, Director
Department of Mental Health

FINANCIAL DATA				
	Current F.Y. Total Cost:	$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	$ 0	Budget Adjustment:	No
	Annual Net County Cost:	$ 0	For Fiscal Year:	2013/2014

SOURCE OF FUNDS: 100% State MHSA

Positions To Be Deleted Per A-30 ☐

Requires 4/5 Vote ☐

C.E.O. RECOMMENDATION: APPROVE

County Executive Office Signature

By: Elizabeth J. Olson

Departmental Concurrence

☒ Policy ☒ Policy
☒ Consent ☐ Consent

Dep't Recomm.:
Per Exec. Ofc.:

2013 JUN 11 AM 3:03

Prev. Agn. Ref.:

District: All/All

Agenda Number: 3-46

SUBJECT: Fiscal Year 2013/14 Mental Health Services Act (MHSA) Plan Update (District: All/All)

BACKGROUND: (Cont'd)

In June 2012, Assembly Bill (AB) 1467 went into effect, which changed the County's MHSA Plan update requirements and processing. AB1467 still requires Community Stakeholders participation, and that all County MHSA Plans and Updates are circulated and posted for a 30 day public comment and review period, and that the local mental health board conducts a public hearing on the proposed Plan and/or Update. However there are three significant requirements on counties prior to the submission of County Plans and Updates to the Mental Health Services Oversight and Accountability Commission (MHSOAC). First, County Plan and Updates must include a certification by the County Mental Health Director that "the County has complied with all pertinent regulations, laws and statutes of the MHSA including stakeholder participation and non-supplantation requirements. Second, County Plans must include certification by the county mental health director and county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services and in accordance with MHSA regulations. Third, County Plans and Updates are required to be "adopted" by the County Board of Supervisors.

On April 1, 2013, the department posted the FY 2013/14 Annual Plan Update for 30-day Community Stakeholder review. It was distributed to County Clinics, MHSA Planning Committees, County Libraries, and Mental Health Boards as well posting it on the department website. Following the public 30-day comment period a Public Hearing was held at Mental Health Administration on May 1, 2013. Comments received on the Plan Update were analyzed by the Mental Health Board and any substantive changes were documented and incorporated into the plan. The Mental Health Board approved the Annual Plan Update on June 5, 2013, and is now ready for the Board of Supervisors to adopt.

FINANCIAL IMPACT:

MHSA funding has shifted to monthly distributions and is made pursuant to a methodology provided by the consolidation of the California Mental Health Directors Association and the Department of Health Care Services. No additional County funds are required.

Riverside County

Department of Mental Health

MHSA

Riverside County Mental Health Services Act

Plan Update

FY2013/2014

PROVIDING HELP / EMPOWERING RECOVERY

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

TABLE OF CONTENTS

2013/14 MHSA ANNUAL UPDATE
COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Riverside County

Local Mental Health Director	Program Lead
Name: Jerry Wengerd	Name: Bill Brenneman
Telephone Number: 951-358-4500	Telephone Number: 951-955-7123
E-mail: wengerd@rcmhd.org	E-mail: bman@rcmhd.org
County 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 mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This 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 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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

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

Jerry Wengerd, MH Director
Local Mental Health Director/Designee (PRINT)

Signature

5-13-13
Date

County: Riverside

Date: 5-13-13

2013/14 MHSA ANNUAL 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: **Jerry Wengerd**	Name: **Paul Angulo, CPA, MA-Mgmt**
Telephone Number: **951-358-4500**	Telephone Number: **951-955-3800**
E-mail: **Wengerd@rcmhd.org**	E-mail: **Pangulo@co.riverside.ca.us**
Local Mental Health Mailing Address: **4095 County Circle Drive, Riverside, CA 92503**	

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

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

Jerry Wengerd, MH Director
Local Mental Health Director (PRINT)

Signature 5-13-13
Date

I hereby certify that for the fiscal year ended June 30, 2012, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 20, 2012 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2012, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County 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 the attached report is true and correct to the best of my knowledge.

Paul Angulo, Auditor/Controller
County Auditor Controller (PRINT)

Signature 5-13-13
Date

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

INTRODUCTION

Message from the Director

I am pleased to have the opportunity to provide our Community Stakeholders with this Annual Update of all Riverside County's Mental Health Services Act (MHSA) components and programs. As government has shifted responsibility from the state to a local level, we are obligated to provide a more robust and broad stakeholder process. I've challenged my team to reach out to as many constituents as possible and to ensure we have a transparent and inclusive planning process.

The Department remains committed to all the Consumer-Driven Initiatives such as Employment, Training, Peer Supports, Peer Centers, and Consumer and Family-operated treatment options. We see an opportunity for growth and expansion of our Integrated Service Programs to provide alternative levels of care and outreach to an increased number of individuals. There will also be a continued focus on current and future supportive housing projects.

Our leadership is also working on a growth plan in preparation for the advent of Healthcare Reform in 2014. This means being ready to serve an increased number of individuals in every service line we offer. To this end, we are exploring the expansion of our program sites and strategies to increase workforce capacity. To properly plan and manage the extent of these changes there will also need to be some restructuring of the Department's administrative functions.

We continue to explore Integrated Health opportunities as a result of collaboration with Health and Substance Abuse. The Department's prevention programs have been fully implemented and some very exciting outcomes are beginning to surface. There are also many opportunities around Stigma Reduction and Suicide Prevention as we have been able to dovetail our local efforts with those being rolled out through the statewide programs.

As you read through this Update you will see more specific detailed information about all the MHSA components and programs and performance outcome data to support their ongoing impact. We continue to see the positive impact and transformation that MHSA has had on our service delivery system and the individuals who receive those services. I thank you for taking the time to allow us to share the exciting progress we've experienced with our MHSA programs.

Jerry Wengerd,
Mental Health Director

MHSA Vision

The Riverside County Department of Mental Health (RCDMH) believes and promotes that people can and do recover from mental illness. Recovery does not necessarily mean that someone is "cured" and is not limited to just the absence of symptoms, but rather that the individual has created the purposeful path that leads him or her to a meaningful, productive and fulfilling life beyond a mental health diagnosis. It is about regaining, and frequently discovering, who you are, and who you were meant to be. The Department of Mental Health's vision is to provide services that reflect our consumers' own pictures of their recovery and to empower them in their journeys towards fulfilling lives. Consumers' visions for their recovery include:

- Having a safe, stable, and comfortable living environment,
- Engaging in chosen, productive, daily activities (work, school, personal interests),
- Being safe in the community and out of trouble with the law,
- Being connected and involved with family, peers, and the community,
- Not being incapacitated by internal stress, or drug or alcohol use.

The degree to which we help consumers meet their criteria for successful recovery is a measurement of the Department's success in fulfilling its own vision.

History

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposed a 1% tax on personal income exceeding $1 million. These funds were designed to transform, expand, and enhance the current mental health system.

The keys to obtaining true system transformation are to take into consideration the fundamental principles outlined in the MHSA: Community Collaboration, Cultural Competency, Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services, Access to Underserved Communities and creating an Integrated Service array.

The Mental Health Services Act has allowed Riverside County to significantly improve services including integrated recovery–oriented approaches and improved access to underserved populations, adding prevention and early intervention programs, opportunities for building workforce, education and training initiatives and piloting new innovative treatment approaches. It also allowed for enhanced Capital Facility and Technology infrastructure.

Update Requirements

Riverside County is proud to introduce the MHSA Annual Update to its Community Stakeholders and Collaborative Partners. The intent is to provide you with a progress report of each of the primary components of the MHSA: Community Services and Supports, Prevention and Early Intervention, Workforce/Education and Training, Capital Facilities/Technology and Innovation. In November of 2012 the Mental Health Services Oversight and Accountability Commission released FY13/14 MHSA Annual Plan Update instructions.

Every county Mental Health Department prepares and submits a three-year component and expenditure plan and updates these plans on an annual basis. Historically the Department received MHSA funding through component allocations. With recent legislative changes the funds distributed to counties is now received monthly, based on unspent and unreserved monies in the State MHSA fund at the end of the prior month (effective 7/1/2012). The county monthly distribution formula is established by the Department of Health Care Finance and is in accordance with established stakeholder engagement and planning requirements (Welfare and Institutions Code, Section 5847).

MHSA Legislative Changes

AB1467 went into effect immediately after it was chaptered into state law on June 27, 2012. This omnibus health trailer bill for the 2012/13 state budget brings changes to a number of provisions for Proposition 63, the Mental Health Services Act.

AB1467 expands the Mental Health Services Oversight and Accountability Commission's (MHSOAC's) role to include new activities and assigns tasks in the areas of technical assistance and evaluation. The MHSOAC will help provide technical assistance in collaboration with the State Department of Health Care Services (DHCS) and in consultation with California Mental Health Directors Association (CMHDA).

The MHSOAC will work in collaboration with DHCS and the Planning Council, in consultation with CMHDA, to design a plan for a coordinated evaluation of client outcomes. The California Health and Human Services Agency will lead this planning effort. It reinstates the provision that county Innovation Plans be approved by the MHSOAC. All county 3-Year Plans and Annual Updates must be adopted by the County Board of Supervisors and submitted to the MHSOAC within 30 calendar days of the approval.

Some important clarifications have resulted because of AB1467 regarding the approval, submission and required elements of the three-year program and expenditure plan and annual updates.

- Plans and updates must include the following additional elements: 1) certification by the county Mental Health Director to ensure county compliance with regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements and 2) certification by the county Mental Health Director and the county Auditor-Controller that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the Act.
- Counties must demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. Providers of alcohol and drug services and health care organizations are also added to the list of stakeholders to be engaged in the development of the three year plan and update.
- MHSA funds shift to monthly distributions to counties and are to be made pursuant to a methodology provided by DHCS. It also amends the provision that formerly required distributions be based on the amount specified in the county plan to instead require that counties base their expenditures on the plan and update.
- MHSOAC will continue to have approval authority over Innovation Plans. County Innovation Plans must meet certain requirements: choosing a 'primary purpose' from four standard options and choosing an 'approach' from three standard options provided in the component guidelines. It also requires that once an Innovation project is proven to be "successful", it be moved to another funding category.

MHSA Budget Summary

Over the past nine months MHSA monthly distributions have exceeded our projections by more than 20%. However, this appears to be a one-time increase due to the change in tax laws and how MHSA funds are distributed. Realignment II stabilized several funding sources and improved cash flow starting in FY11/12. However there are no guarantees that the same funding levels will be maintained. All the major mental health funding sources [1991 Realignment, Realignment II (EPSDT and 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. There are other concerns that the Realignment II programs (Drug Medi-Cal, EPSDT, and Managed Care) will grow faster than the sales taxes and will put increased strain on MHSA funds in the future. MHSA funding is projected to decrease by 15% in FY13/14 compared to FY12/13. However this is projected to be 36% more than the low point we reached in FY11/12.

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 the highest population growth pressures; the desert areas are less densely populated.

At slightly more than 2.2 million residents (2,244,399), Riverside County is also the fourth largest county in California in terms of population according to 2012 population estimates. Since 2000, the population has grown by approximately 43%; and the County experienced the highest population growth of all California counties. The largest ethnic group reported by Riverside County residents was Hispanic/Latino, comprising 46% of the County population. The next largest racial group was reported as White at 40% of the County population. Black/African-American and Asian/Pacific Islander were each reported as 6%; 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. The most common

language spoken at home is English and the most common Non-English language is Spanish. Riverside County's population is relatively young, with a median age of 34 years and nearly 30% of residents under age 18. However, older adults are a significant proportion of the population at 12%.

Employment in Riverside County declined in 2008 and 2009 but rebounded in 2010 and continued to rise in 2012. It is estimated that the Riverside-San Bernardino metro area will experience rising employment from 2013 to 2018 and total non-farm employment will increase by 8%. The unemployment rate has fallen to 11.8% in 2012 after reaching a high of 14% in June 2011. Poverty estimates for Riverside County indicate that 14.45% of residents live below the poverty level; and 21.87% of residents live between the poverty level and 200% of poverty level.

Community Planning and Local Review

Local Stakeholder Process

Riverside County has a continuous Community Planning Process that is ongoing year round. MHSA Planning Committees meet on a monthly basis and are the primary means for sharing information and receiving input on MHSA related activities including the Annual Plan Update. The Planning Committees include Cultural Competency/Reducing Disparities (CCRD) Task Force, Children's, Transition Age Youth (TAY), Adult, and Older Adult. The CCRD also sponsors Sub-Committees which include input from the African-American Wellness Advisory Group; Asian-American; Native American; Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) as well as the Deaf and Hard of Hearing and Blind Support Services groups. This ensures perspective not only by age span but specific ethnic and cultural groups as well. Consumer and family member perspectives are also included in the stakeholder process as their representation and participation is a membership requirement for all the MHSA Committees.

Other Committees included in this year's expanded Stakeholder process were:

- The Full Service Partnership (FSP) Committee made up of County and contract providers that focused on quality and performance issues of FSP programs.
- The Care Integration Committee which included partners from Community Health, Riverside County Regional Medical Center, Substance Abuse and Mental Health in preparation for Health Care Reform and to make decisions and recommendations around Integrated Health Care models.
- Inland Empire Health Plan participated in all MHSA System of Care Committee's to provide review and input.
- "The Group", a gathering of city, community, and business leaders from political, private, and public sectors.
- All-County Supervisors Committee to gain insight from front line service-delivery clinic leaders.

- Veteran's Committee to gain perspective and guidance on issues related to Veterans' mental health concerns.
- Blindness Support Services, Inc. to receive input and perspective from the visually impaired.
- Specific to Workforce Education and Training, input was sought from Riverside County Education Support Program and University and Educational partners.

Specific Plan Update presentations and overviews were conducted at all the aforementioned MHSA Planning Committees, the CCRD Sub-Committees, and the Mental Health Board (MHB) from January through March 2013. This not only educated our Stakeholder Community about current MHSA program and budget information but provided an optimal opportunity to provide input into planning and development of the Plan Update.

At each of the initial committee meetings, the MHSOAC recommended instructions for completing the FY13/14 Annual Update were shared. Along with the Update process, opportunities for input were provided, and sequential timelines for completing the update were reviewed. An update, covering the MHSA programs which are included in the original 3-year MHSA Plan, was provided as handouts and component activities, budgetary information and legislative changes were reviewed. The meetings were then opened for discussion, Q&A, and feedback. At the second round of scheduled meetings, outcome data on the performance of the programs was shared, and when applicable, age-group specific outcomes were provided. Specific feedback information from the committees is provided on page 119.

The Department also works closely with its Mental Health and Regional Mental Health Boards on all MHSA planning activities. This includes MHSA as a standing agenda item which allows for discussions on such issues as program updates and budget information. These issues are introduced for dialogue and advisory input from Board Members and the Public.

The FY13/14 Annual Plan Update was an agenda item for the January, February, March and April Mental Health Board meetings. The MHB also assists the Department by hosting a Public Hearing to capture community stakeholder input into the Plan Update. These opportunities allow the Department to keep the main governing Mental Health Board informed of all MHSA issues related to the Annual Plan Update as well as receiving essential feedback into the planning process.

All MHSA Planning Committees and Mental Health Board members were notified of the 30-day posting of the Draft FY13/14 Annual Plan Update and offered copies to review.

Stakeholder Description

The Planning Process involves consumers, family members, and parents of children affected by mental illness, as well as stakeholders which includes service providers and system partners, representatives from community-based organizations, Social Services, Probation, Office on Aging, County Office of Education, Health Department, Substance Abuse, Board of Supervisors, Executive Office, Law Enforcement, and the Public Defender's office to name a few.

Key stakeholders include the National Alliance for the Mentally Ill (NAMI), Consumer Affairs, Family Advocate, and Parent Partner representatives. In addition, Cultural Competency/Reducing Disparities Task Force members, representatives, and consultants provide input and representation from the Lesbian, Gay, Bi-Sexual, Transgender, and Questioning, Hispanic, Native American, Asian-American, African-American, and Visually impaired and Deaf community perspectives.

30-Day Public Comment

The Annual Update was posted for a 30-day public review and comment period, from April 1, 2013 through May 1, 2013, with a Public Hearing held on May 1, 2013.

Circulation Methods

The Draft Plan Update and Feedback Forms were available in English and Spanish and posted on the Department website, at County Clinics, disseminated to all county libraries as well as distributed through the Mental Health Board and all MHSA Planning Committees. Advertisements for the Public Hearing were posted for publication in the Press Enterprise, and Spanish La Presna, newspapers which are distributed in all regions of the County. Local newspapers in the Desert and Mid-County regions also advertised the Hearing. A Spanish translator was available at the Public Hearing (as Spanish is the only threshold language in Riverside County).

Public Hearing

After the 30-day public review and comment period, a Public Hearing was held by the Mental Health Board on May 1, 2013.

All community input and comments were reviewed with an Ad Hoc MHB Executive Committee for review and to determine if changes to the project(s) were necessary. All input, comments, and Board recommendations are documented and included in this Update (see page 123).

Implementation Progress Report by Component

Community Services and Supports (CSS)

Riverside County's CSS plan was approved by the State DMH in June 2006. Following an exhaustive Community Planning Process, the CSS Plan included six (6) key Work Plans that embedded over 40 program strategies within them. Work Plans were developed to represent all age spans as well as Peer Support and Recovery and Outreach and Engagement initiatives.

Integrated service models were introduced by age category, and are referred to as Full Service Partnerships (FSP). FSPs are 24/7, wrap around programs designed to include treatment, case management, transportation, housing, crisis intervention, education/training, vocational and employment services as well as socialization and recreational activities. These programs are referenced throughout the CSS update.

Also described in this update are non-FSP, also referred to as System Development programs. These programs allowed the department the opportunity to address infrastructure issues and to expand and enhance services under the principles outlined in the MHSA.

For FY13/14 all CSS Work Plan initiatives will continue as originally proposed and without need to consolidate or eliminate any programs. Clinic Enhancements and continued transformation of Out-Patient Mental Health settings are a primary focus of MHSA ongoing implementation.

FSP-01 Children's Integrated Services Program

Children's Integrated Services programs have continued to provide an array of services through interagency service enhancements and expansions; evidence-based practices in clinic expansion programs and full service partnership programs; and continued support of Parent Partners employed as permanent County employees. Parent partners have been incorporated into the clinic services team at all the children's clinics. Parent Partners complete parent orientations for those seeking services. Parent orientations provide the opportunity to inform parents about the clinic processes and offer support/advocacy in a welcoming setting. Parent Partner services are invaluable in promoting engagement from the first family contact, providing support and education to families and supporting the parent voice and full involvement in all aspects of their

child's service planning and provision of services. See Parent Support and Training Highlights, page 108, for more details.

Priority populations identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependent) and those suffering from a co-occurring disorder.

Issues 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 abuse disorders, addressing the needs of youth transitioning to the adult system of care, homeless youth, and young children 0-5 years old. In total Children's Integrated Service programs served 6,872 youth in FY2011/2012. Some specific examples are described in the following summary. Across the entire Children's Work Plan the demographic profile of youth served is 42.8% Hispanic/Latino, 9.47% Black/African-American and 24.4% Caucasian. A large proportion (10.9%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at 1.3% served compared to 5% in the population, and Caucasian youth are underrepresented at 24.4% served compared to 26% in the population. The Black/African-American youth are overrepresented at 9.47% served compared to 6% in the County population.

Integral to the Children's Work Plan were service enhancements with interagency collaboration and the expansion of effective evidence-based models, as well as parents or caregivers as part of the support and treatment process. Collaborative Team Decision Making (TDM) is an interagency service component that has continued to be supported in FY2011/2012. TDMs are conducted with department of mental health clinical staff and department of social service staff to problem solve around placement avoidance while insuring the safety of the child/children where there is risk that they may be removed from their family. This process supports the Family–to-Family approach adopted in Riverside County as part of Social Services Re-Design. Staff conducting TDM meetings served 1,322 youth in FY2011/2012. Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case management 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 manage to an additional 71 youth. Supports for

parents facing the challenges of raising a child with Serious Emotional Disturbances (SED) has been a key component of the children's work plan. A multifaceted approach to assistance for parents continued throughout FY2011/2012 with Parent support staff (Parent Partners) in outpatient clinics 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, evidence-based parenting classes, and Educate, Equip and Support (EES) classes. Parent partners provided a number of support services impacting 504 individual youth and families. Some of the families and youth served were follow-up contacts after youth hospitalizations. The Department's EES classes provided training to 77 parents. Additional contacts were provided to 1,762 parents through community engagement and outreach efforts at 44 community events. Parent Partners participated in community events and meetings with diverse traditionally underserved communities. Clinic expansion programs also included Behavioral Health Specialists assigned in each region of the County to address the needs of youth with co-occurring disorders providing groups and other services.

The availability of Evidence-Based Practices (EBP) in the children clinics continued in FY11/12 with trauma-focused Cognitive Behavioral Therapy (CBT), and Parent Child Interaction Therapy (PCIT) meeting the unique needs of the youth population (youth transitioning to the adult system and young children). Also in FY11/12 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 153 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).

Youth involved in the Juvenile Justice system have benefitted from the implementation of Aggression Replacement Therapy (ART) in several youth juvenile justice settings. ART is an EBP that focuses on the development of strategies to manage anger and improve social skill competence. The ART program served 65 youth during FY11/12. The Multi-Dimensional Family Therapy (MDFT) Full Service Partnership program was specifically implemented to serve youth with a co-occurring disorder. Four regionally based teams provided MDFT services to a total of 143 FSP youth in FY11/12. Collaborations with County probation have resulted in referrals from the youth probation department to MDFT with nearly 70% 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 (63%).

Recent outcomes from MDFT FSP programs showed improvements in youth behaviors with a 59% decrease in the number of arrests, and a 67% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 55% compared to baseline. School suspensions decreased by 83% compared to baseline. Measures of externalizing behaviors showed a clinically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

Full service partnership services were also provided to 17 youth in the foster care system through Multidimensional Treatment Foster Care (MTFC). Services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The MTFC program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. This is a highly structured program. Treatment foster homes are certified, and licensed in collaboration with Probation and Social Services.

Children's FY13/14

The Department is committed to sustaining the Children's services originally proposed in the 3-year plan in addition to looking at opportunities for service expansion. In particular the Multi-Dimensional Family Therapy (MDFT), Full-Service Partnership (FSP) program will expand by one team in each geographic region of the County. The Department has identified the overwhelming need to expand capacity in the MDFT programs as a result of increases in service requests from the judicial system and youth experiencing delays in receiving services.

Other areas of growth will be through the Department's System Development, Clinic Enhancement Initiatives which will allow for expansion of clinic locations to accommodate increasing out-patient services needs and impact a larger geographic range of services. The expansion will include Jurupa, Indio, and Cathedral City. The Western Region expansion in Jurupa will allow for the Children's Treatment Services caseload to be divided into two separate locations while at the same time increasing capacity. The Department will also explore piloting a Children's Integrated Health model in this location as the Department prepares for Health

Care Reform. If proven effective the model would serve as a standard for clinic enhancements department wide.

The Department also plans to continue to expand the Parent Support Unit's scope and impact with the addition of senior positions. The Department continues to support the use of Trauma Focused Cognitive Behavioral Therapy and plans to expand its implementation in clinic settings. Finally as proposed in last year's Annual Update the Department successfully consolidated Western Region Children's Services into one physical plant with the use of Capital Facilities funding. The consolidation includes Children's Case Management, Children's Treatment Services, MDFT, Multi-Dimensional Foster Care, Preschool 0-5, Parent Child Interaction Therapy, Incredible Kids, and Wraparound.

FSP-02 Services for Youth in Transition

Services to Transition Age Youth (TAY) were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, hospitalizations, and promoting independent living. TAY with a serious persistent mental illness that are high utilizers of crisis or hospital services, or that are experiencing incarcerations and/or homelessness were an identified service priority. CSS plan strategies to support transition age youth continued during FY11/12. 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. TAY with co-occurring disorders were also a priority.

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. A total of 313 TAY youth were served by the FSP programs with 89 youth served in the Western Region; 115 youth served in the Mid-County Region; and 109 served in the Desert Region. The TAY FSP program shows good progress in regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs nearly reflect the proportion of Caucasian and Hispanic/Latino individuals in the Riverside County population with more Hispanic/Latino TAY (40%) youth served than other ethic/race group. The Black/African-American group at 14% is over

represented in the TAY FSP relative to the County population and the Asian group is underrepresented. Recent outcomes evaluation for TAY FSPs showed a 75% reduction in the number of arrests; a 76% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 46% reduction in the number of inpatient psychiatric hospital admissions. TAY youth in acute crisis have benefitted from the continued operation of Crisis Residential Treatment (CRT) services to eliminate or shorten the need for an acute inpatient hospital stay. CRT services operating in the Western and Desert Regions provided this community-based alternative to 129 TAY age youth. In addition eight TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting for up to six-months for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive IMD setting; and provides the services and structure needed to assist consumers with removing barriers to discharge; and optimizing re-integration into the community.

Peer Support and Resource Centers provide another avenue for TAY youth to receive educational and vocational support as well as peer mentorship. Progress of the Peer Support and Recovery Centers are included under the Peer Support and Recovery Center Work Plan (SD-05) with a summary provided in the section for that Work Plan**.**

Another strategy implemented in order to improve outcomes for TAY, the County's 3 TAY FSPs and 3 TAY PSRCs have received training in the evidence-supported Transition to Independence Process (TIP) model. The TIP model purveyor, Stars Training Academy, provided a series of 3 training weeks in December 2011, April 2012, and July 2012 to teach the model and assist with implementation of the practice at these 6 TAY sites. A Site-Based Trainer process was initiated in order to support fidelity and sustainable implementation in Riverside County. Site-Based Trainers were recruited from the six TAY sites along with Training and Fidelity Liaisons from the Department's PEI Unit and are undergoing the rigorous certification process outlined by Stars. Site-Based Trainers delivered a three-day TIP Training in February 2013 and will demonstrate proficiency in training on core TIP competencies in order to be certified.

TAY FY13/14

The Services for Youth in Transition will continue to sustain the programs outlined in the original 3-year CSS plan. This includes three (3) Integrated Services Recovery Centers (ISRC), one in each distinct region of the County, which act as the TAY Full-Service Partnership. The

Department is looking for opportunities to expand capacity in these programs by adding clinic staff to the ISRC teams. Initially this will translate to an additional 20 slots in Western Region, and the impact is still being assessed in the other two regions.

The other key aspect of the TAY continuum of care is Consumer Operated Peer Support and Resource Centers (PSRC). Again, there are three (3) distinct and separate Centers, one in each region, that provide a spectrum of Peer Support, Housing, and Vocational type support services.

The Department is also committed to continuing the Transition to Independence Process (TIP) implementation. The Department is collaborating with the leadership teams and staff of the original six (6) TAY service sites (3 ISRC/3 PSRC), the TAY collaborative and broad community of TAY service providers to establish an ongoing training and implementation plan for FY13/14.

FSP -03 Comprehensive Integrated Services for Adults

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a supportive system of care for adults with serious mental illness. The priority issues identified during the CSS planning process for adults were focused on 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. Peer-Support Specialist (individuals with lived experience) working in the clinics as regular department employees provided continual support for consumers' recovery. 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 Highlights, page 105, for more details.

Three regional Integrated Services Recovery Centers have continued to provide Full Service Partnership services for adults with a service array that includes; mental health services, vocational counseling, substance abuse counseling, peer support and psychiatric services. In total 699 adults were served in the FSP programs with the Western Adult program serving 337 FSP consumers, the Mid-County serving 196 FSP consumers, and the Desert serving 166 FSP consumers. Adult FSPs have some disparities in regard to the proportion of Hispanic and

Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the County's population. The adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (52%) followed by the Hispanic/Latino group at 23% of those served. An initial FSP Outcomes retreat has evolved into quarterly meetings for FSP program management and supervisors including contract providers. FSP outcome reports have been presented which provided an avenue for further discussion with staff in regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed a 94% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 67% compared to baseline; and admissions to the emergency room for psychiatric reasons have decreased visits 94% compared to baseline data. Comparisons of consumer's 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.

The Adult Mental Health Court continued a model of interagency collaboration involving the Riverside County Superior Court, District Attorney, Public Defender, Sheriff, Probation, and Mental Health. Dedicated mental health staff provide assessment, 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. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court program staff 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 736 consumers in FY11/12; and has shown that nearly 80% of participants have successfully remained in the community with no new arrests during their program year. See page 79 for a full description of the Mental Health Court and page 83 for the Veterans Court Programs.

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.

Recovery Management and Co-Occurring Disorder groups are evidenced-based practices offered in the adult clinics and supported through the Adult Work Plan. Training, and continued staff support to ensure fidelity, have 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 10,979 consumers have benefitted from clinic expansion and enhancements.

Family Advocates are an additional enhancement to clinic services. Family Advocates posted in each of the three county regions serve as liaisons and advocates for families and consumers accessing services through Riverside County. In addition the Family Advocates unit provides a variety of informational and support services to assist families of mentally ill Adult 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. The Family Advocate Program provided support to 729 family members and provided outreach at community events to 352 people. Crisis Residential Treatment (CRT) services and the Adult Residential Treatment (ART) program are also a part of the CISA program expansion. Three-hundred and seventy-four (374) adults benefitted from access to the CRT which provides a short-term alternative to an acute psychiatric hospital admission. The CRT supports stabilization and discharge planning in a residential treatment setting for up to two-weeks. The Adult Residential Treatment program served 38 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.

The Homeless/Housing Opportunities, Partnership & Education Program (HHOPE) is MHSA funded as part of the original CSS plan. During calendar year 2011, there were 6,000 bed nights funded for emergency housing or rental assistance. 258 represents the number of persons housed each month (average for the 2011 year) in permanent supportive housing (includes HUD grants, shelter plus care, men's grant, women's grant, The Path, The Place, Rancho Dorado and Vintage at Snowberry – the latter two are MHSA projects). HHOPE

manages, coordinates, monitors and supports all programs providing supportive services. See the Housing section, page 75, for additional information.

The System Development programs demographic profile shows the largest group served were Caucasian (41%). However, the Hispanic/Latino group shows a greater proportion served (29%) than found in the FSP programs. The Asian/Pacific Islander group shows a smaller proportion served than is found in the general population with 2.3% served compared to 7% in the County population. The Black/African-American group served at 12% is larger than the proportion in the County population (6%). Ethnic/Race proportions have improved from previous fiscal years with the proportion of Hispanic/Latino consumers served reflecting the county population in some regions. Other regions show some disparity between Caucasian and Hispanic groups but the gap has improved each fiscal year.

Adults FY13/14

The Department is not only committed to sustaining the programs outlined in the original Comprehensive Integrated Services for Adult 3-year plan, but has plans for programmatic expansion in FY13/14. The three (3) Integrated Services Recovery Centers (Full Service Partnership-FSP) continue to be saturated and require increased capacity to meet the service needs. This will be accomplished by exploring alternative levels of care, further creation of a continuum of care, and targeting high utilizers in restrictive settings. Creating an alternative level of care for FSP consumers will allow for a logical transition from intensive to lower level of cares and self reliance and independence. Also by adding FSP teams that are targeting the population in restrictive settings, an additional 100 consumers will benefit from the increased capacity. This also fits with the target population identified in the original Community Planning Process as individuals at risk of being placed in skilled nursing facilities or restrictive settings.

Through the Clinic Enhancement initiative the Department plans to expand service sites in preparation for Health Care Reform. This will include additional capacity in the cities of Lake Elsinore, Temecula, and Cathedral City. As the additional sites are being developed the expectation is that they will implement integrated health care models in each of the locations. The Department is also supporting the continued expansion of the Family Advocate Program with additional Senior Peer Support positions as well as the Veteran's Liaison position. The

Veteran's Liaison will continue the development of resource information, training, and community education to our Veteran community and their families.

The Homeless/Housing Opportunities, Partnership and Education (HHOPE) Program continues to provide emergency and supportive housing, rental assistance, and supports. Also the MHSA Housing program has expended its original one-time allocation through the investment of seven permanent supportive housing projects. The Department recognizes the importance of these housing projects and will set aside funds ($500,000) to support current and future supportive housing projects.

FSP-04 Older Adult Integrated System of Care

Older Adult Integrated System of Care (OAISC) is providing integrated services, which includes a Full-Service Partnership (FSP) Program and other supportive services. The OAISC Work Plan included 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 clinic programs served 1,482 older adult consumers. Recovery Management groups, co-occurring disorder groups, case management and services provided by Peer Support Specialists are some of the services available. The proportion of older adults served across the county closely reflected the County population with 22% Hispanic/Latino served and a County population of Hispanic/Latino older adults at 21%. The Caucasian group served was 52% and the Black/African-American group served was 11%. The Asian/Pacific Islander group served at 3.6% was slightly less than the County population of 6% Asian/Pacific Islander.

The OAISC Work Plan also included 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) Team have continued to provide FSP services including: mobile outreach assessments, which include health and mental health assessments, intensive case management, medication management services, crisis assessment, 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. A total of 304 older adults were served

through the SMART FSP teams with 127 served in the Western Region, 95 served in the Mid-County Region, 82 served in the Desert Region.

Outcomes for the SMART FSP program consumers showed a 76% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 57%. The number of older adults with an arrest decreased by 75%. SMART programs were successful at engaging 30% of those identified with a co-occurring substance abuse problem into treatment services. Follow-up data on residential status showed fewer FSP older adults in emergency shelter or homeless. The demographic profile of FSP older adults served somewhat reflects the county older adult population with 16% Hispanic/Latino served and a county population of older adults at 21%. The Caucasian group represented 61% of FSP consumers which slightly less than the proportion found in the county general population. The Black/African-American group served was overrepresented at 8% while the Asian/Pacific Islander group served at 1% was less than the county population of 6%.

Older Adult FY13/14

The core programs outlined in the original Older Adults Integrated Services Work Plan will be sustained and carried into FY13/14. This includes the SMART Full Service Partnership teams in each distinct region of the County. The Department also acknowledges the constant need for growing capacity in the FSP, and will add clinical staff to the SMART teams initially in Western and Mid-County Regions to accommodate an additional 15 slots in each of those regions. The Desert Region is still assessing capacity needs and opportunities for potential expansion as necessary. Expansion funds will be set aside once the need is clearly identified in the Desert. Peer Support Services, Housing, and a variety of Evidence-Based training models for staff and service providers will also continued to be offered. The Department's Workforce Education and Training division is currently finishing an Older Adult Core training series to be implemented system wide to increase and enhance staff competencies in senior mental health issues. The other key areas of impact on the Older Adult system of care are the recently implemented Self Management Health Team Innovation project and a wide spectrum of PEI programs. Both of these initiatives are described in more detail in their respective sections of this document.

SD-05 Peer Recovery Support Services

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. Three regionally located centers, operated by contract providers (Oasis Rehabilitation and Recovery Innovations) served a total of 1,875 mental health consumers in FY11/12. In 2012 Jefferson Transitional Programs (JTP) was acquired by Recovery Innovations and will now operate as Recovery Innovations at JTP. In the Western Region, Recovery Innovations at JTP, there were 210 adults and 78 transition age youth who received support services. Recovery Innovations also operates a Peer Center in the Mid-County Region where 407 adults and 69 transition age youth received services. See page 86, for additional information on the Recovery Innovations at Jefferson Transitional Program. In the Desert Region, 914 adults and 197 TAY were served by Oasis at the Harmony Peer Support and Resource Center. See page 95, for additional information on the Harmony Center activities. See page 98 for a full description of a variety of Consumer Empowerment Initiatives such as Employment, Supportive Education, and Training highlights.

Peer Recovery Support Services FY13/14

The key component in this peer centered work plan is sustainability of the Peer Support and Resource Centers. As designed in the original CSS plan there are three (3) main centers in each distinct region of the county. Following years of implementation, and as identified community needs grew, the Department expanded the Peer Center operations to a variety of satellite locations including Temecula, Banning, and Blythe. To diminish further accessibility barriers the Department yet again plans to continue expansion of the Peer Center satellite operations. In the Desert Region the Peer Center service is offered in Indio creating hardship for those consumers residing or receiving services in the Western Coachella Valley including existing FSP clients. Thus to increase access to Peer Support Services the decision was made to set aside funding for next fiscal year for expansion to the Palm Springs/Western Coachella Valley area. The other area of continued support in the Western Region Peer Center Expansion

is the Art Works program. Formerly funded through the Art Core Innovation component is now and will continue to be sustained through the CSS Peer Recovery and Support Services Work Plan.

There is also a growth opportunity in the Mid-County Region. The Temecula satellite operation is located in a shared location with the County Mental Health Clinic and there are plans to move to an expanded space. As a result, this will allow for additional recovery coaches to be hired and the number served through the program to be increased. The Department also plans to provide technology equipment and support to all three Peer Center operations to ensure consumers have computer and internet access, training and technical assistance.

The Department is also committed to all the consumer initiatives such as Peer Employment training, vocational and volunteer/stipends opportunities, and expansion of workforce for Peer Specialist and Senior Peer positions.

OE-06 Outreach and Engagement

In September of 2011 Riverside County submitted a Plan Amendment that all outreach and engagement activities described in the Community Services and Support Plan (O/E-06, Outreach and Engagement) be integrated into the Prevention and Early Intervention Plan (PEI-01, Mental Health Outreach, Awareness, and Stigma Reduction). This allowed the Department to provide a more consistent approach to its outreach activities, avoid duplication of effort, and create staffing and resource efficiencies within the program.

During FY11/12, the Outreach Coordinators conducted 514 community events and contacted 4,141 individuals for further follow up. In order to reach and engage 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.

The Gay/Lesbian/Bisexual/Transgender and Questioning Task Force continues to actively outreach and engage the LGBTQ population. During FY11/12 the Department sponsored Sensitivity Trainings in the community for health care providers; participated on the Statewide Reducing Disparities Project; and participated in the Desert Pride Festival.

The Deaf and Hard of Hearing Leadership Group has conducted three presentations during the year to staff and community about Deaf and Hard of Hearing culture. In addition it has implemented a Mental Health Awareness program in the Coachella Valley with participation of different organizations providing services to the Deaf and Hard of Hearing Community

Asian-American/Pacific Islander population outreach and engagement continues via the Asian-American community member's monthly meeting. The Department has participated in various community events such as the Chinese New Year, and other community activities in different Asian-American churches, Pilipino Association organization of Riverside, and the Asian-American Resource Center.

Promotores de Salud Mental Program is an outreach program that addresses the needs of the County's diverse Latino community. Program implementation began in January 2011. During fiscal year 2011-2012, Promotores de Salud Mental provided a total of 2,114 mental health education and/or modular presentations. Across the three types of formats 37% were mental health education presentations, 31.2% were modular presentations, and 5.2% were participation in health fairs/public events. Type of presentation was not indicated for almost 30 percent of the presentations (28.1%).

A total of 18,902 people attended either a mental health education or modular presentation.

- Almost half of the presentation activities were provided in the Desert Region of the County. The Mid-County and Western Regions accounted for 16.1% and 19.7% of the presentations. Geographic region was not indicated for 15% of presentations.
- The overwhelming majority of presentations in the Mid-County Region were mental health education presentations (83%), while in the Western and Desert Regions modular and mental health education presentations were more evenly distributed.
- Many of the Desert outreach activities were provided in the more isolated cities of Mecca and Thermal
- Almost all attendees were between the ages of 19-59, and reported Hispanic/Latino as their ethnicity. Eighty-five percent reported Spanish was their primary language.

- Across modular and health education presentations more women (64.2%) attended activities than men (35.8%).
- Satisfaction surveys were completed by 15,077 (79.8%) attendees. Overall, the presentations were well received by the participants with a large proportion (83.5%) strongly agreeing that the information was easy to understand and the presenters presented the information with enthusiasm (82.2%). Most (79.3%) of the participants strongly agreed they would recommend the presentations to friends and family.

The Cultural Competency/Reducing Disparities Committee focuses on identification and recruitment of community liaison leaders and consultants to work in engaging ethnic specific communities and increase the level of participation and involvement of hard to reach communities. The Ethnic Specific consultants are focusing on how to promote community participation and partnerships. It requires a clear understanding of the current reality (decreasing services and increasing need), and the role of the communities and their commitment to build community wellness by working with existing community resources and by building partnerships.

Outreach and Engagement FY13/14

For FY13/14 the Department is committed to continuing all the programs outlined in the consolidated CSS outreach and Engagement and PEI Mental Health Outreach, Awareness and Stigma Reduction Work Plans. This includes regionally disbursed outreach coordinators targeting ethnically diverse unserved and underserved communities and ethnic/culturally specific consultants to assist the Department in reaching these difficult to reach populations. Activities continue to expand by virtue of consolidating the work plans and creating efficiencies not only in staffing but in sharing resources between CSS and PEI. As a result, the Department will be able to support more community education, conferences, summits, faith-base initiatives, and mental health awareness activities county wide. There also is an opportunity to blend local stigma reduction and community education efforts with those being implemented through the PEI Statewide initiatives. See page 36 for more detailed information regarding PEI Community Education and Stigma Reduction efforts.

Workforce Education and Training (WET)

"Education. Vocation. Transformation."

National data on public mental health workforce development indicates that during periods of fiscal constraint, workforce training and development funding is typically the first to be reduced or eliminated. The authors of the Mental Health Services Act understood that true transformation begins with people; a workforce that was committed to public service and who had the knowledge to meet the needs of the people they served. Training dollars needed to be consistent. WET funding is dedicated to public mental health recruitment, retention, and development.

Infused with the overriding mission and values of the MHSA, Riverside County's WET unit has moved to advance our WET Plan and provide more definition to our planning and development. We have learned from our successes and our disappointments, from direct and indirect stakeholder feedback, regularly revising and recreating our implementation so that it is best tailored to the unique needs of Riverside County.

WET-01 Workforce Staffing Support

As the WET Program has grown, our staffing has reflected the needs of our current responsibilities and possibilities. Because Riverside County Department of Mental Health now has a dedicated training space that was not available when our WET plan was originally written, we discovered we needed less support and site organization staff, and more instructors or dedicated trainers. We eliminated our Health Education Assistant position and replaced it with a Clinical Therapist classification, titled Mental Health Training Specialist, which could lead curriculum development and conduct related training. This position has allowed for an increase in the number of RCDMH developed mental health trainings provided to both staff and community and more effort and organization around financial incentives coordination.

WET has long participated in the Riverside County Mental Health Board's Subcommittee on Veterans and was honored and excited about having the Veteran's Services Liaison (VSL) become a member of the WET team. The VSL was conceived to both educate mental health service providers on the unique needs and experience of our military veterans, but also to advocate for veterans' mental health care services within vet service organizations. For more

about the VSL, please read the "Veteran Services Liaison" report found on page 102 of this Update.

We have added a new direction to the development and revision of the Department's New Employee Orientation, which we have renamed the New Employee Welcoming (NEW). We have reviewed the salient points of the existing orientation and have researched models and organizational theories to best inform our transformed NEW. In addition to educating new employees on basic department operations, the NEW will also serve as the foundation training necessary for all Department employees regardless of job classification. The NEW will not only be a course of learning but also a genuine reception for new employees into a successful organization inviting them to be part of that success.

RCDMH WET unit has actively participated in the Southern California Regional Partnership (SCRP), a consortium of southern county WET units, created to network and share workforce development resources. Riverside County assisted in the interview and hire of a SCRP Coordinator and the identification and planning of regional projects including: 1) Support and coordination of Health Professional Shortage Area (HPSA) designation applications to the Federal government which would allow for increased financial incentive opportunities for RCDMH staff; 2) Researching core competencies for effective public mental health practice; and, 3) Offering a unique Cultural Competency training that complements our existing diversity training.

WET-02 Training and Technical Assistance

Based upon our original stakeholder input, general training for Riverside County's public mental health workforce was concentrated into three areas: 1) Evidence-Based Practices (EBP); 2) Advanced Treatment Skills (ATS); and, 3) Recovery Skills Development (RSD). All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA – Community Collaboration; Cultural Competency; Client and Family Driven; Wellness, Recovery, and Resilience; Integrated Services – and directed to incorporate these concepts into their curriculum where appropriate.

Registering for training has become easier and more efficient. WET partnered with Riverside County's central Human Resources Department to integrate our training schedule and registration into Riverside County's existing electronic Learning Management System (LMS).

The LMS allows employees to register for all their training – both mandated human resources training as well as their clinical development training – all in one location. This also creates a central training transcript that supervisors can use at a glance to evaluate each employee's training history.

WET envisions a core series of training specific to each operational job area that would promote the development, as well as establish performance expectation, for RCDMH employees. The first core series was designed for our paraprofessional staff and has been completed. This series of 5 Core Trainings has been well-evaluated by attendees, many remarking that is was the first time they fully understood the concepts within the curriculum. Several staff have even repeated classes and WET has received feedback from supervisory and managerial leadership that staff has integrated their learning into their daily practice. The next core series is for Office Assistant, Support, and Administrative staff. Initial curriculum is finished and going through final revision. Implementation planned for the first half of 2013.

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities: Clinical Supervision; Human Trafficking; Child and Elder Adult Reporting; Discharge and Community Integration; Tough Cases; and Family Based Therapy for Eating Disorders. WET has also looked for opportunities to integrate training experiences in order to build upon the training we offer. We have not only started the implementation training for the EBP, Dialectical Behavioral Therapy (DBT), but also offered a subsequent DBT training specific toward recovery from eating disorders.

Enhancing our staff's development of cultural competency was provided through these additional trainings as well: Understanding and Serving Military Veterans; Bridges Out of Poverty (understanding and serving consumers who experience generations of poverty); Deaf and Hard of Hearing Sensitivity; Spirituality in Mental Health; Language Interpretation in Mental Health Practice; Gender Responsive Mental Health Practice; and our comprehensive cultural competency training – the California Brief Multicultural Scale (CBMCS) training. Two of WET's staff have also been trained to be trainers in the CBMCS, offering increased diversity and training expertise to the current CBMCS training team.

As recommended by the Mental Health Board Executive Public Hearing Review Committee, WET will explore training opportunities in FY13/14 around multi-cultural issues and assess how those models could be implemented within clinic settings.

WET also actively collaborated with Riverside County Regional Medical Center, RCDMH Detention Services, Riverside Police Department (RPD), and Riverside Sheriff's Office (RSO) to participate in educating Riverside County law enforcement on working with consumers who experience a mental health crisis. The partnership between mental health professionals and law enforcement is nationally and commonly referred to as Mental Health Crisis Intervention Training (MH CIT). WET took an active role in revising the training curriculum on suicide, and has attended the California Conference on CIT in order to keep abreast of State and Federal trends. For more about Riverside County's CIT, see "Law Enforcement Collaborative", page 57.

Additionally, the WET plan highlighted the need to provide supplementary developmental support for our Department supervisory staff. Stakeholder input reinforced our anecdotal wisdom that clinic and unit supervisors were critical pillars of successful employee skill development and retention as they set the tone for overall consumer and employee satisfaction. Recent data suggested Department Managerial leadership was nearing potential retirement in the next 5 years, creating an urgent need for the development of leadership succession preparation. Managerial Succession training, involving the Director, Assistant Directors, and the majority of Managerial leadership, was well attended and received by current supervisory staff who had an opportunity to explore leadership concepts and ask questions of their seasoned executives.

Lastly, our stakeholders consistently voiced that mental health services could not be community based unless key resources were understood and accessible. As a result, WET created a central point of coordination to optimize utility of department and community resource listings that includes the Network of Care (NOC); 211/Community Connect; RCDMH Website; RCDMH Guides to Services; and the new Up2Riverside Website. Riverside County's NOC has been revised and updated to become a very usual tool for staff, consumers, and families. It not only has a full data base of resources, but also personal wellness tools. WET has started to provide NOC in-service to staff in order to optimize this great intervention tool.

WET-03 Mental Health Career Pathways

Consumer and family member integration into the public mental health service system continued to expand. The number of Senior Peer Support Specialist positions, peers who have augmented leadership and administrative responsibilities, increased. The Office of Consumer Affairs, in conjunction with WET, developed and implemented a Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer related duties. WET has also successfully partnered with the Parent Support Program and the Family Advocate Program.

Additionally, recent movement in peer employment has been centered on supporting peers to become credentialed in recovery. WET interviewed and supervised an MSW student intern who researched and developed a proposal to prepare RCDMH's Senior Mental Health Peer Specialist to become Certified Psychiatric Rehabilitation Practitioners. The implementation of this program is scheduled for early 2013.

RCDMH has a diverse group of pre-licensed clinicians who provide additional linguistic and cultural knowledge to our consumers. Retaining these clinicians as licensed therapists would immediately diversify our advanced, clinical staff. As a result, the Clinical Licensure and Support (CLAS) Program was created. Over 50% of eligible CT I staff have participated in the CLAS Program. Since implementation, 10 staff has become fully licensed and 9 have passed their initial exams. WET has actively involved participants in the evaluation of the program in order to continue to strengthen the supports and outcomes. The second cohort of participants is scheduled for recruitment in early 2013.

WET-04 Residency and Internship

Riverside County has taken a committed, proactive vision in the development of our future workforce. Our student intern program has been consistently well evaluated by both students and their universities, yet we continue to expand our program to optimize the learning and preparation of students placed into our field sites. Our student training program has been fully restructured and renamed: Graduate Intern, Field, and Traineeship (GIFT) Program. GIFT has

created identified application and start dates, an informational web page complete with electronic application, a standardized rubric for interview and selection, and annual evaluation and reporting. Our students have consistently remarked that their RCDMH internship experience exceeded their expectations and has been more meaningful and comprehensive when compared to their other internship experiences.

Over 20 of our department clinics/agencies accommodated student learning from approximately 16 Southern California universities, supporting degree requirements from undergraduate, graduate, and doctoral programs. During this academic year, WET received over 150 applications requesting a Riverside County field placement. Our University and School Liaison developed objective and measurable screening and interview tools with the direct purpose of targeting students who met MHSA mission goals 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. Over 40 students were placed into both clinical and administrative settings.

Every student received centralized training to enhance their field learning in public mental health agencies. These trainings were coordinated and conducted by WET in partnership with PEI and Quality Improvement staff and included: Differential Diagnosis for both Adults and Children; Conducting a Psychosocial Assessment; Non-Violent Crisis Intervention and Mental Health Risk; and Electronic Management of Records (ELMR) Documentation.

WET provided per diem, licensed clinical therapists to perform as field instructors at clinics that required the supplementary staffing support. In addition, WET served as that central support agent for both our department field sites and our affiliated universities. WET and the student's university partnered to develop a remedial learning plan in order to provide augmented learning for students struggling to meet field requirements. These plans were well received by department field sites and the universities and were equally accepted by the students who described this process as supportive and hopeful. The students who participated in these plans all successfully graduated. WET also provided seasoned clinical and peer support staff to present at local colleges and universities on recovery and mental health related topics, as well as to inform on mental health career pathways. Feedback regarding these presentations from our educational stakeholders was overwhelmingly positive.

WET-05 Financial Incentives for Workforce Development

The Riverside County Department of Mental Health 20/20 and Paid Academic Support Hours (PASH) Program is a workforce development program directed at regular status employees who are eligible to earn a MSW or MFT graduate degree. The 20/20 and PASH Program enables selected participants to maintain a full time salary while modifying up to 50% of their work hours to attend school. Employees have to demonstrate their commitment to public mental health service as well as their ability to address the disparities in our workforce needs. Participants sign a binding agreement to work for RCDMH for the same amount of time that they received academic support. Our most recent cohort was selected in 2011 and consisted of 10 employees from a variety of job classifications. Four of those original 10 have graduated and all now serve our consumers and families as Clinical Therapists: Two with lived experience, and 2 who are bilingual/Spanish and hold chemical dependency counseling certifications.

Understanding that workforce development will be a key component to meeting the needs of the Affordable Care Act, WET also researched and developed a proposal for textbook and tuition reimbursement. This proposal will allow staff to pursue degrees or certification that would enhance their job performance or prepare them for a promotional pathway into a hard-to-fill or retain position. Additionally, this proposal allows staff who have been removed from formal education the opportunity to take a single program-related course and explore if returning to school is right for them. The proposal has been accepted and implementation is planned for early 2013.

In addition, WET maintained an active role in State administered workforce financial incentives. WET provided Riverside County representatives to our local MSW and MFT stipend programs to assist in the selection process of MHSA stipend awards, as well as, to maintain a seat on the Mental Health Loan Assumption Program (MHLAP) advisory board. Forty per cent of the MHSA stipend students at Loma Linda University and 40% of the MHSA stipend students at California State University, San Bernardino have their field placements with RCDMH! The MHLAP provides up to 10 thousand dollars to qualified applicants in exchange for a year's continued service in the public mental health service system. Riverside had an unprecedented 68 accepted MHLAP applications and 57 Department and contracted employees were awarded, bringing an additional half of a million dollars to Riverside County for public mental health workforce retention.

Prevention and Early Intervention (PEI)

Since the approval of the Prevention and Early Intervention (PEI) plan in September of 2009, significant strides have been made towards full implementation of the plan. In the 11/12 fiscal year many programs became fully implemented while others were getting started. And although full implementation was not completed many more community members were served through PEI programs. The PEI Unit organized 35 days of training which included 301 participants. Many of the trainings provided were the evidence-based models that were identified in the PEI plan but also included other PEI topic specific trainings. Please refer to the list of trainings in the Training and Technical Assistance section of this report (page 56). The PEI unit includes four training and fidelity liaisons who are licensed clinicians. The liaisons participated in trainings and, when available, participated in the train the trainer opportunities. In addition to organizing and attending the trainings, the liaisons also implemented the models in which they were trained. This allowed them to become familiar with the model as well as potential challenges in implementation. Each liaison worked with their assigned PEI providers to offer support, problem solving, and evaluation of model fidelity. The liaison positions were built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community.

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

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

Outreach activities: This allowed the Department to provide a more consistent approach to its outreach activities, avoid duplication of effort, and create staffing and resource efficiencies within the program.

- During FY11/12, the Outreach Coordinators conducted 514 community events and contacted 4,141 individuals for further follow up. In order to reach and engage 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. As part of the outreach program the Department implemented a series of Psycho-Educational Workshops for various communities:

- Coachella Valley Deaf and Hard of Hearing Community
- Casa Blanca Community
- Eastside Community
- MECCA & Purapecha Community

- The Gay/Lesbian/Bisexual/Transgender and Questioning Task Force continues to actively outreach and engage the LGBTQ population. During FY11/12 the Department sponsored Sensitivity Trainings in the community for health care providers, participated on the Statewide Reducing Disparities Project, and participated in the Desert Pride Festival.

- The Deaf and Hard of Hearing Leadership Group has provided three presentations during the year to staff and community about Deaf and Hard of Hearing culture. In addition it has implemented a Mental Health Awareness program in the Coachella Valley with participation of different organizations providing services to the Deaf and Hard of Hearing Community

- Asian-American/Pacific Islander population outreach and engagement continues via the Asian-American community member's monthly meeting. The Department has participated in various community events such as the Chinese New Year, and other community activities in different Asian-American churches, Pilipino Association organization of Riverside, and the Asian-American Resource Center.

- Spirituality Initiative – The Department remains committed to targeted outreach focused on local faith-based organizations and their leaders.

Toll Free, 24/7 "HELPLINE" has been operational since the PEI plan was approved and in FY11/12 the hotline received 4,915 calls from across the county.

Network of Care: An average of 19,763 hits were made to the website monthly, totaling 237,156 hits for the year. An additional 16,417 individuals visited the Network of Care site for service members, veterans and their families.

Call To Care: The Call to Care Training Program for non-professional caregivers has the goal to provide training and support to community leaders that are connected to underserved populations in order to increase their awareness and knowledge of mental health and mental health resources, and to increase their readiness to identify potential mental health issues and eliminate stigma and discrimination associated with mental illness. Twelve (12) trainings were conducted with approximately 360 participants. In addition, three Call to Care Continuing Education Summits were held, one in each region of the county, with a total of approximately 210 participants.

"**Dare To Be Aware" Youth Conference:** This conference for middle and high school students was held in November 2011 with 827 youth attending the conference. Students from 6 middle schools, 21 high schools, and 5 RCDMH programs were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. Workshops included topics such as depression, healthy relationships, self-abusive disorders, and suicide prevention. The overall goals of the conference are to increase awareness related to mental health, reduce stigma and discrimination, and increase knowledge about how to ask for help.

NAMI Signature Programs: In FY11/12 the two organizations that were identified to implement the Parents and Teachers As Allies, In Our Own Voice and Breaking The Silence Programs began outreach to entities such as schools, community-based providers, faith-based and service organizations. There were 48 In Our Own Voice (IOOV) presentations made across the county reaching 761 people. Audience members were asked to complete a questionnaire which included questions about how the presentation changed their perception of mental illness. Overall, they demonstrated a much healthier perception of mental illness as a result of the IOOV presentation. It is also important to note here that the IOOV presentation is delivered monthly to law enforcement through their training academy. Developing relationships with school districts proved to be somewhat of a struggle in this first year of implementation and as a result there were 4 Parents and Teachers as Allies presentations reaching 54 people, reaching district nurses and health clerks, school counselors, school psychologists and parents. The Breaking The Silence Program will be a focus in FY12/13.

Media and Mental Health Promotion and Education Materials: RCDMH continued to contract with a marketing firm, AdEase, to continue and expand the Up2Riverside anti-stigma campaign in Riverside County. The campaign included television ads, 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 result there were 28,849 site visits in FY11/12. 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 were added in December 2011 and over 17,053 visits have been recorded since that date. Another significant stigma reduction activity was a contract with Jefferson Transitional Programs to host a community education film series in the Palm Springs. Each series included three separate films including "Healing Neen", a film depicting the trauma faced by a young woman and her recovery; "Ward 54", a film about the difficult situations that our soldiers face; and "Lens and Pens: Art in an Unexpected Place", a film about the inspiring true story of a transformational art workshop for individuals with mental health diagnoses. The showings included a panel discussion or an interview with the participants in the film. The audience at the films included consumers, family members, providers, nursing students and the community at large. The series were very well received and participants voiced that positive impact the films had on their perception of mental illness.

Ethnic and Cultural Leaders in a Collaborative Effort: These are community leaders who represent the unserved and underserved cultural populations within the county. In FY11/12 RCDMH worked with leaders from the African-American, Deaf and Hard of Hearing, LGBTQ, Asian-American and Native American communities to build relationships as well as identify and address the needs of those populations in order to reduce stigma related to mental health and identify appropriate resources based on the community's identified needs. The Leaders collaborated with the RCDMH Cultural Competency Manager in developing plans to effectively engage those communities and provide information related to mental health topics and resources. This led to the development of the African-American Family Wellness Group and the Asian-American/Pacific Islander task force. The LGBTQ task force continued its work from the previous year. The groups meet monthly and include diverse membership.

Promotores de Salud Mental (Community Health Promoters): Promotores de Salud Mental Program is an outreach program that addresses the need of the County's diverse Latino Community. Program implementation began in January 2011. During fiscal year 2011-2012, Promotores de Salud Mental provided a total of 2,114 mental health education and/or modular presentations during the fiscal year 2011-2012. Across the three types of formats 37% were mental health education presentations, 31.2% were modular presentations, and 5.2% were participation in health fairs/public events. Type of presentation was not indicated for almost 30 percent of the presentations (28.1%).

- A total of 18,902 people attended either a mental health education or modular presentation. Almost half of the presentation activities were provided in the Desert region of the County. The Mid-County and Western regions accounted for 16.1% and 19.7% of the presentations. Geographic region was not indicated for 15% of presentations.
- The overwhelming majority of presentations in the Mid-County region were mental health education presentations (83%), while in the Western and Desert regions modular and mental health education presentations were more evenly distributed.
- Many of the Desert outreach activities were provided in the more isolated cities of Mecca and Thermal.
- Almost all attendees were between the ages of 19-59, and reported Hispanic/Latino as their ethnicity. Eighty-five percent reported Spanish was their primary language.
- Across modular and health education presentations more women (64.2%) attended activities than men (35.8%).
- Satisfaction surveys were completed by 15,077 (79.8%) attendees. Overall, the presentations were well received by the participants with a large proportion (83.5%) strongly agreeing that the information was easy to understand and the presenters presented the information with enthusiasm (82.2%). Most (79.3%) of the participants strongly agreed they would recommend the presentations to friends and family.

PEI-02 Parent Education and Support

This project includes four evidence-based programs.

- **Triple P (Positive Parenting Program):** In FY11/12 RCDMH continued the contracts with four providers to provide the parenting program in targeted communities throughout Riverside County. A total of 287 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 parental involvement as well as an overall improvement in positive parenting. In addition, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed significant decreases in the intensity and frequency of problem behaviors. The PEI unit also coordinated Triple P Level 4 trainings which included contract providers but also invited department staff including Parent Partners, clinicians working in CalWORKs and substance abuse providers also completed the training and began providing the classes within their units.

- **Parent Child Interaction Therapy (PCIT):** FY10/11 included completion of the other two mobile clinics (there are 3 total), driver training for all staff and identification of sites to provide mobile services. The three units are "wrapped" in parent and family friendly pictures and language that Triple P Australia provided to the department. The mobile units travel to unserved and underserved areas of the county to reach populations in order to reduce ethnic and cultural disparities. 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. 160 children have been served through the program. One mobile unit also travelled to a large annual children's conference on the Central Coast of California to demonstrate the use of the clinic. The presentation received a lot of positive response. It is anticipated that in FY12/13 the mobile clinics will reach full service capacity.

- **Parent Management Training**: Despite several inquiries training remains unavailable from the developer. As a result, this program will not be implemented as a part of the Prevention and Early Intervention plan. Due to positive outcomes observed and documented through implementation of the Triple P program, expansion of Triple P will be considered in order to reach more parents/caregivers.

- **Strengthening Families Program**: Implementation of this program had been on hold as the PEI unit worked to implement many other programs in FY11/12. An RFP for this program was released in the fall of 2012 and full implementation is anticipated in FY13/14.

The opportunity to continue the expanded use of evidence-based parenting programs became available in FY11/12 when RCDMH entered into an MOU with the Department of Social Services (DPSS) to fund three programs throughout Riverside County for parents who had been referred as a result of contact with DPSS.

PEI-03 Early Intervention for Families in Schools

This project includes one evidence-based model and is the project that is identified to meet the Local Evaluation Project that was required in the PEI Guidelines.

Families and Schools Together (FAST): In FY10/11 a provider was identified though the Request for Proposal process to implement a pilot FAST program at 6 elementary schools (2 in each region). The program utilizes a team of 4 (one school administrator, one parent partner from the school, and two community based organization staff) to implement the program at each school site. The teams received training from Families and Schools Together, Inc. and completed two cycles of the 8 week program at each school site. The partnerships between the schools and the provider lent to very effective outreach to families at the schools to engage them in the program. In addition, providing the program at the school sites de-stigmatized the intervention and increased families' willingness to attend. One hundred and eight families graduated from the FAST program; 78% of those families were Hispanic; there were approximately 1,000 outreach contacts to families at school and in the home; and there was an equal distribution of males and females who completed the program. Pre and post measures were completed by adult participants as well as school staff. Family functioning measures across all sites showed improvement in family cohesion, parents reported improved child behavior and parental effectiveness. Teachers reported overall improved relationships between the children and their parents, improved contact between the children's families and themselves as well as the school, and improved behaviors and peer relationships of the children.

PEI-04 Transition Age Youth (TAY) Project

This project includes 5 programs to address the unique needs of TAY in Riverside County. As identified in the PEI 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).

Depression Treatment Quality Improvement (DTQI): DTQI is an evidenced based early intervention program used to treat individuals who are experiencing depression. Providers in the Western and Desert regions of the County continued to receive training and consultation via review of audio tapes and telephone support from the PEI training and fidelity liaison. The liaison completed the Train the Trainer process and is now able to support ongoing training and consultation without assistance from the developer. In FY11/12, 45 youth were enrolled in the program. The outreach efforts to reach the priority populations identified by the community were effective in that the two ethnicities that were primarily served were Hispanic (55%) and African-American (22%) and 18% of the youth reported being LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning before they participated and at the end of the program. The results were very positive in that before they intervention, almost 90% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated statistically significant reduction in symptoms. Each youth was also given a measure of overall functioning and these measures also indicated statistically significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 100% of the youth indicated that they “agree or “strongly agree” that they learned strategies to help them cope with stress and that if they needed help again they would return to this program. An RFP was released in FY11/12 to find a provider for the Mid-County Region.

TAY Peer To Peer Services: This program is one in which Transition Age Youth (TAY) Peers provide information, support, and resources for other TAY who are at high risk of developing mental health problems. The “Cup of Happy” TAY program has become well known in the Western and Mid-County regions. The youth continue to find many creative and innovative methods to reach TAY that have been very effective. Some examples include several flash

mobs arranged in public places to increase awareness about mental health topics and development of a blog to discuss issues face by TAY. A Facebook page was set up and videos were posted to YouTube. The TAY attended large health fair events, passed out mental health related information on the streets, held support groups for LGBTQ youth in a local coffee shop, and hosted a weekly event at a community center where TAY could come and present their original spoken word works. Almost 1800 youth attended Peer To Peer led groups and activities. Outreach resulted in 258 individual contacts and 90% of those individual contacts resulted in linkage to PEI services and programs. An RFP was released to find a provider for the Mid-County region and one was selected to begin work in FY11/12.

Outreach and Reunification Services to Runaway Youth: This program provides targeted outreach and engagement of youth who are homeless and/or runaway to provide crisis intervention and counseling to reunify the youth with a family member. 574 youth received services through this program.

Digital Storytelling: Digital Storytelling was not a priority for FY11/12. The marketing firm contracted for stigma reduction activities has developed digital stories for the Up2Riverside website. Developing internal capacity to provide this program may be pursued in FY13/14.

Active Minds: FY11/12 was the second of two years of funding available to college and university campuses that started an Active Minds chapter. Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. RCDMH continued to work with the four campuses who were receiving the funds, University of California Riverside, College of the Desert, Palo Verde College, and Riverside Community College – Riverside campus. Each chapter reported many activities. Examples include the use of "therapy fluffies" where therapy dogs are brought onto the UCR campus during the week of finals to reduce anxiety and Active Minds members providing mental health related information at campus events. Active Minds chapters are few in the State of California and even fewer are chapters based on community college campuses. 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. There are several other college and university campuses that did not apply for the funding and RCDMH released another RFA in FY11/12. In April 2012, RCDMH provided funding for the West Coast Coordinator from Active Minds to come to UCR from Washington, DC, to

participate in the Active Minds Regional Summit. This was also an opportunity for the Coordinator to facilitate a meeting with the Active Minds chapters. The purpose of the meeting was to assist the chapters with goal setting and to discuss ways to engage students in the campus based activities. In addition to all of the locally planned activities, RCDMH funded the National Organization to present the Send Silence Packing display at College of the Desert, UCR, and Mount San Jacinto College. The display is 1100 backpacks laid out representing the approximately 1100 college students who die by suicide each year. Most of the backpacks include pictures and or stories about someone who dies and some of the backpacks belonged to those students. The displays received press and there was a very positive and powerful response to the displays. Staff from the National office tour with the display and set up a table with information about mental health and engage viewers in conversations about mental health. The staffers also blogged about their experiences on the Active Minds website.

High School Yellow Ribbon Campaign: RCDMH renewed the Memorandum Of Understanding with Riverside County Community Health Agency, Injury Prevention Services (CHA–IPS) to implement the teen suicide prevention and awareness program. The program kicked off with an assembly at each school site with a motivational speaker talking about the importance of positive peer relationships and reaching out to others when they need help. CHA-IPS staff then provided training to a leadership group at each campus. The training included topics of leadership, identifying warning signs of suicidal behaviors, finding local resources to obtain appropriate mental health services and conflict resolution. The staff then assisted the students to facilitate three campuses based mental health awareness and suicide prevention activities. Some examples of the activities that the students developed and implemented on their campuses are: the creation of a cyber-bullying video, student created posters around campus with positive messaging, a Walk-A-Thon and lunchtime tables with giveaways to attract the students. The program supported the 8 high school campuses that were involved in FY10/11 and added 8 additional high schools and 4 middle schools for FY11/12, totaling 20 schools throughout the county.

PEI-05 First Onset for Older Adults

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

Cognitive-Behavioral Therapy for Late-Life Depression: This is an evidence-based early intervention. Providers who needed the training were provided it in collaboration between the developer of the model and one of the PEI Training and Fidelity Liaisons. The Liaison has worked with the developer to allow her to become a certified trainer in the model and that process will be completed in FY12/13. There continued to be great deal of outreach activities that occurred during FY11/12 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. One provider exclusively serves LGBT older adults and another provides services in Blythe, which is an isolated community on the border of Arizona. In FY11/12, 104 older adults participated countywide. The largest percentage of participants were ages 60-64 (26%), but of note is that 19% were 80-90 years of age. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, which is the primary goal of the program. In addition, participants reported an overall improvement in their quality of life from pre to post program. Participants also completed a satisfaction survey at the end of the program. Results of the rating given, 96% of the responses indicated that they gained strategies to help them cope and 92% gained strategies to help them improve their quality of life. Another significant result of the program is that 96% stated that they would return to the program again if they were in need of help.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS): This program is designed to reduce symptoms of minor depression and improve health related quality of life. This program is being implemented through RCDMH Older Adult Services staff. PEARLS staff continued efforts to outreach to educate the community as well as referring parties about the program. A total of 88 older adults were enrolled in the program in FY11/12. Demographic data was collected for the participants and data on race/ethnicity showed a pattern similar to the race/ethnic proportions represented in Riverside County. Outcomes demonstrated a statistically significant decrease in depressive symptoms. One PEARLS participant wrote on

their satisfaction survey, “I benefitted by actually turning thoughts and actions around into something positive. I feel good about me and know what direction I am going in. I am confident, and I owe it all to PEARLS”.

Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the Area Office on Aging (OoA) to provide the groups in the Western and Mid-County regions. 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 239 individuals in FY11/12. Eighty-seven percent of participants were female. There was a statistically significant decrease in depressive symptoms from prior to beginning the group and the end of the 12 week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. OoA group facilitators reported that some of the caregivers were in need of short term additional support; and as a result one of the Mental Health Liaisions embedded in the OoA was assigned to assist with those who needed that extra support. A community based organization was identified to provide the caregiver support groups in the Desert Region. They developed their 12 week curriculum and began outreach and marketing activities.

QPR for Suicide Prevention: QPR stands for Question, Persuade, and Refer. The QPR suicide prevention model will be used to train gatekeepers who interact with older adults in order to look for depression and suicidal behaviors and refer them for assistance. This training model was not implemented as efforts continued to focus on development of programs to provide prevention and early intervention for older adults.

CareLink Program: RCDMH was provided the opportunity to enter into an MOU with the Office on Aging to further the goals of the PEI Older Adult work plan by offering 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 included the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a