ATTACHMENT O-3

Proposed Recommendations for Reducing Stigma and/or Discrimination

General Recommendations

I. **Create the Reducing Stigma and Discrimination Committee:** This committee will be responsible for overseeing the Reduction of Stigma and Discrimination in the County of Riverside Department of Mental Health.

a. Members of the committee will be recognized as key partners and have active involvement and representation on all MHSA policy recommendations, program reviews, and activities that address Stigma and/or Discrimination.

b. Members will be community leaders, community based and faith based organizations, private sector, consumers and family members, and members of the underserved ethnic and cultural populations. An emphasis will be made to address regional and geographical differences among the ethnic and cultural groups.

c. Reach consensus on common priorities and present recommendations regarding implementation of strategies for Reducing Stigma and/or Discrimination.

d. The Reducing Stigma and Discrimination Committee will have an active role in decision making.

II. **Increase Awareness of Stigma and/or Discrimination** in mental health by providing information reports, best practices and data analysis on currents initiatives taken to reduce disparities.

a. Access to data that allow for measurement/analysis of change.

b. Using Data to reduce Stigma and/or Discrimination by tailoring population specific interventions.

c. Data results will be use to make funding priorities and program decisions

III. **Promote Mental Health and combat stigma**

a. Allocate funding for community and faith based organizations involvement.

b. Develop Mental Health Promotion of Prevention and Early Intervention Programs in the community.

c. Partnering with Community Based Organizations and other non-mental

health organizations to promote mental health.

d. Ethnic, cultural, and linguistic radio, television and newspaper media that serves Riverside County.

IV. Educate, empower, and support consumers and family members

a. Provide education and training to Community Based Organizations and advocate agencies on mental health prevention and early intervention.

b. Continue inclusion of consumer and family members.

V. **Recommend implementation of the California Statewide Reducing Stigma** and Discrimination Media Marketing Campaign plan tailored to appeal to the Riverside County diverse region.

Top Three Priorities

The Reducing Disparities Workgroup identified target three priorities: Public awareness campaign: youth; Public awareness campaign: *Target Identified Sectors and the General Public* and Consumers: Direct peer-based contact and personal stories.

1. ***YOUTH: Employ Social marketing strategies that will likely*** *reach youth* through technology. (YouTube, Facebook. My Space, blogs and on-line discussion forums).
    a. Adolescents aged 12 – 18 have been unanimously identified as an important early target for intervention. For more than 70% of adults with mental illness, onset occurred before they turned 18. Many young people lack knowledge about mental illness and have a reluctance to seek professional help. Many parents said that they would be embarrassed talking about their children's mental health issues. That leaves many young people who feel distanced from their families at a time when they need them most.
    b. Recruitment of youth and high impact celebrities to provide personal contact stories and key messages through the arts, peer outreach, theater.
    c. Targeting will also include families, friends, teachers and guidance counselors, and youth oriented programs. This broader approach is essential given that youth are more likely to turn to and friends, teachers and family for help. The presence of supportive social networks is recognized as an essential element of recovery.
    d. **Program examples**
        i. ***School-Based Anti-Stigma Curriculum Models:*** The short-term objective for this initiative will be to provide schools with models for identifying and assessing mental illness and responding effectively in making appropriate diagnoses and providing appropriate services

and referrals. There is an immediate need to develop successful strategies within Riverside County schools and higher educational settings to address discrimination and stigma associated with mental illness and to increase students' understanding of mental illness and recovery. Additionally, there is a need to appropriately train educators and student peer groups to identify at-risk students as well as students with emotional problems. Curriculum units will be developed to address and identify discrimination and stigma. Currently, a disproportionate number of multi-ethnic/multi-racial children are represented in special education classes.

ii. **Theater:** Mental Health Players: Using role play and interactive audience participation, volunteer actors expands awareness and educates community members about mental health issues, mental illnesses, relationship problems, substance use, and a comprehensive range of societal problems. Conflicts are presented through dialogue between actors, with a narrator facilitating audience responses. This flexible, spontaneous format allows the actors to tailor performances to a broad variety of topics and audiences.

2. ***Target Identified Sectors and the General Public with Campaign Materials***

   a. **Health and Mental care Providers (including Elder Care facilities):** Create an integrated social marketing approach to reach Health and Mental Care providers using the Pharmaceutical Sales model as an outreach tool.

      i. Anecdotal information says people who seek help with mental health problems often feel disrespected and discriminated against by health and mental care workers. Discrimination can prevent people from seeking help and/or not complying with treatment. It also can result in their loss of rights, loss of health care services, lowered expectations, and a diminished sense of hope for recovery.

      ii. Family physicians, who are frequently the first port of call in the

health care system, are under pressure to see as many patients as possible. Often they have too little time for patients with mental health concerns. In addition, training in mental health remains neglected in medical schools across the country. This can leave family physicians insufficiently trained to deal with the array of mental health problems and illnesses they encounter. It can also be difficult for them to access the specialized resources and backup to assist them in meeting their patient's needs.

b. **Outreach to Faith based community** through Diverse Clergy and Spiritual Leaders: Many people lean on their faith in difficult times and may seek help for their challenges from clergy and faith-based organizations.

c. **Program Examples: PEWS Program (Promoting Emotional Wellness and Spirituality)** educates African American clergy, lay staff and church communities to better recognize mental illness and how to link parishioners to resources, as well as assists church communities in starting PEWS Mental Health Ministries. PEWS also works to address the stigma surrounding mental illness in the African American community and to promote emotional wellness.

3. ***Use Direct peer-based contact and personal stories for advocacy, self-advocacy and education.***

Direct peer-based contact and personal stories, targeted at changing the heart - not just the mind of the listeners, is consistently identified as the most persuasive strategy for addressing stigma. The need to 'normalize' the experience of mental illness and addictions, and move people from a sense of 'them and us' to 'we' was repeatedly stressed. Portraying 'normal' people from varied economic, social and ethno-racial, backgrounds and providing a forum for them to share their lived experience was believed to help reflect our shared 'human-ness'. Personal stories which realistically portray the challenges, obstacles, and losses people

encounter, their journey to finding help, the factors that made a difference in their lives and, most importantly, which convey a message of hope and recovery will have the greatest, most sustained impact on attitude.

a. **Program models** to achieve this goal: Consumer Speakers bureaus, Mental Health **players, public forums.**

b. **Stamp Out Stigma:** A community advocacy and educational outreach program dedicated to eradicating the stigma associated with mental illness. Stamp Out Stigma is unique in its anti-stigma approach, by creating a forum in which individuals with mental illness share their personal experiences with the community at large. The Stamp Out Stigma Model can be tailored as a Culturally and linguistically appropriate direct peer based campaigns targeted to **Older Adults, Ethnic and Cultural Populations using the trained voices of Older Adults, members of the LGBT community, hard of hearing, racial and ethnic groups.**

c. ***Elderly Outreach Project***- based on the The Abbe Center for Community Mental Health model provides In-Home Peer-based Outreach for Older Adults. The Elderly Outreach Project identifies and provides mental health services to the area's rural elderly. A multidisciplinary team (psychiatrist, nurse, and social worker) assesses and treats home-bound clients. Four major barriers prevent seniors from using traditional mental healthcare services: A lack of trained professionals. Because many professionals have not received training in geriatrics, those working with elderly clients should be encouraged to attend educational conferences to fill gaps in their knowledge. Organizational barriers. Transportation and cost may prohibit elderly persons from seeking mental healthcare. Facilities must revise policies detrimental to clients' well-being. Ageism. Many elderly persons have internalized negative and incorrect beliefs about what aging is or should be. Education about "normal" aging is essential. Stigma. The stigma of mental illness is particularly troublesome. Services such as in-home counseling allow clients to get the help they need while keeping their mental illness confidential. To eliminate the barriers to mental healthcare, increased financial resources are necessary to develop,

implement, and maintain innovative programs that can reach frail, isolated, hard-to-find persons in need of mental health, medical, and social services.

d. ***Deaf and Hard of Hearing***: Training of deaf and hard of hearing people to become mental health advocates to help consumers, family members, and friends to receive services that they need

Riverside County Department of Mental Health
Mental Health Services Act
Prevention and Early Intervention (PEI)
Public Hearing

We want to hear what you have to say!

Public Hearings will be held at the following times/locations:

July 1, 2009 2:30 PM	Mental Health Administration 4095 County Circle Drive, Riverside
July 6, 2009 3:00 pm	Regional Access Project Foundation 75-105 Merle Drive, Suite 800, Palm Desert

This is an opportunity for the community to voice their opinions, ask questions, and provide input!

For more information or special accommodations, please contact:
Cynthia Magill at 951-358-4052 or e-mail at MAGILL_C@co.riverside.ca.us

El Departamento de Salud Mental del Condado de Riverside
El Acta de Servicios de Salud Mental
Prevención e Intervención Temprana (PEI)
Audiencia Pública

¡Queremos escuchar lo que usted tenga que decir!
Habrá audiencias públicas en las siguientes fechas y los siguientes lugares:

Julio 1, 2009 2:30 pm	Administración de Salud Mental 4095 County Circle Drive, Riverside
Julio 6, 2009 3:00 pm	Regional Access Project Foundation 75-105 Merle Drive, Suite 800, Palm Desert

¡Esta es una oportunidad para que la comunidad exprese sus opiniones, haga preguntas y provea información!

Para más información o para comodidades especiales, por favor llame a Cynthia Magill al 951-358-4052 o e-mail MAGILL_C@co.riverside.ca.us

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

30-Day Comment Feedback Form

Please submit your comments on this form by June 30, 2009.
Forms can be submitted via e-mail to: MHSA@co.riverside.ca.us
or mailed to: Riverside County Department of Mental Health,
Attn: MHSA Administration, PO Box 7549, Riverside, CA 92513
or by fax to: 951-358-6924
You may submit additional comments on a separate sheet.

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

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

Personal Information (Optional)

What region do you live in?
- ☐ Desert (Banning, Indio, Blythe, etc.)
- ☐ Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- ☐ Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?
- ☐ A consumer of mental health services
- ☐ A family member of a consumer
- ☐ County Employee
- ☐ Law Enforcement
- ☐ Education
- ☐ Human Services
- ☐ General Community
- ☐ Other (Please Specify) _____

Personal Information (Optional)

What is your gender?
- ☐ Female
- ☐ Male

What is your ethnicity?
- ☐ African American/Black
- ☐ American Indian/Native American
- ☐ Asian/Pacific Islander
- ☐ Caucasian/White
- ☐ Hispanic/Latino/Chicano
- ☐ Other (Please specify): _____

What is your age?
- ☐ 0-17 yrs ☐ 18-24 yrs ☐ 25-59 yrs
- ☐ 60+ yrs

	Very Satisfied	*Somewhat Satisfied*	*Satisfied*	*Unsatisfied*	*Very Unsatisfied*
Overall, how do you feel about the plan?	☐	☐	☐	☐	☐

DEPARTAMENTO DE SALUD MENTAL DEL CONDADO DE RIVERSIDE
Ley de servicios de salud mental
Plan de Prevención e Intervención Temprana (PEI)

Formulario de Retroalimentación y Comentarios de 30 días

Sírvase enviar sus comentarios en este formulario antes del 30 de junio de 2009.
Los formularios se pueden enviar por correo electrónico a: MHSA@co.riverside.ca.us
o por correo convencional a: Riverside County Department of Mental Health,
Attn: MHSA Administration, PO Box 7549, Riverside, CA 92513
o por fax a: 951-358-6924
Usted puede enviar comentarios adicionales en una hoja por separado.

¿Cuáles cree que son las fortalezas del plan? Identifique el programa y el grupo de edad, si corresponde.

¿Qué preocupaciones tiene acerca del plan? Identifique el programa y el grupo de edad, si corresponde.

Información personal (opcional)

¿En qué región vive?
- ☐ Desierto (Banning, Indio, Blythe, etc.)
- ☐ Centro del Condado (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- ☐ Oeste (Corona, Riverside, Moreno Valley, etc.)

¿A qué grupo está más asociado?
- ☐ Un consumidor de servicios de salud mental
- ☐ Un miembro de la familia de un consumidor
- ☐ Empleado del condado
- ☐ Cumplimiento de la Ley
- ☐ Educación
- ☐ Servicios Humanos
- ☐ Comunidad General
- ☐ Otro (Especificar) _____

Información personal (opcional)

Indique su sexo
- ☐ Femenino
- ☐ Masculino

Indique su grupo étnico
- ☐ Afroamericano/Negro
- ☐ Indio americano/Nativo americano
- ☐ Asiático/Pacífico Islandés
- ☐ Caucásico/Blanco
- ☐ Hispano/Latino/Chicano
- ☐ Otro (Especificar):_____

¿Cuál es su edad?
- ☐ 0-17 años ☐ 18-24 años
- ☐ 25-59 años ☐ más de 60 años

	Muy satisfecho	*Algo satisfecho*	*Satisfecho*	*Insatisfecho*	*Muy insatisfecho*
¿En general, cómo se siente con el plan?	☐	☐	☐	☐	☐

Riverside County Department of Mental Health
Mental Health Services Act
Prevention and Early Intervention
Training, Technical Assistance and Capacity Building Funds Request

30-Day Comment Feedback Form

Please submit your comments on this form by June 30, 2009.
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What is your age?
- ☐ 0-17 yrs ☐ 18-24 yrs ☐ 25-59 yrs
- ☐ 60+ yrs

	Very Satisfied	*Somewhat Satisfied*	*Satisfied*	*Unsatisfied*	*Very Unsatisfied*
Overall, how do you feel about the plan?	☐	☐	☐	☐	☐

DEPARTAMENTO DE SALUD MENTAL DEL CONDADO DE RIVERSIDE
Ley de servicios de salud mental
Plan de Prevención e Intervención Temprana (PEI)
Formulario de solicitud de fondos para capacitación, asistencia técnica y desarrollo de capacidades

Formulario de Retroalimentación y Comentarios de 30 días

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¿Qué preocupaciones tiene acerca del plan? Identifique el programa y el grupo de edad, si corresponde.

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- ☐ 25-59 años
- ☐ más de 60 años

	Muy satisfecho	*Algo satisfecho*	*Satisfecho*	*Insatisfecho*	*Muy insatisfecho*
¿En general, cómo se siente con el plan?	☐	☐	☐	☐	☐

ATTACHMENT R-1

County of Riverside
Mental Health Board (MHB)
Executive Committee Review
[redacted]

Prevention and Early Intervention

PEI Comments and Mental Health Board Responses from Public Hearing
[redacted]

Comment #1: This is probably the most important component of the MHSA. As a retired nurse it took a long time for physical health to realize the importance of catching a problem early. This is truly a quality of life issue. The most important part of the program that I was impressed with was the project 5 having to deal with older adults. You've got to give a lot of credit to the department and to Janine and her staff because there is something in there for everyone, and I don't mean that lightly. If you get a chance to read the program I'm sure there's going to be aspects that you're interested in. There is something in there for everybody. I really think you've done a great job. Thank you!

MHB Response: No action needed.

Comment #2: I think it's a great plan and I am especially pleased and the reason is the elder part of this plan. We have senior specific women's treatment and I just feel that no where near enough has been done for seniors in the field of substance abuse treatment specific to their needs. They are not the same as a 30 yr old person. So, I think they've done an exemplary job. ...Thank you!

MHB Response: No action needed.

Comment #3: This is a real privilege to participate in this planning process and the hard work that went into it. I had a couple of comments. This is just the first one: there are person-level outcomes and system-level outcomes. The system-level outcomes for the FAST program include sustainability of the program by the school system. In planning, however, the systems basic outcomes in the evaluations section are different, that is left out and it appears that it was either a mistake or an oversight. The 2 pages are 158 of the evaluation which doesn't match up with page 76 and since those outcomes are very important because FAST seems to be the program selected to report the outcomes to the State this is an important issue. One of the points I'd like to make about it is if there's a partnership of any evidence-based program then it seems to me that the sustainability should not fall on the shoulders of only one of the partners.

MHB Response: The identified outcomes for the Families and Schools Together (FAST) program on pages 76 and 158 will be revised to reflect evaluated outcomes identified by the developers of the model and remove

any appearance of one partner/agency bearing the sole responsibility for system-level changes.

Sustainability will come through ongoing PEI funding. RCDMH will partner with contractors, including schools, and will fund each project with an ongoing budget. Refer to the FAST budget on page 79 of the plan.

Comment #4: I applaud any efforts that go toward Innovation and Prevention Services. I do have some concerns that I would like to express publicly. I have 4 points that I would like to make. Leading that our student body is 36,000 students, one concern is that the SB1802 drop out prevention dollars, tobacco prevention, violence prevention dollars are all issued through the State of California to the local communities in a non-competitive way. It's very frustrating for the district to find that these dollars are being given out in a competitive manner. For us it makes it more difficult to apply for. Also, there has been in our opinion a lack of input by district office staff in fact in our district of 36,000 I don't believe that our administrative staff have ever been involved in any of the input sections, or has been invited to participate in any of the development of the plan. This is a very big concern for us. Moreno Valley and other communities have very localized needs and continue to be frustrated by the fact that many services, state and local, are really only offered by agencies outside the local community, either parents have to go there to receive the services or the services are only ancillary making especially Moreno Valley and localized communities who have been so very frustrated because the services are not comprehensive and are not localized. And finally facing the $63 million deficit, laying off over 22 counselors and other issues and our ability to write comprehensive grants are going to become extremely problematic for us in the next coming days and so I just wanted you to be aware that we are very supportive of the initiatives and would like to have been more involved in the initiatives which we feel we were not and certainly hope that these dollars will be very localized and we are very concerned about the community planning process.

MHB Response: No change to the plan needed. PEI dollars are going to be allocated through a variety of methods which may include, for example, a competitive bid process or memorandums of understanding. The PEI team will work with local school districts in implementation of school based programs. Participants from Moreno Valley Unified School District (MVUSD) were involved in several ways including focus groups and Children's Committee. One of the principles of PEI is to provide services in local community settings and this will be a priority in implementation through identification of partners within the communities in which services will be provided.

Comment #5: I would also like to commend the group. Any help we can get is wonderful. We only have 22,000 students; however we're a little more diverse. I have a 760 square mile district that goes from about Idyllwild, Anza and Aguanga. And so we're very short in services that are provided to us. We also don't have a good grant writer because we can't afford one and so our concern is how is this going to roll out to the schools.

MHB Response: No action needed. Comment refers to implementation.

Comment #6: First of all I just want to thank this community for acknowledging the need for services. Some of the populations in youth suffer severe difficulties because of a lack of services and the inability to access the services. I like the idea of prevention so that you don't have to look at young people developing severe mental illnesses and I also want to put out there around the issue that the prevention dollars will help young people that are dealing with sexual orientation issues and gender identity/expression issues to help them so they can get the services and family support that they need so that they don't end up in the mental health system. Gender identity and sexual orientation are not the issue but that often becomes the issue in their family of origin. Thank you.

MHB Response: No action needed.

Comment #7: I agree with those two on the school districts but, you've got to go beyond that if there's no follow up or no place to go higher, find the success rate or it's all going to collapse. It's like building a house out of sand. I have a personal question for the staff members involved here: how many of you people volunteer your time not writing a check to charity because the government is footing the bill then because you write it down on your taxes. I say maybe a staff meeting or a training course where you just volunteer to go and give some of your own time and not always on the clock and not just asking that everybody else volunteer and many of the people that are asking for volunteers are not willing to volunteer themselves. Thank you!

MHB Response: No action needed.

Comment #8: Programs like Job Corps for kids like at 15-25. I grew up in the system since I was a kid. In the group homes I was in, I've never heard anything of that sort. We didn't talk about Job Corps and other stuff that you can do for pay.

MHB Response: No action needed. Youth transitioning out of foster care is a priority population of focus in the Transition Age Youth Project.

Comment #9: I like how inclusive it was to the Transition Age Youth. I'm in San Bernardino County and most of our youth that we have from San Bernardino are TAY that are LGBTQ and they're suffering a lot of issues that could have been

prevented. It's also good that they do have somewhere that they could go where they are understood and that they are in a safe place where they can go and talk about their problems that they need help with and be able to get referred to places that are also safe places. I know Rainbow Pride Youth Alliance works very closely with San Bernardino TAY and the Jeffrey Owens Community Center (JOCC) is trying to work with Rainbow Pride and they are willing to work with the TAY program out here. And it's all like one big family trying to help each other out. I really like how inclusive it was and that we are included in the TAY program.

MHB Response: No action needed.

Comment #10: Everything that La Vista does is prevention and education for seniors. For over 30 years we have provided all kinds of education anywhere the seniors are that they'll let us in to talk to address substance abuse issues that they may have with out being confrontational. We deal a lot with both in-house and with treatment services that are outreach. I would like very much to see some kind of partnerships with peer counseling and in our nation today where there is no money there are still a great many people who will volunteer with good training, and I stress good training, to go into the homes of the elderly because they are not going to come out and tell their business. I would really like to see partnerships to create peer counseling as a part of whatever older adult services are in the plan.

MHB Response: No change to the plan needed. The Board would like the PEI team to work with the Department's Older Adult Manager as implementation of the older adult PEI programs occurs to look for opportunities to include older adults in service delivery and to work with community providers who are working with older adults.

Comment #11: I commend the QPR (Question, Persuade, and Refer) program for suicide prevention as a way to build in screening and even potential for brief intervention for the senior population. My recommendation is that it work very closely with the existing screening and brief intervention services that are already within the Department of Mental Health that are offered to the substance abuse prevention services currently. There are prevention providers in 6 clinics across this county doing screening and brief intervention that is focused around risk and is available to anyone. You don't have to qualify for it and it has reengineered the services into a continuum of services in the way that's sought in the Mental Health Services Act. So if they work together, the potential for sustainability is higher and we'll get to more of the elders. And basically I would like to make a strong recommendation that any of the prevention efforts that get rolled out work very closely with those people with 20 years experience who have been doing substance abuse prevention and violence abuse prevention not only within the Department but the partnerships out in the community. There's a lot of capacity

already built that you can build upon, however, there has to be some infrastructure in ways so that the networking can take place and be sustained.

MHB Response: No change to the plan needed. This comment relates to implementation partners. The PEI team will work with the RCDMH substance abuse prevention providers to train as appropriate.

Comment #12: I would like to continue with prevention. Having things hung up on bulletin boards at some of our senior centers, retirement homes, and elder apartments and senior apartment complexes as alternates for kids and family members and those who have contact with that age level. That would be a very effective means of spreading the word.

MHB Response: No change to the plan needed. Project #1 will include outreach and community education as well as maintain current resources through Riverside County's 211 telephone referral source. Partners will be expected to inform the community of services offered in multiple locations. The ideas about locations to provide information will be explored upon implementation and can be provided to the outreach staff for follow through.

Comment #13: I have to admit that I've not read the plan extensively at this point but I know when working with DPSS, one of the biggest hurdles in working with foster youth and in group homes is the cross agency difficulties. That's common when working with the schools and with agencies. Agreements are one of the biggest hurdles in getting cooperative efforts and leads back to my comment about grant writing and not having localized services. If an individual misses 2 meetings and they are dropped from mental health services they didn't stop needing mental health services and so the need is to have those mental health services and have those services very localized which means agencies coming up with agreements and ways of understanding each other's terminology. Ways to work with agencies so that we can more cooperatively provide services. In our school district we do not have mental health services. We have educational counselors who have been given training in counseling and other skills in prevention but they are not therapists. We do not have a model for allowing therapists to come onto our campuses and yet there are other funding avenues such as Medi-Cal billing that would provide revenue to expand and to continue to sustain services. Without that interagency cooperation and agreements of how to bring these services on and how to make these services more localized we can not have places for people to go. We must bring those services to those localized areas. We have created a collaborative in Moreno Valley with over 50 localized agencies that now work together by learning each other's languages, how to negotiate education, how to negotiate Mental Health, how to negotiate CPS, how to negotiate the police department. Those are going to be critical in the start up of any systems planning that is going to go on between cities.

MHB Response: No action needed. Through implementation PEI programs will be localized within communities and collaboration and partnership will be essential.

Comment #14: A lot of agencies that were spoken of have been providing clinical services and with this plan I'm most encouraged by the fact that a lot of these services are going to be provided in community settings, in what I would call alternative settings. What I have found through out the years in working with individuals and also in my clinical practice is that although the services we offer, the mental health treatment services, are excellent services, it's the location that is important. Providing the brief intervention programs in the schools, if we can get in there and in other areas will definitely go in line in reducing stigma. Sustaining services and looking at things in the long term. It's very encouraging and I'm really very, very, pleased to see this in the plan.

MHB Response: No action needed.

Comment #15: Those of us that have been around the Mental Health Services Act realize that the act itself is kind of limited and is subject to change so over the last 3 ½ years we didn't know what MHSA was and I'm still not totally sure. I'm still not quite sure how it will work, but I know that many of us have been at these public meetings and I'm totally impressed today. This is the best turnout we've ever had. So, it's great that you took time out of your busy schedule to come. We all know that this is probably the most important component. It's going to affect so many people in the community and your comments are very crucial.

MHB Response: No action needed.

Comment #16: On a personal note, I remember the day when I was 6 years old and I told a counselor that my dad was hitting me and I was told that it wasn't abuse. I hope everybody in here realizes that even though we might not have it all perfect right away, we have something that is really amazing before us that we put together and that we've come together and put little pieces of ourselves in it. Thank you everyone.

MHB Response: No action needed.

Comment #17: I like to thank PEI for putting the transgender into the plan. Thank you.

MHB Response: No action needed.

PEI Comments and Mental Health Board Responses from Public Hearing Held on Monday, July 6, 2009

Comment #18: I've sat in on a great many of these focus groups and the four day steering committee and I'm a little bit concerned about the lack of the LGBT mentioned in the Executive Summary. It's mentioned quite clearly on project 4 the TAY project yet it's no where mentioned in project 5 - First Onset for Older Adults. The LGBTQ elder was mentioned approximately 22 times through out this 220 page document. So, I'm a little perplexed and confused why it's not mentioned under the older adults when it's mentioned under Transition Age Youth. The way I was raised is that if it's not in black and white it's not black and white, and if it's not in the Executive Summary, it's not in the Executive Summary. And my 2nd comment that I would like answered is referring to page 106 where despite a couple of times where I have asked for my organization's name to be changed, it remains incorrect. It's on page 106 and it is referred to as the Rainbow Pride Senior Center and the correct title is the Golden Rainbow Senior Center. I've asked for that to be changed and I'm asking again in the public space. It's only my concern and not to be critical it's because I pointed this out before but, in answer to my first question is, you clearly spell in project 4 the LGBT youth where as in project 5 it's left to interpretation and I'm a little bit uncomfortable with that.

Response: You shared with me on the phone that the name of your senior center is incorrect in the draft plan and I explained that it will be corrected in the final plan. This is our draft plan. There's going to be one revision and in the final plan it will be corrected.

MHB Response: Action needed: The following sentence will be added to Project 5 – First Onset for Older Adults in the Executive summary: "Targeted outreach will occur to identify and provide services for underserved cultural populations, specifically LGBTQ older adults." The references to Golden Rainbow Senior Center were corrected to accurately reflect the organization's correct name.

Comment #19: I'm concerned about the older adult project. There is a great emphasis on suicide prevention but no mention of alcohol or substance abuse. Alcohol and prescription drugs appear to be a precipitating factor with suicide and a higher percentage, much higher, 60 to 70 % depression and alcoholism and suicide are very closely linked and there is no mention of including anything related to that because all three of them are so closely linked. There is an excellent program that has been developed by the Department of Health and Human Services called "Get Connected" that deals with these three issues. I have written something out and done research on this. Can I just hand this to you after this?

MHB Response: No change to the plan required. The PEI Coordinator explained to the Board members that "Get Connected" is a toolkit that is free of charge and could be a great resource for providers. MHB requests that the Department's Older Adult Services manager work with partners during the implementation of PEI programs to include the "Get Connected" toolkit as a curriculum for training.

Comment #20: My comment is regarding the reference on the LGBT community. You mentioned that the reason why it's not mentioned in project 7 is because it's going to be across all projects. I would recommend that if that's the case and it's not stated somewhere in the plan that you want to find a place within the plan and make sure that that's inclusive and that it is very clear that when we look at all projects that the intent is to include the LGBT community in all the projects rather than leaving it up to assumption and to make sure that it's somewhere in the plan. And if that's going to be the case, my second recommendation is a follow up to that one is that in each project that you dedicate some space to describe exactly how the needs of the LGBT community specifically will be addressed with each of the projects because when reading through the projects it makes reference of LGBT communities as a matter of fact. Kind of like not really describing what that really means or what that really entails within the project itself because throughout the project I did read very specific recommendations and narrative about what each project will be doing and then when it talks about the LGBTQ community it mentions it in the last paragraph in the last sentence also to include LGBT. That would be my recommendation as well.

MHB Response: No action needed. The LGBTQ population is well referenced throughout the plan. The Department has a commitment to include underserved cultural populations and the needs of the LGBTQ are identified in the plan and remain a priority. RCDMH will ensure that inclusion of underserved populations will occur during the implementation.

Comment #21: I'm wondering, I'm guessing the homeless treatment and outreach will be under project 6 is that right? Do you have homeless outreach? What about people who are falling through the cracks?

MHB Response: No change to the plan required. Homeless runaway youth are identified as a targeted population in the Transition Age Youth Project. The Board members requested that RCDMH ensure that information about programs is provided to service providers and recipients of services for the homeless, including but not limited to homeless shelters as implementation occurs.

Comment #22: On page 71 where you show the graphs of the school districts because I couldn't find a reference as to some of those like DHS do you mean Desert Hot Springs? Because that's not a school district that's a city so, that

needs to be corrected unless it stands for another school district that I'm not aware of. Unfortunately I have some concerns about it. I understand that low performing schools have these indicators and as low performing schools they have a very strong administrative staff that focuses in on strategies meant for low performing students which can break many of the barriers that our schools have ....and we (Desert Sands Unified School District) are not named in this application which is shameful because we too have many deserving students and higher percentages of free and reduced lunches and English language learners.

MHB Response: A substantive change to the plan will be made. The tables on pages 71 and 72 of the draft plan are the result of an evaluation of several data sources by the Research unit to identify those districts throughout the County with children at highest risk based upon the risk factors listed in the tables. Three changes will be made to the tables: (1) Indicate that the enrollment is for elementary schools only; (2) Replace the reference to Desert Hot Springs (DHS) with the actual school district, which is Palm Springs Unified School District (PSUSD), and add a footnote that the elementary schools from PSUSD that are included are the three from DHS as they are identified as a high need area based upon the data. (3) As a result of an additional data review conducted by the Research Department, four specific elementary schools within Desert Sands Unified School District (DSUSD) were identified as having similar high risk factors as the other identified school districts. These schools will be added to the initial target communities in Project 3.

The Mental Health Board members expressed concern about additional locations within the County with high rates of poverty, dense populations of ethnic minorities (primarily Hispanic), and many risk factors associated with the development of mental health problems. Through implementation, providers will need to deliver PEI services to the initial target communities, though not exclusively. If a provider is aware of additional locations within the County that meet the criteria for highest at-risk population, they can demonstrate their ability to provide PEI services to the target communities as well as additional communities and PEI services can be more broadly implemented.

Comment #23: I'm just going to comment that it appears that the bulk of the youth in the comprehensive school system are not really served by this plan or this program. Where a family could go to a parenting program in order to receive services, it doesn't seem that there is a way that if a student came in with a need to talk to somebody about what's going on, and that's the vast majority of the students in the school system so, they don't have access to that. The seniors have that kind of availability with the QPR program; they can go into a centralized place and get a referral out but that kind of system doesn't exist for the youth throughout Riverside County. The Department of Mental Health has worked very

closely with Desert Sands Unified School District with the Safe Schools Student Assistance Program as a way of getting the students referred to appropriate services. Right now in the Department of Mental Health the substance abuse program uses a screening type program like this at all the County clinics for kids that are coming in for prevention services for substance abuse and making referrals available. Maybe something like this would be something that you guys can consider. It would be cost effective because it would be across systems and just something to think about.

MHB Response: No change to the plan required. The draft plan follows the PEI guidelines and the guiding principles that were approved at the beginning of the community planning process which state the need to provide PEI services to those at highest risk. Also see response to Comment #11.

Comment #24: My comment is that on page 111 you have a PEI project summary budget. When I first heard about this project I understood that there was only 1 and like 1 and 1 ½ of a behavioral health person or therapist that was for this and now I see on the sheet there are 6 FTE's for Behavioral Health Specialist II and .47 for clinical therapist. Are those the same basic qualifications? I was wondering what you mean by behavioral health specialist? Could that be a therapist?

Response: In our system a clinical therapist is a master's level clinician usually licensed or licensed eligible, such as an LCSW or LMFT. A Behavioral Health Specialist is someone with less education. A bachelor's degree often in a social service, sociology, or psychology degree.

Continues Comment #24: So, other than the psychiatrist which is .15 of an FTE and .47 for clinical therapist is that all for the entire project?

Response: We were not asked to specify particular positions on the budget form for subcontracts and professional services. Our anticipation is that we will be contracting out. If you look at # 3, subcontracts, there is a dollar amount there that is inclusive of a variety of positions designed to implement the programs listed in the project.

Continued Comment #24: Alright. Thank you. I was also wondering if there were other experts other than Dr. Renda Dionne when you talk about the Native American part. When you address the Native American as one of the culturally underserved areas, she's the only one that you list here and I was wondering were there other people that were included? Because, I know Dr. Dionne and I respect her work but I was wondering had anybody else been asked to participate in this regarding Native Americans?

Response: Can we talk afterwards?

MHB Response: No action needed. Specific focus groups were held with the Native American population. RCDMH recognizes the need to continue to build relationships with the Native American community and plans to address this through Project #1 with the use of the Ethnic and Cultural Community Leaders in a Collaborative Effort. The PEI team will identify and work with potential partners within the Native American community for the delivery of PEI services.

Comment #25: I wanted to see about the Call to Care program which is a training program for non-professional caregivers and the program is centered on the person in need and then secondly focusing on the caregivers themselves. It's really helping them learn the skills, knowledge, and boundaries that caregivers need to know in order to be effective. Its recovery focused and it really focuses on hope. It deals with issues like skills, cultural issues, mental health issues, loss and grief, suicide risk, psychosocial impact of trauma and dealing with at risk populations. Most of the participants that come to the program are volunteers in different service agencies. They need the training for the skills, and when they do that it is very productive. They can make referrals and such. They are really important skills for volunteers and people who are care giving to have and because they are non-professionals, they really need to learn the basic information. They also need to know that they can't do a lot of things that a professional person can do. We're basically partnering with faith-based organizations for outreach purposes. Although there are other places and other sources that are looking for help with their programming and it seems that it's been so helpful for the participants and for the community. Going back to Project number one, the question I had after I read the write up about the Call to Care program is it going to be implemented Countywide?

MHB Response: A substantive change to the plan will be made. Call to Care will be implemented Countywide and as a result of this change the budget for this program will increase. Please see the Project Summary Budget form for Project #1 for more details.

Comment #26: Today's Desert Sun front page news was about gay seniors and by coincidence it's today when the public hearing is. Just as a point of reference, Riverside County has the 3rd highest concentration of senior same sex couples of which 10% live below poverty. The suicide rate is 3 times, the alcoholism rate is much higher where the gay senior is isolated and depressed and the way I understood the PEI money was to break into the underserved population where we could reduce isolation, reduce depression before full onset of mental illness occurs. 25% of all new HIV cases in Riverside County are gay seniors they are acting out because of depression and isolation. I strongly suggest that the gay senior be listed in the Executive Summary.

MHB Response: See response to comment #18.

Comment #27: I would like to suggest putting some kind of reference to the homeless and low income population of any age and outreach to the shelters and outlets that serve them. The number of people that need some mental help is growing. The rescue mission at Martha's Village in the North Desert and all of us could use some education and training to help identify it because of the cut backs in mental health services.

MHB Response: No change to the plan required. See response to comment #21.

ATTACHMENT R-1

Feedback Form Comments and Mental Health Board Responses

Of the _35_ Feedback Forms submitted: _4_ were "Very Satisfied", _10_ were "Somewhat Satisfied", _9_ were "Satisfied", _2__ were "Unsatisfied", _1_were "Very Unsatisfied", and _9_ 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:**

- Used evidence-based programs/practices.
- Use of evidence-based programs.
- Teamwork in FAST seems appropriate. A staff rate of 1-3 is impressive. Only 8 months to implement – ambitious.
- Length of program & facilitator ratio. Focus on children & family.
- PEI project (Strengthening Families Program, Children 3-16). Addresses children during high risk ages. Uses a whole family approach in the various realms of family interaction. Culturally based, family & community feed back, utilizes community resources including faith based organizations, portable.
- CBITS ages 10-15 plan strengths is implemented at school and two parent education sessions CBITS goal Safe Dates involves family members (middle & high school students).
- Stakeholder input & data used to develop the plan is impressive.
- PEI Project: Trauma Exposed services – Attempts to impact the various factors associated with individuals exposed to pervasive trauma experiences. Intervention well based on detailed stakeholder research process. The use of the school environment which has the intended client readily available will assist with outreaching more full participation.
- PCIT component of Parent Ed. & Support.
    - Program to address & rates of maltreatment
    - Mobile Instruction to reach parents who have difficulty
    - Collaboration with Riverside County Office of Education to assist children before 3rd grade.
- The Triple P program would be effective in that it separates out intensity of parenting issues/problems – not a general/one size fits all, which is not effective.
- Addresses a wide variety of cultures.
- Community involvement in program development.
- Address all major groups.
- Expanded parenting classes, Parent Child Interaction Therapy, trauma Services.
- I'm pleased that it strives to be inclusive, particularly of the Lesbian, Gay, Bisexual and Transgender communities. With this population of young people

(ages 13-25), I see a great deficit of mental health resources. Thank you for taking on this task.

- I like how inclusive project 4 is with LGBTQ issues. Many TAY peers are of the LGBTQ community, and I like how there will be specified treatment for them.
- TAG – Working very strong at JTP 16-60's. I have seen great work with this ongoing program.
- Providing services to all ages groups in alternative settings. Often being sent to mental health clinics or scheduled appointments & during school hours for school represents significant stigma therein reducing help seeking.
- All of it 25- 65.
- I'm extremely pleased with Senior QPR. Elder needs are well represented.
- Well thought out plan with evidence that a lot of work went into its development – Good job!
- Covers many needs of broad segments of the populations.

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

- No homeless services for anyone who is indigent. NO police sensitivity training. No interest in the growing number of individuals who are falling through the cracks of our society. We need some sort of safety net.

MHB Response: No change to the plan needed. See response to comment #21. Law enforcement training is addressed in the Training, Technical Assistance, and Capacity Building plan.

- PEI has not used school sites for simple screening for prevention and referrals to link services. DSUSD has many students in Indio who could benefit.

MHB Response: No change to the plan is needed for the first comment. Communities in which PEI programs are implemented will be provided with education and referral information for those programs. With regard to the second comment, see response to Comment #22 for a substantive change to the draft plan.

- PEI project – I have heard complaints Coachella Valley National Alliance for the Mentally Ill (NAMI) is not consistent with some of their activities. In Our Own Voice (IOOV) program not available at this time.

MHB response: No action needed.

- Families and Schools Together (FAST) program: My concern is that the plan is too complicated to understand, let alone implement. And with such a start-up date (July 1), I'm unclear as to how FAST could happen.

Response: No action needed. The timeline for implementation as stated on page 74 is that program implementation is targeted for Feb-June 2010.

- Families and Schools Together (FAST) – requires a detailed Memorandum of Understanding (MOU) – to make sure districts are well informed and cooperative. Clinical trainers with treatment experience may not be the right infrastructure match. If FAST is prevention - why aren't prevention experienced trainers used?

MHB Response: No action needed. Comment relates to implementation.

- Plan is too long & complicated the number of sessions required don't allow for school vacations. Why must a mental health clinician be the lead in a prevention program?

MHB Response: No action needed. Planning for implementation included an understanding of school breaks so the program will not run year round, but the 30 weeks that schools are in session. A mental health clinician is not the lead in the prevention programs.

- Lofty goal in a 14 week period.

MHB Response: No action needed. This comment related specifically to The Strengthening Families program. This program is a 14 week Evidence-Based Program (EBP) that has been found to be effective.

- Concerns are parents attending sessions (Cognitive-Behavioral Intervention for Trauma in Schools -CBITS).

MHB Response: No action needed. The goal is to include outreach and engagement activities to increase the likelihood of parent participation in the CBITS program.

- Some projected service #'s are high. Will enough people be able/willing to participate to reach goals by June 2010?

MHB Response: No action needed.

- For Triple P program: would like to see community–wide education level included. With MHSA funding use we are better prepared to meet service demands than ever before. This would be a cost effective means of providing prevention service, county-wide.

MHB Response: No action needed. The developers of the Triple P program do not recommend implementing the community wide education level of Triple P until the other levels (explained in the Parent Education and

Support Project) are implemented otherwise there will be a demand for services that are not yet established. This is something that can be reviewed in future years.

- The time frames are quite ambitious. These may not be ample time to secure and train the appropriate staff in the execution of the identified Evidence-Based Program (EBP). However, this plan will reach a greatly underserved population in need of any service that can be implemented.

MHB Response: No action needed.

- Collaboration between RCDMH, local school districts, and Special Education Local Plan Areas (SELPA)'s will be critical.

MHB Response: No action needed.

- Larger demand for services than availability of services. Pg. 57 Possible typo check mark #2 should read 50,712 referrals.

MHB Response: A substantive change to the plan will be made. Data was provided by the MH Research and Evaluation Unit. On 6/24/09 The Department of Public Social Services provided a fact sheet that clarified the number of child abuse/abuse neglect referrals as well as the number of substantiated cases in 2007. The plan will reflect the accurate numbers (on page 57), which are 48,391 children referred with 9,393 substantiated.

- How to augment the services/link family to (especially highest level group) with other services necessary.

MHB Response: No action needed. Each project addresses the issue of linkage to other needed services. Providers will be made aware of available referral sources both in and out of the County system because there is awareness that there will be individuals identified with additional needs.

- Not one program that touches the lives of LGBTQ population. Not even outreach/engagement to connect with TAY centers.

MHB Response: The LGBTQ population is well referenced throughout the draft PEI plan. The Department has a commitment to include underserved cultural populations and the needs of the LGBTQ are identified in the plan and remain a priority. A recommended change, in order to provide clarification in Project #7, is the addition of the following sentence on page 136: "Although there is not a specific LGBTQ evidenced based practice, there was recognition throughout the community planning process that LGBTQ individuals, from adolescents to older adults, are an underserved population. Several of the PEI projects clearly state the needs of the

LGBTQ community and that engagement and participation of individuals and families from that population in the PEI programs will be a priority. Those projects are the Mental Health Outreach, Awareness, and Stigma Reduction Project; the Transition Age Youth Project; the First Onset for Older Adults Project; and the Trauma-Exposed Services for All Ages Project."

- Pg. 140 of the plan – Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) – it is unclear whether CBITS is specifically targeting African American youth. Was the program adapted? No program description for LBGTQ.

MHB Response: The MHB recommends that a sentence be added to the page referenced in the comment stating that CBITS has been shown effective with the African American population. In regards to the comment regarding the LGBTQ population, see response above.

- Please expand Parent-Child Interaction Therapy (PCIT) to our Spanish speakers! Sustainability in the school districts – utilizing school personnel that are already trained in Student Assistance Programs (SAP) & parenting classes, training. School people to implement all programs. I'm concerned about the underserved in untargeted districts.

MHB Response: No action needed. As with any PEI program there will be targeted outreach to underserved populations, including the Spanish speaking population. Service providers of any PEI program will demonstrate cultural competence. RCDMH will look to community providers who are from and know the community they serve and will provide all accommodations as needed to program participants.

- I have concerns about which evidence–based practices will be used and if they have been adequately tested with LGBTQ population. What specific tailoring is planned? My hope is that the community will be intimately involved in this tailoring.

MHB Response: No changes to the plan needed. This will need to be a discussion during implementation. Providers of the programs with the LGBTQ populations will need to have demonstrated the ability to effectively work with that population.

- Older Adult program – Not enough resources at Jefferson Transitional Program for paranoid 60+.

MHB Response: No action needed.

- I do not see much in the older adult program that is very helpful to an individual.

MHB Response: No action needed. The Board members recognized that the programs identified in the Older Adult Project address individuals.

- I would like to see all people to get help. I feel that I was heard. People will get help and what they need.

MHB Response: No action needed.

- Age specific, drug & alcohol services addressing partnerships to include – mental health services, in full with substance abuse services for the elders - blend peer counseling with residential and outpatient elder substance abuse services. Partner with substance abuse providers – build service continuum.

MHB Response: No change to the plan needed. The PEI team will work with the Department's Older Adult manager as implementation of the older adult PEI programs occurs to look for opportunities to include partnering with substance abuse providers as appropriate.

- Of course, it doesn't meet all needs of the community, but it's a "good start".

MHB Response: No action needed.

- I think that younger and older adults should come together about education program.

MHB Response: No action needed.

ATTACHMENT R-1

Letters given to Prevention and Early Intervention staff at Public Hearing held 7/1/09:

(A.) To: Mental Health Board
RE: Prevention and Early Intervention Plan Public Hearing.

I am writing this statement in support of the LGBTQ youth in the community and their inclusion of PEI services. So many times I have heard about youth across the county committing suicide because of the stigma of being gay especially among young men of Color. They are being bullied in schools and sometimes out in the streets because of what they wear or how they walk or even talk. I can only imagine the mental stability of these young people and being able to cope and survive. What message are we sending them if we aren't doing anything to support their mental health issues? Groups like Rainbow Pride Youth Alliance, PFLAG are important agencies to fill in the gaps where schools, faith community and families fall short.

Respectfully,
Community Member

MHB Response: No action needed.

(B.) 7-2009
Gentlemen/Women:

This is to voice my support for the inclusion of the LGBT community in the Prevention and Early Intervention Plan.

Whether it is youth services or senior services, I support your decision for inclusion. This decision has been a long awaited plan for the LGBT community.

MHB Response: No action needed.

(C.) 7-1-09
To Whom It May Concern:

As a citizen, I support the inclusion of the LGBT community in the Prevention and Early Intervention (PEI) Plan.

The trauma and stigma of aging is especially difficult for LGBT seniors as they struggle with health issues, loss of partners and community.

Programs in the Western Region that serve LGBT seniors are especially needed. We are in need of more space to gather for support that is smoke free, alcohol free and safe.

I would like to "Thank you" in advance for any consideration you can give to this issue.

MHB Response: No action needed.

Email received at the Prevention and Early Intervention Unit on 7/6/09

I'm age 64 and live in Palm Desert with my partner of 20 years, who is 74. I'm unable to attend tomorrow's hearing, and decided to share my thoughts with you. We moved here 8 years ago in large part because we wanted to be in an area with a sizeable gay-lesbian population. Our circle of friends includes many men in our age bracket dealing with chronic or terminal illness and the loss of life partners-typically after 25-40 years together. As LGBT-friendly as this area is-and it is far better than many other places I've lived-we have been troubled by an apparent "tone-deafness" to issues of grief, loss, and depression among our gay friends.

The negative experiences include gay widowers being turned away from or treated disparagingly within bereavement support groups because a same sex relationship isn't a "real marriage." Friends of mine fighting depression over loss of mobility, loss of friends, loss of income have been told by professionals not to be "drama queens," and to "stop being so sensitive." And don't even get me started on how many times I've confronted a questionnaire in a health professional's office asking me whether I'm Married, Single, Widowed, or Divorced. Hello: can't they at least pretend to be interested in the domestic partnerships of their gay/lesbian clients? I believe it's important to know if an older adult lives alone or has a companion, and those maddeningly closed-ended questions don't reveal that information.

The need for gay/lesbian-sensitive mental health services is real and growing in this area. Thank you so much for this opportunity to share my limited but real exposure to this topic within my circle of friends and acquaintances.

MHB Response: No action needed.

ATTACHMENT R-2

County of Riverside
Mental Health Board (MHB)
Executive Committee Review
[redacted]

Training, Technical Assistance and Capacity Building (TTACB) funds Request

[redacted]

Comment #1: I think it is exemplary and I am especially pleased about the law enforcement piece because we deal with that on a regular basis.

MHB Response: No action needed.

Comment #2: I would like to see that every police officer or law enforcement officer that goes through that training would actually get something that they could wear on their collar or on their shirt so that it is recognizable to consumers and family members that this is an officer that understands and has been through training.

MHB Response: No action needed. The Board members requested that the suggestion be given to the Workforce, Education, and Training Coordinator for the law enforcement collaborative.

Comment #3: My concern is about the Training, Technical Assistance, and Capacity Building plan. My concern centers around the fact that it appears that in the plan the training on the evidence-based practices and preparation is going to be provided to those who the Department of Mental Health contracts with. My concern is that we have a lot of underserved communities and it will probably preclude newcomers from learning evidence-based practices. It will not position them to be able to help to team with Mental Health to spread these services out into those underserved communities. My hope is that training will be offered to those who are interested as well as those who receive these contracts.

MHB Response: No action needed. Trainings for evidence-based practices through PEI will be provided to all contractors and it is expected additional space in many of the trainings will be available and offered to community service providers who may be interested.

Comment #4: I would like to speak to the Training, Technical Assistance, and Capacity Building plan and commend the three components. The California Institute for Mental Health organization has shown capacity in Riverside and the law enforcement is great as well as working with consumers. I think I would like to make the recommendation that a fourth group be included. Riverside County

has a long tradition of successful Student Assistance Programs (SAP) and training. The Student Assistance Programs are the most basic allies to mental health because they work closely with their school counselors. The school counseling population in Riverside and across California has been cut significantly. Student Assistance Programs have proven their cost effectiveness. Gathering them together in the same way that law enforcement is gathering together and the consumers are gathering together was a specific request of this group and since the schools are the site of where the single evaluated program is going to take place leaving this group out of the Technical Assistance plan is a serious overlook because it is potentially the bridge between many of these programs succeeding or failing. In addition to succeeding and sustaining they are the coaches for mental health inside the whole school system and they are true allies to this process. Please add a fourth area of the plan to include SAP training that would increase skills in screening, brief intervention and referrals to PEI programs. This will help implement and sustain programs in the non-traditional setting of schools. Adding SAP training would improve FAST outcomes which is the program chosen to be evaluated.

MHB Response: A substantive change to the plan will be made. A fourth component will be added to address the feedback from several people regarding the request to provide Student Assistance Program training for school personnel and training for other County and contract, including substance abuse, providers. This will dove-tail with programs described in Project #1 of the PEI draft plan: Mental Health Outreach, Awareness and Stigma Reduction Project.

Comment #5: I see schools suggested over and over again but do not see them identified as one of the training components. I'm not sure how your programs are going to get into the schools. How are you going to get the school district to work with you, to open their doors, to say come on in? And you mention that school people are going to be trained to present the FAST programs specifically but, that's not the only program that is reaching out to the schools. It looks like almost every component will be offered in schools. I don't know if you have ever tried getting into schools but it is not always easy and the Student Assistance Programs are an easy way. Parents call our Student Assistance Program in Desert Sands to find out where the parenting classes are. So, I agree and I'm sad that Desert Sands is not one of the identified areas, but I still want to see that happen where ever the need is that people are trained in the schools to offer services.

MHB Response: See response to Comment #4.

Comment #6: I do have to say that I've talked about the law enforcement training for years and I'm so pleased that it was written into the plan. There are so many police departments out there that need their officers trained and when our consumers are in crisis we need those officers to be trained in mental health

and how to approach and how to deal with it and I'm exceptionally pleased that this was written into the plan and that we're doing it at last.

MHB Response: No action needed.

TTA Comments and Mental Health Board Responses from Public Hearing July 6, 2009

Comment #7: The plan talks about offering pre-employment training to consumers and family members to prepare them with recovery and wellness principals and to show how they learn through life experiences. Through the stimulus package Workforce Development is receiving significant funding to expand their services to reach and help train individuals as well. Has there been any cross referencing regarding those new services or expanding services through the stimulus funding for Workforce Development to what you're offering here with this funding?

MHB Response: No change to the plan is needed. The Board requests that RCDMH make contact with Workforce Development regarding this matter prior to implementation.

Comment #8: Regarding the police department receiving education on the overview on mental illness and mental health and mental health laws. My family went through an experience in dealing with the police department and behavioral health services. One of the things that was really difficult in dealing with both entities was the fact that unless the patient is expressing verbally that he is going to hurt himself or harm others the family is caught in the middle. Behavioral health did not want to intervene even though all the signs and symptoms were there and the police department did not want to intervene because they said that it was a behavioral health issue. We had to go through hell, and it got to the point that the administrator had to intervene. But, one of the first things that came into my mind is, where's the education for police officers? Or for providers as well, helping families that are dealing through distress when they're dealing with a loved one. I would like to see that there is an opportunity to provide training to police officers.

MHB Response: No action needed. This comment substantiates the need for law enforcement training as listed in the plan.

Feedback Form Comments and Mental Health Board Responses

Of the _10_ Feedback Forms submitted: _2_ were "Very Satisfied", _2_ were "Somewhat Satisfied", _1_ was "Satisfied", _4__ were "Unsatisfied", _0_were "Very Unsatisfied", and _1_ did not indicate a Response

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

- The strength in the plan clearly lies in its attention to provide training to law enforcement. Thank you.
- #3 is sorely needed in the Desert communities – lack of Psychiatric facilities in the Coachella Valley make the job of law enforcement more difficult – therefore many needing Psychiatric help are not provided these services because law enforcement does not have the knowledge or resources to provide such and do not.
- Particularly interested in #3 of plan – acute need for law enforcement training.
- The law enforcement training.
- Focus on key setting. California Institute for Mental Health (CIMH) is respected in Riverside for its past Technical Assistance.
- Law enforcement training is very important – I'm so pleased as a provider of services.

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

- 1.) Why does the department believe California Institute for Mental Health (CIMH) to be the right provider? The Department needs a fresh, new perspective on mental health outside of California with updated, creative perspectives on programs and budget. 2.) Where is the dual diagnosis training on intellectual disabilities?

MHB Response: No action needed. 1.) CIMH has the infrastructure and experience to bring together development teams which both reduces the cost of training and ensures fidelity to the models. In addition, with the implementation of the vast number of evidence-based practices through PEI across the State. CIMH has knowledge of other Counties' training needs and can assist us in collaboration regarding trainings adding to cost effectiveness. 2.) Not PEI related.

- Does not address needs of LGBT community.

MHB Response: No action needed.

- Training designed to increase community capacity should be offered to "providers" and potential partner providers (schools, Community-Based Organization's, Public Health, and other public agencies). Trainings should be more inclusive.

MHB Response: No action needed. Trainings for evidence-based practices in the PEI plan will be coordinated and offered by RCDMH to all contract partners and trainings will be available to additional community providers who may be interested. The trainings in TTACB will be offered to contracts and additional non-contracted community agencies as appropriate, including schools. In addition, as stated above, adding a fourth component to the plan also addresses this concern.

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