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

721

FROM: Department of Mental Health

SUBMITTAL DATE:
January 5, 2010

SUBJECT: Receive and file MHSA (Mental Health Services Act) PEI (Prevention and Early Intervention) Plan, the INN (Innovation) Plan and Agreement Modification B3 & B4

RECOMMENDED MOTION: Move that the Board of Supervisors receive and file the MHSA PEI Plan, Innovation Plan and Agreement Modification B3 & B4

BACKGROUND: On January 29, 2008, Agenda Item 3.35, the Board of Supervisors accepted and ratified the MHSA State Agreement No. 07-77333-000. Included in this agreement is funding for CSS (Community Services and Supports), WET (Workforce Education and Training), Cap Fac (Capital Facilities and Technology Needs), PEI (Prevention and Early Intervention) and INN (Innovation). Since the acceptance of the original agreement, ten (10) modifications to the agreement have been received and filed by the Riverside County Board of Supervisors. The latest agreement modification was received and filed by the Board of Supervisors on September 1, 2009. **(Continued on page 2)**

Departmental Concurrence

JW:KS

Jerry Wengerd, Director
Department of Mental Health

FINANCIAL DATA				
	Current F.Y. Total Cost:	$ 0	**In Current Year Budget:**	Yes
	Current F.Y. Net County Cost:	$ 0	**Budget Adjustment:**	No
	Annual Net County Cost:	$ 0	**For Fiscal Year:**	08/09 & 09/10

SOURCE OF FUNDS: 100% State MHSA

Positions To Be Deleted Per A-30 ☐

Requires 4/5 Vote ☐

C.E.O. RECOMMENDATION: APPROVE

County Executive Office Signature
BY: Debra Cournoyer
Debra Cournoyer

☐ Policy ☐ Consent
☑ Policy ☐ Consent

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: January 26, 2010
xc: Mental Health

Kecia Harper-Ihem
Clerk of the Board
By: _____
Deputy

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

Prev. Agn. Ref.: 01/29/08, 3.35; 01/06/09, 3.19; 04/28/09, 3.21; 06/09/09, 3.33; 09/01/09, 2.29

District: All

ATTACHMENTS FILED

Agenda Number: 3.32

SUBJECT: Receive and file MHSA (Mental Health Services Act) PEI (Prevention and Early Intervention) Plan, the INN (Innovation) Plan and Agreement Modification B3 & B4

BACKGROUND: (continued)
On April 28, 2009, the Board approved Resolution No. 2009-115, which authorizes the Director of the Riverside County Department of Mental Health to sign and enter into non-substantive MHSA Amendments with the State DMH (Department of Mental Health) for the duration of the MHSA Agreement performance period, which ends June 30, 2013.

The MHSA Agreement Modification B3 increases the amount of MHSA funding distributed to the RCDMH (Riverside County Department of Mental Health) by $20,698,197. This amount includes $20,473,248 for fiscal year 2008/09 and fiscal year 2009/10 PEI Services and Training and Technical Assistance and Capacity building, plus $224,949 for fiscal year 2008/09 INN Services.

The MHSA Agreement Modification B4 increases the amount of MHSA funding distributed to the RCDMH by $918,400. This amount includes $918,400 for INN Community Planning Process for Fiscal year 2009/10.

The PEI and INN components went through an extensive community planning process. The Plans were advertised for thirty (30) days and public hearings were held on July 1 & July 6, 2009 for the PEI Plan and on June 3, 2009 for the INN Plan.

These funds will be utilized over the next 3 years for implementation of PEI and INN programs.

FINANCIAL DATA:
The State DMH has approved to release an additional $21,616,597 of MHSA funding to the RCDMH. This MHSA funding has been budgeted in the Department's budget. No additional County funds are required.

MENTAL HEALTH SERVICES ACT (MHSA) AGREEMENT

CONTRACTOR COPY

Riverside County Department of Mental Health
P.O Box 7549
Riverside, CA 92513

Agreement No. 07-77333-000
Modification No. B3

State of California Department of Mental Health Community Services Division 1600 9th Street Sacramento, CA 95814	Funding Source: MHSA FUNDS Term of Agreement: 07/01/2004-06/30/2013

This MHSA Agreement is entered into by and between the State of California, Department of Mental Health, hereinafter referred to as the State and Riverside County, hereinafter referred to as the County. The County agrees to operate a program in accordance with the provisions of this agreement and to have an approved Three-Year Program and Expenditure Plan addressing the component(s) referenced below for the above named County filed with the State pursuant to the Mental Health Services Act. This modification consists of this sheet and those of the following exhibit, which is attached hereto and by this reference made a part hereof:

Funding Detail Chart — Exhibit A, pages 1 through 12
(Shaded areas in Exhibit A, Distribution Funding Detail, indicate the amount to be distributed to the County upon execution of the MHSA Agreement.)

Purpose: To incorporate and add MHSA funds as follows:

1. PEI Services FY 08-09
2. PEI Training, TA & Capacity Building FY 08-09
3. Innovation FY 08-09
4. PEI Services FY 09-10 – 75%
5. PEI Training, TA & Capacity Building FY 09-10 – 75%

If additional funds are awarded, they will be unilaterally incorporated into this Agreement.

Allocation(s):	
The State agrees to reimburse the County not to exceed the amount listed hereinafter as "Total Plan Approved Amount".	Total Plan Approved Amount $ 182,987,642 Prior Amount Distributed: $ 149,186,429 Increase/Decrease: $ 20,698,197 Total Distributed: $ 169,884,626

This agreement is exempt from Section 10295 of Chapter 2 of Part 2 of Division 2 of the Public Contract Code and is exempt from review or approval of the Dept. of General Services and the Dept. of Finance.

Approved for County (by signature)

NO SIGNATURE REQUIRED

Name and title:
Date Signed _____

FULLY EXECUTED

Approved for the State (DMH) (by signature)	I hereby certify that to my knowledge, the budgeted funds are available for the period and purpose of expenditure as stated herein:
DMH Procurement and Contracts Officer Date Signed 10/5/09	Signature of DMH Accounting Officer Date Signed 10/14/09

JAN 26 2010 3.32

Planning Estimates (Authorized Use of Funds)

	SFY 2004-05	SFY 2005-06	SFY 2006-07	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13	Total
Planning Estimate										
1. Community Program Planning (CPP)										
Planning	$475,032									$475,032
2. Community Services & Support (CSS)										
Services*		$16,710,700	$16,878,027	$24,913,600	$33,610,600	$47,117,200				$139,230,127
MHSA Housing Program				$19,077,100						$19,077,100
MHSA Housing Program Augmentation										$0
3. Workforce Education & Training (WET)										
Planning and Activities			$4,756,400	$5,941,870						$10,698,270
Discretionary CSS*										$0
Regional Partnerships										$0
Total WET			$4,756,400	$5,941,870	$0					$10,698,270
4. Capital Facilities & Technological Needs (Cap/Tech)										
Cap/Tech				$18,358,100	$5,768,100					$24,126,200
Discretionary CSS*										$0
Total Cap/Tech				$18,358,100	$5,768,100					$24,126,200
5. Prevention and Early Intervention (PEI)										
Planning and Services				$5,612,500	$11,649,500	$16,927,100				$34,189,100
Assigned Funding					$2,214,000	$2,214,000	$2,214,000	$2,214,000		$8,856,000
Training, Technical Assistance & Capacity Building					$327,100	$327,100	$327,100	$327,100		$1,308,400
6. Innovation										
Services					$3,673,500	$3,673,500				$7,347,000
Total Planning Estimate	$475,032	$16,710,700	$21,634,427	$73,903,170	$57,242,800	$70,258,900	$2,541,100	$2,541,100	$0	$169,966,129

* As requested by County and approved by DMH beginning in FY 2008-09.

Plan Approved Amount and Remaining Unapproved Amount

	PCA	SFY 2004-05	SFY 2005-06	SFY 2006-07	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13	Total
Plan Approved Amount											
1. Community Program Planning (CPP)											
Planning	27609	$475,032									$475,032
2. Community Services & Support (CSS)											
Extension of Planning	27617		$0								$0
System Improvement	27618		$345,000								$345,000
One-Time Technology	27627		$1,089,113								$1,089,113
Other One-Time	27619		$11,098,912								$11,098,912
Services	27613		$1,391,667	$16,878,027	$24,913,600	$25,245,847	$41,083,202				$109,512,343
Prudent Reserve	27621		$2,786,008	$0	$0	$8,364,753	$6,033,998				$17,184,759
MHSA Housing Program					$19,077,100						$19,077,100
Total CSS			$16,710,700	$16,878,027	$43,990,700	$33,610,600	$47,117,200				$158,307,227
3. Workforce Education & Training (WET)											
Planning and Early Implementation	27641			$713,500	$0						$713,500
WET Activities	27640			$4,042,900	$5,941,870						$9,984,770
Regional Partnerships	27642										$0
Total WET				$4,756,400	$5,941,870	$0					$10,698,270
4. Capital Facilities & Technological Needs (Cap/Tech)											
Capital Facilities	27652				$1,300,000	$0					$1,300,000
Technological Needs	27651				$4,500,000	$0					$4,500,000
Total Cap/Tech					$5,800,000	$0					$5,800,000
5. Prevention and Early Intervention (PEI)											
Planning	27631				$2,335,400	$0	$0				$2,335,400
Services	27630				$0	$11,649,500	$11,001,764				$22,651,264
State Administered Projects						$0	$0	$0	$0		$0
Training, Technical Assistance & Capacity Building	27632					$327,100	$327,100	$0	$0		$654,200
Total PEI					$2,335,400	$11,976,600	$11,328,864	$0	$0	$0	$25,640,864
6. Innovation (INN)											
Planning	27614					$918,400	$0				$918,400
Services	27616					$224,949	$0				$224,949
Total INN						$1,143,349	$0	$0	$0	$0	$1,143,349
Total Plan Approved Amount		**$475,032**	**$16,710,700**	**$21,634,427**	**$58,067,970**	**$46,730,549**	**$58,446,064**	**$0**	**$0**	**$0**	**$202,064,742**

Remaining Unapproved Amounts		SFY 2004-05	SFY 2005-06	SFY 2006-07	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13	Total
1. CPP		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2. CSS		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
MHSA Housing					$0						$0
3. WET		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4. Cap/Tech		$0	$0	$0	$12,558,100	$5,768,100	$0	$0	$0	$0	$18,326,200
5. PEI		$0	$0	$0	$3,277,100	$0	$5,925,336	$327,100	$327,100	$0	$9,856,636
Statewide Projects						$2,214,000	$2,214,000	$2,214,000	$2,214,000	$0	$8,856,000
6. Innovation		$0	$0	$0	$0	$2,530,151	$3,673,500	$0	$0	$0	$6,203,651

Distribution Funding Detail

SFY 2004-05

		1	2	3	4=1+2+3	5	6=4+5
Funding Source	**PCA**	**Prior Distributed Amount**	**Amount to be Distributed by this Agreement/ Modification**	**Decrease**	**Total Amount Distributed to Date**	**Total Amount to be Distributed by Future Modifications**	**Total Approved Amount**
SFY 2004-05							
1. Community Program Planning (CPP)	27609	$475,032	$0		$475,032	$0	$475,032
Adjustment for Reversion	27609		$0				$0
Total CPP		$475,032	$0	$0	$475,032	$0	$475,032
Total SFY 2004-05		**$475,032**	**$0**	$0	$475,032	$0	**$475,032**

Distribution Funding Detail

SFY 2005-06

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2005-06							
2. Community Services and Supports (CSS)							
Extension of Planning	27617	$0	$0		$0	$0	$0
System Improvement	27618	$345,000	$0		$345,000	$0	$345,000
One-Time Technology	27627	$1,089,113	$0		$1,089,113	$0	$1,089,113
Other One-Time	27619	$11,098,912	$0		$11,098,912	$0	$11,098,912
Services	27613	$1,391,667	$0		$1,391,667	$0	$1,391,667
Prudent Reserve	27621	$2,786,008	$0		$2,786,008	$0	$2,786,008
Adjustment for Reversion	27613				$0		$0
Total CSS		$16,710,700	$0	$0	$16,710,700	$0	$16,710,700
Total SFY 2005-06		**$16,710,700**	**$0**	$0	$16,710,700	$0	**$16,710,700**

Distribution Funding Detail

SFY 2006-07

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2006-07							
2. Community Services and Supports (CSS)							
Services	27613	$16,878,027	$0		$16,878,027	$0	$16,878,027
Prudent Reserve	27621	$0	$0		$0	$0	$0
MHSA Housing Program		$0			$0	$0	$0
Adjustment for Reversion	27613				$0	$0	$0
Total CSS		$16,878,027	$0	$0	$16,878,027	$0	$16,878,027
3. Workforce Education & Training (WET)							
Planning and Early Implementation	27641	$713,500	$0		$713,500	$0	$713,500
WET Activities	27640	$4,042,900	$0		$4,042,900	$0	$4,042,900
Adjustment for Reversion	27640				$0		$0
Total WET		$4,756,400	$0	$0	$4,756,400	$0	$4,756,400
Total SFY 2006-07		**$21,634,427**	**$0**	$0	$21,634,427	$0	**$21,634,427**

Distribution Funding Detail

SFY 2007-08

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2007-08							
2. Community Services and Supports (CSS)							
Services	27613	$24,913,600	$0		$24,913,600	$0	$24,913,600
Prudent Reserve	27621	$0	$0		$0	$0	$0
MHSA Housing Program		$19,077,100	$0		$19,077,100	$0	$19,077,100
Adjustment for Reversion	27613				$0	$0	$0
Total CSS		$43,990,700	$0	$0	$43,990,700	$0	$43,990,700
3. Workforce Education & Training (WET)							
WET Activities	27640	$5,941,870	$0		$5,941,870	$0	$5,941,870
Adjustment for Reversion	27640				$0		$0
Total WET		$5,941,870	$0	$0	$5,941,870	$0	$5,941,870
4. Capital Facilities & Technological Needs (Cap/Tech)							
Capital Facilities	27652	$1,300,000	$0		$1,300,000	$0	$1,300,000
Technological Needs	27651	$4,500,000	$0		$4,500,000	$0	$4,500,000
Adjustment for Reversion TN	27651						$0
Adjustment for Reversion CF	27652						
Total Cap/Tech		$5,800,000	$0	$0	$5,800,000	$0	$5,800,000
5. Prevention and Early Intervention (PEI)							
Planning	27631	$2,335,400	$0		$2,335,400	$0	$2,335,400
Services	27630	$0	$0		$0	$0	$0
State Administered Projects		$0	$0		$0	$0	$0
Adjustment for Reversion	27630						
Total PEI		$2,335,400	$0	$0	$2,335,400	$0	$2,335,400
Total SFY 2007-08		**$58,067,970**	**$0**	$0	$58,067,970	$0	**$58,067,970**

Distribution Funding Detail

SFY 2008-09

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2008-09							
2. Community Services and Supports (CSS)							
Services	27613	$25,245,847	$0		$25,245,847	$0	$25,245,847
Prudent Reserve	27621	$8,364,753	$0		$8,364,753	$0	$8,364,753
Adjustment for Reversion	27613				$0		$0
Total CSS		$33,610,600	$0	$0	$33,610,600	$0	$33,610,600
3. Workforce Education & Training (WET)							
Regional Partnerships	27642	$0	$0		$0	$0	$0
Adjustment for Reversion	27642				$0		$0
Total WET		$0	$0	$0	$0	$0	$0
4. Capital Facilities & Technological Needs (Cap/Tech)							
Capital Facilities	27652	$0	$0		$0	$0	$0
Technological Needs	27651	$0	$0		$0	$0	$0
Adjustment for Reversion TN	27651						$0
Adjustment for Reversion CF	27652						
Total Cap/Tech		$0	$0	$0	$0	$0	$0
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0	$0		$0	$0	$0
Services	27630	$0	**$11,649,500**		$11,649,500	$0	$11,649,500
State Administered Projects		$0	$0		$0	$0	$0
Training, TA & Capacity Building	27632		**$327,100**		$327,100		$327,100
Adjustment for Reversion	27630						
Total PEI		$0	$11,976,600	$0	$11,976,600	$0	$11,976,600
6. Innovation							
Planning	27614	$918,400	**$0**		$918,400		$918,400
Services	27616		$224,949		$224,949	$0	$224,949
Adjustment for Reversion	27616						
Total Innovation		$918,400	$224,949	$0	$1,143,349	$0	$1,143,349
Total SFY 2008-09		**$34,529,000**	**$12,201,549**	$0	$46,730,549	$0	**$46,730,549**

Distribution Funding Detail

SFY 2009-10

		1	2	3	4=1+2+3	5	6=4+5
Funding Source	**PCA**	**Prior Distributed Amount**	**Amount to be Distributed by this Agreement/ Modification**	**Decrease**	**Total Amount Distributed to Date**	**Total Amount to be Distributed by Future Modifications**	**Total Approved Amount**
SFY 2009-10							
2. Community Services and Supports (CSS)							
Services	27613	$30,812,402	$0		$30,812,402	$10,270,800	$41,083,202
Prudent Reserve	27621	$6,033,998	$0		$6,033,998		$6,033,998
Adjustment for Reversion	27613				$0		$0
Total CSS		$36,846,400	$0	$0	$36,846,400	$10,270,800	$47,117,200
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0			$0		$0
Services	27630	$0	**$8,251,323**		$8,251,323	$2,750,441	$11,001,764
State Administered Projects		$0			$0	$0	$0
Training, TA & Capacity Building	27632	$0	**$245,325**		$245,325	$81,775	$327,100
Adjustment for Reversion	27630						
Total PEI		$0	$8,496,648	$0	$8,496,648	$2,832,216	$11,328,864
6. Innovation							
Planning	27614	$0	$0		$0		$0
Services	27616	$0			$0		$0
Adjustment for Reversion	27616						
Total Innovation		$0	$0	$0	$0		$0
Total SFY 2009-10		**$36,846,400**	**$8,496,648**	**$0**	**$45,343,048**	**$13,103,016**	**$58,446,064**

Distribution Funding Detail

SFY 2010-11

		1	2	3	4=1+2+3	5	6=4+5
Funding Source	**PCA**	**Prior Distributed Amount**	**Amount to be Distributed by this Agreement/ Modification**	**Decrease**	**Total Amount Distributed to Date**	**Total Amount to be Distributed by Future Modifications**	**Total Approved Amount**
SFY 2010-11							
2. Community Services and Supports (CSS)							
Services	27613	$0			$0	$0	$0
Prudent Reserve	27621	$0			$0	$0	$0
Adjustment for Reversion	27613				$0		$0
Total CSS		$0		$0	$0	$0	$0
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0			$0	$0	$0
Services	27630	$0			$0	$0	$0
State Administered Projects		$0			$0	$0	$0
Training, TA & Capacity Building	27632						
Adjustment for Reversion	27630						
Total PEI		$0	$0	$0	$0	$0	$0
6. Innovation							
Planning	27614						
Services	27616				$0	$0	$0
Adjustment for Reversion	27616						
Total Innovation		$0	$0	$0	$0	$0	$0
Total SFY 2010-11		**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Distribution Funding Detail

SFY 2011-12

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2011-12							
2. Community Services and Supports (CSS)							
Services	27613	$0			$0	$0	$0
Prudent Reserve	27621	$0			$0	$0	$0
Adjustment for Reversion	27613				$0		$0
Total CSS		$0	$0	$0	$0	$0	$0
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0			$0	$0	$0
Services	27630	$0			$0	$0	$0
State Administered Projects		$0			$0	$0	$0
Training, TA & Capacify Building	27632						
Adjustment for Reversion	27630						
Total PEI		$0	$0	$0	$0	$0	$0
6. Innovation							
Planning	27614						
Services	27616				$0	$0	$0
Adjustment for Reversion	27616						
Total Innovation		$0	$0	$0	$0	$0	$0
Total SFY 2011-12		$0	$0	$0	$0	$0	$0

Distribution Funding Detail

SFY 2012-13

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2012-13							
2. Community Services and Supports (CSS)							
Services	27613	$0			$0	$0	$0
Prudent Reserve	27621	$0			$0	$0	$0
Adjustment for Reversion	27613				$0		$0
Total CSS		$0	$0	$0	$0	$0	$0
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0			$0	$0	$0
Services	27630	$0			$0	$0	$0
State Administered Projects		$0			$0	$0	$0
Training, TA & Capacity Building	27632						
Adjustment for Reversion	27630						
Total PEI		$0	$0	$0	$0	$0	$0
6. Innovation							
Planning	27614						
Services	27616				$0	$0	$0
Adjustment for Reversion	27616						
Total Innovation		$0	$0	$0	$0	$0	$0
Total SFY 2012-13		**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Funding Source PCA	Prior Distributed Amount	Amount to be Distributed by this Agreement/ Modification	Decrease	Total Amount Distributed to Date	Total Amount to be Distributed by Future Modifications	Total Approved Amount
Total All Fiscal Years						
SFY 2004-05	$475,032	$0	$0	$475,032	$0	$475,032
SFY 2005-06	$16,710,700	$0	$0	$16,710,700	$0	$16,710,700
SFY 2006-07	$21,634,427	$0	$0	$21,634,427	$0	$21,634,427
SFY 2007-08	$58,067,970	$0	$0	$58,067,970	$0	$58,067,970
SFY 2008-09	$34,529,000	$12,201,549	$0	$46,730,549	$0	$46,730,549
SFY 2009-10	$36,846,400	$8,496,648	$0	$45,343,048	$13,103,016	$58,446,064
SFY 2010-11	$0	$0	$0	$0	$0	$0
SFY 2011-12	$0	$0	$0	$0	$0	$0
SFY 2012-13	$0	$0	$0	$0	$0	$0
Total All Fiscal Years	$168,263,529	$20,698,197	$0	$188,961,726	$13,103,016	$202,064,742
Less: Assigned Funds						
MHSA Housing	$19,077,100	$0	$0	$19,077,100	$0	$19,077,100
State Administered Projects	$0	$0	$0	$0	$0	$0
Total Assigned Funds	$19,077,100	$0	$0	$19,077,100	$0	$19,077,100
Less: Total Adjustment for Reversion	$0	$0				
Net Distribution	**$149,186,429**	**$20,698,197**		$169,884,626	$13,103,016	$182,987,642

MENTAL HEALTH SERVICES ACT (MHSA) AGREEMENT

Riverside County Department of Mental Health
P.O. Box 7549
Riverside, CA 92513

Agreement No. 07-77333-000
Modification No. B4

State of California Department of Mental Health Community Services Division 1600 9th Street Sacramento, CA 95814	Funding Source: MHSA FUNDS Term of Agreement: 07/01/2004-06/30/2013

This MHSA Agreement is entered into by and between the State of California, Department of Mental Health, hereinafter referred to as the State and Riverside County, hereinafter referred to as the County. The County agrees to operate a program in accordance with the provisions of this agreement and to have an approved Three-Year Program and Expenditure Plan addressing the component(s) referenced below for the above named County filed with the State pursuant to the Mental Health Services Act. This modification consists of this sheet and those of the following exhibit, which is attached hereto and by this reference made a part hereof:

Funding Detail Chart — Exhibit A, pages 1 through 12
(Shaded areas in Exhibit A, Distribution Funding Detail, indicate the amount to be distributed to the County upon execution of the MHSA Agreement.)

Purpose: To incorporate and add MHSA funds as follows:
1. Innovation CPP – 09/10

If additional funds are awarded, they will be unilaterally incorporated into this Agreement.

Allocation(s): The State agrees to reimburse the County not to exceed the amount listed hereinafter as "Total Plan Approved Amount".	Total Plan Approved Amount $ 183,906,042 Prior Amount Distributed: $ 169,884,626 Increase/Decrease: $ 918,400 Total Distributed: $ 170,803,026

This agreement is exempt from Section 10295 of Chapter 2 of Part 2 of Division 2 of the Public Contract Code and is exempt from review or approval of the Dept. of General Services and the Dept. of Finance.

Approved for County (by signature)

NO SIGNATURE REQUIRED

Name and title:
Date Signed _____

FULLY EXECUTED

Approved for the State (DMH) (by signature)	I hereby certify that to my knowledge, the budgeted funds are available for the period and purpose of expenditure as stated herein:
DMH Procurement and Contracts Officer Date Signed 11/5/05	Signature of DMH Accounting Officer Date Signed 11/3/05

Plan Approved Amount and Remaining Unapproved Amount

	PCA	SFY 2004-05	SFY 2005-06	SFY 2006-07	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13	Total
Plan Approved Amount											
1. Community Program Planning (CPP)											
Planning	27609	$475,032									$475,032
2. Community Services & Support (CSS)											
Extension of Planning	27617		$0								$0
System Improvement	27618		$345,000								$345,000
One-Time Technology	27627		$1,089,113								$1,089,113
Other One-Time	27619		$11,098,912								$11,098,912
Services	27613		$1,391,667	$16,878,027	$24,913,600	$25,245,847	$41,083,202				$109,512,343
Prudent Reserve	27621		$2,786,008	$0	$0	$8,364,753	$6,033,998				$17,184,759
MHSA Housing Program					$19,077,100						$19,077,100
Total CSS			$16,710,700	$16,878,027	$43,990,700	$33,610,600	$47,117,200				$158,307,227
3. Workforce Education & Training (WET)											
Planning and Early Implementation	27641			$713,500	$0						$713,500
WET Activities	27640			$4,042,900	$5,941,870						$9,984,770
Regional Partnerships	27642										$0
Total WET				$4,756,400	$5,941,870	$0					$10,698,270
4. Capital Facilities & Technological Needs (Cap/Tech)											
Capital Facilities	27652				$1,300,000	$0					$1,300,000
Technological Needs	27651				$4,500,000	$0					$4,500,000
Total Cap/Tech					$5,800,000	$0					$5,800,000
5. Prevention and Early Intervention (PEI)											
Planning	27631				$2,335,400	$0	$0				$2,335,400
Services	27630				$0	$11,649,500	$11,001,764				$22,651,264
State Administered Projects						$0	$0	$0	$0		$0
Training, Technical Assistance & Capacity Building	27632					$327,100	$327,100	$0	$0		$654,200
Total PEI					$2,335,400	$11,976,600	$11,328,864	$0	$0	$0	$25,640,864
6. Innovation (INN)											
Planning	27614					$918,400	$918,400				$1,836,800
Services	27616					$224,949	$0				$224,949
Total INN						$1,143,349	$918,400	$0	$0	$0	$2,061,749
Total Plan Approved Amount		**$475,032**	**$16,710,700**	**$21,634,427**	**$58,067,970**	**$46,730,549**	**$59,364,464**	**$0**	**$0**	**$0**	**$202,983,142**

Remaining Unapproved Amounts		SFY 2004-05	SFY 2005-06	SFY 2006-07	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2012-13	Total
1. CPP		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2. CSS		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
MHSA Housing					$0						$0
3. WET		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4. Cap/Tech		$0	$0	$0	$12,558,100	$5,768,100	$0	$0	$0	$0	$18,326,200
5. PEI		$0	$0	$0	$3,277,100	$0	$5,925,336	$327,100	$327,100	$0	$9,856,636
Statewide Projects						$2,214,000	$2,214,000	$2,214,000	$2,214,000	$0	$8,856,000
6. Innovation		$0	$0	$0	$0	$2,530,151	$2,755,100	$0	$0	$0	$5,285,251

Distribution Funding Detail

SFY 2004-05

		1	2	3	4=1+2+3	5	6=4+5
Funding Source	**PCA**	**Prior Distributed Amount**	**Amount to be Distributed by this Agreement/ Modification**	**Decrease**	**Total Amount Distributed to Date**	**Total Amount to be Distributed by Future Modifications**	**Total Approved Amount**
SFY 2004-05							
1. Community Program Planning (CPP)	27609	$475,032	$0		$475,032	$0	$475,032
Adjustment for Reversion	27609		$0				$0
Total CPP		$475,032	$0	$0	$475,032	$0	$475,032
Total SFY 2004-05		**$475,032**	**$0**	$0	$475,032	$0	**$475,032**

Distribution Funding Detail

SFY 2005-06

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2005-06							
2. Community Services and Supports (CSS)							
Extension of Planning	27617	$0	$0		$0	$0	$0
System Improvement	27618	$345,000	$0		$345,000	$0	$345,000
One-Time Technology	27627	$1,089,113	$0		$1,089,113	$0	$1,089,113
Other One-Time	27619	$11,098,912	$0		$11,098,912	$0	$11,098,912
Services	27613	$1,391,667	$0		$1,391,667	$0	$1,391,667
Prudent Reserve	27621	$2,786,008	$0		$2,786,008	$0	$2,786,008
Adjustment for Reversion	27613				$0		$0
Total CSS		$16,710,700	$0	$0	$16,710,700	$0	$16,710,700
Total SFY 2005-06		**$16,710,700**	**$0**	$0	$16,710,700	$0	**$16,710,700**

Distribution Funding Detail

SFY 2006-07

		1	2	3	4=1+2+3	5	6=4+5
Funding Source	**PCA**	**Prior Distributed Amount**	**Amount to be Distributed by this Agreement/ Modification**	**Decrease**	**Total Amount Distributed to Date**	**Total Amount to be Distributed by Future Modifications**	**Total Approved Amount**
SFY 2006-07							
2. Community Services and Supports (CSS)							
Services	27613	$16,878,027	$0		$16,878,027	$0	$16,878,027
Prudent Reserve	27621	$0	$0		$0	$0	$0
MHSA Housing Program		$0			$0	$0	$0
Adjustment for Reversion	27613				$0	$0	$0
Total CSS		$16,878,027	$0	$0	$16,878,027	$0	$16,878,027
3. Workforce Education & Training (WET)							
Planning and Early Implementation	27641	$713,500	$0		$713,500	$0	$713,500
WET Activities	27640	$4,042,900	$0		$4,042,900	$0	$4,042,900
Adjustment for Reversion	27640				$0		$0
Total WET		$4,756,400	$0	$0	$4,756,400	$0	$4,756,400
Total SFY 2006-07		**$21,634,427**	**$0**	$0	$21,634,427	$0	**$21,634,427**

Distribution Funding Detail

SFY 2007-08

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2007-08							
2. Community Services and Supports (CSS)							
Services	27613	$24,913,600	$0		$24,913,600	$0	$24,913,600
Prudent Reserve	27621	$0	$0		$0	$0	$0
MHSA Housing Program		$19,077,100	$0		$19,077,100	$0	$19,077,100
Adjustment for Reversion	27613				$0	$0	$0
Total CSS		$43,990,700	$0	$0	$43,990,700	$0	$43,990,700
3. Workforce Education & Training (WET)							
WET Activities	27640	$5,941,870	$0		$5,941,870	$0	$5,941,870
Adjustment for Reversion	27640				$0		$0
Total WET		$5,941,870	$0	$0	$5,941,870	$0	$5,941,870
4. Capital Facilities & Technological Needs (Cap/Tech)							
Capital Facilities	27652	$1,300,000	$0		$1,300,000	$0	$1,300,000
Technological Needs	27651	$4,500,000	$0		$4,500,000	$0	$4,500,000
Adjustment for Reversion TN	27651						$0
Adjustment for Reversion CF	27652						
Total Cap/Tech		$5,800,000	$0	$0	$5,800,000	$0	$5,800,000
5. Prevention and Early Intervention (PEI)							
Planning	27631	$2,335,400	$0		$2,335,400	$0	$2,335,400
Services	27630	$0	$0		$0	$0	$0
State Administered Projects		$0	$0		$0	$0	$0
Adjustment for Reversion	27630						
Total PEI		$2,335,400	$0	$0	$2,335,400	$0	$2,335,400
Total SFY 2007-08		**$58,067,970**	**$0**	**$0**	$58,067,970	$0	**$58,067,970**

Distribution Funding Detail

SFY 2008-09

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2008-09							
2. Community Services and Supports (CSS)							
Services	27613	$25,245,847	$0		$25,245,847	$0	$25,245,847
Prudent Reserve	27621	$8,364,753	$0		$8,364,753	$0	$8,364,753
Adjustment for Reversion	27613				$0		$0
Total CSS		$33,610,600	$0	$0	$33,610,600	$0	$33,610,600
3. Workforce Education & Training (WET)							
Regional Partnerships	27642	$0	$0		$0	$0	$0
Adjustment for Reversion	27642				$0		$0
Total WET		$0	$0	$0	$0	$0	$0
4. Capital Facilities & Technological Needs (Cap/Tech)							
Capital Facilities	27652	$0	$0		$0	$0	$0
Technological Needs	27651	$0	$0		$0	$0	$0
Adjustment for Reversion TN	27651						$0
Adjustment for Reversion CF	27652						
Total Cap/Tech		$0	$0	$0	$0	$0	$0
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0	$0		$0	$0	$0
Services	27630	$11,649,500	$0		$11,649,500	$0	$11,649,500
State Administered Projects		$0	$0		$0	$0	$0
Training, TA & Capacity Building	27632	$327,100	$0		$327,100		$327,100
Adjustment for Reversion	27630						
Total PEI		$11,976,600	$0	$0	$11,976,600	$0	$11,976,600
6. Innovation							
Planning	27614	$918,400	$0		$918,400		$918,400
Services	27616	$224,949	$0		$224,949	$0	$224,949
Adjustment for Reversion	27616						
Total Innovation		$1,143,349	$0	$0	$1,143,349	$0	$1,143,349
Total SFY 2008-09		**$46,730,549**	$0	$0	$46,730,549	$0	**$46,730,549**

Distribution Funding Detail

SFY 2009-10

		1	2	3	4=1+2+3	5	6=4+5
Funding Source	**PCA**	**Prior Distributed Amount**	**Amount to be Distributed by this Agreement/ Modification**	**Decrease**	**Total Amount Distributed to Date**	**Total Amount to be Distributed by Future Modifications**	**Total Approved Amount**
SFY 2009-10							
2. Community Services and Supports (CSS)							
Services	27613	$30,812,402	$0		$30,812,402	$10,270,800	$41,083,202
Prudent Reserve	27621	$6,033,998	$0		$6,033,998		$6,033,998
Adjustment for Reversion	27613				$0		$0
Total CSS		$36,846,400	$0	$0	$36,846,400	$10,270,800	$47,117,200
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0			$0		$0
Services	27630	$8,251,323	$0		$8,251,323	$2,750,441	$11,001,764
State Administered Projects		$0			$0	$0	$0
Training, TA & Capacity Building	27632	$245,325	$0		$245,325	$81,775	$327,100
Adjustment for Reversion	27630						
Total PEI		$8,496,648	$0	$0	$8,496,648	$2,832,216	$11,328,864
6. Innovation							
Planning	27614	$0	$918,400		$918,400		$918,400
Services	27616	$0			$0		$0
Adjustment for Reversion	27616						
Total Innovation		$0	$918,400	$0	$918,400		$918,400
Total SFY 2009-10		**$45,343,048**	**$918,400**	**$0**	**$46,261,448**	**$13,103,016**	**$59,364,464**

Distribution Funding Detail

SFY 2010-11

		1	2	3	4=1+2+3	5	6=4+5
Funding Source	**PCA**	**Prior Distributed Amount**	**Amount to be Distributed by this Agreement/ Modification**	**Decrease**	**Total Amount Distributed to Date**	**Total Amount to be Distributed by Future Modifications**	**Total Approved Amount**
SFY 2010-11							
2. Community Services and Supports (CSS)							
Services	27613	$0			$0	$0	$0
Prudent Reserve	27621	$0			$0	$0	$0
Adjustment for Reversion	27613				$0		$0
Total CSS		$0		$0	$0	$0	$0
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0			$0	$0	$0
Services	27630	$0			$0	$0	$0
State Administered Projects		$0			$0	$0	$0
Training, TA & Capacity Building	27632						
Adjustment for Reversion	27630						
Total PEI		$0	$0	$0	$0	$0	$0
6. Innovation							
Planning	27614						
Services	27616				$0	$0	$0
Adjustment for Reversion	27616						
Total Innovation		$0	$0	$0	$0	$0	$0
Total SFY 2010-11		$0	$0	$0	$0	$0	$0

Distribution Funding Detail

SFY 2011-12

		1	2	3	4=1+2+3	5	6=4+5
Funding Source	**PCA**	**Prior Distributed Amount**	**Amount to be Distributed by this Agreement/ Modification**	**Decrease**	**Total Amount Distributed to Date**	**Total Amount to be Distributed by Future Modifications**	**Total Approved Amount**
SFY 2011-12							
2. Community Services and Supports (CSS)							
Services	27613	$0			$0	$0	$0
Prudent Reserve	27621	$0			$0	$0	$0
Adjustment for Reversion	27613				$0		$0
Total CSS		$0	$0	$0	$0	$0	$0
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0			$0	$0	$0
Services	27630	$0			$0	$0	$0
State Administered Projects		$0			$0	$0	$0
Training, TA & Capacity Building	27632						
Adjustment for Reversion	27630						
Total PEI		$0	$0	$0	$0	$0	$0
6. Innovation							
Planning	27614						
Services	27616				$0	$0	$0
Adjustment for Reversion	27616						
Total Innovation		$0	$0	$0	$0	$0	$0
Total SFY 2011-12		$0	$0	$0	$0	$0	$0

Distribution Funding Detail

SFY 2012-13

Funding Source	PCA	1 Prior Distributed Amount	2 Amount to be Distributed by this Agreement/ Modification	3 Decrease	4=1+2+3 Total Amount Distributed to Date	5 Total Amount to be Distributed by Future Modifications	6=4+5 Total Approved Amount
SFY 2012-13							
2. Community Services and Supports (CSS)							
Services	27613	$0			$0	$0	$0
Prudent Reserve	27621	$0			$0	$0	$0
Adjustment for Reversion	27613				$0		$0
Total CSS		$0	$0	$0	$0	$0	$0
5. Prevention and Early Intervention (PEI)							
Planning	27631	$0			$0	$0	$0
Services	27630	$0			$0	$0	$0
State Administered Projects		$0			$0	$0	$0
Training, TA & Capacity Building	27632						
Adjustment for Reversion	27630						
Total PEI		$0	$0	$0	$0	$0	$0
6. Innovation							
Planning	27614						
Services	27616				$0	$0	$0
Adjustment for Reversion	27616						
Total Innovation		$0	$0	$0	$0	$0	$0
Total SFY 2012-13		$0	$0	$0	$0	$0	$0

Funding Source PCA	Prior Distributed Amount	Amount to be Distributed by this Agreement/ Modification	Decrease	Total Amount Distributed to Date	Total Amount to be Distributed by Future Modifications	Total Approved Amount
Total All Fiscal Years						
SFY 2004-05	$475,032	$0	$0	$475,032	$0	$475,032
SFY 2005-06	$16,710,700	$0	$0	$16,710,700	$0	$16,710,700
SFY 2006-07	$21,634,427	$0	$0	$21,634,427	$0	$21,634,427
SFY 2007-08	$58,067,970	$0	$0	$58,067,970	$0	$58,067,970
SFY 2008-09	$46,730,549	$0	$0	$46,730,549	$0	$46,730,549
SFY 2009-10	$45,343,048	$918,400	$0	$46,261,448	$13,103,016	$59,364,464
SFY 2010-11	$0	$0	$0	$0	$0	$0
SFY 2011-12	$0	$0	$0	$0	$0	$0
SFY 2012-13	$0	$0	$0	$0	$0	$0
Total All Fiscal Years	$188,961,726	$918,400	$0	$189,880,126	$13,103,016	$202,983,142
Less: Assigned Funds						
MHSA Housing	$19,077,100	$0	$0	$19,077,100	$0	$19,077,100
State Administered Projects	$0	$0	$0	$0	$0	$0
Total Assigned Funds	$19,077,100	$0	$0	$19,077,100	$0	$19,077,100
Less: Total Adjustment for Reversion	$0	$0				
Net Distribution	**$169,884,626**	**$918,400**		$170,803,026	$13,103,016	$183,906,042

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Riverside County

County Mental Health Director	**Project Lead**
Name: Jerry Wengerd Telephone Number: 951-358-4500 E-mail: wengerd@rcmhd.org	Name: Bill Brenneman Telephone Number: 951-358-4563 E-mail: bhbrenneman@rcmhd.org
Mailing Address: 4095 County Circle Drive Riverside, CA 92503	Mailing Address: 4095 County Circle Drive Riverside, CA 92503

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

Jerry Wengerd — Signature (Local Mental Health Director/Designee)

9-14-09 — Date

Mental Health Director — Title

Exhibit B

INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name: Riverside County
Work Plan Name: Recovery Arts Core Project

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. **Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

   The proposed Arts Core Project is put forward prior to the rest of the Innovation plan because it surfaced through all of our previous planning processes. Specifically the idea stemmed out of three key Community Planning Processes: (1) Community Services and Supports (CSS), (2) Prevention and Early Intervention, and (3) Annual Update Public Hearings. All groups, within these processes, consisted of a wide range of age and cultural diversity representation.

   The original CSS and PEI Planning Process included consumers, family members, staff, key agencies, specialty groups, and general community stakeholders. The methods for obtaining their input included focus groups, community forums, surveys, interviews, facilitated workgroups, and public hearings.

   In CSS, approximately 1,500 individuals participated in the Stakeholder Process. There were 81 consumer, family and community Focus Groups conducted, 15 of which were specifically held for Spanish-speaking individuals. There were 15 additional Focus Groups for staff and 3 for housing providers. Approximately 124 individuals participated in the Spanish speaking Focus Groups.

   During the PEI Planning Process, an additional 108 Focus Groups were conducted with 1,147 participants. Of these Focus Groups, 12 were conducted in Spanish with 111 participants. Input surveys, both in Spanish and English, were also completed by 2,354 individuals.

   The Public Hearings for the Annual Updates were open community meetings advertised in regional and local Spanish newspapers, and through mental health clinics and County libraries. Spanish translation services were available at all hearings and all documents were translated into Spanish.

The idea of a creative arts program, which surfaced in all of the three community processes, is to test out mobility in diverse and non-traditional settings. This concept was then taken to special Innovation planning meetings for feedback and input and it received unanimous support. Those meetings included representation from the Mental Health Board, Peer Center Advisory Committee, and MHSA Planning Committees. The Mental Health Board includes the perspectives of consumer and family members. The Peer Advisory Committee included 26 consumers which represented Caucasian, Hispanic, African-American, and Native American communities. The MHSA Planning Group included 19 individuals representing all age groups, representatives from the Cultural Competency Committee, the LGBTQ community, public and private community based agencies and consumer and family members. The MHSA Committee Planning Group suggested that the Department consider the underserved communities during the implementation phase, although the primary purpose would be to establish better quality of services and outcomes.

All survey and feedback forms were provided in English and Spanish. All documents related to the Innovation project were posted on the Department website, at County clinics, and County libraries in both English and Spanish. Advertisement for the Innovation Public Hearing included the Spanish version of the Press Enterprise newspaper called La Prensa, which is distributed in all regions of the County. A Spanish translator was also available at the Public Hearing for this component. Spanish is the only threshold language in Riverside County.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The Innovation project proposal was presented and input solicited from the MHSA Planning Committees and Mental Health Board (MHB).

Both the CSS and PEI Planning Process involved consumers, family members, and parents affected by mental illness, as well as stakeholders which included service providers and system partners, representatives from community-based organizations, Social Services, Probation, Office on Aging, County Office of Education, Health Department, Board of Supervisors, Executive Office, Law Enforcement, Public Defender and the Stakeholder Leadership Committee to name a few. Key stakeholders were the National Alliance for the Mentally Ill (NAMI), Family Advocate, and Parent Partners representatives. In addition, consultants worked with the Department to provide Gay, Lesbian, Bi-sexual, Transgender, and Questioning (GLBTQ), Native American, African American, and Deaf community perspectives.

The additional planning groups included a MHB AdHoc Committee, a Peer Advisory Committee, and a MHSA Planning Group. The MHB AdHoc was comprised of consumers and family members. The Peer Advisory Committee included consumers receiving services through the Peer Support and Resource Centers, and MHSA Planning Group included cross representation from the Adult System of Care, Transition Age Youth, Older Adult, Cultural Competency, and GLBTQ committee representatives.

3. **List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

The Recovery Arts Core Project was posted for public review and comment from May 1 through June 2, 2009 on the Department's website and distributed to County clinics and libraries as well as to the Stakeholder Leadership and MHSA Committees. A Public Hearing was held on June 3, 2009 by the Mental Health Board and all community input and comments were documented The MHB Executive Committee met on June 9, 2009 to review input and determine if changes to the project were necessary. All input, comments, and Board recommendations are documented and included in Attachment 1.

EXHIBIT C

Innovation Work Plan Narrative

Date: 9/2/09

County: Riverside County

Work Plan #: INN-01

Work Plan Name: Recovery Arts Core Project

Purpose of Proposed Innovation Project (check all that apply)

- ☐ INCREASE ACCESS TO UNDERSERVED GROUPS
- ☒ **INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES**
- ☐ PROMOTE INTERAGENCY COLLABORATION
- ☐ INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s)

Increase the quality of services, including better outcomes: The primary purpose of the Recovery Arts Core (RAC) Project will be to increase the Quality of Services, including the development of more systematic outcomes to measure the effectiveness of the program. This Innovation Project will contribute to learning by closely measuring the impacts of peer-delivered arts services on consumers receiving services through the Riverside County Department of Mental Health (RCDMH). Peer-delivered services and expressive arts opportunities have continually been recommended through MHSA Community Planning activities and have helped to inform the Department on the selection of this particular Innovation Project.

Currently there is only anecdotal evidence to support the impact of peer-delivered art education within the Riverside County Mental Health system and relation to consumer's recovery. By adapting the 'Art Core' Project to be a mobile, community-based approach, and then systematically evaluating its effectiveness, the Department will be able to determine it's usefulness in future programmatic decision making. In difficult economic times, the Department has identified the need to pilot and explore services that are more cost effective and less intensive but are proven effective models. This Innovation Project allows Mental Health the opportunity to measure the direct impact that community based peer-delivered art education has on our consumers, their recovery, and the mental health system.

The Department acknowledges that the Arts Core Project will have many additional benefits to our system and consumers as described below:

Expected secondary outcomes of the project are lessons regarding activities to **increase access to underserved groups** within Riverside County Department of Mental Health. As stakeholders reviewing this project have noted, the nature of the intervention (a mobile unit with a focus on underserved groups) can provide lessons about how to better engage consumers from underserved groups throughout the community. The project's planned outreach includes groups such as Hispanic, GLBTQ, Native American, and other identified underserved communities.

Additionally, the study can provide lessons regarding activities to **increase access to services**. As the project involves a mobile unit, it will speak to the effectiveness of bringing peer-delivered services, recovery education, and occupational therapist services (helping individuals develop meaningful roles and activities by identifying specific strengths and functional challenges) to organizations that currently offer little to none of these supports.

The study can also provide lessons on activities to **promote interagency collaboration**. This study will work with many different organizations within the community to leverage not only funding, but also programming and other essential support, thus building broader community support for the mentally ill. For example, the project relies on art teachers and consultants from different universities in the area (Cal State San Bernardino, University of California Riverside, and Loma Linda School of Occupational Therapy) for programming as well as the Riverside Arts Council, the Riverside Cultural Consortium for funding and marketing. In addition, to reach the goal of outreaching to underserved populations, interagency collaboration is essential to the success of this project. These agencies can include schools, primary care organizations, including community clinics and health centers, housing and homeless services, employment programs, law enforcement, spiritual organizations, and other pertinent organizations.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The Department believes that by piloting a mobile community-based peer delivered Arts Core Project it will not only increase the Quality of Services offered to our consumers, but will provide an opportunity to develop systematic measures and outcomes to prove its effectiveness. Based on the outcomes, the Department can then make more informed decisions about the use of this promising model in future program and implementation planning. The Department firmly believes that the Arts Core Project fits uniquely within the parameters outlined in the Innovation guidelines as well as meeting the General Standards required of MHSA.

The Recovery Arts Core Project, which is managed out of the peer-run centers, creates a mobile unit of peer support specialists, peer artists, local artists, professional educators, and occupational therapist interns who together facilitate a 6 - 8 week program of peer-based recovery and creative arts activities within community organizations throughout Riverside County. The curriculum consists of peer presentations on recovery (such as "In Our Own Voice" and an original play written and performed by peer artists); two peer-taught "Recovery Pathways" classes; and two to four art classes (art fundamentals, drama, creative writing, music, and/or dance). At the end of the 6 - 8 week program, the curriculum is provided to the organization, so they may continue to teach these methods after the initial program is completed.

Additionally, the artwork and other projects created by the peers, family members and friends will be exhibited (for visual arts) and performed (for performance art) throughout Riverside County.

The Recovery Arts Core Project proposes to impact the quality of service and achieve better outcomes by:

- Providing a proactive mobile unit that will go into the community and reach people of all ages and socioeconomic status rather than wait for them to come into clinics for services.
- Providing value, not only to the consumers receiving the arts services, but enhancing recovery to those who provide the services, as well. The other main benefit is to the consumers in the community organizations that are trained in the model and become facilitators themselves.
- Being structured, so the core team is assembled to best suit specific populations' needs and the program can be customized to explore the richness of specific cultures. A bi-lingual peer support specialist will also be a member of the team for Spanish-speaking populations.
- Facilitating a new paradigm in the professional-client relationships of health care with its peer-based recovery and wellness environment. This new paradigm enlists the essential support of peer-driven activities that can address the multiple, ongoing, psychological, social, emotional, and spiritual needs among individuals who have similar life experiences.
- Expanding engagement and introduction to peer support for consumers through expressive art.
- Bringing additional paths and assistance for recovery to more consumers, especially those in underserved communities.
- Moving beyond arts and crafts as a pastime and using creative expression to teach recovery principles. It enhances a sense of recovery, identity, and self-worth through the development of personal interests, which are essential to development for community integration and independence.
- Bringing the arts into the mental health setting. Arts have been proven to work for individuals in finding and expressing their own individuality, and for communities to express a group's identity and accomplishments.
- Creating community support and involvement of consumers in community activities.
- Building bridges within the community, encouraging interagency collaboration, by involving local artists, art organizations, schools, and other nonprofits at the grassroots level. The arts are a point around which groups from many different organizations collaborate, which is an essential part of a civic community.
- Incorporating a preventive and early intervention element that teaches individuals about adopting positive activities as well as providing locations for healthy expression within the community. Additionally, it encourages individuals to seek help when needed and provides education on where to find help.

- Providing services for individuals when other treatment or services have not previously worked.
- Addressing stigma issues through community education and other non-traditional methods such as exhibitions and performances.
- Being designed for individuals of all age groups and at all stages of life.
- Presenting a creative approach to persistent, seemingly intractable challenge of fighting stigma through stories of recovery and hope as well as stressing the talent of individual artists through exhibitions and performances targeted for the general community. It focuses on the individual as an artist rather than a person with a diagnosis.
- Encouraging participants to speak about mental illness in a different medium - that of art.
- Using Occupational Therapists, who have a holistic view of each individual, and are instrumental in helping individuals address their diagnosis and lead fulfilling lives.

This project supports and stems from the General Standards identified in the MHSA (as set forth in CCR, Title 9, section 3320) and supports following the guiding principles of Innovation:

- **Wellness, Resilience, Recovery:** The Recovery Arts Core Project will be a working recovery model that empowers individuals to thrive by developing wellness roles and activities that are meaningful to them and of value in the larger community. Peers receive mental health services in a normalizing role (artist) and context (taking art classes, learning creative expression skills), learning recovery concepts while developing strengths and skills that connect them to the larger community.
- **Individual/Family Driven:** The project will work to empower peer artists and peer support specialists to use their talents and life experiences to encourage, inspire, model wellness recovery practices, and teach wellness recovery concepts through creative expression. Families will be invited to all performances and exhibitions and will be encouraged to participate whenever possible.
- **Community Collaboration:** Through displaying their artwork in public venues and sharing their personal story of recovery through or alongside their art, peers can decrease stigma and increase public awareness of mental illness and recovery. The art project enriches the network of community support and increases community acceptance and integration. It promotes community collaboration as it is leveraged significantly with local Inland Empire organizations such as the universities, the Riverside Arts Council, the Riverside County Transportation Commission, and Riverside Community Health Foundation - all entities not traditionally defined as part of mental health care.
- **Cultural Competency**: The project will be evaluated with special attention given to diverse populations and will work to address their needs.
- **Outcome Based**: This project focuses on taking a promising community-based approach in order to monitor the evaluations and performance indicators throughout the project to ensure outcomes.

- **Focus on underserved communities:** The project will provide special attention to populations who are marginally engaged in services and will create a different type of outreach to them and will work to address their needs.

The expected positive outcome of the project is to see evidence on the impact to the Riverside County Department of Mental Health system. For example, one outcome will be to see a reduction of individuals being reliant on core system services, such as clinics, and instead transitioning to utilizing peer-run centers and/or community supports where they can find self-help and self-sustaining resources for their recovery.

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The project is expected to contribute to learning by evaluating a new application to the mental health system for a promising mobile community-driven practice/approach. It will demonstrate an integration of three components into the mental health curriculum – art, peer-delivered educational opportunities, and mobility – and work to engage individuals to take the next steps in their recovery and to utilize peer centers and supports, thereby becoming less reliant on core RCDMH services.

If positive outcomes are established that impact the mental health system, improve quality of services, and establish better outcomes, then the RCDMH will learn that this type of program is an evidence-based practice and could be eligible for funding through other sources within RCDMH.

Additional expected lessons also include the effects of a mobile-unit that outreaches to underserved populations in non-traditional settings, increases access to services, and connects consumers with community organizations.

- This project is expected to demonstrate how actively outreaching to, and educating, individuals can increase general knowledge of mental health recovery with a long-term outcome of reducing mental health stigma.
- This project is expected to introduce the importance of linking the creative arts, a nontraditional mental health activity, and the community with Riverside County Department of Mental Health. It will show how bridging partnerships with local arts communities, organizations, and schools can create programs that promote essential aspects of mental health recovery: individual expression, positive community recognition, group participation, introduction to community roles and responsibilities (outside the mental health system), educational opportunities, vocational training, and paid employment.
- This project is expected to show how art can enhance recovery and be a key component of recovery-based practice and how creative arts can improve recovery for not only those who participate, but those who teach and perform.

- This project is expected to demonstrate an effective means of anti-stigma outreach, as it uses non-traditional methods such as exhibitions and performances to communicate the experiences, thoughts, and feelings of individuals with a mental health diagnosis. Moreover, the public recognizes the individual in the role of artist, performer, and creator before the role of "mentally ill".
- This project is anticipated to increase involvement of consumers from underserved populations and increase involvement in the peer support system.
- This project is expected to contribute to ideas of how peer-run programs can encourage community integration. Additionally, this project can show how arts can be incorporated into the peer-run centers and how these activities are a positive way to participate in civic life.
- This project is anticipated to show how creative arts are a valuable means of community education and how they arts can bring together consumers and community organizations to integrate consumers into the community and to create supportive networks.

The Core Project builds upon those approaches not currently considered part of the traditional mental health delivery system. It reflects a collaborative effort of artists, peers, professionals, educators, occupational therapists and community organizations.

The project organizers will publish reports with their findings and share their results by participating in the NAMI conferences, the Depression Bipolar Support Alliance (DBSA) Conference, as well as other pertinent conferences and will publish in pertinent journals whenever possible. The project organizers will be available for training to educate and support the current mental health workforce on the principles of recovery-based creative arts.

The Department anticipates favorable outcomes as a result of implementing the Recovery Arts Core Project such as improved quality of life, increased self-esteem, increased knowledge, and application of recovery principles and less reliance on acute mental health crisis and/or intensive services. Testing and evaluating this Innovation Project, will increase understanding of the impact and relations between art and recovery as part of our mental health system. See the 'Project Measures' section on page 8 for outcome methodology.

EXHIBIT C

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page).

The time line for the Recovery Arts Core Project implementation is from October 2009 through December 2010 as outlined below.

Implementation/Completion Dates:	MM/YY – MM/YY
Develop Evaluation Methodology, Participant and Staff Surveys, and Measurement Tools	9/09 – 10/09
Finalize Curriculum, Train Staff, and Begin Scheduling Workshops	10/09
Begin Program Implementation	11/09
Review First Round Evaluations and Performance Indicators, Make Recommendations/Changes	12/09 – 01/10
Review Second Round Evaluations and Performance Indicators, Make Recommendations/Changes	3/10 – 04/10
Review Third Round Evaluations and Performance Indicators, Make Recommendations/Changes	5/10 – 7/10
NAMI Conference Presentation	8/10
Year-End and Fourth Round Evaluations and Performance Indicators, Make Recommendations/Changes, Conduct Focus Groups	9/10 – 11/10
DBSA Conference Presentation	10/10
Evaluate and Communicate Final Results and Lessons Learned	11/10 – 12/10
Share Results w/Stakeholder Meetings	12/10

Four to six weeks will be utilized prior to program implementation to prepare curriculum, hire staff, develop evaluation and methodology surveys, measurement tools, etc.

The Recovery Arts Core mobile outreach program implementation is scheduled to run for a 12-month period. This will allow sufficient time to outreach to a number of different organizations, programs, and individuals within the diverse communities throughout Riverside County to ensure a reliable and valid sampling of program participation and outreach and engagement methods.

At the conclusion of program implementation, approximately 4-6 weeks will be required to allow for data collection, research and analysis, and the evaluation necessary to assess and communicate the program effectiveness. At that time, the Department will determine if the learning goals of the project were achieved and whether more time is necessary to determine its effectiveness.

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The main learning goals of the Recovery Arts Core Innovation project are:

1. Will consumers be more likely to access and respond to Peer Support activities if the program is "mobile" and delivered to them in their own communities?
2. Are there positive impacts and increased participation, including reaching diverse communities, if consumers receive peer driven services in non-traditional settings?
3. Are there positive outcomes associated with including expressive arts in consumer's recovery and program curriculums?

To properly measure the intended learning goals, outcome measures will focus on the impact on consumers receiving the mobile service in non traditional settings, as well as for consumers providing the services. It will also address the impact on the consumer's own recovery and on those individuals in the agencies were services are being provided.

Several measurement instruments will be under development, including pre and post surveys for consumers participating and providing the service and agencies hosting the service, as well as outcomes derived from FSP and Key Event tracking data bases or other assessment/discharge documentation.

Project measurement will be administered and monitored by the contractor's Occupational Therapist (OT), who with the aid of RCDMH Research Department and Loma Linda School of Occupational Therapy, will create and refine the system of evaluations. In addition, the OT will interface with RCDMH Research Department to follow a core sample group of individuals who are concurrently enrolled in the Full Service Partnership programs.

See the table below for types of activities, outcomes, and measures the Department will focus on for the Recovery Arts Core project.

EXHIBIT C

Group	Activities	Outcomes	Measurements
RCDMH: Staff-Level	Recovery Arts Core (RAC) Project brought to organizations within RCDMH continuum of care.	Increased acknowledgement of effectiveness of recovery education and importance of fostering consumer choice and self-direction by Mental Health professionals.	A survey for staff at organizations where the program is facilitated will ask their perceptions of the program and their likelihood to incorporate peer-delivered, recovery, and/or creative arts activities in the future. It will also obtain their perceptions of effectiveness of recovery education courses. Designed to bring peers into the peer-run centers.
	Peer Support Specialists and peer artists hired to outreach within the RAC to consumers.	Increased acceptance for employment and integration of Peer Specialists into the Public Mental Health System. Positive impact on recovery for those providing the services.	
Participants: Group Level	Art curriculum customized to meet needs of groups, especially for underserved populations.	Decreased stigma regarding mental health and increased engagement in mental health recovery opportunities.	A longitudinal study of project participants by using pre-and post-program surveys, and a follow up study, will measure the benefits of the project as perceived by the peer.
Participants: Consumer-Level	Participants learn self-help skills through recovery arts education.	Fewer individuals being reliant on core system services, such as clinics, and instead transitioning to utilizing peer-run centers where they can find self-help and self-sustaining resources for their recovery.	A longitudinal study of project participants by using pre-program, post-program surveys, and a follow up study, will measure the benefits of the project as perceived by the peer. This study will use both a qualitative and a quantitative approach. It will be life-based, not diagnosis-based, and look for perceptions of hope, empowerment, self-responsibility, the attainment of meaningful roles apart from the illness, and other indicators of perceived improvement of quality of life (subjective measures). It will also measure participation (activity in the various domains) and utilization of peer-run centers.
	Program comes to the participants.		
	Participants observe peers modeling wellness and recovery.		
	Development of wellness roles by participants through learning news skills, exhibitions, and presentations.		

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The Recovery Arts Core Project expands collaboration and linkages between Riverside County Mental Health systems along with organizations and other practitioners not traditionally defined as part of the mental health care. Specifically, the following Recovery Arts Core Project strategic partners extend the program's reach and impact:

- Riverside Arts Council - The Riverside Arts Council is a private, nonprofit corporation whose mission is "to provide, develop, support, and sustain the arts." It is Riverside County's central source for arts-related services, information, education, and outreach. This organization will help develop and market the Recovery Arts Core Project as well as team artists and art educators with the program.
- The Riverside Cultural Consortium - The Riverside Cultural Consortium is a collaboration of community organizations working together to raise the profile of arts and culture in Riverside through shared resources, networking and joint programming. Through participation in the Riverside Cultural Consortium, the RAC Project will meet supporters, be able to participate in community-wide events, and promote the project.
- Cal State San Bernardino Department of Theatre Arts - Michelle Ebert Freire, associate professor in California State San Bernardino's Theatre Arts Department, has experience as an educator, actor and director, as well as drama therapist. She has worked with the peer-run centers in Riverside to develop a pilot drama program that pulls from various drama therapy philosophies, as well as creative drama, playmaking, Playback Theater, and the Theater of the Oppressed. In addition to coordinating the graduate program at CSUSB, teaching theater studies, and directing University Theater productions, Michelle volunteers at San Bernardino Juvenile Hall and the Rainbow Pride Youth Alliance. Michelle will be a consultant for the RAC Project, advising on drama curriculum, as well as teaming graduate arts students and interns as volunteers in the program.
- Loma Linda School of Occupational Therapy - Occupational therapy can be very effective in the mental health setting. Since 2003, Occupational Therapists have interned at the peer-run centers advising on curriculum development, program methodology, and volunteer program structure. The goal of the Occupation Therapists in the RAC Project will be "to help people develop the skills and obtain the supports necessary for independent, interdependent, productive living (American Occupational Therapy Association).
- Riverside Community Health Foundation - This mission of this nonprofit organization is to improve the health and well-being of the community of Riverside. They have provided funding for an Occupational Therapist position at the peer-run centers that will be integral to working with the Occupational Therapist interns in the RAC Project.

- Riverside County Transportation Commission - Through Measure A and New Freedom funding, the Riverside County Transportation Commission is enabling the peer-run centers to create a transportation program to pick up and drop off participants throughout Riverside County at the peer-run centers. For the RAC Project, this means involving more individuals in the program.
- National Alliance on Mental Illness (NAMI) - NAMI is the National Alliance on Mental Illness, the nation's largest grassroots organization for people with mental illness and their families. The Recovery Arts Core Project presents NAMI's "In Our Own Voice: Living with Mental Illness" which is a multi-media, interactive, public education program presented by consumers for both consumers and other community audiences. Through example and discussion, participants learn how people with serious and persistent mental illness cope with the realities of their own disorders while recovering and reclaiming productive and meaningful lives.

In addition to these supporters, the Recovery Arts Core project will work to increase funding by writing grants, organizing fundraising events, and selling artwork.

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

Riverside County

Work Plan Name

Recovery Arts Core Project

Annual Number of Clients to Be Served (If Applicable)

650 Total

Population to Be Served (if applicable):

The Core Project will provide services to Transition Age Youth, Adults, and Older Adults with serious emotional disorder and/or serious mental illness, and their families. It will also provide supports for individuals who have co-occurring substance abuse disorders, are dually diagnosed, or have other disabilities. The Project will target, and outreach to, underserved populations including Hispanic, Native American, Gay, Lesbian, Bi-Sexual, and Transgender (GLBT) populations. The project's services will be tailored to address each community's specific needs.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The Recovery Arts Core (RAC) Project creates a mobile unit of peer support specialists, peer artists, local artists, professional educators, and occupational therapist interns who together facilitate a 6 - 8 week program of peer-based recovery and creative arts activities throughout Riverside County. This Innovation Project will contribute to learning by closely measuring the impacts of peer and community delivered arts services on consumers receiving services through the Riverside County Department of Mental Health (RCDMH). The primary purpose of the RAC Project will be to increase the quality of services, including the development of more systematic outcomes to measure the effectiveness of the program. The Department believes that by piloting a mobile community-based, peer-delivered, recovery oriented arts program, it will not only increase the quality of services offered to our consumers, but will provide an opportunity to develop systematic measures and outcomes to prove its effectiveness.

The project is expected to contribute to learning by evaluating a new application to the mental health system for a promising community-driven practice/approach. It will demonstrate a combination of three components – art, peer-delivered educational opportunities, and mobility – and work to engage individuals to take the next steps in their recovery and to utilize peer centers and thereby become less reliant on core RCDMH services.

EXHIBIT D

The curriculum consists of peer presentations on recovery (such as "In Our Own Voice" and an original play written and performed by peer artists); two peer-taught "Recovery Pathways" classes; and two to four art classes (art fundamentals, drama, creative writing, music, and/or dance) according to the community needs. At the end of the 6 – 8 week program, the curriculum is provided to the organization, so they may continue to teach these principles after the initial program is completed. Additionally, the artwork and other projects created by the peers, family members and friends will be exhibited (for visual arts) and performed (for performance art) throughout Riverside County.

The RAC Project is a proactive mobile unit that will outreach to people of all ages and socioeconomic status rather than wait for them to seek services at traditional mental health sites. It will bring these services not only to programs within Riverside County Mental Health, but also to locations where individuals with mental health diagnosis are served such as board and cares, juvenile halls, and homeless shelters. The program will also outreach to churches and other community organizations where at-risk people frequent as well as to underserved populations, assembling a core team to best suit each specific populations' needs. For example, a bi-lingual Peer Support Specialist will be part of the team which will provide services in the Hispanic communities. The project can also be customized to explore the richness of other specific cultures.

The RAC Project will address the need to increase access to underserved communities with a goal to increase quality of services including better outcomes (particularly the continued transformation of the infrastructure of mental health to include recovery and peer-based components as well as more effective services to support community integration). It will also promote interagency collaboration, increase access of services; and provide anti-stigma outreach and education.

The RAC Project builds bridges within the community, encouraging interagency collaboration, by involving local artists, art organizations, schools, and other nonprofits at the grassroots level. The arts are a point around which groups from many different organizations collaborate, which is an essential part of a civic community. The project can show how building these bridges create programs that promote essential aspects of mental health recovery: individual expression, positive community recognition (in a role other than "mental health client"), group participation, introduction to community roles and possibilities outside of mental health system, educational opportunities, vocational training, and paid employment.

EXHIBIT E

Innovation Funding Request

County: Riverside County

Date: 4/29/2009

	Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth & Families	Transition Age Youth	Adult	Older Adult
1	1	Recovery Arts Core: A Peer-Based Project	$177,825		$54,514	$123,311	
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25							
26	Subtotal: Work Plans		$177,825	$0	$54,514	$123,311	$0
27	Plus County Administration		$26,674				
28	Plus Optional 10% Operating Reserve		$20,450				
29	Total MHSA Funds Required for Innovation		$224,949				

County Administration and Optional 10% Operating Reserve of $47,124 are county expenses required to provide mental health administration support for the program.

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Riverside County

Fiscal Year: 2009/10

Work Plan #: INN-01

Work Plan Name: Recovery Arts Core: A Peer-Based Project

New Work Plan ☑

Expansion ☐

Months of Operation: 09/09 - 06/10

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			174,000	$174,000
2. Operating Expenditures		10,000	31,000	$41,000
3. Non-recurring expenditures				$0
4. Training Consultant Contracts			8,000	$8,000
5. Work Plan Management			0	$0
6. Total Proposed Work Plan Expenditures	**$0**	**$10,000**	**$213,000**	**$223,000**
B. Revenues				
1. Existing Revenues				$0
a. Riv. Community Health Foundation for Occupational Therapist		10,000		$10,000
b. RivCo. Transportation Commission Match Funds for Fuel			32,175	$32,175
2. Additional Revenues				
a. In-Kind Support from Michelle Ebert Freire (Drama Professor)			3,000	$3,000
3. Total New Revenue	**$0**	**$0**	**$3,000**	**$3,000**
4. Total Revenues	**$0**	**$10,000**	**$35,175**	**$45,175**
C. Total Funding Requirements	**$0**	**$0**	**$177,825**	**$177,825**

Prepared by: Roize Basallo

Date: 4/29/2009

Telephone Number: (951) 358-4562

Personnel expenditures of $174,000 will cover expenses and benefits associated with a full-time Manager, full-time Peer Support Specialist/Coordinator, full-time Occupational Therapist, and part-time Peer Artists.

Operating expenditures of $41,000 will include rent, program supplies, phones, fuel (transportation), postage, printing, etc.

Training Consultant contract expenses of $8,000 include consulting fees for drama, art, and music professionals working with the program.

ATTACHMENT A

County of Riverside
Mental Health Board (MHB)
Executive Committee Review
June 9, 2009

for

Innovation – Recovery Arts Core Project
Public Hearing
Held on Wednesday, June 3, 2009

1. **Comment:** I see a lot of strengths in the program and it's nice to see it is moving forward. I like that it is (1) peer driven (2) uses the creativeness to heal, (3) uses the recovery model, and (4) the mobile unit will be very beneficial for the communities in Riverside because it is so large. I do have a couple of questions. In the Plan it does say that it will address all age groups – but when I went to Exhibit E, it says that the majority of the funding was for transition age groups and adults, so my question is: Will children and older adults be able to come for services and will funding go toward providing arts for those age groups?

   Response: With the state budget sheets, we have to allocate funds by age groups, and it didn't necessarily address that specifically in the plan. Based on what we know about the Art Works program, transitional age youth (TAY) and adults use those services more, so that is where we put the bulk of the funding. We don't know the full impact of what we are going to experience once we implement the plan.

   It is a difficult call, because this program will impact a lot of different people indirectly through education and outreach. We anticipate that the whole family (of all ages) will be impacted by the presentations and involvement and the integration into the community. We discussed this during the planning process, and children will be impacted positively by this program. However, they may not be impacted directly because they are not enrolled in the peer center, but through their family and community presentations and through stigma awareness and other factors.

   The older adults will not be excluded and they have already expressed an interest and we look forward to that participation.

2. **Comment**: I would just like to say that specifically one of the things that will be beneficial across the program and as it relates to prevention and early intervention, is that it would be necessary, and should be expanded, to include direct services to children and youth.

3. **Comment:** Will this give us an opportunity to go into the schools?

   Response: Schools have many rules and regulations about who comes on campus, so there may be school age children impacted but we don't think we would go directly in the schools.

   MHB RESPONSE to Comments 1, 2 and 3: The Mental Health Board recommends that the Department examines development of some type of art expression program specifically targeting children and youth with future Innovation funding proposals.

4. **Comment:** The plan also says it will go into the different areas and in the narrative it specifically says in the Desert Region, it will be in Palm Springs. Is that the only place?

   Response: Every site that we're going to conduct this service is not outlined in the proposal. If we can identify any underserved community, we can go there. It will be based on need, so it can be offered in any area.

5. **Comment:** So they were just examples, and it can be provided anywhere?

   Response: Yes, the key is that we're expanding it county wide where as before it was just centered in Riverside and local areas. That's why we're excited because we can we can go to other regions and communities based on need.

   MHB RESPONSE to Comments 4 and 5: The Mental Health Board recommends that the wording in Exhibit C, page 1, the last sentence under "**Increase access to underserved groups**" be expanded to say that 'services will be provided in all three regions which include, **but not be limited to**. . ." in order to more clearly reflect potential geographic areas to be served.

   The MHB also asked for clarification on how 'need' would be defined and determined because they are concerned that there will be too many requests from the community for service and that everyone who has a need will not be able to receive the service.

Response to MHB: After the plan is approved for implementation, one of the first responsibilities will be related to development of the curriculum, selection criteria, evaluation methodology, etc. At that time, the selection criteria will be more fully defined. This will be a pilot project and as with all programs with limited funding, the community needs are anticipated to exceed the resources available. However, the results of the project will be evaluated and if it is determined that the program is successful, expansion may be a consideration.

MHB RESPONSE: The MHB determined this was a reasonable course of action and recommended no change to the Innovation – Recovery Arts Core Project Plan at this time related to this issue.

6. **Comment:** Maybe people don't have specialized talents or maybe they are not artistic - what does this program hold for them? Maybe they are very black and white thinkers or maybe they are more technical kinds of thinkers. What are we offering them as far as trainings and those kinds of things? Do we have things that are going to be offered in the peer centers for them, which are also innovative, that are going to help them find jobs and help them to do things? Maybe the arts isn't for them, maybe they don't use that artistic side of the brain that other people do. There are black and white thinkers who don't think in the artistic fields.

   Response: I don't think there are any exclusionary criteria. In the peer centers they do have vocational support services. Part of what is built into the plan is instruction and I don't know if there would necessarily be an entry level requirement. But I think the staff of the program would be available to meet with them (the person) and provide instruction and assistance on whatever area of assistance they required. There are all ranges of skill levels, but no one would be excluded.

   Part of the proposal is peer artists telling their story and peers talking about their recovery. So as much as art is important, the act of expressing themselves and developing something that helps their self esteem is established at the very beginning. So the concept of peer recovery is established as the number one goal of the program.

7. **Comment:** I know what the program is all about. But they (other people) are asking me about those people that don't have the kind of talent to do arts kinds of things - what kind of vocational things are there for them? They are real concerned that they can't be expressive that way so are they going to be left behind. The big fear is that they are not going to get any help for what they want to do.

Response: I want to take a different slant. Recovery is about choice and part of what we are taking about is wanting to add more options. It doesn't necessarily mean that this program will be available, and of interest, to every person. We don't expect it to be – not every program is all encompassing. There are a number of supports that are offered at the peer centers, and people can choose to participate in them. So again, I don't want to assume that everybody is interested in it and from my perspective that is ok because it is a choice and it is expanding the kinds of options and the recovery paths they can utilize.

MHB RESPONSE to Comments 6 and 7: The MHB determined that as other program/support options are available to clients through the peer centers, no change to the Innovation – Recovery Arts Core Project Plan is recommended.

8. **Comment:** The plan says mobile proactive unit. Is it one unit that goes to a different place in the city every day or is it more units, is it six units? How many units are there? Is a unit out there every day all over the city or county?

   Response: It is a team that will be mobilized to different areas for a certain period of time.

   The MHB also asked for clarification on the definition of a mobile unit. Would it be a van, motor home or something else?

   Response: The peer centers have been provided with vans and JTP has also received transportation funds under Measure A grant, so transportation is available. As the service locations have not been determined and services will be provided at locations throughout the county, this will be part of the logistics assessed as the project is implemented.

   MHB RESPONSE to Comment 8: The MHB determined this was a reasonable course of action and recommended no change to the Innovation – Recovery Arts Core Project Plan.

9. **Comment:** How will we advertise - are we going to the schools, colleges, hospitals, mental hospitals, and what about outreach?

   Response: The services will be based out of the peer centers in each of the three regions. I anticipate there will be outreach to various underserved areas in the community but then there can be presentations and promotions through the peer centers and outreach will come from them.

10. **Comment:** And will they put flyers out at Bobby Bonds or La Sierra and places like that?

Response: It wouldn't be unlike the art works program that already exists, where by virtue of being a participant in the Western Region or Mid-County Region services; you would be privy to the activities that were going on at the Art Works program. So this would make it available for all regions and certainly makes it possible for us to promote directly to our consumers from those sites about the types of activities that are going on. The peer centers will also work through organizations and service providers within the communities to promote participation.

MHB RESPONSE to Comments 9 and 10: The MHB determined this was a reasonable course of action and recommended no change to the Innovation – Recovery Arts Core Project Plan.

11. **Comment:** You mention that you're going to do bi-lingual is that Spanish only are you going to Tagalog or any other languages?

Response: In the proposal, it's Spanish. But that's not to say if there was a need it couldn't be expanded to other languages.

MHB RESPONSE to Comment 11: The MHB determined this was a reasonable course of action and recommended no change to the Innovation – Recovery Arts Core Project Plan.

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MHB RESPONSE to Comments 12 through 25: Comment only – No recommended change to the Innovation – Recovery Arts Core Project Plan.

12. **Comment:** We really need to expand on this. We're talking about arts but the field that arts covers is not just art or acting, but writing or making crafts. This arts program, even though it's called arts, is going to be expanded to all levels and fields of self help and people getting back into helping themselves and how to express themselves again. This is a recovery program we've talked about - not just art.

Response: Part of having the Occupational Therapist (OT) intern on board is working with the Peer Support Specialists establishing that recovery is possible through things like 'In Our Own Voice', artistic expression or drama performance. The art activities are not necessarily going to be things like 'today we're going to draw this landscape and it's going to be perfect'. It is much like learning fundamentals, expressing yourself and things like 'what

color do you feel today', things like that. It's not so much just arts - it's more about creative expression and recovery principles. The proposal indicated that the core staff would be working with the people at the site and find out what their needs are: such as if we went into a bi-lingual community, there would be a bi-lingual Peer Support Specialist available. So we would make an effort to address all levels and all needs so that the program really speaks to them.

13. **Comment:** I think it's a great idea. I think the arts are essential to creating a humane way of looking at life and a way to express yourself in such a way that you don't feel isolated and it fights against stigma. It's kind of like if you are an artist you are kind of funky anyway. You can be an artist and do odd things and people just say "oh, she's an actor" and it takes away the stigma and helps people believe in themselves more.

14. **Comment:** I think that believing in yourself is a core recovery concept, with empowerment, and expression. I believe the art program, using peer artists and peer support specialists, can work through those important elements imperative to recovery. With the arts, it makes it fun.

15. **Comment:** I have seen this from personal experience with my son. The job he held before he got ill and used to be able to do, he can't do anymore. But with art, he has seen a greater appreciation of art in poetry. That's what I see as the biggest benefit - it gives them some longer functioning ability and a hope for the future with a different concept.

16. **Comment:** Art therapy is proven. It is not one these hypothetical things and it has been used in physical health for years and years. I think of all the therapies - if you can call it that - it is probably the one that is less intimidating. It really opens an avenue to express their thoughts and feelings. A lot of things people can't talk about or wade through in their emotions, but they can doodle and stuff. It will encompass many different areas and I give the department high marks for looking into this type of program.

17. **Comment:** As an employee and consumer – you don't have to have artistic ability to participate in this program. I have witnessed many who never were able to express how they felt, what was going on, that really deep part of them that they had no idea how to express and through some type of art - which encompasses a lot of different things - they have really come alive. So as far as working on that type of thing, there are other classes available for teaching other types of things. I am speaking personally that if not for the arts, I would literally have committed suicide. The arts program (not just this program but the arts in my life) have saved my life. The arts gave me an

avenue to express and get out my deepest feelings. From that standpoint, I can't express how important this is and as you said, it really works and whether you call it therapy or not, it works.

18. **Comment:** I think it is about expression and how you grow through expression through the art works. You see yourself in a different light and you see yourself as capable of doing things and through that expression you grow, in my opinion. I was, with a mental disability, going to RCC or UCR and personally my opinion is that it was intimidating because of my disability. When I'm with my peers and with Art Works and JTP, I feel 'yes, I can do this'. My peers understand and especially when someone who is teaching me also understands what I am going through – it's a great idea.

19. **Comment:** I was on the prevention and intervention team and we talked about this. We thought this was a good idea because it's going to reach the people like myself who had a hard time reaching out. This would be a great starting ground for someone with mental illness who has not gotten help and it will bring out many different talents. Now I feel I can do 'this' and can do 'that'. It will bring this to those people in the population who would not come out for treatment or a mental health program, like the Hispanics. They might go to an art program or take their kids to go see this and I think it's a really good idea myself.

20. **Comment:** Some of the outreach programs that are being talked about are going to the pregnant women/single mother home on Magnolia and to participate in going into the parks on Saturday. So is arts a possibility for them to pass their time and really find themselves? And what about sober living homes so we can have a program to outreach to them and bring them into our program.

21. **Comment:** When I was growing up we had almost 'rights of passage' like when I was in third grade, we had an art contest, and it was in a town of about 20 thousand. All our drawings and paintings were put on the windows downtown at Halloween time. In the 4th grade, we got to sing on the radio; in the 5th grade, I can't even remember what it was; and in the 6th grade you got to go to summer camp for a week. So there was something you were going to do for each grade as you progressed. I think the main thing I want to point out is when your picture was displayed on the window and you had used everything you could to do it – you might not have been the best artist - people recognized you and your parents came to see the picture and you shared in what everybody else was doing and were recognized. I think that is the most important thing with arts that we are looking at. They created, they participated, and they were recognized. Also at the May is Mental Health Month event, when we had our open house, the young lady that went

with me from Hemet at the NAMI table had an art tablet and she was sketching and they were the most beautiful drawings that I think I have ever seen. What an opportunity for her to participate in something we are putting on so that she can be recognized. She can't afford to go to Hemet Valley Art Association to take art lessons, but she certainly can participate through Jefferson or whoever the provider is going to be in Hemet. I just thing this is going to be a fabulous project.

Response: I don't think this proposal really states accurately what will actually come out of this program. There will be much more opportunity and many more outcomes than what is written. When we start implementing it there are so many other opportunities that will arise because it seems that every other week we're notified about an art exhibit or an opportunity to present art work or a contest and to me it's just a lot that can really come out of this if we're organized.

22. **Comment:** I wanted to find out if this is the city of the arts in the way the mayor says it is - that it is the renaissance of time and he really supports the arts. Has this project been presented to the mayor?

Response: Probably not this project, but the Art Works has and I think the Art Works program was actually recognized by the city. But this proposal hasn't be implemented, so we haven't shared it yet and we won't until it's been approved.

23. **Comment:** I just want to make everyone aware that in addition to our main Mental Health Board, we also have Regional Boards, and our Desert Board is very progressive. Every year they have an annual art contest where they have drawings and paintings and have for a long time recognized that (in advance of the department) how important this is and we need to complement them in doing that and being progressive in what they are doing.

24. **Comment:** I am on the Desert Regional Mental Health Board and my favorite time of the year is May when we get to put on our May is Mental Health Month event which is our art contest or art show and now we're up to our 6th annual. We get a whole gammet of art from stick figures to really elaborate paintings and elaborate sculptures and I don't think there is anything more thrilling than to see the story these stick figures tell. So it doesn't matter your ability, it really doesn't, because some of the most powerful expressive artwork I have seen are those little stick figures. I commend the artists in the community and we seem to have a lot of artists. This is a great way to express your thoughts and stories and your trials and hurts and everything else, so I'm all for it.

25. **Comment:** I think strength is also to reach underserved populations like the Hispanic community and some of the different place where stigma is really high in other populations. The good thing about art is that it transcends cultural lines so not only will people be attracted to it with their family, but it is a better way of expressing a story, a play, or a visual medium.

ATTACHMENT A

Additional Clarification Requested from the MHB

26. **Comment:** This component appears to be under budgeted for the potential needs of those who will take advantage of it

    Response: As this project will be a pilot program, the funding requirements were assessed and discussed during the development process and determined to be sufficient to support the initial implementation.

27. **Comment**: What about outcomes for the project and will that information be collected?

    Response: The "Project Measurement" section in the Plan, Exhibit C, page 8, addressed how the project will be reviewed and assessed. Outcomes will be provided at the conclusion of the project for evaluation.

28. **Comment:** Will the state look at this as a new innovation program or just a continuation of the Art Works Project that was funded under CSS?

    Response: The Art Works and Recovery Arts Core project are two separate and distinct programs. The Recovery Arts Core project has yet to be approved or funded for implementation. The Arts Works was provided start up funds under CSS to establish a gallery and classes in Riverside and surrounding areas and is sustainable through outside grants and donations. The Recovery Arts Core project enables the concept of arts recovery to be delivered throughout the county in a mobile format and to a variety of communities through both existing peer centers and other community organizations.

29. **Comment:** If this has great measurements and outcomes, does it have to be evidenced-based in order to continue?

    Response: The results of the project will be evaluated and is not required to be an evidenced-based practice.

ATTACHMENT A

Feedback Form Comments

Of the 23 Feedback Forms submitted: 18 were "Very Satisfied", 3 were "Somewhat Satisfied", 1 was "Satisfied" and 1 did not indicate a Response

1. **What do you feel are the strengths of the plan? Please identify the program and age group if applicable:**

   - Writing about our feelings on paper and sharing it with others. The short exercises that they have us do.
   - We show the community about the service that the arts have to offer for them. It will help them in their recovery.
   - Painting.
   - I believe the strength of this plan is being out and connecting people to the right agency.
   - I think it's a good idea because it will help to understanding us as individuals plus it helps others by telling our story and letting others know that everyone is the same.
   - We need programs for children of all ages.
   - Getting in touch with feelings in a deeper way.
   - Art Works deals with adult and young adults and inspires them to create art and release tension inside themselves. The strengths are the creativity and inspiration it holds and gives.
   - Provides peer driven outreach innovative ideas to express change. Meets people where they are. Creates opportunities for peers.
   - The strengths of this plan incorporate peers teaching basic fundamentals of art, creativity, and inspiration.
   - Help with arts – less stress.
   - I think it sounds good. Very educational and interesting.

ATTACHMENT A

- I really believe that the Art Program is great. I really feel it helps peers get in touch with themselves. I believe that we should look at all different.

- To give those who want and need to express themselves the opportunity to share and display their artwork. It appears that "In Our Own Voice" can be done and this is a wonderful program.

- The strengths are: mobile unit(s), peer artists, drama, and OT (OT saved my sanity many times). There is the Fox Theatre opening soon and could there be a possibility of collaboration with Fox in RSA?

- To provide opportunities to create and hopefully appreciate the Art Works Program in the greater community. To peak interest and incentive towards providing interesting classes and activities.

- To broaden role and scope of peer-based services to enhance recovery education. This will be a very effective anti-stigma outreach activity, I believe.

- Positive approach to individual recovery.

- Recovery Model. Innovative. Reaching more consumers.

- The strengths are some good ones. I believe it should be for all ages.

- This is a great program that will benefit our community.

- Peer Driven. Creative, Mobile Unit, Recovery and Wellness Model.

- Appears to be a well thought, proven and will enhance the lives of consumers involved.

ATTACHMENT A

2. What Concerns do you have about the plan? Please identify the program and age group, if applicable.

- I'm concerned about us not having enough funding for the program. (See page 10, Response to Comment 26)
- I think this plan will help the youth program and older program to let the organization know that in mental health there is recovery.
- May it work? (See page 10, Response to Comment 27)
- May it get filled up? The project will run in 6 to 8 week cycles at each location and provide training to facilitators at those locations. This mobile 'train-the-trainer' concept allows each organization to incorporate and sustain arts recovery programs within their organization and continue to reach more people in the community after the initial training has been concluded.
- This program will only benefit everyone in the communities and families who would otherwise be at a loss as to where to go for help. I have no concerns, just optimistic.
- I do not have any real concerns about it because the age should be maybe 16 and up.
- We need adult programs for all adults.
- Need for me.
- The only concern I have is the funding or not enough funding it receives. Another concern is that young adults and adults might not have transportation. (See page 10, Response to Comment 26)
- Concerned that Art will be taken out of education.
- Only concern is to have the funds to start this program as well as creating jobs. (See page 10, Response to Comment 26)
- Arts Gallery.
- Types of art from different cultures.

ATTACHMENT A

- That there is sufficient outreach and publicity in all regions of the County to know about this opportunity. (See page 5, Response to Comments 9 and 10)

- Mobile Unit – insurance for drivers who travel to cities.

- That it is funded properly and that people would feel comfortable in being able to express themselves in a care-free environment. It is also a tremendous therapy for coping skills. Very beneficial.

- Make sure all populations of need are outreached to. (See page 5, Response to Comments 9 and 10)

- Outreach to non-compliant, indigent mentally ill. (See page 5, Response to Comments 9 and 10)

- My concern should be that it should be recreational.

- Exhibit C – 1st paragraph: Services provided in all three regions. The plan narrative says Western, Perris, Hemet, and Temecula in Mid-County Region and Palm Spring in the Desert. There may be additional cities with ethnic disparities that will benefit from the "Arts Work" Program. (See page 2, Response to Comments 4 and 5)

- Exhibit E – Only funding is for TAY and Adults. To be inclusive of all ages and address prevention and early intervention, direct services should be given to children and youth ages 0-15. They, too, would benefit from the "Arts Work" Program. (See page 2, Response to Comments 1, 2 and 3)

- This component appears to be under budgeted for the potential needs of those who will take advantage of it.

County of Riverside
Department of Mental Health
Mental Health Services Act

Prevention
and
Early Intervention
Plan

July 15, 2009

JAN 2 6 2010 3.30

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN FACE SHEET

Form No. 1

MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2007-08, 2008-09 and 2009-2010

County Name: Riverside County	Date: July 15, 2009

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
Name: Jerry Wengerd, LCSW	Name: Janine Moore, LMFT
Telephone Number: 951-358-4500	Telephone Number: 951-358-3941
Fax Number: 951-358-4513	Fax Number: 951-358-6924
E-mail: WENGERD@rcmhd.org	E-mail: JAMOORE@co.riverside.ca.us
Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature Jerry Wengerd 7-14-09

County Mental Health Director Date

Executed at Riverside, California

Enclosure 3

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN FACE SHEET

Form No. 1

TABLE OF CONTENTS

VIII. Attachments:

Riverside County Department of Mental Health
Mental Health Services Act
Prevention and Early Intervention Plan

EXECUTIVE SUMMARY

This summary provides a brief description of the Prevention and Early Intervention plan submitted to the State by the Riverside County Department of Mental Health. Included below is background on prevention and early intervention, a description of the County's planning process, and a summary of the programs proposed for funding. For detail on programs, please refer to the plan posted on the Department of Mental Health website.

I. Background

In November 2004, the Mental Health Services Act (MHSA), formerly known as Proposition 63, was approved by California voters. The MHSA imposes a 1% tax on personal income over $1 million and became effective January 01, 2005. As stated in the MHSA, "for too many Californians with mental illness, the mental health services and supports they need remain fragmented, disconnected, and often inadequate, frustrating the opportunity for recovery" and "Untreated mental illness is the leading cause of disability and suicide and imposes high costs on state and local government". The purpose and intent of the MHSA is to expand and transform the mental health service system throughout California "to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness".

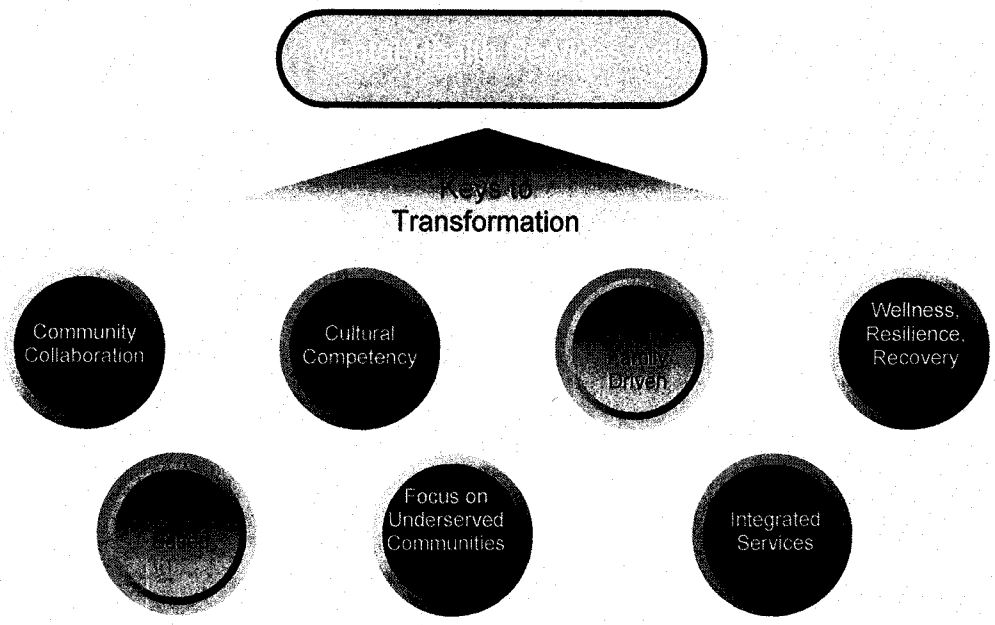
The MHSA identifies five primary program components for funding which are:

- Community Services and Supports
- Workforce, Education, and Training
- Capital Facilities and Technology
- Prevention and Early Intervention
- Innovation

The intent of Prevention and Early Intervention (PEI) programs is to move to a "help first" system in order to engage individuals before the development of serious mental

illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of mental health problems. In order to achieve this goal PEI activities need to be provided in places where community members go for other supports and services and where mental health services are not traditionally given, such as schools, health providers, community centers, faith-based organizations, etc.

In conjunction with all components of the MHSA, PEI programs also align with the transformational concepts inherent in the MHSA as illustrated below.



II. Prevention and Early Intervention as defined by the MHSA

While prevention and early intervention can occur across the entire mental health intervention spectrum, the purpose of the PEI component is to design programs at the early end of the spectrum.

What is Prevention?

- ✓ Prevention in mental health involves building protective factors and skills, increasing support, and reducing risk factors or stressors.
- ✓ Prevention efforts occur prior to a diagnosis for mental illness.
- ✓ Generally there are no time limits on prevention programs.
- ✓ Prevention activities are classified according to those individuals receiving the services:
    - Universal: These interventions or activities target the general public or a whole population group that had not been identified as having a higher risk of developing mental health problems. An example of this would be training gatekeepers on the warning signs of suicide and how to intervene, such as the Question, Persuade, and Refer

(QPR) for Suicide Prevention model found in the Older Adult Project.

- Selective: These interventions or activities target individuals or a subgroup of individuals whose risk of developing mental health problems is higher than average based upon defined risk factors. An example of this would be providing an intervention for children with substantiated cases of abuse, such as the Seeking Safety program found in the Trauma Services Project.

What is Early Intervention?

- ✓ Addresses a condition early in its manifestation
- ✓ Is of relatively low intensity
- ✓ Is of relatively short duration (usually less than one year)
- ✓ Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services
- ✓ May include individual screening for confirmation of potential mental health needs

III. Building the PEI Framework

The State, through a comprehensive Stakeholder process, defined the following needs and populations as priorities for PEI activities:

PEI Key Community Mental Health Needs:

- **Disparities in Access to Mental Health Services** – PEI efforts will reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability of traditional mainstream services.
- **Psycho-Social Impact of Trauma on All Ages** - This refers to how the trauma is impacting the individual's level of functioning, emotionally and behaviorally.
- **At-Risk Children, Youth and Young Adult Population** – PEI efforts will increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.
- **Stigma and Discrimination** – PEI will reduce stigma and discrimination affecting individuals with mental health illness and mental health problems.
- **Suicide Risk** – PEI will increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

PEI Priority Populations:

- **Underserved Cultural Populations** – Those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender (LGBT) communities, etc.).

- **Individual Experiencing Onset of Serious Psychiatric Illness** – Those identified as presenting signs of mental illness first break, including those who are unlikely to seek help from any traditional mental health service.
- **Children/Youth in Stressed Families** – Children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses or lack of care giving adults (e.g., as a result of serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.
- **Trauma-Exposed** – Those who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
- **Children/Youth at Risk for School Failure** – Due to unaddressed emotional and behavioral problems.
- **Children/Youth at Risk of or Experiencing Juvenile Justice Involvement** – Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately serviced through Community Supports and Services programs.

Per State guidelines each PEI program must incorporate at least one Community Mental Health Need and one Priority Population. PEI plans must address all age groups and a minimum of 51% of the Plan budget must be dedicated to individuals between the ages of 0 through 25 years old. PEI funds cannot be used for filling gaps in treatment and recovery services for individuals who have been diagnosed with a mental illness or serious emotional disturbance or their families.

IV. Riverside County Community Planning Process

Each of the MHSA components requires an extensive Community Planning Process (CPP). The CPP for the Prevention and Early Intervention component was conducted in order to select the Key Community Mental Health Needs and Priority Populations as outlined above, to be provided in Riverside County.

Contact was initiated with stakeholders and members of underserved communities utilizing a network of contacts, telephone, and electronic outreach. Meetings were held with community leaders, community based service providers, and consortiums throughout Riverside County ensuring contact with representatives from each of the three regions (Western, Mid-County, and Desert). The PEI team attended numerous existing community based stakeholder meetings as a part of the outreach campaign to begin the coordination and scheduling of focus groups and community forums.

Between July and October 2008, 108 focus groups and community forums were facilitated throughout the County with a total attendance of 1147 participants. A network of contacts that had been developed through telephone and electronic outreach was used to inform as many members of the community about the available focus groups and community forums. To ensure that stakeholders could fully participate in the community input process, specific Spanish speaking focus groups were facilitated and

Spanish translation was available at each community forum. Other specific focus groups were held for older adults, Deaf/Hard of Hearing, Native Americans, and LGBTQ individuals.

As a means to further solicit input from community stakeholders a community survey was developed and posted on the RCDMH website (www.mentalhealth.co.riverside.ca.us) in both English and Spanish. A total of 2354 surveys were completed and returned. The survey was designed to ascertain stakeholder input regarding priorities about key community mental health needs and priority populations in Riverside County.

PEI planning utilized the existing four age group MHSA planning committees (Children, TAY, Adult and Older Adult). Due to a great deal of interest in the PEI planning process, there were additional stakeholders who joined each of the committees so that the membership reflected all key stakeholders.

Through the planning process, it was determined that there was a need to develop three workgroups to address specific PEI needs. They were the Trauma Workgroup, the Reducing Disparities Workgroup and the Reducing Stigma and Discrimination Workgroup. There was specific outreach to stakeholders for participation, including members of unserved and underserved cultural communities, community providers with expertise as well as consumers and family members of consumers.

Each of the age group committees (Children, TAY, Adult and Older Adult) participated in a two day facilitated process to determine the priority needs and recommendations for the age group they represented. Each committee was tasked with ensuring that the voice of the community was heard in the recommendations that were developed. They began with a review of PEI related recommendations that were gathered as a part of the CSS planning process. Committees also received the analysis of the information gathered from the focus groups, community surveys and the three workgroups (Trauma, Reducing Disparities, and Reducing Stigma and Discrimination). Each committee and workgroup assigned representatives to attend the PEI Steering Committee to convey their respective committee and workgroup recommendations. The Steering Committee identified and prioritized the final PEI strategies.

V. Riverside County Prevention and Early Intervention Projects

As a result of the extensive Community Planning Process, the Riverside County Department of Mental Health Prevention and Early Intervention (PEI) Plan contains seven separate projects. The projects contain programs and strategies that address universal prevention, selective prevention, and early intervention. In addition, the projects identify programs and strategies for individuals across the age span.

EXECUTIVE SUMMARY

Below is a brief description of each project:

Project #1 – Mental Health Outreach, Awareness and Stigma Reduction

The goals of this PEI project are to increase community outreach and awareness regarding mental health information and resources and to develop and expand existing stigma reducing activities throughout Riverside County based upon the needs identified through the community planning process. This project will involve activities designed to outreach to unserved and underserved populations, increase awareness of mental health topics and to reduce stigma and discrimination. Individuals that will benefit from the activities in this project include youth, transition age youth, adults, older adults, parents, teachers, caregivers, community and faith based organizations, and the community at large. Activities will be wide ranging and will include maintaining and developing ongoing relationships with underserved cultural populations.

In addition to Department staff, a Reducing Stigma and Discrimination Committee has been developed to oversee, develop, and guide stigma and discrimination reducing activities. Activities to be funded under PEI provided throughout the County include:

- Media and mental health promotion and education materials will be prepared and provided for all community events and media efforts and outreach will occur to engage hard to reach populations.

- Parents and Teachers as Allies - This program, created by The National Alliance on Mentally Illness (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 (IOOV) - 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. Presenters of the program will be reflective of the audience, i.e. TAY and Older Adult consumers will provide the presentation to individuals within their age group or to providers of service representing those age groups.

- The "Dare to Be Aware" Conference - This is a full day conference for approximately 1000 youth in middle and high schools from across the County. The goals are to increase awareness and reduce stigma related to mental illness.

- 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.

EXECUTIVE SUMMARY

- Toll Free, 24/7 "HELPLINE" – The "HELPLINE" will provide crisis and suicide prevention services including counseling and emergency assistance twenty four hours a day, seven days per week. Callers will be given, when appropriate, referrals to ongoing services both in Riverside County Department of Mental Health (RCDMH) and outside agencies as well as Riverside County 211.

- 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.

- Call To Care - This program provides outreach to, trains, and assists lay persons to initiate and maintain understanding, caring relationships with the persons of their religious communities, and to volunteer to use their lay counseling skills in their communities.

In order to provide targeted activities to underserved communities, the Department will continue to work with the Reducing Mental Health Disparities Committee developed during the PEI planning process. This committee is one of several efforts to build meaningful and sustainable relationships with the diverse populations throughout Riverside County. The committee will be responsible for overseeing the reduction of mental health disparities in the County of Riverside Department of Mental Health. Members will be from racially, ethnically and culturally unserved, underserved, and inappropriately served groups representative of the community.

- Outreach activities – Outreach and engagement staff will provide community outreach and engagement activities targeting those populations that are currently receiving little or no service to increase awareness and knowledge of mental health and mental health resources, such as PEI programs, and increase community readiness to address mental health issues and eliminate stigma associated with mental health issues. Staff will provide community education and referral and linkage.

- Ethnic and Cultural Community Leaders in a Collaborative Effort - RCDMH will continue relationships with community leaders from ethnic and cultural populations who were hired during the PEI planning process. These consultants will continue to work within local communities in order to identify key community leaders and to build a network of individuals from these communities to promote mental health information and the use of PEI services.

- Promotores de Salud (Community Health Workers) - The Promotores de Salud program will address that need within the large number of Hispanic communities in Riverside County. Promotores are health workers who work and are from the community they serve. They will provide health and mental health education and support to members of their communities.

EXECUTIVE SUMMARY

Project #2 – Parent Education and Support

This PEI project will work with children and families with a focus on providing services in non-traditional and natural community settings, e.g., family resource centers, faith based organizations, and child care centers. Each component of this project focuses on children and families through a variety of interventions and strategies. Specific and targeted outreach for the programs in this project will include grandparents raising grandchildren and fathers.

The programs are:

- Triple P – Positive 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.

- Parent Management Training (PMT) – PMT is a culturally adapted evidence-based approach targeting migrant Spanish-speaking families. PMT uses didactic instruction, modeling, role playing, and home practice to teach parenting skills in encouragement, monitoring, discipline, and problem solving.

- Strengthening Families Program (SFP) – SFP is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children. This program brings together the family for each session.

- Parent-Child Interaction Therapy (PCIT) - PCIT is an intensive, short-term, evidence -based intervention that has been demonstrated to effectively help families with children between the ages of 2 and 8 who exhibit a number of chronic disruptive behaviors at home, in school, preschool or daycare (e.g., aggression, defiance, frequent temper tantrums, refusing to follow directions, talking-back, swearing).

Project #3 – Early Intervention for Families in Schools

This project focuses on working with children and families within schools. A program that is school specific was identified through the community planning process. The goal of the project is to provide a family based intervention in a setting that is de-stigmatizing to a lot of families, which is school.

The program is:

- 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 to 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.

Project #4 – Transition Age Youth (TAY) Project

This project is designed to address specific outreach, stigma reduction, and suicide prevention activities for (TAY) at highest risk of self harm. Targeted outreach will occur to identify and provide services for LGBTQ TAY, TAY in the foster care system and those transitioning out of the foster care system, runaway TAY, and TAY transitioning onto college campuses.

The programs are:

- Depression Treatment Quality Improvement (DTQI) – DTQI is an evidence-based early intervention program used to treat depression, based on the concepts of Cognitive-Behavioral Therapy (CBT). This service will be provided in multiple locations in each service delivery region. It will be provided through organizations that serve youth and young adults in a setting where the youth feel comfortable e.g.: services targeting LGBTQ youth will be provided at an organization that serves LGBTQ youth and young adults.

- Peer-to-Peer Services – This service will be connected to DTQI. As an organization provides DTQI, their outreach and engagement efforts will be specific to the target population. Leveraging with existing agencies, this project will utilize youth speaker's bureaus to outreach and educate at-risk youth and the community-at-large of the unique issues each group of identified at-risk youth experience as they relate to mental health and interpersonal issues.

- Outreach and reunification services to runaway TAY – Runaway youth are at increased risk of becoming victims of crimes and trauma as well as becoming involved in the juvenile justice system. Targeted outreach and engagement to this population is necessary in order to provide needed services to return them to a home environment. Crisis intervention and counseling strategies will be used to facilitate re-unification of the youth with an identified family member. Follow up referrals will be provided to assist with stabilization of the living situation for the youth. RCDMH will collaborate with community providers in order to identify specific outreach strategies to reach runaway TAY. RCDMH will collaborate with community providers in order to identify specific outreach strategies to reach unserved and underserved populations, including LGBTQ youth.

- Digital Storytelling – TAY identified the need for media based engagement activities. There was acknowledgement that youth are media savvy and opportunities to participate in such activities will lead to engagement. 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.

- Active Minds – Active Minds is a national organization working to use the student voice to change the conversation about mental health on college campuses. RCDMH will work with local colleges and universities to develop and support chapters of this student run mental health awareness, education, and advocacy group on campuses. The goals are to increase student awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and to serve as a liaison between students and the mental health community. The student run chapters will organize campus wide events to remove the stigma that surrounds mental health issues and create an environment for open conversations about mental health issues.

Project #5 – First Onset for Older Adults

This project focuses on the first onset of depression in the older adult population. Programs in this project include in home services as well as services that are portable. Collaboration will include partners that have experience and expertise with the older adult population in Riverside County. This includes, but is not limited to, the County Office on Aging and the Department of Public Social Services: Adult Protective Services. Targeted outreach will occur to identify and provide services for underserved cultural populations, specifically LGBTQ older adults. Although this project focuses on the first onset in older adults, older adults will also benefit from a variety of other PEI programs, including trauma related services, mental health awareness and stigma reducing activities, and parent education and support programs.

The programs are:

- QPR for Suicide Prevention - QPR stands for Question, Persuade, and Refer. People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone for help. The QPR for Suicide Prevention model will be used to train gatekeepers who interact with seniors in order to look for depression and suicidal behavior.

- Cognitive-Behavioral Therapy for Late-Life Depression – This program focuses on early intervention services that reduce suicidal risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. A highlight of this model is its portability which allows implementation in a variety of settings including places where older adults are likely to go, e.g.: senior centers and senior workforce centers.

- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) - This is an intervention for people 60 years and older who have minor depression or dysthymia and are receiving home-based social services from community services agencies. The program is designed to reduce symptoms of depression and improve health-related quality of life.

- Caregiver Support Groups – RCDMH will partner with local community-based organizations and social service agencies to develop psychoeducation curriculum and supportive interventions and provide support groups for caregivers. Specific outreach, engagement, and linkage to the support groups will be to individuals and caregivers/family members of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia.

Project #6 - Trauma-Exposed Services for All Ages

Through the community planning process the high need for services for trauma exposed individuals was a priority. This project includes programs that address the impact of trauma for youth, TAY, adults, and older adults.
The programs are:

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) – CBITS is a cognitive and behavioral therapy group intervention to reduce children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.

- Safe Dates - This program is a dating violence prevention program for middle and high school students. It works as both a prevention and early intervention tool for teens who have already begun to date and those who have not yet started dating.

- Seeking Safety – This program is a present focused, coping skills program designed to simultaneously help people with a history of trauma and substance abuse. It has been conducted in group or individual format; for female, male or mixed gender groups; for people with both substance abuse and dependence issues; and, for people with PTSD and for those with a trauma history that do not meet criteria for PTSD.

- Trauma Recovery and Empowerment Model (TREM) – This intervention is a fully manualized group based early intervention designed to facilitate trauma recovery among men and women with histories of sexual, physical, and emotional abuse who have been economically and socially marginalized and for whom traditional recovery work has been unavailable or ineffective.

- Prolonged Exposure (PE) Therapy for Post Traumatic Stress Disorders – This early intervention is a cognitive-behavioral treatment program for adult men and women with PTSD who have experienced single or multiple/continuous traumas. It is a course of individual therapy designed to help individuals process traumatic events and reduce their PTSD symptoms along with depression, anger, and general anxiety.

Project #7 – Underserved Cultural Populations

Through the community planning process, input was solicited from key community leaders from unserved and underserved cultural populations. The key community leaders gathered feedback and information from the communities that they represent and provided specific PEI recommendations regarding needed services. The unserved and underserved populations in Riverside County will also benefit from the other PEI projects identified previously.

The programs are:

- Hispanic/Latino Culture –
  - Mamás y Bebés (Mothers and Babies): This program is an evidence-based mood management perinatal group intervention for women.
  - Cognitive-Behavioral Therapy (CBT) for Depression (with antidepressant medication): This program was developed for use with low-income Latina women. It uses an adapted format of CBT to address cultural issues associated with the Hispanic culture.
- African-American –
  - Effective Black Parenting Program (EBPP): The EBPP has been shown to be effective with parents of African American children, including teenage African American parents and their babies, and with African American parents of adolescent children. It includes: culturally specific parenting strategies; general parenting strategies; basic parenting skills taught in a culturally-sensitive manner using African American language expressions and African proverbs; and special program topics such as single parenting and preventing drug abuse.
  - Africentric Youth and Family Rites of Passage Program: This program was designed for African American male youth between ages 11 and 15. The goal of the program is empowerment of black adolescents through a nine-month rites of passage program. A major component of the program is the after school program that offers modules on knowledge and behaviors for living; module topics include manhood development, sexuality, and drugs. Another component of the program includes casework and counseling with linkage to needed services.

- Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) – The CBITS program is a cognitive and behavioral therapy group intervention for reducing children's symptoms of posttraumatic stress disorder (PTSD) and depression caused by exposure to violence that has been used successfully in inner city schools with multicultural populations.

- Native American –
  - Incredible Years – Native American adaptation (SPIRIT): Incredible Years is a parent training intervention which focuses on strengthening parenting competencies and fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. SPIRIT is a culturally-tailored evidence-based practice that was adapted by Dr. Renda Dionne for the Riverside County Native American community.
  - Guiding Good Choices (GGC) – This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. Due to the historical trauma within Native American populations, substance abuse is inextricably linked with the development of depression and major mental illness, including Bi-Polar Disorder and Post Traumatic Stress Disorder. Therefore a program to address substance abuse prevention is essential in addressing the prevention of mental health problems.

- Asian American/Pacific Islander (AA/PI) –
  - Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families – The target populations of the SITIF program are Asian American/ Pacific Islander immigrant parents and/or caregivers with inadequate parenting skills to effectively discipline and nurture their children. The primary strategies of the program are: community education/outreach workshops, a bicultural parenting class, and family support service linkage. The activities are delivered at locations that are natural congregation places for the immigrant families: school sites, community service delivery settings, community-based and culturally competent behavioral healthcare center.

VI. Prevention and Early Intervention Plan Funding Overview

The PEI plan, when submitted to the State, requests $28.2 million which includes the funds allocated for Riverside County for Fiscal Years 07/08, 08/09 and 09/10. In addition to program money, which totals $18 million, Riverside County is requesting $5.5 million to be kept in prudent reserve and $2 million budgeted for contingency funds both of which will be utilized to sustain the implemented programs over the next four years as the yearly allocation is predicted to drop significantly. This will allow the County

to continue programs in spite of this drop in State funding or to add program sites if the State allocation does not drop as expected in the next few years.

Programs included in the plan are estimated to begin in the County starting in the Fall of 2009 and implemented in phases in designated areas of the County through Spring of 2010. As State allocations are clarified, the Department may slow implementation of programs to ensure they can be sustained for at least four years. Programs can be expanded into other areas of the County as funds are available.

VII. Conclusion

The development of the Riverside County Prevention and Early Intervention Plan resulted from the extensive community planning process that was inclusive of consumers, family members, members of unserved and underserved cultural populations, community based and faith based organizations, and county agencies. The Riverside County Department of Mental Health and particularly the Prevention and Early Intervention (PEI) staff would like to acknowledge and thank the many community members, community stakeholders and County agencies that gave their time, energy and facilities to contribute to the Prevention and Early Intervention planning process. The valuable ideas collected have been used to facilitate the PEI planning process and would not have been possible without the contributions of attendees and organizers.

The complete PEI plan was posted for public comment for 30 days on the Department website. Two public hearings were held to solicit input from community members. Subsequent to those activities, the plan was submitted to the State Department of Mental Health and the Mental Health Oversight and Accountability Commission for review and approval.

COMMUNITY PROGRAM PLANNING PROCESS

Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)

County: Riverside County **Date: July 15, 2009**

1. **The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:**

   a. **The overall Community Program Planning Process**

   Bill Brennemen, LCSW is the Mental Health Services Act (MHSA) Coordinator for the Riverside County Department of Mental Health (RCDMH). He led the Prevention and Early Intervention (PEI) team throughout the planning process. Janine Moore, LMFT is the MHSA PEI Coordinator and was assisted by Diana Brown, LMFT, Social Services Planner and Maria Jaquez, Peer Support Specialist.

   Additional participation in the overall planning process included Donna Dahl, Assistant Director of Programs; the Research & Evaluation Unit; Myriam Aragon, Ethnic Services/Cultural Competency Manager; Renee Becker, Peer Policy and Planning Specialist for Children's Services; Alison Emery, Director of Consumer Affairs; Barbara Mitchell, Older Adult Manager; members of the MHSA Outreach Team; the Parent Support and Training Unit; and the Family Advocate Program. Administrative support was also provided by Sharon Lee, Secretary to Bill Brenneman; Cynthia Magill, Office Assistant III to the PEI Unit; and Cindy Hagan, Administrative Analyst.

   Three expert consultants also assisted throughout the planning process. They were Lynne Marsenich, who assisted with the overall planning process; Dr. Renda Dionne, who assisted with outreach to the Native American community; and Benita Ramsey, who assisted with outreach to the African American and LGBTQ communities.

   b. **Coordination and management of the Community Program Planning Process (CPP)**

   Members of the PEI Planning Team formed the core of staff providing coordination and management for the community planning process. All aspects of the coordination and management of the CPP included extensive cooperation and involvement of Department staff, other County department staff, consultants, consumers, family members of consumers and community providers. Department staff, as well as three expert consultants, has specific experience in outreach and engagement with a focus on unserved and underserved cultural populations. The planning team utilized 35 trained focus group facilitators, comprised of Department staff, peer support specialists, community providers, consultants, and family members of consumers, to assist with focus group coordination and acquiring community input. Key stakeholders and community gatekeepers, including consumers and contractor/providers provided in-kind assistance in addition to those who assisted in facilitating focus groups. They helped

disseminate information, directed community members to appropriate community locations for participation in focus groups and community forums as well as themselves participating in focus groups and community forums. In addition, the key stakeholders and community gatekeepers participated in each of the four age group committees (Children, Transition Age Youth, Adult, and Older Adult) as well as three workgroups that were developed (Reducing Disparities, Reducing Stigma and Discrimination, and Trauma) throughout the progression of the planning process. All of the aforementioned individuals also assisted in the distribution of a community survey that was made available to community members as well as community providers and stakeholders to allow for the opportunity to give feedback on the PEI planning process.

c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

During the 2005 MHSA, Community Supports and Services (CSS) community planning process, Riverside County conducted an extensive, broad-based, ethnically and culturally diverse community input process Countywide.

The PEI stakeholder process expanded upon the relationships built during the CSS community planning process in order to reach further into culturally diverse communities throughout Riverside County as well as to expand membership in the age group committees that were established as part of the CSS planning process.

The initial "plan to plan" process for PEI began with the development of orientation materials which included PEI specific guidelines including information regarding Priority Populations and Key Community Mental Health Needs (see Attachment A), a draft flow chart outlining the RCDMH PEI planning process (see Attachment B), and draft RCDMH guiding principles for the PEI plan (see Attachment C). Members of the PEI planning team then attended meetings with the MHSA Leadership Committee (see Attachment D), the main Mental Health Board (see Attachment E), and Regional Mental Health Boards (see Attachment F) in order to present the "plan to plan" and accept feedback and approval regarding the planning process and the above listed documents.

The PEI team initiated contact with stakeholders and members of underserved communities utilizing a network of contacts, telephone, and electronic outreach. Members of the PEI planning team met with many community leaders, community based service providers and consortiums throughout Riverside County ensuring contact with representatives from each of the three geographical regions (Western, Mid-County, and Desert). The team also attended numerous existing community based stakeholder meetings as a part of the outreach campaign to present and outline the PEI orientation materials in order to build upon existing relationships and to create new relationships and collaboration regarding the prevention and early intervention needs of the County. Attendance at the stakeholder meetings also led to the coordination and scheduling of focus groups and community forums.

COMMUNITY PROGRAM PLANNING PROCESS

In efforts to reach out across the County and across populations, informational meetings were held with: The Desert Consortium consisting of a large group of community based organizations, providers and advocates throughout the Desert region of the County; the advisory boards for each of the four DPSS facilitated Family Resource Centers which serve the three regions of the County (two are located in one of the regions); the Latino Commission of the Desert; KERU – Radio Bilingue (the local bilingual English and Spanish radio station in Blythe); Special Education Local Plan Area (SELPA) directors representing all areas of the County; the Safe and Drug Free School Coordinators throughout the County; The Group (a local community advocacy group for the African American population); the UNITY Advisory board (a group of local community organizations and advocates for youth); the Sun City Chamber of Commerce and Menifee City Council; Child Welfare Attendance representatives from each of the 23 school districts in Riverside County; and the Riverside County Tribal Alliance.

Between July and October 2008, 108 focus groups and community forums were facilitated throughout the County with a total attendance of 1147 participants (See Attachment G for the focus group and community forum schedule). The focus groups and community forums were advertised through a variety of media outlets including radio and newspaper and were also posted on the RCDMH website. The PEI team also used the network of contacts that had been developed through telephone and electronic outreach to inform as many members of the community about the available focus groups and community forums. To ensure that stakeholders could fully participate in the community input process, specific Spanish speaking focus groups were facilitated and Spanish translation was available at each community forum. There were also three focus groups conducted in American Sign Language.

As a means to further solicit input from community stakeholders a community survey was developed and posted on the RCDMH website (www.mentalhealth.co.riverside.ca.us) in both English and Spanish. See attached survey in English (Attachment H-1) and Spanish (Attachment H-2). A total of 2354 surveys were completed and returned. The survey was designed to gather stakeholder input regarding priorities about the State identified key community mental health needs and priority populations in Riverside County. MHSA outreach staff, other County department staff, and consultants, utilized the community survey to solicit feedback from stakeholders who were unable to attend either a focus group or community forum. This included primary health care providers; nursing staff; ethnic/cultural communities; individuals in natural community gathering places and community resource locations; Grandparents Raising Grandchildren Program; the Office on Aging CARE teams; RCDMH staff; the Desert Consortium; RCDMH consumers; Public Health Adolescent Family Services consumers; Office on Aging consumers and staff; the Golden Rainbow Senior Center; the Desert PRIDE Center; the Indio Senior Center; and distribution to community and faith based organizations, and through individual community gatekeepers. MHSA outreach staff and volunteers also attended a wide variety of health and awareness fairs and assisted community members in completing the survey which allowed for community members across ages to provide feedback. These

included the 2008 Dare to be Aware Youth Conference which is a conference designed to reduce mental health stigma among youth; the PRIDE Festival, an event for the LGBTQ community; Mecca Fiesta Campesina Latina (Mecca is a remote area in the Desert region of Riverside County); a food distribution event at the James A. Venable Community Center in Cabazon, a rural Desert community; the Corona Walk for Health, an event for Health promotion in the Western Region; the 4th Annual Family Partnership Summit, a conference for parents and service providers for children's mental health; and the Perris Valley Community Resource Fair, a fair for community members to learn about resources in Perris. The PEI team and the MHSA Outreach team were approached to provide resource information at the 1st Annual Blythe Education Fair. Blythe is a very remote area in the Desert Region. In working with the organizers of the event, 15 Spanish Speaking community gatekeepers were provided a training regarding PEI and ways to assist community members in completing the survey and a stipend was paid to each for their assistance in collecting approximately 700 surveys at the 3 day event.

Please see Attachments I-1 to I-9 for several samples of publicity flyers and press releases, including the Dare to be Aware Youth Conference flyer.

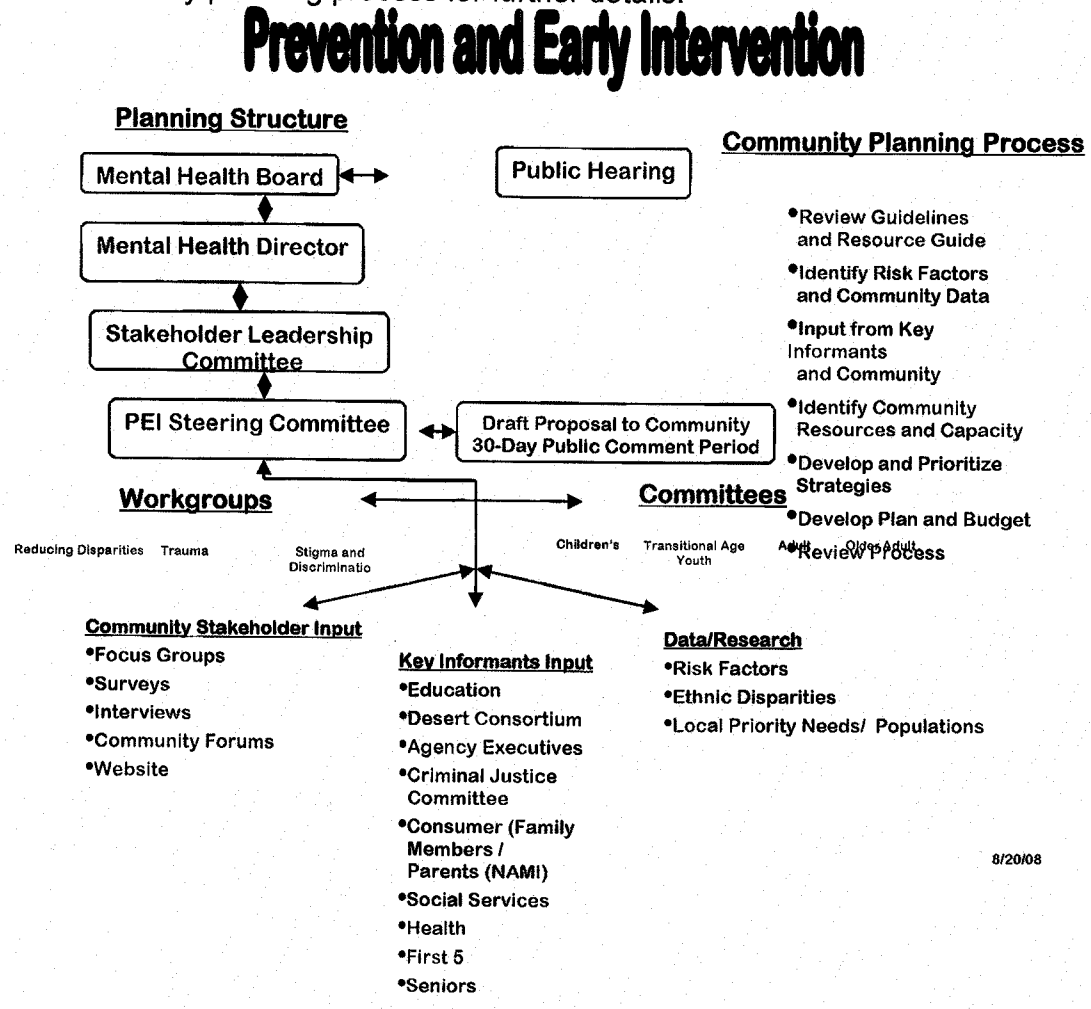
Riverside County Department of Mental Health Research and Evaluation Unit initiated an updating of demographic data so that the planning process would appropriately focus on unserved/underserved individuals and families, trauma-exposed individuals/communities, diverse regional challenges, children and youth at risk, stressed families/communities, and marginalized communities and/or individuals. The data was presented by Department researchers to each of the age group committees prior to the two-day facilitation process which is explained in greater detail below. The data presentations were designed to highlight the age group each individual committee represents.

PEI planning utilized the existing four age group MHSA planning committees (Children, Transition Age Youth, Adult and Older Adult). Committee membership was reviewed as a part of the PEI planning process to evaluate the need to add to the membership to reflect the stakeholders within the County. Due to a great deal of interest in the PEI planning process, there were additional stakeholders who joined each of the committees and it was then determined that the membership reflected representative stakeholders. See Attachments J-1 to J-4 for committee membership lists.

Following the lead from the community, RCDMH determined the need to develop three workgroups to address specific PEI needs. They were the Trauma Workgroup, the Reducing Disparities workgroup and the Reducing Stigma and Discrimination Workgroup. There was specific outreach to stakeholders for participation, including members of unserved and underserved cultural communities, community providers with expertise as well as consumers and family members of consumers. See Attachments K-1 to K-3 for workgroup membership lists.

COMMUNITY PROGRAM PLANNING PROCESS

All data was brought forward to the PEI Steering Committee for final review of recommendations and data. Based upon the feedback and recommendations throughout the community planning process, the PEI Steering Committee (comprised of two members from each of the age group committees and workgroups) made the final recommendations for PEI projects. See the flow chart below for an outline of the PEI community planning process for further details.



2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations

The PEI team ensured that representatives of unserved and underserved populations and family members of unserved and underserved populations had the opportunity to participate in the PEI community program planning process. Building upon the CSS planning process, efforts were made to reach further into the un/underserved communities of Riverside County. Focus groups and community forums were held to guarantee that the community voice was heard and relationships were formed.

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Individuals representing these communities were involved in making decisions regarding locations, days, and times of focus groups and community forums in order to ensure access and the greatest likelihood of participation. In addition, transportation and childcare was provided as needed, as well as food and incentives. For example, focus groups were held in both Spanish and English at each of the four DPSS facilitated Family Resource Centers (FRCs). The FRCs are located in areas of the County with the specific intent of serving un/underserved populations.

Invitations to community members of unserved and underserved populations were in the form of fliers in both English and Spanish, and given to representatives of those communities for specific distribution in natural community settings, such as the Mecca Family and Farmworker's Service Center, Family Resource Centers throughout the County, schools, etc. There was also targeted outreach through newspaper including advertisements in La Prensa, the Spanish newspaper and radio ads, specifically through KERU – Radio Bilingue which is the only bilingual radio station in the Desert area.

Two consultants assisted with outreach to specific un/underserved communities. Dr. Renda Dionne assisted with outreach to the Native American community by arranging and co-facilitating focus groups. Benita Ramsey assisted with outreach to the African American community by arranging and facilitating focus groups. She also focused outreach to the LGBTQ community and facilitated the distribution of surveys at the Riverside PRIDE festival. Also, a Department employee assisted with outreach to the deaf and hard of hearing community by arranging and facilitating three focus groups specifically with the deaf and hard of hearing community including staff from the California School for the Deaf, Riverside.

As stated in the previous section outreach was made to recruit stakeholders from underserved communities to participate in the three workgroups (Reducing Disparities, Reducing Stigma and Discrimination, Trauma) and the four age group committees (Children, Transitional Age Youth, Adult, Older Adult).

The following graphs demonstrate: Graph 1 - the racial/ethnic demographics of Riverside County, Graph 2 – the racial/ethnic demographics of focus group and community forum attendees, Graph 3 – the racial/ethnic demographics of community survey respondents.

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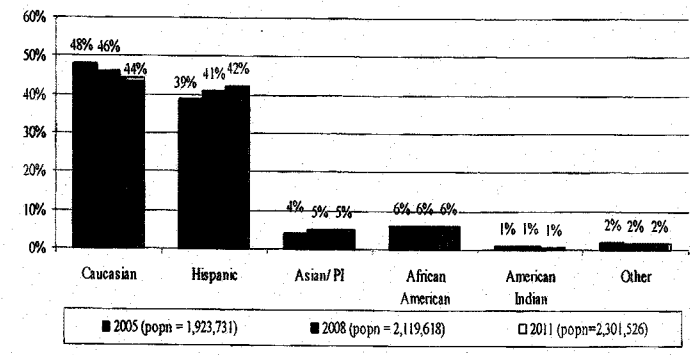
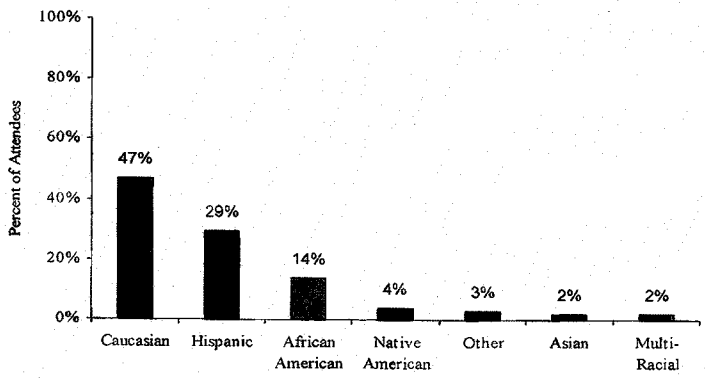
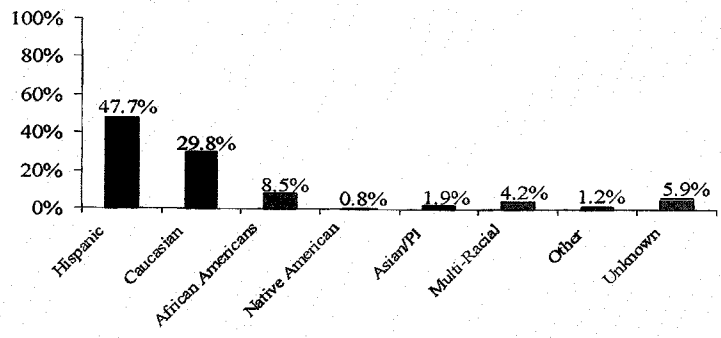
Graph 1
Population Projections by Race/Ethnicity



Graph 2
Focus Group Participants by Ethnicity



Graph 3
Ethnicity Community Survey Participants



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b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.

Riverside County is the 4th largest county by population in California and is comprised of areas ranging from urban to rural. Members of the PEI planning team attended numerous existing community-based stakeholder meetings throughout the County as part of the outreach campaign to present and outline the PEI planning process, guidelines, and timeline with the goal of engaging community members in the planning process. One example of this activity was a meeting held with the Latino Commission in Mecca, which is a rural area of the County. In areas of the County where services have not been traditionally provided or accepted, MHSA outreach staff partnered with community and faith based agencies as well as other community leaders in order to foster relationships. These relationships and partnerships facilitated the scheduling of focus groups in those communities as well as allowed for the distribution of the community survey to community members.

Between July 2008 and October 2008 the PEI planning team members provided 108 focus groups and community forums throughout the 3 regions of Riverside County where 1147 community members participated. Focus groups were designed to foster an inclusive environment for individuals from diverse ethnic communities. Facilitators routinely asked participants for input regarding additional focus group suggestions to reach community members for inclusion in PEI planning activities. These efforts resulted in the scheduling of several additional focus groups. Incentives, such as refreshments and gift cards, were used to boost community participation. These proved to be highly effective outreach strategies. Focus groups and community forums were held in neutral settings where community members naturally congregated including community centers, family resource centers, and faith based organizations throughout the County and with the assistance of natural and/or local leaders from the community. The meetings were facilitated by a variety of people including consumers, parents, and Department staff, including bi-lingual staff, so that outreach to many populations was possible and accessible.

Specific outreach was made to engage youth and parents in providing input in PEI planning. This included focus groups with participation by probation youth, distribution of surveys to the youth who participated in the 8th annual Dare To Be Aware Youth Conference and also for completion of surveys at the PRIDE festival and the 1st annual Blythe Education Fair. In addition, transition age youth were invited to, and participated in, both the Children's and Transition Age Youth Committees. Additionally, several focus groups targeted parents of youth consumers. The Children's and Transition Age Youth Committees included several transition age youth as well as parents, parent partners, and community providers representing the needs of youth.

RCDMH Older Adult staff worked closely with the Riverside County Office on Aging staff to reach out to older adult consumers as well as service providers for older adults throughout the County. Additionally, RCDMH staff partnered with DPSS-APS,

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Community Health Agency-Public Health Nursing, and identified older adult providers in the community, i.e.: Senior Centers, Grandparents Raising Grandchildren groups, CARE Teams (Curtailing Abuse) and other agencies to outreach into the older adult community to educate about prevention and early intervention as well get feedback and recommendations about the PEI needs of older adults in Riverside County. This led to several focus groups being provided in senior centers and faith based organizations frequented by older adults. One specific older adult focus group focused on the needs of the LGBTQ community. The Older Adult Committee is comprised of older adults and community providers that represent the needs of the older adult communities throughout the county.

As stated earlier two consultants as well as a Department employee who is fluent in American Sign Language assisted with outreach to specific un/underserved communities.

Dr. Renda Dionne assisted with outreach to the Native American community by arranging and co-facilitating two focus groups with a cross representation of tribes from the County.

A focus group designed specifically for the African-American community was facilitated by a community leader and trusted individual within this population in partnership with another consultant in the PEI planning process, Benita Ramsey. The PEI team acted as a support for resources, refreshments, and incentives, as well as provided training for the facilitator to adequately retrieve the necessary PEI related information. The facilitator, a member of a local African American community advocacy coalition called The Group, reported the need for specific and unique outreach to the African American community due to the history of distrust in "the system" and the perception that the Department has inadequately addressed this community's unique needs. The Ethnic Services/Cultural Competency Manager has established a relationship with The Group and will maintain collaboration and continue to develop the relationship between The Group and RCDMH.

Benita Ramsey also focused outreach to the LGBTQ community. She facilitated the distribution of surveys at the Riverside PRIDE festival and assisted in recruiting three LGBTQ youth to participate in the Trauma workgroup. Additional outreach assisted in the participation of an LGBTQ older adult in the planning process, specifically in focus groups and the Older Adult Committee.

The deaf and hard of hearing community was engaged through a Department staff member with expertise and relationships within this community. The staff member, who is fluent in American Sign Language, coordinated and facilitated three focus groups with this underserved population which included a community advocacy agency, The Center on Deafness of the Inland Empire (CODIE), as well as attended the Deaf Awareness Week event, sponsored by the California School for the Deaf, Riverside, in order to assist families and staff in completing the PEI community survey.

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The Asian American/Pacific Islander (API) community is largely underserved in Riverside County. Beginning in CSS, the RCDMH Cultural Competency/Ethnic Services Manager, Myriam Aragon, began to investigate the needs of this community and to build relationships with key stakeholders and organizations that work specifically with this population. During the PEI Community Planning Process, RCDMH worked closely with the Riverside Asian American Community Association (RAACA) and individual experts' interviews to obtain information on the mental health needs of the Riverside County API Community. RAACA assisted RCDMH in the development and implementation of an Asian American Survey in four languages identified as the most common: Thai, Lao, Vietnamese, and Chinese (standard and traditional). The survey was distributed at the Asian American Health Conference in 2008. There is recognition that there was low representation from the API population throughout the PEI CPP. RCDMH continues to build relationships with stakeholders from the API community and remains involved in the RAACA by attendance at their regularly scheduled collaborative. In addition, page 48 explains the Ethnic and Cultural Community Leaders in a Collaborative Effort program which includes information regarding ways in which ongoing efforts are planned to build relationships and outreach efforts to the API community.

c. **Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.**

One of the PEI team members is Maria Jaquez, Peer Support Specialist. Maria facilitated 17 focus groups with consumers to ensure consumer participation in the planning process. She outreached to consumers involved in County clinics as well as Jefferson Transitional Programs, which is a peer support and resource center. She also conducted a focus group with a depression/bi-polar support group and another at an apartment complex that houses consumers.

The PEI team met with the RCDMH Parent Support and Training Unit as well as the Family Advocate Program and the Director of Consumer Affairs in the planning process in order to identify specific outreach activities to ensure the participation of consumers and family members in the PEI planning process.

RCDMH Parent Support and Training and the Peer Support Specialists worked extensively with the PEI planning team to coordinate and facilitate focus groups with mental health consumers and their families. These focus groups were conducted in County Mental Health clinics, community-based organizations and local schools.

The Family Advocate Program worked with each of the four regional National Alliance on Mental Illness (NAMI) affiliates which led to the facilitation of a focus group at the monthly NAMI meetings, which includes both consumers and family members. In addition, two NAMI members were trained and facilitated focus groups for family members.

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The RCDMH Director of Consumer Affairs worked closely with the many Peer Support Specialists within the Department to engage consumers in participating in focus groups and completing surveys. An outreach worker to the homeless also made specific efforts to assist homeless individuals in Riverside County in completing the community survey.

All participants in the community planning process were asked to complete a confidential demographic survey. Through responses to the survey it was determined that 32% of the participants in focus groups and community forums and 68% of respondents to surveys identified themselves as consumers and/or family members of consumers.

Membership within the workgroups and age group committees include consumers and their families and were a valuable resource for receiving community input about individuals with serious mental illness and/or serious emotional disturbance.

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:

- **Individuals with serious mental illness and/or serious emotional disturbance and/or their families**

As stated earlier, specific outreach was made to, and separate focus groups were conducted with consumers of mental health services and their families. The Parent Support and Training Unit, the Family Advocate Program, and Peer Support Specialists throughout the Department worked diligently within Department programs and contract agencies to coordinate focus groups with consumers and their families. As a result, 32% of the participants in focus groups and community forums and 68% of respondents to surveys identified themselves as consumers and/or family members of consumers. Consumers and family members are included in the membership of the four age group committees, the three workgroups, and the PEI Steering Committee.

- **Providers of mental health and/or related services such as physical health care and/or social services**

Focus groups and community surveys were made available to all Riverside County Department of Mental Health and Substance Abuse staff. Also, the PEI planning team enhanced relationships/collaborations with other County departments as well in order to facilitate focus groups with their staff. Focus groups were held with staff from Department of Public Social Services; Department of Public Health administration and their providers, including the Child Health and Disability Prevention Program and physicians; and the Office on Aging, including the Office on Aging Council. A forum was held with the participants of the RIGHT Partnership meeting, which included 66 social

service providers who provide services to foster youth throughout the County. In addition, the PEI planning team made efforts to outreach to many community based organizations in order to facilitate focus groups in their organizations and to distribute community surveys. One example of this is the MHSA Manager meeting with The Executive Group of Riverside which includes participants from many mental health and health care serving agencies.

Extensive outreach to the Desert Consortium (a compilation of providers, community advocates, school representatives including higher education, local government including the mayor of Palm Desert, healthcare and others – see attachment L for the list of participants – who represent individuals and their needs living in the Desert Region of Riverside County) assisted the PEI team in identifying the needs in the Desert Region of the County. The Alzheimer's Association of Rancho Mirage in the Desert region hosted a focus group with representatives from CalWorks, In-Home Supportive Services, the American Cancer Society, the Stroke Recovery Center, and others.

- **Educators and/or representatives of education**

Building upon existing relationships, local school districts and Riverside County Office of Education played an important role in coordinating and providing space to conduct focus groups which allowed parent participation. In addition, teachers, school counselors, school psychologists, principals, and other staff participated in focus groups and/or completed community surveys which provided feedback regarding the needs of students in Riverside County. Multiple focus groups were held with Safe and Drug Free Schools Coordinators which included representatives from several school districts and prevention services. A PEI presentation and orientation was delivered at the SELPA Directors' meeting as well as at the Child Welfare and Attendance meeting, where school officials throughout the County were present. A forum was conducted with Riverside County Office of Education Headstart program with parents and staff from several school districts during the Parent Policy Council meeting at the start of the 2008-2009 school year. A presentation about PEI was made at the Child Welfare and Attendance Coordinators, which has representatives from each of the school districts, and the community survey was distributed.

Representatives from the County's educational system are standing members on the Children's Committee and the chair of the Transition Age Youth Committee is a representative from one of the local higher education programs.

- **Representatives of law enforcement**

Representatives from several law enforcement agencies of the County attended gatekeeper forums including the Public Defender's Office, California Youth Authority, District Attorney's Office, Riverside County Probation, Riverside County Sheriff's Department, and the Corona Police Department.

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Key informant interviews were held with two Riverside County District Attorneys, the Riverside County Sheriff's Department School Resource Officer Liaison, and the Division Director and two Assistant Directors of Prevention Services with Riverside County Probation.

The Children's Committee, Transition Age Youth Committee, Trauma Workgroup and the PEI Steering Committee each have a minimum of one representative from law enforcement.

- **Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families**

The Riverside County Mental Health Board was instrumental in the PEI planning process from the beginning. This included approval of the Riverside County PEI Guiding Principles, assisting in coordination of focus groups and participation in each of the age group committees and the Reducing Stigma/Discrimination Workgroup.

Members of NAMI who were trained in the PEI guidelines and focus group facilitation coordinated and facilitated focus groups with the local NAMI chapters. Additionally, staff from Jefferson Transitional Programs, a contracted peer run center, also assisted in coordinating focus groups with consumers. Representatives from NAMI were represented in the age group committees and Jefferson Transitional Programs staff participated in the Children's, Transition Age Youth, and Adult committees.

b. Training for county staff and stakeholders participating in the Community Program Planning Process.

Members of the PEI team became educated regarding the PEI guidelines through information available from the State Department of Mental Health (DMH) and the Oversight and Accountability Commission. The team participated in the monthly conference calls as well as attended numerous trainings offered by the California Institute of Mental Health, State DMH and the California Mental Health Directors Association.

The initial "plan to plan" process for PEI began with the development of orientation materials which included PEI specific guidelines including information regarding the State identified Priority Populations and Key Community Mental Health Needs, a draft flow chart outlining the RCDMH PEI planning process, and draft RCDMH guiding principles for the PEI plan. The PEI team provided education and training to the Mental Health Board, the MHSA Leadership Committee, and each of the age group committees as well as public and private providers through multiple existing meetings and community collaboratives. The content of these presentations helped to improve awareness of the PEI guidelines as well as differentiating PEI services from existing mental health services (e.g., Community Supports and Services). Emphasis was also made to encourage community members to participate in upcoming focus groups and

community forums. The orientation materials and links to the State DMH and OAC websites were provided on the RCDMH website.

In order to establish a team of focus group facilitators, the PEI team built upon the Community Supports and Services and Workforce Education and Training community planning process by reaching out to those individuals who facilitated focus groups under those plans as well as additional persons who had a unique ability to assist with the PEI planning process. In order to ensure better representation of underserved communities during the PEI planning process, the Department drew on the expertise and connections of its employees who are also members of or have close contact with those communities. These included staff with connections to parent groups, consumers, the deaf and hard of hearing community, migrant populations, the Spanish-speaking community, law enforcement, and schools. In addition, outreach was made to the contracted consultants of the LGBTQ and Native American communities to assist in facilitating focus groups with the populations that they represent. Two trainings were held by the PEI team for facilitators of focus groups and 35 facilitators were trained in total. A PowerPoint presentation was constructed by the Department's Research & Evaluation Unit in conjunction with an expert consultant (see attachment M for the PowerPoint presentation). The presentation gave a brief overview of the MHSA components and transformational concepts, definitions of prevention and early intervention, priority populations and key community mental health needs. The training included a review of this presentation along with presenter notes to assist facilitators in presenting the PowerPoint at each focus group and community forum. The consultant also presented the training to provide valuable guidance & expertise regarding the facilitation of focus groups e.g.: things to avoid, things to help get the group sharing, etc. Facilitators received materials for the focus groups as well as refreshments and incentives for participants.

During this time, three workgroups (Reducing Disparities, Reducing Stigma and Discrimination, Trauma) also met for several facilitated meetings in order to develop PEI recommendations to address these needs.

Riverside County Department of Mental Health Research and Evaluation Unit also initiated an updating of demographic data so that the planning process would appropriately focus on unserved and underserved individuals and family members, trauma-exposed individuals/communities, diverse regional challenges, children and youth at risk, stressed families/communities, and marginalized communities and/or individuals. A "data download" meeting was held with each of the four age group committees separately, and this data, along with focus group and community survey data, as well as continued orientation/discussion about MHSA PEI guidelines was presented to each committee. A make-up "data download" meeting was also held to ensure that participants in each of the age group committees received the information needed prior to participation in the next steps of the planning process.

Subsequently, each age group committee met for a two-day facilitated process in November 2008. The facilitator, Deputy Director of Training & Organization

Development for the Riverside County Center of Government Excellence, guided the committees through the data sources and the committees developed prioritized PEI recommendations for the age group they represented.

The final step was completed through the PEI Steering Committee and meetings were held in January and February 2009. The participants of the Committee had each participated in one of the age group committees and/or the three workgroups. The Steering Committee received a review of PEI guidelines and community data prior to moving into decision making. The data sources included strategies elicited from focus groups and community surveys, recommendations from each of the four age group committees, recommendations from each of the three workgroups, as well as community data compiled by the RCDMH Research & Evaluation Unit.

4. Provide a summary of the effectiveness of the process by addressing the following aspects:

a. The lessons learned from the CSS process and how these were applied in the PEI process.

Riverside County learned from the experiences of the CSS community planning process. The lessons learned informed the PEI community planning process and provided an infrastructure that better enabled the County to include underserved communities more so than the CSS process did. One of the lessons learned was the need to have ongoing relationships, interactions, and engagement with the unserved and underserved populations within the County. During CSS, efforts were made to include underserved communities in the process; however, attempts were not as successful as planned. As a result of the CSS process, an Ethnic Services/Cultural Competency Manager was hired to oversee an outreach program. One objective of the Manager and the staff of the outreach program is to ensure the cultural and linguistic needs of the underserved communities in Riverside County are met. The outreach program played a large role in the relationship building and coordination required to include underserved populations in focus groups, community survey completion, and age group committees, workgroups, and PEI Steering Committee membership. Through coordination with the Ethnic Services/Cultural Competency Manager and the staff of the outreach program, better engagement with, and increased participation by, members of unserved and underserved communities was successful during the PEI process.

Additional enhancements to the Department through the CSS process were the development of the MHSA Leadership Committee and the Transition Age Youth and Adult Committees. These groups, along with the existing Children's and Older Adult Committees also provided a structure to the PEI process where key community leaders, stakeholders and constituents were readily available to participate in the PEI community planning process and provide their expertise regarding the prevention and early intervention needs of Riverside County.

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An important lesson learned from CSS regarding planning for PEI was the inclusion of the Department's Research and Evaluation Unit in the plan-to-plan phase. While gathering data from the community during CSS, a clear link between the kind of information gathered and the data analysis required was not made early in the process which created some pitfalls. During the PEI community planning process, the Research team was involved from the beginning and provided invaluable insight into data collection. Also, the Research team developed the introductory PowerPoint presentation shown to each focus group and community forum. The Research team analyzed the input from the focus groups, community forums, and community surveys and provided the results of the data analysis to each of the age group committees which guided their recommendations. The involvement of the Research team throughout the process assisted in a more fluid and comprehensive understanding of the data analysis. The information was given to the community in a way that increased the community's understanding of mental health risk factors and the role that MHSA PEI will play to address them in Riverside County.

An additional benefit in the PEI process was the State-developed resource guide provided with the PEI guidelines, which assisted in the decision making process.

The Riverside County community members and stakeholders that were involved in the CSS community planning process voiced concern over the availability of information and their knowledge of the final RCDMH CSS Plan. The Department recognizes the need to increase feedback provided to the community and the desire of the community to get direct access to the outcome, or draft, of the RCDMH PEI Plan in order to see the end product that they were involved in creating. In this effort, the PEI team was careful and deliberate in gathering mailing addresses or electronic email contact information for anyone who participated in the process. The final draft of the PEI Plan will be sent directly to these participants as well as an invitation to the public hearings. In addition, the Executive Summary will be presented to the Stakeholder Leadership Committee and at each of the two public hearings.

Per the State PEI guidelines, one of the objectives of PEI is to increase capacity for mental health PEI programs and provide those programs in places where mental health services are not traditionally provided. Throughout the planning process, the PEI team made concerted efforts to reach out to small community based organizations to assist with the planning process and to build relationships toward implementation. A natural progression is to encourage these organizations to participate in the Request for Proposal (RFP) process. In order to de-mystify the process of contracting with the County, PEI organized RFP trainings to educate smaller organizations on County requirements for responses to an RFP. The trainings allowed small organizations to gain an understanding of the process of responding to an RFP as well as identifying the minimum requirements in order to respond. The overall goal of the trainings is to build community capacity for PEI programs. Three RFP trainings were held, one in each of the three service delivery regions of the County.

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b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.

The PEI team made great efforts to reach out to providers, consumers, family members, and the community at large to have as much representation as possible throughout the planning process. As stated earlier, 1147 people participated in a total of 108 focus groups and community forums that were provided throughout all areas of Riverside County. This included specific outreach to areas in the Desert region of the County that included rural areas in which a significant immigrant farm worker population live. In addition, 2354 people responded by completing and returning the community survey also from across the County.

All participants in the community planning process were asked to complete a confidential demographic survey which included information re: age, gender, ethnicity, language, region, participant involvement and agency affiliation, if any, whether participation was as a part of a focus group or community forum or if the individual was completing the community survey. The demographic survey was available in English and Spanish. Through the compilation of the demographic information the PEI team was able to assess the success of outreach efforts. Of the 1147 participants in focus groups and community forums, 935 completed and returned the demographic survey. Attachments N-1 & N-2 provide an overview of the demographic characteristics of those 935 participants who attended focus groups and forums and completed the demographic survey as well as the 2208 individuals who completed the demographic information on the community survey.

As a result of concerted outreach efforts, Transition Age Youth represented 25% of the respondents to the community survey. TAY participation was also specifically targeted at a community forum where teens, primarily those involved in the juvenile justice system participated. Another focus group was with juveniles residing in a probation residential placement – Van Horn Youth Center. TAY represented 7% of focus group and community forum participation. Additionally, TAY participated in both the Transition Age Youth Committee as well as the Reducing Stigma and Discrimination and Trauma Workgroups.

As reported earlier, 32% of the participants in focus groups and community forums and 68% of respondents to surveys identified themselves as consumers and/or family members of consumers. Consumers and family members are included in the membership of the four age group committees, the three workgroups, and the PEI Steering Committee.

Riverside County convened three workgroups (Reducing Disparities, Reducing Stigma and Discrimination, and Trauma) and four age group committees (Children, Transitional Age Youth, Adult, and Older Adult). Membership in each of these groups included persons who were identified within the priority populations for PEI. Through existing relationships within the Department and with other County departments as well as

contact from newly developing relationships, invitations for focus groups, workgroups, and age group committees were sent out via email, telephone, and hard copy to ensure that a broad representation of Riverside County's population was included and present within these different groupings.

5. Provide the following information about the required county public hearing:

a. The date of the public hearing:

The public hearings addressed both the draft Prevention and Early Intervention Plan and the draft Training, Technical Assistance, and Capacity Building Plan.

Public hearings were conducted on July 1 and July 6, 2009. Due to the size of Riverside County, hearings were conducted in two regions to allow for and encourage attendance.

b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.

The Riverside County Draft Prevention and Early Intervention Plan and the Draft Training, Technical Assistance, and Capacity Building Plan were posted on the RCDMH website at http://mentalhealth.co.riverside.ca.us/opencms/ for the 30-day public review and comment period from May 29 through June 30, 2009. The website also provided links to the PEI executive summary as well as, feedback forms and flyers for the public hearings in English and Spanish for both draft plans. (See attachments P-1 & P-2 for the public hearing flyers and attachments Q-1 to Q-4 for the feedback forms.)

Copies of the draft PEI plan and the draft Training, Technical Assistance, and Capacity Building plan were made available to all stakeholders through a variety of methods:

- An email notice was sent on May 29, 2009 with a link to the website to approximately 1350 stakeholders who participated in a focus group/community forum or who completed a community survey, including consumers and family members, who provided an email address. The email notice included information on how to obtain a hard copy of the plan upon request.
- Each of the draft plans were placed in each of the 36 branches of the County library, posted in the lobby of each RCDMH clinic, and mailed to contractors, including peer centers, for posting.
- Bound copies were given to the Mental Health Board and RCDMH management.
- An email notice with the link for the plan was sent to the membership of each of the age group committees and workgroups.
- All RCDMH staff were sent an email with the link to the plans.
- PEI staff maintained copies of the plans that were distributed to stakeholders upon request.

The County Information and Technology Department tracked that the draft PEI plan was downloaded from the County Mental Health website 372 times and the Training, Technical Assistance, and Capacity Building plan was downloaded 78 times during the period that the plans were posted.

In order to encourage attendance and participation at the public hearings flyers in English and Spanish with information about the dates, times, and locations of the hearings were emailed to the approximately 1350 stakeholders listed above and the flyer was handed out at the local NAMI meetings.

In addition, the information regarding the public hearings was posted in four English language newspapers and one Spanish language newspaper that are circulated through all areas of the County.

c. A summary and analysis of any substantive recommendations for revisions.

The Prevention and Early Intervention Draft Plan received 27 comments at both public hearings as well as 35 feedback comment forms. The Training, Technical Assistance, and Capacity Building Draft Plan received 8 comments at both public hearings as well as 10 feedback comment forms. Three substantive changes to the plan resulted.

The Mental Health Outreach, Awareness, and Stigma Reduction Project includes the Call to Care program. A comment was received which provided greater detail about the interventions of the program and a request was made to incorporate this information into the plan. In addition, the need to fund this program Countywide was brought forward. Upon review, the Mental Health Board Executive Committee, agreed with the requests. The program description in the plan was modified to more accurately reflect the interventions and purpose. The budget was revised to include funding Countywide. Please see page 45 for the program description.

The Early Intervention for Families Project and the Local Evaluation of a PEI Project identified initial target communities for implementation. Several comments were made regarding need in additional locations, primarily in the Desert Region. Target communities were identified by local school districts and a concern was brought forward that a school district in the Desert with a wide range of socio-economic status did not accurately reflect the needs of a small portion of the district. Based upon this feedback, additional research by RCDMH was conducted specifically focusing on four elementary schools in a high-risk area. Upon completion of this research and review with the Mental Health Board Executive Committee, it was deemed appropriate and necessary to add these local school communities to the initial target area for implementation. Please see tables on pages 73 & 74.

The final substantive change approved by the Mental Health Board Executive Committee was made to the Training, Technical Assistance, and Capacity Building Draft Plan. Several comments regarding the use of schools for implementation and partnership with PEI programs brought forward the concern that adequate training and

use of Student Assistance Programs was not clearly identified. A fourth component was added to the plan describing the goal of RCDMH to provide Student Assistance Program training to school personnel as well as mental health training to community-based organizations, substance abuse providers, and additional community gatekeepers. Please see the change to the plan on page 165.

Additionally, there were significant comments to the Prevention and Early Intervention plan and the Training, Technical Assistance, and Capacity Building plan made by consumers and stakeholders which will be taken into consideration during the ongoing planning, implementation, and evaluation process. Several comments resulted in clarifying statements to accurately reflect the Department's position within the plan. The details of these comments are listed in Attachments R-1 and R-2 which includes all comments made and the Mental Health Board Executive Committee's response to those comments.

There were many positive comments brought forward by the community highlighting their overall support of the plan. Examples include:

- Used evidence-based programs/practices.
- Addresses a wide variety of cultures.
- Community involvement in program development.
- Address all major groups.
- I'm pleased that it strives to be inclusive, particularly of the Lesbian, Gay, Bisexual and Transgender communities.
- Covers many needs of broad segments of the populations.
- The strength in the plan clearly lies in its attention to provide training to law enforcement. Thank you.

d. The estimated number of participants:

Two public hearings were offered: One in the Desert Region and one for both the Western and Mid-County Regions.

July 1, 2009 (Western & Mid-County Regions): 41 participants

July 6, 2009 (Desert Region): 29 participants

Note: Riverside County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSA Revenue and Expenditure Report.

PEI PROJECT SUMMARY

County: Riverside PEI Project Name: Mental Health Outreach, Awareness, and Stigma Reduction Date: July 15, 2009

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☒	☒	☒	☒

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☒	☒
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

The Prevention and Early Intervention community planning process in Riverside County included 108 focus groups with 1147 participants as well as the completion and return of 2354 community surveys. Throughout the input process, stakeholders identified a high need for:

a) Activities to reduce stigma and discrimination related to identifying mental health needs and in accessing mental health services
b) Culturally competent, community based outreach and engagement resources to all age groups
c) Activities designed to increase awareness regarding mental health.

Effective outreach and engagement activities will naturally lead to an increase in mental health awareness and stigma reduction. Feedback included the idea that specific outreach, engagement, and information regarding resources as well as specific stigma reducing strategies would be necessary in order to engage participation in any PEI activity.

The Mental Health Services Oversight and Accountability Commission Stigma and Discrimination Advisory Committee White Paper (2007) states, "the shame and blame of society's discomfort with the differentness of mental illness lands squarely on those most vulnerable – those struggling to have meaningful lives while coping with the symptoms and effects of mental illness." Throughout the community planning process for both Community Supports and Services and Prevention and Early Intervention, stakeholders, including consumers and family members of consumers, made similar statements and identified a high need for activities designed to reduce stigma and discrimination. Additionally, focus groups and survey responses clearly stated the need to educate community members, including youth, parents, teachers, caregivers and the community at large about mental health related topics. Research has been clear about the effects of stigma and discrimination on a person's ability and/or willingness to access services. The President's New Freedom Commission recognized the serious impact of stigma and identified its reduction as a priority in transforming mental health care in the nation. The President's New Freedom Commission on Mental Health: *Achieving the Promise: Transforming Mental Health Care in America (2003)* report states, "stigma frequently surrounds mental illnesses, prompting many people to hide their symptoms and avoid treatment....Some people may not recognize or correctly identify their symptoms of mental illness; when they do recognize them, they may be reluctant to seek care because of stigma.....stigma and discrimination can be lessened through education; when people have a personal understanding of the facts, they will be less likely to stigmatize mental illnesses and are more likely to seek help for mental health problems."

The UC Davis Center for Reducing Health Disparities (2008) conducted focus groups throughout the State soliciting input on specific strategies to engage the underserved in prevention and early intervention activities. In that process, "Focus group findings suggest that new, concerted, and ongoing efforts to engage communities in the development and dissemination of new programs, to promote social inclusion, and to build sustainable relationships with underserved communities are critically needed." The RCDMH focus group and community survey input as well as meetings with key informants in the community planning process in Riverside County reflected similar ideas.

PEI PROJECT SUMMARY

Focus group feedback strongly recommended outreach, mental health awareness and stigma reducing activities as a goal for PEI funding:

- "Provide outreach in communities where people live- go door to door have outreach workers in grocery stores and other gathering places."
- "Better outreach to the Spanish- speaking community through the schools, church and media about available services and programs."
- "Partner with faith-based organizations for outreach."
- "Forums to educate the deaf community about mental health programs, greater outreach into the deaf community."
- "Educate general public on signs and symptoms of depression, anxiety, trauma with seniors."
- "Pamphlets and information needs to be in universal language also in Spanish and or other appropriate language."
- "Education to teachers, Kindergarten through college."
- "Have people talk about mental health issues and/or their own mental health issues."
- "Early education programs like Breaking The Silence."
- "Directory (hotline 24-7) live mental health professionals."

Respondents to the community surveys were asked to identify their ideas about how to help PEI priority populations. There was a high frequency of responses related to outreach, mental health awareness and stigma reduction. Some of the responses were:

- "Outreach work in streets: interviews, educational materials, referrals."
- "Culturally sensitive outreach and education, training of public sector staff to be sensitive to needs of all who might benefit from services..."
- "Safe 800 numbers."
- "Be culturally aware – people respond better to those they are familiar with."
- "Education for pastors and lay ministers."
- "More campaigns for stigma."
- "More community awareness of recovery using peer success stories."
- "Many people see M.H. issues as a stigma. Training or education on M.H. issues/illness to let everyone know it's okay to ask for help."

As a result of the feedback received from the focus groups, community forums, and surveys, and in light of the Statewide Suicide and Discrimination projects, a Reducing Stigma and Discrimination Workgroup was formed. This Workgroup provided a unique opportunity for consumers, family members, community leaders, media experts, and public and private agencies to come together to explore stigma and discrimination issues in the County Mental Health system and the community at large. The diverse forum allowed participants to benefit from each others' expertise and wisdom to strategically develop recommendations that would reduce mental health stigma and discrimination. The goal of the Reducing Stigma and Discrimination Workgroup (RSDW) was to identify strategies to reduce mental health stigma

and discrimination and to provide feedback to ensure that County Mental Health anti-stigma efforts are integrated into the PEI planning process.

Additionally, the Reducing Disparities Workgroup (RDW) was formed and the membership reflected the diversity of the community of Riverside County and included community leaders, community based and faith based organizations, public agencies, consumers and family members, and members of unserved and underserved ethnic and cultural populations. The goals of the Workgroup were to provide feedback to ensure that County Mental Health efforts to reduce mental health disparities are integrated into the PEI plan and to prioritize PEI related activities for specific unserved and underserved populations. Members of the Workgroup met with key community leaders as well as community members of specific underserved populations and worked with those leaders and community members to develop PEI recommendations. The Workgroup participants had an opportunity to meet, conduct focus groups, and conduct interviews with key leaders in the community. Through this process, specific recommendations were developed for the unserved and underserved ethnic and cultural populations. In addition to recommendations for specific unserved and underserved cultural populations, the workgroup also developed general recommendations for reducing disparities in accessing PEI services. Those recommendations focus on specific mental health awareness and stigma reduction activities which include:

- "Provide education and training to community-based organizations, faith-based organizations, partner public agencies, advocacy agencies, and the community at large on mental health prevention and early intervention."
- "Fund and promote sharing of resources with existing agencies in the community."
- "Build community collaboratives and partnerships."

The Reducing Stigma and Discrimination Workgroup and the Reducing Disparities Workgroup reports (see Attachments O-2 & O-3) were provided to each of the four age group committees (Children, Transition Age Youth, Adult, and Older Adult) as a source of stakeholder input to be considered as recommendations were developed by each of the committees. Subsequently each committee developed recommendations for reducing stigma and discrimination at the local level. Those recommendations were brought forth to the PEI Steering Committee and the members then recommended the development of specific PEI mental health outreach, awareness, and stigma reducing activities.

3. PEI Project Description: (attach additional pages, if necessary)

a) Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs address needs identified during the community program planning process.

The goals of this PEI project are to develop and expand existing stigma reducing activities, expand outreach and engagement activities, and increase community awareness regarding mental health throughout Riverside County based upon the needs identified through the community planning process. The community planning process that included focus groups,

community forums and community surveys called for outreach and engagement, mental health awareness and stigma reducing activities that targeted unserved and underserved communities. This included education for community members, faith based organizations, teachers, parents, caregivers, and many others. The UC Davis Center for Reducing Health Disparities report titled, Engaging the Underserved: Personal Accounts of Communities on Mental Health Needs for Prevention and Early Intervention (2008) identifies several recommendations, two of which were also identified throughout the Riverside County community planning process. They are to "build ongoing, sustainable relationships with community members, organizations, and advocates and involve them in meaningful ways in PEI planning and mental health programs" and "establish and maintain collaborative and trusting relationships with community partners to improve delivery of mental health care". Activities will be wide ranging and will include maintaining and developing ongoing relationships with underserved cultural populations including the Hispanic, African American, Asian American, Native American, Deaf/Hard of Hearing and LGBTQ communities. The identified programs clearly address the State identified Key Community Mental Health Needs of Disparities in Access to Mental Health Services, Psycho-Social Impact of Trauma, At-Risk Children, Youth and Young Adult Populations, and Stigma and Discrimination. They also focus on the PEI Priority Populations of Underserved Cultural Populations, Trauma Exposed Individuals, Individuals Experiencing Onset of Serious Psychiatric Illness, Children/Youth in Stressed Families, Children/Youth at Risk of School Failure, and Children/Youth at Risk of or Experiencing Juvenile Justice Involvement. The programs in this project will include and benefit youth, transition age youth, adults, and older adults. Activities will be wide ranging and will include maintaining and developing ongoing relationships with underserved cultural populations.

In addition to Department staff, a Reducing Stigma and Discrimination Committee has been developed to oversee, develop, and guide stigma and discrimination reducing activities. Members of the committee include consumers, family members, transition age youth, adults, older adults, community leaders, members of unserved and underserved cultural populations, and community-based and faith-based organizations.

Activities to be funded under PEI provided throughout the County include:

- **Parents and Teachers as Allies** – This program, created by the National Alliance on Mentally Illness (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. It focuses on the specific, age-related symptoms of mental illnesses in young people. An educator, a facilitator, a parent of a child with mental illness, and a Transition Age Youth consumer provide the two hour presentation at school sites. Educators often state the need for information regarding the signs of mental health issues in the children they are teaching; however, this education is not part of their formal education and training. For those who receive the program, it has been shown to be effective in reducing the stigma related to the mental health needs of children. Specific outreach will be made to schools that were identified through the community planning process as having students and families with multiple risk factors for developing mental health problems, specifically underserved ethnic and cultural

populations living in poverty. This program will be implemented in partnership with school districts in areas of the County identified through the community planning process.

- **In Our Own Voice Program (IOOV)** – 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. Presentations will be given to consumer groups, students, faith based community members, interested civic groups, providers, politicians, law enforcement, and the public at large. Special efforts will be taken to reach the different age groups and targeted outreach will be made to underserved ethnic and cultural populations by offering the presentations in natural community settings, such as churches, family resource centers, and libraries. Presenters of the program will be reflective of the audience, i.e. TAY and Older Adult consumers will provide the presentation to individuals within their age group or to providers of service representing those age groups.

- **The "Dare To Be Aware" Conference** (youth anti-stigma conference) – This is a full day conference for approximately 1000 youth in middle and high schools from across the County. The goals are to increase awareness and reduce stigma related to mental illness. The day begins with a keynote speaker who is a Transition Age Youth who has struggled with many issues, including a mental health diagnosis. The day continues with the youth selecting three workshops that they can attend. The topics covered are varied and include presentations on unhealthy relationships; depression awareness; self mutilation/self injury; substance abuse; a presentation by LGBT youth about their life experiences; and a presentation by a mother who lost her daughter to suicide. Prior to the conference, a committee of youth leaders will be established as an advisory committee which drives decisions about the conference, including the theme and the conference workshops. A youth art contest will be held based upon the theme of the conference and the winning drawing will be used on the conference brochures, t-shirts and posters. Outreach will made to the media to cover the event as a means to promote stigma reduction. The Riverside Community College media department will partner with the conference organizers to put together a news segment explaining the stigma reducing goals of the conference. The taped news segment will be used to dialogue with local schools, media and internet resources about developing stigma reducing messages that can be disseminated through those outlets.

- **Breaking The Silence: Teaching School Kids About Mental Illness** – This NAMI program is an educational package that teaches students in upper elementary school, middle school, and high school about serious mental illness. The program humanizes serious mental illness through the use of stories. Students learn that mental illnesses are real illnesses that can be treated, and are not character flaws. The goal of the message is to separate the individual from the illness. Another primary goal of the program is to teach youth about stigma and how to overcome it. The lesson plans are easily implemented within the classroom setting. This component will be implemented

within schools throughout the County identified through the community planning process as having students with the highest risk of developing mental health challenges. In addition to program implementation in schools for the students, specific outreach will be made to teacher education programs in order to provide presentations to future teachers about how to implement Breaking The Silence in the classroom.

- **Toll Free, 24/7 "HELPLINE"** – The "HELPLINE" will be funded due to the enormity of the input from the community stakeholders expressing the need for increased access to a crisis hotline. The "HELPLINE" will provide crisis and suicide prevention services including counseling and emergency assistance twenty four hours a day, seven days per week. The "HELPLINE" will be staffed with bilingual (Spanish) individuals who are trained in telephone response to mental health crisis situations. Translation services will be available for callers of languages other than English and Spanish, and TDD will be available for deaf and hard of hearing callers. The use of a hotline will reduce disparities in access by providing crisis counseling and referrals anonymously and in the language of the caller. In addition to the immediate response to the caller, the caller will be given, when appropriate, referrals to ongoing services both in RCDMH and outside agencies as well as Riverside County 211.

- **Network of Care** – Network of Care is a web based, 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 resources include a comprehensive service directory, links to pertinent web sites from across the Nation, an easy to use library, and many other options. This user friendly website includes translated materials with access phone numbers and provides information in 14 languages. Regardless of where the individual begins their search for assistance with mental health issues, the Network of Care helps them find what they need - it helps ensure that there is "No Wrong Door" for those who need services. PEI funds will support the maintenance of the Network of Care website which will include information about PEI related activities. (The cost for these activities can be found in the PEI Administrative Budget.)

- **Call To Care** - This is a training program for the non-professional caregiver. The program has an interactive format which helps the participants practice the skills being taught. It is centered first on the needs of the person seeking support or help, and secondly on increasing self-awareness of the caregivers. At the same time, it strives to point out and clarify the skills, knowledge and boundaries that the caregiver needs in order to be effective. The program teaches core qualities of a caregiver: good communication skills, cultural issues, mental health issues, loss and grief, care of self, suicide risk, stigma and discrimination, psycho-social impact of trauma, and dealing with at risk populations, particularly with the older adult population. Partners will work with faith-based organizations for outreach. A great proportion of community members of unserved and underserved cultural populations belong, at some level, to a spiritual community, and as such, that population is an excellent

base from which to operate. This service will help identify community members that may need mental health services that normally would not seek help.

- **Media and Mental Health Promotion and Education Materials** will be prepared and provided for all community events and media efforts and outreach will occur to engage hard to reach populations. The purpose of this program is to identify ongoing additional local needs to increase awareness related to mental health resources and stigma related activities for implementation throughout Riverside County. These may include such activities as media outreach including public service announcements, the development of informational materials, outreach to radio programs for discussion of mental health related topics, consumer developed performances, and participation in community events such as health fairs. Separate activities will be identified targeting individuals based upon age, e.g. older adults, in order to provide the most appropriate information.

In order to provide targeted activities to underserved communities, the Department will continue to work with the Reducing Mental Health Disparities Committee developed during the PEI planning process. This committee is one of several efforts to build meaningful and sustainable relationships with the diverse populations throughout Riverside County. The committee will be responsible for overseeing the reduction of mental health disparities in the County of Riverside Department of Mental Health. Members will be from racial, ethnic and cultural unserved, underserved, and inappropriately served groups representative of the community.

- **Outreach activities** – Three RCDMH outreach and engagement staff will provide community outreach and engagement activities targeting those populations that are currently receiving little or no service to increase awareness and knowledge of mental health and mental health resources, such as PEI programs, and increase community readiness to address mental health issues and eliminate stigma associated with mental health issues. Staff will provide three key activities:

  - ✓ Community Education – This includes culturally competent, targeted community education on mental health topics and resources. Staff will attend community health fairs with specific focus to those in culturally unserved and underserved communities and participate in a monthly bilingual radio program addressing mental health topics. Staff will collaborate and partner with community leaders, schools and churches to identify local events that will be attended by unserved and underserved cultural populations and to develop culturally specific outreach activities. Although targeted events in ethnic communities will occur, general community events are also opportunities to reach a diversity of people with information and resources.
  - ✓ Selective Education – Staff will liaison with Promotores and Ethnic and Cultural Community Leaders in a Collaborative Effort (see below), as well as key community leaders in order to provide accurate and culturally appropriate information and resources to individuals and families in need of PEI and other services.

- ✓ Referral and Linkage – Staff will work to improve communication and referral linkages across a multitude of settings, including, schools, courts, churches, senior centers, social service agencies, and public health clinics. These activities include working with individuals and families to address any barriers in accessing needed PEI and other services. Staff will assist with the coordination of other ethnic specific activities as identified by the Ethnic and Cultural Community Leaders and the Promotores de Salud.

Staff will participate in the Reducing Mental Health Disparities Workgroup in order to build and maintain ongoing and sustainable relationships with key community leaders.

- **Ethnic and Cultural Community Leaders in a Collaborative Effort** - Throughout the community planning process, stakeholders indicated the need for mental health awareness education specifically tailored for unserved and underserved cultural populations. Input from the community focused on ensuring that individuals providing the mental health awareness information reflect the culture of the communities receiving the information. In this component, RCDMH will continue relationships with Ethnic and Cultural Community Leaders from ethnic and cultural populations within local communities in order to identify key community leaders and to build a network of individuals from these communities to promote mental health information and the use of PEI services. The Ethnic and Cultural Community Leaders represent the following populations: African American; Native American; Asian American/Pacific Islander; Deaf/Hard of Hearing; and LGBTQ. The Promotores de Salud program listed below will address similar needs in the Hispanic population. The Ethnic and Cultural Community Leaders will assist RCDMH in coordinating an advisory group for the population they represent that will be inclusive of key community leaders, community based providers and faith based organizations. Each advisory group will work to develop culturally and linguistically appropriate mental health education and awareness materials which will provide information on mental health, mental illness, and available mental health services. They will also assist the Department in developing culturally appropriate mechanisms to provide mental health related information to the community. In order to achieve this, RCDMH will work with the Ethnic and Cultural Community Leaders to provide mental health educational groups for key leaders within the community. The community leaders will then reach out into their local communities and provide culturally and linguistically appropriate mental health informational meetings for community members. These activities will ensure that there is increased knowledge within communities about mental health related information and services as well as reduced stigma related to mental health needs. Because the Ethnic and Cultural Community Leaders come from the community they serve they can address barriers due to linguistic and cultural differences, stigma, and mistrust of the system.

- **Promotores de Salud (Community Health Workers)** – As stated earlier, the community planning process revealed that stakeholders indicated the need for community based education and outreach efforts within local communities. The Promotores de Salud program will address that need within the large number of

Hispanic communities in Riverside County. Promotores are health workers who work and are from the community they serve. They will provide health and mental health education and support to members of their communities. The Promotores have long standing relationships with people in the communities that they serve and, as a result, individuals from those communities are more likely to trust not only the individual but the information they provide. Promotores reduce the stigma associated with mental health related information and services. Additionally, Promotores provide services within the community, which significantly reduces barriers to access such as transportation and limited resources. Promotores will provide outreach to individuals and families within their communities where individuals feel comfortable and may typically gather.

b) Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.

The goals of this PEI project are to develop and expand existing stigma reducing activities, expand outreach and engagement activities, and increase community awareness regarding mental health throughout the County. In achieving these goals, and in order to effectively implement the identified programs, this project allows for multiple partnership opportunities that include peer-led organizations, local NAMI programs, elementary, middle and high schools, and community-based and faith-based organizations that have the trust of and a wealth of history providing services to members of their communities. Additionally, partnerships will be formed with key community leaders within traditionally underserved communities who know their community and have contacts throughout their area to increase access to referrals and resource information for the population targeted. The memberships for Reducing Stigma and Discrimination Committee and the Reducing Mental Health Disparities Committee allows for partnership with consumers, family members, transition age youth, adults, older adults, community leaders, and members of unserved and underserved cultural populations. Project activities will be provided in ways and settings that increase access for community members including natural community settings such as home, churches, childcare centers, primary care offices, family resources centers, libraries and any other locations identified by the providers as a gathering place for the community, which lends to additional partnerships.

c) Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.

National research demonstrates that individuals from ethnic minorities living in poverty have an increased risk of developing mental health needs. This is most often in relation to those individuals having access to significantly fewer resources and increased exposure to community violence. RCDMH divides the County into three regions which are Western, Mid-County, and Desert. Communities within each of the three regions of the County were identified as high need and will be the initial target demographic for programs throughout

the County PEI plan. The analysis of the data, provided by the RCDMH Research and Evaluation Unit, including age, poverty and ethnicity, resulted in the identification of priority communities within each service delivery region. The priority communities in Western Region are: Rubidoux, CasaBlanca, Eastside, Arlanza, and Moreno Valley. The priority communities in Mid-County Region are: Lake Elsinore, San Jacinto, Perris, Winchester, Romoland and San Jacinto. The priority communities in Desert Region are: portions of the Coachella Valley, Mecca, East Side Banning, Indio, North Palm Springs, Desert Hot Springs, Cathedral City, and Blythe. Local data also indicates that the highest numbers of underserved individuals within the County are Hispanic. The identified communities are primarily Hispanic, but also include individuals of other underserved populations. Target populations include children, TAY, adults, and older adults of unserved or underserved cultural populations.

d) Highlights of new or expanded programs.

Parents and Teachers as Allies; Breaking The Silence: Teaching School Kids About Mental Illness; Media and Mental Health Promotion and Education Materials; Ethnic and Cultural Community Leaders in a Collaborative Effort; and the Promotores de Salud (Community Health Workers) programs are new activities for RCDMH. The other programs identified in this project are an expansion of services.

Parents and Teachers as Allies:

- Helps school professionals effectively support students with mental illness and their families.
- The program is provided by individuals with a lived experience of mental illness.

In Our Own Voice Program (IOOV):

- Uses the consumer voice to educate the public.
- The program is interactive with the audience.

The Dare To Be Aware Conference:

- Unique opportunity for middle and high schools students to attend a conference focused on mental health education to reduce stigma.
- Youth leaders make primary decisions.

Breaking The Silence: Teaching School Kids About Mental Illness:

- Incorporated into classroom curriculum.
- Programming is available for upper middle school, junior high and high school.

Toll Free, 24/7 "HELPLINE":

- Toll free number increases access.
- Provides crisis support as well as referrals to callers.

Network of Care:

- Provides up to date, accurate information on mental health topics and referrals.
- Information is available in 14 languages.

PEI PROJECT SUMMARY

Call To Care:

- Education on mental health/emotional topics to lay persons connected to faith based organizations.
- Provides attendees with the skills to support members of their communities with needed emotional support.

Media and Mental Health Promotion and Education Materials:

- Allows for ongoing assessment of needs.
- Provides the opportunity for ongoing development of age appropriate stigma reducing activities.

Outreach activities:

- Establish collaborations and partnerships with natural support systems within communities.
- Information will be provided in natural community settings and at events in which community members are likely to gather.

Ethnic and Cultural Community Leaders in a Collaborative Effort:

- Builds relationships with key community leaders from traditionally unserved and underserved communities.
- Development of culturally and linguistically appropriate mental health educational materials.
- Ability to provide culturally and linguistically appropriate education and information to unserved and underserved communities.

Promotores de Salud (Community Health Workers):

- Promotores have established ongoing relationships with individuals and providers within their communities.
- Promotores reduce stigma related to awareness of mental health and access to mental health resources.

e) Key milestones and anticipated timeline for each milestone.

- PEI plan approval by State DMH – Summer 2009
- Competitive Procurement Process – September '09 – November '09
- Recruitment and hiring of appropriate staff – December '09
- Training staff in evidence-based model (including cultural and linguistic needs of population) – January '10
- Program implementation – February - June 2010

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2010 by type		Number of months in operation through June 2010
	Prevention	Early Intervention	
Parents and Teacher as Allies	Individuals: 1080 Families:	Individuals: Families:	10
In Our Own Voice Program (IOOV)	Individuals: 2160 Families:	Individuals: Families:	10
The Dare To Be Aware Conference	Individuals: 1000 Families:	Individuals: Families:	10
Breaking The Silence: Teaching School Kids About Mental Illness	Individuals: 1300 Families:	Individuals: Families:	10
"HELPLINE"	Individuals: 6000 Families:	Individuals: Families:	10
Network Of Care	Individuals: 23,000 Families:	Individuals: Families:	10
Call To Care	Individuals: 60 Families:	Individuals: Families:	10
Media and Mental Health Promotion and Education Materials	Individuals: 1000 Families:	Individuals: Families:	10
Outreach Activities	Individuals: 2500 Families: 1500	Individuals: Families:	10
Ethnic and Cultural Community Leaders in a Collaborative Effort	Individuals: 5300 Families:	Individuals: Families:	10
Promotores de Salud	Individuals: 18,000 Families: 2000	Individuals: Families:	10
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 59,960 Families: 3500**	**Individuals: Families:**	10

PEI PROJECT SUMMARY

5. Linkages to County Mental Health and Providers of Other Needed Services

One of the goals of the Mental Health Outreach, Awareness and Stigma Reduction PEI Project is to provide linkage for community members to needed services in order to reduce the barriers that individuals face in recognizing mental health symptoms, both internally and externally, to allow them to access needed services and to assist others in need, which may include family members, students, and other community members. This may include prevention and early intervention services and other CSS program services as well as linkage to primary care, vocational services and other basic need services such as food, clothing and shelter. This project will strengthen and rely upon ongoing referral mechanisms to link individuals who may need mental health assessment and treatment to County Mental Health or other appropriate community providers. This project also has a goal of increasing the use of other needed community resources and the project partners will also work with those receiving the programs in accessing needed services, such as employment, housing, substance abuse, and domestic violence services.

The project partners will ensure that an organized system of referrals is developed between community based organizations and County programs. The referral system will ensure that individuals served through the identified programs within this project are able to access services based upon their individual needs. The partners will be aware of up to date and accurate referral information.

An extensive resource guide of community support services, community mental health services, domestic violence services, etc. including information of those providers that have linguistic capacity is being developed under the Workforce, Education, and Training component of MHSA. All outreach staff will be provided with this resource guide and the information will be included on the Network of Care website and the RCDMH website.

6. Collaboration and System Enhancements

This PEI project provides multiple opportunities for collaboration and system enhancement. RCDMH will be able to collaborate with community based organizations that both employ and have volunteer individuals with first hand knowledge and experiences related to mental health stigma and discrimination. In addition, there will be opportunities for collaboration with individuals and organizations trusted within their communities to provide outreach and engagement services to those communities that have been traditionally underserved. By working with members of traditionally underserved communities, outreach activities will allow for sustained relationship building in communities throughout the County. Additionally, the Reducing Stigma and Discrimination Committee and the Reducing Disparities Committee will ensure ongoing collaboration with consumers, family members, transition age youth, adults, older adults, community leaders, members of unserved and underserved cultural populations, and community-based and faith-based organizations.

Through the implementation of the programs many opportunities will be available to collaborate with schools, health care providers, faith based organizations, and other

community service organizations to provide the programs within those settings and will include work in natural community settings such as homes, churches, libraries, etc. Providers of the programs will also closely collaborate with the Ethnic and Cultural Community Leaders in a Collaborative Effort and the Promotores de Salud thus ensuring that programs reach the traditionally unserved and underserved communities.

The outreach, mental health awareness, and stigma reducing activities will enhance the present system by increasing appropriate referrals and access to culturally and linguistically appropriate PEI and other needed services for community members. Additionally, by providing stigma reducing activities to health care providers and community service providers any stigmatizing attitudes will be reduced which will allow for increased access to services.

All providers will be expected to leverage supports and provide in-kind resources. The infrastructure of the established community based organizations that will be the program providers allows for leveraging of provider time, space, utilities, volunteers, experience, and the trust and relationships of the providers within their known communities.

7. Intended Outcomes

The following outcomes apply to all programs within the Mental Health Outreach, Awareness, and Stigma Reduction PEI project:

Person-Level outcomes

- Increased knowledge of community mental health resources
- Increased access to mental health early intervention services
- Increased knowledge of social, emotional, and behavioral issues across the age span
- Increased knowledge of risk and protective factors

System-Level outcomes

- Increased number of individuals and families from underserved cultural populations who receive PEI services
- Increased collaboration with community and faith based organizations
- Reduction of stigma and discrimination, particularly among unserved and underserved cultural populations
- Increased referral for appropriate services for those in need

Specific measures for outcomes will be developed in conjunction with the contracted providers in order to ensure collection of appropriate data and cultural and linguistic appropriateness.

8. Coordination with Other MHSA Components

Through implementation of the components of this project it is anticipated that individuals and families will be identified as meeting criteria for mental health services. For those that can be served through CSS Full Services Partnerships, PEI or other CSS services, referrals will be made and they will be assisted with needed linkage.

In addition, individuals and families who may not meet criteria for referral to a CSS program will be provided a referral and assisted with linking with other RCDMH or community based services that will meet their needs. As stated earlier, a resource guide will be developed and kept up to date which will ensure the most appropriate referrals for individuals and families.

Through the Workforce, Education, and Training component of the MHSA, Riverside County has hired a University Liaison position in order to establish relationships with high schools, community colleges, and universities. The Liaison will assist service providers in connecting with schools to implement the school based programs.

9. Additional Comments (optional)

N/A

PEI PROJECT SUMMARY
PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: RIVERSIDE Date: 06/30/09
PEI Project Name: 1 - MENTAL HEALTH OUTREACH, AWARENESS and STIGMA REDUCTION
Provider Name (if known): TBD
Intended Provider Category: MENTAL HEALTH TREATMENT/SERVICE PROVIDER

Proposed Total Number of Individuals to be served:	FY 08-09	N/A	FY 09-10	84,760
Total Number of Individuals currently being served:	FY 08-09	N/A	FY 09-10	N/A
Total Number of Individuals to be served through PEI Expansion:	FY 08-09	N/A	FY 09-10	N/A
Months of Operation:	FY 08-09	N/A	FY 09-10	9

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 08-09	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages:			
3.0 FTE Clinical Therapist II	$0	$189,641	$189,641
1.0 FTE Volunteer Services Coordinator	$0	$43,528	$43,528
b. Benefits and Taxes	$0	$99,650	$99,650
c. Total Personnel Expenditures	$0	$332,819	$332,819
2. Operating Expenditures			
a. Facility Cost	$0	$31,911	$31,911
b. Other Operating Expenses	$0	$237,904	$237,904
c. Non-Reoccuring Cost	$0	$25,000	$25,000
d. Total Operating Expenses	$0	$294,815	$294,815
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Providers to be Determined.	$0	$1,032,996	$1,032,996
a. Total Subcontracts	$0	$1,032,996	$1,032,996
4. Total Proposed PEI Project Budget	$0	$1,660,630	$1,660,630
B. Revenues (list/itemize by fund source)			
	$0	$0	$0
1. Total Revenue	**$0**	**$0**	**$0**
C. Total Funding Requested for PEI Project	$0	$1,660,630	$1,660,630
D. Total In-Kind Contributions	$0	$0	$0