

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

159



**FROM:** Riverside University Health System-Behavioral Health (RUHS-BH)

**SUBMITTAL DATE:**  
September 20, 2016

**SUBJECT:** Fiscal Year 2016/2017 Mental Health Services Act (MHSA) Plan Update  
(District: All) (\$0 total)

**RECOMMENDED MOTION:** That the Board of Supervisors:  
1. Adopt the FY 2016/2017 MHSA Plan Update.

**BACKGROUND:**

**Summary**

In November 2004, California voters passed Proposition 63, the Mental Health Services Act, which became law on January 1, 2005. The Act imposed an 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 requires that each county develop a Three-Year Plan through a Community Planning Process. County MHSA programs and/or services can only be funded if the Community Planning Process, as set forth in MHSA regulations, is followed. MHSA Regulations require an Annual Plan Update for each year following submittal of the Three-Year Plan.

(Continued pg. 2)  
SS:LS

Steve Steinberg, Director  
Behavioral Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy X <input type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b> 100% State				<b>Budget Adjustment:</b> No	
				<b>For Fiscal Year:</b> 2016/2017	

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY:

Christopher M. Hans

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

FOR UNRESOLVED COUNTY COUNSEL  
BY: *Karin L. Watts* 9/14/16  
KARIN L. WATTS-BAZAN DA

Departmental Concurrence

- A-30
- 4/5 Vote
- Positions Added
- Change Order

Prev. Agn. Ref.: 07/21/2015, 3-29

District: ALL

Agenda Number:

**3-25**

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA  
FORM 11: Fiscal Year 2016/2017 Mental Health Services Act (MHSA) Plan Update**

(District: All) (\$0 Total)

**DATE:**

**PAGE:** 2 of 2

**BACKGROUND:**

**Summary (continued)**

There are several significant MHSA requirements which must be met before the Annual Plan Update is submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC). The Annual Plan Update requires:

1. Community Planning Process to gather and ensure stakeholder input.
2. 30-Day Open Public Review and Comment period.
3. Public Hearing held by the Behavioral Health Commission.
4. Mental Health Director Certification that "the County has complied with all pertinent regulations, laws, and statutes of the MHSA including stakeholder participation and non-supplantation requirements".
5. Auditor-Controller and Mental Health Director certification 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.
6. Board of Supervisors adoption of the Plan.
7. Submittal to the State MHSOAC.

On April 5, 2016, the department posted the FY 2016/2017 Annual Plan Update for a 30-day community stakeholder review. It was distributed to county clinics, MHSA planning committees, county libraries and the Behavioral Health Commission, as well as posting it on the department website. Following the public 30-day comment period, a Public Hearing was held on May 4, 2016 at the Rustin Conference Center and May 5, 2016 at the Indio Mental Health Clinic. Comments received on the Plan Update were analyzed by the Behavioral Health Commission and substantive changes were documented and incorporated into the plan. The Behavioral Health Commission approved the Annual Plan Update on June 1, 2016, and is now ready for the Board of Supervisors to adopt for submittal to the MHSOAC.

**Impact on Residents and Businesses**

The services are a component of the department's system of care aimed at improving the health and safety of consumers and community. Approval allows the department to serve an additional 48,320 residents (children, TAY, adults, and older adults) annually.

Of significance in this Plan Update are the expansion of the Crisis Stabilization and Outreach Teams and addition of county-wide Transition Age Youth (TAY) Drop-In Centers. Since program inception Crisis Outreach Teams provided 1,733 contacts to clients in local hospital emergency departments and diverted 40% from an inpatient psychiatric admission. Crisis Outreach Teams also responded to 1,082 law enforcement requests for crisis intervention in the field with 72% diverted from a 5150 hold or a potential emergency room visit. The department anticipates these outreach teams will have a positive impact on the utilization and saturation of emergency room beds as well as the rate of inpatient psychiatric admissions. The new voluntary Crisis Stabilization Unit in the Western Region was able to serve 631 people further easing the congestion in the County emergency treatment facility and reducing the costs. An even greater impact is anticipated for next year once the Mid-County and Desert Region Crisis Stabilization Units are operational. The TAY Drop-in Centers expect to serve at least 600 TAY aged youth once the centers are opened.

# **Mental Health Services Act (MHSA) Annual Plan Update FY16/17**



# TABLE OF CONTENTS

County Compliance Certification .....	1
County Fiscal Accountability Certification.....	2
Message from the Director .....	3
Mental Health Services Act Overview .....	4
What is the Mental Health Services Act (MHSA)?.....	4
What is the Purpose of MHSA Annual Update?.....	4
MHSA Annual Update Introduction.....	5
MHSA Budget Summary .....	7
County Demographics .....	7
Community Planning and Local Review .....	10
Local Stakeholder Process .....	10
MHSA Annual Update FY16/17 Planning Structure .....	12
MHSA Annual Update FY16/17 Time Line.....	13
30-Day Public Comment .....	14
Circulation Methods.....	14
Public Hearing .....	14
Community Services and Supports (CSS).....	15
CSS-01 Children’s Integrated Services Program .....	16
CSS-02 Integrated Services for Youth in Transition .....	21
CSS-03 Comprehensive Integrated Services for Adults .....	24
CSS-04 Older Adult Integrated System of Care.....	29
CSS-05 Peer Recovery Support Services.....	31
Workforce Education and Training (WET).....	33
WET-01 Workforce Staffing Support .....	33
WET-02 Training and Technical Assistance.....	34
WET-03 Mental Health Career Pathways .....	36
WET-04 Residency and Internship.....	37
WET-05 Financial Incentives for Workforce Development .....	40

Veteran Services Liaison .....	42
Prevention and Early Intervention (PEI) .....	43
PEI-01 Mental Health Outreach, Awareness, and Stigma Reduction .....	45
PEI-02 Parent Education and Support.....	58
PEI-03 Early Intervention for Families in Schools .....	60
PEI-04 Transition Age Youth (TAY) Project.....	62
PEI-05 First Onset for Older Adults .....	66
PEI-06 Trauma-Exposed Services for All Ages .....	69
PEI-07 Underserved Cultural Populations.....	71
Other PEI Activities .....	76
Training, Technical Assistance and Capacity Building.....	81
Training Conducted During FY14/15 .....	81
Innovation (INN).....	86
INN-02 Recovery Learning Center (RLC) .....	87
Western Region - Recovery Learning Center.....	87
Desert Region - Recovery Learning Center .....	90
INN-03 Family Room Project.....	93
INN-04 Older Adult Self Management Health Team Project.....	95
INN-05 TAY One-Stop Drop-In Center .....	98
Capital Facilities/Technological Needs (CFTN) .....	100
Capital Facilities.....	100
Technological Needs .....	101
Mental Health Court .....	102
Riverside Mental Health Court.....	102
Mid-County Mental Health Court.....	103
Indio Mental Health Court .....	104
Veterans Court.....	105
Law Enforcement Collaborative .....	108
Housing .....	111
Consumer Employment, Support, Education, and Training .....	117

Family Advocate Program .....	123
Parent Support and Training Program .....	127
Recovery Innovations .....	140
Peer Employment Training (PET) .....	152
MHSA Funding Summary .....	157
Cost Per Client .....	163
Community Feedback Surveys .....	164
Demographics - Community Feedback Surveys .....	169
Behavioral Health Commission (BHC) - Public Hearing .....	174

**2016/17 MHSA Annual Plan Update  
County Compliance Certification**

**MHSA COUNTY COMPLIANCE CERTIFICATION**

County/City: Riverside County  Three-Year Program and Expenditure Plan  
 Annual Update

Local Mental Health Director	Program Lead
Name: Steve Steinberg	Name: Bill Brenneman
Telephone Number: 951-358-4500	Telephone Number: 951-955-7123
E-mail: SRSteinberg@rcmhd.org	E-mail: bman@rcmhd.org
Local Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

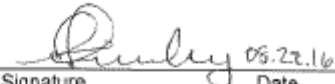
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting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

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

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

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

Steve Steinberg  
Local Mental Health Director (PRINT)

  
Signature 05.22.16 Date

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

**2016/17 MHSA Annual Plan Update  
County Fiscal Accountability Certification**

**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>**

County/City: Riverside County

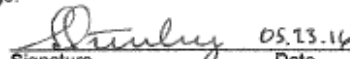
- Three-Year Program and Expenditure Plan  
 Annual Update  
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Steve Steinberg	Name: Paul Angulo, CPA, MA-Mgt
Telephone Number: 951-358-4500	Telephone Number: 951-955-3800
E-mail: SRSteinberg@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 counties in future years.

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

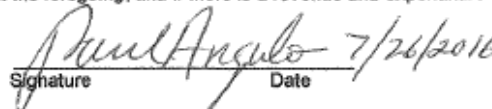
Steve Steinberg  
Local Mental Health Director (PRINT)

  
Signature Date 05.13.16

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/22/15 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

  
Signature Date 7/26/2016

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



## Message from the Director

Our Department is in the midst of changes. The first and most obvious is our new name, Riverside University Health System – Behavioral Health. This reflects an organizational change at the county level with the formation of the Riverside University Health System (RUHS). The goal of RUHS is to become an integrated healthcare system that efficiently responds to all of the health needs of the residents, which includes Mental Health and Substance Use services. To achieve this efficient, effective, and customer-friendly system, the leadership of the RUHS partners - the Medical Center, Ambulatory Care Clinics, Public Health, and Behavioral Health - are collaborating and learning how we leverage resources and implement best practices to meet the health needs of our communities.

The name change also reflects the inclusion of Substance Use services and Mental Health services. Substance Use services in Riverside County are going through a transformational change offered through the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. This is an opportunity to enhance existing Substance Use Disorder (SUD) services, add new services, and develop innovative strategies to address the substance use treatment needs of our residents. RUHS - BH is one of the first counties to submit a plan for these services to the State. We expect to begin rolling out the plan in the summer of 2016.

The past year also saw the opening of our Rustin Building in Riverside. This beautiful 166,000 square foot building was modernized and now houses eleven programs ranging from Administrative offices, outpatient mental health services, and substance use disorder treatment services. Besides the offices and treatment facilities, the Rustin Building is home to a 24,000 square foot Conference Center. The Conference Center has a dozen rooms of various sizes to meet the training and meeting needs of the Department and community partners.

The last change I want to mention is my appointment as the new Behavioral Health Director. Our previous Director, Jerry Wengerd, retired and left his legacy in the projects I mention above. It is an honor to follow in his footsteps and have an opportunity to lead this Department. The plan you are reading outlines what we have done, where we are now, and where we are going. It is part of a roadmap of how we will continue to provide relevant and effective behavioral health services to the citizens of Riverside County. It is all very exciting. I hope you feel the same.

Steve Steinberg  
Director, Behavioral Health

## **Mental Health Services Act Overview**

### **What is the Mental Health Services Act (MHSA)?**

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

The programs funded through MHSA must include services for all ages: Children (0-16), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60+). The MHSA Administrative Department manages the planning and implementation activities related to the five main required MHSA components which are:

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

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

### **What is the Purpose of MHSA Annual Update?**

In June 2014, Riverside County submitted a new Three-Year Program and Expenditure (3YPE) Plan for MHSA. The 3YPE outlined the programs and services to be funded by MHSA and allowed for a new three-year budget plan to be created. It also allowed the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The 3YPE covered fiscal years (FY) 2014/15 through FY2016/17, thus the FY16/17 Annual Update is the final year of this 3YPE cycle.

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3YPE on an annual basis. Therefore Riverside County engaged community

stakeholders by providing them with an update to the programs being funded in the 3YPE. The community process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA.

Once the draft Annual Update is completed, it must be posted for public review for a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the FY16/17 Annual Update and document the input accordingly. Following the posting period the Department calls upon the Riverside County Behavioral Health Commission (BHC) to hold a Public Hearing so they may receive face-to-face feedback on the content of the FY16/17 Annual Update.

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

### **MHSA Annual Update Introduction**

As specified earlier, MHSA regulations require counties to provide an update on its 3-Year Plan on an annual basis. All programs and components are highlighted in this update and progress reports on their status are included. This is an opportunity for any stakeholder to learn about the types of services funded by MHSA and to see how they are performing. The Department invites and encourages stakeholders to share their perspectives and opinions so they may be considered in the strategic planning and review of the MHSA plans.

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

### **Community Services and Supports**

CSS-01 Children's Integrated Services Program

CSS-02 Integrated Services for Youth in Transition

CSS-03 Comprehensive Integrated Services for Adults

CSS-04 Older Adult Integrated System of Care

CSS-05 Peer Recovery and Supports Services

**Workforce, Education and Training**

WET-01 Workforce Staffing and Support

WET-02 Training and Technical Support

WET-03 Mental Health Career Pathways

WET-04 Residency and Internship

WET-05 Financial Incentives for Workforce Development

**Prevention and Early Intervention**

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

PEI-02 Parent Education and Support

PEI-03 Early Intervention for Families in Schools

PEI-04 Transition Age Youth (TAY) Project

PEI-05 First Onset for Older Adults

PEI-06 Trauma-Exposed Services for All Ages

PEI-07 Underserved Cultural Populations

**Capital Facilities/Technology**

**Innovation**

INN-02 Recovery Learning Center

INN-03 Family Room

INN-04 Older Adult Self-Management Health Team Project

INN-05 TAY One-Stop Drop-In Center

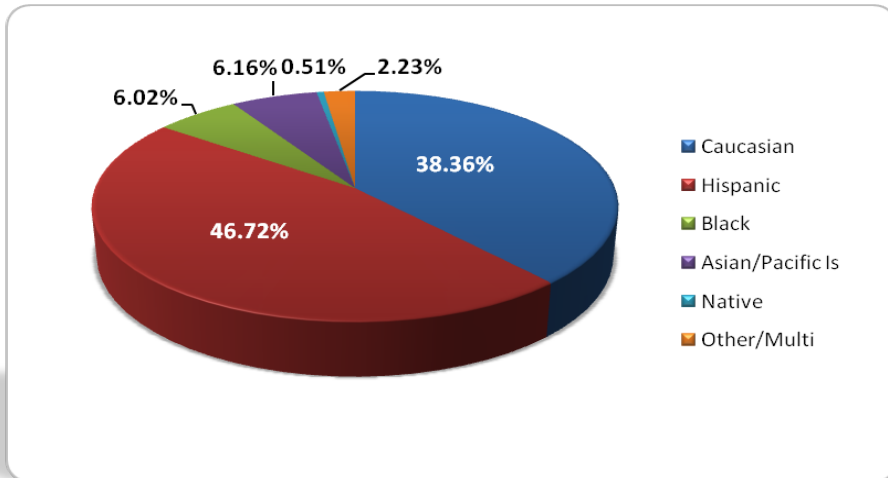
## **MHSA Budget Summary**

Over the past nine months MHSA monthly distributions have been in line with projections. Realignment II stabilized several mental health funding sources and improved cash flow starting in FY11/12. However, increasing demands by EPSDT (Early Periodic Screening Diagnostic and Treatment), Congregate Care Reform, and Katie A. services are threatening to impact MHSA (Mental Health Services Act) cash utilization on an ongoing basis. All the major mental health funding sources (1991 Realignment, Realignment II, EPSDT, Managed Care, and MHSA) with the exception of Medi-Cal, are tied to sales taxes and personal income taxes. Both of these funding sources can fluctuate considerably based on the State's economy. Should this trend continue, it will put increased strain on MHSA funds in the future. MHSA Statewide funding is now projected to increase by approximately 5% in FY16/17 compared to FY15/16. However, this will only result in a 3% increase for Riverside County due to changes in State's MHSA allocation distribution methodology.

## **County Demographics**

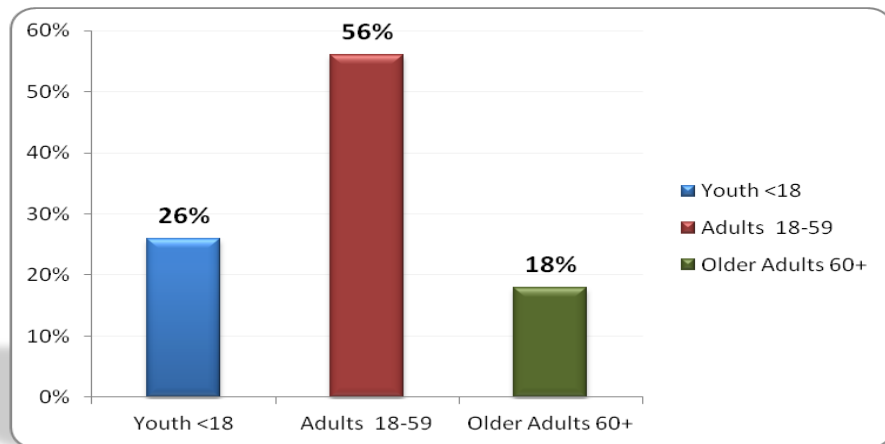
Riverside County stretches 200 miles from Orange County to the Arizona border. Geographically Riverside County is the fourth largest county in the state, comprising over 7,200 square miles, and is home to diverse geographical features, including deserts, forests, and mountains. There are 28 cities in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

At more than 2.2 million residents (2,294,333), Riverside County is also the fourth largest county in California in terms of population according to 2014 population estimates. The County continues to experience population growth and is now the 10<sup>th</sup> largest County in the nation. The population is growing by approximately 30,000 residents per year. Since 2000, the population has grown by approximately 46%; and the county experienced the highest population growth of all California counties. Riverside County has four major race/ethnic groups; however 85% of the population is represented in the two largest groups in the County, Hispanic/Latinos, and Caucasians.



Riverside County has a large Hispanic/Latino population comprising nearly 47% of the population in 2014 while Caucasians comprise 38%. Black/African American and Asian/Pacific Islander are represented in nearly equal proportions at 6%; and the Native American population was less than 1% of the total population. A small percentage (2%) of county residents reported multi-racial or other as their race/ethnicity. The most common language spoken at home is English and the most common Non-English language is Spanish. Census data showed that 15.2% of the population spoke another language and spoke English less than very well

Riverside County's population is relatively young, with a median age of 34 years and 26% of residents under age 18. However, older adults are a significant proportion of the population at 18%.



## **Socio- Economic Factors**

Median household income in the County is \$56,592. Ten percent of households received Food Stamp/SNAP benefits in the past 12 months. Employment in Riverside County declined in 2008 and 2009 but rebounded in 2010 and has continued to rise. It is estimated that the Riverside/San Bernardino metro area will experience rising employment from 2013 to 2018. The unemployment rate fell to 8.4% in 2014 after reaching a high of 14% in June 2011. Despite gains, Riverside County unemployment rate has been higher than the state and nation since 2007. Thirty-nine percent of the County population 16 years or older is not employed. Poverty estimates for Riverside County indicate that 17% of residents live below the poverty level; and 21% of residents live between the poverty level and 200% of poverty level. There are 690,388 households in Riverside County and an average household size of 3.24 persons according to U.S. Census data. There are 820,011 housing units in the county. The most recent Riverside County point in time homeless count identified 1,587 unsheltered and 883 sheltered homeless people (total = 2,470). The civilian veteran population in Riverside County is 8%. Most of the adult population (80%) over the age of 25 has a high school diploma; and approximately 21% has a bachelor's degree or higher. The Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) population of the County is difficult to accurately measure. Research literature has shown that this population may be at higher risk for mental illness. The California Health Interview Survey (CHIS) is one potential source for data on the LGBTQ population in the County. Recent CHIS data showed 4.69% of the population identified as Gay, Lesbian, or Bisexual.

## **Community Planning and Local Review**

### **Local Stakeholder Process**

Riverside County engages in a year-round MHSA Community Planning Process, which this year focused on the FY16/17 Annual Update. The Department relies on age-specific planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform MHSA program planning and decision making. These cross-collaborative committees are comprised of partner/community agencies and providers, consumers/family members, Board and Commission representatives, and a variety of other subject matter experts.

The other critical element involved in the process is the inclusion of the Cultural Competency/Reducing Disparities Committee to provide ethnic and culturally-specific feedback and perspectives. Additionally there are several cultural and ethnic specific sub-committees including the Latino Advisory, African American, Native American LGBTQ, Deaf and Hard of Hearing, Spirituality, and Promotores that share perspective on the planning process.

Additionally there are multiple Key Informants and specialty groups that provide valuable input on areas such as criminal justice, veterans, NAMI, and housing. The Department also engaged a transition age youth group, "Youth Advocates United To Succeed" (YAUTS), for feedback. The YAUTS group provides a positive environment where youth can have a comfortable open place to share and discuss their problems, relate with peer advocates, and be guided to resources.

In 2013/14 the Department decided to create a better structure to engage Consumer and Family members in the process. Thus the Consumer Wellness and Recovery Coalition was developed to act as a forum for engagement and to involve peer perspectives on a variety of topics including the FY16/17 Annual Plan Update. The Coalition has transitioned into providing Community Information Forums which are held regularly in each of the Department's three regions (Western, Desert, and Mid-County) to ensure consumer and community participation throughout our service area. MHSA is also a standing agenda item for the Behavioral Health Commission to ensure they act as an advisory body on all aspects of MHSA planning.

Once the FY16/17 Plan Update is completed, copies will be circulated to the stakeholder community for reference and review. Stakeholders were encouraged to continue to provide



feedback on the initiatives outlined in the Plan Update verbally and/or in writing. Surveys were distributed to all Planning Committees, the Behavioral Health Commission, Wellness and Recovery Coalition (Community Information), Family Advocates, Schools, Parent Support, Clinic Out-Patient Lobbies, NAMI, and community providers.

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

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

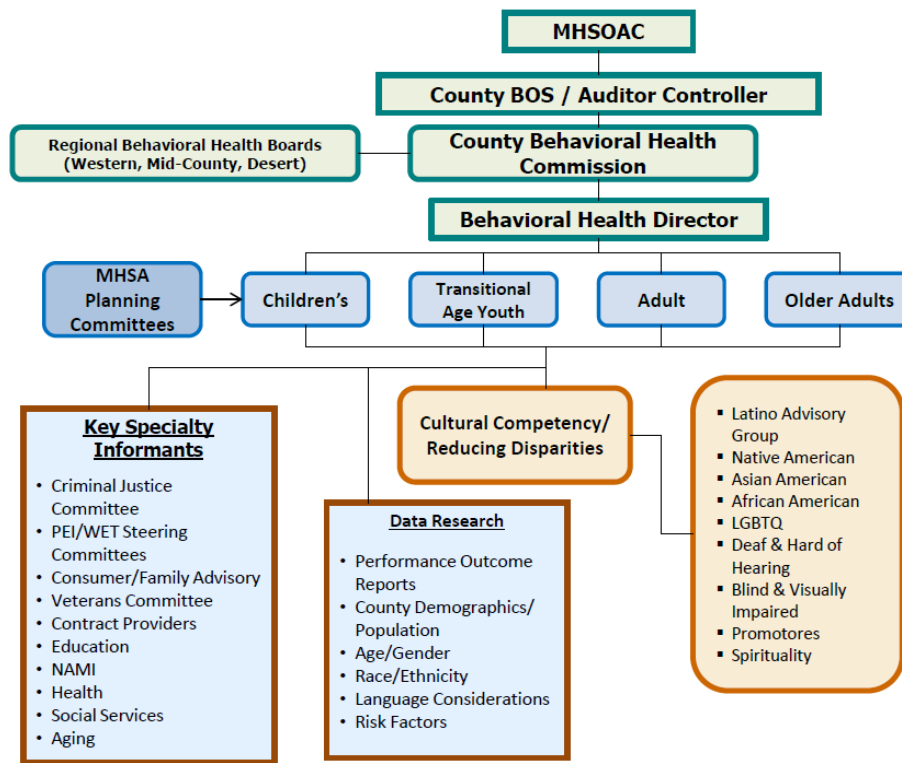
The WET Steering Committee was comprised of stakeholders from academia, employees of the public mental health system, and individuals with lived experience as consumers and family members or who had clinical expertise.

### **Stakeholder Description**

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

## MHSA Annual Update FY16/17 Planning Structure

### Mental Health Services Act (MHSA) Annual Update FY16/17 Planning Structure

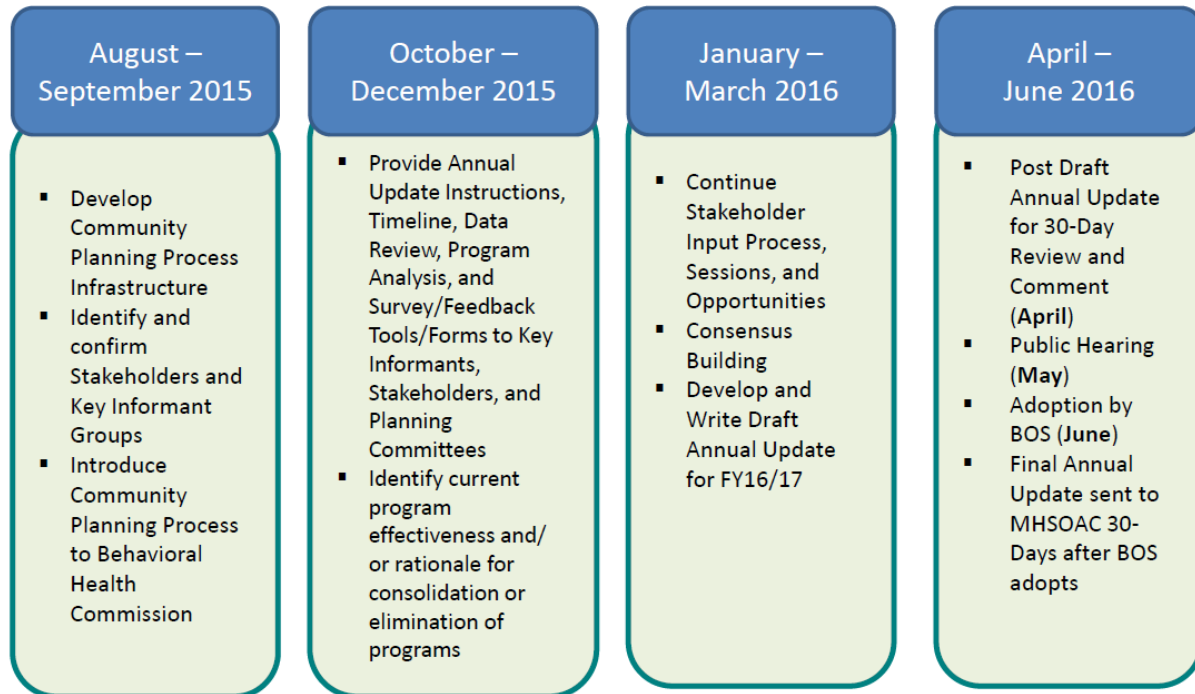


#### Community Planning Process

- Review Annual Update Instructions
- Distribute Survey/Feedback Forms
- Input from Key Specialty Informants
- Evaluate Current Program Data
- Identify Recommended Plan Amendments
- Budget Projections/Reviews
- Develop Draft Plan
- Input from Planning Committees
- Input from BHC
- Final Draft Recommendations
- 30-Day Posting
- Public Hearing
- BH Director/ Auditor-Controller Certification
- BOS Adopts
- MHSOAC Receives Annual Update within 30-days of BOS approval

## MHSA Annual Update FY16/17 Time Line

### Mental Health Services Act (MHSA) Annual Update FY16/17 Time Line



### **30-Day Public Comment**

The Draft MHSA Annual Plan Update was posted for a 30-day public review and comment period, from April 5, 2016 through May 5, 2016.

### **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 at all county libraries as well as distributed through the Behavioral Health Commission, Regional Behavioral Health Boards, and all MHSA Planning and Steering Committees. Advertisements for the Public Hearing were posted in both English and Spanish for publication in the Press Enterprise newspaper which is distributed in all regions of the County. It was also advertised in the Desert Region local regional newspaper, the Desert Sun.

### **Public Hearing**

After the 30-day public review and comment period, Public Hearings were held by the Behavioral Health Commission (BHC) on May 4, 2016 in Riverside and May 5, 2016 in Indio.

All community input and comments will be reviewed with an Ad Hoc BHC Executive Committee for review and to determine if changes to the Work Plans are necessary. All input, comments, and Commission recommendations from the Public Hearing will be documented and included in this Update (see page 174).

## **Community Services and Supports (CSS)**

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

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

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

## CSS-01 Children's Integrated Services Program

### Full Service Partnership

#### **Multi-Dimensional Family Therapy (MDFT)**

Western Region (Riverside)

Mid-County Region (Lake Elsinore/Perris)

Desert Region (Indio)

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

County-Wide

#### **Parent Child Interaction Therapy (PCIT)**

Lake Elsinore

Pre-School

### System Development

#### **Parent Support**

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

#### **Mentoring**

#### **Youth Hospital Intervention Program (YHIP)**

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

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

The Children's Integrated Services Program successfully implemented the growth opportunities outlined in the 3YPE. These include expansion of the Multi-Dimensional Family Therapy program by one team in the Western Region, additional Parent Support positions, and enhanced out-patient services in Western Riverside.

The previously approved Full Service Partnership Programs continue to operate in all regions of the county which include Multi-Dimensional Family Therapy, Treatment Foster Care Oregon (TFCO) (formerly Multi-Dimensional Treatment Foster Care), and Parent Child Interaction Therapy.

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

Services to foster care youth were broadened by expanding the Treatment Foster Care Oregon (TFCO) program to include Therapeutic Foster Care. In previous years the number of youth served was limited by the narrow admission criteria in TFCO which includes placement in a treatment foster care home. There is a large need for treatment foster care homes which has been a continual challenge. The TFCO program expansion was in response to community needs and is an effort to meet the requirements of the California Katie A vs. Bonita class action settlement which requires that each dependent of the child welfare system be offered a Therapeutic Foster Care home via Medicaid, when appropriate. Any expansion costs incurred by this expansion of the program will be funded by EPSDT Medi-Cal, and will not impact MHSA dollars.

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, full service partnership programs, and continued support of Parent Partners employed as regular county employees. Parent Partners welcome new families to the mental health system through an orientation process and work as part of the clinical team in the clinic where they are assigned. 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, page 127, 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 dependents) and those suffering from a co-occurring disorder. Needs identified for children/youth during the planning process included children/youth involved in the juvenile justice system, those with co-occurring mental illness and substance use disorders, youth transitioning to the adult system of care, homeless youth, and children 0-5 years old.

In total, Children's Integrated Service programs served 15,206 (11,404 youth; and 3,802 parents and community members) in FY14/15. Across the entire Children's Work Plan, the demographic profile of youth served was 44% Hispanic/Latino, 9% Black /African American, and 18% Caucasian. A large proportion (25%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at 3% served compared to 5% in the population, and Caucasian youth are underrepresented at 18% served compared to 25% in the population. The Black/African American youth are overrepresented at 9% served compared to 6% in the county population.

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 continued to be central components of the Children's Work Plan.

Team Decision Making (TDM) began as an interagency collaborative service component that supported the Family-to-Family approach adopted in Riverside County as part of Social Services Re-Design. TDMs with Department of Behavioral Health clinical staff and Department of Public Social Service (DPSS) staff were utilized to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family. More recently as the Department put into operation processes to support the Katie A vs. Bonita class action settlement. Clinical staff supported the Department's implementation of Pathways to Wellness both through the TDM process and Child and Family Teaming collaborative team meetings. RUHS - BH staff collaborated with DPSS staff at TDM meetings serving 1,003 youth in FY14/15. In addition Department staff participated in several hundred Child and Family Team (CFT) meetings with DPSS staff and families to support the creation of a family plan through a collaborative process.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal, and a number of youth without Medi-Cal, through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 449 youth. Supports for parents facing the challenges of raising a child with Serious Emotional Disturbances has been a key component of the Children's Work Plan.



The Youth Hospital Intervention Program (YHIP) provides follow-up linkage and parent/caregiver support to youth presenting in crisis at the County Emergency Treatment Services (ETS) facility. The YHIP staff served 180 youth and families in FY14/15. The YHIP program will be expanded in the coming year by leveraging CSS funding with a SAMHSA System of Care expansion grant. The combination of SAMHSA and CSS funding will make it possible to have three regional YHIP teams for youth in crisis or recently hospitalized. Each county region will then have the capacity to respond locally to families and youth with follow-up linkage and case management services. A multifaceted approach to assistance for parents continued throughout FY14/15 with Parent Support Staff (Parent Partners) in each clinic providing direct support services to clients and their families; and a Central Parent Support Team to provide a variety of assistance to parents including: community outreach; a parent support warm line; and parenting classes. Parent Partners provided a number of support services impacting 984 individual youth and families. Additional contacts were provided to, 2,670 parents through community engagement and outreach efforts at community events. Parent Partners provided informational presentations in diverse settings throughout the community visiting schools, health providers, local law enforcement, and non-profit agencies who serve diverse traditionally underserved communities.

Clinic expansion programs also included 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. Mentoring services have also been provided to 33 children that have an open case file in the children's clinics. Evidence-based practices (EBP) expanded in the children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). Cognitive Behavioral Therapy continued to expand with the availability of Trauma-Focused CBT for youth with symptoms related to significant trauma experiences. PCIT was provided within the context of a full service partnership program to 86 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 76 youth during FY14/15.

The Multidimensional 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 136 FSP youth in FY14/15. Collaborations with County Probation have resulted in referrals from the youth Probation Department to MDFT with nearly 69% 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 (62%). Recent outcomes from MDFT FSP programs showed improvements in youth behaviors with a 71% decrease in the number of arrests, and a 77% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 83% compared to baseline. School suspensions decreased by 84% compared to baseline. Measures of externalizing behaviors showed a statistically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

Full Service Partnership services were also provided to 10 youth in the foster care system through Treatment Foster Care Oregon (TFCO). Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The TFCO program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. Treatment foster homes are certified, and licensed in collaboration with Probation and Social Services.

## CSS-02 Integrated Services for Youth in Transition

### Full Service Partnership

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

Integrated Services Recovery Center-Mid-County

Integrated Services Recovery Center-Desert

### System Development

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

Transition to Independence Process (TIP) training

Crisis and Adult Residential Treatment (CRT) (ART)

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

The Services to Transition Age Youth (TAY) programs continue to be implemented as originally designed in the 3YPE. The Full Service Partnerships continue to operate in all regions of the County and the Western Region program, "The Journey", moved into a new location in FY15/16. The Peer Support and Resource Centers were fully operational with the addition of a new Desert location. Crisis and Adult Residential Treatment are available for TAY needing stabilization, although they are funded through the Adult Integrated Services Work Plan.

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

CSS strategies to support transition age youth continued during FY14/15: 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 a serious persistent mental illness and frequent psychiatric crisis or inpatient admissions, or that are experiencing incarcerations and/or homelessness, were an identified service priority. TAY, with co-occurring disorders, was also a priority. Services to Transition Age Youth were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, and hospitalizations; as well as promoting independent living.

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. TAY youth were served by the FSP programs with 119 youth being served in the Western Region; 118 youth served in the Mid-County Region; and 92 served in the Desert Region. The TAY FSP program shows good progress with regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs nearly reflect the proportion of Caucasian and Hispanic/Latino population in the Riverside County population with more Hispanic/Latino TAY (40%) youth served than other ethnic/race group. The Black/African American group at 16% is overrepresented in the TAY FSP relative to the county population and the Asian group is underrepresented. Recent outcomes evaluation for TAY FSPs showed a 76% reduction in the number of arrests; a 76% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 52% reduction in the number of inpatient psychiatric hospital admissions.

Crisis Residential Treatment (CRT) services have been available to TAY age youth to stabilize youth in acute crisis in order to eliminate or shorten the need for inpatient hospitalization. CRT services operating in the Western and Desert Regions provided this community-based alternative to 99 TAY age youth. In addition four TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting, for up to six months, for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive IMD setting, and provides the services and structure needed to assist consumers with removing barriers to discharge, and optimizing re-integration into the community.

Transition to Independence Process (TIP) is the most researched, evidence-supported practice for engaging TAY in their own futures planning process and assisting TAY with greater self-sufficiency and goal achievement across life domains. TIP-trained sites are utilizing core competencies of Strengths Discovery, Futures Planning, Rationales, In-Vivo Teaching, Social Problem-Solving (SODAS), Prevention Planning for High Risk Behaviors, and Medication with Young People and Other Key Players (SCORA) in their work with TAY. The TIP Site-Based

Trainer process continued in order to support fidelity to the model and sustainable implementation across the county. The Site-Based Trainers undergoing the rigorous certification process as outlined by the model developer and purveyors, delivered a three-day TIP Training to staff of the six TAY sites in December 2013. They are now assisting staff with daily implementation of TIP guidelines and practices with their TAY consumers. The Trainers were observed delivering the training as part of the final certification process. It is anticipated that final certification will occur this year.

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 is included under the Peer Support and Recovery Center Work Plan (CSS-05). The Department funded an additional center in Palm Springs, so there are now two centers in the Desert Region. The contract provider for all Regional Centers is Recovery Innovations, Inc. and the centers are referred to as "Wellness Cities".

## CSS-03 Comprehensive Integrated Services for Adults

### Full Service Partnership

#### **Integrated Services Recovery Centers**

ISRC West

ISRC Bridges (Western/Mid-County)

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

ISRC Mid-County

ISRC Desert

### System Development

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

**Safehaven Western/Desert Regions**

**Housing (HHOPES)**

**Mental Health Court**

**Augmented Board and Care (ABC)**

**Crisis Residential Treatment (CRT)**

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

**Family Advocate Program (FAP)**

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

**Clinic Enhancements/Expansions**  
(Integrated Health/ Co-Occurring/  
Recovery Management/CBT/Peer  
Supports)

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

The Comprehensive Integrated Services for Adults (CISA) program continues to offer Full Service Partnership (FSP) programs in all regions of the County. As reported in the 3YPE, the two expanded FSP components (the “Bridge” and “Rise”) were in full operation in FY14/15. The “Bridge” acts as an intermediate level of care to step individuals down to a lower level of care, and the “RISE” which offers FSP services to those transitioning from the most intensive residential settings to community care settings. Both programs were successfully implemented last year and capacity has increased.

All System Development programs continue to be operational with the exception of the Augmented Board and Care (ABC) and the Desert Hot Springs Clinic expansion. Unfortunately the contract provider for the ABC Program was unable to provide the services and the Department is actively seeking a new provider to deliver the program. The Desert Hot Springs expansion was stalled due to space limitations. Otherwise all other programs are fully operational including the Adult Residential Treatment Program, Safehaven, Mental Health Court, Crisis Residential and Stabilization Program, Family Advocate, and Clinic Enhancements/Expansions.

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 the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies include a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices. Peer-Support Specialists working in the clinics as regular Department employees provide 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, page 123, 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 825 adults were served in the FSP programs; with the Western Adult program serving 308 FSP consumers, the Mid-County serving 188 FSP consumers, the Desert serving 183 FSP consumers, Forensic serving 31 FSP consumers, and RISE serving 115 consumers. Adult FSPs have some disparities with regard to the proportion of Hispanic and Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the county's population. The Adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (51%)

followed by the Hispanic/Latino group at 22% 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 with regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed a 95% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 75% compared to baseline; and the number of consumers with admissions to the emergency room for psychiatric reasons has decreased visits 95% compared to baseline data. Comparisons of consumers' residential status at intake and their most recent residential status showed that homelessness decreased and consumers living on their own in an apartment, house, or rented room increased.

Support for the expansion of alternative program tracks to expand FSP capacity continued in FY14/15. This increase in FSP capacity, as described in the 3YPE, was identified via stakeholders and FSP Committee recommendations. The ISRCs were expanded to include an intermediate level of care called the "Bridge" and a population focused program called "RISE". The Bridge programs served 168 people in the Western and Mid-County Regions. The expectation is this program will allow for an additional 140 FSP slots for consumers.

The RISE (Riverside Integrated Services Expansion) was developed to engage individuals on LPS conservatorships who are transitioning back to the community after treatment in a secure long-term care facility. RISE served 115 individuals in FY14/15. These individuals have been stabilized in less restrictive living situations while receiving intensive mental health supports through FSP. Formerly this population was among those with the high service utilization.

In FY14/15 the crisis stabilization unit in the Desert Region served 1,753 people (1,500 adults, 253 youth <18). Crisis Stabilization outreach teams supporting law enforcement served 278 people and outreach teams supporting community hospitals served 407 people. Both adults and youth under age 18 benefitted from the outreach teams services. One third of the law enforcement crisis contacts were for youth under the age of 18. Most of the outreach teams crisis contacts supporting community hospitals were for adults (92%) only 8% involved youth under the age of 18. The Department plans to capitalize on the Crisis Grant opportunities by leveraging MHSA funds to enhance the Crisis System of Care. This will include expanding Crisis Stabilization Units to the two other regions of the County, Western and Mid-County.



Although only partially funded by MHSA, it allows the Department to build upon its existing MHSA Crisis Stabilization and Residential Treatment services. Outreach teams will support Community Hospitals and Law Enforcement to ensure those in Crisis have alternatives to hospitalization by fully utilizing the Crisis Stabilization Services. This leveraging opportunity should result in lower in-patient hospital rates and associated costs aligning with MHSA principles.

For the adult forensic population, dedicated mental health staff provides 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. The model is an interagency collaborative that includes the Riverside County Superior Court, District Attorney, Public Defender, Sheriff, Probation, and Behavioral Health. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court program to one of the Integrated Service Recovery Centers, or other appropriate county clinic or community resource based on the consumer's needs and recovery goals. The Mental Health Court program served 769 consumers in FY14/15; and has shown that nearly 80% of participants have successfully remained in the community with no new arrests during their program year. (See page 102 for a full description of the Mental Health and 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, Dialectical Behavior Therapy, and Co-Occurring Disorder groups are evidence-based practices offered in the adult clinics and supported through the Adult Work Plan. Training and continued staff support to ensure program fidelity has been a key component in offering these groups to consumers. Many consumers have benefitted from this therapeutic group service. Outcomes from recovery management showed that knowledge of illness and self-management strategies improved from initial measurement to follow-up. In total 12,837 consumers have benefitted from clinic expansion and enhancements.

Support offered by three regionally based Family Advocates has been an important component of enhanced clinic services. Family Advocates provide families with resources and information on mental illness and how to navigate getting help for their family member. Families with a

loved one accessing services in the county mental health system can consult with Family Advocates when needed. In addition the Family Advocate unit provides a variety of informational and support services to assist families of mentally ill adults and TAY consumers in the community who may not be currently utilizing the county system. Typical Family Advocate activities include assistance with navigating access to clinic services and connections to self-help support groups like NAMI. Recently Family Advocates have directly facilitated support groups for family members. The Family Advocate Program provided support to 2,006 family members and provided outreach at community events to 774 people.

Crisis Residential Treatment services and the Adult Residential Treatment program have provided community based voluntary alternatives to acute inpatient admissions and/or earlier discharge from acute or long term settings. This CISA program served 694 adults at two regional CRTs. The CRTs supported stabilization and discharge planning in a residential treatment setting, for up to two weeks, thus avoiding more costly inpatient settings. The Adult Residential Treatment program served 33 adults enabling them to stay in a therapeutic residential treatment setting for up to six months before transitioning to a less restrictive living situation. This program allowed the consumers to receive assistance with removing barriers to living more independently and maximized the opportunity for a successful re-integration into the community.

## CSS-04 Older Adult Integrated System of Care

### Full Service Partnership

SMART (Specialty Multi-Disciplinary Aggressive Response Teams)

(SMART) West

(SMART) Mid-County

(SMART) Desert

(SMART) Bridge

### System Development

Peer and Family Supports

Housing

Network of Care

Clinic Enhancements and Expansions

Older Adult Clinics

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

The Older Adult Integrated System of Care continues to offer SMART (Specialty Multi-Disciplinary Aggressive Response Teams) Full Service Partnership programs in three regions of the County. In the 3YPE, the FSP services were expanded to include a “Bridge” level of care that allowed for an additional 70 slots per region. The “Bridge” expansion was implemented in all regions over the course of the last year. The Department is committed to sustaining all other programs listed in the Older Adult Integrated work plan including Peer and Family Supports, Housing, Network of Care, and Clinic Enhancements. The largest Older Adult Clinic (Wellness and Recovery Center for Mature Adults) has relocated to a new updated physical space.

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 includes strategies to enhance the staff available to serve older adults at regionally-based older adult clinics and through designated expansion staff located at adult clinics. Older adult clinic programs served 772 older adult consumers. Recovery Management and Co-occurring Disorder groups, case management and other supports provided by Peer Support Specialists are some of the services available. The proportion of older adults served across the county

matches the county population with 22% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 21%. The Caucasian group served was 46% and the Black/African American group served was 10%. The Asian/Pacific Islander group served at 2.4% was less than the county population of 6% Asian/Pacific Islander.

The OAISC Work Plan also includes Full Service Partnership services through a multi-disciplinary team approach. Three regionally based multi-disciplinary service teams, called the Specialty Multi-Disciplinary Aggressive Response Treatment (SMART) Teams have continued to provide FSP services including: mobile outreach assessments (which incorporate health and mental health assessments), intensive case management, medication management services, crisis assessment, 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. Older adults were served through the SMART FSP teams with 115 served in the Western Region, 109 served in the Mid-County Region, 89 served in the Desert Region. The Bridges FSP step down programs in Older Adults served 51 people in the WEST region, 21 in Mid-County, and 19 in the Desert Region.

Outcomes for the SMART FSP program consumers showed an 83% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 64%; and the number of older adults with an arrest decreased by 95%. SMART programs were successful at engaging 28% of those identified with a co-occurring substance use problem into treatment services. Follow-up data on residential status showed fewer FSP older adults in emergency shelters or homeless. The demographic profile of FSP older adults served somewhat reflects the county older adult population with a county population of 21% Hispanic/Latino older adults, 16% served in FSP. The Caucasian group represented 61% of FSP consumers, which is slightly less than the percentage found in the county general population. The Black/African American group served was overrepresented at 9% while the Asian/Pacific Islander group served at 1% was less than the county population of 6%.

## CSS-05 Peer Recovery Support Services

### System Development

#### Peer Support and Resource Centers (PSRC)

(PSRC) West

(PSRC) Mid-County

(PSRC) Desert

(PSRC) Art Works

#### Consumer Affairs

**Veterans Liaison** (Peer Support Services funded through PEI-01, MH Outreach, Awareness, and Stigma Reduction)

#### Consumer Employment and Recovery Training

#### Consumer Employment

The key Peer initiatives supported through the 3YPE included Peer Employment and Recovery Training, Peer Employment, and Peer Support and Resource Centers. The Department continues to support individuals with lived experience to be trained and employed as Peer Support Specialists. With last year's expansion the Department now employs close to 200 individuals to provide peer to peer supports. The Peer Support and Resource Center Expansion supported through the 3YPE has been fully implemented with consumers receiving support services in all regions of the county. The expansion included an additional Peer Center in the Western Coachella Valley to provide step-down supports for clients transitioning from the Desert Adult FSP.

A new contractor was selected to provide services for the Desert Region as a result of a competitive bid process. Recovery Innovations completed the transition to operating the Peer Centers in all three regions referred to as "Wellness Cities". Provided below is an update to all the programs listed in the Peer Recovery Support Services Work Plan.

Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. Three regionally located centers, operated by a contract provider (Recovery Innovations), served a total of 1,737 mental health consumers in FY14/15. In the Western Region, Recovery Innovations provided support services to 290 adults and 32 transition age youth. Recovery Innovations also operated a Peer Center in the Mid-County Region where 341 adults and 21 transition age youth received services. See page 140 for additional information on the Recovery Innovations program.

In the Desert Region, 669 adults and 156 TAY were served by Oasis at the Harmony Peer Support and Resource Center as they concluded their contract. Desert Recovery Innovations began the contract as the new provider in the last quarter of the fiscal year and served 217 adults and 11 TAY.

See page 117 for a full description of a variety of Consumer Empowerment Initiatives such as Employment, Supportive Education, and Training highlights.

The Department is committed to continue funding for a Veterans Liaison position to provide a variety of support services to veterans in the system. This position will also conduct community outreach to veterans, participate in the Behavioral Health Commission's Veterans Committee, and continue the development of veteran-specific resource materials. The Department also plans to fund pocket resource guides for distribution to veterans. See page 42 for further description of veteran activities within the Department.

## **Workforce Education and Training (WET)**

**“Education. Vocation. Transformation.”**

The advent and implementation of the Mental Health Services Act marked a new era for public behavioral health care. Innovative, evidence-based, and expanded service delivery was identified or developed through the voices of community stakeholders. A vision was formed based on what could be instead of what we always had. Hope was generated for our system of care and for the individual or families receiving care. Yet, all of it would simply be a concept on paper without a dedicated and trained workforce to give it life. People are served by people, not by treatment models or proposals. People manage programs that offer treatment. People coach to develop wellness beyond what isn't working. People learn new practices to reach those who were considered lost. People offer hope.

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

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

### **WET-01 Workforce Staffing Support**

Though WET has expanded program actions within the plan and reached greater academic and workforce development contacts, WET's staffing has only increased modestly. WET's current

organizational structure has allowed for maximizing productivity and oversight, while continuing to look toward growth and innovation.

The Community Resource Educator (CRE) was designed to create a single point of contact for service system employees when searching for a hard-to-find resource, to keep our programs' contact information current in both electronic and print data bases, and to educate the service system on both internal and community resources that will enhance their service planning. After a period of extended vacancy and job reclassification, the position was filled in September 2015 and has already updated the RUHS-BH website, progressed on a shared website for employee access to a central resource database, assisted in the development of the Peer Navigation Line with Consumer Affairs, and created the system's first accounts on Social Media.

At the direction and recommendation of the Riverside County Behavioral Health Commission Sub-Committee on Veterans, the Veteran Services Liaison (VSL) position was reclassified as a Clinical Therapist in order to provide direct clinical services to military veterans who carry a diagnosis in addition to continuing the outreach and engagement duties already established. The VSL is not a formal position in the WET plan, but reports directly to the WET Manager. After a specialized recruitment and hiring process, a Veteran who also was a journey level, clinical therapist was hired December 2015. Unfortunately, approximately a month later, he resigned from the position to seek employment with the State. A new recruitment is being developed.

### **WET-02 Training and Technical Assistance**

One hundred and eleven trainings were coordinated, scheduled, and managed by WET staff during the year at the Rustin Conference Center or related Department locations, not including program specific training for law enforcement (see Crisis Intervention Training), partner agencies, and training for student interns (see Graduate Internship Field and Traineeship Program). Based upon 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)
- 3) Recovery Skills Development (RSD)



Training audiences not only included Department employees, but also employees at partner agencies like the local Veteran's Association, graduate school programs, and suicide prevention for middle and high school students. All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA:

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

Trainers were directed to incorporate these concepts into their curriculum where appropriate. Over 3,500 people, both Department staff and community stakeholders received mental wellness related training.

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities which included: Clinical Supervision; Child and Elder Adult Reporting; Law and Ethics; Nonviolent Crisis Intervention; Support Staff Training Series; Paraprofessional Staff Training Series; Introduction to Equine Therapy; Compassion Fatigue and Service Provider Self Care; Dialectal Behavior Therapy; Eating Disorders; Co-occurring Recovery (Mental Illness and Substance Use); and Neurobiology of Psychosis and Mood Disorders. WET developed two web-based trainings on the DSM 5; one to support behavioral sciences students at CSUSB and another for Department staff designed specifically for the Department psychiatrists.

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

to Tribal Rangers (the first in California to do so), and developed a training model for new 5150 authorization trainers.

Enhancing the staff's development of cultural competency, WET coordinated or developed these additional trainings as well: Cultural Issues in the Formulation and Diagnosis; Caring for Women Military Veterans; Spirituality in Mental Health; Asian American Mental Health Issues; Cultural and Clinical Understanding of Serving LGBTQ Consumers; and our comprehensive cultural competency training – the California Brief Multicultural Scale (CBMCS) training.

### **WET-03 Mental Health Career Pathways**

Consumer and family member integration into the public mental health service system continued to expand. WET continued to support the administration of the Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment Training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer related duties. WET also coordinated Mental Health First Aid Train the Trainers for the Department's Parent Partners, who now are able to conduct training to develop more trainers for the county.

The State has continued to move forward with the development of regulations and standards for peer credentialing. WET provided consultation to the Office of Consumer Affairs regarding credentialing recommendations.

The Clinical Licensure and Support (CLAS) Program was designed to support the Department's journey level clinical therapist with their professional development and prepare for licensing examination. Associate therapists that were 1,000 hours or less away from license examination eligibility were invited to join CLAS. CLAS participants received one on-line practice test, a one-hour weekly study group attendance, and centralized workshops on critical areas of skill development. In the past year, WET offered CLAS participants four centralized workshops to develop their clinical skills, including specific training on psychotherapy theory and treatment planning. During this fiscal year, 62 employees participated in the program and 16 of them passed their licensure exams. Participants have evaluated the program positively and reported a greater connection to the Department due to gratitude. In addition to CLAS, WET provided individual and group supervision support for some staff gathering their licensing hours. Thirteen

staff are supported with individual supervision, 23 are in group supervision, and participants indicate that due to this support that they are more likely to be retained by the county service system.

Since Volunteer Services Coordination was assigned to WET management, volunteer opportunities have expanded to include career pathways development. The Volunteer Services Coordinator oversees approximately 100-120 volunteers per month. Career Outreach to local school districts has resulted in affiliation agreements to support mental health curriculum in high school health academies, including development of public mental health careers. WET provided targeted outreach to early college student groups that support students from underserved communities. WET was successful in conducting Careers in Public Behavioral Health presentations to LGBTQ and Latino students at University of California, Riverside and for LGBTQ students at Riverside Community College. WET continues to engage other student groups representing additional cultural communities.

During summer 2015, Riverside and San Bernardino County WET Programs collaborated with the Inland Coalition; a group of educators formed to support student academic pathways into public health careers and hosted a 3-day Seminar on Careers in Public Behavioral Health. Thirty-two students, during their summer hiatus from school, participated. An overwhelming majority of participants evaluated the seminar as positive, reporting an increased confidence in knowing how to apply to college or health career technical school, an increased interest in developing a career in public mental health, an increased understanding of underserved communities, and a decrease in stigma around seeking behavioral health care for themselves or a family member.

#### **WET-04 Residency and Internship**

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

The WET Graduate Intern, Field, and Traineeship (GIFT) Program remained one of the most highly sought training programs in the region. The Department is the largest public service, formal internship program in Riverside County. The Staff Development Officer of Education interviewed every applicant, screening to identify students who met MHSAs values and Department workforce development needs: were passionate about public, recovery-oriented service; committed to the underserved; who had lived-experience as a consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County. WET had affiliation agreements with more than 20 educational institutions, including every graduate program that has a specialty in Mental Health. This fiscal year, 66 students entered into GIFT: 44 MSW; 13 MFT; 6 BSW; 2 Psy.D., and 1 Substance Use Counselor intern. Of this cohort, 32 spoke a second language including Spanish, Farsi, Portuguese, Italian, and French.

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

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

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

Students also received other supplementary, centralized training. These included a winter workshop on intervention strategies and a spring meeting on professional transition and preparation for job seeking. Unique to Riverside County, students were also offered a two-day, Cultural Immersion training. Students were offered a one-day lecture from a cultural expert on the unique history, traditions, and healing perspectives of a specific cultural community, and then, on the second day were immersed into a community agency that served people from that same culture. This allowed WET to successfully partner with a number of cultural stakeholders. Participating students unanimously expressed both profound learning and enjoyment of this experience. Pre and post training surveys revealed that 100% of students indicated a greater knowledge of the identified cultural community as well as increased confidence in addressing the mental health needs of people from a culture other than their own.

The GIFT Program continues to refine and expand. WET has developed a second placement season in spring (in addition to the standard fall placements) for greater flexibility and to increase the number of students that can be managed by the program. WET is also developing specialized education tracks within placements; these include a track on the development of Bilingual/Spanish therapists, a distinct cohort for detention services, and a family therapy track.

The Lehman Center (TLC), a teaching clinic primarily staffed by student practitioners serving system of care consumers, opened its doors in October 2014. Named after Judy Lehman, the retired Department Supervisor who helped found the centralized student placement coordination; TLC is a system of care clinic. TLC is a single clinic with two campuses – one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice. During this fiscal year, TLC served over 150 consumers and families, with the help of 21 graduate students and 2 BSW students, ten of whom are Bilingual/Spanish.

TLC is not only developing the skills and values of the student therapists, but is meeting the needs of the community as well. In spring of this fiscal year, students served a 10-year-old, El Salvadoran refugee. He was physically and emotionally abused in El Salvador and in his journey to the United States, he was kidnapped and held for ransom, his life was threatened daily and he was deprived of food. He was referred by his local school that experienced him as angry, acting out, and having trouble with acculturation. He was hesitant to engage at first, but with intense services, he began to open up about his experience and his symptoms of

nightmares, depression, and fear. He completed trauma informed therapy which assisted him in expressing his feelings and managing his wellness. Today, he is doing very well. He loves school – particularly math – and is excited about his future and wants to go to college to be an engineer.

TLC has started outreach to at risk populations and this year was able to create specialized programming to meet the mental health needs of the LGBTQ community. WET partnered with the Department’s LGBTQ Community Liaison to create off-site services at a community identified safe place. Students received a special, multi-day training on serving the LGBTQ community. We hope to expand this model to other at risk populations as well.

### **WET-05 Financial Incentives for Workforce Development**

Utilization of financial incentives to encourage and support mental health career development has been recognized as a national workforce strategy for recruitment and retention of public mental health employees. The concept of “growing our own” is not unique to mental health service and is universally regarded as a successful approach to producing dedicated and loyal employees who understand the people and communities in which they serve.

The Riverside University Health System – Behavioral Health (RUHS – BH) 20/20 and Paid Academic Support Hours (PASH) Program is a workforce development strategy directed at regular status employees who are eligible to earn a MSW or MFT graduate degree. The 20/20 and PASH Program enable 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 the Department’s workforce needs. Participants sign a binding agreement to work for RUHS - BH for the same amount of time that they receive academic support. Graduates from the FY13/14 cohort have been hired and retained by the Department. WET added 5 new employees to the program and is looking at creating a specialized cohort this year due to a partnership with the County’s central, Education Support Program that proposed a unique MSW cohort that will meet locally even though educated through Loma Linda University.

With the encouragement of Riverside County Board of Supervisors’ policy, and in partnership with Riverside County’s Educational Support Program, WET developed and continued to manage the Tuition Reimbursement Program. Employees can seek reimbursement for

technical and administrative studies when related to their job classification, not just clinical coursework. Employees have two options:

- 1) Achieving a degree or certificate that supports current work duties or creates a promotional career pathway; or
- 2) Taking a single course that enhances work related skills and serves as a return-to-school trial.

There are currently 6 staff participating in the program, pursuing education in Public Administration, Liberal Studies, Social Work, Marriage and Family Therapy, Purchasing, and Logistics and Supply Chain Management.

In addition, WET maintained an active role in State-administered workforce financial incentives. WET provided Riverside County representatives to the 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. The MHLAP provided up to \$10,000 to qualified applicants in exchange for a year of continued service in the public mental health service system.

## Veteran Services Liaison

The Veterans Services Liaison (VSL) position was established to help address the needs of the veteran population and their families and to advise on best practices and new strategies. The VSL also provides support to families and friends of veterans, educates RUHS - BH staff on veteran culture, networks with community and veteran organizations to decrease stigma around veteran mental health and to engage veterans in a dialogue regarding mental health wellness. The VSL is the RUHS - BH representative on the Behavioral Health Commission Subcommittee on Veteran Mental Health.

Upon recommendation of the Behavioral Health Commission Subcommittee, the VSL was re-conceptualized and reclassified. Though subcommittee members remained firmly resolved that the VSL should have lived experience as a US Military Veteran, they also wanted the position to be more active in the direct service of vets in need. Moving forward, the VSL – in addition to being a military veteran – would also be a Clinical Therapist. This would allow homeless outreach staff and other first contact providers to have a therapist available that could perform initial Intakes and other mental health services in the field. Wait times to open cases would decrease and engagement could be prompt. The VSL would also serve as consultant to other RUHS - BH therapists that served clients who were military veterans. Riverside County is committed to the “no wrong door for a vet” approach to service and this allows the VSL to begin mental health treatment for his clients as early as possible, determine the most appropriate long term service provider and resource, and warmly transfer the veteran to that resource.

After an extensive recruitment to fill this specialized position, a candidate was interviewed and hired. Unfortunately, after a month, he accepted a position elsewhere and resigned. RUHS - BH remains dedicated to the position and wants to consider the most expedient route to fill the role and move our planning forward.

Every year RUHS - BH places approximately 60 student practitioners into clinic programs to assist in their development as public mental health professionals. We recruit students for diversity, including military veterans. This upcoming academic term, we have selected an MSW graduate student that is also a Navy veteran. Both his university and the student are excited about fulfilling this role as defined. Should the student achieve success in this unique internship, he would become a prime candidate for hire for this specialized position.



## Prevention and Early Intervention (PEI)

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

Outreach and Engagement

Toll Free 24/7 “HELPLINE”

Network of Care

Call To Care

“Dare To Be Aware” Youth Conference

Stigma Reduction Programs \*

Speakers Bureau

Mental Health Awareness Program for Schools

Media and Mental Health Promotion and Education Materials

Ethnic and Cultural Leaders in a Collaborative Effort

Promotores de Salud Mental

Community Mental Health Promotion Program

### PEI-02 Parent Education and Support

Triple P - Positive Parenting

Mobile Mental Health Clinics

Strengthening Families Program

### PEI-03 Early Intervention for Families in Schools

Families and Schools Together (FAST)

Peace 4 Kids Program

### PEI-04 Transition Age Youth (TAY) Project

Stress and Your Mood Program (SAYM)

TAY Peer-to-Peer Services

Outreach and Reunification Services to Runaway TAY

Active Minds

Teen Suicide Prevention Program

TAY Un-Conventions

## Prevention and Early Intervention (continued)

### PEI-05 First Onset for Older Adults

Question, Persuade and Refer (QPR) for Suicide Prevention \*

Cognitive-Behavioral Therapy for Late-Life Depression

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

Caregiver Support Groups

Mental Health Liaisons to the Office on Aging

CareLink

### PEI-06 Trauma-Exposed Services for All Ages

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Safe Dates

Seeking Safety

Trauma Focused Cognitive Behavior Therapy (TF-CBT)

Trauma Informed Care

### PEI-07 – Underserved Cultural Populations

Hispanic/Latino

Mamás y Bebés (Mothers and Babies)

African American

Building Resilience in African American Families – Boys Program

Effective Black Parenting Program (EBPP) \*

Guiding Good Choices \*

Africentric Youth and Family Rites of Passage Program

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

Building Resilience in African American Families – Girls Program

Native American

Incredible Years

Guiding Good Choices (GGC)

Asian American/Pacific Islander (AA/PI)

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

\* Eliminated

## PEI Overview

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

In fiscal year 14/15 many programs continued full implementation, serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster trainings related to those models and other PEI topic-specific trainings. In FY14/15 there were 38 training days with 508 people trained. Please refer to the list of trainings in the Training and Technical Assistance section of this report (page 81).

The PEI unit includes four Staff Development Officers (SDOs) and three Social Service Planners (SSPs). The SDOs have completed the process of becoming trained trainers in many of the programs being funded which allows for local expertise as well as cost savings. Each SDO worked with their assigned PEI providers to offer training and any needed problem solving and technical assistance, as well as monitoring of model fidelity. The SSPs also offer ongoing support to the PEI providers through technical assistance including, but not limited to, support surrounding outcome measures. The PEI unit was built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community.

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

The programs that are included in this Work Plan are wide-reaching and include activities that engage unserved and underserved individuals in their communities to increase awareness

about mental health with an overarching goal to reduce stigma related to mental health challenges.

**Outreach and Engagement Activities for FY14/15:** During FY14/15, the Outreach Coordinators conducted 313 community events and meetings and contacted 3,104 individuals for further follow-up. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information. They also continued to provide short-term mental health services upon request in a variety of community based locations including but not limited to faith based organizations and resource centers. Those services include individual and family support as well as supporting and providing equine therapy.

**Toll Free, 24/7 “HELPLINE”:** The “HELPLINE” has been operational since the PEI plan was approved and in FY14/15 the hotline received 10,349 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline. This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the “HELPLINE”. This has many benefits for the caller as it allows for access to local supports and services because the “HELPLINE” is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention.

**Network of Care:** Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In FY14/15 the website had 165,999 viewers.

**Call To Care:** The Call to Care program is designed to train and educate non-professional caregivers in the art of care giving. The training and education allows participants connected to underserved populations to increase their awareness and knowledge of mental health and mental health resources, to increase their readiness to identify potential mental health issues, and eliminate stigma and discrimination associated with mental illness. Training includes

mental health awareness and beneficial resources; cultural awareness and sensitivity necessary to provide quality care giving; active listening and communication; self-care for the care giver and helping others deal with grief and loss. In FY14/15, the Call to Care program provided 11 training groups with 133 participants and 17 continuing education summits with 229 participants.

**“Dare To Be Aware” Youth Conference:** This conference for middle and high school students was held in November 2015 with 744 youth attending the conference. Students from 4 middle schools, 25 high schools, and 3 RUHS - BH programs were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day began with a keynote presentation from Ms. Wildomar who shared her mental health challenges as a high school student and the steps she took to overcome those challenges. The students were then able to choose and attend one of three workshops addressing bullying, social media, human trafficking, moving beyond shame, and creating an atmosphere of kindness on campus.

**NAMI Signature Programs:** The three National Alliance on Mental Illness (NAMI) Signature Programs included in this initiative are:

- **Parents and Teachers as Allies** - This program, created by NAMI, is designed to help families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in school.
- **In Our Own Voice Program** - This program, also developed by NAMI, is an interactive public education program in which two trained consumer speakers share their personal stories about living with mental illness and achieving recovery.
- **Breaking The Silence: Teaching School Kids About Mental Illness** - This program, which is another NAMI program, is an educational package that teaches students in upper elementary school, middle school, and high school about serious mental illness.

In FY14/15 two community-based organizations continued implementation of these programs by outreaching to entities such as schools, community-based providers, as well as faith-based and service organizations. There were 132 In Our Own Voice (IOOV) presentations made across the county, reaching 2,795 people. Audience members were asked to complete a questionnaire which included questions about how the presentation changed their perception of mental illness. Overall, as a result of the IOOV presentations, a large percentage of attendees reported positive shifts in their perspectives toward mental illness and 74% had good general knowledge about

mental illness. It is also important to note here that the IOOV presentation continued to be delivered monthly to law enforcement through their training academy.

FY14/15 saw progress in developing relationships with school districts. As a result there were 34 Parents and Teachers as Allies presentations, reaching 465 people including district nurses and health clerks, school counselors, school psychologists, school administrators, and parents. One of the primary goals of the program is to increase knowledge about the signs and symptoms of mental health challenges. As a result of the Parents and Teachers as Allies presentations, 91% of the attendees reported having a good general knowledge about mental health challenges in children.

The Breaking The Silence (BTS) Program was a focus in FY14/15, which resulted in 49 presentations. The curriculum was reported to have been used by three (3) high school personnel and ten (10) upper elementary personnel that were trained to use it. Those who utilized the curriculum reported that it was useful in assessing attitudes and behaviors, phobias and using the right words. In addition, students rated the greatest effectiveness to the items, “I understand that mental illness is a brain disorder”, “BTS helped me understand the importance of early treatment for mental illness”, and “BTS helped me recognize early warning signs of mental health conditions”.

As stated in the FY15/16 MHSA Annual Update, RUHS – BH and NAMI CA, through phone and email communication, were able to agree that the two current providers of the NAMI Signature Programs would continue to provide the programs through the end of the current contract cycle which is 6/30/16. The Community Planning Process continues to highlight the priority of providing mental health education and stigma reduction programs. PEI staff researched the most effective components of stigma reduction activities that include speaker bureaus and mental health awareness training for school staff. A Request for Proposal was developed and released in February 2016 with a new contract expected to be executed in FY16/17.

In FY13/14 an additional Senior Peer Support Specialist was added to the Family Advocate Program to help the NAMI affiliates build their infrastructure and self-sustainability. PEI also supported the purchase of needed materials for several signature programs as well as informational materials for the public, including brochures and publications. The PEI Family Advocate will also begin working with schools to share the family perspective of children with

mental health challenges, and will also work with department clinics to assist families as their children bridge to adult services.

**Media and Mental Health Promotion and Education Materials:** RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 76,591 site visits in FY14/15. This is an almost 50% increase in visits from the previous fiscal year, indicating that there is more awareness of the website. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.

Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a “story” about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at [www.Up2Riverside.org](http://www.Up2Riverside.org). There are currently 20 digital stories available for viewing on the Up2Riverside website. They include videos developed by a veteran, a Transition Age Youth, a parent, and one is in Spanish.

The Up2Riverside website also incorporates the statewide suicide prevention campaign “Know the Signs”. In May 2015, Action Research conducted 600 randomized telephone interviews of Riverside County residents. Twenty-seven percent of the interviews were conducted in Spanish. Results demonstrated that the campaign has seen a steady increase in respondents who reported having seen ads or messages. 81% of those contacts were aware of at least one campaign message. The results of the telephone interviews revealed a significant relationship between seeing any ad or message from the It’s Up To Us campaign and three (3) help seeking items:

- 1) They agree the ads helped them know where to seek help in their community for mental health problems,
- 2) They agree the ads helped them know where to seek help if someone in their family is showing warning signs for suicide, and
- 3) They agree the ads helped them know where to seek help for emotional and behavioral problems in children.

The Up2Riverside campaign was acknowledged by the PEI Steering Committee as having a positive impact with community members that they know. For FY15/16, Civilian is working closely with local universities and colleges to disseminate Up2Riverside and Know The Signs materials on the campuses. The Community Planning Process supports the continuation of the Up2Riverside campaign due its positive impact.

**African American Family Wellness Advisory Group Report - Outreach and Education Initiatives for FY14/15:** African American Outreach and Education efforts over the past year continued to focus primarily on educating the community on ways to get involved, and ultimately, influence public policy. An emphasis continues to be played on the recruitment of individuals, representing a diverse group of African Americans throughout Riverside County. Attendance at community events and meetings by the consultant and African American Family Wellness Advisory Group (AAFWAG) members helped increase involvement. The primary goal has been to reduce stigma about mental health services and increase knowledge of services and available resources. The following have been accomplished by the AAFWAG:

- The AAFWAG joined the Children's Division of RUHS – BH in the formation of an African-American Roundtable to assure quality culturally competent services to African-American children and their families. Community participation continues to grow.
- An initiative was created to develop an African-American centered mentoring model to teach local groups how to develop culturally competent mentoring programs for African-American males. The plan will be completed in 2016. Initiative partners are: Sigma Beta Xi, Omega Psi Phi Fraternity, Street Positive, and AAFWAG members.
- The AAFWAG participated in more than 20 community events and regular meetings to reach out to community groups, churches and residents by providing behavioral health



speakers, presentations by members and distributing information about the departments' behavioral health services.

- The AAFWAG provided input to RUHS – BH staff in the creation of the Request For Proposal for a Building Resiliency in African-American Families Girls Program. Two members of the AAFWAG served on the committee and worked with the Department's consultants and staff in developing the final phase of the program.
- Members of the AAFWAG are active supporters of the Eastside Reconciliation Coalition. This non-profit comprised primarily of African-American and Latino pastors have a mission of reducing gang violence on Riverside's Eastside.
- In May 2015, AAFWAG participated in the May is Mental Health Month expo held at Fairmount Park in Riverside.
- In August 2015, AAFWAG members participated in the Moreno Valley African-American Coalition's Annual Family Reunion. Information on the Advisory Group and behavioral health services were distributed along with promotional information.
- AAFWAG members provided input at the August hearing conducted in Temecula by the Mental Health Oversight and Accountability Commission.
- In September 2015, AAFWAG was one of the co-sponsors of a community dialogue on racial socialization. This discussion was led by Dr. Ashunta Anderson, Pediatrician at UCR Schools of Medicine. The discussion focused on how to talk with children regarding race. Other sponsors were the United Domestic workers, The Group and UCR School of Medicine.
- AAFWAG members provided input at the December 2015 RUHS – BH Community Stakeholder's meeting to discuss community mental health needs, especially African-American communities.

**Asian American Task Force (AATF):** The AATF is a committee of the Cultural Competency Program at the RUHS - BH. It was organized to bring the Asian American Pacific Islander (AAPI) population in Riverside County together with providers and community health resources for the purpose of networking, education, advocacy, and community building. Its overall mission is to assist and guide the Cultural Competency Program to help the AAPI population to achieve

overall wellbeing in their bodies and minds. The AATF is chaired by a consultant with experience in community organizing, program planning and development, public policy and advocacy on behalf of ethnic and cultural populations especially the AAPI population. Its diverse membership consists of 25 individuals representing several AAPI ethnic community groups, pastors, educators, consumers/peers, students from UCR and CSUSB and staff from RUHS-BH and other governmental agencies. It meets the fourth Thursday of the month at the Cultural Competency Program.

### **Asian American Task Force 2015 Activities and Accomplishments:**

#### **AATF Community Outreach and Awareness Events:**

- Lunar Fest, January 30, 2015, Riverside
- Asian American Pacific Islander Heritage and Mental Health Month celebration and Mental Health promotion forum, May 26, 2016, Riverside
- Perris Valley Filipino American Association, “Sharing our Stories. The Asian-American Challenge” Community Forum on July 18, 2015, Perris
- World Suicide Prevention Day, September 10, 2015. Social Media Promotion
- Mental Health Awareness, Information and Resources: A Community Forum for Asian-Americans, Asian Immigrants and Pacific Islanders featuring Congressman Mark Takano as keynote speaker on October 17, 2015, Riverside
- MHSA Stakeholder Participation:
- AATF submitted updates for the MHSA and Cultural Competency Plans
- AATF members attended and testified at the RUHS - BH Mental Health Commission’s Public Hearing on the MHSA Plan Update on May 6, 2015, Riverside
- AATF members attended the MHSOAC Community Forum on August 13, 2015, Temecula

#### **AATF Trainings:**

- Two AATF members who are pastors from the Korean community completed the 8-hour training in Mental Health First Aid in Korean offered by LACDMH in Los Angeles

- Dr. Rocco Cheng presented a training on mental health clinical intervention and outreach and engagement to staff and students on May 26, 2015

**AATF Project Implementation:**

- Perris Valley Filipino American Association Resource Center; proposal development, in progress
- Hmong CD Outreach Project in collaboration with Cal MHSA; proposal submitted
- AAPI Consumer Outreach for Focus Group and WRAP and Tai Chi group in progress
- Resource Directory listing of clinics with bilingual psychiatrist; pending

**AATF Specific Objectives for 2016:**

AATF members reviewed and discussed community needs, priorities, and strategies at the June and July 2015 AATF meetings and developed a list of eight projects for 2016. These 8 projects include:

- 1) Mental health promotion, awareness and anti-stigma community events
- 2) Wellness project for Hmong community in Banning
- 3) Promotores curriculum development, training and outreach for AAPIs
- 4) Parent education
- 5) Resource center development with trusted AAPI community based groups and organizations
- 6) AAPI consumer mentoring and support
- 7) Access and resource directory
- 8) Training and support for community leaders and pastors from the Korean community.

**Deaf and Hard of Hearing Outreach and Engagement Report:** The vision for this Outreach and Engagement Project is to have the RUHS - BH, in collaboration with community organizations, address the full range of mental health needs of the Deaf and Hard of Hearing (DHH) community, by providing both Prevention and Early Intervention/Outreach and Support activities and direct mental health outpatient treatment, county-wide.

**Community Advocacy for Gender and Sexuality Issues (CAGSI) - LGBTQ Wellness Collaborative – 2015 Report:**

The Community Advocacy for Gender and Sexuality Issues (CAGSI) is a LGBTQ Wellness Collaborative and was formerly known as the LGBTQ Taskforce. CAGSI is a county-wide coalition of LGBTQ related organizations, consumers, and providers. The goal of CAGSI is to assist the RUHS - BH in reducing disparities in the mental health system by ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community. In response to both RUHS - BH and the community's desire to reduce stigma and disparities around mental health care for the LGBTQ community, CAGSI engaged in the following activities in 2015:

**Transgender Youth Empowerment Program (TYEP):** TYEP targets vulnerable transgender youth who possess leadership potential but lack opportunities to develop in a positive way. Teens, age 13-21, are taught to develop skills in leadership, civic engagement, critical thinking, team building, and other vital areas through monthly empowerment sessions.

- Peer to Peer outreach – From January through July 2015, transgender youth activist, Jaden Handzlik, provided 1:1 peer outreach and support to trans youth experiencing coming out issues, concerns about safety and maneuvering the transition journey while in school. Approximately 55 youth received in person or telephone support.
- School outreach – In 2015 CAGSI participated in regional meetings and discussions with local school districts on the implementation of AB1266. This law is designed to provide equal access for transgender students to facilities and extracurricular activities in public schools.
- In September 2015, transgender activist and therapist Giorgio Di Salvatore provided support and information on navigating through the school day for trans youth and their parents.
- Beginning in April 2015, CAGSI representatives presented and facilitated seven (7) discussions surrounding the film short, “Morgan’s Project”. This is a video diary of a local trans youth’s journey to self-identity as gender non-binar.

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

- Met monthly the 3rd Tuesday of each month

- Participated in the 2015 Mental Health Summit in Palm Desert
- May is Mental Health Month – Hosted both at festival and co-sponsored with Unity Fellowship Social Justice Ministry presentation on mental health and LGBT community
- Palm Springs Pride – Provided mental health information to 3,000 interested Pride participants

**Community Education and Outreach:** Gave 35 presentations to 850 participants in diverse groups including, but not limited to, the faith community, foster parents, department staff, and community groups. Sample topics included: Gay and Gay Mental Health Needs of LGBT Older Adults; Reparative Therapy and other Harmful Issues facing the LGBT Community; and Who is the LGBT Community in Riverside County.

**Faith-Based Outreach:** Provided training and support to churches exploring “Open and Affirming” standing on a denominational level. Provided support to churches interested in creating or reviving an LGBT youth safe space in Riverside.

**Statewide Engagement:** CAGSI representatives participated in monthly LGBT Health and Human Services Network collaborative conference calls. CAGSI chair participated in the LGBT Statewide Reducing Disparities Mini Summit in Sacramento.

The goals of CAGSI for 2016 are to expand outreach to the LGBTQ community and to provide transgender youth with opportunities for meaningful involvement in preventing violence, creating community change, enhancing neighborhood organizations’ ability to engage LGBTQ youth in their activities and change the social and physical environment to reduce and prevent violence using culturally appropriate methods. The specific aims are:

- 1) Train and support 25 interns to provide affirmative care and services to the LGBT community via structured youth, young adult and older adult support groups, and/or individual therapy.
- 2) Train community residents to be Peer Educators to implement outreach, advocacy, education, and referral to support services and to train transgender youth in leadership skills.

- 3) Deliver C-PEP to residents in the three regions of Riverside County which encompasses the Western, Mid-County, and Desert and to host TYEP projects in each region in Riverside County.
- 4) Evaluate each component to convey the programs' impact on the LGBTQ community relative to the number of consumer's accessing quality mental health services and transgender youth who become knowledgeable enough o utilize their leadership skills.
- 5) CAGSI will provide leadership and support Gay Straight Alliance Summits to be held in Temecula and Riverside in the spring of 2016.

#### **Native American Committee Report for FY14/15:**

Part of reducing mental health disparities among the Native American Community in Riverside County is identifying ways in which wellness and illness are understood, as well as looking at current practices for addressing these issues. Because of the impact of historical trauma and colonization within Native American communities, reducing mental health stigma becomes more complicated when mental health disease and wellness definitions, as well as interventions and healing modalities, are embedded within a Western framework.

#### **Spirituality Initiative:**

Through the Spirituality Initiative, RUHS - BH has hosted community forums throughout the county. One of the recommendations that came out of the forums was to provide training to, and assist members of, the faith-based community regarding mental health signs and symptoms. In the next three years, an RFP will be developed and released to identify an organization that can work with experts to develop a curriculum for the faith community and provide training on the curriculum to:

- 1) Establish ongoing collaboration with community faith-based organizations.
- 2) Provide First Aid Mental health training curriculum in response to the identified needs of the faith community leaders.
- 3) Distribute the community dialogues findings and Implementation of recommendations and priorities.
- 4) Develop Mental Health Providers Guidelines on Spirituality and Mental Health Services.

**Promotores de Salud Mental Activities for FY14/15:** Promotores de Salud Mental Program is an outreach program that addresses the need of the county's diverse Latino Community. Program implementation began in July 2011. During fiscal year 2014/2015, Promotores de Salud Mental provided a total of 2,179 mental health education and/or modular presentations. Across the three types of formats 37% were mental health education presentations, 56% were modular presentations, and 7% were participation in health fairs/public events.

A total of 20,855 Riverside County residents attended either a mental health education, modular presentation or community event. In addition Promotores also engaged in the following activities:

- Outreach: Promotores de Salud Mental conducted targeted outreach to Spanish-speaking members of the Latino community by going door-to-door and setting up information tables in apartment complexes and public shopping centers.
- Door to Door Planned Events: Coordinated strategically, culturally, and linguistically competent activities to provide and distribute information.
- Tabling: Coordinated strategically, culturally, and linguistically competent venues to distribute information in local community small businesses.
- Health Fairs: Participated in 157 local community events with several agencies and vendors to provide and distribute information. Through the health fairs, specific contacts were made with 4,066 community members.

Satisfaction surveys were completed by 13,926 attendees. Overall, the presentations were well received by the participants. Results indicated that 95% strongly agreed or agreed that the information presented made them more aware of prevention and early intervention for mental health and gave them a better understanding of the early signs of mental health issues. 91% of people strongly agreed or agreed that as a result of the presentation they are better able to talk about mental health issues with family and friends. Most notably, 92% strongly agreed or agreed that they would feel comfortable seeking help for themselves or a family member regarding mental health issues.

**Community Mental Health Promotion Program:** Due to the success of the community health worker (Promotores) model, an RFP was released in late 2013 to expand the program as a model for other cultures. It is the Ethnically and Culturally Specific Community Mental Health

Promotion Program (CMHPP). The RFP was subsequently cancelled while further planning efforts continued to ensure that the program will be implemented successfully. As a result of the CMHPP the following cultures will develop a similar model in order to reach many people who would not have received mental health information and access to supports and services: Native American, African American, LGBTQ, Asian American/Pacific Islander, and Deaf and Hard of Hearing. The PEI Steering Committee identified moving forward with the CMHPP as a priority for FY16/17

### **PEI-02 Parent Education and Support**

**Triple P (Positive Parenting Program):** The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. In FY14/15 RUHS - BH continued the contracts with four providers to deliver the Level 4 parenting program in targeted communities throughout Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 392 parents were served through the Triple P classes. Evaluation of the impact of change in parenting as a result of the classes indicated significant improvement in positive parenting as well as overall decreases in inconsistent discipline. In addition to pre and post surveys that look at parenting practices, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed statistically significant decreases in both the intensity and frequency of problem behaviors. This was the third year of program implementation of the Triple P program and the overall impact continues to be very positive. The PEI unit also continued to coordinate Triple P Level 4 trainings which included contract providers but also invited Department staff including Parent Partners and CalWorks staff. A Request For Proposal was released in FY13/14 to identify providers to continue providing this program in all three regions of the county and providers were identified with new contracts beginning in July 2015.



**Mobile Mental Health Clinics:** There are three mobile units that travel to unserved and underserved areas of the county to reach populations in order to increase access. The mobile units allow children, parents, and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors and appropriate interventions, training for school staff, Triple P tip sheets regarding specific problem behaviors, and small groups for children whose parents are incarcerated. In FY14/15, 95 children and families received PCIT through the mobile units. There was a statistically significant decrease in parents' views of their child's behavior as a problem as well as a statistically significant decrease in the frequency of problematic behaviors. Outcome measures also revealed a significant decrease in parental stress. In addition to PCIT, in FY14/15 staff also provided Trauma-Focused Cognitive Behavioral Therapy, Incredible Years, Dinosaur School, and Strong Kids Group for children whose parents are incarcerated. Staff provided 80 parent consultations as well as consultation to 36 providers. Each unit is also equipped, stocked, and prepared to respond locally and to other counties if called upon in response to disasters through regional mutual aid agreements. The staff takes the mobile units to community events to provide outreach and education to underserved communities. In February 2015 the mobile mental health clinics received the Bright Idea Award from Harvard University, John F. Kennedy School of Government School. This unique award recognized promising government programs that community leaders can use as models.

**Strengthening Families Program (6-11) (SFP):** SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. In FY14/15, 175 families were screened for the program with 133 families enrolling. In total, 91 (68%) families met the program completion criteria of completing 10 or more sessions. 74% of the families identified as Hispanic and 62% of the participants reported Spanish as the primary language spoken in the home. The most frequent risk factors identified at screening were poor communication (86%) and child behavioral problems (83%). Evaluation of program outcomes include measuring decreases in behavioral, emotional and social problems as well as measuring increases in parenting skills, parent

supervision, building family strengths, enhancing school success, concentration skills, and pro-social behaviors. Many statistically significant outcomes resulted for families that completed the program. These included: improvements in the areas of parenting skills and parent supervision; improvements in overall family strengths including communication and family organization; improvements with the child's school success including staying on task, working well independently; and improvements with their children in regard to concentration, behavioral, emotional, and social risk factors.

### **PEI-03 Early Intervention for Families in Schools**

This project includes two evidence-based programs as a result of the community and stakeholders continuing to ask for programs on school campuses in order to increase access for students and their families.

**Families and Schools Together (FAST):** The FAST program is an outreach and multi-family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school thus avoiding problems such as school failure, violence, and other delinquent behaviors. The FAST program utilizes a team of four (4) (one school administrator, one parent partner from the school, and two community-based organization staff) to implement the program at each school site. Through the RFP process, two new providers were identified in FY14/15 with services beginning in January of 2015. The teams received training from a PEI Staff Development Officer who has been certified to train in the model. The program was implemented at five (5) school sites in three school districts. The goal is for each school district to have two sites; however one district was only able to engage one site. One of the highlights of utilizing the FAST program is that it must be provided at the school sites, which de-stigmatized the intervention with a goal of increasing families' willingness to attend and complete the program. FAST served families with youth who attended Kindergarten through 5th grades at the trained sites and 95 families participated in the program. In total, 55 (58%) of those families who participated met the program completion criteria of attending 6 or more sessions. Pre and post measures were completed by adult participants as well as school staff. Parents reported a slight improvement in their sense of social connectedness to their community and significant improvement in accessing emotional support. At the end of the

FAST program, both the social support provided and received by the parents increased but not significantly. Although family functioning remained almost the same from pre to post, family conflict showed significant decreases. Parents also reported increased involvement in their child(ren)'s school activities and parent to school contact improved. Teachers reported more communication between parents and teachers and improvements in relationships between parents and teachers. Both parents and teachers reported improved behaviors in the children.

The RUHS – BH Research and Evaluation unit was asked to develop a comparison of the Families And Schools Together (FAST) and the Strengthening Families Program (SFP). Both programs serve families with young children through use of multiple family interventions. Both programs also have overall goals of increasing parenting skills, developing family cohesion and increasing school success and decreasing child disruptive behaviors. FAST and SFP both have a similar structure to the sessions, including a family meal, groups for parents and children and bringing families back together to practice new skills. The pre/post measures given in each program are different so comparison of outcomes across the programs are not exact. There are categories, however, that can be compared across the programs. In the areas of cohesion/building family strengths, hyperactivity/concentration, emotional symptoms, pro-social behaviors and peer/social problems, the Strengthening Families Program showed overall better outcomes for program participants. The area of conduct/behavioral problems was the one area that the FAST program showed better outcomes. The comparison of programs was provided to the PEI Steering Committee and the recommendation was to wait until the last cycle of FAST begins in the current fiscal year to determine if the number of families referred to, and served, in the program meet the current contract expectations.

**Peace4Kids:** Peace 4 Kids, Level 1 curriculum, is based on five (5) components (Moral Reasoning, Empathy, Anger Management, Character Education, and Essential Social Skills). The program goals include: helping students master social skills, improve school performance, control anger, decrease the frequency of acting out behaviors, and increase the frequency of constructive behaviors. There is also a parent component, which strives to create social bonding among families and within families, while teaching social skills within the family unit. In the FY14/15, Peace 4 Kids added Level 2 for students that had previously completed Level 1 and requested additional classes in order to practice what they had learned as well as to learn new skills. Level 2 included advanced lessons related to the same five components as Level 1,

with the same goals as Level 1. Students had to have completed Level 1 before participating in Level 2 in order to have a basic understanding of the topics covered. RUHS – BH and Palm Springs Unified School District continue to have a Cooperative Agreement to have the program at the two middle schools in Desert Hot Springs. 372 students received the program throughout the fiscal year and 72 parents participated in the Family Time component. Pre and post measures were completed by the students, parents, and teachers. Outcomes of students and parents ratings of the student’s behavioral difficulties and pro-social skills showed statistically significant improvements.

#### **PEI-04 Transition Age Youth (TAY) Project**

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

**Stress and Your Mood (SAYM):** SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. This was the third year of implementation of the program in targeted communities throughout Riverside County. In FY14/15, 179 youth were served in the program. Continued outreach efforts to reach underserved youth were effective in that 58% of those enrolled were Hispanic 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. The results were very positive in that before the intervention, 98% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated that average depression scores decreased to below the clinical level of depression. The clinician also completes a measure after each module. Of note is that the clinician rating of change after the first two modules was minimal; however, statistically significant changes were noted after the final module, suggesting youth should complete the intervention in its entirety. Each youth was also given a measure of overall functioning and these measures indicated significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 82% of the youth indicated that they “agree or “strongly agree” that as a result of the program they know how to obtain help for depression and 89% indicated that they “agree” or

“strongly agree” that they learned strategies to help them cope with stress. As a result of waiting lists and positive outcomes, the PEI Steering Committee recommended expansion of the program in the targeted communities in FY14/15. The community-based organization that was contracted to provide the service in the Mid-County Region decided not to renew their contract for FY15/16. An RFP will be released for this program in FY16/17 with the goal of finding providers in each of the regions.

**TAY Peer To Peer Services:** This program is one in which Transition Age Youth (TAY) Peers provide formal outreach, informal counseling and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. In order to provide additional structure to the providers around activities the TAY, providers were given training on how to develop a Speakers Bureau as well as the Coping and Support Training program (CAST). CAST is an evidence-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts. Each CAST cycle consists of a screening session and 12 sessions focused on skill development. The “Cup of Happy” TAY program has become well known in the Western and Desert Regions and in FY13/14 the provider for the Mid-County region focused on outreach to become known in the targeted communities. There were a total of 1,086 various Peer-to-Peer events throughout the county with a total attendance of 10,400. Event topics included coping skills, LGBTQI support, and mental health stigma reduction. The TAY peers 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. Outreach also resulted in 1,061 individual contacts and 46 of those individual contacts resulted in linkage to the Stress and Your Mood program. FY14/15 was the first full year of implementation of the Speaker’s Bureau and CAST program. There were 52 Speaker’s Bureau presentations by the TAY peers reaching 906 individuals. Post-test results revealed a statistically significant reduction in participants’ stigmatizing attitudes and statistically significant increases were found in affirming attitudes regarding empowerment over, and recovery from, mental health conditions, as well as a greater willingness to seek mental health services and supports. There were eight (8) full cycles of CAST completed with 61 participants enrolled and 51% of those completing the program. The

CAST groups are offered on high school campuses and the primary challenge that was identified in students completing the program included having to miss class to attend the groups. For those who completed the program, there were statistically significant improvements in self-esteem and control of their moods.

**Outreach and Reunification Services to Runaway Youth:** This program includes targeted outreach and engagement to this population in order to provide needed services to return them to a home environment. Outreach includes going to schools to provide students with information on available resources, including crisis shelters; going to places where youth naturally congregate, such as malls; and working with organizations most likely to come in contact with the youth. Crisis intervention and counseling strategies are used to facilitate reunification of the youth with an identified family member.

**Active Minds:** Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11 and FY11/12, RUHS - BH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are: University of California Riverside, College of the Desert, Palo Verde College, and Riverside City College. In FY13/14, Mount San Jacinto College and Moreno Valley College started a chapter on their campuses and received funding to begin activities. The funding continued for those two campuses in FY14/15. Student activities include providing information to students and faculty regarding mental health topics and promoting self care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and State level.

**Teen Suicide Prevention and Awareness Program:** Riverside County Community Health Agency, Injury Prevention Services (CHA-IPS) continued to implement the teen suicide prevention and awareness program in seven school districts throughout Riverside County. The districts served were Moreno Valley, Riverside, Coachella Valley, Murrieta, Corona, Beaumont, and San Jacinto. CHA-IPS continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. CHA-IPS staff restructured the program in FY14/15 in order to completely support the school community in suicide prevention education and awareness resources. CHA-IPS

provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. The staff then assisted the students to facilitate a minimum of two campus-based mental health awareness and suicide prevention activities. These activities included handing out SP cards at open house and other school events and making PSA announcements. This helped to build momentum around suicide prevention and reduce the stigma associated with seeking mental health services. Some examples of the activities that the students developed and implemented on their campuses are: friendship grams with the local Helpline information printed on them, skits on how to ask for help were performed during lunch time, positive message posters placed around campus, and meet and greet sessions with the school counselors were organized. A suicide prevention walk was coordinated at one site and another site passed out buttons displaying positive quotes to the student body. The program supported 39 school sites in FY14/15. As a result, there were 40 suicide prevention curriculum trainings conducted for over 695 high/middle school students, 20,850 mental health related brochures and help cards were distributed, and there were 78 suicide prevention campaigns impacting approximately 48,827 students across Riverside County. CHA-IPS staff continued to provide parent education and staff development activities in FY14/15. The parent education component provided parents with a 1 to 2-hour presentation on the warning signs, risk factors, and resources available to youth in crisis. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing three SafeTALK suicide awareness trainings.

**Transition Age Youth (TAY) Un-Conventions:** As a result of a Community Capacity Building grant two TAY Un-Conventions were held in the Desert Region of the county in FY12/13. The purpose was to bring together TAY and TAY serving organizations to identify and develop plans to address the needs of TAY. As a result, a comprehensive resource guide was developed and widely distributed. Through the Community Planning Process a recommendation was made to duplicate those TAY Un-Conventions in the Western and Mid-County Regions. As a result, these are being added to the plan with the goal of having the Un-Conventions completed and a resource directory developed by each region by the end of FY16/17.

## PEI-05 First Onset for Older Adults

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

**Cognitive-Behavioral Therapy for Late-Life Depression:** This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. There continued to be a great deal of outreach activities that occurred during FY14/15 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY14/15, 89 older adults were served in this program. The largest percentage of participants were ages 60-69 (57%) and 9% of those served were 80-90 years of age. Of note is that 39% of those served identified as LGBTQ. One of the providers exclusively serves the LGBTQ community in the Desert Region of the county. Eighty-nine percent of those served by that agency identified as LGBTQ. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life as well as participation in social activities. This program has demonstrated positive outcomes since implementation began. The current contract cycle is coming to an end and as a result an RFP for these services will be released in spring of 2016.

**Program to Encourage Active Rewarding Lives for Seniors (PEARLS):** This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. PEARLS staff continued efforts to outreach and educate the community, as well as organizations, about the program in order to increase the number of referrals for individuals that enroll in the program. A total of 122 older adults were enrolled in the program in FY14/15. Forty-eight percent of those served are between the ages of 60 – 69 and 6% of those served were 90+ years old. Outcomes demonstrated statistically significant decreases in depressive symptoms and symptoms of anxiety for those who completed the sessions. In addition, PEARLS program participants reported an increase in satisfaction with their life in general and reported greater feelings of well being. Participation in



social activities and the frequency of pleasant activities are integral components to the PEARLS model. Average rating on both of these items showed a statistically significant increase. Along with the evaluation of program outcomes, the implementation of the program was also evaluated. In addition to evaluating program outcomes, a full implementation and referral analysis was conducted. This revealed a troubling pattern in that over the last three fiscal years the number of referrals has steadily decreased despite significant strategic outreach efforts. As a result the program was far below the intended target for numbers to be served. The analysis proved that while the actual outcomes were positive, the cost versus the numbers served was not justifiable to sustain the program. The decision was made to slowly transition the current caseload through completion of the program and discontinue new referrals into the program until further analysis can be made. This will allow time for the Department to fully assess the implementation barriers and potential efficacy of the program as a whole.

**Care Pathways - Caregiver Support Groups:** A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called “Care Pathways”, consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions, and stress reduction techniques. They continued to have great success in marketing the program. The OoA served 237 individuals in FY14/15. Seventy-seven percent of participants were female and 60% of program participants had been caregiving for four (4) years or less. The race/ethnicity of the participants was reflective of the county older adult population, with 61% Caucasian, 23% Hispanic, and 8% African American. The most frequent relationships to the care recipient was mother/mother-in-law at 32% and husband at 30% of those participating. There was a statistically significant decrease in depressive symptoms which was recorded prior to beginning the group and at the end of the 12-week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. OoA group facilitators reported that some of the caregivers were in need of short term additional support; and as a result the Mental Health Liaisons embedded in the OoA were assigned to assess and provide needed service and referrals. This included individual therapy, primarily

CBT for Late Life Depression and/or connection to community resources and supports. The Care Pathways program received the Harvard University, John F. Kennedy School of Government Bright Idea Award. This unique award recognized promising government programs that community leaders can use as models.

**QPR for Suicide Prevention: QPR stands for Question, Persuade, and Refer:** The QPR suicide prevention gatekeeper training was selected as the model to use 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 in the past several years. Through Statewide efforts, PEI staff and other community partners have received the train the trainer in two other suicide gatekeeper trainings, ASIST and SafeTALK. As a result, training in QPR would be redundant and therefore is being removed from the PEI plan.

**Mental Health Liaisons to the Office on Aging:** There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing the CBT for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff, and other organizations serving older adults, about mental health related topics, as well as providing mental health consultations for Office on Aging participants. In FY14/15 only three of the positions were filled. The Mental Health Liaisons participated in 62 outreach events within the 14/15 fiscal year. They also processed 135 referrals which resulted in 17 of those referrals being enrolled in Cognitive Behavioral Therapy or the PEARLS program. Fifty percent of the referrals they received were referred to other non PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 24 older adults in FY14/15. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement

of symptoms of depression. Overall, depression reduced from moderate to low. QOL survey results indicated that program participants felt better about life in general, increased relaxation and improvement in emotional well-being.

**CareLink Program:** CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY14/15, 94 of the individuals that were served through the CareLink program were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants showed a statistically significant decrease. Program staff continued to receive additional coaching in the enrollment criteria for the program as well as the use of the model to ensure that program participants are receiving the model as it was designed. In May of 2015, the CareLink/Healthy IDEAS program received the National Association of Areas on Aging (N4A) "Aging Achievement Award" and is included in the 2015 N4A best practices publication...

#### **PEI-06 Trauma-Exposed Services for All Ages**

This Work Plan includes five evidence-based practices and provides programs for individuals in elementary school, young adults, adults and older adults.

**Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** This is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with school districts to provide the program on school campuses. In FY14/15, 179 youth were enrolled in the program and 131 (73%) attended 8+ sessions. Overall, the largest numbers of participants were Hispanic females. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Intake data showed that 93% of youth served had witnessed physical trauma and 84% reported experiencing emotional trauma. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a statistically significant decrease in traumatic and depressive

symptoms. Average scores for depression were reduced to below the clinical level. Analysis was also done on pre/post measures completed by parents regarding their child's behaviors. There were statistically significant improvement in all measured behaviors. An RFP was released in 2014 to identify providers to continue implementation of the program countywide and selected providers began service in July 2015.

**Seeking Safety:** This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. A total of 246 individuals were enrolled and participated in at least one topic session. Forty-two percent of those served were TAY. The most frequently reported traumatic experiences included sexual abuse (20%), death (16%), domestic violence (14%), removal of children by CPS (7%) and physical abuse (7%). Participants were asked to provide information about their trauma-related symptoms before they began the program and when they completed. Changes in the frequency and intensity of traumatic symptoms showed a statistically significant change. Comparison of pre/post scores on the COPING Inventory showed an improvement in most positive coping responses and a decrease in most negative coping responses to life stressors. These changes were statistically significant. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis and would recommend the program to a friend. An RFP to continue the implementation for the program was released in the spring of 2014. Providers were identified through that process and contracts for selected providers began July 1, 2015. The RFP process was successful in identifying a provider for both TAY and adults in the Western Region; however, providers were not identified in Mid-County or Desert Regions. An RFP will be released in the spring of 2016 to identify providers for those regions.

**Safe Dates:** This dating violence prevention program was not implemented in FY13/14 primarily due to the need to prioritize the implementation of PEI programs. This program was discussed in the PEI Steering Committee and based upon the current fiscal landscape it is clear that this program will not be implemented. As a result it is being removed from the PEI plan.

**Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT):** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the

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

**Trauma-Informed Care:** The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered around not focusing efforts on direct service for adults who have experienced trauma, but rather to develop a trauma-informed system and communities. The PEI Steering Committee tasked the PEI Unit with identifying programs that would train mental health providers and community members in general about trauma. Models of trauma-informed care were explored in FY15/16 and a proposal was submitted to RUHS – BH Executive Management. The decision was to postpone pursuing the development of a Trauma Informed System of Care until further information could be gathered, particularly from other counties who have implemented models. The goal continues to be to identify a model that will include RUHS – BH staff as well as community-based organizations, schools, faith-based organizations and any other interested organizations. Implementation of the selected model(s) would occur in FY16/17.

#### **PEI-07 Underserved Cultural Populations**

This Work Plan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based and evidence-informed practices that have been found to be effective with the populations identified for implementation. In addition to the programs identified below it is important to note that each of the populations were identified as priority populations in all of the PEI programs being implemented. Demographic information,

including ethnicity and culture, is gathered for PEI programs in order to ensure that the priority populations are receiving the programs. The mental health awareness and stigma reduction activities also include focus on the unserved and underserved populations throughout the county.

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

**Incredible Years – SPIRIT:** This program is a Native American adaptation to the Incredible Years parenting program in which the facilitator provides the service to parents in their home. Incredible Years is a parent training intervention which focuses on strengthening parenting competencies, fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The provider serves the Native American population throughout Riverside County. Staff that provided the service were trained in the Incredible Years model as well as the Native American adaptation. In FY14/15, 103 parents received the program in their home. Comparison of pre to post data collected on the Alabama Parenting Questionnaire indicated significant improvement in the area of inconsistent discipline, however the other subscales showed little to no change. These subscales include positive parenting, poor monitoring involvement, and other discipline. The outcomes from the Eyberg Child Behavior Inventory completed by parents demonstrated a statistically significant decrease in the frequency and number of problem behaviors displayed by their child. In addition, total parental stress showed significant improvement.

**Guiding Good Choices:** The program is a prevention program that provides education to parents of children ages 9-14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use. As with the previous program the provider does serve the Native American population throughout Riverside County. This five-week parent education program was provided to 54 individuals in FY14/15. Overall, slight to moderate improvements were seen in parenting practices. There were statistically significant improvements in family functioning and decreases in parental stress.

An RFP was released in the spring of 2015 in anticipation of the contract expiring. There were no contracts awarded as a result of the RFP. PEI staff is in the process of outreaching to Native

American serving organizations to educate them about the potential funding opportunity. The RFP is anticipated to be re-released in FY16/17.

### **African American Communities:**

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

**Africentric Youth and Family Rites of Passage Program:** This is a nine month after school program for 11–15 year old males with a focus on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in family enhancement dinners. The providers initially focused their efforts on outreach through personal contacts, marketing and presentations in order to facilitate referrals. This included outreach to faith-based organizations, community providers, schools, and health fairs. A total of 50 youth and their families participated in the program in FY14/15 in the Mid-County and Desert Regions. There was not a provider in the Western region in FY14/15. An RFP was released late in the fiscal year to identify a provider for that region. Pre to post surveys revealed a non-significant change to the resiliency scale measuring a sense of mastery. There was a significant increase in identifying Africentric values. This outcome related to the goal of the program because positive ethnic identity represents a strong protective factor for these youth.

**Effective Black Parenting Program:** This is a parent education program for parents of African American children. As with the Rites of Passage Program there was extensive outreach to schools and community providers to solicit referrals for the program. A total of nine 14-week groups were held in FY14/15 serving 55 parents with 31 of those parents completing the program. Program participants showed increases in parenting skills, positive reinforcement of their children's behaviors and increased cultural awareness. Despite the positive outcomes, the number of parents served and completing the program is very low as compared to the number of parents who could have been served. This has been the trend over the past three years. As stated in the last Annual Update, this information was presented to the African American Family Wellness Group and the decision was made to replace this 15-week program with the 5-week Guiding Good Choices (GGC) Program. The transition to using GGC will occur through the

RFP process. A provider for the Western Region has been identified through that process and the RFP for the Mid-County and Desert Regions was released in January 2016.

**Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** As stated earlier in this update, this is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. In FY14/15, none of those participating in the BRAAF program qualified for the CBITS intervention. The clinician in both of the programs provided individual and group Cognitive Behavioral Therapy for youth enrolled in the program.

The Executive Directors for each of the providers continue to meet as a Leadership Team along with RUHS - BH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. The goal of the Leadership Team in FY16/17 is for the three providers and their staff to host a Unity Day at which all ROP youth will come together to highlight their activities.

**Building Resilience in African American Families (BRAAF) Girls Program:** The BRAAF Girls project, currently in development, is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. In 2014, RUHS - BH hosted two 4-hour workshops with the members of the African American Wellness Advisory Group, which included many community stakeholders. The workgroups were provided with current data regarding risk factors associated with the African American community in Riverside County. In addition, information about three potential programs was provided. Workgroup members were asked to review the information provided and return with recommendations for an after-school program for African American girls. The recommendations were gathered and the development of the program began. Working closely with the developer of the existing boys' Rites of Passage program, RUHS - BH has organized a consulting workgroup made up of experts in the field as well as community representatives and individuals with lived experience of having receiving a culturally-tailored after school program. The workgroup built upon an existing after school program to incorporate all of the recommendations from the community and included the most current data and research to create a comprehensive after-school program for African American middle school-aged youth and their families. The workgroup met during FY14/15 and concluded the process by presenting the curriculum to a stakeholder group over 2 days in June 2015. It is anticipated that an RFP will be released in FY16/17.



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

**Mamás y Bebés (Mothers and Babies) Program:** This is a manualized 9-week mood management course for women during pregnancy and includes three post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. In FY14/15, 357 women were served in the program. Seventy-six percent of the women enrolled in the program identified as being Hispanic, Latina or Spanish and 61% identified Spanish as their primary language. Of note is that 29% of the participants were in the 15–25 year old age range. Post data indicated that depressive symptoms were significantly decreased at the conclusion of the program, falling below the clinical cutoff. Satisfaction with the program was also high with 99% of those completing the satisfaction survey marking “Yes” or “Definitely” when asked if they learned new methods to cope with feelings of sadness and whether participation in the program helped to prevent feelings of sadness and depression. 97% marked “Yes” or “Definitely” when asked if they know how to get help for depression after the birth of their baby. An RFP was released in early 2014 to identify providers to continue implementation of the program countywide and a contract was awarded to one provider who served all regions of the county.

**Asian American/Pacific Islander Communities:**

**Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF):** A Curriculum for Immigrant Families: This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Process, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program. Significant focus was placed on identifying a consultant from the community to continue the outreach that was begun over the past few years by the Department. Although progress has been made in this area, additional relationship building is needed prior to beginning to look at program implementation. An Asian American/Pacific Islander Task Force has been formed to engage representatives from communities with the goal of relationship building, identifying culturally appropriate ways to increase awareness of promoting health, and developing a plan to implement the SITIF program. The plan is for an RFP to be released once that process is complete.

In early 2015, RUHS - BH staff attended the Asian American/Pacific Islander Task Force meeting to solicit feedback specifically around identification and use of the SITIF program and to solicit feedback regarding implementation. The Task Force Chair provided information on the Asian American Family Enrichment Network (AAFEN) Program and asked that the program be considered for implementation in addition to, or in place of, the SITIF Program. The primary reason for this request is that the AAFEN Program is implemented by family specialists who do not need clinical training, which is the case for the SITIF Program.

RUHS - BH staff received several recommendations from the Asian American Task Force through the Chair of the Task Force. Per the chair, the AAFEN program developers are not able to bring the program to Riverside County at this time. That led to discussion within the task force around recommendations for the Asian American/Pacific Islander populations in Riverside County. The primary recommendation from the task force was funding a Clinical Therapist or Peer Support Specialist in the Cultural Competency Program to focus on outreach and mental health promotion with the diverse Asian American Pacific Islander residents/communities in Riverside and to support organized and recognized AAPI community groups and organizations such as the PVFAA to develop resource centers as a bridge to mental health treatment services supported by trained mental health workers from their ethnic communities. RUHS – BH staff will work closely with the Task Force in FY16/17 to make decisions on which activities can/will be implemented.

### **Other PEI Activities**

The Prevention and Early Intervention Unit held the 3<sup>rd</sup> Annual PEI Summit in July of 2014. The overall purpose of the Summit was to bring together all PEI providers to learn about other programs that are being implemented and to share the outcomes of programs with all of the partners. This year's Summit focused on the PEI statewide activities. There were presentations on the power of the lime green ribbon, Know The Signs suicide prevention campaign, Directing Change student video contest, and Each Mind Matters. RUHS – BH has, and continues to make, a significant contribution to the statewide efforts and it is important for PEI providers to not only be aware of the campaigns but to promote them through their activities. One hundred and sixty-eight providers attended the Summit and the overall evaluations were very positive. A fourth Summit was held in July 2015 and will continue to be held annually.

RUHS - BH continues to participate in the Inland Empire Perinatal Mental Health Collaborative. One of the missions of the collaborative is to provide an annual conference on a topic related to maternal mental health. RUHS – BH supports the conference every other year. In April 2015 the PEI unit sponsored the 6<sup>th</sup> Annual Conference, titled Maternal Mental Health: Origins and Impact. Presentations included Women’s Hormones and their Effect on Mental Health in the Perinatal Period; Psychiatric Disorders in Pregnancy and Postpartum: Treatment Considerations; and Parental Mental Health: It’s Impact on Infant Mental Health and Early Childhood Development. The day concluded with a panel discussion around Perspectives on Maternal Mental Health Assessment and Intervention. There were 224 attendees from Riverside and surrounding counties at the conference. Evaluations were overwhelmingly positive and RUHS – BH will continue to support the conference.

In addition to the conference, RUHS – BH participated in the legislative breakfast held in May 2015 with the topic of Taking Action for Women and Children’s Mental Health. This included providing a presentation on Challenges Facing Children with Mental Health Concerns in the Inland Empire. The breakfast was well attended and included representatives from city government as well as State Senators’ offices.

In order to further support the implementation of the PEI plan, RUSH - BH continued to contract with The Foundation for Cal State San Bernardino, Palm Desert Campus to host a series of Mental Health Summits with a focus on providing information to providers and community members on the topic of depression and to assist providers in developing an action plan for their organization to provide mental health resources to individuals that come through their doors. The third Summit will bring the same providers back together to assess their success in implementing their action plans.

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

partnered to host a Directing Change Gala. The Gala is a semi-formal event that was held at the Fox Theater in Riverside in 2014 and at the Lewis Family Playhouse in Rancho Cucamonga in May 2015. Students, their families as well as school advisors and administrators were invited to celebrate the students. PEI staff conducted outreach and awareness at high schools throughout the county to raise awareness about the contest and encourage students to make videos. Students from 16 high schools as well as UCR submitted a total of 80 videos from Riverside County. This was a significant increase from the previous year. Students received awards in the categories of Best Acting, Best Script, and Best Cinematography.

### **Prevention and Early Intervention Statewide Activities:**

In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This allows support of ongoing statewide activities including the awareness campaigns. As stated earlier, the PEI Summit focused on those statewide activities in order to develop additional local strategies to promote those campaigns.

The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities.

Several PEI staff and community partners were trained as trainers in two suicide intervention strategies: SafeTALK and ASIST (Applied Suicide Intervention Strategies Training). SafeTALK is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. ASIST is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make

physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Over 15 trainings have occurred in these models since the trainers have become certified. The PEI Steering Committee continues to recommend that funding be allocated to continue these gatekeeper trainings since there is now capacity to train community members on a widespread basis.

Another local impact is the collaborative partnership that RUHS - BH and Riverside County Office of Education (RCOE) developed to participate in the K-12 Student Mental Health Initiative. This initiative included the implementation of the Olweus Bullying Prevention Program (OBPP) at four school demonstration sites and has since included training at an additional four school sites. Two PEI Staff Development Officers and one RCOE Program Manager participated in the OBPP Train the Trainer process and continue to work toward completing the certification process. Addressing bullying was one of the themes that came out of the Community Planning Process and as a result, the PEI Steering Committee continues to recommend that there be funding allocated to be able to offer the training to other interested schools. In FY14/15, a Student Wellness Series was offered for school administrators, counselors, and teachers. The topics included Trauma-Informed Care, SafeTALK, Suicide Prevention Toolkit for High Schools and Parents and Teachers as Allies. Due to a reduction in the availability of funding, CalMHSA has been forced to prioritize their efforts. As a result, the Student Mental Health Initiative came to an end at the end of FY14/15. RUHS – BH and RCOE remain committed, however, to efforts around bullying prevention and providing training to school staff around student wellness. An MOU is in development for staff trained in the Olweus Bullying Prevention Program to continue to offer the training and technical assistance to school districts who want to implement the program. In addition, another MOU will be developed to coordinate efforts around the Student Wellness Series.

Prevention and Early Intervention staff participated in the State sponsored Regional Suicide Prevention Workgroup which brought together representatives from five southern counties and agencies who address suicide prevention. The goals of the workgroup were to provide information about successful programs that address suicide prevention across the age span. The PEI Manager participated in a sub-committee of the workgroup to develop a best practice for suicide prevention. The committee developed, in partnership with AdEase, “A Guide to

Using Facebook to Promote Suicide Prevention and Mental Health Stigma Reduction” which was accepted to the Suicide Prevention Resource Center’s Best Practice Registry.

**PEI Steering Committee Recommendations:**

As stated earlier, the Steering Committee members reviewed the outcomes of currently funded programs as well as feedback that was received through surveys related to PEI activities. In addition to the recommendations previously stated, the Steering Committee also identified and prioritized a pilot “support center” in one region of the county to address gaps in services. This center would particularly focus on individuals that have been reached through the outreach programs and who may be having mental health challenges but do not meet RUHS – BH clinic criteria. At this time there is no additional funding to address this recommendation; however, it will remain a priority as funding does become available.

## Training, Technical Assistance and Capacity Building

In the original Training, Technical Assistance and Capacity Building proposal submitted on 7/15/2009, the Department requested funding to support Evidence-Based Practices through the expansion of our California Institute for Behavioral Health Solutions (CIBHS) contract, Law Enforcement Collaborative training, consumer training and vocational supports. This funding was made available through Prevention and Early Intervention one-time funds that have now expired. The Department acknowledges the importance of sustaining all of these initiatives and plans to continue their support and implementation through the local PEI budget. The CIBHS contract will allow the Department to support trainings related to Evidence-Based and Promising Practices identified in the MHSA Plans. In addition to staff participation the intent is to continue to offer training opportunities to our community providers and agencies as well as cross-county opportunities that may present themselves in the Southern Region. The Law Enforcement Collaborate training continues to be offered on a monthly basis and consumer employment training and support continues to surface through our stakeholder process as a primary need. Below are trainings that were conducted during Fiscal Year 2014/2015.

### Training Conducted During FY14/15

#### **2014 TRAININGS**

<b>DATE</b>	<b>TRAINING</b>
7/8	Building Bridges with Adolescents
7/9	BHS: Communication & Counseling
7/16	DSM 5
7/17	DSM 5
7/24	BHS: DSM
7/29	Spirituality
7/30	Caring for Women Vets
8/11, 8/12	Dialectical Behavioral Therapy (DBT )

8/13	NCI Certification
8/14	I Love My Job But
9/16	What Does the Law Expect of Me: Part 4 (Law & Ethics)
9/18	DBT Consult
9/22 & 9/23	Clinical Supervision
9/23, 9/25, 9/30	BHS: Advanced Recovery Practices
9/25	BHS: Mental Health Risk
9/29	Human Trafficking
9/30	Support Staff Training Series Day 1
10/2	NCI Certification
10/9, 10/14, 10/23, 10/28	CA Brief Multicultural Competency Scale (CBMCS)
10/14	Support Staff Training Series Day 2
10/16	BHS: Law, Ethics & Boundaries
10/20	Child Abuse Assessment & Reporting
10/20	Elder/Dependent Adult Abuse Assess & Reporting
10/21, 10/22	NCI Children
10/21, 10/22	NCI Children
10/29	Support Staff Training Series Day 3
11/4	NCI Certification
11/6	BHS: Communication & Counseling
11/13	Support Staff Training Series Day 4
11/20	BHS: DSM
11/24	Compassion Fatigue for mobile crisis unit



11/25	Risk Assessment for CREST/REACH
12/5	NCI Certification for mobile crisis unit
12/10	DBT Consult
12/11	I Love My Job But
12/12 & 15	NAMI Provider Education
12/18	Cultural Issues in Formulation & DX

## 2015 TRAININGS

DATE	TRAINING
1/5	Advanced Recovery Practices for CREST/REACH
1/12	Advanced Recovery Practices for CREST/REACH
1/15	Assess & Managing Suicide Risk
1/15	BHS: Communication & Counseling
1/26	NCI Certification
1/27	I Love My Job But
1/28	Advanced Recovery Practices for CREST/REACH
2/2-2/5	Whole Health/Facing Up
2/5	Recovery Management
2/19	BHS: Law, Ethics & Boundaries
2/24, 2/26, 3/2	BHS: Advanced Recovery Practices
3/2-3/5	Whole Health/Facing Up
3/3	NCI Enhancing Verbal Skills
3/3	ED Consult

3/4	SSTS (Support Staff Training Series) Day 1
3/5, 3/10, 3/19, 3/26	CBMCS
3/18	SSTS Day 2
3/31	DBT Consult
4/1	SSTS Day 3
4/2	Play Therapy
4/7	BHS: Mental Health Risk
4/20-4/22	WRAP Refresher
4/21	PCIT
4/21	SSTS Day 4
4/23	NCI Certification
4/28	BHS: DSM
4/29, 4/30	NCI Children
4/30	I Love My Job But
5/5	Substance Abuse 101
5/5	Mental Health 101
5/11-5/15	WRAP 5 Day Facilitator
5/12	Neurobiology of Psychosis & Mood Disorders
5/13	Psychopharmacology
5/13	CBT
5/14	Law & Ethics
5/20	Motivational Interviewing
5/26	Asian American MH Issues

5/27	CORE Tx Manual
6/4	ED Consult
6/11	DBT Consult
6/18	Intro to Equine Therapy
6/24	BHS: Communication & Counseling
6/24	Personal WRAP Seminar
6/29-30, 7/1-2	Advanced Peer Practices
6/29-30, 7/1-2	Whole Health/Facing Up

## **Innovation (INN)**

The Innovation component allows counties with the opportunity to create, pilot, and evaluate new or changed mental health practices that have never been implemented in their system before. The emphasis for Innovation projects is to “learn” by piloting a new or novel approach that is unique to the County. Innovation programs are designed to accomplish one of the following:

- 1) Introduces new mental health practices or approaches, including but not limited to prevention and early intervention
- 2) Makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or
- 3) Introduces to the mental health system of a promising community-driven practice or approach or a practice/approach that has been successful in non-mental health contexts or setting.

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

- The first Innovation project, INN-01, Recovery Arts Core, completed its program cycle on 6/30/2012.
- Two other projects, INN-02 Recovery Learning Center-West, and INN-04 Older Adult Self Management, will be completed by April of 2016.
- The INN-02 Recovery Learning Center-Desert and INN-03 Family Room are still in process.
- A fifth and new project, INN-05 TAY One-Stop Drop-In Center, was approved in August of 2015 and is in the early stages of development and implementation.

- The Department is in the early planning stages of exploring an Innovative Tele-Psychiatric project that addresses access issues while collaborating with a Psychiatric Residency Program.

**Recovery Learning Center**

Proposed Start Date 04/2011

**WESTERN Region**

- Actual Start Date 04/2011
- End Date **04/2016**

**DESERT Region**

- Actual Start Date Desert Region 05/2012
- End Date 04/2017

**Family Room Project**

Proposed Start Date 07/2011

- Actual Start Date 12/2012
- End Date 05/2017

**TAY One-Stop Drop-In Center**

Proposed Start Date 07/2016

- Actual Start Date 8/2015
- End Date 08/2020

**Older Adult Self Management Health**

Proposed Start Date 07/2011

- Actual Start Date 04/2012
- End Date **04/2016**

**INN-02 Recovery Learning Center (RLC)**

**Western Region - Recovery Learning Center**

“This program has given me hope in life and assisted me in transformations to no longer quietly suffer.” ~ RLC Member

Innovation, more than any other MHSA component, allows us to see possibilities. By design, an Innovation plan is based on ideas that have never been tried before. The Recovery Learning Center was born out of that vision. Developed from the collective voices of consumers and the Department’s Consumer Affairs Program, the RLC is a non-traditional service clinic centered on Wellness Action and Recovery Planning (WRAP). The primary service providers are Peer Support Specialists that serve as Recovery Coaches, helping members understand, develop,

and apply their WRAPs in everyday life in order to achieve practical wellness. The RLC Innovation Plan was first approved for implementation in 2011.

On average, the RLC serves approximately 120 members at a time. The Western Region free-standing Recovery Learning Center (RLC) began program services in April 2011. A total of 514 consumers were enrolled into the program from inception to February 2016. A few clients (6% of the total 514) enrolled, left the program, and then re-enrolled at a later time. Thirty-five percent of the consumers that closed out of the program did so within six months. Thirty-one percent closed from the program after six months but less than a year and thirty-four percent stayed in the program one year or longer. In FY14/15 there were 247 clients were served.

All members attend an orientation to get educated on the uniqueness of the program and to engage on a commitment to participation. They receive a full clinical assessment by a Clinical Therapist and then are assigned a Recovery Coach by a dedicated Senior Peer Support Specialist. Next, members attend WRAP classes to begin their personal WRAP development and are offered an array of group interventions designed to explore wellness tools, inspire, and increase awareness around what uniquely works for them in their recovery journey. They are offered clinical and psychiatric services as adjunct services, should the member want to integrate psychotherapy or medication into their WRAP. Services are in English and Spanish. Members receive pre and post participation surveys to evaluate program progress and outcomes.

Survey data revealed that some members reported significant increases in hopefulness, self esteem, and a sense of mental health recovery upon program graduation when compared to when they first entered the program. Data also indicated that graduating members had a better understanding of WRAP and how to use WRAP in their daily lives than before they attended the RLC. Though members continued to feel the impact of stigma on their daily lives, graduating members reported a small decrease in feeling that stigma, when compared to the beginning of their program participation.

Statistics only tell part of the story. The RLC members' stories truly speak to the heart of the RLC and the dedicated staff who celebrate everyone's success. Members have discovered and developed their resiliency:

- 1) Upon RLC partnership with a local animal shelter, a member with spina bifida transitioned from attending the Animal Shelter group to becoming an animal shelter volunteer, working to socialize dogs to his wheelchair so that other physically challenged people could adopt these pets;
- 2) Members from the Yoga for Anxiety group – led by a certified yoga instructor who is also a peer -- received certificates of completion, and all reported an increased calm and wellness as a result of participating;
- 3) A member who described a life of low expectations from self and family successfully completed his WRAP which led to entering into Peer Employment Training; and,
- 4) A Spanish-speaking member who arrived at the RLC and scored high on helplessness survey questions, completed WRAP 3 times and became a promotora (a community health worker that engages the Spanish speaking community).

Data not only revealed the strengths, but the challenges associated with a non-traditional program operating within a more traditional service system. The Department had several hypotheses that formed this Innovation Plan, and believed that an intensive peer-run program would result in outcomes greater than the traditional service system. Though our members progressed toward their identified goals, overall outcomes did not appear to exceed those of a traditional, clinician led program. A mental health service model designed primarily on peer coaching as the central process of intervention and care was novel, as most peer interventions have been designed as supportive and ancillary and not as the principal healing model. In that sense, the Recovery Coaches are pioneers in this form of service delivery, one that differentiates them from their Peer Center or traditional clinic colleagues. As a result, the Department learned they would require special training in understanding this unique service model, their role, and their conceptualization of service delivery.

The Department has re-examined the existing model and realize that it required a greater identified structure to assist program leadership, service staff, and members with understanding the service paradigm. Developments in this area will include:

- 1) Better defining who we serve and how we fit into the overall system of care;
- 2) Securing referral routes to establish a regular flow of members;

- 3) Decreasing the reliance on group interventions and increasing individual coaching outside of the clinic setting and into the member's real world environment;
- 4) Strengthen the connection of all service in relation to the member's WRAP in order to give that process momentum towards the WRAP goals;
- 5) Increasing commitment to the change process by including the member and their identified support persons in treatment team planning meetings; and,
- 6) Preparing members to maintain what they have learned by creating warm transfers to community supports and securing the confident support of the people within their informal systems.

This process of growth has already started. Program leaders now meet on a regular basis to discuss program development, examine surveys and measurement tools, staff training needs, and identify value and purpose to the overall system of care. Consumer Affairs management now co-administers the program operations and directly informs the program development. Ideally, the goal is that each coach, member, and member's family will be able to articulate the model and the thoughtful interventions related to the recovery journey at RLC. The RLC wants their service model to be so clearly understood that it can be taught to new practitioners. The Department wants the RLC to become the paradigm for recovery coaching as a primary service tool.

### **Desert Region - Recovery Learning Center**

The Recovery Learning Center-Desert (RLC-D) has been providing non-traditional peer-centered services to the Desert Region members since September 2012. The RLC-D has successfully enrolled a total of 137 members into the program.

Currently the RLC-D is staffed with four Recovery Coaches, a part-time Senior Peer Support Specialist, and a Mental Health Services Supervisor. There are also two part-time volunteers assigned to the program as well as "Kato", the Animal Assisted Therapy Dog. The volunteers are graduates of the RLC-D program and are now giving back to the program through volunteerism.



The RLC-D has a dedicated Vocational Specialist that works collaboratively with the Department of Rehabilitation and Oasis Community Services to connect members to employment opportunities and prepare them for work. This collaborative effort has paid off and this year, seven members have been successfully linked to employment through this program.

The RLC-D has established a very successful recycling program throughout the clinic. RLC-D volunteers recycle all of the cans and bottles and the money made from recycling goes directly back to the members to fund low-cost outings in the community.

Many innovative member-driven groups are facilitated in the RLC-D. Current groups include a co-occurring recovery group called, “Dual Journeys” that address all types of addiction issues (drug and alcohol use, internet, gaming, sex, spending, and eating issues). The RLC-D has also successfully implemented Facing Up – a group dedicated to Whole Health and Wellness.

The RLC-D continues to facilitate ongoing weekly WRAP (Wellness Recovery Action Plan) groups. Members who graduate WRAP are invited to attend a weekly field-based community group called Moving Forward. Recovery Coaches take members out into the community to engage and explore various community resources. Notable outings during this year included visits to the Palm Springs Aerial Tramway, Riverside County Date Festival, Riverside Art Museum, Sunny Lands Estates, Whitewater Park, Idyllwild mountains tour, various history and art museums, Palm Springs street fair, and various parks and outdoor nature walks.

To address the needs of youth in the Desert Region, the RLC-D has fully implemented TAY WRAP – a WRAP group specifically designed for TAY population (16-18 year olds). The TAY WRAP facilitator works in collaboration with Indio Children’s Services to identify those 16-18 year olds who would like to work on a WRAP plan. TAY LIFE is the TAY version of Moving Forward, where youth discover wellness tools within the local community. TAY LIFE members have connected with various community resources including the WIN center, Mia St. Johns Stone Art, Active Minds, Wellness City, Art Works, Coachella Valley Animal Campus, and Riverside County Fairgrounds.

This year, all of the RLC-D Recovery Coaches were trained in Dialectical Behavioral Therapy (DBT) and have begun implementation of the first peer run DBT group in the County. They have partnered with a Clinical Therapist from Adult Services who is trained in DBT and are involved in weekly consultation groups. The group is off to a great start!

RLC-D held their 2nd Annual Graduation on June 18, 2015 and graduated 12 members. The theme of graduation was a Hawaiian Luau (chosen by the graduating members). They invited family and loved ones to celebrate their success and it was a beautiful, well attended event.

As the RLC-D is imbedded into the Indio Clinic and not a free-standing building, the positive relationship with Indio Adult Services staff is key to the Center's success. This year the RLC-D invited Indio Adult Service peer staff and their supervisor to attend the RLC weekly team meetings. This collaboration has increased quality care and services to both Adult Services consumers and RLC-D members.

A new and exciting collaboration has begun with the local homeless shelter (Coachella Valley Rescue Mission). The RLC-D identified a peer staff to work offsite at the Coachella Valley Rescue Mission to help engage and promote mental health wellness to individuals struggling with homelessness. That dedicated Peer Support Specialist (PSS) is providing WRAP groups to individuals who are open to mental health services and residing at the Coachella Valley Rescue Mission. The PSS is facilitating groups alongside one of the community partners from Recovery Innovations Wellness City.

In December 2015, RLC-D led the coordination and implementation of The Longest Night – a vigil and outreach for people, homeless and in need, living in and around Miles Park in Indio. Blankets, jackets, toiletries, scarves, gloves, and beanies were donated and distributed on December 22. The turnout and donations for this event were phenomenal! Hot chocolate and candy canes were also provided on this very cold night.

The RLC-D members all participated in a creative group project for the May is Mental Health Month Art Show and Creative Writing Contest that took place at the Coachella Valley Rescue Mission this year. Members won an honorable mention for their artistic creation. Many members helped set up and break down the day-long art show, as their way of giving back to the community. Members also volunteered at the large May is Mental Health month event in Riverside.

The RLC-D continues to provide almost all services outside of the clinic. Recovery coaching sessions happen in the community wherever the members choose. Sessions are goal oriented and solution focused. Members have achieved many hard earned goals throughout this program with the assistance of their Recovery Coaches. Some of the successes celebrated this

year were members who obtained employment, secured apartments, linked with medical and dental benefits, linked to social security, enrolled in school programs (GED and College), successfully graduated court programs, and found healthy friendships and relationships.

### **Desert Region RLC Challenges**

- Space difficulties for holding groups.
- Space challenges for staff (all staff are co-located in one room).
- RLC-D has not met member capacity (15 members per 1 Recovery Coach).

### **Desert Region RLC Future Plans for FY 16/17**

Move into a dedicated space for the Recovery Learning Center with individual coaching offices, a large group room, and access to kitchen for cooking classes.

Reach program capacity (75 enrolled members)

Consider replicating RLC model “without walls” in other clinics throughout the Desert Region (Banning, Blythe).

Continue outreach efforts with community partners and find innovative ways to deliver services outside of traditional clinic models.

Collaborate with the Family Advocate Program to include more family involvement and family nights in the RLC.

### **INN-03 Family Room Project**

The Family Room is a new modality of service delivery, which means that mental health services are being provided within the context of a partnership among the person needing services, family, supportive individuals, and the provider. Overall, this new modality is an integration of treatment planning, program content, and collaboration with family members and/or individuals who have an important role in the life of the person receiving services. The approach is based on the premise that serious mental illness frequently derails individual and family lives by creating losses of dignity, hope, respect, uniqueness, and self acceptance. In addition, there are also losses due to stigma, poverty, lack of choices, social isolation, and lack of opportunities. Therefore the Family Room not only works with the individual who is receiving services but also provides education, skill training, and support to the family members and loved

ones who are important in the life of the person. In providing these services the focus is on regaining back what was once lost.

This new way of delivering services also makes great effort to create a culture of acceptance, purposeful interpersonal interactions, personal power, and motivation. The primary interventions to achieve these goals are family engagement, trauma reduction, personal motivation, knowledge building, relationship enhancement, and restoring self determination for individuals and their family members. Also, in this process of building a new clinic culture, a great emphasis is given to the physical environment and appearance (with warm paint colors and comfortable furnishings in the lobby, clinic offices, and group rooms), so that psychological barriers are lowered, and service effectiveness is enhanced. The clinic has created a family-friendly lobby by rearranging the reception area, removing the glass in the reception window, and creating a Welcome and Information Center. Additionally, so-called “family (group) rooms” were designed to resemble a family living room.

The Family Room employs “Family Peer Specialists”, who have lived experience with loved ones receiving mental health services, and all staff are trained to provide services inclusive of family members. Currently, the Family Room employs five Family Peer Specialists who, together with other staff, provide programs such as ‘Family Support Group” (in English and Spanish), “Peer Support Group” (in English and Spanish), “From Crisis to Stability”, “Recovery Up-Front”, “WRAP Group”, “Recovery Management”, and DBT, in addition to individual services. The Family Room clinic also works closely and collaborates with the Department’s Family Advocate and a Family Room Advisory Council (FRAC), consisting of consumers and family members. Efficacy is being established by measuring outcomes utilizing both service utilization data and data collected from specific measures.

Outcomes data collection was developed with input from a Family and Peer Support Focus Group. A single survey document was created that includes the Recovery Assessment Scale, State Hope Scale, BASIS-24 Symptoms Measure, and several Quality of Life items related to social connections and family relationships. Housing stability was also included as an item on the survey document. A space for qualitative comments was also provided. The protocol included pre to post data collection for this consumer-completed survey document. Satisfaction surveys for both family members and consumers were developed as well.

Data analysis on Family Satisfaction from 236 surveys showed that on average 86% of the family members surveyed indicated they now know what they can do to help their family member manage mental illness. Approximately 90% of families reported improvements in their knowledge of mental health symptoms and ways to cope with those symptoms. Families also reported improvements in hopefulness and belief in recovery. On average 92% of families indicated they have more hope for their family member's future. Nearly 88% reported that since coming to the Family Room they have learned about the recovery process. Families surveyed also indicated that since coming to the Family Room their relationship with their family member has improved. Eighty-seven percent of those survey reported having a "better relationship"; and 91% indicated they believe they can better support their family member. Data from consumers on the Recovery Assessment Scale (RAS) showed somewhat high total scores at baseline and no statistically significant change in total score on follow-up measures. However one scale of the RAS measure (personal confidence and hope) did show a statistically significant change from baseline to follow-up. The sample size of consumers with both a pre and post RAS measure was somewhat small (n=69) and a larger sample may reveal different results. Consumer results on hopefulness did show a statistically significant increase on follow-up measures. Consumer averages on Quality of Life items also showed statistically significant improvements from baseline to follow-up. Consumer symptoms rated on the BASIS -24 also showed improvements, in the total symptom score, depression/functioning scale, emotional liability scale, and psychosis scale for the clients sampled. ..

#### **INN-04 Older Adult Self Management Health Team Project**

The Integrated Health Innovation project established an Older Adult Self-Management Health Team program, the Healthy Living Partnership (HeLP), for direct consumer engagement and empowerment and health care self-management, education and support. The program was designed for older adults 60 years and older with serious and chronic mental illnesses and multiple chronic physical health conditions that need support and assistance managing mental health services and physical health care services. This project employed the Chronic Disease Self-Management Program (CDSMP), an interagency collaboration, coordination of care, and peer support to empower and assist consumers with persistent mental illness and with at least 3 chronic medical health problems.

HeLP Program services included ongoing medication management; intensive collaboration and coordination with primary care providers; and Peer Support Specialist involvement to provide ongoing supports, facilitate consumer use of the HeLP resource room, and support consumers in locating and utilizing community activities. The Registered Nurse was a pivotal team member for coordinating medical and behavioral health care and medication services and providing consultation and case management services to the consumer.

The CDSMP group is a 6 to 8-week specialized intervention that addresses topics including:

- 1) Skill-building techniques to cope with issues such as depression, stress, anger, sleep, frustration, fatigue, pain/physical discomfort, and isolation.
- 2) Appropriate exercises for maintaining and improving power, flexibility, and endurance.
- 3) Appropriate use of medications.
- 4) Functional communications with family, friends, health care providers and others.
- 5) Nutrition and wellness.
- 6) Strategies to evaluate new medical and behavioral health treatments.

Outcome measures are used to evaluate the efficiency and effectiveness of the program and included lab tests at entry and every 6 months and pre and post treatment measures assessing factors including consumer perception of health and well-being, activity level, and use of coping skills, medication adherence, and understanding of medication use.

Program implementation began in April 2012, starting with the staff training in the delivery of the CDSMP group treatment program. Enrollment of clients into the HeLP program was gradual. A total of 275 clients had a least one service; and a total of 127 clients were enrolled in the program over approximately 4 years. This is considerably lower than the initial implementation goals of 100 clients per year. Despite recent efforts to increase enrollment, the program experienced challenges with identifying and engaging clients into the HeLP program. In part this was due to the loss of a pivotal registered nurse staff that identified clients for the program and assisted with the coordination of primary care with the psychiatrist. Retaining and recruiting another registered nurse to continue the program proved to be a significant challenge. The compensation demanded by registered nurses in the marketplace was difficult to compete with, so the RN position went unfilled. Participation in the group model and the program was less

than anticipated, and declined significantly with the departure of the RN Staff. Also the Innovation Program structure proved to be problematic for continuous engagement into the program. The six-week CDSMP group required clients to begin at the start of the group series and continue through the series of sessions rather than an open group structure where clients could start at any session and come in and out of the group series.

Outcomes evaluation did not show improvements in adherence to medications, understanding of medications, and communications with her or his doctor. Satisfaction with physical health and well-being and reductions in activity limitations also did not show improvements. One of the programs goals included increasing medication adherence and improving an understanding of the medications taken. Outcome measures were collected both before (pre) and at 3-6 month intervals while consumers participated in the program. The most recent follow-up survey was used in analysis. Medication Adherence was measured using 4 “yes” or “no” items. Two items asked whether consumers had been carelessness and forgetful about taking medication. One item asked if consumers thought stopping medication would have helped them feel better. Another item asked if consumers have stopped taking medication because it made them feel worse. For each item, a “yes” response indicated poor medication compliance. These items were summed at each time frame to determine each consumers overall level of adherence resulting in a combined score that ranged between 0 and 4, in which higher scores reflect poorer medication compliance. The change in scores on average for overall adherence was minimal from pre (M=2.73) to post (M=2.95) indicating that at each time point consumers replied “yes” to more than half the items (n=52) indicating relatively poor medication compliance. Pre to post survey items on understanding medications showed that on average clients at the beginning of the program reported high understating of their medications and this showed minimal changes. Consumers were asked four questions regarding their knowledge about their medication including: dosage, frequency, tracking, and how physical conditions are treated with medication. If clients reported a “yes” response this would reflect better knowledge of each of these aspects of their medication. These four items were summed at each time frame to create an overall medication understanding score that ranged from 0 to 4, in which higher scores reflect greater understanding of medications. The change in average scores for overall adherence was minimal from pre (M=3.47) to post (M=3.55) indicating that at each time point, on average, consumers replied “yes” to more than 3 of the 4 items. Thus consumers tended to

have a high level of understanding at the beginning of the program and that did not change over the course of the program.

Also pre to post outcomes measuring satisfaction with physical health and well-being, reductions in activity limitations, and quality of life did not show changes from baseline to post measure. This outcome data could have been affected by the low sample size (approximately 60) with both a pre to post measure. Although some new clients were enrolled into the program toward the end of the project only baseline data was available. The overall low numbers of clients enrolled impacted the ability to examine outcomes.

Rather than continuing this Innovation Project and the model of CDSMP groups as a separate program, the clinics will be participating in an approach to integration of care that has been initiated for the entire Department. As the Department moves into this model of care, the clinic will continue to build on and benefit from practices that are part of a more integrative model of health care. This could include the inclusion of groups that provide information on managing chronic conditions into the overall array of mental and behavioral health services that older adult clinics provide. In addition existing clinic staff will begin to utilize the Department's overall model of integrated care including; screening for chronic condition and access to primary care, universal consents and referral forms to share information in an integrated way with primary care providers. Utilizing the Department-wide approach will allow all older adult clinic clients to benefit from an integrated approach to health care.

#### **INN-05 TAY One-Stop Drop-In Center**

Riverside University Health System – Behavioral Health proposed a new TAY One-Stop Drop-In Center as Innovation Project 05. This project was approved in August of 2015 and is in the early stages of development and implementation. This TAY workforce training will use a multi-dimensional approach with three integrated elements:

- 1) Develop and implement a TAY PSS training curriculum with a dedicated space that will serve as a training hub.
- 2) Provide, within the training hub, on-going development of TAY PSS work skills by integrating TAY PSS into an adapted evidence-based model serving TAY and their families.



- 3) Incorporate interagency partners into the training hub to provide the opportunity for TAY Peers to learn and practice their skills in an integrated way.

Several elements of the Innovation Project are currently being developed. The Pre-Employment Training (PET) curriculum for TAY Peer Support Specialist (PSS) is being finalized and the First TAY PSS PET class will be held March 29 – April 8, 2016. This will allow for testing of the curriculum and an opportunity to receive feedback from the participants to assist in modifying the content if needed. It is anticipated the PET curriculum and training manuals will be in place when the Drop-In Centers open.

The Department has begun the collaborative process by meeting with partner agencies to identify the needs of TAY from various perspectives. Represented agencies include the Riverside County Office of Education (RCOE), Probation, Department of Public Social Services (DPSS), Children's Services Division (CSD), RUHS Substance Use, RUHS Housing, Public Defender's Office-Juveniles, RUHS – Public Health, and TAY representatives from Youth Advocates United To Succeed (YAUTS). Potential resources available at the Centers have been identified as substance use treatment, housing, vocational, education, health, and access to legal supports.

Space requirements have been developed for the Drop-In Centers allowing for expansion as services are identified and added. Along with stakeholders and other agencies, areas within the Desert, Mid-County, and Western Regions have been identified for placing the centers. Sites are identified based on space needs and availability within these areas.

Preliminary conversations have begun with the developers of OnTrack USA First Episode Psychosis (FEP) Intervention to assist with modification of the FEP to include the use of peers as well as provide training and technical support and implementation. Once the contract with FEP developers has been finalized, work will begin on adapting the FEP to include persons with lived experience.

The Department is currently in the process of hiring a Project Manager to oversee the development and implementation of the TAY Drop-In Innovation Project.

## **Capital Facilities/Technological Needs (CFTN)**

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

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

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

### **Capital Facilities**

In 2009, Riverside County Department of Mental Health amended its Component Plan for Capital Facilities/Technology. The Plan included four Capital Facilities projects and a new Behavioral Health Information System with the Technology funds. The four Capital Facilities projects that stemmed from the planning process included a Mid-County Out-Patient Clinic consolidation, a Western Region Adult Out-Patient Clinic consolidation, a Children's Out-Patient consolidation, and a MHSA Administration/Quality Improvement/Training/Research office.

The Children's consolidation occurred in 2011, and the Western Adult and MHSA Administration consolidation was completed in 2015. The only remaining project was the Mid-County consolidation. Initially this project was to roll out first, but due to community opposition the project was terminated. Since that time, the Department had gained support to once again implement this project in Mid-County, in the city of Perris.

The Department originally planned a Mid-County Out-Patient consolidation, which called for the purchase and construction of a new building to house the Perris consolidation. The Department intended to enter into a development agreement in the spring of 2016 to initiate the project. However during the development phase of the project, the terms of the agreement were restructured to a lease to purchase arrangement. Capital Facilities component funding will no longer be used and alternative financing was chosen. Meanwhile the Department will continue

to explore other Capital Facility opportunities in the Mid-County Region which could include re-opening discussions for a potential project in Hemet.

### **Technological Needs**

The Department has fully implemented the original Behavioral Health Information System purchased through the Technology Component. The final year of the Technology funding was FY13/14, and no further funds are being allocated to this component at this time.

## Mental Health Court

### Riverside Mental Health Court

Western Riverside County's Mental Health Court has been operational since November 2006, after re-establishing under Proposition 63, MHSA funding. This program has expanded from one Clinical Therapist and one Office Assistant in 2006 to current levels of eleven full-time employees and one student intern.

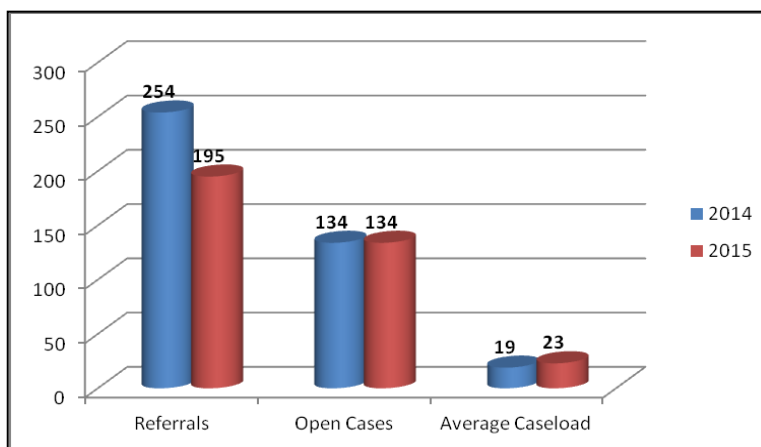
#### Current staffing levels:

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

By the end of 2015 there were 1 vacant OA III, 1 vacant BHS III, 1 vacant BHS II, and 2 vacant CT I/II positions.

#### 2015 YTD Stats as of December 31, 2015:

- Referrals - 195
- Open cases - 134
- Average caseload -23



## Mid-County Mental Health Court

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

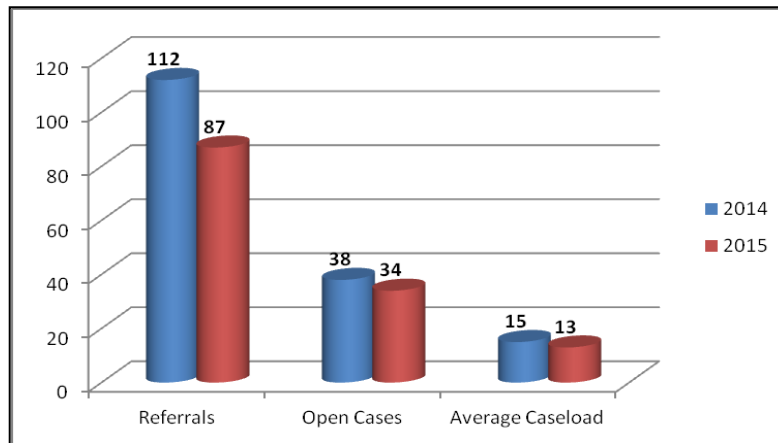
### Current staffing levels:

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

By the end of 2015 there was 1 vacant OA II position.

### 2015 YTD Stats as of December 31, 2015:

- Referrals – 87
- Open cases – 34
- Average caseload – 13



## Indio Mental Health Court

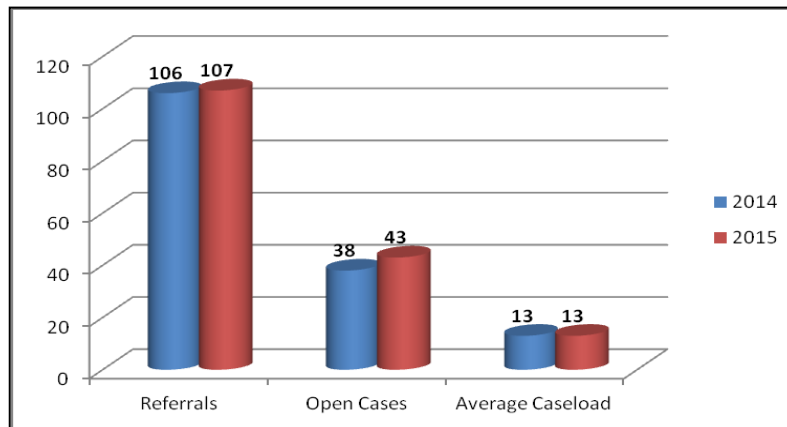
The Desert Region's Indio Mental Health Court was established in May of 2007.

### Current staffing levels:

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

### 2015 YTD Stats as of December 31, 2015:

- Referrals – 107
- Open cases – 43
- Average caseload - 13



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

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

## Veterans Court

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

A key component of the program continues to be mentoring. It has been tried and proven that when individuals feel a sense of universality (“I am not in this alone.”) the participation and response are much greater. Veteran mentors are pre-screened volunteer veterans and are critical to the success of the participants. Mentors provide support and guidance to the veterans in a way that is culturally competent, as they understand and relate to the military culture so ingrained in Veterans Court participants. These volunteers dedicate countless hours each week to support the veterans and the program. Currently, there are two (2) veteran mentors.

The goal of entry into the program is that three weeks (21 days) from arraignment, the Veterans Court referral form is completed by the client’s attorney, and the case is set in Department 31 for an eligibility hearing seven to fourteen days out. At this time the court requests mental health clinical assessments, which are prepared by the Clinical Therapist assigned to the Veterans Court. The Superior Court initially designated up to 50 participants in the program at one time but raised it to 100 in 2014.

The success of the program, both economically and socially, is reflected in many different ways. Veterans Court saves State and County funds in the avoidance of prison costs (\$134.25 per day State, and \$142.92 per day at local jails) when participants are in treatment in lieu of incarceration. Also when the Veterans Administration provided the treatment services, County treatment services were not utilized, saving in both duplication of services and cost. And the most significant savings remains that of human life and dignity for the veterans who fought for our Country and their families who sacrificed so much as a result.

The first Veterans Court Graduation was held on July 26, 2013. There were a total of 4 Veterans that graduated, with over 100 people in attendance at the event. There were several

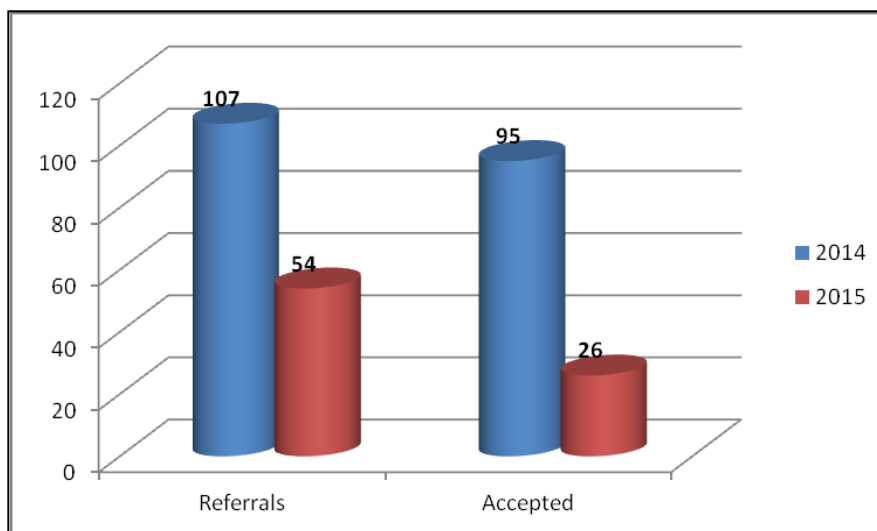
agencies that attended this event including Public Defender, District Attorney, Sheriff's Department, Probation, Riverside Superior Court, Behavioral Health Department, and a representative from Congressman Raul Ruiz's Office.

The second Veterans Court Graduation was held on January 31, 2014. There were a total of 7 Veterans that graduated, with over 80 people in attendance. This event also had several agencies attend including Public Defender, District Attorney, Sheriff's Department, Probation, Behavioral Health Department, and a representative from Assemblyman Medina's Office.

The third Veterans Court graduation is tentatively scheduled for May 22, 2015. The Department expects to graduate 4 Veterans, and anticipates continued support and attendance from family and friends of the Veterans, as well as members of other Federal, State, and County agencies, including the Public Defender, District Attorney, Sheriff's Department, Probation, Behavioral Health Department, Veteran's Affairs, and representatives from the County BOS and local Assemblyman's Office.

**2015 YTD Stats as of December 31, 2015:**

- Referrals-95
- Accepted-26





### **Participation in Community Veteran Events**

The VALOR Veteran Stand Down event was held October 17-18, 2014 at the Perris Fair Grounds. Veterans Court staff hosted a table at the event and provided free information regarding the Behavioral Health Veteran Court Program as well as other mental health brochures. As in the past, the event proved to be very successful in outreaching to the community.

On January 31, 2015 the 6th Annual Pass Area Veterans Expo was held in Beaumont at the Beaumont Civic Center. Behavioral Health staff hosted a table at this event and distributed free information regarding the Behavioral Health Veterans Court Program as well as other Behavioral Health brochures and resource information.

## Law Enforcement Collaborative

A committee of Behavioral Health/Riverside County Regional Medical Center professionals was created to continually review, revise, and present training to correctional and patrol employees of the Riverside County Sheriff and Police Departments. Currently this collaborative is coordinated, led and maintained by a Riverside County Behavioral Health licensed clinician who partners with Law Enforcement to provide Crisis Intervention Team (CIT) training, which is a certified 16-24 hour training by the Commission on Peace Officer Standards and Training (POST).

The current CIT training team also consists of guest speakers from the Department's Parent Partner, Family Advocate, and Consumer Affairs Programs. These individuals provide panel discussions for the purpose of providing a perspective by sharing their stories, their recovery, and lived experiences. The panels invite questions and suggestions from law enforcement regarding how to further educate the community, consumers, and families about police intervention. This is then reciprocated as the panel members offer input and feedback to law enforcement and provide them with a number of resources to connect community members to mental health services. In addition, the newly implemented community Crisis Response Teams, have also been added to the CIT program to provide information to law enforcement regarding the benefits of their program, how and when to utilize the teams, and to gather feedback and input for ongoing change to maintain program efficiency.

Together the CIT training team reinforces and models the importance of collaboration and offers education and awareness while reducing stigma. The main focus and goal of the CIT program is to train all law enforcement staff, including dispatchers, on how to de-escalate an encounter with someone with a mental illness before it turns into a crisis and to maintain safety. Deputy Sheriffs and Police Officers from other counties and agencies have also attended the training.

Approximately 900 employees of the Sheriff's Department and outside law enforcement agencies attended CIT last year. Training is consistently held 2-3 times a month. The local Riverside Police Department (RPD) scheduled one CIT class last year and are current with their goal to have their officers trained. The next CIT training for new RPD officers and personnel will be determined for 2016/2017.

As a result of the strengthened collaboration and relationship, the Sheriff's Department continues to request and has added (\*) additional trainings to support law enforcement specifically or in their service delivery to individuals with a mental illness. These trainings, permanent and/or as needed, include:

- Riverside Sheriff's Office (RSO) Basic Correctional Academy
- RSO Deputy Sheriff Supplemental Core Course
- \*RSO Annual Jail Training
- \*RSO Basic Inmate Classification Training
- \*RSO Dispatch Update Course – Communicating with Individual's with Mental Illness
- \*RSO Chaplain Academy – Common Responses to Trauma and Interventions
- \*RSO Peer Support Training – The Impact of Trauma and How to Protect Those Who Experience It

CIT continues to be beneficial for both the community and for law enforcement agencies, as reported by consumers, families, and law enforcement. In addition, per our CIT evaluations, law enforcement is consistently asking to extend CIT training, providing feedback and input to improve the program, and also asking about ways to become part of the CIT training team. Extension of the program is, and will be, an on-going discussion and process.

In 2015 the Behavioral Health CIT Coordinator had been contacted by the California Highway Patrol (CHP) Southern Division and was requested to train, assist, and support CHP to provide a modified 8-hour CIT training course for all officers and command staff. This 8-hour mandatory course was provided to the CHP officers within Riverside County and approximately 200 CHP officers completed training.

In addition to the CIT program and additional law enforcement trainings, CIT Coordinator, and team members have been invited to several Riverside public forums and NAMI Regional Meetings to share with the community about CIT and our partnership with law enforcement. Riverside County Department of Social Service, Welfare Fraud Investigators/Peace Officers had also requested training for their 45th California Welfare Fraud Investigator Association Conference, in which CIT coordinator served as guest instructor.

Projected plans and considerations for 2016/2017:

- Continue to explore implementation of intermediate and/or advanced courses of CIT through the Sheriff's Department and Riverside Police Department.
- RSO is currently in the process of further implementing mental health training for their correctional staff and will continue to collaborate with Behavioral Health to develop appropriate curriculum.
- Depending on the needs of CHP in the upcoming year, they have been provided with the necessary contacts to discuss further trainings with the Department on a consistent basis.
- Further extend CIT training to private city police stations.
- Per RSO request and interest in developing support for their employees, Riverside Behavioral Health - WET will be providing recommendations and support for training/interventions to prevent employee suicide within the Sheriff's Department.
- Continue collaboration and implementation with existing law enforcement partners for new ideas regarding curriculum and program, and perform the ongoing needs assessment to stay current and up to date with CIT trends and community needs.
- Collaboration with additional programs and agencies related to and/or impacted by law enforcement for CIT program expansion and comprehensive application.

Consumer Employment, Support, Education, and Training Initiatives are reported on page 117. Recovery Innovations Peer Employment Training (PET) information is provided in the Recovery Innovations narrative (page 152).

## Housing

### **MHSA Housing Activities, July 1, 2014 - June 30, 2015**

The Riverside University Health System – Behavioral Health (RUHS-BH formerly known as Riverside County Department of Mental Health ) continued to operate our Housing Crisis Response Program serving the Department’s housing continuum and needs through the Homeless, Housing, Opportunities, Partnerships and Education (HHOPE) program. HHOPE staff provides oversight of multiple programs.

The Housing Unit continues to support two Safehaven facilities, The Place and The Path, which follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. Both facilities are operated using a nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing at either location must have a diagnosed mental illness and be considered chronically homeless. Ninety-nine percent of provider staff has received mental health services themselves (as consumers of care or peers) and many have also experienced prolonged periods of homelessness. The Path and The Place are partially funded by HUD permanent supportive housing grants. The RUHS-BH HUD grants have successfully been renewed in order to support these programs through FY16/17.

The Place, located in Riverside, was opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry and shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The permanent housing component operated at above 89% occupancy during 2014/2015, with any vacancies quickly filled. During FY14/15, The Place had an average of 651 drop-in guests each month. There were nine individuals that moved on from their residency at The Place to live independently in their own apartments. Overall, more than 91% of residents of The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, was opened in 2009 and provides permanent supportive housing for 25 adults on the campus of Roy’s Resource Center. It is located immediately adjacent to a Full Service Partnership clinic that is operated by RUHS-BH. Nearly 92% of the

individuals who have resided in The Path maintain stable housing for one year or longer. The Path had an average of 324 drop-in guests each month during FY14/15. In addition, there were three individuals that moved on from their residency at The Path to live independently in their own apartments.

Recovery Innovations Programs operate both facilities under contract with RUHS-BH and both continue to operate at or near full capacity. The success of The Path and The Place, together with the prominent role they play in the continuum of housing for RUHS-BH consumers, positions these programs for continued success as a valuable contact point for homeless individuals with severe mental illness.

During FY14/15, MHSA funding for temporary emergency housing was continued. These funds were combined with other grant funds (Emergency Housing and Shelter Grant) in order to provide access to emergency motel housing or rental assistance. Using MHSA funding, the staff of the HHOPE program at RUHS-BH provided a total of 27,185 emergency bed nights to 1,114 individuals or families with children across all age groups.

The MHSA permanent supportive housing program continued to advance its efforts during FY14/15. Perris Family Apartments, a new construction project in Riverside, was completed and is now occupied. The project included 15 MHSA units that were embedded in the affordable housing multi-family community. As with all other MHSA-funded Department projects, the Perris Family Apartments included 15 integrated supportive housing units within the 75-unit complex. The community includes a full-time onsite RUHS-BH funded support staff with a dedicated office. This multi-family affordable housing project is located in the City of Perris.

With the completion of the Perris Family Apartments, RUHS-BH will have committed and expended all available MHSA housing development funds held in trust by the California Housing Finance Agency (CalHFA). RUHS-BH will continue to support affordable housing development and development projects as funding becomes available, and will continue providing strong advocacy for special needs housing for very low-income residents, particularly those who are homeless or at risk of homelessness and have severe and persistent mental illness. Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

RUHS-BH leveraged more than \$19 million in MHSAs funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850 units of affordable housing throughout Riverside County. Integrated within each MHSAs-funded project were 15 units of permanent supportive housing scattered throughout the apartment community. The affordable housing communities that received MHSAs funding from the RUHS-BH for permanent supportive housing are identified below.

<b>Region</b>	<b>Project Name and Population Served</b> <i>(All facilities are open for occupancy unless otherwise noted)</i>	<b>Number of affordable housing units in the community</b>	<b>Number of MHSAs units embedded in the community</b>
Desert	Legacy - All consumers	80	15
Desert	Verbena Crossing - All consumers	96	15
Mid-County	Perris Family Apartments - All consumers	75	15
Mid-County	The Vineyards at Meniffee – Older Adults	80	15
Western	Cedar Glen – All consumers	Phase 1 – 78 (open) Phase 2 – 75 (in planning)	15
Western	Rancho Dorado – All consumers	Phase 1 – 70 Phase 2 - 75	15
Western	Vintage at Snowberry – Older Adults	224	15

The MHSAs units within each of these communities operate at near 100% occupancy and experience very little turnover. There continues to be a waiting list of more than 100 eligible consumers for housing of this kind.

In addition to providing support to MHSAs residents in these communities, the HHOPE Housing Resource Specialist position that is funded through MHSAs provides ongoing support to scattered site housing managers and residents. During FY14/15, the staff of the HHOPE Program provided property management and resident supportive services to consumers residing in 196 HUD-funded supportive housing apartments across Riverside County. Additionally, HHOPE received a new HUD grant for Rapid Re-Housing, which provides deposits and short term rental assistance to families in the system who are homeless. The focus for this

grant was for families with children who were experiencing a housing crisis due to the family's struggle with the child's mental health challenges and behaviors. Often the households have lost income due to frequent absences in their employment due to the child's needs, or the child's behaviors have resulted in evictions from their previous housing. These results linked to the child's mental health challenges puts significant pressure on the family, its internal relationships, and stability. This grant provides, at minimum, 90 days of rental supports, with the possibility of up to 12 months. As the pressures are adjusted, family dynamics shift. The child is now the individual facilitating housing into the family and aiding in providing stability during difficult periods. It has a generational effect, as the families become stable in their new housing. During the first grant year, HHOPE housed more than 15 families who are now in stable, ongoing, and independent housing.

HHOPE staff have also provided ongoing consultation, landlord, and housing supports to the County Probation department and the housing needs for the AB-109 early Release individuals who are living on the streets. In FY14/15 HHOPE administrative and Housing Resource Specialists, as well as community Service staff supported more than 120 individuals in re-entry housing.

### **Looking Ahead to FY15/16 through FY16/17**

Funding for the development of new MHSA supportive housing projects is no longer available. RUHS-BH is working closely with the Riverside County HUD Continuum of Care and various Veteran Service Partners to explore the possibility of establishing a partnership, if feasible, to apply for funds that are available through Proposition 41 (the California Veterans Housing and Homeless Prevention Bond Act), which was approved in June 2014.

There are now a total of 105 units of MHSA permanent supportive housing delivered to mental health consumers in Riverside County. There are more than 100 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County. Permanent supportive housing for people with mental illness is an integral part of the solution to homelessness in Riverside County. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing that includes units of permanent supportive housing for MHSA-eligible consumers. The loss of Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial



structures that are necessary to develop affordable housing, create uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program. The need for this housing continues to outpace the supply.

HHOPE has applied, at the community's request through the Continuum of Care (COC) HUD process, for additional \$1,400,000.00 Rapid Re-housing Award. This grant application which if awarded would begin in 15/16, is designed to work in collaboration with our Transition Age Youth programs to provide street engagement to youth, rental assistance, landlord and housing supports with priority dedicated to our Transition age youth receiving services at three proposed drop in centers. Priorities include LGBTQ youth and those at risk due to their disability. Youth are currently the largest and fastest growing homeless population in the United States, with 40% of the youth on the streets identified as LGBTQ. These youth have been identified as the most at risk for health issues, at risk of human trafficking and at risk behaviors to provide a sleeping arrangement and frequently have substance use and co-occurring disorders.

Additionally, HHOPE has submitted an application to be the Coordinated Entry System Lead for our community. This grant with the MHSA HHOPE program would be active in FY 15/16 if approved. A Coordinated Entry system (CES) creates a cohesive and integrated housing crisis response system with our existing programs, bringing them together into a no-wrong-door system, which (whether sheltered or unsheltered), allows our housing crisis response community to be effective in connecting households experiencing a housing crisis to the best resources for their household to provide sustainable homes. HHOPE is currently active in the developing of the CES program and has identified that by providing leadership in the CES, this will allow our programs to protect the confidentiality of our individuals while ensuring that those at most risk are high on the system scale. HHOPE staff will provide ongoing supports and education to the community regarding the CES system capabilities.

The HHOPE staff will continue to provide ongoing landlord and supportive housing supports throughout the community. HHOPE has been identified as one of the leading providers of supportive housing in our community and as such has provided ongoing consultation services and specialized training to other Behavioral Health staff and community agencies on landlord services and Supportive Housing Best Practices. Our training in FY 14/15 was attended by more than 50 individuals, with additional program specific training provided to new PSH

agencies. Additional Permanent Supportive Housing best practice trainings are planned for FY 15/16 and 16/17 at the community request.

The HHOPE program has currently 4 dedicated Housing Crisis Response Teams, composed of a Behavioral Health Specialist and a Peer Support Specialist on Each team. These teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to our MHSA services. These teams are integral and key players in the housing of homeless Veterans initiatives in our community, as well as the chronically homeless. Recognized as innovative in our Housing Crisis Program development and street engagement programs, RUHS-BH HHOPE program was requested to provide contractual street engagement in targeted services to 2 cities (Riverside, Palm Springs) in our community. The projected start date will be FY 15/16 and are in collaboration with city governments and law enforcement. Utilizing a innovative Housing crisis approach and housing plan development initiatives, these 6 teams will play a key role in linking those on the streets into our Behavioral health services and system. HHOPE has also worked with local agencies to provide ongoing trainings to staff on Housing Crisis program development and is working collaboratively with law enforcement agencies as they develop new homeless specific services in their programs.

## **Consumer Employment, Support, Education, and Training**

During FY14/15, Consumer Affairs continued its growth within the Behavioral Health Department. Recovery model and consumer initiatives were implemented in cross-agency training and participation throughout the year. This is the priority of the Consumer Affairs Unit which remained strong and Peer Support Specialists (PSS) continued to be utilized in a variety of areas and programs to integrate the consumer perspective into the recovery teams within the behavioral health field. Peer Support Specialists are people who have experienced significant mental health and/or substance use challenges that have disrupted their lives over lengthy periods and have achieved a level of recovery and resiliency to use their experience to benefit others experiencing behavioral health challenges. PSS have been added to existing programs and to developing innovative programs.

### **Workforce**

Consumer Affairs added to its numbers by bringing on qualified PSS Interns (PSSI) who have completed Peer Employment Training. They then go through a selection process, which includes a meeting with the Consumer Affairs Manager and Workforce Education and Training (WET) Manager. Those who are selected provide direct services in the clinics and programs. A detailed training program is in place to ensure each PSSI builds the same skills as do other Peer Support Specialist staff. This is accomplished in a learning capacity, while performing all the essential job functions of a full-time PSS. A Senior Peer Support Specialist supports them in their learning. In FY13/14, there were 11 PSS Interns and of those 11, five were hired to full time positions.

### **Programs**

The TAY (Transition Age Youth serving individuals ages 18-25) Peer Support Program has continued to progress. It currently has a dedicated Senior Peer Support Specialist and two Peer Support Specialists working with youth. The TAY Peer Support Team provides needed support and resources to the Transitional Age Youth who are transitioning from the children's service programs into the adult programs. This increases the likelihood of the individual continuing his or her recovery into young adulthood and reduces the chances of that same individual falling into crisis during this very challenging transition. The TAY Senior Peer Support Specialist works

with the Children's Services Administrator and the Peer Policy and Planning Specialists from Adults, Family Advocates, and Parent Partners to augment current PSS Training offered to adults. This includes subject matter to assist the TAY PSS in working alongside young people and their parents to ensure appropriate Medi-Cal reimbursements for services provided through Riverside University Health System – Behavioral Health. The Senior PSS for TAY is currently working to improve services to this population through the implementation of drop-in centers strategically located throughout the county to provide needed support for youth who experience first episode psychosis and are need of developing life skills, education, vocation, and housing.

The PSS Volunteer (PSSV) Program also increased the number of consumer providers. The County of Riverside was privileged to have 35 PSSV providing 4,922 volunteer hours to the Department in FY13/14. For 2014, there were 29 Peer Volunteers, with a total of 2,693.32 hours total. For 2015, there were 20 Peer Volunteers, with a total of 2,082.50 hours total. This program has been particularly exciting, since the volunteers are all providing direct services resulting in a tremendous client response. The PSS Volunteers perform a variety of tasks, including greeting clients in the lobby, providing resources, co-facilitating recovery groups and providing one-to-one peer support. Many of the volunteers go on to be hired to work for the Behavioral Health Department or its contractors.

### **Senior Peer Support Specialists**

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

- Recovery Documentation
- Advanced Peer Practices
- Recovery Focused Service Delivery
- Recovery Coaching
- Collaboration: A Recovery Practice
- Recovery-Focused Service Delivery for MDs

- WRAP Facilitation

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

There are twelve senior positions for Peer Support. Three regional Senior PSS (Western, Mid-County, and Desert), one each in Older Adults, Substance Use, The Recovery Learning Center-West, the AB109 “New Life” Program, Quality Management/Research, Communications, Long Term Care, Homeless Outreach “HHOPE”, and Transitional Age Youth.

Under Waiver 1115, the Senior PSS for Substance Use has been working to plan, develop and implement paid line staff PSS to provide direct services to individuals who are receiving treatment for substance use challenges in addition to mental health challenges. Previously, PSS volunteers are the only peer support services available in the Substance Use Program. Under the Waiver, paid PSS line staff services are proposed.

The Senior PSS in Quality Management has been working on the development of the countywide launch of “Whole Health”. This is a consumer-directed program utilizing the Recovery Innovations curriculum “Facing Up.” This program launched early in January 2015 and has proven to be successful in the integration of physical health wellness into behavioral health. This Senior PSS position also works countywide to ensure compliance of written materials in clinic lobbies and that customer service practices are in line with supplying consumers with a welcoming environment that works to reduce stigma and promotes recovery. Compliance reports are generated and delivered to Managers and Directors for review.

### **Community Education and Support**

The Consumer Affairs division receives requests all year to submit proposals for workshops nationwide. In the 2014/2015 fiscal year the Senior Peer Specialists joined with the Consumer Affairs Program Manager to facilitate these workshops. In 2014-2015 these conferences included the International Association of Peer Supports (iNAPS), the California Association of Social Rehabilitation Agencies (CASRA), WRAP around the World, and the Each Mind Matters Conference. In addition, the Department has participated in assisting with the development of Statewide Peer Support Certification in collaboration with the California Association of Mental Health Peer Run Agencies (CAMHPRO).

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

- “Living Recovery: Returning to Work After a Relapse”
- “Crisis Response and Peer Support”
- “Remembering Self-Care”
- “Peer Support in Mandated Services”
- “Peer Support in 12-Step: Building Healthy Boundaries”

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

### **Training and Support**

The Consumer Affairs division continues to hold monthly trainings. There have been specialized presenters to provide information on topics such as Ethics and Boundaries, Pets Assisting in Recovery (PAIR), Older Adults, Spirituality in Mental Health, Cultural Competency and much more. Continued support and training for the PSS includes bringing in the Copeland Center to certify WRAP (Wellness Recovery Action Plan). Recovery Innovations was invited to train Senior Peer Support Specialists as facilitators in Advanced Recovery and Advanced Peer Practices.

During this time, partnering with a county contracted agency, Recovery Innovations, six Peer Employment Trainings were held and have graduated 130 students. This class is two weeks (72 hours) of intensive college level material. It includes a mid-term and final examination. This class provides the Department with new PSS staff, volunteers, and interns. It also assists consumers to further their personal recovery.

Consumer Affairs continues to collaborate with the Family Advocate Program as well as Parent Partners for training and support. This ensures that Riverside University Health System – Behavioral Health carries a singular message of hope to the community. The senior staff is collaborating in a number of ventures providing training to the community, sharing resources and co-facilitating events. The fourth annual “All Peer Retreat” (Consumer Affairs, Family Advocate Program, and Parent Partner Program) was held in October 2015. This retreat was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives. A speaker from Riverside University Health System – Behavioral Health’s Workforce Education and Training team was brought in to educate the Peer Staff on working with diverse populations within the LGBTQ community and their families.

Consumer Affairs has implemented a consumer resource help line to connect the community with resources and solutions to not only behavioral health challenges, but also life challenges that often exacerbate the behavioral health challenge. These resources include, but are not limited to finding assistance with education, vocation, shelter, utilities, pets, and other social services. This line is manned by a PSS and directly supervised by the Senior Peer Communications Specialist.

Consumer Affairs collaborated with the homeless outreach team to present the Longest Night events, which were held in all three regions of the county. Donations from employees, community members, and consumers of blankets, gloves, coats, scarves, socks, and shoes were gathered and distributed to each event. Any donations not used at each of the events were forwarded to the Homeless Outreach “HHOPE” team to utilize for those they encounter and engage during outreach activities. In the Western Region, “A Movie in the Park” outreached to 44 community members, providing support and handing out more than 100 blankets for those struggling with homelessness. All in attendance experienced an inclusive and positive interaction with other members of the community with a night of fun, hot chocolate, pop corn, and a movie with folks who do not get to indulge in such extravagances on a regular basis. In Mid-County Region, a moment of silence was held in memoriam for those who have died living on the streets. Blankets, hot chocolate and warm smiles were exchanged with those in need. In the Desert Region, staff and consumers gathered at three locations. The event at Replier Park in Banning had approximately 15 attendees. Blankets, socks, coats, gloves, scarves, and beanie hats were handed out to those in need. At Miles Park in Indio, along with

the vital blankets, clothes, and “goodie-bags” with toiletries, attendees participated in a memorial, during which individuals shared their stories of survival while living on the streets. Hot chocolate and candy canes made the moment even brighter. In Palm Springs, A moment of silence was held in memoriam of those who have lost their lives with homelessness as a contributing factor. Blankets, socks, jackets, scarves, gloves, and hygiene items were handed out to anyone in need.

For the second consecutive year, Consumer Affairs took the lead in the May is Mental Health Month events across the County reaching more than 2,500 community members. The Desert Region Art Show sponsored by the Desert Region Behavioral Health Commission had 173 participants sharing their art with the community to help reduce the stigma of mental illness. The Western Region Health Fair was held at Fairmount Park where there were more than 100 vendors sharing resources and educational information with the community. This year RUHS – BH partnered with Life Stream and 50 participants were able to donate blood, furthering a connection to community. Mid-County Region partnered with Seams of Gold to present a health fair at Foss Field Park. There were more than 50 vendors and 600 community members for its inaugural presentation.

Consumer Affairs will continue to innovate and implement recovery practices building inter-agency and community connections to better service all those who are within our County.



## **Family Advocate Program**

### **Family Advocate Program**

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

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

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

Currently there are six Senior Mental Health Peer Specialists and fifteen (15) Family Peer Specialists providing services throughout the three Regions (Western, Mid-County, and Desert).

Two Seniors each are assigned to the Mid-County and Western Regions, one Senior is assigned to the Desert Region, and one Senior supports the Forensics Unit. The Family Advocates are able to provide individual family support to family members within the mental health system, as well as support to the community. They currently offer weekly family support

groups in various locations throughout the county. The FAP has added a Transition Age Youth (TAY) Family Support group and a Sibling group to expand their services. They also offer informational presentations to family members and the community on topics such as, “What is a 5150?”, “Substance Abuse 101”, “Nutrition and Mental Wellness”, “Families, Mental Illness and the Justice System” and several other educational topics. All presentations and groups are offered in both English and Spanish.

The FAP also continues to be the liaison between the Riverside University Health System – Behavioral Health and the National Alliance on Mental Illness (NAMI) and assists the four local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program and also currently teaches the Spanish Family-to-Family program. The FAP assisted the Riverside and Hemet NAMI affiliates in starting the first two Spanish-speaking NAMI meetings in Riverside County. In partnership with the local affiliates, the Spanish NAMI meetings have been extremely successful and provide much needed support to our Spanish-speaking communities. Spanish NAMI held the second “Posada” Holiday Celebration attended by 100 family members from diverse communities. The Department, per community suggestion, will explore the implementation of other cultural adaptations of NAMI programs such as “Compartiendo Esperanza” for the Spanish speaking community, and “Sharing Hope” modeled for the African American community.

The FAP also networks with community agencies by outreaching, providing educational materials, attending health fairs, visiting schools, and providing presentations to culturally diverse populations to engage, support, and educate family members on mental health services and supports that are available to them.

The FAP has added a county-wide Senior Mental Health Peer Specialist to support families in the Mental Health Court and Veterans Mental Health Court, Detention, Public Guardian, and IMD Programs. Families experience increased struggles with understanding the complexity of these programs. The Family Advocate is able to assist families in navigating the programs, offer support, provide a better understanding of the system, and offer hope for their loved ones. The FAP has developed several family educational series, such as “Families, Mental Illness, and the Justice System” and “The Conservatorship Process”, in English and Spanish and has added a library of presentations that are offered county-wide to family members and the community.

Currently the FAP has Mental Health Peer Support Specialist (Family Specialists) assigned to many of the Clinics. These Specialists work directly with family members of consumers within their clinic. A Family Specialist (Coach) has also been assigned to the Recovery Learning Center and works directly with the Recovery Coaches to support and provide the member's families with a better understanding of the Wellness Recovery Action Plan® (WRAP) and Recovery Concepts that are the centerpiece of the services offered.

The FAP has added a Family Specialist to provide supports at the Indio Mental Health Clinic in the Desert Region. This additional Family Specialist will assist in enhancing family support services within the outpatient clinic and work directly with clinic staff to support families' integration into treatment. A Family Specialist has also been added to the Office of Public Guardian (PG) and Long Term Care (LTC) Program and assists with the Mental Health Courts. This Family Specialist will provide support, resources, and education to families whose loved one has been placed on conservatorship and/or at a Long Term Care Facility. This Family Specialist will act as a liaison between families and these programs to insure additional support and understanding of the LTC and PG processes.

FAP attends and participates in several Behavioral Health Department Committees, such as Criminal Justice, Behavioral Health Regional Advisory Boards, Adult System of Care, Veterans Committee, and Housing to ensure that the needs of family members are heard and included within our system. The FAP staff continues to be part of the Family Perspective Panel Presentations with several programs and agencies such as the Graduate, Intern, Field, and Trainee (GIFT) Program managed through the Departments Workforce Education and Training (WET) Team as well as the Crisis Intervention Team (CIT) training to Law Enforcement, to include the family perspective when handling a 5150.

The FAP also will be expanding to support families with loved ones who struggle with mental illness and substance use challenges. The addition of a Family Advocate Peer Specialist will assist families in understanding both the Mental Health System of Care and Substance Use programs in hopes to support families in building healthy boundaries and with the knowledge and skills they need to best support their loved ones with dual diagnosis challenges.

The FAP continues to work closely with the Mid-County Region MHSA Innovative Program, "The Family Room" that is located at the Perris Mental Health Clinic and the newly opened "Lake Elsinore Family Room". The Family Room concept emphasizes support for families who

are in crisis and enhance family members' knowledge and skills by expanding their participation and role so that they can better assist and promote their loved one's road through recovery.

Volunteers and interns continue to be an essential part of FAP. Volunteers and interns are mentored by Senior MH Peer Specialists in the day to day activities of a Family Specialist which includes attending the NAMI Family-to-Family Education Program and family support groups.

Some future goals for the FAP are to be able to offer new educational supports to families and expand services such as:

- Expand Family Specialist positions to other clinic sites and programs such as Substance Use clinics and Transition Age Youth (TAY)
- WRAP for Family Members
- Recovery Management for Family Members
- Co-Occurring Support Groups and Educational Programs
- Spirituality Support Groups
- Collaborate with local universities, colleges and high schools to emphasize the importance of family involvement when assisting students with mental health challenges at first break

The FAP continues to partner with Consumer Affairs and Parent Support and Training Programs to promote collaboration and understanding of family and peer perspectives.

The FAP believes that Recovery is an essential piece in all their support services to families. It is essential for families to understand that Recovery is possible for their loved ones, but also, family members go through their own Recovery journey, which can be possible with continued support, education, understanding, and self-care for themselves and their loved ones.

## Parent Support and Training Program

### Classes/Trainings

EES

Triple P

Facing Up

Nurturing Parenting

Parent Partner Training

### Special Projects

Back to School Backpacks

Thanksgiving Meals

Snowman Banner Gifts

Donations

### County-Wide Services/Activities

Outreach Events

Volunteers

Interns

Mentorship

Parent Orientations

Support Groups

Conferences

Multi-Agency Collaboration

Transition Age Youth

Presentations

### **Introduction - Why Parent Support?**

Parent Support and Training (PS&T) Programs across the country have been developed in response to the many obstacles confronting families seeking mental health care and to ensure treatment and support be comprehensive, coordinated, strength-based, culturally appropriate, and individualized. The Parent Support Program activities are intended to engage parents/caregivers from the moment they recognize assistance is necessary. Activities include parent-to-parent support, education, training, and advocacy. This will enhance their knowledge and build confidence to actively participate in the process of treatment planning and at all levels relating to their child as well as their family. These activities are specifically supported in the Mental Health Services Act as a part of Mental Health transformation to promote better outcomes for children and their families.

## **Background**

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

### **What is a Parent Partner?**

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

### **Mental Health Peer, Policy, and Planning Specialist**

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

### **The Vision**

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

PS&T has been able to individually reach out to over 20,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their

children, and families. The current number of Parent Partners county-wide is 42 Total (19 are bilingual).

There is a quarterly county-wide Parent Partner Meeting for all 42 Parent Partners (Mental Health Peer Specialists). There is also a quarterly regional Parent Partner meeting with all parent partners in their own region to discuss regional issues. The quarterly county-wide parent partner meetings are held the third Tuesday of the month at the Banning Mental Health Clinic. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partners. Presentations are provided by both county and contracted programs, such as Katie A. Implementation, How to Facilitate a Support Group, Self-Care, and Documentation for Parent Partners.

PS&T was able to co-facilitate the Fifth Annual All Peer Retreat, with all Parent Partners, Family Advocates, and Peer Specialists coming together. Over 100 Peer Specialists, Parent Partners, and Family Advocates learned from each other regarding the different programs and services that are provided. There were a lot of Team Building Exercises, a Motivational Speaker, and Collaboration throughout the day. PS&T was excited to bring together all of the amazing people who work for the Department who have lived experience and to network and learn from each other.

PS&T Program has continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways Trainings for new staff. PS&T along with DPSS have incorporated the changes in both systems to ensure that all children entering the Child Welfare System are receiving the mental health services that are needed. This has been an avenue to have the parent and family voice continue to be heard in both systems. The PS&T Program was also able to have two presentations for Judges within the Probate Court System. The Judges had requested this in order to instill more resources and information to the families that they work with under Guardianship.

A Parent Partner curriculum has been approved and is being utilized as training for all newly hired parent partners. With Special Projects, PS&T has been able to utilize 75 community volunteers during FY14/15 with outreach events and donation projects.

- 15th Annual Back to School Backpack Project: 442 backpacks were distributed to youth at clinics/ programs.
- 15th Annual Thanksgiving Food Basket Project: 112 food baskets were distributed to families.
- 15th Annual Holiday Snowman Banner Project: 1,110 snowflake gifts were distributed to youth in clinics/programs.
- In the Mentoring Program, monitored through Oasis, an average of 33 youth has been in the Mentoring Program at any given time during FY14/15. The mentors are varied in their life experience and education. Several of the mentors have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the objectives for the youth is to be linked with an interest in the community. Clinicians will ask for them by name on the Mentor Referral. Some of the comments from parents are that this program has helped their youth with school and has improved his/her confidence.

### **Support Groups**

- Open Doors Riverside (Parent Support)
- Open Doors Riverside (CSEC Parents)
- Open Doors Riverside (Adoptive Parents)
- Open Doors Murrieta (Parent Support)
- Open Doors Riverside – Spanish (Parent Support)
- Open Doors San Jacinto (Clinic Parent Partner)
- Open Doors San Jacinto - Spanish (Clinic Parent Partner)
- Open Doors Banning (Clinic Parent Partner)

### **Educate, Equip and Support (EES) Classes**

- Total Graduates: 237 county-wide
- Total Classes: 13 English, 6 Spanish - 19 county-wide



### **Triple P Classes**

- Total Graduates: 136 county-wide
- Total Classes: 20 English, 7 Spanish - 27 county-wide

### **Nurturing Parenting**

- Total Graduates: 22
- Total Classes: 4

### **Safe Talk**

- Total Graduates: 38
- Total Classes: 2

### **Facing Up**

- Total Graduates: 12
- Total Classes: 1

### **Parent Partner Trainings**

- Total Graduates: 42 county-wide
- Total Classes: 3 county-wide

### **Daily Reporting Center (Prison Release Parents)**

- EES Classes Total participants: 36
- Triple P Classes Total participants: 74

### **Child and Family Team Meetings**

- PS&T Staff attended: 40 CFT's for Families
- PS&T Staff attended: 15 CFT's for Non-Minor Dependents

### **Community Committees/Boards**

- Southwestern and Western Region Child Care Consortium (Committee)
- Riverside Child Care Consortium (Board)

- United Neighbors Involving Youth (UNITY)
- Directors of Volunteers in Agencies (DOVIA)
- Riverside County Community Volunteers (RCCV)
- Community Adversary Committee (CAC) (Corona)
- Mujeres Activis en La Salud (MAS)
- Eastside Collaborative, Community Health Foundation
- Civic Center Collaborative
- Riverside Unified School District (RUSD) English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative
- RCOE Fiesta Educativa Committee
- Family Service Association (FSA) Children's Conference Committee
- Eric Soleader Network – Resource Person
- Perinatal Collaborative
- League of Latin-American Citizens
- Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs)
- Task Force Family and Youth Murrieta
- SELPA Interagency Meeting
- Riverside County Department of Mental Health Committees/Boards
- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee
- Translation and Interpretation Committee

- Cultural Awareness Celebration Committee
- Pathways to Wellness (Katie A.) - Collaboration with DPSS
- TAY Collaborative Committee
- Building Bridges Committee
- Pathways to Wellness (Katie A.) - Family Perspective Presentation
- Women, Infants and Children Clinics
- Behavioral Health Commission (previously the Mental Health Board) (Recovery Presentation)
- Mental Health Children's Committee
- Wraparound Family Plan Review Meeting
- Western Region Supervisors Meeting
- Central Region Supervisors Meeting
- Mid-County Region Supervisors Meeting
- Desert Region Supervisors Meeting
- Kinship Navigators Committee
- Peer Workshop Presentation
- Pathways to Wellness (Katie A) CORE Meeting
- Pathways to Wellness (Katie A) Steering Committee
- Pathways to Wellness (Katie A) Work Groups Leader Orientation
- TAY Collaborative
- Task Force Family and Youth Murrieta

**Outreach Events:**

Path of Life Health Fair

NAMI Walk

Family Resource Center Perris Health Fair

Million Man Event

Arlanza Fair	Black History Parade
Recovery Happens Fair	May Is Mental Health Month
I.E. Disabilities Health Fair	Health and Safety Event
Working Well Together Conference	NAMI Conference
Tribal TANF	Cultivating Our Community
African American Family Wellness	Rubidoux Resource Fair
Million Father March	Heart For Health
LULAC Community Health Fair	Fiesta Educativa

**Parent Support and Training Program FY15/16 through FY16/17**

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

Parent Support and Training Program facilitates Educate, Equip and Support (EES) classes that are provided to parents/caregivers who receive services through clinics/programs. The classes are also available to the community. PS&T will continue to provide ongoing Support Groups that are open to the community for parents/caregivers who are raising children who are experiencing challenging behaviors. PS&T is also working with Safe House regarding to Human Trafficking and are providing ongoing support groups for the parents of the children who are trafficked. PS&T is now also providing Triple P Parenting Classes for parents/caregivers of children who are 0-12 years old and are experiencing beginning behavior challenges. Parent Support and Training has started both “Nurturing Parenting” Classes and the “Facing Up” Wellness Classes for parents/caregivers. PS&T Program is implementing the Mental Health First Aid and Safe Talk Trainings that will be open to all community members that are interested in participating in this valuable training. PS&T Program will continue to facilitate the ongoing two-week Parent Partner Trainings for parents/caregivers in the community as well as to newly hired parent partners within the Riverside University Health System – Behavioral Health and Department of Public Social Services to learn more about Recovery Skills, Telling their Story, and working within the county system as an employee/volunteer. Parent Support and Training Program continues to network within the County Behavioral Health System as well as community-based organizations to bring information to parents. PS&T will continue to be a part

of the Law Enforcement Training, as a part of the Panel Presentation, to provide the parent perspective when a child is 5150'd.

Parent Support and Training Program will also be providing Triple P, EES Classes, and Facing Up Wellness Classes in conjunction with several Agencies for the AB109 population. PS&T is at both of the Daily Reporting Centers in Riverside and in Mid-County in Temecula to help support and empower this population of parents who are recently released from prison. It is our hope in working with this population of parents that we will also be able to outreach to their children. The children of parents who are incarcerated are a group that is often left out of services and not recognized as being in need.

Parent Support and Training will continue their collaborative efforts with Department of Public Social Services in regard to the Pathways to Wellness (Katie A.) legislation and transformation of Mental Health Services to families within both systems. PS&T will continue to collaborate on committees and with ongoing trainings to staff, community, parents, and youth that are involved with that system. Parent Support and Training plans to have a key role in upcoming Child, Family, Team Meetings, and providing Intensive Home-Based Services to those families.

Parent Support and Training has recently become involved with a Multi-Agency Education Collaborative that has been implemented by RCOE SELPA to collaborate for joined services for our families that have many barriers to accessing multi-faceted levels of care from different types of agencies. A venue for youth has now been incorporated into this group. PS&T continues to refer youth and to encourage youth to participate in this group. PS&T plans to continue this collaboration and outreach to families that are referred to us through this venue.

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

### **The Goal**

The goal is for Riverside's Parent Support Program to assist families, regardless of whether or not they are receiving any type of mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family. The African American population is an identified population that PS&T is actively participating in regarding Outreach and Community Events. The Homeless Population of

Families is also an identified high needs population that PS&T is actively outreaching. A need that has been identified by the Prison-Release Parents and the Parents involved with the Children Protective Services Population, is the need for Anger Management Classes that will engage and help this population of Parents with their anger issues and how to effectively advocate for their Children within the multitude of systems in which that they are involved. A continued need that is identified by the parents that we work with is the need for Childcare. The parent perspective will be incorporated in all aspects of planning and at the policy level. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will help to avoid homelessness, hospitalization, and incarceration, out of home placement, and/or dependence on the state for years to come.

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

### **Existing Support and Services in the Parent Support Program**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **Current Staff in the Parent Support Program**

- One (1) Parent Partner in Administration works in partnership with Children’s Programs Administrators and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- Five (5) Senior/Lead Parent Partners work out of the Parent Support and Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children’s Administrator, Children’s Supervisors, and Parent Partners to ensure and help with providing support for families. This year we added a Senior/Lead position specifically for Pathways to Wellness.
- Nine (9) Parent Partners are assigned to work out of the Parent Support and Training Program. They provide assistance, answer the support line, and provide EES, Triple P,



Facing Up, Safe Talk, Parent Partner, Mental Health First Aid, and Nurturing Parenting Trainings county-wide. They also facilitate Support Groups County-wide, offer presentations to community providers, and offer support to clinicians and families including orientation for parents/caregivers entering the system when needed.

- One (1) Volunteer Services Coordinator coordinates special projects and donated goods, provides outreach, targets culturally diverse populations, trains, and mentors volunteers, and is bilingual.
- One (1) Secretary and One (1) Office Assistant, who answer phones; send out mailers for Support Groups, EES Classes, and Parent Trainings; coordinate the training materials that are needed for the Parenting Classes that are ongoing throughout the county; maintain lists for all Donation Projects of Donors; and work closely with the Program to maintain all Projects, Reports, and Imagenet information for tracking purposes.

## Recovery Innovations

### (Wellness Cities)

#### Peer Support and Resource Centers

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

#### **NAMI Programs**

In Our Own Voice  
Parents and Teachers as Allies  
Breaking the Silence

#### **Peer Employment Training**

PET Service Data

#### **Art Works Programs**

Gallery Classes  
Special Events  
Recovery In Motion

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

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

RI International provides a range of mental health services to adults and transition-age youth (TAY) participants in Riverside County. The RI “Wellness City” programs are grounded on the recovery principles of hope, choice, empowerment, an environment of wellness and spirituality, and community enrichment by contribution. Wellness City is made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers called Recovery Coaches

who have experienced their own recovery successes share what they have learned and work alongside each person. Those who attend the programs are called “citizens” and like citizens of any community they both give and receive from the community. The citizens of Wellness City learn to identify personal strengths and challenges and develop personalized action plans that incorporate their dreams for the future. Each citizen of Wellness City partners with a Recovery Coach who understands the challenges and is standing by ready to offer support. Strong and trusting relationships grow and are nurtured between Wellness City citizens. These relationships are the key ingredient that will allow the City to be a healing recovery community. There are citizens who receive services, citizens who provide services, citizens who are leaders and citizens who volunteer within the Wellness City and outside community. The healing dynamics of Wellness City include the following services to support: wellness and recovery.

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

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

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

**Peer-Support:** Each citizen will be welcomed and offered the opportunity to spend time with a Recovery Coach who will provide an orientation to the activities provided in Wellness City and

assist them in developing a “Personal Wellness Plan”. Each citizen will select a Recovery Coach who will walk alongside them and encourage them as they carry out the actions they have listed in their “Personal Wellness Plan”.

**Criteria for Eligibility:** Anyone who has experienced behavioral health services and lives in the Riverside County area will be welcome to participate in RI International Wellness City. Citizens will be encouraged and supported to participate in community activities within the Wellness City and outside community.

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

- Transportation Assistance Program (TAP)
- Housing and Urban Development Office
- SSI Advocacy Firms
- Riverside Community College’s Disability Services Center
- Department of Rehabilitation
- Homeless Housing Opportunities Partnership and Education Programs (HHOPE)
- Riverside 25 Cities Coordinate Entry System
- Family Services Association
- Riverside Health Foundation
- Wiley Center
- Catholic Charities
- Operation Safe House

**Community Partnerships, Fairs, and Support:**

During this fiscal year, RI International established partnerships with various community organizations and has attended a multitude of fairs, sharing information regarding programs

services and support, throughout Riverside County. The following are a few of the collaborations that have been established.

- Loma Linda University Nursing Students partnered with RI International to facilitate Health Awareness classes. Loma Linda interns facilitated a two-hour class once a week. The Interns shared health facts and promoted physical wellness to the Wellness City citizens.
- RI International partnered with Therapeutic Behavioral Services (TBS) Providers and gave a presentation to one hundred (100) of their employees. RI International Recovery Coaches shared their story, explained the services offered at the various Wellness Cities and the requirements to become a citizen. Questions were answered and it was announced that RI will be providing the Desert Region with three new Wellness City locations.
- RI International had a booth at the May is Mental Health Fair sponsored by Riverside County Department of Mental Health (RCDMH) – now RUHS - BH. Recovery coaches attended and provided potential participants and their family members with information on RI International. Brochures, class calendars, and giveaways were provided.
- Various wellness city locations partnered with RUHS - BH Clinics. Presentations were facilitated by RI staff to staff of RUSH-BH and potential participants receiving services at the clinic.
- RI International partnered with the Desert Art Festival in an effort to promote wellness through art. Participants were supported with the opportunity to express themselves through creative art forms. Entries were submitted into the art festival where awards were presented to the artists for winning pieces.
- RI International participated in the Annual NAMI Walks at Diamond Valley Lake in Hemet. Over 15 individuals participated to promote mental health awareness and reduce stigma. Outreach efforts, sharing information about RI services and support was provided to approximately 80 community members.

## **Community Enrichment Activities**

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

- RI International provided a film series to participants from Western, Mid-County, and Desert Wellness City locations. Educational films were shown and catering was provided. Participants had the opportunity to connect with each other and gain insight through the documentaries shown.
- RI International had a Holiday Party for the participants involved in the Wellness Cities throughout Riverside County. Catered dinner was provided and raffles were held. Participants were provided transportation to the event. The party provided participants the opportunity to connect and meet other individuals from other Wellness Cities.
- RI International sponsored an event for participants to attend an Angels Baseball Game. Individuals were provided admission, dinner, and transportation. This event allowed individuals an opportunity to build their community and recreational wellness.

For FY15 in addition to continuing to serve in Western Region (Riverside) and Mid-County Region (Perris and Temecula), RI is pleased to have begun providing services in the Desert Region. As of April 1, 2015 services were offered in Banning, Palm Springs, Indio, and Blythe. RI is excited to share that there has been a positive response for the Wellness City programs in all regions. RI looks forward to strengthening relationships, expanding services, and continuing to promote wellness and recovery.

RI International, Wellness City Programs have accomplished the following milestones.

**Wellness City Outreach and Unique Individuals Served** (annual data for Western and Mid-County and the 4th Quarter in Desert as services began on 4/1/15).

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

The following is the breakdown of connections made per region:

- Western Region outreached to five hundred and eleven (511) individuals.
- Mid-County Region outreached to four hundred and eighty two (482) individuals.
- Desert Region outreached to thirty seven (37) individuals.

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

- Western Region supported two hundred and ninety (290) participants
- Mid-County Region supported three hundred and forty one (341) participants
- Desert Region supported two hundred and ten (210) participants

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

- Western Region provided service to thirty-two (32) participants
- Mid-County Region provided service to twenty-one (21) participants
- Desert Region provided service to eleven (11) participants.

**Participant Quotes:**

Wellness City programs value the experience and feedback of individuals who receive services. Twice a year participant satisfaction surveys are provided and below are a few statements regarding the program.

- “Wellness City is a great place to be. Through the classes they offer, I have learned some tools that has inspired me to become my own payee”. B.S.
- “For the first time I feel like I’m, ‘a part of’. I feel like I fit in somewhere.” S.B.
- “Wellness City has helped me see myself in a different light and to accept me as I am.” S.E.
- “In these walls, I have found many things that were thought to have been lost.” R.M.
- “Wellness City has provided me the opportunity for me to grow into the person I have always wanted to become.” C.C.
- “I like the classes because they help me express myself in ways I never thought I could”. J. M.
- “Recovery is real and defined by each person individually. Here I am happy and free to be the real me.” J.B.
- “Wellness City has helped me overcome my shyness. I feel more self-confident when socializing with people”. L.E.
- “I have learned to have fun and see things in a new way. I have pride and love. I’m more of a person who is ready for the world.” Anonymous

### **NAMI Programs**

In FY14/15, RI International contracted to provide NAMI Signature Programs in the Western and Mid-County Regions of Riverside County. This team consists of two part-time Coordinators (one in each region), a full-time Program Supervisor, and many Program Presenters trained by NAMI to provide these presentations throughout these regions. The NAMI Signature Programs RI International provides are:

- In Our Own Voice
- Parents and Teachers as Allies
- Breaking the Silence



These programs are presented in the following target communities:

- Mid-County Region: Perris, Lake Elsinore, Romoland, San Jacinto, and Winchester
- Western Region: Eastside Riverside, Casa Blanca, Rubidoux, Moreno Valley, and Arlanza

**NAMI Signature Program: In Our Own Voice**

In Our Own Voice (IOOV) is an education and recovery presentation given by trained presenters who are living full and productive lives while personally overcoming their mental health challenges.

This program provides the community with practical, useful information about mental health. Over 58 million Americans live with a mental health challenges each year. The presenters, who model recovery while living with serious mental health challenges, speak about their personal journeys of recovery. Thus, IOOV presentations consist of compelling and personal testimonials, a short video, and time for audience questions and discussion.

Target audiences include persons living with a mental health diagnosis, mental health service providers, families, students, law enforcement personnel, professionals, faith communities, and anyone wanting to learn about mental illness.

The 60-90 minute presentation is intimate and candid. Presenters engage audiences with their brave and gripping personal journeys. They touch on the various phases of recovery including: Dark Days, Acceptance, Treatment, Coping Skills, and Successes Hopes and Dreams.

For FY14/15 there were 35 IOOV presentations in the Western Region with a total audience attendance of 539 and 34 presentations in the Mid-County Region reaching 1,277 audience members. Below are some comments from those who attended the presentations:

- You guys were great! A lot of great information I never knew about.
- Hearing these stories has made me realize that I may be suffering from depression and holding it inside. I will seek a counselor or someone to release the anxiety I've been feeling for years.
- Awesome victories and great testimonies.
- Thank you for giving me hope.

- Thank you very much. This program helped me a lot.
- You guys did good for doing what you believe you can and I will do better.
- You guys were great. I will never forget what you have done for me. You touched my heart and I will share what I have learned from you.

In addition, RI International provides IOOV presentations to law enforcement. These consist primarily of presentations at Crisis Intervention Trainings at the Ben Clark Training Center but also include presentations to Riverside Police Department, the Department of Public Safety at Cal Baptist, and other law enforcement personnel. In FY14/15 there were a total of 24 presentations to a total of 597 audience members. Following are some comments from attendees:

- Good presentation and good to hear from others and their own personal experiences with mental health issues.
- Thank you, gentlemen, for sharing your stories, both the dark days and the successes. I wish you both the best of luck.
- Great presentation with great insight.
- I can't say I have a "good" understanding of mental illness after because I feel there is so much to learn. However, I very much enjoyed the presenters coming to share and highly recommend their portion of the class continue.
- Both speakers were very clear in their responses and their input. I really appreciate them.
- This is the 1st time in 18 years of law enforcement that I've been exposed to this aspect of mental illness and it has opened my eyes to the true aspects of mental illness and my perception has done a 180 degree turnaround. This class has changed my outlook on mental illness.

**NAMI Signature Program: Parents and Teachers as Allies**

Parents and Teachers as Allies (PTA) is designed for teachers, administrators, school health professionals, parents, grandparents and others in the community who are interested in mental health training

This one-to-two hour presentation focuses on helping school professionals and family members better understand the early warning signs of mental illness in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of mental health experiences from the perspectives of a teacher, the parent of a child who experienced mental health challenges in school, and a student who tells their personal story. PTA supports schools in developing ways to best communicate with families about mental health related concerns. During FY14/15 there were 14 presentations in the Western Region to a total of 177 audience members and 10 presentations in the Mid-County Region to a total of 131 people. Audience comments follow:

- Thank you for this presentation. All speakers were very helpful in sharing their stories. Presentation was very helpful!
- Great perspectives! Heartfelt and sincere presentations help people let go of stigma.
- I loved this presentation! Very informative.
- Excellent presentation and educative to me.
- Our school does not admit kids with IEP's, and "diagnosis" per se is not something that seems to be a high priority. Conservatively I'd estimate 35% of our kids have mental illness.
- Very informative on the most popular forms of mental illness. Enjoyed hearing person's view of having schizophrenia and how she deals with it.
- Thank you for sharing and raising awareness. This is important information.

Through perseverance and community networking, RI International worked closely with Moreno Valley Unified School District, Perris Unified High School District, Jurupa School District, and Lake Elsinore Unified School District. Schools have been very interested in using this program to educate, enlighten, and empower parents and staff to understand mental illness and the community resources available to them.

## **NAMI Program: Breaking The Silence**

### Breaking the Silence Teaching the Next Generation About Mental Illness

One in five of our children will have a mental health challenge at some point in their lives. Mental illness has never been more treatable, but there is a deafening silence about it in our classrooms. Fully scripted innovative lessons and suggested activities for upper elementary, middle school and high school put a human face on mental health challenges and confront the myths that reinforce the silence.

Students learn that mental illness it is not a character flaw, what some of the early warning signs look like; and how to fight the stigma that surrounds mental illness. Staff demonstrates the use of the materials to the school personnel to equip them to use the lesson plans in their classrooms. Presentations are conducted with interested teachers and counselors who, in turn, teach the curriculum to their students with prepared curriculum especially for upper elementary, middle, and/or high school age groups.

During FY14/15, there were 16 presentations conducted in Western Region with 323 student / school staff members in attendance and 8 presentations conducted in Mid-County Region with 146 students / school staff members in attendance. Their comments included:

- She was very informative and answered according to the level of a child's understanding.
- Very interesting. Children asked a lot of questions; the presenter answered them.
- Very good presentation. WE need more of these programs.
- This was a good book. It told me about bullying.
- This really helped me figure out mental illness.
- It was great. Now I know more to tell my friends.
- This really helped me.
- I'm glad you let me understand about my feelings.
- I liked the assembly because she was cool and she explained it good and she deserves a raise.

Number of audience members impacted Western and Mid-County by presentation program:

<b>Program</b>	<b>Western</b>	<b>Mid-County</b>
In Our Own Voice	638	1,468
In Our Own Voice (Law Enforcement Collaborative)	597	NA
Parents and Teachers as Allies	177	131
Breaking the Silence	328	151
<b>Total</b>	<b>1,740</b>	<b>1,750</b>

### **Community Support**

Program staff attended regular community meetings including Multi-Agency Collaboratives, Mental Health Board/Behavioral Health Commission, Children’s Committee, Client and Family Leadership Committee (CFLC) Advisory Partnership, Older Adult System of Care Committee, Regional Behavioral Health Advisory Board, Adult System of Care Committee, NAMI affiliate meetings, Faith-Based Collaboratives, Eastside Community Health Partnership, and Cultural Competence Reducing Disparities Committees to network with the community and provide resources to these organizations. They also participated in various Health Fairs in Riverside County and the May is Mental Health Month event at Fairmont Park.

### Peer Employment Training (PET)

RI International continues to provide training to equip peers who want to work as Peer Support Specialists in the County of Riverside. For FY 15, RI was contracted to provide seven classes. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery.

For FY15 there were a total of 148 graduates from the seven classes listed below.

<b>Date</b>	<b>Region</b>	<b>Class Name</b>	<b>Graduates</b>
Aug 11-22, 2014	Western	New PEERSpective	23
Sept 12-26, 2014	Western	Inspeeration	20
Oct 13 - 24, 2014	Desert	Peer Messengers of Hope	20
Dec 1 - 12, 2014	Mid-County	Peers Determination	18
Feb 2 - 13, 2015	Western	Recovery Ninja Warriors	22
Apr 6-17, 2015	Desert	Peers of Endearment	20
June 8 - 19, 2015	Mid-County	Golden Ticket to Recovery	25
		<b>Total</b>	<b>148</b>

### **Art Works Programs**

The mission of Art Works is to educate and empower individuals with mental health lived experience to use creative arts for wellness and recovery. Art Works combines creative arts instruction, vocational training/opportunities, mental health peer support, and anti-stigma outreach. These various aspects of Art Works' programs and projects are designed to improve the quality of life for those participating and provide supports for students to continue these positive trends in their lives. Highlights for the year include:

- In September Art Works partnered with the Riverside Art Museum (RAM) to host a watercolor class for those who reside in our Safe Haven permanent housing. RAM offered one student a scholarship to an upcoming oil painting class as well.

- One peer, who in the beginning wanted to just watch, little by little engaged in class participation. She began interacting with other participants, sharing her reactions to other's artwork, and bought a piece of another peer's work. She brought four friends with her one evening to show them the gallery and talk about the work she does there.
- In February, Art Works was offered tickets from the Fox Theater to take 22 participants to see Memphis, the Musical. Some had never seen such an event before and it was a great opportunity for folks to feel connected and welcomed in their community.
- In March, in preparation for Earth Day, Art Works artists painted funny faces on recycled materials like tar paper and cardboard. A good time was had by all.
- Art Works' annual Film Series began in March for two weeks and ended the first week of April. Films were shown in all three regions of Riverside County: Western (Culver Center in Riverside), Mid-County (Temecula Public Library), and Desert (Eisenhower Medical Center). The three films were "Of Two Minds", "Life Continued....Defeating Depression", and "Humble Beauty". Feedback on all films was positive and the Film Series realized its goal of helping reduce the stigma against mental illness.
- In May, Art Works participated in the Canyon Lake Fiesta Day with a booth, selling work by our artists and talking with people about mental health recovery and our program.
- In June, Art Works hosted its first annual Open House, inviting RCMHD Peer Support Specialists to make them aware of who Art Works is and what Art Works does, in hopes of them referring their participants who are interested in the creative arts as a recovery pathway to the program. Several of Art Works participants gave personal testimonials throughout the day about how art and Art Works has been instrumental in their personal recovery. Some of the speakers were speaking in public for the first time in their lives and commented they felt proud and empowered by having done so. Art classes were offered throughout the day so attendees could try their hand at making something to take home with them. Feedback was positive and participation was enthusiastic.

### **Art Works Gallery Class Attendance**

Art Works Gallery held 35 unique workshops and classes that met a total of 326 times in FY14/15, utilizing 35 specific curricula. There were approximately 1,536 (duplicated) and 363 (unduplicated) students served.

A sampling of the best-attended and most popular classes included: ReMixed Media, Watercolor Studio, Musical Jam, Art from the Heart, Creative Movement, Diarama, Design Basics, Photography with Anita, and Written Expression. Some of the art created in the classes is consigned to Art Works retail gallery, allowing students seeking mental wellness to explore their creativity, build confidence in their talents and abilities, and earn money while doing so. Art allows participants to explore all the Recovery Pathways: Choice, Hope, Empowerment, Environment of Recovery, and Spirituality and to express them through their own unique creativity.

### **After Works Workshop Attendance**

The After Works programs are the Art Works Friday Night activities that are open to the community. These classes are a great opportunity to reduce stigma by having peers and community members work alongside each other to create. Art Works participants get to share with the community about the programs, provide recovery education, as well as support the peers in being a part of their own local community. It is cool to see the relationships formed on Friday nights.

There were 52 After Works workshops during FY14/15 teaching 43 unique subjects with a total of 386 (duplicated) attendees. Open to the community at large, popular classes included Watercolor, Spray Painting, Poetry, Watercolor Pen & Ink, Rock Painting, Wire Dragon Flies, Tie Dye, Dream Catchers, and Eggshell Pendants. As the community at large works side-by-side with peers in a happy and creative environment, stigma is reduced and replaced with comradery, joy, and fun.

### **Instructors**

During FY14/15, there were 35 instructors for all Art Works Gallery and After Works workshops and classes. Some instructors taught only a single class or workshop, while others taught a series of classes or workshops. Of these 35 instructors, 15 have personal lived experience with mental health challenges.

### **Special Events**

Art Works' FY15 community outreach touched many lives throughout Riverside County. This was accomplished through Art Works Gallery's participation in the monthly Riverside Downtown Arts Walk on the first Thursday of each month, the free Community Education Film Series



(feedback on both the films and guest speakers was positive and meaningful in reducing the stigma against mental illness), collaboration with both the Blaine Street Clinic and Recovery Learning Center, Health Fairs, an outing to the Fox Theater, and Arts Walk.

Art Works Gallery was visited by 452 individuals during Arts Walks throughout the fiscal year. The Gallery presented six exhibitions of artwork during this time period, specifically emphasizing the artwork of individuals with lived mental health experience. The exhibits included The Power of Art in Recovery, Service Through Art, Unwrapping Our Gifts, We Put the Art in Heart, What's eARTh Without Art, and Pictures of Recovery.

The Community Education Film Series, co-sponsored with Wellness City Riverside, was presented in three cities throughout Riverside County (Riverside, Temecula, and Rancho Mirage) with a total attendance of 285 people. Each screening was preceded by a catered reception. After each film, speakers from those films or a guest panel connected with the audience to answer questions. Audience members also received informational packets with materials about mental illness recovery and local resources.

### **Recovery-Arts In Motion (RIM)**

The goal of RIM is to bring classes that integrate art with recovery elements to various underserved locations throughout Riverside County. Through facilitation of recovery arts classes by Peer Specialists who are also artists, it is hoped that this unique method of engaging artistically-inclined and creatively-interested people in recovery will help them to find additional ways to enhance their recovery journey.

RIM Peer Artists have walked the path to mental wellness and recovery. With their personal backgrounds in the creative arts, lived experience with mental health challenges, and expertise gained through Peer Employment Training, these Peer Artists are uniquely qualified to share recovery principles taught through artistic expression, by individuals on their own recovery path. Art Works Gallery and its programs have exhibited the efficacy of art as a non-threatening and engaging catalyst for change in many individuals' lives.

Classes were offered at The Path in Palm Springs (37 duplicated participants), Soboba Indian Health Services in San Jacinto (56 duplicated participants), and Torres-Martinez Indian Health Services in Thermal (31 duplicated participants); the most underserved areas of Riverside

County, directly impacting the lives of individuals with mental health challenges who would not otherwise have access to recovery and creative arts classes.

## MHSA Funding Summary

### FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Riverside County

Date: 7/12/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2014/15 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	30,967,818	13,014,534	14,567,500	5,377,638	11,971,162	
2. Estimated New FY2014/15 Funding	68,546,893	17,136,723	4,509,664			
3. Transfer in FY2014/15 <sup>a/</sup>	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	86,514,711	30,151,257	19,077,164	5,377,638	24,971,162	
<b>B. Estimated FY2014/15 MHSA Expenditures</b>	48,850,141	15,362,175	1,970,323	721,924	6,500,000	
<b>C. Estimated FY2015/16 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	37,664,570	14,789,082	17,106,841	4,655,714	18,471,162	
2. Estimated New FY2015/16 Funding	55,826,286	13,956,571	3,672,782			
3. Transfer in FY2015/16 <sup>a/</sup>	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	80,490,856	28,745,653	20,779,623	4,655,714	31,471,162	
<b>D. Estimated FY2015/16 MHSA Expenditures</b>	51,781,149	16,283,906	2,088,542	765,239	0	
<b>E. Estimated FY2016/17 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	28,709,707	12,461,748	18,691,081	3,890,475	31,471,162	
2. Estimated New FY2016/17 Funding	57,501,075	14,375,268	3,782,965			
3. Transfer in FY2016/17 <sup>a/</sup>	0				0	
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	86,210,781	26,837,016	22,474,046	3,890,475	31,471,162	
<b>F. Estimated FY2016/17 MHSA Expenditures</b>	64,015,219	16,298,067	4,930,883	1,552,600	0	
<b>G. Estimated FY2016/17 Unspent Fund Balance</b>	22,195,562	10,538,949	17,543,163	2,337,875	31,471,162	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	20,715,543
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	20,715,543
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	20,715,543
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	20,715,543

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

## MHSA Funding – CSS

### FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. CSS-01 Childrens	14,832,293	4,535,432	3,116,884		2,094,384	5,085,593
2. CSS-02 TAY	4,233,721	1,350,197	1,516,100		1,023,200	344,224
3. CSS-03 Adults	21,364,653	8,492,609	6,517,241		489,244	5,865,559
4. CSS-04 Older Adults	7,870,179	3,916,453	2,299,163		0	1,654,563
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. CSS-01 Childrens	49,790,445	6,026,353	25,477,729		17,054,805	1,231,558
2. CSS-03 Adults	62,390,722	29,209,604	27,704,327		2,237,000	3,239,791
3. CSS-04 Older Adults	10,541,233	5,121,160	3,461,487			1,958,586
4. CSS-05 Peer Supports	2,684,420	2,684,420				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	2,678,991	2,678,991				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	176,386,657	64,015,219	70,092,931	0	22,898,633	19,379,874
<b>FSP Programs as Percent of Total</b>	75.5%					

## MHSA Funding - PEI

### FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. PEI-01 Mental Health Outreach, Awareness, & Stigma	3,671,102	3,671,102				
2. PEI-02 Parent Education and Support	5,524,457	3,376,493	630,137		515,695	1,002,132
3. PEI-04 Transitional Age Youth (TAY) Project	849,385	849,385				
4. PEI-05 First Onset for Older Adults	1,215,352	1,190,352	25,000			
5. PEI-07 Underserved Cultural Populations	4,456,042	4,456,042				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. PEI-03 Early Intervention for Families in School	1,068,076	1,068,076				
12. PEI-06 Trauma-Exposed Services for All Ages	621,357	621,357				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	1,065,260	1,065,260				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	18,471,031	16,298,067	655,137	0	515,695	1,002,132

## MHSA Funding – INN

### FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Innovations (INN) Component Worksheet

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. Perris Family Room	1,369,802	890,371	479,431			
2. Planning	682,744	682,744				
3. Recovery Learning Center	926,553	539,412	366,641		500	20,000
4. TAY Drop In Center	6,263,013	2,818,356	1,878,903		1,565,754	
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	<b>9,242,112</b>	<b>4,930,883</b>	<b>2,724,975</b>	<b>0</b>	<b>1,566,254</b>	<b>20,000</b>

## MHSA Funding – WET

### FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Workforce, Education and Training (WET) Component Worksheet

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. WET-01 Work Staffing Support	1,119,256	744,021	375,235			
2. WET-02 Training & Teach Assist	262,418	158,303	91,846			12,269
3. WET-03 MH Career Pathways	86,704	86,704				
4. WET-04 Residency/Internship	336,229	336,229				
5. WET-05 Financial Incentives	227,343	227,343				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	2,031,950	1,552,600	467,081	0	0	12,269

## MHSA Funding – CFTN

### FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	0	0	0	0	0	0



**Cost Per Client**  
**FY2014/15**

**FULL SERVICE PARTNERSHIPS**

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	376
COST:	\$5,211,960
AVERAGE COST:	\$13,862

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	401
COST:	\$3,298,660
AVERAGE COST:	\$8,226

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	1,074
COST:	\$12,640,389
AVERAGE COST:	\$11,769

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	415
COST:	\$4,038,160
AVERAGE COST:	\$9,731

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

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

**GENERAL SYSTEM DEVELOPMENT**

PLAN NAME:	Child GSD
UNIQUE CLIENTS:	8,300
COST:	\$35,800,598
AVERAGE COST:	\$4,313

PLAN NAME:	TAY GSD *
UNIQUE CLIENTS:	1,829
COST:	\$6,158,863
AVERAGE COST:	\$3,367

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	27,694
COST:	\$52,813,608
AVERAGE COST:	\$1,907

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	2,176
COST:	\$6,848,234
AVERAGE COST:	\$3,147

PLAN NAME:	Adult/TAY Residential Treatment Services
UNIQUE CLIENTS:	739
COST:	\$2,898,622
AVERAGE COST:	\$3,922

## Community Feedback Surveys

A community feedback survey was provided at each stakeholder meeting and was distributed by e-mail to various community agencies. Additional feedback survey forms were provided to various community organizations for distribution to stakeholders that may not have been present at community forums. The survey included a series of items for written comment and a “Tell us About Yourself “ demographics page to gather information on the age group, race/ethnicity, language, gender, region of the county, and any group affiliation. A total of 96 people responded to the survey. Summarized written comments relating to service gaps, access and communication about services are provided below. There were two different areas identified, which included Service Gaps and Access. Within these areas, common subthemes were also included. Themes are detailed below and examples of some respondent’s comments are provided on the next three pages.

### **Service Gaps**

Adding Services for Other Populations:

- Services needed for parents who have children with special needs (i.e., autism).
- Parenting classes for parents with older adolescents.
- Expand services for seniors.

Expanding Classes or Additional (Centered on simply adding more services throughout): Note: Many respondents were very happy with current programs but there was a general call for more services or additional classes because it was working so well for them.

- Different classes for Seeking Safety or possibly less classes.
- More mental health workshops in schools, especially middle school.
- Need more classes on marriage and parenting.
- More programs to develop creative activities such as writing or poetry (i.e., Art Works).
- Request for programs to be more participant guided.

#### Early Prevention Awareness:

- Many would like to see more programs that target youth (11 - 18 years of age).
- Programs are needed to teach parents how to identify if their children are on drugs.
- Drug prevention programs are needed for youth.

#### **Access**

##### Transportation

- Many noted the need for better, more reliable, transportation to groups and programs.

##### Communication

- Information needs to be available about the different programs that exist in the county, respondents noted that they knew there were many different services but they did think many others knew how much was available.
- Make programs more accessible throughout our community. Suggestions were made that if programs were advertised at schools there would be more participants.
- Community navigators or an information hotline might help the community know what programs and services are available.
- Provide a place where information about programs and services is all in one place for easier navigation.

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

Very beneficial and positive for long term community growth.

From my experience, the plan appears to be addressing the needs of Riverside county.

The classes are helpful for recovery and in helping me build my self-esteem. I feel like each class builds a better opportunity to learn about recovery.

I am getting positive things so far as my recovery and support system in this program. Get empowerment at RI International.

Thank you always, it's of great help all type of programs that focus on the family! Thank You for your support. A happy family is a happy society!

I think it's very good and helps families a lot. My satisfaction is that it's improving my relationship with my kids and improving their conduct.

This program is satisfying the necessities of my family because it has taught me to put more discipline on my kids positively; and I see that it is helping more families

The classes are helpful for recovery and in helping me build my self-esteem. I feel like each class builds a better opportunity to learn about recovery.

I think that Riverside County is a front-runner in providing mental health services and a champion of peer support. Those of us who have need of mental health services are lucky to live in a county that takes them seriously and works hard to provide the best programs possible.

This program is satisfying the necessities of my family because it has taught me to put more discipline on my kids positively; and I see that it is helping more families

This program is working great for me and I think I would probably benefit coming more. But overall it's very beneficial.

As far as reaching under-served populations, especially those residing in communities such as Desert Hot Springs with few providers, I think the Plan is working.

The program is effective in meeting the needs in our program. PEI-DHS has had great success in reaching out to the middle school students and our program is showing statistically significant improvements in the use of pro-social skills from our students. We have also been without a fidelity liaison for almost a year now and that lack of support needs to improve.

**Gaps in Service in Existing CSS & PEI Programs?**

How to connect students to services - in more efficient manner.

A curriculum for the young of ages 12 to 18. A program for preventing drugs in adolescents and preventing suicide.

I would like a program for families with children with disabilities or autism.

We need support with adolescents and a program for drug prevention for our kids.

Resources close to home.

The only gap I see is that it can be challenging to know what services are available if a person doesn't have someone to guide them. I don't think the general public is aware of the breadth of mental health resources that are available so, should they find themselves in need of them, they don't have a clue where to start. Having a mental health information line would be helpful, so a person could call one number, tell the expert what they're looking for, and get information about the appropriate resources.

There is a great need to provide services to disabled adults and frail seniors in Riverside County. Clients will generally wait three month to be enrolled into CareLink/Healthy IDEAS program due to limited slots and staff.

I think offering a general EBP to help students who struggle with depression, anxiety, ADHD, and ODD would be helpful to the school community.

We would like to see more programs that target 11 - 18 years of age.

**Recommendations/Comments about Program/Services**

I think it would be nice to have a summer office in the area we serve, not in the Indio Clinic but in the DHS. It would be great to offer a Summer Camp PEI program to continue our work instead of stopping to work in the Indio clinic for the summer. The clinic has limited space and the work is unrelated to our other work. Another option would be to offer 11 month employee positions like the teaching staff at the school we serve.

I feel fortunate to live in Riverside County where recovery-oriented programs like Art Works exist and are provided to the community through MHSA funds.

I think continuing creative writing/poetry as one class. I would like to see art classes at RI.

Transportation needed to and from groups.

Make information more available about the different programs that exist in the county.

To increase the programs for parents of adolescents and a program on how to recognize if our children are on drugs.

RI International is doing a great job with me. I have improved so much.

Allow programs to be more participant guided.

Expanded funding for CBT for LLD and other evidence based PEI programs that include adults ages 40-60 yrs old.

I would like to see more education on seniors and suicide.

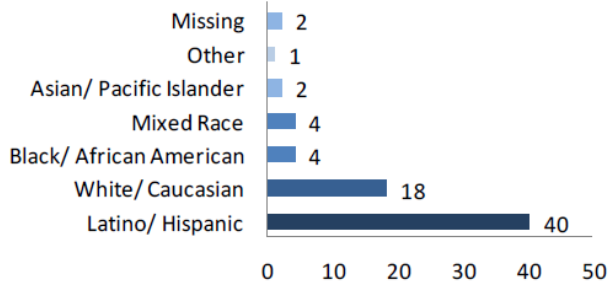
I hope that this Strengthening Families Program can be a program that would be here more for other families to experience what I have experienced because it has been very beneficial to me and my family.

Make it more accessible throughout our community. I found out about it through a neighbor. I believe if it was advertised at schools there would be more participants.

Add different classes from the Seeking Safety book.

## Demographics - Community Feedback Surveys

### Race/Ethnicity (N=71)

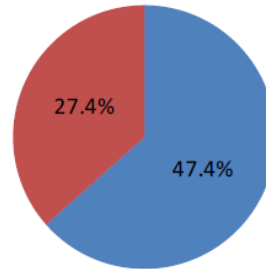


The majority of respondents identified as Latino/Hispanic (n=40, 56.3%) or White/Caucasian (n=18, 25.3%). An equally small amount of participants identified as Black/African or Mixed Race (n=4, 5.6%). Only two respondents identified as Asian/Pacific Islander. Two respondents did not provide a response for their race/ethnicity.

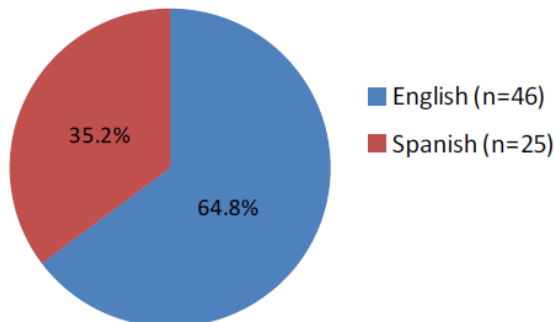
The majority (n= 45, 47.4%) of respondents identified as female while only 26 (27.4%) of respondents were male.

### Gender (N=71)

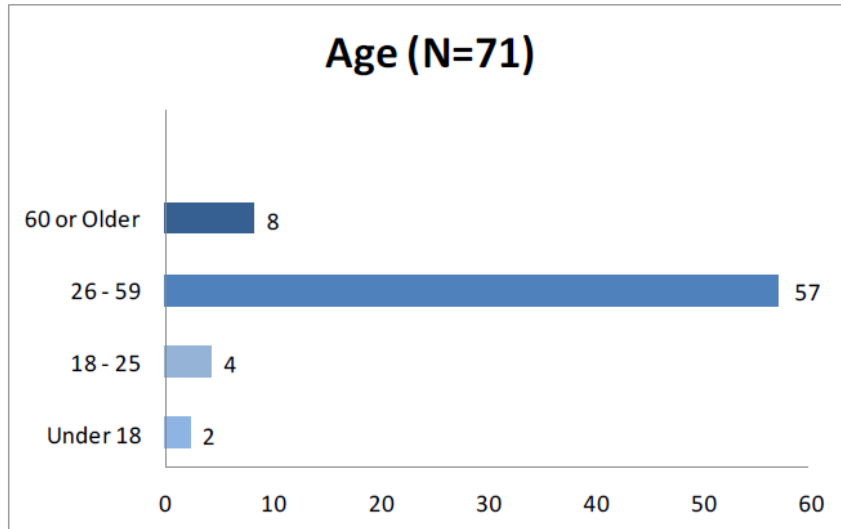
■ Female (n=45) ■ Male (n=26)



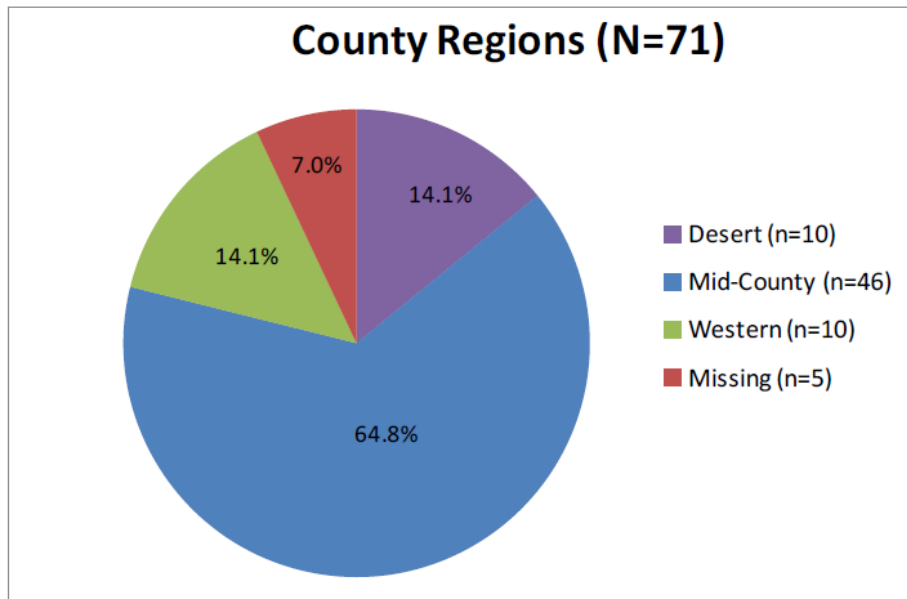
### Language (N=71)



The majority of survey respondents were English-speaking (64.8%) while only 25 identified as being Spanish-speaking (35.2%).

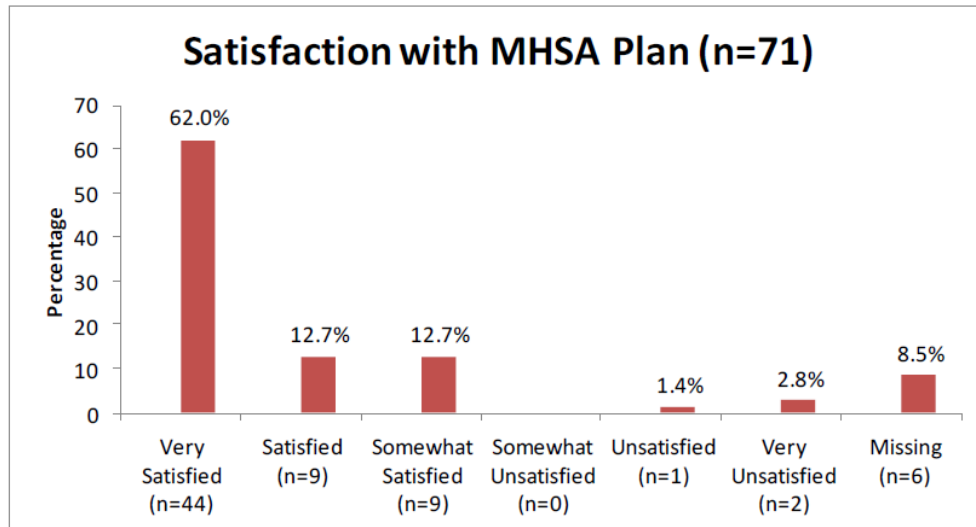


A majority of respondents were between 26 and 59 years of age (n=57, 80.3%), followed by people who were 60 or older (n=8, 11.3%). The age groups 18 to 25 (n=4, 5.6%) and Under 18 (n=2, 2.8%) were the least reported.



The majority of respondents were from Mid-County (n= 46, 64.8%). The same amount of participants were from Desert and Western county (n=10, 14.1%). Five participants (7%) did not indicate which county they were from.





Collectively the majority of respondents were satisfied with the MHSA Plan (n=62, 87.4%). 62% responded that they were very satisfied, 12.7% said they were satisfied and the same amount said they were somewhat satisfied. Few respondents reported being unsatisfied (n=1, %) or very unsatisfied (n=2, %). Six participants did not provide feedback on their satisfaction level.

Agency	N (%)
RI International	4 (5.6%)
Riverside City College	3 (4.2%)
MFI Recovery	2 (2.8%)
Perris Mental Health	2 (2.8%)
Office on Aging– CareLink/Healthy IDEAS	2 (2.8%)
National Alliance on Mental Illness	1 (1.4%)
Narrow Doors	1 (1.4%)
The LGBT Community Center of the Desert	1 (1.4%)
County of Riverside Behavioral Health Commission	1 (1.4%)
PEI-DHS Riverside County	1 (1.4%)
RUHS - Behavioral Health	1 (1.4%)
Missing	52 (73.2%)

Only 19 respondents shared an agency they were a part of. Of those that did provide a response, 5.6% came from RI International, followed by 4.2% coming from Riverside City College. 73.2% of respondents did not identify an agency. See table for more details.

Group Category	N (%)
Mental Health Client/Consumer	23 (27%)
SFP	17 (20%)
Children and Family Services	9 (10.6%)
Community-Based/Non-Profit Mental Health Service	8 (9.4%)
Senior Services	4 (4.7%)
County Mental Health Department Staff	3 (3.5%)
Family Member of Mental Health Consumer	3 (3.5%)
Advocate	2 (2.4%)
Substance Abuse Services Provider	2 (2.4%)
Veteran Services	2 (2.4%)
Law Enforcement	1 (1.2%)
Other (i.e., MFI, Other County Agency)	10 (12%)

65 survey respondents identified groups they belonged to; some identified multiple groups such as being a consumer and an advocate. Mental Health Client/Consumers made up 27% of respondents. The next most commonly reported group included SFP (20%). Six respondents did not provide a response. See table for more details.

Role or Position	N (%)
Client	2 (1.2%)
Clinical Therapist II	2 (2.4%)
Marriage & Family Therapy (MFTI, Trainee, Intern)	3 (3.6%)
Parent Facilitator	1 (1.2%)
Program Coordinator	1 (1.2%)
Commissioner	1 (1.2%)
Director of Mental Health Services	1 (1.2%)
Social Worker V	1 (1.2%)
Art Coordinator Recovery Coach	1 (1.4%)
Class Attendant	1 (1.2%)
Missionary	1 (1.2%)
Recovery Services Administrator I	1 (1.2%)
Mental Health Services Supervisor	1 (1.2%)
Health Educator	1 (1.2%)
Housekeeping	1 (1.2%)
Missing	52 (80%)

A majority (n=52, 80%) of respondents did not identify a role or position. Only 33 respondents provided a response for their role. Roles of participants ranged from clinicians and service providers to facilitators and clients. Of these respondents the majority were Clinical Therapists or Marriage & Family Therapists (n=5, 6%). See table for more details.

**Behavioral Health Commission (BHC) - Public Hearing**

**Public Comments on the MHSA Annual Plan Update FY16/17**

**LOCATIONS:**

**May 4, 2016**

**3:00 – 4:30 pm**

**Rustin Conference Center**

**2085 Rustin Avenue, Riverside 92507**

**May 5, 2016**

**1:30 – 3:00 pm**

**Indio Mental Health Clinic**

**47-825 Oasis Street**

**Indio 92201**

**Comments on the MHSA Annual Plan Update FY16/17**

The MHSA Annual Update Plan was posted for a 30-day public review and comment period, from April 5, through May 5, 2016. After the 30-day public review and comment period, Public Hearings were held by the Riverside Behavioral Health Commission. Hearings were held on May 4, 2016 at the Rustin Conference Center in Riverside and May 5, 2016 at the Indio Mental Health Clinic in Indio.

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

## **WRITTEN COMMENTS:**

All written comments relating to service gaps, access, and communication about services were incorporated into the Community Feedback Survey information that was collected during the planning process. The comments received during the planning process are included in the Community Feedback Surveys section on page 164.

There were a total of 33 Feedback Forms with written responses submitted during the two Public Hearings: 8 responses were “Very Satisfied”, 5 were “Somewhat Satisfied”, 4 were “Satisfied”, 1 was “Unsatisfied”, and 1 was “Very Unsatisfied”. (Note: 14 Feedback Forms did not record a ‘Satisfaction’ Response).

## **Please provide any comments on how the MHSA 3-Year Plan is working to meet the priority needs of Riverside County.**

- (1) **Comment:** I am very grateful to mental health behavioral of Riverside. They are showing me not just how to live but how to be free from within.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (2) **Comment:** Provides classes that help me grow and gain empowerment.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (3) **Comment:** Peer Employment Training, peer support for clients.

**Response:** The Peer Employment Training (PET) contract through Recovery Innovations International (RII) is being funded for next year and expanding by two classes. All Peer Support initiatives are continuing to be funded through Community Services and Supports (CSS).

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (4) **Comment:** Many talented staff that work for the Behavioral Health Department care deeply about the issues. They do a great job in managing this vast array of services. I appreciate their patience with the planning and that they are there to support the recovery movement. (I enjoyed listening to all the good aspects of how things are helping the community.)

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (5) **Comment:** I can see the needs of the Latino population being met – but what about the Afro-American population - some of them fall through the cracks too. Asian population - some of them need help. It's important to reach all cultures. All cultures have a population of PTSD, anxiety, and mental health issues.

**Response:** All PEI program providers have a responsibility to outreach to all of the following underserved ethnic populations in Riverside County: African American, Asian Pacific Islander, Latino, and Native American. In addition, the PEI Plan has a Work Plan that includes at least one program specifically for each of the underserved cultural populations.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (6) **Comment:** The plan is developed to service the community and the staff providing services.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (7) **Comment:** Mature adult programs are lacking outreach teams to go to senior centers, board & cares, etc. to meet the needs of older adults who aren't being seen due to their age and/or physical challenges.

**Response:** PEI has a Memorandum of Understanding (MOU) with the Riverside County Office on Aging (OoA) to provide caregiver support groups. The program staff go out to senior centers and other locations where there are caregivers of older adults, who are often older adults themselves, to engage them in joining the 12-week education and support groups. In addition, RUHS – BH has three Clinical Therapists embedded in the two OoA offices and they also outreach to senior centers and other locations frequented by older adults to provide screening for depression and link them to the Department and community resources. The Clinical Therapists also travel with OoA staff in the Office on Aging Information Vans in order to reach more older adults.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (8) **Comment:** Psychiatrists that have specific expertise like OCD, the closest expert is in Orange County.

**Response:** All psychiatrists are trained in the treatment of OCD, per Dr. Chang, Medical Director for the Department.

**Commission Recommendation:** The Behavioral Health Commission recommended that the Workforce Education and Training unit explore training opportunities specifically on OCD to be offered for clinical staff, but no changes to the MHSA Annual Plan Update FY16/17 are recommended.

- (9) **Comment:** Love the breaking the stigma campaign = Up2Riverside. Love to see the commercials during peak hours. Also that students are learning suicide prevention. Training police invaluable.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17 is required.

- (10) **Comment:** I think Riverside County only use volunteers that they like. One of the county workers said they will help me fill my paperwork out - never helped me.

**Response:** The Department currently has 127 volunteers who provide over 4,000 hours of service per month to the Department.

**Commission Recommendation:** The Behavioral Health Commission recommended that this comment be provided to the Department's Volunteer Services Coordinator for review, but no change to the MHSA Annual Plan Update FY16/17.

- (11) **Comment:** Really appreciate the extensive effort to secure input from the public and stakeholders.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (12) **Comment:** Help San Bernardino County and partner with them. See a need and meet it.

**Response:** The Department provided numerous support services to San Bernardino County in response to the tragic shootings. The Department provided multiple De-Briefing sessions to San Bernardino staff, De-Briefing Training, as well as meeting space to hold these sessions.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

- (13) **Comment:** It is meeting my needs, with art class.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.



(14) **Comment:** It helps in all areas of a person's mental illness.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(15) **Comment:** I am able to be treated for schizophrenia disorder and have a place to hang out during the day.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(16) **Comment:** By not cutting any groups.

**Response:** There is no plan to reduce clinical services for the next fiscal year.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(17) **Comment:** Group Therapy: to learn about ways to overcome any difficulties toward interactions with family or self WRAP and Facing Up. Peer coach meets 1 on 1 once a week to discuss goals and any well-being checks. Very thankful.

**Response:** Comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(18) **Comment:** The MHSA is providing for the housing and health needs of the mentally ill in Riverside County.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(19) **Comment:** I think it is helping the needs of any person or family that comes in for mental health help.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(20) **Comment:** The Recovery Learning Center has been a tremendous huge help in my life. I used to be suicidal and feeling helpless. I had no hope in my future. I have been here as a client in Indio Mental Health since 2000 (16 yrs) going on 17 yrs. At first the help was just OK, yet not enough information as to what I could accomplish at MH. MH put me in a 2-week class where I visited with my first psychiatrist who put me on meds. It wasn't until April 2004 when my last therapist helped me. She is "the one" and only therapist that helped me tell my story. If it wasn't for my therapist and psychiatrist at MH I would not be here today. My therapist is now at the Banning Clinic where she is employed in Children's Department.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(21) **Comment:** General Comment: My son, a client of MH, requests the CORE group be conducted by someone who can more closely identify with mental health or addictions. It once was, then the facilitator (a recovering drug addict and recovering alcoholic) left and turned it over to other professionals who do not understand addiction/recovery in the same way.

**Response:** Comment will be provided to the Desert RLC Supervisor.

**Commission Recommendation:** The Behavioral Health Commission recommended the need for substance use intervention be shared with the program Supervisor, but no change to the MHSA Annual Plan Update FY16/17 is recommended.

(22) **Comment:** I think the MHSA 3-Year Plan is a great idea in Riverside County mental system.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(23) **Comment:** Am in RLC - helped me with housing, education on my diagnosis, medication, getting involved in our community, empowering me.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(24) **Comment:** I enjoy going to Recovery Learning Center and going on outings.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(25) **Comment:** The RLC has helped me get more involved with mental health and provide help to others with a mental illness in this area.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(26) **Comment:** Urgent care group, wellness groups, RLC.

**Response:** The Desert RLC and support groups which are offered there will continue to be funded next year.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(27) **Comment:** All my needs are met.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(28) **Comment:** I like the program.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

**Please provide feedback on any gaps in service in the existing Community Services and Supports (CSS) and/or Prevention and Early Intervention (PEI) Programs. Are there any gaps in services?**

(29) **Comment:** Updated phone lists for services.

**Response:** The Department has hired a Public Information Specialist (PIS) whose primary function is resource development and promotion. The PIS ensures that all resources, including websites, Guide to Services and other Resource guides, are updated and accurate.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(30) **Comment:** Need more staff.

**Response:** Comment acknowledged. Recruitment for qualified staff is an on-going process within the department.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(31) **Comment:** Need more training in middle/high school for student in mental health education (Ending the Silence – NAMI). I have mentioned NAMI provider education for 3 years + and this would be beneficial to new employees to understand the importance of the family perspective in the mental health experience. Mental health education is so important in our community. Stigma reduction is very needed as there is still a large gap. (Young people need to know that early intervention and treatment is so important.)

**Response:** PEI currently has proposals in evaluation for the “Contract for Change” program. This program includes a Speaker’s Bureau targeting a broad base of individuals as well as an educator program for education faculty and administration - including educators of youth in elementary, middle, and high schools; student teachers; and after-school program staff. PEI also continues to support the Annual “Dare To Be Aware” youth stigma reduction conference which is attended by approximately 800 middle and high school students. Students and advisors attending the conference learn about a variety of mental health related topics and are encouraged to develop an action plan to bring mental health awareness back to their school sites. PEI also has an MOU with Public Health to facilitate the “Teen Suicide Prevention and Awareness” program which provides suicide prevention curriculum and activities on middle and high school campuses in eight school districts. This program continues to grow and impact additional campuses each year.

A member of the Family Advocate Program presents at each behavioral health New Employee Orientation to discuss the importance of the family perspective in the mental health experience.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(32) **Comment:** I think there is a need for mentally ill women who lose their children to the CPS system – what can be done to ease their pain and suffering. How can they model behavior becoming to CPS.

**Response: Response:** This comment relates primarily to Child Protective Services (under the Department of Public Social Services) rather than Behavioral Health and the Annual Plan Update.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (33) **Comment:** So many animals are put to sleep. By petting a cat or dog, it does relieve stress. Is there any way to incorporate animals in helping people deal with mental illness? Animals may also help kids deal with shyness. Animals are less judgmental.

**Response:** The Department has an entire program dedicated to Pet Therapy: Pets Assisting in Recovery (PAIR) program.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (34) **Comment:** We need more programs for incarcerated persons re-integrating into society. This would include putting peer supports in the jails and prisons.

**Response:** The Sheriff's Department is not in agreement to allow peers to work in the jail system.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (35) **Comment:** I would like to see Peer Outreach Teams that include consumers, families, and parents at our in-patient hospitals to support consumers upon their release, working in conjunction w/social worker staff.

**Response:** Peers are a requirement for all Crisis Outreach Teams, which includes hospitals.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (36) **Comment:** What happened to the funding that went to the Safe Date Program?

**Response:** The available PEI budget is allocated for the currently funded programs. Safe Dates has not risen on the list of prioritized program and as such has not been implemented or funded, so the PEI Steering Committee recommended removing it from the Plan. The funding rolled back into the over PEI budget.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (37) **Comment:** We need programs that are going to make peers safe with other peers – not peers going to hurt other peers.

**Response:** The Consumer Affairs Department offers monthly/quarterly meetings designed to support peers in the workforce. The Department also trains peers prior to them joining the workforce to prepare them for challenges they may encounter in the workplace.

**Commission Recommendation:** The Behavioral Health Commission expressed concerns over this comment and wants to ensure that peer staff feel safe. They requested this comment be shared with the Consumer Affairs Manager to address, but recommended no change to the MHSA Annual Plan Update FY16/17.

- (38) **Comment:** More services like The Place in other parts of the county. Programs for homeless and for unemployed due to MH issues.

**Response:** The Department has expanded the Supportive Housing program to the Desert Region: the program is called “The Path”. The Department did attempt to also develop the program in the Mid-County Region, but could not overcome the zoning issues that would allow for its creation. The HUD funding that was utilized to develop this program has also expired.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (39) **Comment:** We need a RLC for Mid-County and all regions. We want everyone to have their fair share of help (autism, bi-polar, cerebral palsy).

**Response:** A RLC program exists in the Desert and Western Regions. The Mid-County Region has a similar program, the Family Room, which is more family-driven than consumer-driven. All of these programs are funded through the Innovation Component; therefore the timelines, budgets, and programs elements must remain constant throughout the course of these projects.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(40) **Comment:** My art class is ending next week and I would like it.

**Response:** Comment noted and will be shared with the Supervisor at the Desert RLC.

**Commission Recommendation:** The Behavioral Health Commission recommended this request be shared with management at the Desert RLC, but no change to the MHSA Annual Plan Update FY16/17.

(41) **Comment:** Food quality lacks a little.

**Response:** Comment noted, but not related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(42) **Comment:** More transitions to vocational training, goals.

**Response:** Housing and vocational supports are offered through the Full Service Programs and Wellness City programs county wide.

**Commission Recommendation:** The Behavioral Health Commission recommended continued funding of these initiatives, which are already included in the Plan, so no change to the MHSA Annual Plan Update FY16/17 is required.

(43) **Comment:** Maybe introduce web page with menu options for information about therapy within family services. Like CURL. Like mobile mental health. Social media?



**Response:** Programs and resources are available on the Department's three websites: rcdmh.org, Network of Care, and Up2Riverside. The Department launched a social media campaign two weeks ago and has already reached 6,000 individuals.

**Commission Recommendation:** The Behavioral Health Commission recommended that these efforts continue next year, so no change to the MHSA Annual Plan Update FY16/17 is required.

- (44) **Comment:** There is a transportation and full time/part-time work gap need in the services. Group activities need to be promoted more. Better food at board and care facilities.

**Response:** Although inconsistent implementation between clinics, the clinic locations do have the ability to offer bus passes and some limited van transports. These services are more prevalent in the Mid-County Region and Older Adult Programs. As mentioned in the response to comment 43, programs and resources are available on the Department's three websites and the Department has just launched a social media campaign to get more information out to the public.

**Commission Recommendation:** The Behavioral Health Commission recommended these requests be shared with the Regional Administrators in each region to address this on-going problem. The Commission was unclear on the full/part time work gap and its relevance to the Plan and noted the food service at the board and care facilities was not relevant to the Plan. No additional change to the MHSA Annual Plan Update FY16/17 was recommended.

- (45) **Comment:** I think the services that we have are all really great and helping people and families.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(46) **Comment:** I have had no gaps in services. I have been here for 16-1/2 whole years. This is pretty much my home, my second home. I need MH for life. I hope I will be able to afford to stay here taking my RLC classes, my Recovery Coach is wonderful.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(47) **Comment:** Need more groups/classes. My son doesn't think he's changed much from the CORE class but it was a positive experience for him.

**Response:** This request will be shared with the Desert Region RLC Supervisor.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(48) **Comment:** Knowing of services available.

**Response:** The Department is committed to continued and expanded promotion of resources through the Guide to Services, PEI Resource Guide, websites, and through social media.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(49) **Comment:** More social activities for regular clientele.

**Response:** Although socialization is not a function of the Plan, social activities are offered through the Wellness City programs county wide.

**Commission Recommendation:** The Behavioral Health Commission agreed that although socialization was not a function of the Plan, funding of the programs currently in place should be continued and encouraged the Department to adopt the philosophy that we need to empower individuals on how to, and where to, seek and build their own social opportunities. No change to the MHSA Annual Plan Update FY16/17 was recommended.

(50) **Comment:** I would like to see more groups and also more time with Recovery Learning Center Coaches and more time with different staff.

**Response:** Comment noted and will be provided to the Desert RLC Supervisor.

**Commission Recommendation:** The Behavioral Health Commission recommended that the comment be shared with the Supervisor at the Desert RLC, but no change to the MHSA Annual Plan Update FY16/17.

(51) **Comment:** We need more funds to provide RLC peers and Peer Support Specialists in the area of transporting and providing space and rooms for the RLC.

**Response:** The RLC is funded through the Innovation component which operates on a one-time, pre-approved, and fixed budget. There is no room for growth within this budget at this time. If, and when, the decision is made to continue to fund the RLC through another component, growth opportunities can be considered. This Innovation component is scheduled through April 2017. As mentioned in the response to comment 44, some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(52) **Comment:** Housing. Streamline/update websites. Keep RLC going. Expand RLC office space in clinic.

**Response:** All the Housing and RLC programs will continue to be funded through the Plan. Websites are already being updated and streamlined through the Department's Resource Developer.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17 and supports continuation of all these initiatives through the Plan.

(53) **Comment:** Staff should make house visit to see how family is.

**Response:** The Department does offer some field-base services through the Plan.

**Commission Recommendation:** The Behavioral Health Commission determined that this comment was too vague to provide an adequate response, but recommended no change to the MHSA Annual Plan Update FY16/17.

**Do you have any other recommendations or comments about the programs or services in the revised MHSA 3-Year Plan?**

(54) **Comment:** Staffing at Temecula Adult Mental Clinic to meet needs of clients. Transportation to clinics.

**Response:** This comment and request will be provided to the Regional Administrators. As mentioned in the response to comments 44 and 51, some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators.

**Commission Recommendation:** The Behavioral Health Commission recommended this request be conveyed to the Regional Administrators with encouragement to continue to fill staffing vacancies and explore the use of bus passes and limited van transportation. No change to the MHSA Annual Plan Update FY16/17 was recommended.

(55) **Comment:** Transportation of clients to services. Increased homeless services for individuals w/mental health challenges. Increased peer centers/peer recovery services.

**Response:** As mentioned in the response to comments 44, 51, and 54 some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators. Funding for Housing and Wellness City programs will continue for FY16/17.

**Commission Recommendation:** The Behavioral Health Commission recommended continued funding for these programs and as previously mentioned, the Department's Regional Administrators should explore possibility of providing bus passes and limited van transports. No change to the MHSA Annual Plan Update FY16/17 was recommended.

(56) **Comment:** Give NAMI affiliates funding directly to provide NAMI F2F education. Department currently prints the material for NAMI Family to Family and does a poor job in this. There are no tabs in the sections and the pages are off in sections. Let NAMI

have funding and make them deliver a number of classes in Peer to Peer and Family to Family. Peer to Peer education for older adult population is possible. I have advocated for CSS funding for NAMI and will continue to do so. NAMI Calif MH 101 is a new education program developed under CalMHSA. Provides community education in mental health to (5) underserved communities: Native American, LGBTQ, African American, Asian Pacific Islander, and Latino populations are all served.

**Response:** The Department is committed to working with the NAMI affiliates to resolve printing issues with their materials. All PEI program providers have a responsibility to outreach to all of the following underserved ethnic populations in Riverside County: African American, Asian Pacific Islander, Latino, and Native American. In addition, the PEI Plan has a Work Plan that includes at least one program for each of the underserved cultural populations.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

(57) **Comment:** I have developed an innovative idea for Riverside County Mental Health. The job is called: Peer Liaison – A Peer Liaison is defined as a person or persons, on a team, who work together to become familiar with as many different agencies as possible. They assist the peer with recovery and or homelessness. Some of the agencies include: The Department of Social Services (DPSS); In Home Supportive Services (IHSS); Mental Health Court (MHC); Adult Protective Services (APS); Anka Behavioral Health; Workforce Development; Fair Housing; Housing and Urban Development (HUD); Child Protective Service (CPS); Community Action Partnership (CAP); Social Security (SSA); National Alliance for the Mentally Ill (NAMI); HOPE; and Legal Aid. The Liaisons' would come together and discuss a resolution with a Behavioral Health Specialist (BHS), then present the solution to the peer. This idea would bring all the different agencies under one umbrella, thereby, creating an effective way of servicing the peer.

A Peer Liaison would consist of (4) Peers and one BHS – they would learn about the different agencies and help the peer who is in crisis resolve their issues.

**Response:** Many aspects of the idea are also functions of the Peer Support and Navigation program, which already exists in the Plan.

**Commission Recommendation:** The Behavioral Health Commission was impressed with the idea and thoughtfulness that went into the concept/comment. Although many elements of this recommendation already exist in the Plan, the Commission suggests this concept be processed with the Consumer Affairs Manager to see if, and where, it might fit into the Peer System Delivery as well as Peer Navigation opportunities through the Recovery Learning Center. The Commission recognizes that Peer Support Positions are already resourced in the Plan and that this is an implementation idea, therefore no change to the MHSA Annual Plan Update FY16/17 is required.

(58) **Comment:** I recommend that staff in mental health hospitals, IMD, and the field or home-based service receive hazard pay.

**Response:** The Department does not provide for a Hazard Pay option and the recommendation is not directly related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

(59) **Comment:** A call center inclusive of consumer, family member, and parent partner peer support to answer questions about services, resources, linkage to clinics and programs.

**Response:** There are currently 800 phone numbers for the Consumer Affairs, Family Advocate, and Parent Support Programs which will continue to be funded in the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(60) **Comment:** Timed housing in an attempt to get people back on their feet - independence being the goal – not dependence on the system.

**Response:** The Department funds a variety of housing programs including permanent and supportive housing and housing subsidies. These opportunities will continue to be provided through the MHSA Plan and administered through the HHOPE program.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(61) **Comment:** Help homeless MH clients.

**Response:** See response to comment 60 (above.)

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(62) **Comment:** Transportation to and from clinics (i.e. monthly bus passes)

**Response:** See response to comments 44, 51, 54, and 55. As mentioned previously, some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators.

**Commission Recommendation:** The Behavioral Health Commission recommended these requests be shared with the Regional Administrators in each region to address the on-going problem of transportation. No additional change to the MHSA Annual Plan Update FY16/17 was recommended.

(63) **Comment:** Thank you for letting me do this feedback survey.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(64) **Comment:** All regions need to work together. All counties need to work together so that all people have their fair share of help. And also engage disability clients. Let the force be with you always.

**Response:** Comment acknowledged, not directly related to the Annual Update.



**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(65) **Comment:** None.

**Response:** Absence of comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(66) **Comment:** More places like Wellness City. More day programs and a Crisis Center in Indio.

**Response:** There are a total of four (4) Wellness City locations: Western Region, Mid-County, and two (2) in the Desert Region. They will continue to be funded through the Plan. Indio has an existing Crisis Stabilization Unit and another one is being funded in the Desert Region through the State Crisis Grants.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(67) **Comment:** Check up on people who applied to the programs that have been cut. It may be less people, but there are still people who need/can benefit from those programs that were cut. Maybe recommend them to other programs.

**Response:** At this time there are no cuts to the existing programs planned.

**Commission Recommendation:** The Behavioral Health Commission is not aware of program cuts outlined in the Plan and recommends no change to the MHSA Annual Plan Update FY16/17. However, the Commission acknowledges the comments and if there were cuts that impacted a consumer's treatment, it is the ethical obligation of the Department to provide them adequate referrals.

(68) **Comment:** Personally, I don't have access to a computer at home. So I don't like the 'psych.online' idea. Would have to go to public library for this. Maybe have a peer coach along side of 'psych.service'. FYI – Psychiatrist prescribe meds/psychologists do not prescribe and help socially.

**Response:** The initial suggestion of Telepsychology is not for home-based services. The intent is to provide these services in the clinics to expand their visit capacity.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

(69) **Comment:** Recommend better transportation available to MHSA/mentally ill. Better learning opportunities. More part time and full time work hours available.

**Response:** As mentioned in the responses to comments 44, 51, 54, 55 and 62, some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators.

**Commission Recommendation:** The Behavioral Health Commission recommended these requests be shared with the Regional Administrators in each region to address the on-going problem of transportation. No additional change to the MHSA Annual Plan Update FY16/17 was recommended.

(70) **Comment:** I think we should have some public outings or have some kind of day that we have a certain time span to get together and play some games or watch a movie so we can meet more people.

**Response:** Public outings socialization activities are offered through the Regional Wellness City programs. There are May is Mental Health Month events in all three regions and the Department has also sponsored some movie events through the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(71) **Comment:** Yes, would I be able to continue visit? Actually just need to finish my therapy with my therapist. I can drive to Banning to see her for therapy. We ran out of time. My therapy was cut short. Also I need to continue my peer support counseling/coach. Thank you for your time. I appreciate you and Indio mental health services.

**Response:** Comment acknowledged – not directly related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(72) **Comment:** I look forward to participating in the WET Program with Goodwill Industries.

**Response:** Comment acknowledged – not directly related to the Plan

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(73) **Comment:** To help with transportation. Knowing other resources available.

**Response:** As mentioned in previous responses, some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators.

See response to comments 29, 43 and 48. The Department has hired a Public Information Specialist (PIS) whose primary function is resource development and promotion. The PIS ensures that all resources, including websites, Guide to Services and other Resource guides, are updated and accurate and is developing social media avenues.

**Commission Recommendation:** The Behavioral Health Commission recommended these requests be shared with the Regional Administrators in each region to address the on-going problem of transportation. No additional change to the MHSA Annual Plan Update FY16/17 was recommended.

(74) **Comment:** More time with peer counselor and more one on one.

**Response:** Comment acknowledged – not directly related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(75) **Comment:** I know we need to keep RLC running here and every mental health facility in the US because it will help others, too!

**Response:** The RLC programs will continue to be funded through the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(76) **Comment:** Expand RLC. Repaint/modernize Indio County Clinic. Modernize computers.

**Response:** This suggestion does not fit within the scope of the MHSA Capital Facilities Component requirements (expansion of RLC). The comments will be shared with Executive Management and the Regional Administrator to see if modifications can be made with non-MHSA funding.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(77) **Comment:** Have a yearly Bar-B-Q at the park. Larger facility than Milestone I think is needed. Best if one for mental health clients, one for drug recovery clients. Better yet, monthly Bar-B-Q party.

**Response:** Comment acknowledged – not directly related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

**Behavioral Health Commission (BHC)**

**Public Hearing – May 4, 2016**

**ORAL COMMENTS**

(78) **Comment:** Basically what I'm just wondering is, I didn't hear anything regarding the homeless people that have mental health problems and I was just wondering how you guys would attempt to help solve that or at least bring it down a little bit. Bring that issue down to where there aren't as many homeless people out there with mental health issues. I believe that homeless issues need to be addressed.

**Response:** See responses to comments, 38, 42, 55, and 60. The Department funds a variety of housing programs including permanent and supportive housing and housing subsidies. These opportunities will continue to be provided through the MHSA Plan and administered through the HHOPE program.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(79) **Comment:** I am aspiring to be a peer support in Mid-County and I am working with the Family Peer to Peer NAMI. I have developed an innovative idea for Riverside County Mental Health. The job is called: Peer Liaison. (complete description provided in comment 57)

**Response:** See comment 57. Many aspects of the idea already exist in the Plan.

**Commission Recommendation:** The Behavioral Health Commission was impressed with the idea and thoughtfulness that went into the concept/comment, however recommended no change to the Plan Update. (Full response provide in comment 57).

(80) **Comment:** I wanted to talk a little bit about why I am here. I feel I was falling in between the cracks with mental health maybe. I don't have kids and I was having trouble with work. I've learned that I have PTSD but it wasn't through the military it was something from when I was growing up with family trauma. So in trying to find work, I keep going to

programs and they say do you have kids - but I don't have kids. I make a little bit of money from my parents, so I make too much for most programs around. I tried to do a lot of this myself and I go to the library and look at the books to figure out who you are and who I am. A lot of these books will ask you how you were as a kid and what did you like and I was just surviving. I am finding it difficult and I am very grateful for Recovery Innovations for a place to come who didn't put any standards on me and I am growing in that way. I just had to leave a company as working through the Department of Rehabilitation because I was hesitant in a lot of things and I don't think they understand the trauma I have. I asked not to be put in warehouse work and they just kept putting me in that. That's what I did all through my teens and into my twenties and at this age I am trying to get re-trained and at this age it's very difficult. And like I said, those are just my issues and I am working through them. So I thank a lot for Recovery Innovations for sticking with me. My point is I guess that PTSD can sometimes, when you are in those work programs, they are like "well here", - they just give you something and think you can just go do it and it's not so easy to do. Sometimes when I talk to them I feel like I'm not being heard. So that's really just all I wanted to talk about.

**Response:** Comment acknowledged – not directly related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (81) **Comment:** I am a client and I go to the Temecula Adult Mental Health Clinic there and Recovery Innovation classes. I have been there about three (3) years and have received a lot of help, outside support groups, and beneficial groups that have helped me come a long way and I've still got a way to go. Some of the things that I see is we need better staffing at the clinic and we are missing some people right now that are preventing us from having like DBT class and also a better way of getting transportation to get to the clinic. Like for me I have no income so I can't afford to ride the bus and I have to rely on my parents but I can't always get them to get me there and that's pretty much all I have to say.

**Response:** See comments 44, 51, 54, 55, 62, and 69 regarding transportation. Recruitment for qualified staff is an on-going process within the Department.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

(82) **Comment:** I am a Peer Support Specialist and I took Peer Support Training and I went through RI training. I've been with the program Jefferson Wellness, I'm sure you're all aware of that, for quite a long time and I've also been working with RI and people from RI have pretty much had their eye on me for a long time. I am every impressed with what is going on with RI and what that company stands for and what their employees are doing and how they are moving forward. I think it needs to be developed even more and I think there should be a lot more of that going on. To me I know it is a small part of the mental health system because they are not really working for the county and they are working with the county. I think there should be a lot more of that part of the program in development - I really do. I think that should be spreading all over – not just in Riverside but I'm talking about all over California and everywhere. They have done a lot for me and changed my life. My life was down and out and I was actually suicidal when I came to them. I didn't have any direction and I didn't have any hope in my life; my life was falling apart. And when I got there things changed. I mean its like 'The Place'; I think they should open a place like 'The Place' which is a very good program. They had me housed there and they had people there on staff that were there all the time to take care of me and make sure I wasn't having a hard day and wasn't going to be able handled it by myself. So these are programs right here that I really think need to be integrated because I was homeless, like I said, and that place was my home. And it turned into a home with people who cared, people that showed up every day, suited up to let me know "hey you know life is not going to be like this forever and you have plenty of choices and we're here to help you with those". So I really think they should open a lot more homeless shelters and places like that in California for these people who are homeless and suffer with mental health issues. And that's pretty much all I have to say. Thank you.

**Response:** Funding for The Place and The Path housing programs and Recovery Innovations International (RII) initiatives will continue through FY16/17 as presented in the Plan. RII is not only an international organization but offers services across the state and the nation.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

(83) **Comment:** I come from Perris, RI you know and I like it there because I get out of my house and I listen. But I like it there and it helps me to learn more. I like here because I learn more about you guys and hear more because I came to see about income and all the stuff like that. And I like it and its okay for me. And sometimes I get nervous talking but I like coming here.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(84) **Comment:** I go to Recovery Innovations in Perris and I used to go to the one in Temecula too. And I really appreciate what those people in those classes are doing with me because I have schizophrenia. I was rejected from the Marine Corps because I wanted to be a Chaplin there and the thing is that I don't care if I'm not in the military any more at all. I appreciate what they are doing with me. I always used to talk corrupt things to people and used to talk about stuff that's not pleasant. When I went to Recovery Innovations two years ago I learned to speak sound things to people because every time I talked corrupt things people used to tell me to go away. I went to this program a long time ago and they worked on me and they did feedback therapy on my brain and they made me listen to classical music because I have a bad filtering system and it makes me not get understood by people of the opposite gender of me. The thing is, I don't let that bug me anymore even though it didn't work on me when I went to that program because it is very hard to afford that. My dad just passed away this past January; he died of an infarction of the brain. And I promised my dad before he died that I would not talk bad stuff anymore to people. I really appreciate what Recovery Innovations is doing for me and helping me get my life together. I always call It'sUp2Us when I have corrupt thoughts in my mind like saying I want to commit suicide or get into fights with people. I hope in the future I will not use my skills in corrupt ways and only use it to use it to glorify my Lord and Savior Jesus Christ.



**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

- (85) **Comment:** I go to RI International and have been volunteering for 8 years and if it wasn't for that program I would be out in the street. I have been taking my meds and I will never get off them. There ain't no where else to go because I don't like to stay home because I don't like to stay in bed that is where I go because I like to volunteer. I like to do what I do.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (86) **Comment:** I just want to show my appreciation to just say how much mental health has done for me when I got the courage and strength to ask for help. Getting out of prison for the fifth time at 50 and was starting to accept that that's just the way it was going to be. To be honest when I did reach out and they said mental health I backed up and said, "Wait a minute I'm not talking about that kind of help". But now that I learned more information about what mental health is about - somebody to talk to, somebody to help me, instead of being a survivor - help me to live. All the conditions I had and behaviors of the lifestyle that I lived not really living but expecting to die any day because that's where I come from. There's been a lot of death in my family - lot of things, of overdoes, and things like that. But since I've been there, I found hope and see the light at the end of the tunnel, and I see opportunity, I feel good about myself. They told me about this meeting and I was anxious to get here because I want to give what I've been given back. I'm looking at the RI meetings too and am going to start in June and will go to the orientation so I can learn more because I can only give what I've got and what I know about. I'm not over here trying to be smart or this and that. I'm not dumb person but I don't know how to live a productive life. I've had good jobs, I've had this, I've had that, but I don't keep them because I'm insane; I do the same things over and over and expecting different result. I know that's why I cried out for help because I know I can do

good for so long but when that merry go round came around again I would end up back in prison if I was lucky and not dead. I'm just very grateful today and you know just like getting up here and speaking, how we get nervous and we don't know, but if we step out; because if we stay in our comfort zone we're not going to grow. I just want to engulf all this information so I can give back to those who have been where I've been. I have to go to a service tomorrow because someone committed suicide - one of my friends. Last year another one of my friends committed suicide and that hurts me deeply because I don't know what I could have done more for them and that could be a trigger for me to go back to my old ways. But if I get more of an understanding and knowledge of behaviors and different people's behaviors and just loving them where they are at; you know that's what I'm all about. I've always been a caring person but I didn't know how to that. I know how to give you, and I'm just going to keep it real, a double up sac, or the life I lived, or help you out with this or that, a gun or something, thinking that I was helping you but I didn't know how to help myself. So what mental health has given me is a life - my life back; and being at 50 I guess I have a purpose and death ain't one of them you know what I'm saying at least not for now. So I would just like to say thank you and show my appreciation and that's why I came to this meeting so I don't just talk about it - I want to be about it. And the more information I get, the more I can reach out to the people who are where I've been. You know people with different depths and life and maybe this is just so I can reach those people in those depths now where somebody else couldn't reach them. And that's where my heart is at today; and I just would like to thank mental health and my God for giving me the courage and the strength to ask for help.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (87) **Comment:** I'm from RI and I wasn't planning on commenting but, oh my gosh, hearing from so many people I just really feel the need to say thank you for sharing your stories and your comments with folks and thank you all on the board for so much time I know that you all have put into creating this plan and really making a difference a permanent

difference in the lives of all those that we serve throughout all the agencies that make up all different service providers. So I just want to say thank you to all of you for that and to all of you for sharing and really for allowing us to be a part of that, so thanks.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (88) **Comment:** I go to RI international in Perris and first I want to thank God because now for the first time they sat me down, they ran me through, cuz I had nothing else to do at the house. And I am one of those people that don't want to sit at the home - can't do that. I have been going there ever since and have got my life straight and I feel like I owe it to them - so there it is - thank you.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (89) **Comment:** I am very grateful to the mental health system it has brought me a long way but I am falling through the cracks and falling short on finding a job. I only have one offense and it has just really just brought me way down and I just want to know if there is any way that you can address that or help people in that area?

**Response:** It was recommended that this individual contact the Family Advocate Program at 800-330-4522 to inquire about Expungement programs and assistance in that area.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

- (90) **Comment:** I have been diagnosed with autism and last year I graduated from Peer Employment Training and I've been a volunteer here at the mental health and Wellness City and I also go to NAMI programs. Whatever organization I find, I go and do. We need to get programs and we need transportation to everywhere we go and we need

transportation from here to there. We need to keep RLC going in Riverside and Indio and we need to open an RLC in the Mid-County because that's where they need it the most; and that way they have all three. I represent Indio with Riverside at the expo in Riverside and Perris and represent Indio in Riverside at the RLC booth. I'm Treasurer at Wellness City. Wherever there is a need in the community - I see a need and I meet it immediately because that's what it's all about. They need more services in San Bernardino County, too because San Bernardino County are the ones that are suffering right now. Riverside County can work with San Bernardino County and expand and that way everyone gets their fair share of helping people like me - autism, cerebral palsy, down syndrome, mental illness, depression any kind of mental illness needs help - all of it needs help - including all of those people who don't even have that need. We got to get out there and we got to help everybody in need and we got to go out there and show them what we're made of. Thank you for letting me share and let the force be with you guys always.

**Response:** Funding for the RLC will continue in FY16/17 as stated in the Plan. See comments 44, 51, 54, 55, 62, and 69 for response to transportation issues.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (91) **Comment:** I was at Recovery Learning Center and its now been two years since I've been out. I kind of wanted to go back to the Recovery Learning Center because I don't just want to sit around without having people to talk to or help me out. I got tired of watching TV, sitting on the couch, that just wasn't me and I thought "What am I gonna do?" you know what I mean. I am 55 years old and no job and a friend of mine called me and said he heard of a ranch for men and we had a little conversation and one thing led to another now I have a volunteer job and am working hard at it. I don't get paid except for gas and mileage but it's alright because this volunteer job might turn into something better some day.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(92) **Comment:** I have been diagnosed with major depressive disorder and I have been coming here for about 5 months now and I love it. I graduated from WRAP class and COR class and right now I'm in my art class and I would just like to say that I suppose it is going to end after our art show in like a week or so but I would just like it to keep going because it is really helping me get through life and it is such a sense of release for me.

**Response:** The RLC will continue to be funded in FY16/17. Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(93) **Comment:** I was a broker and CPA before and didn't know I was bipolar; I was rock and rolling all the time. I was from the Philippines and when I came here and was very busy all the time and I didn't know I had an ailment and my sister was a nurse and told me to see a psychiatrist. It was very late in my life that I found out I was bipolar. I had an accident, too; I smashed my head on the floor so that was it. So I am on SSI now on disability and it is a very shock for me that I am not used to being busy. I would like to see some more programs and part time work available out there for people like me for who have mental illness that can actually do some work out there - even on a part time basis because we're not supposed to work more than 20 hours a week. So I would like to see some part time jobs available out there either in the office, accounting work, or marketing jobs. But we would love to see that. I have been here for 6 months now and I love all the programs that have been open to us and all the classes. And, the Recovery Innovations group over there - they are so lovely and so accommodating and so sweet and I just love it over there - as well as all the recovery coaches we have here.

**Response:** Recommendation will be shared with the Consumer Affairs Manager and Human Resources.

**Commission Recommendation:** The Behavioral Health Commission requested that the Department explore employment opportunities including part time with both

Consumer Affairs and Human Resources. Peer positions are currently funded through the Plan so no additional change to the MHSA Annual Plan Update FY16/17 is recommended.

- (94) **Comment:** I have had post traumatic stress disorder for 16 years since 2000 and on the other side I've been seeing a psychiatrist and am on medication. My medications have decreased to where I only take Zoloft. Before I was on heavy heavy medication but actually, my psychiatrist says I am doing really good and am able to go through the RLC and I've taken the WRAP class, the Facing Up Class, and art works as well. My Recovery Coach has been helping me find an apartment, so my name has been all over the valley for about two years and have been looking for an apartment, but haven't had success in that. But it's been a tremendous help - the Recovery Learning Center. My coach is really good at helping us and she is also a peer support group coach and we meet every Monday. I did apply for PET to work here at Indio mental health in the future and didn't get accepted to training because- I think it was a mistake - and they said I didn't live in the Riverside County and I lived too far so I don't know what that was all about. But I have been coming here since 2000 and I thought I didn't belong here because I thought I wasn't crazy but I soon found out that I was a little crazy because when you go through childhood trauma – you know. Thank you for letting me share.

**Response:** The Department will follow up with RII regarding PET for this individual.

**Commission Recommendation:** The Behavioral Health Commission appreciates the comments and requests that the Department contact RII and facilitate this individual being considered for Peer Employment Training. No change to the MHSA Annual Plan Update FY16/17 was recommended.

- (95) **Comment:** My comments don't have to do with the 3-Year Plan can I still say something or do I have to wait? I have been coming here for a year and I just want to say that I want the county to improve about who they let in because they didn't want to let me in when I first came in. I came in for anxiety that was my main concern and they told me no, we don't treat anxiety we treat severe depression, bi-polar disorder, PTSD and schizophrenia and I'm thinking, "Well, everything but anxiety?". So they tell me I need to go to my doctor, so I go to my doctor, and my doctor tells me you've got to go to

mental health and I'm like "Oh my gosh." And even when I came and they kept rejecting me and I told them about having suicidal thoughts - but that I wasn't going to act on it - so they still didn't take me. But they said they could only keep me or let me stay at least to go to class or something. I was suicidal but I still wasn't allowed in the clinic and I was like "What do I do now?" This was I guess somewhat of a hope and I wonder how many more people do they turn away that need to be here because I have benefited from this.

**Response:** Comment acknowledged – not directly related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (96) **Comment:** I have been coming to this clinic the since the early 90s and I was diagnosed with bipolar disorder and I have been taking medication for several years and been in several board and care homes and *other* homes and also I think this clinic is a really good clinic. I am looking forward to finding a job or volunteering somewhere through the new WET program. I am getting older now - in my young years I wasted a lot of my young years just goofing around and stuff. I am happy now because I feel clean and sober, don't mess around with drugs and alcohol, and I thank all of you for letting me share.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (97) **Comment:** I am in the Recovery Learning Center and been coming here for a little over a year and I transition here from the Banning Clinic where I was in their services for about 8 years. That was one of the hardest things I had to do to leave my family. And now the Recovery Center is part of my environment and my environment over there wasn't too well. I was worried about everybody else but me. But with the peer supports that helped talk me through it, this was the best decision I ever made. I'm in the Recovery Learning Center and the peer supports over there are very terrific. When I first moved over here I was homeless for 3 months and they helped me find a residence and the groups that we have are very educational and help me to emotionally grow and help

empower myself to advocate for myself and I am real thankful for that. And if anything we should get more classes.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(98) **Comment:** I've been living with depression and other personal issues. I suggest a monthly barbecue party. Thank you!

**Response:** Comment acknowledged – not directly related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(99) **Comment:** For the Art Show, I put in three art pieces and two creative writings.

**Response:** Comment acknowledged – not directly related to the Plan.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(100) **Comment:** I just wanted to say that my Recovery Coach, she kept pumping positive thoughts into my head and I really really love the Recovery Learning Center it does help and it does work and we need it. I have depression and I hear voices but as long as I'm busy they don't bother me so when I'm not busy it's not right - gonna be in trouble. This clinic and Recovery Learning Center has helped me a lot. Thank you.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(101) **Comment:** Hello and no matter what and all the Recovery Coaches (listed names) put positive things into my head and each one helped me and anybody I could find in this clinic to help me I would go to them. And no matter what organization I go to, everybody



needs help, any disability, any age, and everybody needs their fair share and thank you all for all your support and may your force be with you guys always once again.

**Response:** Positive comment acknowledged.

**Commission Recommendation:** The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

Riverside University Health System – Behavioral Health

MHSA Administration

2085 Rustin Avenue

Riverside, CA 92507