the choice between traditional outpatient mental health services or peer-driven services provided by the RLC.

- Unfortunately, the space identified for the Children's Clinic fell through and the RLC project was placed on hold.
- During FY11/12, the MHSS and SPSS of the RLC developed a Consumer Advisory Committee to provide feedback and ideas on activities that could be beneficial to the RLC.
- The MHSS and SPSS began to identify programs and services within the community who would partner with the RLC to provide wellness services for consumers. Such programs included the Coachella Valley Arts Alliance, Palm Springs Art Museum, Harmony Center, and Coachella Valley Rescue Mission.
- In order to deal with the problem of not having available space, the Desert Region Administrator re-developed the RLC as a field-based peer support program, with most of the recovery coaching taking place in "real life" community settings, rather than in the mental health clinic. We call this a "Recovery Learning Center without walls".
- The proposal was approved and the MHSS identified enough office space in the clinic to house 3 Recovery Coaches. This allowed the MHSS to begin staff recruitment in spring of 2012.

Western Region - RLC Activities for FY11/12

- Grand opening community celebration was held on Sept 28, 2011 with over 250 people in attendance.
- Building completed with decorations and furnishing.
- Hired 7 PSS, 2CT, 2OA, psychiatrist, Sr. PSS, RN
- Welcomed 186 people. Member enrollment continued to flex between 70 – 85 members
- Completed 12 WRAP classes
- Conducted an average of 10 different recovery activities a week.

- Facilitated 217 activities such as (WELL, Medications for Success, Relaxation, Drumming, Healthy Living, etc.)
- Provided 12 in-service trainings for the staff.
- Held our first graduation in which 6 members graduated
- Assisted 10 members with vocational services through Jefferson Wellness Vocational Program
- Linked 3 members to Riverside Community College
- Another alternative therapeutic treatment modality being piloted at the RLC is animal assisted therapy.

Desert Region - RLC Progress Update for FY12/13

- The RLC - Desert Region opened its doors to new referrals on July 2, 2012. The SPSS began by taking on new members while new PSS hires were going through HR process, and conducted outreach to consumers from various locations.
- Target populations included residents of Board & Cares; clients who completed Urgent Care at the Indio OP Clinic; those that completed a 14-day stay at the Desert Rancho CRT; and clients referred by psychiatrists who were not successfully engaged in treatment. A First Recovery Coach was hired on Sept 6, 2012. The Second Recovery Coach was hired Nov 1, 2012 and the third Recovery Coach was hired on December 3, 2012.
- As of January 15, 2013, the RLC had received 30 referrals and had 13 actively engaged members.
- Recovery Coach and SPSS began implementation of first WRAP group in September 2012; completed in December with 6 graduated members.
- Second WRAP group began January 15, 2013.
- WRAP graduates created an Alumni group called "Moving Forward". Group is scheduled to begin January 17, 2013.

- Recovery Coaches often meet members in their homes, at local restaurants, grocery stores, park settings, and the local Peer Center.
- Recovery Coaches work on specific member goals. Member identified goals have included losing weight, reducing isolation, achieving sobriety, and obtaining employment. Recovery Coaches meet with members in the community to support their goal achievements. For example, a Recovery Coach met with their member at a restaurant to assist the member with identifying healthy choices for eating.
- RLC hosted an "Open House" for Indio Adult & Children's staff, RLC members, and staff from Residential Case Management to learn about RLC philosophy and meet Recovery Coaches.
- RLC added a PSS Intern in December 2012 for a 6-month internship as a Recovery Coach.

Desert Region - RLC Challenges

- Loss of SPSS: The SPSS has been out on Medical Disability since October 2012. We were able to identify an Interim SPSS who has taken over the SPSS's responsibilities.
- New hires having difficulty learning the new Electronic Medical Record (ELMR), billing and documentation procedures, and use of "Medi-Cal language" in progress notes.
- Low number of referrals received to date.
- Difficulty engaging and "selling Recovery" to consumers with chronic and severe mental illness, who are reluctant to commit to a new program.

Western Region - RLC Challenges

- Difficulties with recruitment of diverse and multi-cultural/multi-linguistic Peer Support Specialists.
- Difficulty with achieving diversity levels of Peer Support Specialist (with expertise in the mental health recovery process).

- Developing appropriate interview process to identify the Peer Support Specialists with experience in working with recovery in mental health settings.
- Retention of Peer Support Specialists and Senior Peer Specialist.
- Developing protocols that recognize the innovative approach of the services.
- Challenges with billing codes and Medi-Cal billing services that do not meet the recovery innovative approach.

Desert RLC Plans for FY13/14

- Revamp the Consumer Advisory Committee to include both current members and mental health consumers, but also partner agencies in the community who assist our members in achieving wellness.
- Recruit and hire all 5 PSS positions (3 of the 5 are currently filled).
- Have each PSS assigned to 15 members for a total of 75 active members enrolled in the program.
- Continue to outreach and engage potential members living at Desert homeless shelters (Coachella Rescue Mission; Martha's Kitchen, Roy's Resource Center); as well as continued outreach with Milestones Board & Care, Desert Rancho CRT, La Hacienda Apartments, PHF discharges, and Adult OP clinic "meds only" consumers.
- Celebrate milestones and achievements of RLC members by honoring them at the Harmony Center "Celebration of Successes" bi-annual graduations.

INN-03 Family Room Project

The Family Room is a new way (modality) of delivering services which means that mental health services are being provided within the context of a partnership between the person needing services, family, supportive individuals, and the provider. Overall the new modality of services is an integration of treatment planning, program content and collaboration with family members and or individuals who have an important role in a person's life who is receiving services. This approach is based on the premise that serious mental illness frequently derails individual and family lives by creating losses of dignity, hope, respect, uniqueness, and self

acceptance. In addition, there are also losses due to stigma, poverty, lack of choices, social isolation, and lack of opportunities. Therefore the Family Room not only works with the individual who is receiving services but also provides education, skill training and support to the family members and loved ones who are important to the life of the person. In providing these services the focus is on regaining back what was once lost.

The new way of delivering services also makes great effort to create a culture of acceptance, purposeful interpersonal interactions, personal power, and motivation. The primary interventions to achieve these goals are trauma reduction, personal motivation, knowledge building, relationship enhancement, and restoring self determination. Also, in this process of cultural endeavor a great emphasis is given to the clinic physical environment and appearance (lobby, paint colors, clinic offices, and group rooms) so that it can lower any barriers and enhance effectiveness of services. In this aspect the clinic has created a family friendly lobby, by rearranging the reception area, removing the glass window in the lobby, creating a welcoming and an information center in the lobby, establishing so-called "family rooms" to resemble a family living room and selecting warm color paint for the entire clinic.

In addition, the Family Room provides services by employing "Family Specialists" who have lived experience with their loved ones who have been receiving mental health services. However, all staff is being trained to provide services with inclusion of family members.

Currently the Family Room has employed three Family Specialists (they have lived experience as a family member) who with other staff provide programs such as Family Support Group, Peer Support Group, From Crisis to Stability and Recovery Up-Front, which are in addition to the individual services that they provide. The Family Room clinic also works closely and collaborates with the Department's Family Advocate and a Family Room Advisory Council (FRAC) that is made up of consumers and family members. The next step for the Family Room Clinic will be to establish efficacy data by measuring outcomes on the services that are being provided.

INN-04 Older Adult Self Management Health Team Project

Healthy Living Partnership (HeLP) - The new Integrated Health Innovation project establishes an Older Adult Self-Management Health Team program, titled the Healthy Living Partnership (HeLP) for consumer engagement and health care self-management education and support.

This project employs the Chronic Disease Self-Management Program (CDSMP), interagency collaboration, coordination of care, and peer support to assist consumers with at least 3 chronic health problems as well as mental health issues.

The primary purpose of the HeLP Program is to increase the quality of services to this population by monitoring the outcomes of intensive coordinated physical and mental health care received by the clients in this program. Services include medication management; intensive collaboration and coordination with primary care providers; and a Peer Support Specialist to provide ongoing support, facilitate consumer use of the HeLP resource room, and assist consumers in locating and utilizing community activities. A Registered Nurse is in a pivotal position to coordinate medication services and provide consultation and case management services to the consumer. The CDSMP group is a 6- to 8-week intervention that addresses topics including 1) skill-building techniques to cope with issues such as frustration, fatigue, pain, and isolation; 2) appropriate exercises for maintaining and improving strength, flexibility, and endurance; 3) appropriate use of medications; 4) effective communication with family, friends, and health care providers; 5) nutrition; and 6) how to evaluate new treatments.

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

Program implementation was in April 2012, starting with the staff training in the delivery of the CDSMP group treatment program. As of January 1, 2013, 36 referrals were received by the program. Of that number, 24 enrolled; 6 declined to participate, 2 are being followed up on, 1 was declined because of dementia, and 3 declined because they are enrolled in a FSP.

Capital Facilities/Technological Needs

On March 14, 2008, the State Department of Mental Health released the guidelines for the MHSA Capital Facilities and Technology Component. Capital Facilities allows counties to acquire, develop or renovate buildings to house and support MHSA programs. Technology supports counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family member's access to health information within a variety of public and private settings.

Capital Facilities

In the original Capital Facility Plan, Riverside County recommended four prioritized projects. The Hemet Clinic was identified as the first priority for implementation. The other three projects were recommended in the event that the original Hemet Project was not successfully executed. All recommended projects were the result of local community and stakeholder planning process and posted and distributed for a 30-day open review/comment period.

The original acquisition of the Hemet Clinic was blocked due to community opposition. The Department consequently was instructed to withdraw its intent to purchase the Hemet Facility. The second recommendation, in order of priority, was the consolidation of the Western Region Children's programs which would create a single physical plant and structure to maximize functional, operational, and cost efficiencies

The MHSA Children's Out-Patient Program Consolidation Project included the purchase of two existing structures, at a combined capacity of 78,116 square feet, centrally located on 3075 & 3125 Myers Street, Riverside, CA 92503. These buildings were previously used as a corporate headquarters for a recreational vehicles (RV) manufacturer. All renovations for the proposed project will consist of program operational and administrative needs, including Riverside County's Information Technology (RCIT) required updates to the data communications system in order to meet County standards. Specifically, four (4) Parent-Child Interactive Therapy (PCIT) rooms each consisting of a Play Room, Observation Room, Group Room, Interview Room, Chart Room, and a Lobby/Greeting Area will be set up and equipped. Renovations for these rooms include modified light fixtures, the installation of one-way mirrors, correct room door placements, and specific electrical circuits, and other construction as needed by the program.

This project allows consumers to access children's services at a centralized location, while minimizing costs and maximizing program services. The project will consolidate the Western and Central Children's programs. It is expected that the Western Children's programs will serve 2,281 individuals/families per year, while Central Children's is anticipated to serve 1,279 individuals/families per year. The Western Children's program consolidation will include the Children's Interagency Treatment Services for Families (ISF) Wraparound, Riverside Wraparound, the Multi-Dimensional Family Therapy (MDFT)-Western Expansion program, as well as the Western Children's Administration. The Central Children's programs will include the Assessment and Consultation Team (ACT), Children's Case Management, Multi-Dimensional Treatment Foster Care, Youth Hospital Intervention Program (YHIP), Parent Support and Training Unit, the Therapeutic Residential Assessment and Consultation Team, and Central Children's Administration. The Information Technology staff will also be housed at the site to support aforementioned programs. It closed escrow at the end of September 2011.

Technological Needs

RCDMH received approval to use MHSA Technology funding for implementing the Behavioral Health Information System (BHIS), as well as approval regarding the specific details for how funds will be used to implement the BHIS.

This implementation plan for BHIS includes: (1) purchasing and configuring hardware, (2) purchasing software, (3) professional fees associated with customizing the software for RCDMH, (4) additional staff for development, implementation, maintenance, and training.

The county has replaced the legacy INSYST and eCura software applications with a fully integrated BHIS for Practice Management, Managed Care, and Clinical EHR (Electronic Health Record). The new BHIS has been implemented in phased releases. Phase I included Practice Management, Administrative Workflow, Managed Care, Billing & Accounting, and all state mandated reporting. Phase 2 involved the implementation of a Clinical EHR function.

Electronic Health Record Implementation FY11/12

Phase 1 was completed at the very beginning of FY11/12, and Phase 2 was initiated. The second phase of the implementation primarily focused on the Clinical Workstation (CWS) module. This included the actual clinical content of the Electronic Health Record. Basically, it

replaced all of RCDMH's hard copy charts with electronic charts. This second phase went live on July 2, 2012. In addition to CWS, other modules were implemented as well: Executive Report System (ERS), Document Management for scanning various documents into the clinical record, Client Fund Management System (CFMS), and signature pads for recording client's signatures.

This implementation was executed by using program representatives from throughout the County's programs. Clinical documentation forms were designed and created. Reports were designed. Beginning around January, testing was initiated. During the testing process, individuals who are not on the implementation team were invited to work through the various forms to identify ways that they could be improved. Training materials were developed. Three Beta sites were identified and went Live earlier than the rest of the Department. Concurrently, trainings were delivered to over 700 end users who were direct service providers or supervisors.

During this same time frame, ongoing work was needed to troubleshoot various issues that came up as a result of the first phase of the implementation. Specifically, workflow was refined regarding the billing process and reports were revised or designed to provide users with the information they needed to troubleshoot data entry.

Plans for FY13/14

In 2012/2013, we have been refining business workflow and working with the vendor to address software bugs. In addition, we are working on implementing software that will meet the Federal Meaningful Use requirements. This will add the ability for psychiatrists to order lab tests and receive lab results electronically in the clients' electronic health records. This will also introduce a software product called Consumer Connect that will make it possible for consumers to view their health records through a secure web portal.

FY13/14 is the final year of the budget for this implementation. During this year, County operated programs will be working to continue development of new business practices to incorporate the new software into their workflow. Processes will continue to be refined for making workflow more efficient and accurate regarding: Quality Improvement auditing practices, clinic error checking, and billing processes. In addition, there will be activities focused on the continued development of electronic methods for exchanging data with contract providers who have their own electronic health records.

MHSA Housing

MHSA Housing Activities, July 1, 2011 - June 30, 2012

The Department of Mental Health operates two Safehaven facilities that follow a low demand drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals. Both facilities are operated via contract that emphases peer-to-peer engagement and support. Ninety nine percent of staff have received mental health services (consumers of care or peers) and many have also experienced prolonged periods of homelessness. The Place, located in Riverside, opened in 2007 and provides permanent housing for 25 adults along with supportive services, laundry facilities, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard to engage homeless individuals with a serious mental health disorder. Those seeking housing at The Place must have a diagnosed mental illness and be considered chronically homeless. The permanent housing component operated at above 95% occupancy rate during 2011/12, with any vacancies being quickly filled. During FY11/12, The Place had an average of 900 drop in guests each month.

The Path, located in Palm Springs, opened in 2009 and provides permanent supportive housing for 25 adults on the campus of Roy's Resource Center. It is located immediately adjacent to an FSP clinic that is operated by the Department of Mental Health. More than 80% of the tenants who have resided in The Path maintain stable housing for longer than 1 year. The Path had an average of 120 drop-in visitors each month during FY2011/12.

Both facilities are operated by Recovery Innovations Jefferson Transitional Programs under contract with RCDMH and both continue to operate at or near full capacity. During FY11/12, funding for temporary emergency housing was continued. The success of The Path and The Place, together with the prominent role they play in the continuum of housing for Department of Mental Health consumers, positions these programs for continued success as a valuable contact point for homeless individuals with mental illness.

The MHSA permanent supportive housing program continued to advance its efforts during FY2011/12 through the opening of new permanent supportive housing in all three service delivery regions of the Department of Mental Health. A total of 45 MHSA units were completed and occupied during FY2011/12 for TAY, adults and older adult consumers. All of the MHSA units were embedded in affordable housing communities that were built in the City of Riverside, the City of Menifee and in Thousand Palms. It should be noted that MHSA housing funds assisted developers in financing affordable housing projects as MHSA funds leveraged the development of 382 total affordable housing units during FY2011/12. Fifteen (15) MHSA units were developed in each project.

Vintage at Snowberry, located in the City of Riverside, consists of 224 units of senior housing and is the largest affordable housing development in California to include MHSA units and utilize MHSA funds as part of its financing plan. Other government entities participated in the development of this community, including the City of Riverside, the state of California (through the award of Tax Credits), the Riverside Economic Development Agency, and the Department of Housing and Urban Development. Vintage at Snowberry was one of the most successful communities of its kind ever developed by its sponsor. The first MHSA residents moved into Vintage at Snowberry in August 2011. All 15 MHSA units are occupied and have been continuously occupied since its opening.

Another 15 units of MHSA permanent supportive housing for seniors opened in FY2011/12 in the City of Menifee. The Vineyards at Menifee is a new 80 unit community that includes 15 MHSA units. The Vineyards at Menifee provides the first MHSA permanent supportive housing units in the Mid-County service delivery region of Riverside County. The first units were available for occupancy in November 2011. All MHSA units were occupied immediately and remain occupied.

Legacy, located in Desert Hot Springs, opened during FY2011/12 and provides 15 units of MHSA housing for TAY, Adults and older adults within a 78 unit affordable multi-family housing community. Occupancy of MHSA units began in November 2011. All MHSA units are occupied and have been continuously occupied since opening.

An application for MHSA funds was submitted to the state Department of Mental Health and the California Housing Finance Agency (CalHFA) during FY2011/12 for development of 15 MHSA units as part of the acquisition and construction of an existing 96-unit affordable housing community in Desert Hot Springs. Verbena Crossing will provide housing for TAY, adults and older adults as part of the $10 million redevelopment and refurbishing of this community. The occupancy of the first MHSA units is expected to begin in early spring 2013.

An additional application for MHSA funds was submitted to state Department of Mental Health and CalHFA during FY2011/12 for the development of 15 MHSA units for TAY, adults and older adults as part of the development of a new $21 million, 78-unit affordable housing community in the City of Riverside. Preliminary approval of the financing was projected for late 2012, followed by the issuance of a financing commitment by CalHFA in early 2013 and groundbreaking shortly thereafter. Occupancy is expected in early- to mid-2014.

Stakeholder presentations were conducted in April 2012 for the proposed development of 15 units of MHSA permanent supportive housing for TAY, adults and older adults in Perris, located in the Mid-County service delivery region of the Department of Mental Health. The MHSA units would be part of Perris Family Apartments, a 75-unit, $20 million affordable housing community that is being developed by an entity that has previously developed housing in partnership with the Department of Mental Health. Stakeholders provided enthusiastic support for this development. An application to the state Department of Mental Health and CalHFA for MHSA funds was projected to be submitted in late 2012. Construction is expected to begin in 2014.

The first units of MHSA permanent supportive housing in Riverside County were completed and available for occupancy in October 2010 to serve TAY, adults and older adults. The 15 MHSA units are located in Rancho Dorado, located in the City of Moreno Valley, consisting of a two-phase community that has 150 units of affordable housing. The MHSA units at Rancho Dorado have been continuously occupied since the property was opened.

Looking Ahead to FY 2013/14

The development of MHSA permanent supportive housing is dependent upon the vitality and activity level of the housing industry in general. There was improvement in FY2011/12 in the conditions that had previously thwarted housing development activity. The continued period of low historic interest rates and better access to financing helped existing projects proceed and prospective projects gain support from investors and financing sources. Stability in these conditions will allow the three projects that are currently in the pre-development, early development and acquisition/rehab phases of activity to progress.

The elimination of Redevelopment Agencies statewide, however, has withdrawn a source of funding for affordable housing that has traditionally been a powerful driver of new housing. It is not clear what, if any, new mechanisms will evolve in place of Redevelopment Agencies to provide the crucial gap funding that has historically been the engine to help affordable housing to be created. Affordable housing communities provide a natural setting and partnership for the development of MHSA units. The vacuum brought about by the elimination of Redevelopment Agencies raises the concern that any reduction in affordable housing development activity may also reduce the opportunities for MHSA housing in the future.

MHSA MENTAL HEALTH COURT

Riverside Mental Health Court:

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

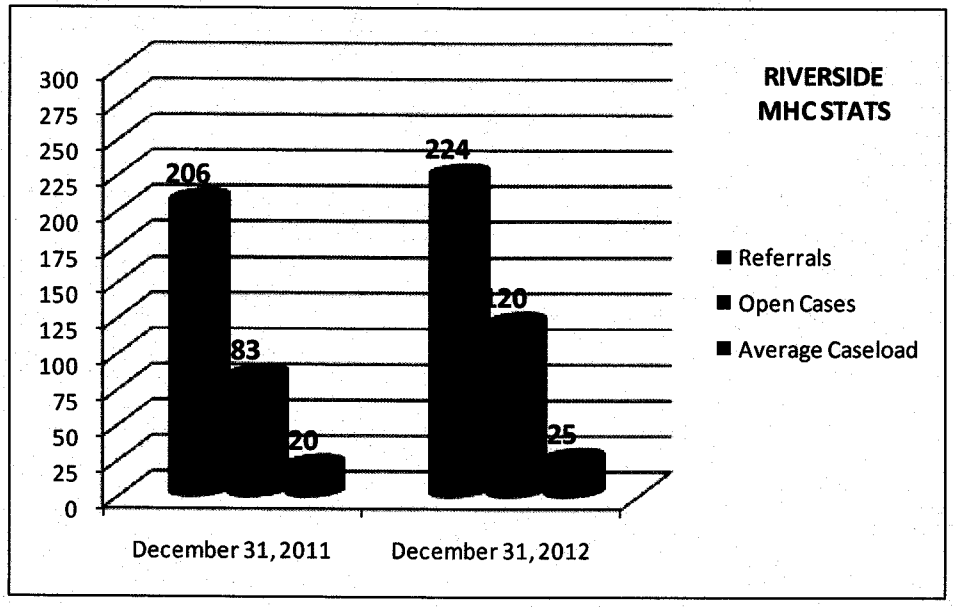
Current staffing levels:

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

There is currently a candidate for the MHSS position in the Sheriff's background check. Detention also has one vacant Clinical Therapist position in Riverside and is working with HR to identify potential candidates to fill the position.

2012 YTD Stats as of December 31, 2012:

- Referrals - 224
- Open cases - 120
- Average caseload - 25



Mid-County Mental Health Court:

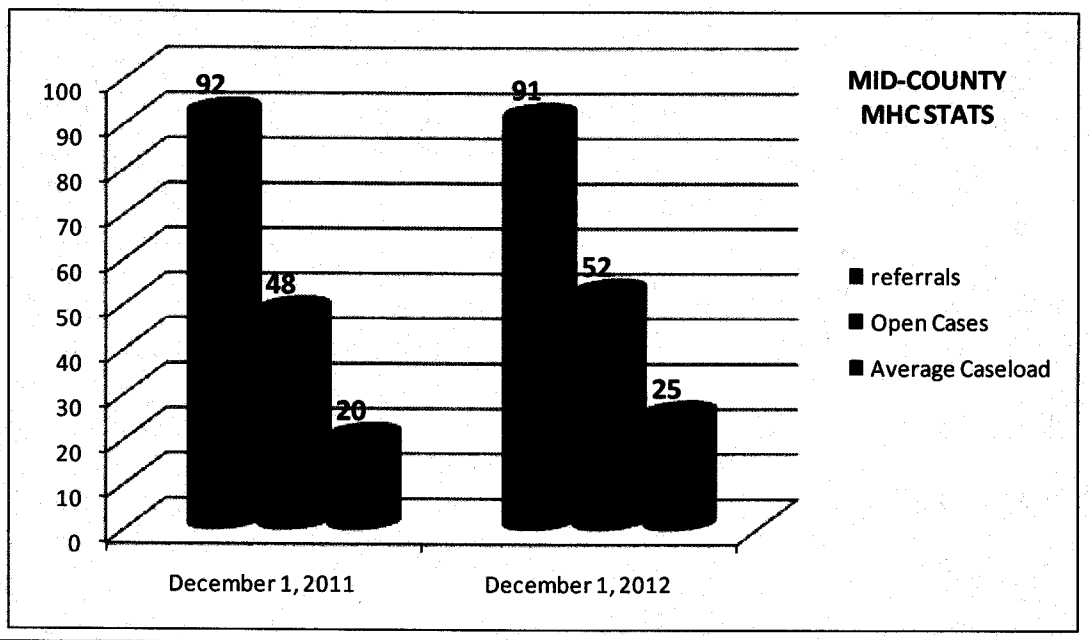
The Mid-County/Southwest Mental Health Court was established in September of 2009.

Current staffing levels:

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

2012 YTD Stats as of December 31, 2012:

- Referrals - 91
- Open cases - 52
- Average caseload - 25



Indio Mental Health Court:

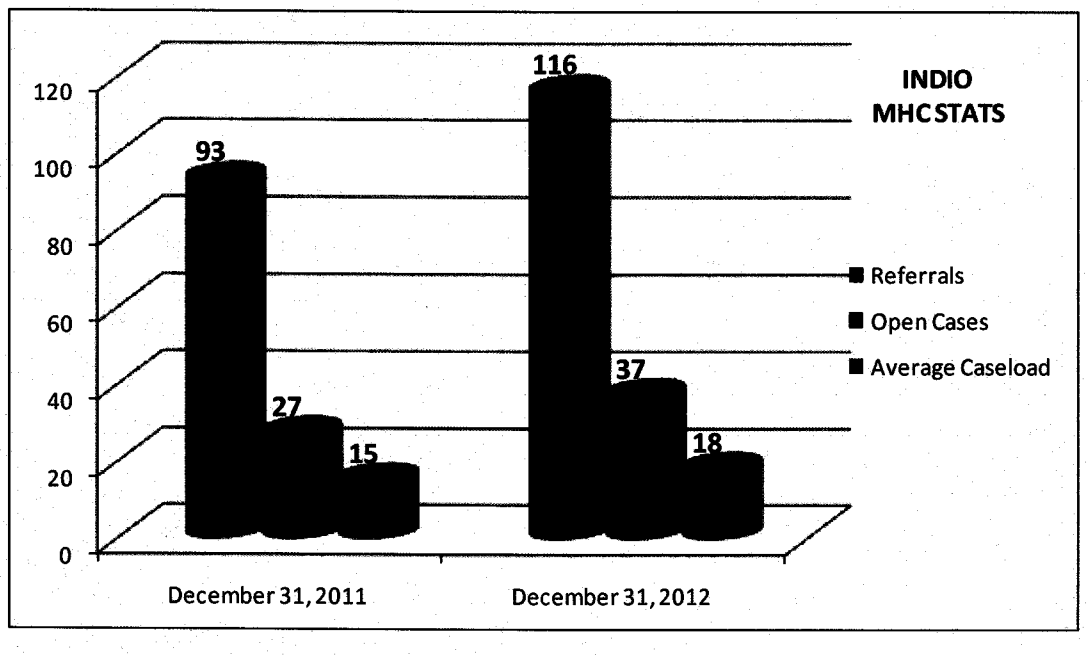
The Desert region's Indio Mental Health Court was established in May of 2007.

Current staffing levels:

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

2012 YTD Stats as of December 31, 2012:

- Referrals - 116
- Current open cases - 37
- Average caseload - 18



In 2012 the Mental Health Court was awarded the Council on Mentally Ill Offenders (COMIO) best practice award and the California State Association of Counties (CSAC) Merit Award.

Mental Health Court continues to be a highly successful program here in Riverside County.

Veterans Court

On January 5, 3012, Veteran's Court convened for the very first time in Department 31 under the leadership of Superior Court Judge Mark Johnson. Veteran's Court is a joint effort between the Riverside County Superior Court, Veteran's Administration (VA), and several Riverside County and City agencies including the District Attorney, Public Defender, Probation, Mental Health, Riverside Police Department, and other county Veteran agencies. The Court specifically addresses the needs of Riverside County Veterans charged with criminal offenses, and it is a 12 to 18 month program that provides treatment and rehabilitation to Veterans.

A key component of the program is mentoring. Veteran mentors are pre screened volunteer veterans and are very critical to the success of the participants. Mentors provide support and guidance to the veterans in a way that is culturally competent, as they understand and relate to the military culture so engrained in Veteran's Court participants. These volunteers dedicate countless hours each week to support the veterans and the program. Currently, there are five (5) veteran mentors.

The goal of entry into the program is three weeks (21 days) from arraignment, the Veteran's Court referred form is completed by the client's attorney early in the Court process and the case is set in Department 31 for an eligibility hearing seven to fourteen days out. At this time the court requests mental health clinical assessments, which are done by the Clinical Therapist assigned to the Veteran's Court. Year to date MH has provided 10 clinical assessments and referrals are growing daily as the program grows. So far we have had 61 veterans referred to the program and a total of 18 were accepted; 17 males and 1 female. Please see attachment 1 which is a detailed summary of the demographic information for 2012.

The success of the program, both economically and socially, is reflected in many different ways. Veteran's Court saves State and County funds in the avoidance of prison costs ($134.25 per day State, and $142.92 per day at local jails) when participants are in treatment in lieu of incarceration. Also when the Veteran's Administration provided the treatment services, County treatment services were not utilized, saving in both duplication of services and cost. The most significant savings is human life - the veterans who fought for our Country and their families who sacrificed so much as a result. The first Veteran's Court graduation was expected to take place in April 2013.

The Veteran's Court team was selected to attend a week long federal training program specifically for Veteran's Court on July 23-27, 2012 conducted by the National Drug Court Institute. This training involved mentors from all over the Country and walked the team through each step of development of a new Veteran's Court program. The Riverside team had the distinct honor of working with Judge Robert Russell of Buffalo New York, who is responsible for the implementation of the very first Veteran's Court in the United States.

The training highlighted the special skills and understanding needed to work with veterans in a drug court model. In a course of a week the Riverside team developed a mission statement, protocols, and procedures and gained a real understanding of the various roles and responsibilities within the Veteran's Court team.

Veteran's Court Riverside "Stand Down" Event

You may ask "what is a STAND DOWN"? In times of war, exhausted combat units requiring time to rest and recover were removed from the battlefields to a place of relative security and safety called a "Stand Down". Today a STAND DOWN refers to a community-based intervention program designed to help the nation's estimated 200,000 homeless veterans "combat" life on the streets.

Riverside Superior Court, District Attorney, Public Defender, Department of Mental Health, the Veteran's Administration, Veteran's service groups and the community joined together to hold the first Riverside Stand Down last year on November 8-10, 2012. More than 300 veterans participated in the early registration on November 8th, where they indicated the services that they needed to get back on their feet. Upon entering the Stand Down, veterans were offered respect, honor, and assistance. Their immediate physical and mental health needs were addressed. They received a hot breakfast, showers, clothing, a barber, medical and dental services.

Truly the highlight of the event was Veterans hampered by old infractions and tickets were able to request a review for dismissal. Veteran Services provided the District Attorney and the Public Defender with documentation of minor legal issues that were reviewed and/or dismissed on the last day of the event. Approximately 30 cases were reviewed, some cases were immediately dismissed, while others required evidence of completing community service or obtaining services before being dismissed. The purpose was to assure that each veteran would obtain

services he and/or she needed to be able to get employment, driver's licenses, rentals, etc. Many Public Defenders and Private Attorneys volunteered their time to support and respect the veterans.

Finally, five mentors of the Mental Health Court program and our graduate student intern participated in the 3-day event. We provided mental health and substance abuse resources and many other incentives to encourage mental health wellness.

Recovery Innovations at Jefferson Transitional Program (JTP)

(Western and Mid County Peer Support and Resource Centers)

In 2012 Jefferson Transitional Programs (JTP) was acquired by Recovery Innovations and will now operate as Recovery Innovations at JTP.

Mission: Involve people in their own treatment and care so they may walk through the door of recovery with confidence- moving from crisis to stability, victim to survivor and hopelessness to happiness.

Vision: To assist individuals with psychiatric and/or dual diagnosis challenges in becoming productive and thriving citizens through the provision of safe affordable housing; development of functional life skills; opportunities to explore and develop vocational options; and promotion of community awareness and sensitivity to the needs and potential of individuals with psychiatric and/or dual diagnoses.

What We Do: We offer a variety of resources in-house, such as:

- Housing
- Volunteer opportunities
- Vocational training and pre-employment skills training
- Computers
- Workshops on a variety of quality-of-life topics

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

- Riverside Community College's Disabled Services Center
- Housing and Urban Development Office
- SSI Advocacy Firms
- Legal Aid
- Transportation Assistance Program (TAP)
- Department of Rehabilitation

Peer Support: From the moment a person walks through the door, they witness their fellow peers greeting them, volunteering at the receptionist desk, answering phones, and teaching recovery classes. In addition, 94% of our staff have lived experience with mental health challenges and are a great demonstration that recovery is possible. Staff and program participants partner to create a culture where each person's talents, skills, and abilities are valued and used to encourage others. Participants are encouraged to develop relationships and support networks with each other to move their recovery journey forward.

Recovery Education: Within our centers, classes are offered daily, and are taught by program participants, staff, and community partners. Class topics range from nutrition and exercise to increasing social participation and goal-setting. In the larger community, individuals educate the public on mental health challenges in order to decrease stigma. Some examples of these efforts include:

- Storytelling through NAMI's In Our Own Voice for the Sheriff's Department, local universities, hospitals, clinics
- Participating in Community Health Fairs
- Participating in Community Events

Community Integration: Our ultimate goal at the Peer Support and Resource Services Center is to see each participant achieve a greater level of independence and involvement within the community. Each month, we provide opportunities to participate in free or low-cost community events. Through these events, participants are encouraged to explore personal interests, engage in new experiences, develop friendships, and discover welcoming places that will increase their quality of life.

Community Support:

- Loma Linda University's Nursing Department developed and taught a Physical Health Awareness class.
- Springboard offered workshops on developing financial stability.
- DBSA has provided the location for JTP's Annual Magic of Believing Fundraiser. Also, every major holiday, all JTP Peers were invited to social events at the home/grounds of DBSA President JoAnn Martin.

- Riverside City Police Department was provided education from a peer panel in conjunction with a Q & A session for law enforcement officers and staff.
- Riverside County Sheriff's Department was provided education from a peer panel in conjunction with a Q & A session for law enforcement officers and staff.

FY11/12 Activities

For FY11/12, the JTP Peer Support and Resource Service Center activities/accomplishments include:

The following is a breakdown for both the Western and Mid-County Region.

Western Region

- The Adult Program served a total of 210 individuals unduplicated.
- The Transitional Age Youth Program (TAY) has served a total of 78 individuals unduplicated.

Mid-County Region

- The Adult Program served a total of 407 individuals unduplicated.
- The Transitional Age Youth Program (TAY) has served a total of 69 individuals unduplicated.

Program Milestones

- Thirteen (13) peers obtained and sustained ninety (90) days of gainful employment.
- Fifty-seven (57) peers enrolled in higher education courses.
- Assisted eighty-seven (87) peers apply for benefits (SSI/SSDI, Work Incentives, and Medical).
- Assisted three hundred thirty-eight (338) peers obtain housing of their choice.

Consumer Supports and Education

ASIST (Applied Suicide Intervention Skill) from RCDMH: JTP provided two 16 hour ASIST classes (25 in each class) for RCDMH and JTP Peer Support Specialists and other designated county mental health staff. This has created a life-assisting community in our county, a group of individuals seeking to prevent the immediate risk of suicide.

Peer Employment Training: JTP provided six Peer Employment Training classes, two in each region (Western, Mid-County, and Desert). There were approximately 150 participants that graduated. The 80 hour classroom training and graduation celebration provided a very positive opportunity for participants to demonstrate empowerment in recovery. JTP continued to work

with individuals who were seeking employment as Peer Support Specialists in the County of Riverside.

NAMI Programs

NAMI Programs at JTP began in Sept 2011 with the hiring of a Program Supervisor and Program Coordinator. A second Program Coordinator staff was hired in the Western Region in April 2012. The program has 2 office locations, one in the JTP Recovery Peer Run Center in Riverside and another at the JTP Peer Run Center in Perris.

NAMI Signature Program: In Our Own Voice

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

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

Target audiences include persons living with a mental health diagnosis, mental health service providers, families, students, law enforcement personnel, professionals, faith communities, and all people wanting to learn about mental illness. The presentation takes 60-90 minutes and is intimate and candid. Presenters engage audiences with their brave and gripping personal journeys. They touch on the various phases of recovery including: Dark days, Acceptance, Treatment, Coping Skills and Successes Hopes and Dreams.

For FY11/12 there were 12 IOOV presentations in the Western Region and 27 in the Mid-County Region. A total of 850 people were able to attend IOOV presentation this fiscal year.

In Our Own Voice: Western Region:

- 11/11/11 In Our Own Voice Training for Presenters in Western Region/14 Trained Presenters
- 1/11/12 Ben Clark Training Center/Police and Jail staff/ 13
- 1/17/12 Artworks/ Loma Linda Nursing Program/15
- 3/1/12 Brenda's Board and Care/Residents and Staff/ 32
- 3/5/12 NAMI Western Riverside Program meeting/ Families/Peers /30
- 4/18/12 Ben Clark Training Center/ Police and Jail Staff/ 14
- 4/24/12 NAMI Family to Family Program -12 week class participants / 20
- 5/14/12 Ben Clark Training Center/ Police and Jail Staff/ 29 officers
- 5/22/12 Loma Linda School of Nursing students/ JTP/ 19 nurses
- 5/23/12 Riverside Police Department/ Police Staff and Clergy/ 28
- 5/24/12 Rubidoux California Family Life Youth Empowerment Center staff/ 8
- 6/6/12 Riverside County Office on Aging Staff/ 16 staff

In Our Own Voice: Mid-County Region:

- 11/30/11 Mt San Jacinto College Students Psychology 101 class/ 33 students
- 11/30/11 Mt San Jacinto College Students Psychology 101 class/ 32 students
- 1/10/12 JTP Program Participants/Perris location/ 12 peers
- 1/12/12 JTP Program Participants/Perris location/ 15 peers
- 1/19/12 Loma Linda Nursing Students/ Perris/ 15 Nurses
- 1/31/12 Soboba Indian Clinic/ San Jacinto/American Indian Community/ 8
- 2/9/12 Oasis Youth Opportunity Center Perris/ Staff/ TAY Students/ 10

- 2/14/12 Youth Opportunity Center Moreno Valley/ Staff/ TAY Students/ 9
- 2/14/12 JTP Program Participants/ Perris Location/ 14 Peers
- 2/23/12 ANKA Full Service Partnership San Jacinto/ 14 Staff
- 3/2/12 California Family Life Youth Opportunity Center/ San Jacinto/ 9 staff
- 3/2/12 Jefferson Transitional Peer Run Center/ 5 Staff
- 3/22/12 ANKA Full Service Partnership San Jacinto/ 14 Program Participants
- 3/31/12 NAMI Family to Family Class/ Rancho Springs Medical Center/ 20
- 4/2/12 Tribal Counsel School Torres Martinez Reservation/ 27 Youth and Staff
- 4/17/12 Mt San Jacinto College/Human Sexuality Class/ 30 Students
- 4/25/12 Perris Mental Health Clinic Family Room Staff/ 12 Staff
- 4/25/12 Mt San Jacinto College/ Intercultural Relationship class/ 30 Students
- 4/30/12 Mt San Jacinto College/ Dual Diagnosis Class/ 19 Students and Staff
- 5/1/12 CASA- Center Against Sexual Assault San Jacinto/ 5 Staff
- 5/1/12 CASA- Center Against Sexual Assault San Jacinto/ 10 Crisis Volunteers
- 5/7/12 Family Resource Center Perris/ Spanish Community and Staff/ 11
- 5/14/12 Victor Community Service and Supports Perris/ 26 TAY Students and Staff
- 5/16/12 Mt San Jacinto College/ Psychology 101 Class/ 33 Students and Staff
- 5/16/12 Mt San Jacinto College/ Psychology 101 Class/ 29 Students and Staff
- 5/22/12 Older Adult Clinic San Jacinto/ 11 Staff/ Participants
- 5/24/12 Cultural Competency Reducing Disparities Committee/ 4 Committee Members

Here are some comments from those who attended our presentations:

- One student stated that it "was wonderful to experience the presenter's first hand story and the dreams for the future".
- Another Student comment "my friend was diagnosed with depression today and the video showed me what to expect and what to suggest".
- "The presentation gave great insight for people trying to recover. I think what NAMI does is an amazing thing. I think this world would be better if everyone had to be in the class to learn about it."
- "I understood how important the need for structure is and to be busy throughout the day."
- Those attending the Law Enforcement presentations said "it gave me a better understanding of what the consumer might be going through and why they have to come to the attention of law enforcement." "I now understand that I can be the one that can get them back on the right path to getting the help that they need and have a better understanding of how to assist".
- The presentation "gave me more insight into my son's treatment program".
- The nurses expressed that they learned how important "acceptance" was to the peers in the beginning of their recovery. Presentation increased understanding of key recovery concepts.
- Family members shared some of their personal experiences. Many felt that Recovery may be possible, having heard this presentation.

NAMI Signature Program: Parents and Teachers as Allies

This program is designed for teachers, administrators, school health professionals, Parents, Grandparents and others in the community who would be interested in mental health training

This one to two -hour in-service program focuses on helping school professionals and families within the school community better understand the early warning signs of mental health in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of mental health experiences and how schools can best communicate with families about mental health related concerns.

Parents and Teachers as Allies Trainings:

- Two Trainings were completed for both Mid County and Western Regions in which 45 people were trained to present Parents and Teachers as Allies in all three regions of Riverside County.
- Presentation March 23, 2012 to School Psychologists, Nurses and Counselors in Lake Elsinore/ Audience- 13
- Presentation April 10th 2012 at Arizona Middle School to Spanish Speaking Parents and Bi-Lingual staff/ Audience- 9
- Presentation May 9th 2012 to District Nurses and Health Clerks at Lake Elsinore District office/ Audience- 23
- Presentation June 4th 2012 to Counselors, MFT's and MFT Interns in Hemet Unified School District/ Audience- 9

NAMI Signature Program: Breaking the Silence

Teaching the Next Generation About Mental Illness: One in five of our children will have a mental health challenge at some point in their lives. Mental illness has never been more treatable, but there is a deafening silence about it in our classrooms. Fully scripted innovative lessons and suggested activities for upper elementary, middle School and high school put a human face on mental health challenges and confront the myths that reinforce the silence. Students learn: mental illness is not caused by a character flaw but by a complex interaction of biological, psychological and social factors; mental health challenges have never been more treatable; the warning signs; and how to fight the stigma that surrounds mental illness. Staff will demonstrate the use of the material to the school personnel with the intention that the school use the lesson plans in their classrooms. Presentations are available to school groups and community organizations upon request.

Program Staff made contact with Riverside County Office of Education, Lake Elsinore, Perris, Hemet, San Jacinto, Alvord, Jurupa, Menifee, Temecula, and Riverside school districts to begin working with these districts and others to bring this valuable lesson plan into their classrooms.

Community Support – Program staff attended regular Chamber, Rotary, School District, Mental Health Board, Children's, TAY, CFLC Advisory, School Collaborative, Older Adult, Regional Advisory Board, Adult System of Care, NAMIWALK and NAMI Program meetings to network with the community and provide resources to these organizations. They also participated in various Health Fairs in Riverside County and the May is Mental Health Month event at Fairmont Park.

Upcoming attractions for FY12/13 include partnering with Recovery Innovations to become one organization. We look forward to enhancing our current services, upgrading our curriculums, and moving forward our agencies mission "to create opportunities and environments that empower people to recover to succeed in accomplishing their goals, to reconnect to themselves, to others and to meaning and purpose in life".

Harmony Center

(Desert Region Peer Support and Resource Center)

The Harmony Center reinvents its mission and takes a renewed approach to recovery Self Directive Recovery Plans.

The Oasis Self-Directed Recovery Plan is a process for sorting out and identifying your individual recovery goals. It helps an individual keep track of progress toward their goals over time. The values of recovery are for each person to have hope, personal responsibility, education, self-advocacy skills, and supports to become well and stay well. Each person defines wellness for themselves! It may include living in a community, going to school and/or working, and experiencing physical health and personal effectiveness, among other things. The Oasis Self-Directed Recovery Plan allows each individual to select the recovery goals they want to work on and to plan for how they might make use of support from others as they pursue their goals.

Some of the benefits of having a Self-Directed Recovery Plan that is really YOURS:

- It helps you identify and organize your steps towards recovery.
- It helps you recognize and develop your strengths and abilities.
- It helps those who are willing to support you to know what you seek from them.

Center Updates

There is an increase in TAY continuing to attend classes consistently, rather than just once or twice.

Bi-Annual Celebration of Successes & Achievements last celebration on November 15 presented 141 awards with 60% peer attending.

Harmony Ambassadors – Peer Partners & Peer Support Specialists (PSS) send out the message "Recovery is Real" by going into hospital "Oasis" and Crisis Residential Treatment (CRT), Indio MH Clinic, Blythe MH Clinic & Banning MH Clinic giving them hope, having had similar challenges; and giving information about the Harmony Center.

Peer Employment Training (PET) – Peers are looking forward to this training once they feel they are ready to start part time or even maybe full time. Peer Support and Resource Center (PSRC) staff are 100% PSS with 5 PSS volunteers with daily schedules at the Harmony. The next PET training in the Desert is on Mar. 4-15.

More partnerships with local job training programs, expanded adult education activities, and more wellness programs (smoking cessation, weight loss, healthy eating, fitness training).

Recovery Skilled classes with certificates of completion such as, WRAP, Medication Education, Health, Fitness, and Nutrition.

TAY completing Wellness Recovery Action Plan (WRAP), Situation, Options, Disadvantages, Advantages & Solution (SODAS), and Strength Discovery classes.

Expansion – Harmony just expanded PSRC Suite 204, which means we now have an art room and bigger brighter group room. This is much brighter and cheerful and our members have mentioned they don't feel so closed in.

Expansion in Banning (Harmony West) with their own center (1200 sf). Goal is to expand in attendance, referrals, and retention. Computers are now available to peers, increased services including housing, benefits, and vocational are now available.

Collaboration with RCDMH and the Harmony Center has become much stronger.

Barriers

Transportation - peers have requested some incentives such bus passes. Transportation to areas in Desert Hot Springs has been difficult.

Growth Barriers

Blythe – referrals, need expansion - wanting a bigger space, working with Sheltering Wings location has been moved next to Blythe MH. Harmony West PSS is building a closer relationship with Blythe Clinic, including working the welcoming desk, providing more peer support and conducting outreach to local programs in the area, including supports groups & Palo Verde College.

Plans for FY13/14

- Be the 'Provider of Choice'
- PSRC in all 3 locations having their own center
- Building stronger support system for our members who are homeless or underserved
- Have increased WRAP classes to 3 times a week in Indio and weekly in Banning. 43% are WRAP certified
- Funding for our members PSS who need WRAP certification
- TIPS on site trainer
- PET bi-annually in the Desert Region

Consumer Employment, Support, Education, and Training

As in 2010/11, we experienced extreme growth in Consumer Affairs with Consumer Initiatives and Recovery Model Implementation in 2011/2012.

Again, we saw growth which came in the form of consumers being added to our workforce in a variety of ways. We increased the number of Peer Support Specialists – people who have experienced significant mental health issues which disrupted their lives over a lengthy period of time. These Peer Support Specialists (PSS) have achieved a level of recovery in their lives and are willing to use their experiences to help our consumers. These Peer Specialists have been added to existing programs and to new programs.

We have also added to our numbers by bringing on qualified PSS Interns who have completed Peer Employment Training as do our fulltime PSS. They then go through a selection process which includes a meeting with our Workforce Education and Training Coordinator. Those who are selected provide direct services in our clinics and programs. They do this in a learning capacity with all the duties of our PSS. They are supported in their learning by a regional senior-level Peer Support Specialist. As of today, we have hired all but one of our interns who have completed at least one rotation. In 2012, we completed the "PSS Internship Handbook" which compiles our experience into a structured guideline. This handbook assists the Senior PSS who trains the intern. It also, allows the PSS Intern to work independently taking responsibility for their learning. In doing this we have expanded our practice of putting the consumer in the driver's seat, empowering them as students of recovery.

In 2011/12 we added PSS Interns to a new program for children ages 15- 21. These "Bridge Builders" work as peers to the youth. "Bridge Builders" are young adults who received services throughout their childhood and have acquired a level of recovery which now allows inspiring hope in children and their parents. As part of their training these interns spend several months in the Adult services. While there, they spend several weeks in each program, learning about every level of care from outpatient to crisis hospitalization. Following this they are immersed in the children's program. At this point they are better prepared to help youth move from children's services to adulthood and into the services of their choosing.

The PSS Volunteer Program also increased the number of consumer providers. We were privileged to add another 60 PSS Volunteers in 2011/2012. There were approximately 2,700 volunteer hours. This program has been particularly exciting since the volunteers are all providing direct services resulting in a tremendous client response. The PSS Volunteers perform a variety of tasks. Among those, they greet clients in the lobby and provide resources as well as co-facilitate groups and provide one-to-one peer support. Many of our volunteers have been hired to work for the department or our contractors.

We have added several new senior level Peer Support Specialist positions. We have created positions in our Assembly Bill 109 program, one with Quality Management, one with a new Recovery Learning Center, one in Consumer Affairs Administration, and one with the Bridge Builder program. These are in addition to three regional Senior PSS (Western, Mid-County, and Desert), one in Older Adults, Substance Abuse, Workforce Education and Training (Veterans' Liaison) and The Recovery Learning Center.

Senior Peer Support Specialists have worked for the department as exemplary Peer Specialists. They have then moved into leadership positions. They are responsible for many different tasks including; supporting/training PSS, recruiting, training, and retaining PSS volunteers and interns and collaborating with clinic supervisors. They also facilitate department trainings for all staff from PSS to Psychiatrists. Some of these trainings include, Recovery Documentation, Advanced Peer Practices, Recovery Coaching, and Teaching WRAP.

The Senior Peer Specialists have joined with the Director of Consumer Affairs to facilitate workshops at conferences nationwide. In 2011/2012 these conferences included CASRA, NAPS, NAMI, and California Network of Mental Health Clients. In addition we have facilitated Webinars for Working Well Together on topics which include Recovery Documentation. Other workshops are titled, "Micro-Aggressions in Mental Health", "Tragic Shootings/Responding with Education", "Living Recovery/Returning to Work after a Relapse", "Recovery Coaching", "Consumer Civil Rights" and "Riverside, a County in Recovery/The Senior Peer Initiative". We have also been invited to speak at Loma Linda University, Cal Baptist University, and Riverside Community College. Additionally we have been invited to facilitate workshops at upcoming conferences which include CASRA Spring, USC- Pathways to Client Centered Care, USPRA, and WRAP Around the World.

Our Senior PSS for Substance Abuse works with a large number of volunteers teaching educational classes for clients who are waiting to enter substance abuse treatment. These classes are taught all over Riverside County. They have been extremely successful with many participants no longer needing treatment. This exciting development is even more remarkable since all the education classes are taught by Peer Support Volunteers. This year there has been emphases on helping the students identify emotional issues which may contribute to their substance use. We find opportunities for them to be linked to mental health services if needed. Additionally, this program has begun to gather data which can be used to create evidence based practice.

Our new Senior PSS for Consumer Affairs has the title "Senior Peer Communications Specialist". This peer is responsible for fine tuning our educational process. She assists with creating a consistent message throughout the department on Consumer Affairs projects. This includes department trainings, monthly PSS training and supports, brochures, conference workshops, community events and e-learning.

Our new Senior PSS in Quality management is cause for a lot of excitement. She is working with other QI staff to provide documentation training. This training includes the consumer perspective and recovery language. Additionally she is working with a team of consumer "secret shoppers". Using scripts, these volunteers make test calls to the various clinics and programs. These calls ensure customer service consistent with recovery model values.

Our new Senior PSS for AB109 will work supporting the PSS working in the various programs including the new "drop in" center. They will also interact with other departments and agencies including probation. Modeling recovery and being the evidence that recovery is possible for people exiting the criminal justice system.

We continue to support and train our PSS bringing in the Copeland Center to certify our PSS in WRAP. We also brought in Recovery Innovations to train facilitators in Advanced Recovery and Advanced Peer Practices. We have offered Advanced Peer Practices five times in 2011/2012. We brought in 12 different speakers to train on everything from Values and Ethics to Cultural Competency.

During this time, partnering with our contacted agency, Jefferson Transitional Programs (now Recovery Innovations) we have conducted six Peer Employment Trainings, graduating 150 students. This class is two weeks (75 hours) of intensive college level material. It includes a mid-term and final examination. This class feeds our department new PSS staff, volunteers, and interns. It also assists consumers to further their personal recovery.

Consumer Affairs continues to partner with the Family Advocate Program as well as Parent Training and Supports. Ensuring that we carry a singular message of hope to the community, the senior staff is partnering in a number of ventures providing training to the community, sharing resources and co-facilitating events. We held our second annual "All Peer Retreat" (Consumer Affairs, Family Advocate Program, and Parent Partner Program). This retreat was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives.

Consumer Affairs is looking forward to another year of advancing the recovery model and bringing the consumer perspective to the department and our community.

Veteran Services Liaison

Highlights 2012-2013:

- A position was established by the Department (December 2011) to address the needs of this particular population and advise on best practices and new strategies.
- Cultural Competency Program requested assistance with identifying and understanding language which is specific to Veterans and their families (Military jargon).
- Met with Family Advocate Program to discuss outreaching to families of Service Members who may be, or have at one time, received services from the Department (ongoing discussion).
- Met with Parent Partner Program to begin discussing issues surrounding children of active Service Members and Veterans, and how to assist (ongoing discussion).
- Advised the Veterans Mental Health Court on criteria for selection of mentors and a Mentor's Coordinator for the Veterans Court.
- Began representing the Department for Veterans on the Beaumont and Coachella Valley (Indio) Veterans Committees. Both committees conduct a yearly expo in their cities.
- Began representing the Department on the Mental Health Board's Veterans Committee and advised in the development of a Veteran's brochure.
- Established contact and working relationships with Riverside County's two Vet Centers: Corona and Temecula. To collaborate on assisting Veterans and Families, outreach to the community (via public events), and share information on services provided by each respective organization.
- Represented the Department and engaged with the public at May's is Mental Health Month Community Event as RCDMH's Veterans Liaison.
- Presentation on Veteran Culture and Engagement at the National Association of Peer Specialists (NAPS) in September (2012), representing the Department as its Veterans expert.

- Represented the Department as its Veterans Services Liaison at a Riverside County film festival showing of the documentary film 'Ward 54', as a member of an expert panel of speakers with lived experience.
- Member of the WET Team Collaborative with PEI - to train faculty staff at Mt San Jacinto College on Mental Health Awareness for returning Students/Veteran Students.
- Represented the Department as its Veterans expert at Riverside County's first Homeless Veteran's Stand Down at March ARB (3-day event).
- Assisted and advised WET's Community Resource Educator on the editing/updating of the Network of Care Veterans Portal (ongoing process).
- Assisted and advised on resources to list for Veterans, Active Duty Military, and their families on the It's Up2Us webpage.
- In collaboration with the GIFT Program, developed a Veteran's Cultural Immersion Training for graduate-level students (MSW/MFT) currently in their clinical placements within the Department.
- Maintaining an acceptable GPA as an RCDMH employee enrolled in the 20/20 program for MSW degree.

Highlights 2013-2014 (Projected):

- Presentation for the California Association of County Veterans Services Officers (CACVSO) on PTSD and Engagement, January 17, 2013.
- Develop a 1-day Field Placement Site for graduate students enrolled in the GIFT program as part of Cultural Immersion Training.
- Establish working and collaborative relationships with VA Loma Linda, specifically with Homeless Outreach Team.
- Presentation on Veterans Culture and Engagement at the Meeting of the Minds Mental Health Conference in Orange County on May 15, 2013.

- Continue to seek out other opportunities to present at mental health conferences locally and outside the county.
- Represent the Department at the City of Beaumont Veterans Expo - January 26, 2013.
- Continue to seek out other local county public events to engaged the public and receive feedback on needs of Veterans and their families.
- Represent the Department as its Veteran's Liaison at this year's May is Mental Health Month event as well as a member of the Planning Committee.
- Assist with planning for Dare to be Aware Annual Youth Conference.
- Advise the Mental Health Board's Veterans Committee on developing new goals and recruiting new community members.
- Continue to work with the following programs: Consumer Affairs, PEI, Family Advocate, Parent Partner, Cultural Competency, Quality Management (QM), GIFT, WET, and others to continue to have discussion/planning on better assisting Veterans and Families.
- Begin to attend outpatient clinic supervisors meetings in each region to better assist them in answering questions and issues with clients who may be Veterans.
- Continue to assist and advise on the updating/editing of the Network of Care Veterans portal.
- Begin facilitating focus groups along with Family Advocate program, to families of Veterans.
- Continue to provide assistance to our local junior colleges and universities in regard to building awareness of needs of their Veteran Student populations.
- Develop a cultural-specific Veterans information brochure in collaboration with Cultural Competency Program.
- Develop a Veterans and Families resource guide in collaboration with Parent Partner program (for children specific services).

Family Advocate Program

The Family Advocate Program (FAP) provides assistance to family members in coping and understanding the illness of their ADULT family member through the provisions of information, education, and support. In addition, the FAP assists with and provides information on improving interactions and facilitating relationships between family members, service providers, and the mental health system.

The Family Advocates are able to provide individual family support to family members within our mental health system, along with, support to the community. They currently offer Informational Presentations and monthly Family Support Groups in both English and Spanish in various locations within their Regions.

The FAP continues to be the liaison between the Riverside County Department of Mental Health and the National Alliance on Mental Illness (NAMI). We assist the 4 local NAMI affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program. Our staff currently teaches the Spanish Family-to-Family program within their Regions and networks with community agencies by outreaching, providing educational materials, attending health fairs, and providing presentations to culturally diverse populations to engage, support, and educate family members on mental health services and supports that are available to them.

The FAP has expanded with the addition of 2 Family Specialist (Mental Health Peer Support Specialist) for the Blaine Mental Health Clinic and the Recovery Learning Center.

- The Family Specialist for the Blaine Mental Health Clinic has been able to provide on-site assistance to families within the clinic and works side by side with clinic staff to encourage family involvement. She also provides valuable feedback to the clinic's treatment team. She supports families going through crisis, guides them on how they can best support their loved one during those challenging times, helps them to understand our services and the role they play in their loved ones recovery. Currently we are working on expanding the number of English and Spanish Family Support Groups and Educational Classes offered through the Blaine Mental Health Clinic. The Family Specialist will also be supporting the families through our Transitional Age Youth (TAY) programs which are co-located at the Blaine Mental Health Clinic.

- A Family Specialist (Family Coach) assigned to the Recovery Learning Center (RLC) works directly with their Recovery Coaches to support and provide the members families with a better understanding of the WRAP and Recovery Concepts that are the centerpiece of the services offered at the RLC. She offers monthly, "Family Nights" which include Informational Presentations and fun activities and/or games for the families. Topics for the "Family Nights" include Communication, Importance of Building Supports and Self-Care, Understanding Mental Health, and Substance Abuse. She has developed a newsletter called the, "RLC, Family Corner", for families/peers that include helpful tips, upcoming activities, and information on community groups/events that may be helpful to them. Currently we are working on offering Family WRAP and a Dual Diagnosis Family Support Group at the Recovery Learning Center.

The FAP continues to work closely with the Mid-County Region MHSA Innovative Program, "The Family Room", located at the Perris Mental Health Clinic. The Family Room's emphasis will be to support families who are in crisis and enhance family member's knowledge and skills by expanding their participation and role so that they can better assist and promote their loved ones road through recovery. Currently The Family Room has 3 Family Specialists who have begun to expand family services within the clinic. They have developed a 6-week educational series called, "From Crisis to Stability", for families and consumers which include topics such as, Understanding Crisis, Communication Skills, Setting Healthy Boundaries, Developing Your Crisis Plan, Self-Care, and What's Next in Our Recovery. They have established a Family and Peer Self-Help Support Group which has a high attendance. The Family Specialists are also included in the treatment team and work closely with clinic staff to support consumer's treatment goals. They also partner with clinic staff to do home visits and support and encourage family involvement when appropriate.

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

- Addition of a 2nd Family Advocate (Senior Mental Health Peer Support) position to the Western Region to support our countywide programs, such as, Public Guardian, Detention, Mental Health Court, and IMD's;
- WRAP for Family Members;

- Assisting the local NAMI's affiliates in expanding their Spanish Speaking Family-to-Family Classes and Support Groups within their regions;
- Addition of a Family Specialist (MHPS) to the Desert Region;
- Addition of a Family Specialist (MHPS) to the Mid-County Region;
- Expanding Family Advocate Volunteer and Intern Programs.

One the major challenges we currently face is our limited staff. We have only one Family Advocate providing support per Region which limits the amount of interaction and support that we can provide to families who truly need it. Historically, families feel left out of the mental health system and by the time they finally connect with our program it is normally during a crisis situation. At this point, our family members require much more support, guidance, and understanding of what and how our services can assist them or their loved ones.

Parent Support & Training Program

Introduction - Why Parent Support?

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

Background

The Riverside County Department of Mental Health Parent Support Program was established in 1994 to develop and promote client and family directed nontraditional supportive mental health services for children and their families.

What is a Parent Partner?

Parent Partners are hired through the department as county employees for their unique expertise in raising a child with special needs.

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

Mental Health Policy & Planning Specialist

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

The Vision

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

This year we were excited to have won a Merit Award through the 2011 CSAC Challenge Awards competition for our Parent Support & Training Program.

Parent Support & Training Program was also able to work with AD Ease Company to develop an on-going commercial for Radio and TV spots to help parents recognize the beginning signs of challenging behaviors in children and where to go to receive assistance.

We have been able to individually reach out and speak with over 1,000 new parents that needed information and resources on how to better advocate for their children.

Current number of Parent Partners County-wide - 26 Total (11 are bilingual).

There is a monthly countywide Parent Partner Meeting for all 26 County-Wide Parent Partners (Mental Health Peer Specialists). Of the 26 Parent Partners' 11 are bi-lingual. Meetings are the 3rd Tuesday of the month at the Banning Mental Health Clinic. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partner's. Presentations are provided by both County and Contracted Programs, such as First Five and car seat safety, How to Facilitate a Support Group, Self-Care, and Documentation for Parent Partners.

This year brought the second All Peer Retreat, with all Parent Partners, Family Advocates, and Peer Specialists coming together. The Theme was "We Are All On The Same Team", and the day was a huge success. Over 100 Peer Specialists, Parent Partners, and Family Advocates learned from each other regarding the different Programs and Services that we all provide. There were a lot of Team Building Exercises, a Motivational Speaker, and Collaboration throughout the day. We are excited to bring together all of the amazing people that work for the Department who have lived experience and to network and learn from each other.

A Parent Partner curriculum has been approved for all newly hired and existing parent partners. All of our employed Parent Partners have completed this new training together.

- Under our Special Projects we have been able to utilize 60 Volunteers this 2011/2012 fiscal year with outreach events and donation projects.
- Back to School Backpack Project: 500 backpacks distributed to youth at our clinics/programs. Thanksgiving Food Basket Project: 127 food baskets were distributed to families.
- Holiday Snowman Banner Project: 998 snowflake gifts were distributed to youth in our clinics/programs.
- In the Mentoring Program that is monitored through Oasis, an average of 33 youth has been in the Mentoring Program at any given time during the present fiscal year. The mentors are varied in their life experience and education. Three of the mentors' have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. Clinicians will ask for them by name on the Mentor Referral. Some of the comments from parents are that this Program has helped their youth with school and has improved his/her confidence.

Support Groups

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

EES Classes

- Total Graduates: 93 county-wide
- Total Classes: 9 county-wide

Triple P Classes

- Total Graduates: 40 county-wide
- Total Classes: 5 county-wide

Parent Partner Trainings

- Total Graduates: 24 county-wide
- Total Classes: 4 county-wide

Community Committees/Boards

- South/West Child Care Consortium (Committee)
- U.N.I.T.Y.
- DOVIA
- RCCV
- Western Child Care Consortium (Committee)
- CAC (Corona)
- M.A.S.
- Eastside Collaborative, Community Health Foundation

- Civic Center Collaborative
- R.U.S.D. English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative
- RCOE Fiesta Educativa Committee
- FSA Children's Conference Committee
- Eric Soleader Network – Resource Person

Riverside County Department of Mental Health Committees/Boards

- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee
- Translation & Interpretation Committee
- Cultural Awareness Celebration Committee
- TAY Collaborative Committee
- WET Presentation
- Women, Infants & Children Clinics
- Mental Health Board (Recovery Presentation)
- Mental Health Children's Committee

Outreach Events:

Path of Life Health Fair	NAMI Walk
FRC Perris Health Fair	Million Man Event
Arlanza Fair	Black History Parade
Recovery Happens Fair	May Is Mental Health Month
Cal Stat Positive Behavior Intervention	I.E. Disabilities Health Fair

Parent Support & Training Program 2013/2014

Our on-going goal for fiscal year 2013/2014 is to continue our outreach to parents, youth, and families within Riverside County.

Parent Support & Training Program Facilitates Educate, Equip & Support (EES) Classes that is open to parents/caregivers that are both open to clinics/programs and open to the community. Continue to provide on-going Support Groups that are open to the community for parents/caregivers that are raising children that are experiencing challenging behaviors. We are now also providing Triple P Parenting Classes for parents/caregivers of children that are 0-12 yrs. old that are experiencing beginning behavior challenges. Parent Support & Training Program is also Facilitating on-going two week Parent Partner Trainings for parents/caregivers to learn more about Recovery Skills and working within the County System as an Employee/Volunteer. Parent Support & Training Program continues to network within our own system as well as community based organizations to bring information to parents. We are also now a part of the Law Enforcement Training, as a part of the Panel Presentation for the parent perspective of when your child is 5150'd.

Parent Support & Training Program will also be providing Triple P and EES Classes in conjunction with several Agencies for the AB 109 population. PS&T is at the Daily Reporting Center to help support and empower this population of parents that are recently released from prison. It is our hope that with working with this population of parents that we will also be able to outreach to their children. The children of parents that are incarcerated are a group that is often left out of services and not recognized as of being in need.

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

The Goal

The goal is for Riverside's Parent Support Program to assist families, regardless of whether or not they are receiving any type of mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family. The parent perspective will be incorporated in all aspects of planning and at the

policy level. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will avoid homelessness, hospitalization, and incarceration, out of home placement, and/or dependence on the state for years to come.

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

Existing Support and Services in the Parent Support Program

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

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

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

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

Educate, Equip & Support: Building Hope (EES)

The EES Education Program consists of 10 -12 sessions, each session is 2 hours and is offered only to parents/caregivers raising a child/youth with mental health and/or emotional challenges. Classes are designed to provide parents/caregivers with general education about childhood mental health illnesses, advocacy, and parent to parent support and community resources.

Donated Goods and Services benefits children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates and includes cultural and social events.

Mentorship Program

This program offers youth who qualify and are under the age of 18 an opportunity to link up with a mentor for up to 6 months. This last year the Mentorship Program with Oasis and RCDMH Parent Support & Training Program facilitated a Workshop entitled "Mentorship With A Twist" at CMHCCY Children's Conference at Asilimar. This Workshop was a huge success and empowered both the youth that presented and the audience that attended.

Volunteer Services

Volunteer Services recruits, supports and trains volunteers from the community, including families that are currently receiving services, giving them an opportunity to "give back" and volunteer their services.

Trainings provide staff, parents, and the community information on the Parent/Professional Partnerships, engagement, a parent perspective in the barriers parents encounter when advocating for services and supports for their child, providing mental health services to children and families, from a parent perspective.

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

Current Staff in the Parent Support Program

- 1 Parent Partner in Administration works in partnership with Children's Programs Administrators' and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- 4 Senior/Lead Parent Partners work out of Parent Support & Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children's Administrator, Children's Supervisors, and Parent Partners to ensure and help with providing support for families that we work with.
- 4 Parent Partners are assigned to work out of the Parent Support & Training Program. They provide assistance, answer the support line, provide EES Trainings county-wide, facilitate Support Groups county-wide, and offer support to clinicians and families including orientation for parents/caregivers entering the system when needed.
- 1 Volunteer Services Coordinator coordinates special projects, donated goods, provides outreach, targets culturally diverse populations trains and mentors volunteers, and is bilingual.
- 1 Office Assistant, who answers phones, sends out mailers for Support Groups, EES Classes, and Parent Trainings. Maintains lists for all Donation Projects of Donors and works closely with the Program to maintain all Projects, Reports and Imagenet information for tracking purposes.

MHSA Funding

County: Riverside County **Date:** 4/1/2013

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$23,433,129	$6,246,439	$8,678,385	$19,228,961	$8,564,020	
2. Estimated New FY 2013/14 Funding	$49,770,000			$12,440,000	$3,270,000	
3. Transfer in FY 2013/14[a/]	$0	$0	$0			$0
4. Access Local Prudent Reserve in FY 2013/14	$0			$0		$0
5. Estimated Available Funding for FY 2013/14	$73,203,129	$6,246,439	$8,678,385	$31,668,961	$11,834,020	
B. Estimated FY 2013/14 Expenditures	$55,877,195	$1,285,559	$0	$17,366,353	$6,547,490	
C. Estimated FY 2013/14 Contingency Funding	$17,325,934	$4,960,880	$8,678,385	$14,302,608	$5,286,530	

[a/]Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of fun

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	$28,300,497
2. Contributions to the Local Prudent Reserve in FY 2013/14	$0
3. Distributions from Local Prudent Reserve in FY 2013/14	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	$28,300,497

MHSA Funding
Cost Per Client
FY2013/14

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	460
COST:	$6,305,337
AVERAGE COST:	$13,707

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	370
COST:	$3,550,801
AVERAGE COST:	$9,597

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	905
COST:	$14,033,275
AVERAGE COST:	$15,506

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	287
COST:	$3,464,392
AVERAGE COST:	$12,071

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

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

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	Child GSD
UNIQUE CLIENTS:	8,402
COST:	$36,288,804
AVERAGE COST:	$4,319

PLAN NAME:	TAY GSD *
UNIQUE CLIENTS:	1,763
COST:	$5,492,099
AVERAGE COST:	$3,115

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	25,751
COST:	$49,205,927
AVERAGE COST:	$1,911

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	1,822
COST:	$5,266,332
AVERAGE COST:	$2,890

PLAN NAME:	Adult/TAY Residential Treatment Services
UNIQUE CLIENTS:	917
COST:	$3,780,460
AVERAGE COST:	$4,123

MHSA Committee

Comments on the FY13/14 MHSA Plan Update

Veterans Committee

The committee shared that they hope to see services continue to be targeted for unserved and indigent populations. They discussed the goals for the Veteran's Committee, which are to designate a Veteran's Liaison and develop a resource brochure to share with Vets and their families. The focus of the committee revolves around outreach and community education. They feel there is a need to get resource information onto the streets and in communities where veterans reside, including those that are homeless and indigent. Another goal is to identify those special interest groups who need information about resources. There is concern about Vets who fall through the cracks, because they are afraid to seek treatment or lack benefits, and may need County services and/or don't want to use VA benefits. They feel that all services need to be tailored to include a family-focused component. The committee also supports the continuation of the Veteran's Court. There may be opportunities to consolidate outreach efforts with currently existing outreach and community education which is being supported through PEI and Cultural Competency. The committee's primary priorities are:

- Continue to fund Veteran's Liaison position through MHSA
- Continue to support development and production of resource materials
- Connect Veteran Liaison outreach activities with PEI and Cultural Competency efforts
- Continue to fund Veteran's component of the Mental Health Court

Older Adult System of Care Committee

General consensus of this committee is that they are pleased with the programs that are currently in place and did not offer additional recommendations but rather the continuation of existing programs, training, and services.

Cultural Competency Reducing Disparities Committee

The FY12/13 consolidation of CSS and PEI Outreach Engagement and Community Education programs was reviewed and discussed. A request was made by the Blindness Support Services Inc. group for an Annual Update presentation and input session at their next meeting. Representatives from the African-American Disparities Committee, "The Group" (a Riverside community leadership meeting), and the Capacity Building Contractor's Forum also offered invitations for presentations to be held at their upcoming meetings.

One individual recommended the need for support related to the Deaf and Hard of Hearing, specifically in the Western Region. Deaf services should include support systems to engage deaf consumers, decrease isolation, and navigate a process for receiving services. Services should also target those that are deaf and homeless.

The need to work more with the faith-based community and organizations and to train them to be Promotores within their organization was recommended. Also, establishing a strong support network in each of the three geographic regions is needed.

It was suggested that the PEI Resource Guide and Mental Health Guide to Services should be uploaded onto the Department's website.

African-American Wellness Advisory Group

This committee asked for clarification on the term 'stakeholder' and who that encompassed. The definition was provided and discussed amongst the members. It was suggested that a presentation be made to "The Group" (as suggested with the CCRD Committee). They also requested that they be provided with copies to review once the draft Plan is completed and how they would be able to provide input. The update process and opportunities for input was discussed which includes face-to-face comments, feedback forms, emails, direct phone calls, fax and public hearings. The committee asked about the Board process and how their input may impact approval and offered to host another opportunity to hear outcome data information on the different programs.

The Group (Community Leaders Committee)

This group had not previously been involved in the MHSA Community Planning Process, so a brief historical review of MHSA was provided and an invitation to participate in the planning process was offered. The MHSA Manger agreed to come back for another presentation and/or provide draft Plan Update documents for their review and comment. A Q&A session was entertained after the meeting concluded.

Children's Committee

The committee inquired about differences since the state DMH has been eliminated and MHSA is being managed locally. They wondered if the new process is more efficient, streamlined, and beneficial to local counties. The committee also requested potential presentations at the Regional Mental Health Boards and requested electronic versions of the distributed materials. Because Regional Board Members attend the main Mental Health Board, the respective chairs often take the information back to their regions but are also welcome to request regional presentations. The Wylie Center suggested possible PEI specific forums be provided for parents from their organization, which will be arranged with the PEI Coordinator.

Blindness Support Focus Group

The most common area of concern was developing programs or supports to help family members adjust to the changes that a blind person will face, particularly that the family needs to learn how to support independence. There was a general consensus that the blind are often seen as frail or "treated like a child."

Therapists need to understand the stages of loss and how they impact a person experiencing visual changes. The blind person may become more easily frustrated over not mastering new abilities and may be reluctant to share these ongoing feelings. Therapeutic supports are necessary to assist someone experiencing the onset of blindness with the psychological adjustments that occur from being sighted and now being visually impaired. One instructor noted that he cannot teach people new skills based on losing their sight, if they have yet to accept that they are visually impaired.

Though mutuality can be important, some instructors need to be sighted in order to best instruct the blind consumer learn new tasks.

TAY Meeting

It was recommended that the PEI Resource Guide be posted on the Mental Health Website and establish a Facebook Page as many of the TAY age group use that social medium as a primary communication forum.

Mental Health Board (MHB)

Public Hearing – May 1, 2013

Comments on the FY13/14 MHSA Plan Update

WRITTEN COMMENTS:

Of the 14 written responses received on Feedback Forms: 4 responses were "Very Satisfied", 4 were "Somewhat Satisfied", 4 were "Satisfied", and 1 was Unsatisfied. (Note: 1 Feedback Form did not record a Satisfaction Response).

1. **COMMENT:** Concern about the Plan: For children who meet criteria but don't have Medi-Cal, I would like to see a way for them to get services and not be denied.

   RESPONSE: Children's programs are already in the process of increasing capacity, expanding program locations, and including those who don't have Medi-Cal. Benefit Teams have been added to all clinics to connect consumers to benefits for which they may qualify.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

2. **COMMENT:** It is very well thought out in almost all parts of the plan. Please see below for the details about concerns with the plan:

   This plan does not go far enough with the Peer Support Specialists. There are over 600 Certified and trained peer support specialists that Riverside County and Recovery Innovations has trained since 2006. I was one of them in 2010.

   If Prop 63 and the Mental Health Services Act was designed to flip mental health services up on its belly since voters wanted a complete overhaul to mental health services – then the Recovery Movement must go outside of the County Mental Health walls and into other places like Kaiser and Loma Linda.

   What I mean is that they need to employ Certified Peer Support Specialists as well, not only ANKA FSP or ANKA Rancho Art, not only Recovery Innovations/Jefferson Transitional Programs or The Harmony Center or County or Riverside Mental Health.

I have come into contact with many other peers that do not know what WRAP (Wellness Recovery Action Plan) is since **they don't have county insurance. These people need WRAP for their own personal recovery.**

Why are there so many trained and certified Peer Support Specialist since 2006, and the County only has perhaps 100 or 200 employed Peer Specialist working at this time? Is it the goal and objective of Riverside County Mental Health and Consumer Affairs to have over 2K Certified Peer Support Specialists that are trained **but not employed as Peer Specialist**? What is the real purpose of PET? Is it to get them employed as Peer Specialists? If the real purpose is to get them hired as Peer Specialists, then let's get to work and find ways where we can hire more of them outside of the County Mental Health Department and contract with other medical centers. This plan has many contracts. This plan is littered with contracts with NAMI, Recovery Innovations, Rancho FSP, and a host of others that would take too long to list. Why can't Consumer Affairs take this a step further?

I learned that Riverside County Mental Health is contracted with The Copeland Center. I found that out about a week ago. I will be doing some research on how well WRAP works and I hope others agree with me that Peer Support and WRAP does work.

My proposal is for The Dept of Mental Health to contract with Kaiser or Loma Linda and hire 10 Certified Peer Support Specialist in each region (Desert, Mid-County, Western) and then have them work for Loma Linda or other private hospitals and clinics (in mental health). Set up a trial run of 2 WRAP classes for about 3 or 4 different private mental health clinics. After the trial run, test it. See how the peers enjoyed the WRAP classes and see if it helped them in their recovery. And hire those already certified (but not employed by the County) to facilitate the WRAP classes.

I have come into contact with many Certified Peer Specialist that are **not working at all as a CPSS**. They want to work as a Peer Specialist and I understand that there is just not enough room to hire 400 more peer supports in the entire county.

If there are so many Certified Peer Support Specialist that have been trained already, why not do this? **I believe in the power of peer support**. I saw a certified peer support back in 2011 for 3 months through Riverside County Mental Health. I needed

the support. I'm now on the mid-county mental health board and I need support, so I just started to go see a new Peer Support Specialist since I know peer support works. I've also volunteered as a Peer Support for 6 months at one of the local clinics. I've seen how this helps other from the other side. And I like how the recovery model looks at the surplus side of being human and not the deficit side of human behavior like the medical model.

If the Department of Mental Health is serious about making sweeping changes to mental health in line with prop 63. . . .

If Consumer Affairs is serious about peers being **special agents** and taking the recovery movement to greater places. .

. . .then the Dept of Mental Health of Riverside County should at least hire more people that have already been certified and trained as a peer specialists and have them contract with private hospitals and clinics so that these Certified Peer Specialists can facilitate (paid positions, not volunteer) WRAP classes to them. I hope you agree.

RESPONSE: Peer Support Specialists (PSS) positions continue to be budgeted in FY13/14 plan, with some expansion of Senior Peer Positions to allow for upward mobility and career pathways. All direct service provider contracts are required to include PSS. The Department is recommending that Consumer Affairs Department reach out to private health care agencies to share the positive impact of PSS in the service delivery model.

MHB recommended no change to the FY13/14 MHSA Plan Update.

3. **COMMENT:** Strengths of the Plan - PEI Programs Triple P (0-12), PCIT (2-8), CHA Post Partum, TAY Programs, Inland Empire Perinatal Mood Disorder. Direct Service in meeting the needs of the community.

   Concerns about the Plans:

   Capacity – some of the programs are impacted with long waiting lists (Children', TAY, and Older Adult).

   Accessibility (i.e. transportation issues and locations).

Dual Diagnosis - Some programs are not addressing individuals who are both developmentally disabled and mental illness.

Communication and dissemination of program information to other agencies.

RESPONSE: Capacity: Expansion of new service locations in all regions and staff to increase regional clinic capacity is included in the Plan.

Accessibility: All new service locations analyze proximity of public transportation routes. Multi-passenger vans have been redistributed to clinics that needed direct patient transports. New vehicle orders have been placed and vehicles will be distributed based upon transportation needs of regions.

Dual Diagnosis: Monthly collaborative meetings are held between Mental Health and Inland Regional Center to address mental health needs and bridge the gaps of service for developmentally disabled clients. Recent interagency training on diagnosing those clients with intellectual disabilities and mental health issues has been conducted.

Communication: Working through interagency collaborations in order to bridge the gap.

MHB recommended no change to the FY13/14 MHSA Plan Update.

4. **COMMENT:** Strengths of the Plan – Support for African-American Outreach and Engagement (AAOE) activities focusing on churches, small emerging non-profits. Continuing to build on community capacity-building training to help non profits be more effective and competitive.

   Concerns: Hope County continues to build capacity and focus on unserved, under served and inappropriately served groups.

   RESPONSE: The Department continues to include community contract providers with training and technical assistance through PEI Capacity Building funds. The Department is committed to expanding program sites in all regions to build service capacity.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

5. **COMMENT**: Strengths of the Plan – Support for AAOE activities focusing on churches, small emerging non profits.

   Concerns about the Plan – Hope County continues to build capacity and focus on unserved, underserved, inappropriately served groups. Minutes of this hearing need to be made available to the public on the County's website. The process was rushed.

   RESPONSE: The Department is funding a Spirituality Initiative administered through the Cultural Competency Division, which is included in the PEI Community Education and Stigma Reduction plan.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

6. **COMMENT:** Strengths of the Plan – Flexibility with funding to meet service needs of consumers.

   RESPONSE: Positive comment noted.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

7. **COMMENT:** Concerns about the Plan – Please consider including MHSA funding for a "Respite for Parents Plan". Also the Blaine Street Programs should be available to ALL of the clinic clients.

   RESPONSE: In the original Children's Work Plan, Respite was included. Per MHSA regulations Respite flex funding can only be offered to Full Service Partnership consumers. The original Respite contract was awarded and later terminated due to under-utilization. Flex funds cannot be used to provide Respite to non-FSP consumers.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

8. **COMMENT:** Strengths of the Plan – Stigma Reduction. Resource information being provided. Opportunities offered to Peers.

   Concerns about the Plan – NAMI information and resources should be given out in all clinics including children's. Every school counselor should have NAMI books with referrals to hand out as needed.

RESPONSE: The Department awarded a contract to Recovery Innovations to administer the NAMI Signature programs (Parents and Teachers as Allies) in schools. The program is available to any school upon request. The Family Advocate Program also provides NAMI Family-to-Family classes in all regions.

MHB recommended no change to the FY13/14 MHSA Plan Update.

9. **COMMENT:** Strengths of the Plan – Serving the housing needs of clients.

   RESPONSE: Positive comment noted.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

10. **COMMENT:** Concerns about the Plan – Would like to see increase in MH services for Elsinore crisis services.

    RESPONSE: The Department plans to expand an Adult Service location to Lake Elsinore which includes Crisis Services.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

11. **COMMENT:** Strengths of the Plan – I have heard a lot of positive feedback about the NAMI Signature Program "In Your Own Voice" from the public and community. How powerful this presentation and how it makes them more aware of what it was like for the person with a diagnosis felt.

    RESPONSE: Positive comment noted.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

12. **COMMENT:** Strengths of the Plan – Comprehensive and seems to be headed in the right direction.

    Concerns about the Plan – Transportation needs. Sustainability. These programs should grow as the population is ever changing (funding limitations streamline). Check with all stakeholders periodically - reach out to all aspects.

RESPONSE: The Department devises a 3-year sustainability plan for all MHSA components. The Department has also established a Prudent Reserve that can be triggered in the event that services are impacted by a negative budget situation.
All new service locations analyze proximity of public transportation routes. Multi-passenger vans have been redistributed to clinics that needed direct patient transports. New vehicle orders have been placed and vehicles will be distributed based upon transportation needs of regions.

MHB recommended no change to the FY13/14 MHSA Plan Update.

13. **COMMENT:** Strengths of the Plan – MHSA staff committed to seeing programs implemented.

Concerns about the Plan – We need to get outcome results from the programs. Physical and mental health coordination strengthened. Programs must be made available to all mental health needs.

RESPONSE: Research routinely meets with and supplies outcome reports to Top Management to help inform planning, policy and budget decisions. FSP and PEI outcome reports inform decision making around contract retention and renewals.
The Department is required annually to provide Implementation Progress information in the Plan Update, which includes outcome data. Program outcome data for FY11/12 is provided in the Plan Update for FY13/14. Specific outcome data reports can also be requested and are often utilized for contractor performance assessments and evaluation of effectiveness. It was recommended that the Quality Improvement Committee (QIC) be invited to provide more, and/or regular, outcome presentations to the Mental Health Board.
Physical and Mental Health Integration is already being implemented in several locations, and that model will be included in all new service locations. A Children's Integrated Health model will also be piloted in FY13/14.

MHB recommended QIC presentations be scheduled for future MHB meetings, but no change to the FY13/14 MHSA Plan Update.

14. **COMMENT:** Strengths of the Plan - I feel great. The Plan helps me and strengthens me a lot. I'm in the group on Wednesday and Thursday.

Concerns about the Plan - The concerns are always answered Adults Recovery Management - and I am very happy with the staff here - that helps me a lot.

RESPONSE: Positive comment noted.

MHB recommended no change to the FY13/14 MHSA Plan Update.

PUBLIC HEARING - ORAL COMMENTS:

15. **COMMENT:** What sort of reasonable accommodations are you taking for regular employees and peers who may have disabilities? Are you making reasonable accommodations for their disability?

    RESPONSE: With any of our trainings, the Department offers the opportunity to have the person with the disability notify us if they need accommodations and we make those accommodations as necessary for each individual's needs.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

16. **COMMENT:** Speak a little bit about the training for what we call first line people – the people that our clients first meet when they walk in the door. For example we heard a complaint recently that a lady walked up to the window and was told to fill out this form and the person on the other side of this big glass wall hands her a pen with a napkin, so the person right away feels ' well, what have I got that you afraid you're going to catch'. What kind of training are you giving those people?

    RESPONSE: Very timely question in that one of the original visions of WET was that we would have 4 trainings for each job classification that we have in the Department. We have completed our para-professional series for the behavioral health staff, and now we have just completed the curriculum develop for our clerical and support staff. There are a series of 6 trainings that our clerical staff will be offered to hone their clerical and customer service skills. We are piloting this series this summer, so all the curriculum has been developed we just want to get a first group of folks who can give us feedback on how well we have done. So we are going to populate that first group with folks that are like clerical supervisors and people who have been in the department long enough to give us educated feedback on how successful we were in developing that curriculum. This includes a whole training on customer service and includes one we call 'Pathways to Recovery' to explain not only how to interact with folks who carry a diagnosis who may be symptomatic but as well as being able to retain the values and missions of the Department. We have one on welcoming itself that

involves not only participants into the program but looks at welcoming behavior at the clinic and their key role on engaging people on that front line.

MHB recommended the para-professional and administrative support training be implemented in FY13/14, but no change was required to the FY13/14 MHSA Plan Update.

17. **COMMENT:** You used the word offered – is it also required?

    RESPONSE: If it follows the same pattern as the BHS series, then it will become mandated.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

18. **COMMENT:** I recommend you talk to your budgeting staff about doing the same thing. When people have to take care of their Medi-Cal/Medicare, that's the people interacting with family members of clients, and they need to have that kind of training too because they are already dealing with a touchy subject. If they don't have the cooperation or know how to deal with people that is not being helpful.

    RESPONSE: We have had dialogue around that same subject with Maria Mabey, the Assistant Director of Administration, regarding expanding that particular training into other administrative support groups.

    MHB recommended the para-professional and administrative support training be implemented in FY13/14, but no change was required to the FY13/14 MHSA Plan Update.

    COMMENT: When you go to schools with NAMI is NAMI actually budgeted into working with the schools? Because they didn't have that before – everyone was sent to the Department of Mental Health and they would do 27/26 groups and neither one of those exists, so I wondered if part of the budget that NAMI actually is provided is used for all the schools or is it just by schools of choice. Like you were talking about all your programs that work at the schools for early intervention. Now if a kid is in school and needs some early intervention programs that are in the budget are they

automatically recommended by the school or is it by each school's choice – is it tied in directly with the school?

COMMENT: In the past the schools didn't make recommendations or offer these services to the families and get them to come to the Mental Health Department they usually just kept it within the school district. She wants to know are they doing more outreach with the Department so they are using MHSA dollars and there is more of workability than there used to be.

RESPONSE: The Department awarded a contract to Recovery Innovations to administer the NAMI Signature programs (Parents and Teachers as Allies) in schools. The program is available to any school upon request. The Family Advocate Program also provides NAMI Family-to-Family classes in all regions.

MHB recommended no change to the FY13/14 MHSA Plan Update.

19. **COMMENT:** I would like to say I know firsthand that many of our members utilize the programs and I am excited about expansion because the issues I'm hearing are about capacity. I am concerned about capacity and waiting lists, so while the programs are definitely beneficial when some of our members need access that is more immediate it is not beneficial to be put on a waiting list until July (so to speak). But I do appreciate your programs and an excited that there are some expansions to meet the capacity needs.

RESPONSE: Positive comment noted.

MHB recommended no change to the FY13/14 MHSA Plan Update.

20. **COMMENT:** One concern that I have is outcome based information and how are the results really tabulated and how can we access those outcomes for the programs that we're offering? So you would like for more access to the outcomes information that are provided to 'someone' about these programs.

RESPONSE: Research routinely meets with and supplies outcome reports to Top Management to help inform planning, policy and budget decisions. FSP and PEI outcome reports inform decision making around contract retention and renewals.

The Department is required annually to provide Implementation Progress information in the Plan Update, which includes outcome data. Program outcome data for FY11/12 is provided in the Plan Update for FY13/14. Specific outcome data reports can also be requested and are often utilized for contractor performance assessments and evaluation of effectiveness. It was recommended that the Quality Improvement Committee (QIC) be invited to provide more, and/or regular, outcome presentations to the Mental Health Board.

MHB recommended QIC be scheduled to provide presentations to the MHB, but no change necessary to the FY13/14 MHSA Plan Update.

21. **COMMENT:** You said there are groups that go into Hispanic and Asian and Black communities, but one point I have is whether there is any group of people that handle or have the ability to work with youth that are multi-cultured? I'm aware of some problems in the Indio area where children are half black, half Spanish, or half white and there are only certain groups they are accepted in and there are a lot of little problems going on out there because of that segment. Will there be a possibility of moving in that direction? So I would like to see some programs geared to and would like to see some multi-racial youth support in our community?

    RESPONSE: MHB recommended WET be tasked with exploring training opportunities on multi-cultural issues and assess how those models could be implemented within clinic settings. This recommendation has been incorporated into the Update (see page 32).

22. **COMMENT:** I would like to see the Department work more with our Social Services organization. We see our clients go in for welfare and food stamps or whatever when they are having episodes or problems and they (Social Services) don't help them get services or make the connections with the Mental Health Department. So if that could be something that we work with agencies on, that it would be helpful.

    RESPONSE: Benefit Teams have been established in all clinics and work with Social Services on connecting consumers with any benefit(s) for which they may qualify.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

23. **COMMENT:** A long time ago when I was in Children's Committee they talked about respite for people and parents that have children with problems. Is such a thing like that available for parents that need a respite? So I would like to see in this plan more money devoted to respite care for the parents who are overwhelmed.

RESPONSE: In the original Children's Work Plan, 'Respite' was included. Per MHSA regulations 'Respite' flex funding can only be offered to Full Service Partnership consumers. The original 'Respite' contract was awarded and later terminated due to under-utilization. Flex funds cannot be used to provide 'Respite' to non-FSP consumers.

MHB recommended no change to the FY13/14 MHSA Plan Update.

24. **COMMENT:** With the African-American initiative we would like to see the faith-based initiative continue and expanded and try to address the stigma in that community.

RESPONSE: The Department is currently funding a Spirituality Initiative which is administered through the Cultural Competency organization and is included under the PEI Community Education and Stigma Reduction Plan (see page 37).

MHB recommended no change to the FY13/14 MHSA Plan Update.

25. **COMMENT:** African-American Family Wellness Group –has been formed and I would like to share with you some of the meaningful things that have happened since that started. And that represents involvement with the faith-based community. The emphasis and majority of 20 – 25 participations basically are small and emerging non profits and faith groups. In addition to the faith working groups – key activities that Janine mentioned that this group provided input on the forthcoming RFPs for building resilience in African-American families programs for girls. And I have to tell you that one of the issues we related to African-Americans in mental health has to do with trust. that effort on the part of the PEI staff I believe was groundbreaking and I believe was a breakthrough in terms of establishing trust with the groups that participated in that project. Early on it was "the County's not going to listen to us" and as the process went forward, they saw that "wow, not only is the County listening, but the County is

incorporating our thoughts". So I think that had a rippling effect. The other thing this groups has set its strategies and its priorities around a 2008 study in reducing disparities project in California. When there was a State MH Department they had a study based on ethnic specifics in addition to LGBT so the African-American Wellness Group was looking at those strategies and applying them locally. Another accomplishment the Family Wellness Group accomplished was California has an African-American Awareness Week the 2nd week of February and this year the group worked with the Riverside branch of NAACP to create a musical drama addressing stigma in the African-American community and they will be performing at Fairmont park on May 16 for May is Mental Health Month. So that gives you an idea of what the African-American Group has been involved with. I have much more information to relay, but as it relates to the Plan, we would like you recommend that we continue those ethnic specific programs.

RESPONSE: MHB recommended the African-American Family Wellness Group provide a presentation at a future MHB meeting to further inform about the group's activities, as it sounds like they are doing fascinating work. However, MHB noted there was no change recommended to the FY13/14 MHSA Plan Update.

26. **COMMENT**: Could I ask her if she has a website where I can check out more about these activities?

COMMENT: There is no website for the African-American Family Wellness Group but what we can consider is having the County put it on their website.

RESPONSE: The MHB Liaison will coordinate a presentation at a future Board Meeting for the African-American Family Wellness Group and the Department's Resource Developer will explore adding a link to this information on the Department's website.

MHB recommended no change to the FY13/14 MHSA Plan Update.

27. There is a gap in care for individuals who may have a dual diagnosis with intellectual related and mental illness and they cannot access care because Riverside County Mental Health they refer them to Regional (Hospital) and Regional refers them back if the diagnosis is related to mental health . And I would like to see more services for these individuals so they can get assistance in obtaining a mental health diagnosis and getting treatment for that diagnosis.

RESPONSE: Physical and Mental Health Integration is already being implemented in several locations, and that model will be included at all new service locations. A Children's Integrated Health model will also be piloted in FY 13/14.
Monthly collaborative meetings are held between Mental Health and Inland Regional Center to address mental health needs and bridge the gaps of services for developmentally disabled clients. Recent interagency training on diagnosing those clients with intellectual disabilities and mental health issues has also been conducted.

MHB recommended no change to the FY13/14 MHSA Plan Update.

28. **COMMENT:** I would like to see continued updates between Mental Health Department and Health services and more coordination as we continue and as funds allow us to do that to make sure that physical and mental health is included with MH analysis.

RESPONSE: Physical and Mental Health Integration is already being implemented in several locations, and that model will be included in all new service locations. A Children's Integrated Health model will also be piloted in FY13/14.

MHB recommended no change to the FY13/14 MHSA Plan Update.

29. **COMMENT:** That was going to be my comment also. We aren't hearing that physical and MH are working together and not working together when clients are going for physical health care and the connection needs to be made between them and MH care. The doctors are not working together which means they are separating them into separate boxes - this box is MH and this is a physical health care. But we are one person and one body and they need to keep the connection together, so both entities are working with that person. So, I would like to see that the Blaine Street and

Rubidoux programs are expanded to other locations and we really develop this program of a combination of both types of services at one location.

RESPONSE: Public Health and Mental Health sit together on the Care Integration Committee to strategize integrated health care implementation as part of our Health Care Reform planning process. Integrated Health Models are planned for all new program sites.

MHB recommended no change to the FY13/14 MHSA Plan Update.

30. **COMMENT:** I find this very important because the question I asked about multi-culture because the east end of the Coachella Valley is very large. I recently got a phone call from a counsel person who asked where a person, who was living for over 20 years in a MH home and they were schizophrenic, was having problems finding them a place for them to be at in the Coachella Valley. So I ended up calling Dr. Lundquist and asked can you please call this person because we do not have access for information and places where we can use for putting someone who needs to be living somewhere beside the home. I don't know how to handle it when people ask me because unfortunately I don't have that ability to tell them where to go.

MHB RESPONSE: There is the Mental Health Department's Guide to Services which are a great resource; talking to Dr. Lundquist, Desert Regional Administrator, for resource information; and also the Harmony Center may have some housing referral information available. Just using local entities and resources, you will find some of that some information, but there is just not a lot out there.

MHB RESPONSE: The MHB has new Guide to Services books that will be given out today at the meeting with all kinds of information for all the regions. These books have all kinds of information and I've used it for many clients and it's a fantastic book.

Community education materials and a PEI Resource Guide are also funded through the PEI component.

MHB recommended no change to the FY13/14 MHSA Plan Update.

31. **COMMENT:** I'm from the Fair Housing Council of Riverside County. One of the things I really liked about the Plan is the housing component has really expanded so that is really good news. We are also looking to continue to work with MH housing programs to expand the training for the housing providers who are going to be housing these individual because there is a lack of understanding in terms of fair housing laws and the rules and responsibilities. For both the housing provider and the individual residing in the property, so over the past two years we have entered into MOU to provide these services with housing providers that work with these particular programs and we are looking forward to forward to expanding that not just for these specifics programs but have also been working with outside private housing provider throughout Riverside County. We've done training to over 300 housing providers in the last 2 years on this specific subject on disability, in general, not just mental or physical medical.

RESPONSE: Positive comment noted and information will be shared with the Homeless/Housing Opportunities, Partnership & Education (HHOPE) Program.

MHB recommended no change to the FY13/14 MHSA Plan Update.

32. **COMMENT:** Transportation – has there been any changes in that at all or is that pretty much the same. I just want to know if they have made any headway on that. Just that we need to review the transportation needs of our clients and see if anything could be done to increase transportation accessibility.

RESPONSE: All new service locations analyze proximity of public transportation routes. Multi-passenger vans have been redistributed to clinics that needed direct patient transports. New vehicle orders have been placed and vehicles will be distributed based upon transportation needs of regions.

MHB recommended no change to the FY13/14 MHSA Plan Update.

33. **COMMENT:** Make sure the programs are made available to everyone who needs mental health services rather than just clients of the county. We seem to have money to do that with and I would like to make sure that happens this year - not only veterans - but anyone who needs help.

RESPONSE: Adult programs are already in the process of increasing capacity, expanding program locations, and including those who don't have Medi-Cal. Benefit Teams have been added to all clinics to connect consumers to benefits for which they may qualify.

MHB recommended no change to the FY13/14 MHSA Plan Update.

34. **COMMENT:** I want to express support for this MHSA funding. What this funding has allowed is flexibility to really meet the needs of a diverse group of people that have difficult health issues and it and has been extremely helpful in meeting the full servicing needs of the community and I really do appreciate the MHSA projects.

RESPONSE: Positive comment noted.

MHB recommended no change to the FY13/14 MHSA Plan Update.