

FORM APPROVED COUNTY COUNSEL
 BY: *Anita C. Willis*
 ANITA C. WILLIS
 DATE: 7-9-15

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

538



FROM: Mental Health Department

SUBMITTAL DATE:
 July 8, 2015

SUBJECT: Fiscal Year 2015/16 Mental Health Services Act (MHSA) Plan Update
 (District: All) (\$0 total)

RECOMMENDED MOTION: That the Board of Supervisors adopt the FY 2015/16 MHSA Plan Update

BACKGROUND:
Summary

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

(Continued pg. 2)

Jerry Wengerd
 Jerry Wengerd
 Director

Departmental Concurrence

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: 100% State
 Budget Adjustment: No
 For Fiscal Year: 2015/16

C.E.O. RECOMMENDATION:

APPROVE

BY: *Christopher M. Hans*
 Christopher M. Hans

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Washington and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington and Ashley
 Nays: None
 Absent: Benoit
 Date: July 21, 2015
 xc: Mental Health

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

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

Prev. Agn. Ref.: 06/17/2014, 3-37 | District: ALL | Agenda Number:

3-29

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Fiscal Year 2015/16 Mental Health Services Act (MHSA) Plan Update

(District: All) (\$0 total)

DATE: July 8, 2015

PAGE: 2 of 2

BACKGROUND:

Summary (continued)

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

On April 1, 2015, the department posted the FY 2015/16 Annual Plan Update for 30-day community stakeholder review. It was distributed to county clinics, MHSA planning committees, county libraries, and Behavioral Health Commissions, as well posting it on the department website. Following the public 30-day comment period a Public Hearing was held at the Rustin Conference Center on May 6, 2015. Comments received on the Plan Update were analyzed by the Behavioral Health Commission and any substantive changes were documented and incorporated into the plan. The Behavioral Health Commission approved the Annual Plan Update on June 3, 2015, and is now ready for the Board of Supervisors to adopt.

Impact on Citizens and Businesses

The services are a component of the department's system of care aimed at improving the health and safety of consumers and community.

SUPPLEMENTAL:

Additional Fiscal Information

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

Riverside County
Department of Mental Health



Mental Health Services Act (MHSA) Annual Plan Update FY15/16



TABLE OF CONTENTS

County Compliance Certification.....	1
County Fiscal Accountability Certification.....	2
Message from the Director	3
Mental Health Services Act Overview	5
What is the Mental Health Services Act (MHSA)?	5
What is the Purpose of MHSA Annual Update?	5
MHSA Annual Update Introduction	6
MHSA Budget Summary	8
County Demographics	8
Community Planning and Local Review	10
Local Stakeholder Process	10
MHSA Annual Update FY15/16 Planning Structure	12
MHSA Annual Update FY15/16 Time Line.....	13
30-Day Public Comment	14
Circulation Methods	14
Public Hearing	14
Community Services and Supports (CSS)	15
CSS-01 Children’s Integrated Services Program.....	16
CSS-02 Integrated Services for Youth in Transition.....	21
CSS-03 Comprehensive Integrated Services for Adults	24
CSS-04 Older Adult Integrated System of Care.....	28
CSS-05 Peer Recovery Support Services	30
Workforce Education and Training (WET).....	32
WET-01 Workforce Staffing Support.....	32
WET-02 Training and Technical Assistance	33
WET-03 Mental Health Career Pathways.....	34
WET-04 Residency and Internship	35
WET-05 Financial Incentives for Workforce Development.....	38
Prevention and Early Intervention (PEI)	40

PEI-01 Mental Health Outreach, Awareness, and Stigma Reduction.....	42
PEI-02 Parent Education and Support.....	58
PEI-03 Early Intervention for Families in Schools.....	61
PEI-04 Transition Age Youth (TAY) Project	62
PEI-05 First Onset for Older Adults.....	66
PEI-06 Trauma-Exposed Services for All Ages	69
PEI-07 Underserved Cultural Populations.....	71
Other PEI Activities.....	76
Training, Technical Assistance and Capacity Building.....	80
Training Conducted During FY13/14	80
Law Enforcement Collaborative.....	86
Innovation (INN).....	88
INN-02 Recovery Learning Center (RLC).....	89
Western Recovery Learning Center.....	89
Desert Recovery Learning Center	92
INN-03 Family Room Project	94
INN-04 Older Adult Self Management Health Team Project	95
Capital Facilities/Technological Needs (CFTN).....	97
Capital Facilities.....	97
Technological Needs	98
MHSA Housing.....	100
MHSA Mental Health Court.....	104
Riverside Mental Health Court.....	104
Mid-County Mental Health Court	105
Indio Mental Health Court	106
Veterans Court.....	107
Recovery Innovations.....	110
Peer Employment Training (PET).....	118
Harmony Center	122
Consumer Employment, Support, Education, and Training.....	125

Veteran Services Liaison	130
Family Advocate Program	133
Parent Support and Training Program	137
MHSA Funding Summary	149
Cost Per Client	165
Community Feedback Surveys	166
Demographics - Community Feedback Surveys	169
Public Hearing – May 6, 2015	173

**2015/16 MHSa Annual Plan Update
County Compliance Certification**

MHSa COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County Three-Year Program and Expenditure Plan
 Annual Update – FY 15/16

Local Mental Health Director	Program Lead
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Telephone Number: 951-358-4500	Telephone Number: 951-955-7123
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Local Mental Health Mailing Address: 4085 County Circle Drive Riverside, CA 92503	

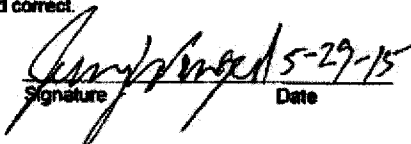
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting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

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

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5991 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

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

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


Signature Date 5-29-15

2015/16 MHSA Annual Plan Update County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Riverside County

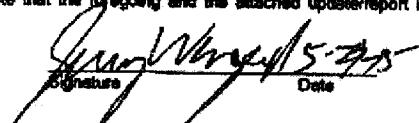
- Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Jerry Wengard	Name: Paul Angulo, CPA, MA-Mgmt
Telephone Number: 951-358-4500	Telephone Number: 951-855-3800
E-mail: wengard@rcmhd.org	E-mail: pangulo@co.riverside.ca.us
Local Mental Health Mailing Address:	
4095 County Circle Drive, Riverside, CA 92503	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5881, and 5892; and Title 5 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

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

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


 Signature Date

I hereby certify that for the fiscal year ended June 30, 2012, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 20, 2012 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2012, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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


 Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5890(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/11/2013)

Message from the Director

It is my pleasure to provide our stakeholders and community partners with this Fiscal Year 15/16 Annual Update of Riverside County's Mental Health Services Act (MHSA) components and services. I think you will find hope and innovation in the variety and quality of the programs contained in this report. As a Department we are proud to share with you this Update because it reflects the collaborative nature of our relationship with our community partners, the strong community planning process, and the innovative thinking that has helped keep Riverside County Department of Mental Health ahead of the curve as it relates to mental health care.

Along with the continuation of previously updated initiatives, in this Annual Update you will find a host of new initiatives that are coming into fruition. On the very near horizon is the opening of our new Rustin offices. The new facility will house 12 of the Department's programs, including a new Children's Clinic with integrated health, mental health, and substance use treatment on-site. The new building will also have a Conference Center with 12 conference rooms where the Department can host trainings, meetings, and conferences.

Another new initiative we have begun, and will continue to expand in the coming year, is our Crisis Services continuum of care. In the first phase we have already begun implementing our Crisis Response Teams which are designed to divert people to outpatient, voluntary care, rather than unnecessary involuntary care. At full implementation each region of the County will have two teams to respond to crises in the community. One team will respond to, and support, local emergency rooms and other sites where people are seen in psychiatric emergencies. The other team in each region will accompany law enforcement officers in responding to calls involving people with a mental illness. Future phases of this initiative will include the opening of three crisis services centers and an expansion of crisis residential beds.

I am also very excited about the opening of a new Teaching Clinic, The Lehman Center (TLC), which is a single clinic with two campuses - one for adults and one for children and families. Students are closely supervised by professional clinicians who monitor and instruct their practice, and services are available in bilingual Spanish and for Veterans. Lehman not only provides services to our system of care consumers, but also acts as a referral resource for the aforementioned crisis services by offering same or next day appointments for individuals diverted from hospitalization or who need more immediate intakes or assessments.

The Department also partners with the Riverside County Sheriff's and Riverside Police Departments to provide Crisis Intervention Training (CIT). The goal of CIT is to train all law enforcement in Riverside County on how to de-escalate a situation when dealing with someone with mental health issues. Last year a total of 928 Correctional and Sworn Riverside County Sheriff's Deputies were CIT trained. Riverside Police has had all officers trained and are planning the next cycle of trainings for 2015 incoming officers. This Law Enforcement Collaborative also supports the new Crisis Teams by orienting them to how Law Enforcement is trained and operates, policies and protocols, and how to create stronger partnerships with them.

These are just a few of the newer program highlights I wanted to share with you. I appreciate you taking the time to review this Annual Update and to read about all the exciting programs happening as a result of MHSA. We continue to see the positive outcomes and impacts on the communities served across Riverside County. We are committed to informing and updating our stakeholders on MHSA progress and your voice and perspective are an important part of this process.

Jerry Wengerd

Mental Health Director

Mental Health Services Act Overview

What is the Mental Health Services Act (MHSA)?

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

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

1. Community Services and Supports
2. Workforce Education and Training
3. Prevention and Early Intervention
4. Capital Facilities and Technology
5. Innovation

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

What is the Purpose of MHSA Annual Update?

Last year Riverside County submitted a new Three-Year Program and Expenditure (3YPE) Plan for MHSA. The 3YPE outlined the programs and services to be funded by MHSA and allowed for a new three-year budget plan to be created. It also allowed the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The 3YPE covers fiscal year (FY) 2014/15 through FY2016/17.

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3YPE on an annual basis. Therefore Riverside County engaged community stakeholders by providing them with an update to the programs being funded in the 3YPE. The community

process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA.

Once the draft Annual Update is completed, it must be posted for public review for a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the FY15/16 Annual Update and document the input accordingly. Following the posting period the Department calls upon the Riverside County Behavioral Health Commission (BHC) to hold a Public Hearing so they may receive face-to-face feedback on the content of the FY15/16 Annual Update.

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

MHSA Annual Update Introduction

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

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

Community Services and Supports

CSS-01 Children's Integrated Services Program

CSS-02 Integrated Services for Youth in Transition

CSS-03 Comprehensive Integrated Services for Adults

CSS-04 Older Adult Integrated System of Care

CSS-05 Peer Recovery and Supports Services

Workforce, Education and Training

WET-01 Workforce Staffing and Support

WET-02 Training and Technical Support

WET-03 Mental Health Career Pathways

WET-04 Residency and Internship

WET-05 Financial Incentives for Workforce Development

Prevention and Early Intervention

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

PEI-02 Parent Education and Support

PEI-03 Early Intervention for Families in Schools

PEI-04 Transition Age Youth (TAY) Project

PEI-05 First Onset for Older Adults

PEI-06 Trauma-Exposed Services for All Ages

PEI-07 Underserved Cultural Populations

Capital Facilities/Technology

Western Region Adult Consolidation (Rustin)

Behavioral Health Information System (BHIS)

Innovation

INN-02 Recovery Learning Center

INN-03 Family Room

INN-04 Older Adult Self-Management Health Team Project

MHSA Budget Summary

Over the past nine months MHSA monthly distributions have been in line with our projections. Realignment II stabilized several mental health funding sources and improved cash flow starting in FY11/12. However, increasing demands by EPSDT (Early Periodic Screening Diagnostic and Treatment) and Katie A. services are threatening to impact MHSA (Mental Health Services Act) cash utilization on an ongoing basis. All the major mental health funding sources (1991 Realignment, Realignment II, EPSDT, Managed Care, and MHSA) with the exception of Medi-Cal are tied to sales taxes and personal income taxes. Both of these funding sources can fluctuate considerably based on the State's economy. Should this trend continue, it will put increased strain on MHSA funds in the future. MHSA funding is now projected to increase by approximately 5% in FY15/16 compared to FY14/15.

County Demographics

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

At slightly more than 2.2 million residents (2,270,485), Riverside County is also the fourth largest county in California in terms of population according to 2013 population estimates. Since 2000, the population has grown by approximately 46%; and the county experienced the highest population growth of all California counties. Population growth is expected to continue to grow at an average annual rate of 2%. The largest ethnic group reported by Riverside County residents was Hispanic/Latino, comprising 46% of the county population in 2013. The next largest racial group was reported as White at 39% of the county population. Black/African American and Asian/Pacific Islander were each reported as 6%; the Native American population was less than 1% of the total population. A small percentage (2%) of county residents reported multi-racial or other as their race/ethnicity. The most common language spoken at

home is English and the most common Non-English language is Spanish. Riverside County's population is relatively young, with a median age of 34 years and nearly 27% of residents under age 18. However, older adults are a significant proportion of the population at 12%.

Employment in Riverside County declined in 2008 and 2009 but rebounded in 2010 and continued to rise. It is estimated that the Riverside/San Bernardino metro area will experience rising employment from 2013 to 2018. The unemployment rate fell to 8.4% in 2014 after reaching a high of 14% in June 2011. Despite gains, Riverside County unemployment rate has been higher than the state and nation since 2007. Poverty estimates for Riverside County indicate that 17.2% of residents live below the poverty level; and 40% of residents live between the poverty level and 200% of poverty level.

Community Planning and Local Review

Local Stakeholder Process

Riverside County engages in a year-round MHS Community Planning Process, which this year focused on the FY15/16 Annual Update. The Department relies on age-specific planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform MHS program planning and decision making. These cross-collaborative committees are comprised of partner/community agencies and providers, consumers/family members, Board/Commission representatives, and a variety of other subject matter experts.

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

Last year the Department decided to create a better structure to engage Consumer and Family members in the process. Thus the Consumer Wellness and Recovery Coalition was developed and acts as a forum to involve peer perspectives on a variety of topics including the FY15/16 Annual Plan Update. MHS is also a standing agenda item for the Behavioral Health Commission to ensure they act as an advisory body on all aspects of MHS planning.

Once the 3YPE was completed, copies were circulated to the stakeholder community for reference and review. Stakeholders were encouraged to continue to provide feedback on the initiatives outlined in the 3YPE verbally or in writing through the completion of a survey instrument. Surveys were distributed to all Planning Committees, the Behavioral Health Commission, Wellness and Recovery Coalition, Family Advocates, Schools, Parent Support, NAMI, and community providers.

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

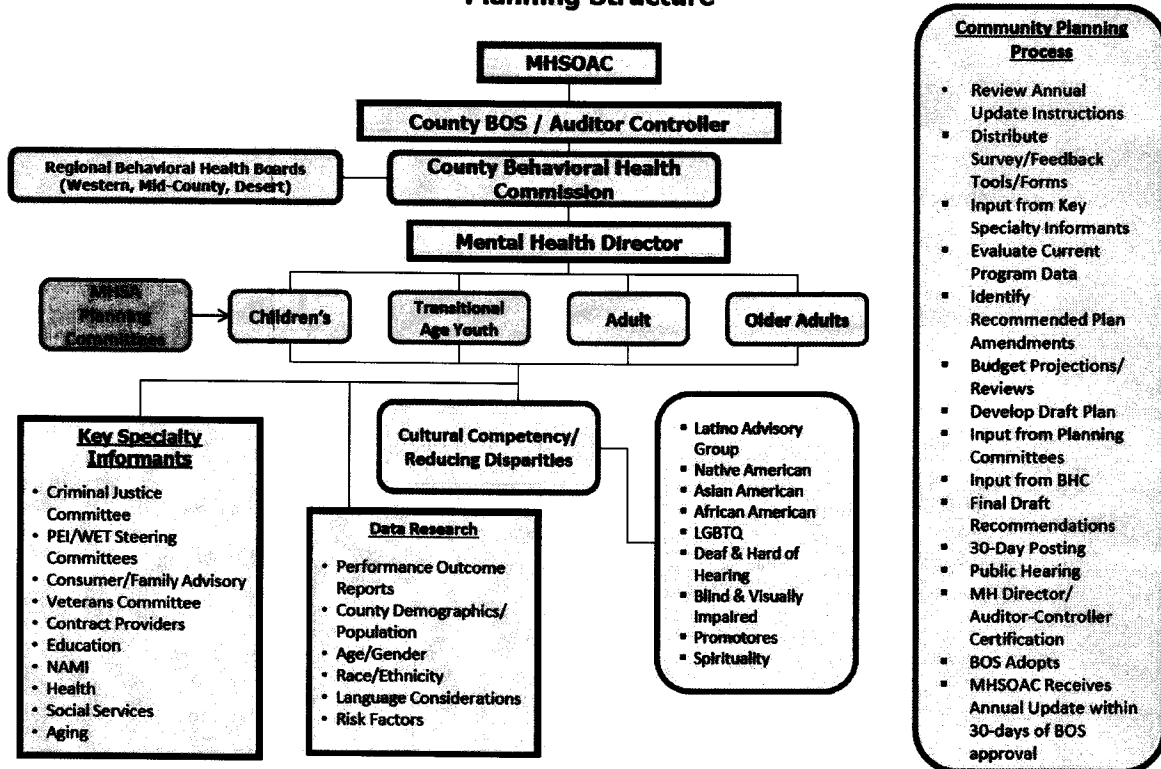
The PEI Steering Committee was comprised of representatives from education, community-based providers, Cultural Competency, Office on Aging, Health, and County PEI staff. The WET Steering Committee was comprised of stakeholders from academia, employees of the public mental health system, and individuals with lived experience as consumers and family members or who had clinical expertise.

Stakeholder Description

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

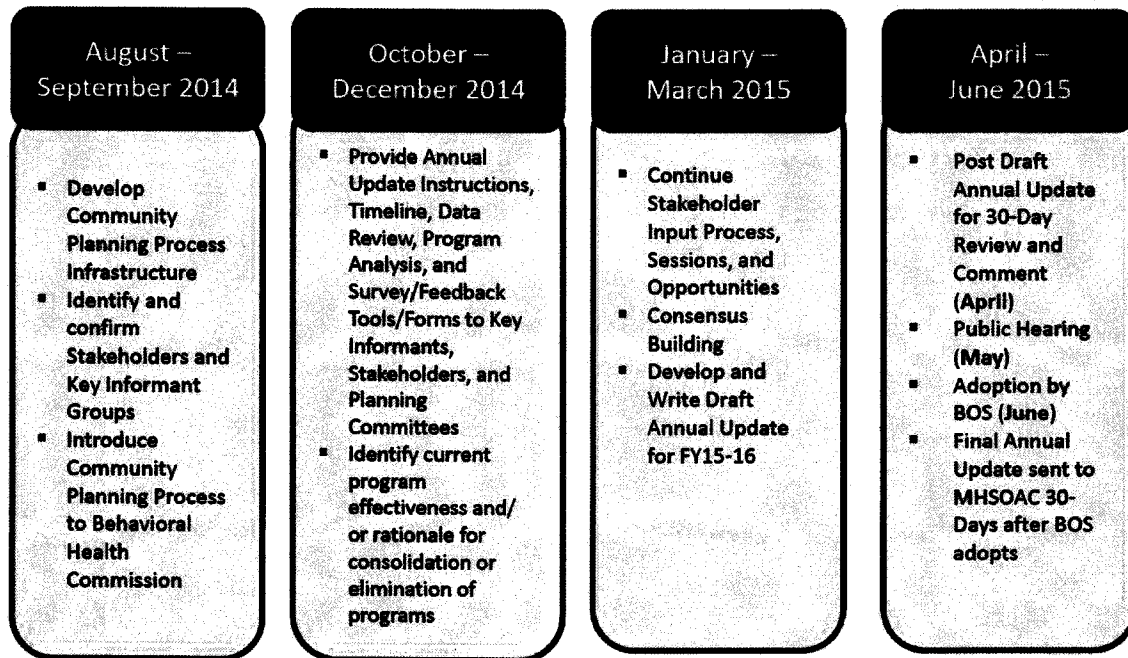
MHSA Annual Update FY15/16 Planning Structure

Mental Health Services Act (MHSA) Annual Update FY15/16 Planning Structure



MHSA Annual Update FY15/16 Time Line

Mental Health Services Act (MHSA) Annual Update FY15/16 Time Line



30-Day Public Comment

The Draft MHSA Annual Plan Update was posted for a 30-day public review and comment period, from April 1, 2015 through May 5, 2015.

Circulation Methods

The Draft Plan Update and Feedback Forms were available in English and Spanish and posted on the Department website, at County Clinics, disseminated at all county libraries as well as distributed through the Behavioral Health Commission, Regional Behavioral Health Boards, and all MHSA Planning and Steering Committees. Advertisements for the Public Hearing were posted for publication in the Press Enterprise and Spanish Unidos newspapers which are distributed in all regions of the County. It was also advertised in local regional newspapers such as the Desert Sun and The Valley Chronicle.

Public Hearing

After the 30-day public review and comment period, a Public Hearing was held by the Behavioral Health Commission (BHC) on May 6, 2015. Spanish, ASL, and Korean translators were available at the Public Hearing. The Public Hearing was held in Riverside with live webcasts to Indio (Desert Region) and Lake Elsinore (Mid-County).

All community input and comments were reviewed with an Ad Hoc BHC Executive Committee for review and to determine if changes to the Work Plans were necessary. All input, comments, and Commission recommendations from the Public Hearing are documented and included in this Update (see page 173).

Community Services and Supports (CSS)

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

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

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

CSS-01 Children's Integrated Services Program

Full Service Partnership

Multi-Dimensional Family Therapy (MDFT)

Western Region (Riverside)

Mid-County Region (Lake Elsinore/Perris)

Desert Region (Indio)

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

County-Wide

Parent Child Interaction Therapy (PCIT)

Lake Elsinore

Pre-School

System Development

Parent Support

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

Mentoring

Youth Hospital Intervention Program (YHIP)

Clinic Enhancements and

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

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

The Children's Integrated Services Program successfully implemented the growth opportunities outlined in last year's 3YPE. These include expansion of the Multi-Dimensional Family Therapy program by one team in the Western Region, additional Parent Support positions, and enhanced out-patient services in Western Riverside. The previously approved Full Service Partnership Programs continue to operate in all regions of the County which include Multi-Dimensional Family Therapy, Treatment Foster Care Oregon (TFCO) (formerly Multi-Dimensional Treatment Foster Care), and Parent Child Interaction Therapy.

The System Development programs also continued with full implementation including the Parent Support Unit, Mentoring Contract, Youth Hospital Intervention Program, and the Out-Patient Clinic Enhancements/Expansions Initiatives. Important to note is that the Desert Hot Springs expansion mentioned in the 3YPE was not executed due to space limitations.

In previous years there have been some concerns over the low numbers of foster youth being served in the Treatment Foster Care Oregon program. As a result the TFCO program was broadened this year to include some Therapeutic Foster Care placements in order to accommodate the community for several reasons. First, the admission criterion for the program is very narrowly focused. There is a large need for treatment foster care homes which had been left unmet. Second, the California Katie A vs. Bonta class action litigation settlement requires that each dependent of the child welfare system be offered a Therapeutic Foster Care home via Medicaid, when appropriate. Thus, the Department needed to respond to this litigation. Any expansion costs incurred by this expansion of the program will be funded by EPSDT Medi-Cal, and will not impact MHSA dollars. Please see implementation Progress Updates to the Children's Work Plan below.

Children's Integrated Services programs have continued to provide an array of services through interagency service enhancements and expansions: evidence-based practices in clinic expansion programs, full service partnership programs, and continued support of Parent Partners employed as permanent county employees. Parent Partners welcome new families to the mental health system through an orientation process and work as part of the clinical team in the clinic where they are assigned. Parent orientations provide the opportunity to inform parents about the clinic processes and offer support/advocacy in a welcoming setting. Parent Partner services are invaluable in promoting engagement from the first family contact, providing support and education to families, and supporting the parent voice and full involvement in all aspects of their child's service planning and provision of services. (See Parent Support and Training, page 137, for more details.)

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

Issues identified for children/youth during the planning process included children/youth involved in the juvenile justice system, those with co-occurring mental illness and substance use disorders, youth transitioning to the adult system of care, homeless youth, and children 0-5 years old.

In total Children's Integrated Service programs served 15,104 (10,469 youth; and 4,635 parents and community members) in FY13/14. Across the entire Children's Work Plan the demographic profile of youth served is 44% Hispanic/Latino, 8% Black/African American and 18% Caucasian. A large proportion (30%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at <1% served compared to 5% in the population, and Caucasian youth are underrepresented at 18% served compared to 26% in the population. The Black/African American youth are overrepresented at 8% served compared to 6% in the county population. Some specific examples of Children's programs are described in the following summary.

Integral to the Children's Work Plan were service enhancements with interagency collaboration and the expansion of effective evidence-based models, as well as parents or caregivers as part of the support and treatment process.

Team Decision Making (TDM) is an interagency collaborative service component that supports the Family-to-Family approach adopted in Riverside County as part of Social Services Re-Design. TDMs are conducted with Department of Mental Health clinical staff and Department of Public Social Service staff to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family. Staff conducting TDM meetings served 1,290 youth in FY13/14.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal and a number of youth without Medi-Cal through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 310 youth. Supports for parents facing the challenges of raising a child with Serious Emotional Disturbances has been a key component of the Children's Work Plan.

The Youth Hospital Intervention program is assigned to work with youth presenting in crisis at the County Emergency Treatment Services (ETS) facility. The YHIP provides follow-up linkage and parent/caregiver support. YHIP staff served 155 youth and families in FY13/14. A multifaceted approach to assistance for parents continued throughout FY13/14 with Parent Support Staff (Parent Partners) in each clinic providing direct support services to clients and

their families; and a Central Parent Support Team to provide a variety of assistance to parents including: community outreach; a parent support warm line; and Educate, Equip, and Support (EES) classes. Parent Partners provided a number of support services impacting 1,737 individual youth and families. Some of the families and youth served were follow-up contacts after youth hospitalizations. The Department's EES classes served 158 parents. Additional contacts were provided to 2,887 parents through community engagement and outreach efforts at community events. Parent Partners participated in community events and meetings with diverse traditionally underserved communities.

Clinic expansion programs also included Behavioral Health Specialists assigned in each region of the county to address the needs of youth with co-occurring disorders, providing groups and other services. Mentoring services have also been provided to 52 children that have an open case file in the children's clinics. Evidence-based practices (EBP) expanded in the children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). Cognitive behavioral therapy continued to expand with the availability of Trauma-Focused CBT for youth with symptoms related to significant trauma experiences. PCIT was provided within the context of a full service partnership program to 85 youth. Outcomes for PCIT have consistently shown reductions in externalizing/disruptive behaviors and decreases in parental stress as measured by Eyberg Child Inventory (ECBI) and Parental Stress Index (PSI).

Youth involved in the Juvenile Justice system have benefitted from the implementation of Aggression Replacement Therapy (ART) in several youth juvenile justice settings. ART is an EBP that focuses on the development of strategies to manage anger and improve social skill competence. The ART program served 63 youth during FY13/14.

The Multidimensional Family Therapy (MDFT) Full Service Partnership program was specifically implemented to serve youth with a co-occurring disorder. Four regionally based teams provided MDFT services to a total of 145 FSP youth in FY13/14. Collaborations with County Probation have resulted in referrals from the youth Probation Department to MDFT with nearly 70% of youth served referred through the Probation Department. Children's FSP programs served a diverse group of consumers. The majority served by the MDFT Full Service Partnership programs were Hispanic/Latino youth (59%). Recent outcomes from MDFT FSP programs

showed improvements in youth behaviors with a 59% decrease in the number of arrests, and a 73% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 57% compared to baseline. School suspensions decreased by 84% compared to baseline. Measures of externalizing behaviors showed a statistically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

Full Service Partnership services were also provided to 13 youth in the foster care system through Treatment Foster Care Oregon (TFCO). Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The TFCO program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. Treatment foster homes are certified, and licensed in collaboration with Probation and Social Services.

CSS-02 Integrated Services for Youth in Transition

Full Service Partnership

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

Integrated Services Recovery Center-Mid-County

Integrated Services Recovery Center-Desert

System Development

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

Transition to Independence Process (TIP) training

Crisis and Adult Residential Treatment (CRT) (ART)

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

The Services to Transition Age Youth (TAY) programs continue to be implemented as originally designed in the 3YPE. The Full Service Partnerships continue to operate in all regions of the County and the Western Region program, "The Journey" will move into a new location in FY15/16. The Peer Support and Resource Centers expanded capacity last year with an added location in the Desert and slight budget increases to the newly awarded contracts for FY15/16. Crisis and Adult Residential Treatment remain a viable option for TAY, although they are funded through the Adult Integrated Services Work Plan.

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

Services to Transition Age Youth (TAY) were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, and hospitalizations; as well as promoting independent living. TAY with a serious persistent mental illness that are high utilizers of crisis or hospital services, or that are experiencing incarcerations and/or homelessness were an identified service priority. CSS strategies to support transition age youth continued during FY13/14: Integrated Services Recovery Centers, Peer Support and Resource Centers and Crisis Residential Services were designed to address the issues identified for TAY youth during CSS planning. TAY, with co-occurring disorders, were also a priority. TAY Integrated Services

Recovery Centers (ISRC) established in each region of the county (Western, Mid-County, and Desert) continued to provide Full Service Partnerships services focusing on youth transitioning to adult services. A variety of services and supports are available at the TAY ISRCs including mental health services, housing supports, vocational counseling, substance abuse counseling, peer support, and psychiatric services. A total of 329 TAY youth were served by the FSP programs with 103 youth served in the Western Region; 131 youth served in the Mid-County Region; and 97 served in the Desert Region. The TAY FSP program shows good progress with regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs nearly reflect the proportion of Caucasian and Hispanic/Latino population in the Riverside County population with more Hispanic/Latino TAY (40%) youth served than other ethnic/race group. The Black/African American group at 14% is overrepresented in the TAY FSP relative to the county population and the Asian group is underrepresented. Recent outcomes evaluation for TAY FSPs showed a 75% reduction in the number of arrests; a 76% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 46% reduction in the number of inpatient psychiatric hospital admissions.

Crisis Residential Treatment (CRT) services have been available to TAY age youth to stabilize youth in acute crisis in order to eliminate or shorten the need for inpatient hospitalization. CRT services were established in the Western and Desert Regions. CRT services operating in the Western and Desert Regions provided this community-based alternative to 114 TAY age youth. In addition three TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting for up to six months for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive IMD setting, and provides the services and structure needed to assist consumers with removing barriers to discharge, and optimizing re-integration into the community.

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

Trainer process continued in order to support fidelity to the model and sustainable implementation across the county. The Site-Based Trainers undergoing the rigorous certification process as outlined by the model developer and purveyors, delivered a three-day TIP Training to staff of the six TAY sites in December 2013. They are now assisting staff with daily implementation of TIP guidelines and practices with their TAY consumers. The Trainers were observed delivering the training as part of the final certification process. It is anticipated that final certification will occur in FY14/15.

Peer Support and Resource Centers provide another avenue for TAY youth to receive educational and vocational support as well as peer mentorship. Progress of the Peer Support and Recovery Centers is included under the Peer Support and Recovery Center Work Plan (CSS-05).

CSS-03 Comprehensive Integrated Services for Adults

Full Service Partnership

Integrated Services Recovery Centers

ISRC West
ISRC Bridges (Western/Mid-County)
ISRC (Riverside Integrated Service Expansion (RISE) – for High Utilizers)
ISRC Mid-County
ISRC Desert

System Development

Adult Residential Treatment (ART) Mid/Desert

Safehaven West/Desert

Housing (HHOPES)

Mental Health Court

Augmented Board and Care (ABC)

Crisis Residential Treatment (CRT)

Crisis Stabilization (Desert)

Family Advocate Program (FAP)

Peer Support and Resource Centers (see CSS-05)

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

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

The Comprehensive Integrated Services for Adults (CISA) program continues to offer Full Service Partnership (FSP) programs in all regions of the County. As reported in last year's 3YPE two new aspects of care were introduced: the "Bridge" and "RISE" FSP programs. The "Bridge" acts as an intermediate level of care to step individuals down to a lower level of care, and the "RISE" which offers intensive services to "High Utilizers of Service". Both programs were successfully implemented last year and capacity should increase over the course of FY15/16. All System Development programs continue to be operational with the exception of the Augmented Board and Care (ABC) and the Desert Hot Springs clinic expansion. Unfortunately

the contract provider for the ABC Program was unable to provide the services and the Department is actively seeking a new provider to deliver the program. The Desert Hot Springs expansion was stalled due to space limitations. Otherwise all other programs are fully operational including the Adult Residential Treatment Program, Safehaven, Mental Health Court, Crisis Residential and Stabilization program, Family Advocate, and Clinic Enhancements/Expansions. All CISA programs are provided an implementation progress report below.

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a supportive system of care for adults with serious mental illness. The priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies include a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices. Peer-Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery. Family Advocates who have a family member with a serious mental illness contribute a unique perspective to supportive services provided in the clinics and in the community. (See Family Advocate Program, page 133, for more details.)

Three regional Integrated Services Recovery Centers have continued to provide Full Service Partnership services for adults with a service array that includes: mental health services, vocational counseling, substance abuse counseling, peer support, and psychiatric services. In total 582 adults were served in the FSP programs; with the Western Adult program serving 382 FSP consumers, the Mid-County serving 205 FSP consumers, and the Desert serving 161 FSP consumers. Adult FSPs have some disparities with regard to the proportion of Hispanic and Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the county's population. The Adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (52%) followed by the Hispanic/Latino group at 23% of those served. An initial FSP Outcomes Retreat has evolved into quarterly meetings for FSP program management

and supervisors including contract providers. FSP outcome reports have been presented which provided an avenue for further discussion with staff with regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed an 89% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 67% compared to baseline; and the number of consumers with admissions to the emergency room for psychiatric reasons has decreased visits 94% compared to baseline data. Comparisons of consumers' residential status at intake and their most recent residential status showed that homelessness decreased and consumers living on their own in an apartment, house, or rented room increased.

As outlined in last year's 3YPE, via stakeholders and FSP Committee recommendations, the decision was made to expand FSP capacity through the creation of alternative program tracks. Thus the ISRCs were expanded to include an intermediate level of care called the "Bridge". Although early in inception, the programs have been implemented and have thus far served 29 in Western Region and 28 in Mid-County. The expectation is this program will allow for an additional 140 FSP slot for consumers.

The other priority need identified through the 3YPE planning process was to create an FSP that focused on "High Utilizers of Service". As a result the RISE (Riverside Integrated Services Expansion) was developed to engage individuals on LPS conservatorships who are transitioning back to the community after treatment in a secure long-term care facility. The RISE program is also early in implementation and thus far served 35 individuals in FY13/14.

For the adult forensic population, dedicated mental health staff provides assessment, linkages, and case management for consumers referred through the superior court system. Adults with serious mental illness can, when appropriate, receive treatment rather than incarceration. The model is an interagency collaborative that includes the Riverside County Superior Court, District Attorney, Public Defender, Sheriff, Probation and Mental Health. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court program to one of the Integrated Service Recovery Centers, or other appropriate county clinic or community resource based on the consumer's needs and recovery goals. The Mental Health Court program served 741 consumers in FY13/14; and has shown that nearly 80% of participants have successfully remained in the community with no new arrests during

their program year. (See page 104 for a full description of the Mental Health and Veterans Court Programs.)

The employment of Peer Support Specialists is part of the adult CISA clinic enhancements. Peer Support Specialists have continued to serve as an important part of the clinic treatment team by providing outreach, peer support, recovery education, and advocacy.

Recovery Management and Co-Occurring Disorder groups are evidence-based practices offered in the adult clinics and supported through the Adult Work Plan. Training and continued staff support to ensure program fidelity has been a key component in offering these groups to consumers. Many consumers have benefitted from this therapeutic group service. Outcomes from recovery management showed that knowledge of illness and self-management strategies improved from initial measurement to follow-up. In total 13,058 consumers have benefitted from clinic expansion and enhancements.

Family Advocates are an additional enhancement to clinic services. Family Advocates posted in each of the three county regions serve as liaisons and advocates for families and consumers accessing services through the county. In addition the Family Advocate unit provides a variety of informational and support services to assist families of mentally ill adult and TAY consumers in the community who may not be currently utilizing the county system. Typical Family Advocate activities include assistance with navigating access to clinic services and connections to self-help support groups like NAMI. The Family Advocate Program provided support to 1,724 family members and provided outreach at community events to 494 people.

Crisis Residential Treatment services and the Adult Residential Treatment program are also a part of the CISA program expansion. Six-hundred and eighteen adults benefitted from access to the CRT, which provides a short-term alternative to an acute psychiatric hospital admission. The CRT supports stabilization and discharge planning in a residential treatment setting for up to two weeks. The Adult Residential Treatment program served 13 adults enabling them to stay in a therapeutic residential treatment setting for up to six months before transitioning to a less restrictive living situation. This program allowed the consumers to receive assistance with removing barriers to living more independently and maximized the opportunity for a successful re-integration into the community.

CSS-04 Older Adult Integrated System of Care

Full Service Partnership

SMART (Specialty Multi-Disciplinary Aggressive Response Teams)

(SMART) West

(SMART) Mid-County

(SMART) Desert

(SMART) Bridge

System Development

Peer and Family Supports

Housing

Network of Care

Clinic Enhancements and Expansions

Older Adult Clinics

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

The Older Adult Integrated System of Care continues to offer SMART (Specialty Multi-Disciplinary Aggressive Response Teams) Full Service Partnership programs. In last year's 3YPE the FSP services were expanded to include a "Bridge" level of care that allowed for an additional 70 slots per region. The "Bridge" expansion was successfully implemented in all regions over the course of the last year. The Department is committed to sustaining all other programs listed in the Older Adult Integrated work plan including Peer and Family Supports, Housing, Network of Care, and Clinic Enhancements. The other exciting development planned for FY15/16 is the relocation of the main older Adult clinic. Formally referenced as Tyler Village, the new site will allow for an upgraded physical space and will be renamed, "Wellness and Recovery Center for Mature Adults".

Older Adult Integrated System of Care (OAISC) is providing integrated services, which includes a Full-Service Partnership (FSP) Program and other supportive services. The OAISC Work Plan included strategies to enhance the staff available to serve older adults at regionally-based older adult clinics and through designated expansion staff located at adult clinics. Older adult clinic programs served 1,778 older adult consumers. Recovery Management and Co-occurring

Disorder groups, case management and other supports provided by Peer Support Specialists are some of the services available. The proportion of older adults served across the county closely reflected the county population with 22% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 21%. The Caucasian group served was 46% and the Black/African American group served was 9%. The Asian/Pacific Islander group served at 2.6% was slightly less than the county population of 6% Asian/Pacific Islander.

The OAISC Work Plan also includes full service partnership services through a multi-disciplinary team approach. Three regionally based multi-disciplinary service teams, called the Specialty Multi-Disciplinary Aggressive Response Treatment (SMART) Teams have continued to provide FSP services including: mobile outreach assessments (which incorporate health and mental health assessments), intensive case management, medication management services, crisis assessment, intervention and stabilization, rehabilitation services, linkage to community resources, and short-term treatment (6–8 visits). The SMART model encompasses mobile home-based treatment services, consultation with primary care physicians, psycho-educational services, support, and education to families, integration of substance abuse services into the treatment process and referrals to other service providers. A total of 270 older adults were served through the SMART FSP teams with 103 served in the Western Region, 94 served in the Mid-County Region, 82 served in the Desert Region.

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

CSS-05 Peer Recovery Support Services

System Development

Peer Support and Resource Centers (PSRC)

(PSRC) West

(PSRC) Mid-County

(PSRC) Desert

(PSRC) Art Works

Consumer Affairs

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

Consumer Employment and Recovery Training

Consumer Employment

The key Peer initiatives supported through the 3YPE included Peer Employment, Peer Employment and Recovery Training, and Peer Support and Resource Centers. The Department continues to support individuals with lived experience to be trained and employed as Peer Support Specialists. With last year's expansion the Department now employs close to 200 individuals to provide peer to peer supports. The Peer Support and Resource Center Expansion supported through the 3YPE was also fully implemented last year. This allowed for 400 adult and 80 TAY consumers to receive support services in each region. The expansion also called for an additional Peer Center in the Western Coachella Valley to act as an FSP step-down, which was also implemented.

Last year the Peer Center contract went back out to Competitive Bid Process and a new operator was selected to provide the Desert Region Services. Recovery Innovations will now operate the Peer Centers in all 3 regions and they will refer to them as "Wellness Cities". Provided below is an update to all the programs listed in the Peer Recovery Support Services Work Plan.

Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. Three regionally located centers, operated by contract providers (Oasis Rehabilitation and Recovery Innovations), served a total of 1,778 mental health consumers in FY13/14. In the Western Region, Recovery Innovations provided support services to 345 adults and 35 transition age youth. Recovery Innovations also operates a Peer Center in the Mid-County Region where 367 adults and 18 transition age youth received services. See page 110 for additional information on the Recovery Innovations program. In the Desert Region, 830 adults and 183 TAY were served by Oasis at the Harmony Peer Support and Resource Center. See page 122 for additional information on the Harmony Center activities. See page 125 for a full description of a variety of Consumer Empowerment Initiatives such as Employment, Supportive Education, and Training highlights.

The Department is committed to continue funding for a Senior Peer Support Specialist (Veterans Liaison) position to provide a variety of support services to veterans in our system. This position will also conduct community outreach to veterans, participate in the VALOR Committee to reduce homelessness among veterans in Riverside County, participate in the Behavioral Health Commission's Veterans Committee, and continue the development of veteran-specific resource materials. The Liaison will also be responsible for development of the intake and referral forms necessary for the clinics to adequately identify veterans in our system and ensure they are linked to appropriate resources and services. The Department also plans to fund pocket resource guides for distribution to veterans and is exploring financial means to assist veterans in need of identification and Social Security cards. The Department has also tasked the Veterans Committee to explore additional staffing infrastructure needed to support veterans in our clinic system of care. See page 130 for further description of veteran activities within the Department.

Workforce Education and Training (WET)

"Education. Vocation. Transformation."

When the framers of the Mental Health Services Act (MHSA) envisioned a transformed public mental health service system, they knew that true transformation could only transpire in conjunction with a skilled and dedicated workforce. As a result, they included Workforce Education and Training (WET) as an integral part of the MHSA.

WET was not only to imagine the training necessary to keep public practitioners informed and engaged, but to see beyond: to create programs that identified early career pathways into public mental health careers; to attend to employee retention issues; and to address service disparity by attracting a diverse candidate pool into service. Keeping with the central values of the entire MHSA, WET was to also respect the inclusion of people with lived experience – peers, family members, and parents – into the workforce.

Last year, during the MHSA 3-Year-Plan process, stakeholders provided feedback to update Riverside's WET plan to include or expand some new and interesting programs. Many of these first steps have yielded solid momentum in forwarding WET's mission.

WET-01 Workforce|Staffing Support

Though WET has expanded program actions within the plan and reached greater academic and workforce development contacts, WET's staffing has only increased modestly. WET's current organizational structure has allowed for maximizing productivity and oversight, while continuing to look toward growth and innovation.

The Community Resource Educator (CRE), designed to ensure awareness and timely access of mental health and support referrals, was examined to determine best fit between duties and job classification. Because this position required a more sophisticated technical knowledge of electronic media, as well as related software, the position was reclassified from a Behavioral Health Specialist II to a Public Information Specialist. The CRE will continue to report directly to the WET Manager, but will also work closely with the Department's Senior Public Information Officer. Though currently vacant, the CRE is in active recruitment.

The Lehman Center (TLC), WET's teaching clinic staffed primarily by student practitioners, opened its doors in October 2014. To ensure adequate operation, clinical instruction and oversight, TLC hired a Mental Health Services Supervisor, an Office Assistant III, and two Clinical Therapist IIs. The success and progress of TLC is reviewed later in this update under the Residency and Internship section.

At the direction and recommendation of the Riverside County Behavioral Health Commission Sub-Committee on Veterans, the Veteran Services Liaison (VSL) position was reclassified as a Clinical Therapist in order to provide direct clinical services to military veterans who carry a diagnosis in addition to continuing the outreach and engagement duties already established. The VSL is not a formal position in the WET plan, but reports directly to the WET Manager. This position is currently vacant, though some duties have been maintained by a volunteer veteran, and is also in active recruitment.

WET-02 Training and Technical Assistance

More than 150 days of training were coordinated, scheduled, and managed by WET staff during the year, not including program-specific training for law enforcement (see Crisis Intervention Team training) and training for student interns (see Graduate Internship Field and Traineeship Program). Based upon our original stakeholder input, general training for Riverside County's public mental health workforce was concentrated into three areas: 1) Evidence-Based Practices (EBP); 2) Advanced Treatment Skills (ATS); and, 3) Recovery Skills Development (RSD). Training audiences not only included RCDMH employees, but also employees at partner agencies like the Public Defender's Office, student and faculty at our academic stakeholders, and the Veterans Administration. All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA – 1) Community Collaboration; 2) Cultural Competency; 3) Client and Family-Driven; 4) Wellness Focus which includes Recovery and Resilience; 5) Integrated Services – and directed to incorporate these concepts into their curriculum where appropriate. Over 3,000 people, both Department staff and community stakeholders, received mental wellness-related training.

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities which included: Clinical Supervision; Child and Elder Adult Reporting; Law and Ethics; Nonviolent Crisis Intervention; Building Bridges with Adolescents; Human

Trafficking; Play Therapy; DSM-5 Crosswalk; Dialectal Behavior Therapy; and our job classification series for our paraprofessional staff and our office assistant staff. WET also continued to supply the primary trainers for the 5150 authorization course necessary for non-law enforcement professionals to determine legal risk and to facilitate safety protocols in a mental health crisis. In order to enhance assessment skills and critical thought regarding alternatives to hospitalization, WET revised the 5150 authorization curriculum to include an expanded training for clinical application and piloted the training with the Department's new Crisis Response Teams. WET took an active role in the orientation of the Crisis Teams that included additional training on working with consumers who experience psychosis and a review of the Crisis Intervention Team training received by law enforcement.

The WET developed training addressing Compassion Fatigue which was not only conducted for Department direct service staff, but also tailored specifically for Department supervisors, for our partners at the Riverside County Office on Education, and for our graduate students. In accordance with the Board of Supervisors' initiative, WET coordinated "Healthy Metro" events to help address employee wellness through exercise and nutrition, as well as the "Whole Health/Facing Up" training to address overall health and wellness of Department consumers.

Enhancing our staff's development of cultural competency, WET coordinated these additional trainings as well: Caring for Women Military Veterans; Spirituality in Mental Health; and our comprehensive cultural competency training – the California Brief Multicultural Scale (CBMCS) training. WET developed and conducted specialized training on working with the LGBTQ population, for our Peer Support, Family Advocate, and Parent Partner staff.

WET-03 Mental Health Career Pathways

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

Additionally, recent movement in peer employment has been centered on supporting peers to become credentialed in recovery. WET provided consultation to the Office of Consumer Affairs regarding credentialing recommendation.

The Clinical Licensure and Support (CLAS) Program was designed to support our journey-level clinical therapist with their professional development and prepare them for licensing examination. Associate therapists that were 1,000 hours or less away from license examination eligibility were invited to join CLAS. CLAS participants received one on-line practice test, a one-hour weekly study group attendance, and centralized workshops on critical areas of skill development. In the past year, WET offered CLAS participants four centralized workshops to develop their clinical skills, including specific training on psychotherapy theory and treatment planning. Thirty-three staff have licensed since the induction of the program in 2012. WET also launched a clinical supervision support program for our unlicensed clinicians, meeting the State required supervision for approximately 30 Department employees.

Since Volunteer Services Coordination was assigned to WET management, volunteer opportunities have expanded to include career pathways development. The Volunteer Services Coordinator oversees approximately 100-120 volunteers per month. Career Outreach to local school districts has resulted in four affiliation agreements to support mental health curriculum in high school health academies, including development of public mental health careers. Classroom presentations are conducted 1-2 times per month. WET is also developing a high school level summer internship program that is scheduled to begin in the summer of 2015.

WET-04 Residency and Internship

When student therapists begin the practice component of their education, they begin a service perspective that can influence the rest of their careers. It is not just about the craft of the job, but also the purpose and commitment behind it. Riverside County understands that the dedication a student receives during this crucial, inexperienced time of his or her development can lead to the same dedication that a student provides to those in need. A good field education can create a lasting employee and enduring service philosophy. WET recognizes that our student programs are not just about creating a larger pool of job applicants, but rather a larger cohort of well-rounded, successful, and recovery-oriented partners in transformation.

Our Graduate Intern, Field, and Traineeship (GIFT) Program remained one of the most highly sought training programs in the region. We received over 150 applications for approximately 55 placement slots per academic season of students interested in our comprehensive program. Our Staff Development Officer of Education interviewed every applicant, screening to identify students who met MHSA values and Department workforce development needs; were passionate about public, recovery-oriented service; committed to the underserved; had lived-experience as a consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County. WET had affiliation agreements with more than 30 educational institutions, including every graduate program that has a specialty in Mental Health.

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

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

Fifty-three students were placed into Riverside County Department of Mental Health clinics, including 7 bachelor's degree students and one alcohol and other drug counselor intern who concentrated her study on meeting the needs of people in co-occurring recovery. Forty percent of our student cohort is bilingual: in addition to English speaking Spanish, Tagalog, or American Sign Language. Our graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. Last year alone, over 80% of our student cohort was hired by the Department – not only meeting our workforce development needs for this hard-to-fill job classification but confirming that our GIFT program had prepared them to succeed in public mental health service.

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

Additionally, WET partnered with California State University, San Bernardino (CSUSB) to develop and implement a model of an administrative social work internship. University Social Work programs have long been challenged on how best to educate their administrative learners; and this kind of university and public agency partnership was unprecedented in this arena. This collaboration produced a model that was so successful that it was adopted by our Department and the University. During competitive interviews for stipend awards, the first two graduates of this model demonstrated a more complex and sophisticated understanding of administrative and community service planning than did their colleagues. WET and CSUSB were invited to present this model at the prestigious National Council on Social Work Education Conference in 2014.

During the latter part of 2013 and the start of 2014, WET planned for the opening of The Lehman Center (TLC), a teaching clinic primarily staffed by student practitioners serving system of care consumers. Named after Judy Lehman, the retired Department supervisor who helped found our centralized student placement coordination; TLC opened its doors on October 1, 2014. Lehman is a single clinic with two campuses – one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice. Six of the students are bilingual Spanish and two are female United States military veterans. To date, more than 100 consumers and their families have been served by TLC, providing same or next day appointments to people who

were diverted from hospitalization by our new crisis teams, and providing sooner intake appointments and reassessments for saturated outpatient programs.

WET-05 Financial Incentives for Workforce Development

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

The Riverside County Department of Mental Health 20/20 and Paid Academic Support Hours (PASH) Program is a workforce development strategy directed at regular status employees who are eligible to earn a MSW or MFT graduate degree. The 20/20 and PASH Program enables selected participants to maintain a full-time salary while modifying up to 50% of their work hours to attend school. Employees have to demonstrate their commitment to public mental health service as well as their ability to address the disparities in our workforce needs. Participants sign a binding agreement to work for RCDMH for the same amount of time that they received academic support. A new cohort of 5 employees was added to this program in the past year.

With the encouragement of Riverside County Board of Supervisors' policy, and in partnership with Riverside County's Educational Support Program, WET developed and continued to manage the Tuition Reimbursement Program. Employees can seek reimbursement for technical and administrative studies when related to their job classification, not just clinical coursework. Employees have two options: A) Achieving a degree or certificate that supports current work duties or creates a promotional career pathway; or B) Taking a single course that enhances work related skills and serves as a return-to-school trial. Nine new employees were added to this program during 2014.

In addition, WET maintained an active role in State-administered workforce financial incentives. WET provided Riverside County representatives to our local MSW and MFT stipend programs to assist in the selection process of MHSA stipend awards, as well as maintaining a seat on the Mental Health Loan Assumption Program (MHLAP) Advisory Board. Fifteen of our student cohorts are State stipend recipients. The MHLAP provided up to \$10,000 to qualified applicants

in exchange for a year of continued service in the public mental health service system. Sixty-seven public mental health service employees were awarded the MHLAP in Riverside County last year, resulting in more than a half of a million dollars invested in the retention of Riverside County public mental health practitioners.

Prevention and Early Intervention (PEI)

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

Outreach and Engagement

Toll Free 24/7 "HELPLINE"

Network of Care

Call To Care

"Dare To Be Aware" Youth Conference

National Alliance on Mental Illness
(NAMI) Signature Programs **

Parents and Teachers as Allies

Breaking The Silence

In Our Own Voice

Stigma Reduction Programs *

Speakers Bureau

Mental Health Awareness Program for
Schools

Media and Mental Health Promotion and
Education Materials

Ethnic and Cultural Leaders in a
Collaborative Effort

Promotores de Salud Mental

Community Mental Health Promotion
Program

* Added

** Eliminated

PEI-02 Parent Education and Support

Triple P - Positive Parenting

Mobile Mental Health Clinics

Strengthening Families Program

PEI-03 Early Intervention for Families in Schools

Families and Schools Together
(FAST)

Peace 4 Kids Program

PEI-04 Transition Age Youth (TAY) Project

Stress and Your Mood Program
(SAYM)

TAY Peer-to-Peer Services

Outreach and Reunification Services
to Runaway TAY

Active Minds

Teen Suicide Prevention Program

TAY Un-Conventions

Prevention and Early Intervention (continued)

PEI-05 First Onset for Older Adults

Question, Persuade and Refer (QPR) for Suicide Prevention

Cognitive-Behavioral Therapy for Late-Life Depression

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

Caregiver Support Groups

Mental Health Liaisons to the Office on Aging

CareLink

PEI-06 Trauma-Exposed Services for All Ages

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Safe Dates

Seeking Safety

Trauma Focused Cognitive Behavior Therapy (TF-CBT)

Trauma Informed Care

PEI-07 – Underserved Cultural Populations

Hispanic/Latino

Mamás y Bebés (Mothers and Babies)

African American

Building Resilience in African American Families – Boys Program

Effective Black Parenting Program (EBPP) **

Guiding Good Choices *

Africentric Youth and Family Rites of Passage Program

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

Building Resilience in African American Families – Girls Program

Native American

Incredible Years

Guiding Good Choices (GGC)

Asian American/Pacific Islander (AA/PI)

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

*** Added**

**** Eliminated**

PEI Overview

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

In fiscal year 13/14 many programs continued full implementation, serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster training related to those models and other PEI topic-specific trainings. In FY13/14 there were 79 training days with 1,101 people trained. Please refer to the list of trainings in the Training and Technical Assistance section of this report (page 80).

The PEI unit includes four Staff Development Officers (SDOs) who are licensed clinicians. The SDOs participated in trainings and, when available, participated in the train-the-trainer opportunities. Each SDO worked with their assigned PEI providers to offer support, problem solve, and evaluation of model fidelity. The SDO positions were built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community.

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

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

Outreach and Engagement Activities for FY13/14

During FY13/14, the Outreach Coordinators conducted 905 community events and meetings and contacted 3,635 individuals for further follow-up. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information. They also provided short-term mental health services upon request.

Toll Free, 24/7 "HELPLINE": The "HELPLINE" has been operational since the PEI plan was approved and in FY13/14 the hotline received 7,318 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline. This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the "HELPLINE". This has many benefits for the caller as it allows for access to local supports and services because the "HELPLINE" is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention.

Network of Care: Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. RCDMH hosted two trainings that were provided by the developers of the Network of Care to ensure that staff know how to utilize this valuable resource.

Call To Care: The Call to Care program is designed to train and educate non-professional caregivers in the art of care giving. The training and education allows participants connected to underserved populations to increase their awareness and knowledge of mental health and mental health resources, and to increase their readiness to identify potential mental health issues and eliminate stigma and discrimination associated with mental illness. Training includes mental health awareness and beneficial resources; cultural awareness and sensitivity necessary to provide quality care giving; active listening and communication; self-care for the care giver

and helping others deal with grief and loss. In FY13/14, the Call to Care program provided 7 training groups with 80 participants and 8 continuing education summits with 141 participants.

"Dare To Be Aware" Youth Conference: This conference for middle and high school students was held in November 2013 with 285 youth attending the conference. Students from 3 middle schools, 15 high schools, and 2 RCDMH program were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. There was a change in format for the 2013 conference in that the entire day focused on one topic - resilience. There were four dynamic and engaging speakers that presented throughout the day. The students were tasked with developing an action plan to build and maintain their own resilience and they shared those at their tables. Schools were contacted after the conference by RCDMH staff and reported that the students were implementing their action plans. The Youth Conference will continue annually and will be moving to a larger venue that will allow approximately 1,000 students to attend.

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

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

In FY13/14 two community-based organizations continued implementation of these programs by outreaching to entities such as schools, community-based providers, as well as faith-based and service organizations. There were 106 In Our Own Voice (IOOV) presentations made across the county, reaching 1,837 people. Audience members were asked to complete a questionnaire which included questions about how the presentation changed their perception of

mental illness. Overall, as a result of the IOOV presentations, 84% of audience members feel that recovery is possible and 77% also reported that they would feel comfortable working alongside someone who has a mental illness. It is also important to note here that the IOOV presentation continued to be delivered monthly to law enforcement through their training academy. Developing relationships with school districts continued to prove to be somewhat of a struggle; however, there was some success. As a result there were 22 Parents and Teachers as Allies presentations, reaching 210 people including district nurses and health clerks, school counselors, school psychologists and parents. The Breaking The Silence Program was a focus in FY13/14, which resulted in 34 presentations. The curriculum was only reported to have been used by 7 of the school personnel that were trained to use it.

In October 2014 Riverside County Department of Mental Health, Prevention and Early Intervention received a forwarded email written by the NAMI California Director of Programs which stated, "all NAMI programs must be coordinated, managed and overseen by an authorized NAMI affiliate" and because of that the contracts that RCDMH has with the community-based providers need to end on 6/30/15, allowing the programs to complete their current year contractual obligations. RCDMH cannot provide funding for programs without the ability to oversee the implementation of the programs, so as a result the NAMI signature programs are being removed from the RCDMH PEI plan. The PEI Steering Committee was made aware of the change of circumstances for the NAMI programs and that stigma reduction activities remain a priority identified through stakeholder input. The decision was made for PEI staff to research and identify other stigma reduction activities that include speaker bureaus and mental health awareness training for school staff.

Since the release of the Draft Annual Update, RCDMH has been informed that NAMI National and NAMI California are open to a discussion with the Department and the local affiliates to determine if RCDMH can continue contracts with the current providers until their natural sunset date of June 30, 2016. RCDMH is committed to exhausting all efforts to renew the contracts with the current providers. If this proves unsuccessful, a Request for Proposal (RFP) will be released to secure providers for stigma reduction activities.

In FY13/14 an additional family advocate was added to the Family Advocate Program to support the NAMI affiliates as requested. PEI also supported the purchase of needed materials for several signature programs as well as informational materials for the public, including brochures

and publications. The PEI family advocate will also begin working with schools to share the family perspective of children with mental health challenges, and will also work with department clinics to assist families as their children bridge to adult services.

Media and Mental Health Promotion and Education Materials: RCDMH continued to contract with a marketing firm, Civilian (formerly names AdEase), to continue and expand the Up2Riverside anti-stigma campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 41,572 site visits in FY13/14. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members. Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a "story" about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at www.Up2Riverside.org. There are currently 15 digital stories available for viewing on the Up2Riverside website. They include videos developed by a veteran, a Transition Age Youth, a parent, and one is in Spanish. The Up2Riverside website also incorporates the statewide suicide prevention campaign "Know the Signs". The Up2Riverside campaign was acknowledged by the PEI Steering Committee as having a positive impact with community members that they know. A recommendation from the Committee in 2014 was to develop a narrowcasting (dissemination of information to a narrow audience, rather than to the broader public) focused on educators. This has not yet been completed but will be discussed with Civilian as a priority for FY15/16. The Community Planning Process supports the continuation of the Up2Riverside campaign because of its positive impact

African American Family Wellness Advisory Group Report - Outreach and Education

Initiatives for FY13/14: African American Outreach and Education efforts over the past year have focused primarily on educating the community on ways to get involved, and ultimately, influence public policy. An emphasis continues to be played on the recruitment of effective individuals, representing a diverse group of African Americans throughout Riverside County. Attendance at community events and meetings by the consultant and African American Family Wellness Advisory Group (AAFWAG) members helped increase involvement. The primary goal has been to reduce stigma about mental health services and increase knowledge of services and available resources. The following have been accomplished by the AAFWAG:

- In October 2014 the AAFWAG conducted a one day workshop to increase awareness of depression in African American women and provide information on RCDMH resources to assist families identify symptoms of depression and access resources to address this mental health issue. One hundred and eleven (111) women participated in this event. The conference used the theme: Celebrating African American Women's Health Through Song, Dance, and Sister Circles. These three areas were covered using culture and history of African Americans. The AAFWAG is planning to conduct two annual events focusing on women's wellness. One event will be in Western Riverside County and the second event will be in Eastern Riverside County.
- In February 2014 the AAFWAG began a partnership with Riverside County DPSS to address the issues of racial disparity and over representation of African American children in the county's foster care system. Three members of the AAFWAG are working with DPSS manager within Children's Services Division. Two members are involved with the Perris area as Team Decision Making volunteers working with families assigned to the Children and Family Services Division. One member of the AAFWAG has become a community advocate for African American families that have a family member in the foster care system or who are foster parents.
- In June 2014 the African American Family Wellness Advisory Group and the Children's Division of Riverside County Mental Health Department partnered to form the African American Family Wellness Roundtable. Out of this partnership the Children's Mental Health Division participates in the monthly meetings of the AAFWAG identifying issues and sharing information on services and resources. The Children's Services Division has

increased its presence in the African American community in Western Riverside County by attending community meetings and events. This group meets every two months and includes input of the AAFWAG on discussions related to African American children and their families. The goal of the Roundtable is to reduce stigma and increase cultural competence in the delivery of services.

- In 2014, four members of the AAFWAG participated in the Pathways to Wellness (formerly known as Katie A.) meetings to provide community input. They are working with the Department of Public Social Services to provide community input to ensure that services are culturally relevant.
- In response to violence in the City of Riverside's eastside, African American and Latino pastors have formed the Eastside Reconciliation Coalition (ERC) to help reduce violence. The AAFWAG will work with the ERC's Chaperones on the Street Program, which is a program that provides community volunteers to accompany elementary and middle school youth to school as a means of reducing trauma and stress caused by neighborhood violence. The AAFWAG will assist in promoting the program by recruiting volunteers and serving as a co-sponsor of violence prevention and intervention programs.
- In 2014 the AAFWAG worked with PEI Staff Development Officer to provide feedback regarding the needs of African American girls in Riverside County and make recommendations on components that should be a part of the girls' Building Resiliency in African American Families (BRAAF) Program. In 2015, two representatives from the AAFWAG will participate with the PEI consulting team to develop the framework for the girl's program.
- The African American Family Wellness Advisory Group will continue to educate the public and reduce stigma associated with mental health services especially in African American communities throughout Riverside County. AAFWAG will participate in the community engagement activities that celebrate African American culture including, but not limited to, Black History events, Juneteenth celebrations, community programs that celebrate significant cultural events in the African American community (i.e. Kwanza), and Martin Luther King Day events.

Asian American Task Force (AATF) Goals for FY15/16:

1. To actively promote RCDMH services and resources to the Asian American community, and identify opportunities for partnership in community events geared toward reaching Asian American communities and other ethnic groups with whom Asian Americans socialize (e.g., in business, religious services, collaborations surrounding educational activities, etc.).
2. To establish a "go to" ready resource to the underserved and under-informed Filipinos and other Asian Americans in Riverside County, by providing a list of services and entities that provide culturally competent/responsive services (e.g., clinics, legal assistance, and other social/health needs).
3. To conduct seminars and workshops that increase community awareness of mental health, and for education to turn into actions that will ultimately lead to healthier attitudes about mental health and lead to the maintenance of healthy mental well-being.
4. To collaborate with local business and non-profit organizations, such as the Perris Valley Filipino American Association (PVFAA), and Asian Americans serving churches/spiritual organizations, through an active participation in cultural traditions (such as festivals and dedicated history and heritage celebration activities), to increase cultural pride and a sense of connectedness, which is connected to healthy mental well-being.
5. To advocate for community awareness of the mental health needs of young people in the Asian American population, especially for those with ongoing special needs in schools. (This may require a preliminary survey of the degree of, or types of, student needs in the local schools.)

Asian American Task Force - Specific Objectives for FY15/16

1. Expand the youth workshops to include a separate event for adults (i.e., parents and older adults), in addition to those for college-bound and middle school-aged youth.

This objective was achieved at the API Emotional Wellbeing Workshop on May 17, 2014 in Perris targeting families of parents and youth from the Perris Valley Filipino American Association (PVFAA). Separate workshops were conducted for adults (parents) and youth. They were "How Much is Too Much Stress? Recognizing Signs and Symptoms in

My Family”, “Balancing Parental and Peer Pressures While Staying Motivated for My Success” and “Nutrition for the Mind, Body and Soul”.

2. Participate in the Summer Family Sports Event, organized by the PVFAA, and collaborate with local businesses for sponsorships, in support of sports as a means to maintain healthy mental states, positive attitudes, and overall good health.

This objective was achieved at the PVFAA Sport Fest on August 16, 2014. A mental health booth was available to conduct outreach and promote mental health awareness.

3. Dedicate a special forum, seminar, or workshop activity as part of the celebration month of Filipino History Month in October, and a similar celebration for Vietnamese, Korean, Chinese, and other Asian Heritage Commemorative Events in 2014.

This objective was achieved at the Filipino Heritage Month celebration on October 11, 2014. In addition to RCDMH staff sharing bilingual mental health brochures, CalMHSA contractor “Your Social Marketers”, was invited to participate. They shared information, posters, and brochures in both English and Tagalog of the “Know the Signs”, suicide prevention campaign.

This objective was achieved again on January 31, 2015 when staff and volunteers from the Asian American Task Force (AATF) participated at the RCDMH booth at the annual Lunar Fest in the city of Riverside. A total of 20 volunteers and staff conducted outreach and engagement and encouraged 200 people from diverse backgrounds to complete a survey about their perception of mental health issues/needs and their preference for outreach, education, and services. In addition, each person received a red bag filled with goodies such as pens, medication organizers, and mental health brochures on a variety of topics such as anxiety, depression, schizophrenia, and bipolar disorder in English, Chinese, Tagalog, Vietnamese, and Cambodian. CalMHSA was again present and distributed materials on the “Know the Signs” program. Over 500 goody bags were distributed. Children were invited to try Chinese Calligraphy by copying the Chinese character for sheep in celebration of the Year of the Sheep.

4. Create a brochure or pamphlet that lists entities and services that are viable, culturally competent/responsive resources, to be disseminated to the Asian American community.

This objective is challenging as there are not many culturally competent and responsive services for the Asian American Pacific Islander (AAPI) population in Riverside County. The AAPI consultant distributed copies of RCDMH's Guide to Services at the last AATF meeting on February 26, 2015. Members were requested to share this Guide with their family and friends and bring back their suggestions on how to use this Guide and how to make it more culturally relevant and useful to the AAPI residents in Riverside County. After such preliminary discussions, the consultant will work with AATF members and staff to develop a more viable plan. Finally, the consultant is working with a few Bachelor of Social Work (BSW) students to conduct a review of the 211 resource line for relevance to this project.

5. Continue to connect with the churches and spiritual organizations to determine opportunities to serve the mental health needs of adult and youth, through spirituality and mental health integration dialogues and/or trainings for church leaders on assisting parishioners who have mental health needs.

This objective is ongoing and progressing. The AATF now has three pastors, two from the Korean community and one from the Filipino community. All three members were registered for the Mental Health First Aid training in April 2015.

6. Establish a Consultation Contract with a community Asian American mental health expert to serve as liaison with the Asian American community in Riverside County and lead the AATF.

This objective was achieved in August, 2014 when Gladys C. Lee, LCSW joined the Cultural Competency Program as the consultant for the AAPI outreach and to guide and facilitate the AATF meetings and activities. Ms. Lee has over 30 years of experience in advocacy, public policy, program development and management for underserved communities especially the AAPI communities in Los Angeles County.

Asian American Task Force Proposed Activities for FY15/16

Since Ms. Lee started with RCDMH Cultural Competency Program, she led the effort to review data on the Asian American and Pacific Islander (AAPI) population in Riverside County and utilization data of RCDMH services by AAPIs. The data based on the U.S. Census Bureau 2010 information indicates that the AAPI population is 6% of the total population at 138,326. This

total population is extremely diverse with Filipino Americans at 51,003, followed by Chinese at 15,341, Vietnamese at 14,623, Korean at 12,189, Asian Indian at 11,509, Pacific Islander at 5,998, and Other AAPI at 20,243. This Other group includes Bangladeshi, Bhutanese, Cambodian, Hmong, Indonesian, Japanese, Laotian, Malaysian, Nepalese, Pakistani, Sri Lanka, Taiwanese, and Thai. The utilization data, based on FY13/14 client data, indicates that only 562 out of a total of 46,929 clients served were of Asian descent. This number is approximately .4% of the total AAPI population in Riverside County and 1.2% of total clients served. In addition, Riverside County covers a huge geographic area. The tremendous diversity of the AAPI population, the low utilization of mental health services by AAPIs, the lack of bilingual workforce and the large geographic spread of Riverside County pose a huge challenge to bring prevention and early intervention services to this underserved population in Riverside County. Culturally competent outreach and engagement require approaches that resonate with the target groups. For AAPIs, it is critical to frame mental health with "wellness", "healthy living", and "education" themes. Such materials need to be developed to engage their attention so that mental health issues can be shared. Parent Education classes can be very effective in reaching this target group.

Based on the above challenges, the Task Force has recommended the AATF and Cultural Competency Program consider the following activities, which are based on the population data, availability of resources including volunteers and community organizations interested in working with RCDMH to reach their communities, to bring PEI services to this diverse groups, and to reduce the disparity in mental health access and services.

- Develop a Resource Directory for AAPIs which lists all available social services including any bilingual services.
- Develop a Mental Health Brochure that includes bilingual services and insurance accepted.
- Explore the Perris Valley Filipino American Association's (PVFAA) desire to develop a Resource Center in Perris.
- Develop a "Wellness Packet" for the Hmong community in the Banning area using CalMHSA's Hmong materials.

- Develop culturally appropriate and relevant wellness materials to accompany mental health promotion information.
- Develop Promotores-like training programs that are competent for the AAPI population and train natural caregivers from the AAPI communities who are skilled at connecting with their community members to promote mental health, identify at-risk families/individuals, and conduct referral and linkage.
- Explore curriculum for parent education such as the evidence-based practice, SITIF (Strengthening Intergenerational/Intercultural Ties in Immigrant Families) and the community-defined evidence AAFEN (Asian American Family Enrichment Network). Promote and offer parent education services to target AAPI families.
- Increase access to direct treatment services for AAPIs including data collection, consumer outreach and engagement and other relevant tasks to reduce disparities.
- Continue to provide outreach and mental health promotion services at community events such as the Lunar Fest on January 31, 2015 in downtown Riverside and with AAPI community groups such as the PVFAA.
- Continue to recruit members to join the efforts of the AATF.
- Develop spirituality-based activity based on priorities from the Spirituality Committee.
- Provide more information on MHSA to the AATF and community members and encourage their participation in the PEI stakeholder planning and input process.

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

Deaf and Hard of Hearing (DHH) Goals for FY15/16

- Continue the Coachella Valley DHH Outreach and Engagement Program, focusing on increasing community participation and incorporating different approaches to target the diversity of the community.

- Establish a county-wide Outreach and Engagement Program to reach communities in Mid-County and Western Regions.
- Enhance the community-available classes provided by the Family Advocates and the Parent Partners with American Sign Language (ASL) interpretation services to facilitate the participation of DHH individuals.
- Establish a Consultation Contract with a DHH mental health provider to serve as a liaison with the DHH community.
- Develop videos for the DHH community on 5 mental health topics identified by the DHH community as the priorities.

Community Advocacy for Gender and Sexuality Issues (CAGSI) - LGBTQ Wellness

Collaborative – FY13/14 Report: The Community Advocacy for Gender and Sexuality Issues (CAGSI) is a LGBTQ Wellness Collaborative and was formerly known as the LGBTQ Taskforce. CAGSI is a county-wide coalition of LGBTQ related organizations, consumers, and providers. The goal of CAGSI is to assist the RCDMH in reducing disparities in the mental health system by ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community. In response to both RCDMH and the community's desire to reduce stigma and disparities around mental health care for the LGBTQ community, CAGSI engaged in the following activities in 2013/14:

- The LGBTQ Community Peer Educator Program (C-PEP) – Community-based focus groups conducted to introduce the approved C-PEP curriculum. C-PEP is the grassroots education LGBTQ Community Mental Health 101 Project. Facilitators strategic sessions include "Coming Out", "Suicide within the LGBTQ Community"; and "Depression" to ascertain relatability, effectiveness of approach and accessibility to average audience.
- Transgender Youth Empowerment Program (TYEP) - TYEP targets vulnerable transgender youth who possess leadership potential, but lack opportunities to develop it in a positive way. Teens, ages 13 to 21, are taught leadership skills, civic engagement, critical thinking, team building, and assisted in the development of other vital areas through monthly empowerment sessions. This year the focus was Parent and Community Education through the Trans*Formation Series. The Trans*Formation Series

provides education, training and support to help create a gender-sensitive and inclusive environment for children, teens and their families.

- In October 2014, in conjunction with PFLAG Temecula, Trans*Formation Project shared the story of the Handzlik Family and their journey as a family when their son Jaden began transitioning as a male.
- In November 2014, the Trans*formation series focused on being a Trans Ally, Resilience of Trans Youth featuring Neuropsychologist, Dr. Giorgio Jovani Di Salvatore from Alvord Unified School District.
- In addition to program development activities, CAGSI participated in the following activities:
 - . Community Outreach Subcommittees, Desert Region Health Access for Trans-Community (Palm Springs) TDOR Palm Springs.
 - . Conducted Community Workshops on Aging in LGBT community for Inland Empire Health Plan and First Congregational Church Riverside.
 - . Hosted a Booth at the May is Mental Health Month event, co-sponsored with the Unity Fellowship for Social Justice Ministry, and provided presentations on mental health and the LGBTQ community.
 - . Participated in the Palm Springs Pride, where we provided mental health education to interested Pride participants.
 - . Completed Community Education and Outreach, by giving 35 presentations to 750 participants in diverse groups including, but not limited to: the faith community, foster parents, RCDMH staff, and consumers and family members of consumers, and other community groups.

Native American Committee Report for FY13/14

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

healing modalities, are embedded within a Western framework. Over the last year, the cultural consultant has spoken with several Native American community members who have a strong cultural lens with which to look at these issues. The focus of this group has been on decolonizing approaches related to the reduction of health disparities through redefining "mental health stigma" and revitalizing and increasing access for American Indians to culture, tradition, and contemplative practices. Feedback from an earlier American Indian Advisory Group meeting was incorporated into a plan to create a proposal for a series of traditional gatherings in a retreat style setting with American Indian Community Helpers and their families. It was also recommended that the traditional gatherings feature a community lecture series and community practices.

Native American Community Team members include:

- Dr. Renda Dionne, Turtle Mountain Chippewa, a Cultural Consultant and Clinical Psychologist;
- Dr. James Fenelen of the Lakota Nation, an American Indian Professor at California State University, San Bernardino;
- Larry Bannegas, MSW, a Barona tribal member; and
- Manual Hamilton, a Ramona Tribal Member, and former Tribal Chairman.

Other consultants include:

- Dr. Bonnie Duran, an American Indian, Doctor of Public Health Education, and Director of the Indigenous Wellness Research Institute at the University of Washington;
- Dr. Betsy Davis, of the Cherokee Nation, and American Indian Evaluator and Research Scientist at the Oregon Research Institute;
- Delores Rock, MSW, of the Navajo Nation.

The committee represents a diverse group of American Indians, with knowledge of colonization and mental health issues among the American Indian population. The Riverside County American Indian population is an extremely diverse tribal group and includes twelve tribes within Riverside County, including Cahuilla, Torres Martinez, Agua Caliente, Cabazon, Twenty Nine Palms, Soboba, Pechanga, Ramona, Santa Rosa, Morongo, Augustine, and Chemehuevi; and a large population of urban American Indians from tribes throughout the country.

Other activities centered around engaging the American Indian Committee to participate in the Spirituality Initiative Community Dialogues, which took place at the Grove Community Church in Riverside on August 29, 2013 and at the Golden Era Golf Club in Gilman Hot Springs on November 14, 2013; and in the RCDMH diversity committee.

Spirituality Initiative

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

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

Promotores de Salud Mental Activities for FY13/14: Promotores de Salud Mental Program is an outreach program that addresses the need of the county's diverse Latino Community. Program implementation began in July 2011. During fiscal year 2013/2014, Promotores de Salud Mental provided a total of 2,410 mental health education and/or modular presentations. Across the three types of formats 46% were mental health education presentations, 46% were modular presentations, and 4% were participation in health fairs/public events.

A total of 14,452 Riverside County residents attended either a mental health education, modular presentation or community event. In addition Promotores also engaged in the following activities:

- Outreach: Promotores de Salud Mental conducted targeted outreach to Spanish-speaking members of the Latino community by going door-to-door and setting up information tables in 87 apartment complexes and public shopping centers.
- Door to Door Planned Events: Coordinated strategically, culturally, and linguistically competent activities to provide and distribute information.
- Tabling: Coordinated strategically, culturally, and linguistically competent venues to distribute information in local community small businesses.
- Health Fairs: Participated in 106 local community events with several agencies and vendors to provide and distribute information. Through the health fairs, specific contacts were made with 3,982 community members.

Satisfaction surveys were completed by 14,300 attendees. Overall, the presentations were well received by the participants. Results indicated that 94% strongly agreed or agreed that the information presented made them more aware of prevention and early intervention for mental health and gave them a better understanding of the early signs of mental health issues. Almost 90% of people strongly agreed or agreed that as a result of the presentation they are better able to talk about mental health issues with family and friends. A suggested addition to the activities of the Promotores identified through the PEI Steering Committee is to provide training to run peer-to-peer support groups.

Community Mental Health Promotion Program: Due to the success of the community health worker (Promotores) model, an RFP was released in late 2013 to expand the program as a model for other cultures. It is the Ethnically and Culturally Specific Community Mental Health Promotion Program (CMHPP). It is anticipated that beginning in FY14/15, the following cultures will develop a similar model in order to reach many people who would not have received mental health information and access to supports and services: Native American, African American, LGBTQ, Asian American/Pacific Islander, and Deaf and Hard of Hearing.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program): The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems

in children by enhancing their parents' knowledge, skills, and confidence. In FY13/14 RCDMH continued the contracts with four providers to provide the Level 4 parenting program in targeted communities throughout Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 533 parents were served through the Triple P classes. Evaluation of the impact of change in parenting as a result of the classes indicated significant improvement in positive parenting as well as overall decreases in inconsistent discipline. In addition to pre and post surveys that look at parenting practices, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed statistically significant decreases in both the intensity and frequency of problem behaviors. This was the third year of program implementation of the Triple P program and the overall impact continues to be very positive. PEI staff shared with the PEI Steering Committee the challenges of some of the contracted providers to engage people in the program so there have been times when providers have facilitated the classes in locations that are not a part of the PEI plan, such as substance use rehabilitation facilities. The direction of the Steering Committee is for PEI staff to ensure that they are engaging general community members. The PEI unit also continued to coordinate Triple P Level 4 trainings which included contract providers but also invited Department staff including Parent Partners. A Request For Proposal was released in FY13/14 to identify providers to continue providing this program in all three regions of the county. Proposals are in the evaluation process and new contracts will begin in FY15/16.

Mobile Mental Health Clinics (Previously known as PCIT Mobile): There are three mobile units that travel to unserved and underserved areas of the county to reach populations in order to increase access. The mobile units allow children, parents and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors

and appropriate interventions, training for school staff, Triple P tip sheets regarding specific problem behaviors and small groups for children whose parents are incarcerated. In FY13/14, 132 children and families received PCIT through the mobile units. There was a statistically significant decrease in parents' views of their child's behavior as a problem as well as a statistically significant decrease in the frequency of problematic behaviors. Outcome measures also revealed a significant decrease in parental stress. An update to the research protocol was made in FY14/15 in order to capture the additional services provided by the staff. Each unit is also equipped, stocked, and prepared to respond locally and to other counties if called upon in response to disasters through regional mutual aid agreements. The staff takes the mobile units to community events to provide outreach and education to underserved communities. One example is that a request was made by CalMHSA to have one mobile unit drive up to Sacramento for the May is Mental Health Month event at the capitol. In November 2013 the mobile mental health clinics received the Challenge Award from the California State Association of Counties. This unique award recognized the creative spirit of Riverside County to find innovative, effective, and cost-saving ways to provide programs and services to our community members.

Strengthening Families Program (6-11) (SFP): SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. FY13/14 was the first year of implementation of the program. Two community-based providers were chosen in September 2013, training occurred in October 2013, and the first cycles of the program began in January 2014. In the first year 130 families were served in the program. Individuals who completed the program were offered the opportunity to participate in a focus group facilitated by the Staff Development Officer and the PEI unit's MSW student. The goal of the focus group was to gather participant information in order to support the implementation of SFP. Thirty-four program graduates participated in the focus group. Participants reported an increase in positive parenting skills, an increase in positive communication and a decrease in behavior problems in their children.

PEI-03 Early Intervention for Families in Schools

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

Families and Schools Together (FAST): The FAST program is an outreach and multi-family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school thus avoiding problems such as school failure, violence, and other delinquent behaviors. FY13/14 was the third full year of implementation of the program. The FAST program utilizes a team of 4 (one school administrator, one parent partner from the school, and two community-based organization staff) to implement the program at each school site. The teams received training from a PEI Staff Development Officer who has been certified to train in the model and completed two cycles of the 8 week program at each school site. The partnerships between the schools and the provider led to very effective outreach to families at the schools to engage them in the program. In addition, providing the program at the school sites de-stigmatized the intervention and increased families' willingness to attend. FAST served families with youth who attended Kindergarten through 5th grades. One hundred and twenty one families participated in the program. Pre- and post-measures were completed by adult participants as well as school staff. Parents reported an improved sense of social connectedness to their community and slight improvement in accessing emotional support. At the end of the FAST program, both the social support provided and received by the parents increased significantly. Although family functioning remained almost the same from pre to post, family conflict showed significant decreases. Parents also reported increased involvement in their child(ren)'s school activities and parent to school contact improved. Teachers reported more communication between parents and teachers and improvements in relationships between parents and teachers. Both parents and teachers reported improved behaviors in the children. Through the competitive bid process, RCDMH identified providers for the program to start in early 2015.

Peace4Kids: FY13/14 was the first full year of implementation of the Peace4Kids program. The program is based on Aggression Replacement Training and is designed to improve skills acquisition and performance, improve anger control, decrease the frequency of acting out behaviors, and increase the frequency of constructive behaviors. There is a parent component built into the program as well. The program is the result of an agreement between Palm Springs Unified School District and RCDMH to provide the program in the two middle schools in Desert Hot Springs. RCDMH staff was trained in the program during the summer of 2013 and 253 students received the program throughout the fiscal year. Pre and post measures were completed by the students, parents, and teachers. Students' rating of their behavioral difficulties improved significantly and their pro-social skills showed a statistically significant improvement. Parent ratings also demonstrated a statistically significant decrease in problem behaviors and an increase in pro-social behaviors.

PEI-04 Transition Age Youth (TAY) Project

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

Stress and Your Mood (SAYM): SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. This was the third year of implementation of the program in targeted communities throughout Riverside County. In FY13/14, 214 youth were enrolled in the program, which is significantly more than the previous fiscal year when 117 youth were enrolled. This increase is attributed to effective outreach by the providers as well as positive word of mouth about the program. The outreach efforts to reach underserved youth were effective in that 68% of those enrolled were Hispanic and 10% of the youth reported being LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning. The results were very positive in that before the intervention, almost 96% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated statistically significant reduction in symptoms which put them below the clinical level of depression. The clinician also completes a measure after each module. Of note is that the clinician rating of

change after the first two modules was minimal; however, statistically significant changes were noted after the final module, suggesting youth should complete the intervention in its entirety. Each youth was also given a measure of overall functioning and these measures also indicated statistically significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 90% of the youth indicated that they "agree or "strongly agree" that as a result of the program they know how to obtain help for depression and 92% indicated that they "agree" or "strongly agree" that they learned strategies to help them cope with stress. PEI staff shared with the Steering Committee that there is a waiting list in every region for this program. The Steering Committee recommends PEI staff expand capacity because of the positive outcomes. This program will continue to be funded through the next two years at which time it will go out for competitive bid.

TAY Peer To Peer Services: This program is one in which Transition Age Youth (TAY) Peers provide formal outreach, informal counseling and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. In order to provide additional structure to the providers around activities the TAY providers were given training on how to develop a Speakers Bureau as well as the Coping and Support Training program (CAST). CAST is an evidence-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts. Each CAST cycle consists of a screening session and 12 sessions focused on skill development. The "Cup of Happy" TAY program has become well known in the Western and Desert regions and in FY13/14 the provider for the Mid-County region focused on outreach to become known in the targeted communities. There were a total of 1,092 various Peer to Peer events throughout the county with a total attendance of 8,106. The youth continue to find many creative and innovative methods to reach TAY that have been very effective. Some examples include open mic nights, chalk talk, and coping skills. A Facebook page continued to maintain and updates and videos were posted to YouTube. The TAY attended large health fair events, passed out mental health related information on the streets, held support groups for LGBTQ youth in a local coffee shop, and hosted a weekly event at a community center where TAY could come and

present their original spoken word works. Outreach also resulted in 54 individual contacts and 19 of those individual contacts resulted in linkage to the Stress and Your Mood program.

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

Active Minds: Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11 and FY11/12, RCDMH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are: University of California Riverside, College of the Desert, Palo Verde College, and Riverside City College. In FY13/14, Mount San Jacinto College and Moreno Valley College started a chapter on their campuses and received funding to begin activities on their campuses. Student activities include providing information to students and faculty regarding mental health topics and promoting self care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and State level. RCDMH was also once again offered the opportunity to fund the Send Silence Packing display on September 10, 2013 at Riverside Community College. Send Silence Packing is a nationally recognized travelling exhibition of 1,100 donated backpacks, representing the number of college students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. At the exhibit of Send Silence Packing 1,100 backpacks were displayed in a high-traffic area of campus, giving a visual representation of the scope of the problem and the number of victims. RCDMH is once again working with Active Minds to bring the display back to Riverside County in 2015.

Teen Suicide Prevention and Awareness Program: Riverside County Community Health Agency, Injury Prevention Services (CHA-IPS) continued to implement the teen suicide prevention and awareness program in 4 school districts throughout Riverside County. The

districts served were Moreno Valley, Coachella, Beaumont, and San Jacinto. CHA-IPS changed their approach in FY13/14 in that they contracted at the district level to serve all high schools in the district. This ensured school district support of the program. CHA-IPS staff provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. The staff then assisted the students to facilitate a minimum of two campus-based mental health awareness and suicide prevention activities. These activities included handing out SP cards at open house and other school events and making PSA announcements. This helped to build momentum around suicide prevention and reduce the stigma associated with seeking mental health services. Some examples of the activities that the students developed and implemented on their campuses are: friendship grams with the local Helpline information printed on them, positive message posters placed around campus, skits on ways to ask for help performed during lunch time, and organizing meet and greet sessions with the school counselors. A suicide prevention walk was coordinated at one site and another site passed out buttons displaying positive quotes to the student body. The program supported 26 school sites in FY13/14. As a result, there were 28 suicide prevention curriculum trainings conducted for over 472 high/middle school students, 11,400 help card and mental health related brochures were distributed, and there were 53 suicide prevention campaigns impacting approximately 35,145 students across Riverside County. The Community Planning Process identified suicide prevention and school-based programs as priorities for youth and this program addresses each. FY13/14 also introduced two new components to the program: parent education and staff development. The parent education component provided parents with a 1 to 2 hour presentation on the warning signs, risk factors, and resources available to youth in crisis. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing the ASIST (Applied Suicide Intervention Skills Training) 2 day workshops.

Transition Age Youth (TAY) Un-Conventions: As a result of a Community Capacity Building grant two TAY Un-Conventions were held in the Desert Region of the county in FY12/13. The purpose was to bring together TAY and TAY serving organizations to identify and develop plans to address the needs of TAY. As a result a comprehensive resource guide was developed and widely distributed. Through the Community Planning Process a recommendation was made to

duplicate those TAY Un-Conventions in the Western and Mid-County Regions. As a result, these are being added to the plan with the goal of having the Un-Conventions completed and a resource directory developed by each region by the end of FY16/17.

PEI-05 First Onset for Older Adults

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

Cognitive-Behavioral Therapy for Late-Life Depression: This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. There continued to be a great deal of outreach activities that occurred during FY13/14 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY13/14, 117 older adults were served in this program. The largest percentage of participants were ages 60-69 (48%) and 11% of those served were 80-90 years of age. Of note is that 49% of those served identified as LGBTQ. One of the providers exclusively serves the LGBTQ community in the Desert Region of the county. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life as well as participation in social activities. This program has demonstrated positive outcomes since implementation began.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS): This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. This program is being implemented through RCDMH Older Adult Services staff. PEARLS staff continued efforts to outreach and educate the community, as well as organizations, about the program. A total of 122 older adults were enrolled in the program in FY13/14 and 81% of those enrolled were female. Fifty percent of those served are between the ages of 60 – 69 and 4% of those served were 90+ years old. Outcomes demonstrated a statistically significant decrease in depressive symptoms

for those who completed the sessions. In FY13/14 the General Anxiety Disorder-7 (GAD7) measure was added to the Research Protocol to measure reductions in general anxiety. Outcomes demonstrated a statistically significant decrease in anxiety from intake to follow up. In addition, PEARLS program participants reported an increase in satisfaction with their life in general and reported greater feelings of well being. Participation in social activities and the frequency of pleasant activities are integral components to the PEARLS model. Average rating on both of these items showed a statistically significant increase. One PEARLS participant wrote on their satisfaction survey, "I was looking for help for my depression and I GOT help. I was shown different ways to think about "things" and that was what I needed!!".

Care Pathways - Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness or have dementia. Their program, called "Care Pathways", consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions and stress reduction techniques. They continued to have great success in marketing the program. The OoA served 301 individuals in FY13/14. Seventy-eight percent of participants were female and 56% of program participants had been caregiving for 3 years or less. The race/ethnicity of the participants were reflective of the county older adult population, with 61% Caucasian, 23% Hispanic, and 4% African American. There was a statistically significant decrease in depressive symptoms which were recorded prior to beginning the group and at the end of the 12-week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. OoA group facilitators reported that some of the caregivers were in need of short term additional support; and as a result one of the Mental Health Liaisons embedded in the OoA was assigned to assist with those who needed that extra support. This included individual therapy and/or connection to community resources and supports. On November 22, 2013, the RCDMH PEI Coordinator and the Program Manager of the Office on Aging Care Pathways program presented the Care Pathways program at the 2013 California Association of Area Agencies on Aging (C4A) Annual Meeting and Allied Conference in

Los Angeles. The focus of the presentation was to share the Care Pathways model and to highlight the integration of key services from multiple county agencies, ensuring a seamless delivery to older adults and caregivers. In addition, the Care Pathways program received the C4A Aging Achievement Award and was highlighted in the 2014 best practices publication that was provided to all conference attendees. The Office on Aging also hosted a two-day caregiver conference titled, "A Caregiver's Voice: The Power Within" where approximately 200 caregivers attended at no charge to them. The conference focused on emotional and physical well-being and resiliency of caregivers.

QPR for Suicide Prevention: QPR stands for Question, Persuade, and Refer. The QPR suicide prevention model will be used to train gatekeepers who interact with older adults in order to look for depression and suicidal behaviors and refer them for assistance. This training model was not implemented as efforts continued to focus on development of programs to provide prevention and early intervention for older adults. It is anticipated people will be identified to go through the Train the Trainer program and the QPR gatekeeper trainings will begin in FY15/16.

Mental Health Liaisons to the Office on Aging - Four RCDMH Clinical Therapists are embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing the CBT for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff, and other entities serving older adults, about mental health related topics, as well as providing mental health consultations for Office on Aging participants. The Mental Health Liaisons participated in 180 outreach events within the 13/14 fiscal year. They also processed 169 referrals which resulted in 19 of those referrals being enrolled in Cognitive Behavioral Therapy or the PEARLS program. Fifty percent of the referrals they received were referred to other non PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 45 older adults in FY13/14. Of those served 86% were female, 38% were ages 60-69 and 27% were 70 years of age and older. A proportion of clients under 60 years of age were also served by this program. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-

house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement of symptoms of depression. Overall, depression reduced from moderate to low. QOL survey results indicated that program participants felt better about life in general, increased relaxation and improvement in emotional well-being. The Office on Aging Director gave each of the Mental Health Liaisons a Certificate of Excellence for the work they do for their clients.

CareLink Program: CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY13/14, 159 individuals were served through the CareLink program and of those, 42 people were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants did showed a statistically significant decrease. Program staff received additional coaching in the enrollment criteria for the program as well as the use of the model to ensure that program participants are receiving the model as it was designed. A Quality of Life survey was also given at the beginning and conclusion of the programs. There were positive changes reported with regard to how the participants felt about their emotional well-being, their relationship with family, and their health in general. Changes were also positive in how participants spent their time with other people and the amount of relaxation in their life.

PEI-06 Trauma-Exposed Services for All Ages

The Work Plan includes 5 evidence-based practices and provides programs for individuals in elementary school, young adults, adults and older adults.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): This is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with

school districts to provide the program on school campuses. In FY13/14, 1,219 were screened for the program which was a significant increase from 319 youth the previous year. One school district allowed the provider to screen every student at one of their middle schools. As a result, 222 youth were enrolled in the program and 132 (68%) attended 8+ sessions. Overall, the largest numbers of participants were Hispanic females. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a statistically significant decrease in traumatic and depressive symptoms. Average scores for depression were reduced to below the clinical level. An RFP was released in early 2014 to identify providers to continue implementation of the program countywide. It is anticipated that contracts for selected providers will begin July 1, 2015.

Seeking Safety: This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. A total of 369 individuals were enrolled and participated in at least one topic session. Forty-four percent of those served were TAY. The most frequently reported traumatic experiences included death (19%), family issues (16%), domestic violence (10%), removal of children by CPS (8%), health related (7%), sexual abuse (6%) and physical abuse (5%). Participants were asked to provide information about their trauma-related symptoms before they began the program and when they completed. Changes in the frequency and intensity of traumatic symptoms showed a statistically significant change. Comparison of pre/post scores on the COPING Inventory showed an improvement in positive coping responses and a decrease in negative coping responses to life stressors. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis and would recommend the program to a friend. An RFP to continue the implementation for the program was released in the spring of 2014. It is anticipated that contracts for selected providers will begin July 1, 2015.

Safe Dates: This dating violence prevention program was not implemented in FY13/14 primarily due to the need to prioritize the implementation of PEI programs. The projection is that this program will be implemented in FY16/17.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy. This model has been implemented successfully within RCDMH children's clinics and has not demonstrated the same barriers to implementation as previously discussed programs. Outcomes from the program demonstrate significant reduction in traumatic symptoms and improvement in behavioral difficulties. RCDMH and the Riverside County Department of Social Services are collaborating to serve children who are brought into the foster care system, including providing clinical intervention when needed.

Trauma-Informed Care: The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered around not focusing efforts on direct service for adults who have experienced trauma, but rather to develop a trauma-informed system and communities. The PEI Steering Committee tasked the PEI Unit with identifying programs that would train mental health providers and community members in general about trauma. Models of trauma-informed care will be identified and reviewed in FY15/16. The goal is to identify a model that will include RCDMH staff as well as community-based organizations, schools, faith-based organizations and any other interested organizations. Implementation of the selected model(s) would occur in FY16/17.

PEI-07 Underserved Cultural Populations

This Work Plan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based practices that have been found, through research, to be effective with the populations identified for implementation. In addition

to the programs identified below it is important to note that each of the populations were identified as priority populations in all of the PEI programs being implemented. Demographic information, including ethnicity and culture, is gathered for PEI programs in order to ensure that the priority populations are receiving the programs. The mental health awareness and stigma reduction activities also include focus on the unserved and underserved populations throughout the county.

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

- **Incredible Years – SPIRIT:** This program is a Native American adaptation to the Incredible Years parenting program in which the facilitator provides the service to parents in their home. Incredible Years is a parent training intervention which focuses on strengthening parenting competencies, fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The provider serves the Native American population throughout Riverside County. Staff that provided the service were trained in the Incredible Years model as well as the Native American adaptation. In FY13/14, 168 parents received the program in their home. Comparison of pre to post data collected from the parents demonstrated a statistically significant decrease in depressive symptoms and total parental stress and significant changes in children's behavior problems.
- **Guiding Good Choices:** The program is a prevention program that provides parent education to parents of children ages 9-14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use. As with the previous program the provider does serve the Native American population throughout Riverside County. This five week parent education program was provided to 89 individuals in FY13/14.

An RFP will be released in the Spring of 2015 as the current contract is expiring.

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

- **Africentric Youth and Family Rites of Passage Program:** This is a nine month after school program for 11–15 year old males with a focus on empowerment and cultural connectedness. The youth meet 3 times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in family enhancement dinners. The providers initially focused their efforts on outreach through personal contacts, marketing and presentations in order to facilitate referrals. This included outreach to faith-based organizations, community providers, schools and the health fairs. A total of 51 youth and their families participated in the program in FY13/14. Pre to post surveys revealed a statistically significant increase in overall ethnic identity scores. This outcome is the goal of the program because positive ethnic identity represents a strong protective factor for these youth.
- **Effective Black Parenting Program:** This is a parent education program for parents of African American children. As with the Rites of Passage Program there was extensive outreach to schools and community providers to solicit referrals for the program. A total of nine 14-week groups were held in FY13/14 serving 63 parents with 45 of those parents completing the program. Program participants showed increases in parenting skills, positive reinforcement of their children’s behaviors and increased cultural awareness.
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** As stated earlier in this update, this is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. Nine youth between the ages of 10-15 received the program in FY13/14. Outcome evaluations of youth completing the program showed significant decreases in traumatic and depressive symptoms.

In preparation for the release of an RFP for the BRAAF project, PEI staff attended the African American Family Wellness Group (AAFWG) and attended a focus group in the desert region to share outcomes from the programs and to solicit feedback specifically regarding the parent education component. PEI staff shared that participation in the EBPP has steadily decreased over the life of the contract. Reasons shared from providers include the difficulty in recruiting parents to attend a 15-week, 3 hours per week program. In addition, the program developer

has retired, thus making training and program materials unavailable. Feedback from the AAFWG and focus group was to identify another parent education program, particularly one that is shorter in length. Staff shared that PEI has the ability to train to Guiding Good Choices, a five-week prevention program that provides parent education to parents of children 9-14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use. Additional feedback through the planning process was to include a new component of parent support and provide clinical interventions as needed to the youth and their families in addition to CBITS. The RFP will be released in the Spring of 2015.

The Executive Directors for each of the three providers continue to meet as a Leadership Team along with RCDMH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. After initial implementation of the project, it became evident that a more coordinated effort among the three different programs, representing the three regions of Riverside County, was needed to address some critical issues. In FY13/14 the Leadership Team developed the manual of core modules for the after school Rites of Passage program and facilitated trainings on the manual for a ROP staff. The goal of the Leadership Team in FY14/15 is for the three providers and their staff to host a Unity Day at which all ROP youth will come together to highlight their activities.

Building Resilience in African American Families (BRAAF) Girls Program: The BRAAF Girls project, currently in development, is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. RCDMH hosted two 4-hour workgroups with the members of the African American Wellness Advisory Group, which includes many community stakeholders. The workgroups were provided with current data regarding risk factors associated with the African American community in Riverside County. In addition, information about three potential programs was provided. Workgroup members were asked to review the information provided and return with recommendations for an after school program for African American girls. The recommendations were gathered and the development of the program has begun. Working closely with the developer of the existing boys' Rites of Passage program, RCDMH has organized a consulting workgroup made up of experts in the field as well as community representation and individuals with lived experience of receiving a

culturally-tailored after school program. The workgroup will build upon an existing after school program to incorporate all of the recommendations from the community and include the most current data and research to create a comprehensive after school program for African American middle school-aged youth and their families. The workgroup will meet during FY14/15 and it is anticipated that an RFP will be released in FY15/16.

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

- **Mamás y Bebés (Mothers and Babies) Program:** This is a manualized 9-week mood management course during pregnancy and includes 3 post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. In FY13/14, 167 women were served in the program with 83% of them completing the program. Eighty percent of the women enrolled in the program identified as being Hispanic, Latina or Spanish and 79% identified Spanish as their primary language. Of note is that 27% of the participants were in the 15 – 24 year old age range. Post data indicated that depressive symptoms were significantly decreased at the conclusion of the program, falling below the clinical cutoff. Satisfaction with the program was also high with 97% of those completing the satisfaction survey marking "Yes" or "Definitely" when asked if they learned new methods to cope with feelings of sadness, if they know how to get help for depression after the birth of their baby, and if participation in the program helped to prevent feelings of sadness and depression. An RFP was released in early 2014 to identify providers to continue implementation of the program countywide.

The PEI MSW student also facilitated two focus groups for participants who completed the program to gather information in order to support the implementation of the program and better serve participants in the future. The women reported that as a result of the program they were better able to identify symptoms of depression and manage their mood. They also stated that their ability to communicate with family, spouses, and children improved.

Asian American/Pacific Islander:

- **Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF):** A Curriculum for Immigrant Families: This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Program, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program. Significant focus was placed on identifying a consultant from the community to continue the outreach that was begun over the past few years by the Department. Although progress has been made in this area, additional relationship building is needed prior to beginning to look at program implementation. An Asian American/Pacific Islander task force has been formed to engage representatives from communities with the goal of relationship building, identifying culturally appropriate ways to increase awareness of promoting health, and developing a plan to implement the SITIF program. The plan is for an RFP to be released once that process is complete.
- RCDMH staff attended the Asian American/Pacific Islander Task Force meeting to solicit feedback specifically around identification and use of the SITIF program and to solicit feedback regarding implementation. The Task Force Chair provided information on the Asian American Family Enrichment Network (AAFEN) Program and asked that the program be considered for implementation in addition to, or in place of, the SITIF Program. The primary reason for this request is that the AAFEN Program is implemented by family specialists who do not need clinical training, which is the case for the SITIF Program. RCDMH staff will work with the Task Force in FY15/16 to further explore and make a decision on which program will be implemented in order to move forward with planning the implementation of the model that is selected.

Other PEI Activities

One of the ongoing goals of the PEI unit is to respond to training needs of providers as needed, which includes training on topics other than specific evidence-based practices. An example of these types of trainings for FY13/14 includes "booster" training for providers to support ongoing learning related to the evidence-based practices. PEI staff developed and provided a two-day group facilitation training that includes experiential activities to enhance provider skills.

The Prevention and Early Intervention Unit held the 2nd Annual PEI Summit in July of 2013. The overall purpose of the Summit is to bring together all PEI providers to learn about the other programs that are being implemented and to share the outcomes of programs with all of the partners. In addition, participants heard keynote speeches focused on team building and effective outreach strategies. One hundred and ninety-six providers attend the Summit and the overall evaluations were very positive. A third Summit was held in July 2014 and will continue to be held annually.

RCDMH continues to participate in the Inland Empire Perinatal Mental Health Collaborative. One of the missions of the collaborative is to provide an annual conference on a topic related to maternal mental health. RCDMH supports the conference every other year. In 2013 the PEI unit sponsored the conference in which 195 people from Riverside and surrounding counties attended. The focus of the conference in 2013 was "Post-Partum Psychosis: A Medical and Legal Perspective". The conference included a keynote presentation by George Parnham, the attorney who defended Andrea Yates, who killed her five children in 2001. RCDMH provided funding for the conference held in April 2015.

Following the Sandy Hook Elementary tragedy in December of 2012, the Board of Supervisors requested that RCDMH partner with Riverside County Office of Education to host a Safe Schools Summit. The Summit was held in Palm Springs with over 300 people attending. An evening session was held to allow parents to attend. RCDMH will continue to partner with RCOE to offer the Safe Schools Summit.

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

PEI staff received several requests to present information mental health-related topics throughout the year. One example is the request for a presentation around suicide prevention

at the Corona Norco Unified School District's "S.O.S Students Offering Solutions - Preventing Suicide Town Hall" attended by over 100 students, parents and school staff.

Prevention and Early Intervention Statewide activities:

In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority named the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 Plan, the decision was made to continue to support the Statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This will allow support of ongoing statewide activities including the awareness campaigns. Locally, this may include providing training and materials to PEI providers and other community agencies and local stakeholders in the campaigns.

The purpose of CalMHSA was to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities. Several PEI staff and community partners were trained as trainers in two suicide intervention strategies: SafeTALK and ASIST (Applied Suicide Intervention Strategies Training). SafeTALK is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. ASIST is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Over 20 trainings have occurred in these models since the trainers have become certified. The PEI Steering Committee continues to recommend that funding be allocated to continue these gatekeeper trainings since there is now capacity to train community members on a widespread basis. Another local impact is the collaborative partnership that RCDMH and Riverside County Office of Education (RCOE) developed to participate in the K-12 Student Mental Health Initiative. This initiative included the implementation of the Olweus

Bullying Prevention Program (OBPP) at 4 school demonstration sites and has since included training at 4 additional school sites. Two PEI Staff Development Officers and one RCOE Program Manager participated in the OBPP Train the Trainer process and are completing the certification process. Addressing bullying was one of the themes that came out of the Community Planning Process and as a result the PEI Steering Committee continues to recommend that there be funding allocated to be able to offer the training to other interested schools. In FY13/14, a Student Wellness Series was offered for school administrators, counselors, and teachers. The topics included Trauma-Informed Care, SafeTALK, Suicide Prevention Toolkit for High Schools and Parents and Teachers as Allies. There is another Student Wellness Series scheduled for the winter and spring of 2015.

Training, Technical Assistance and Capacity Building

In the original Training, Technical Assistance and Capacity Building proposal submitted on 7/15/2009, the Department requested funding to support Evidence-Based Practices through the expansion of our CIBHS contract, Law Enforcement Collaborative training, consumer training and vocational supports. This funding was made available through Prevention and Early Intervention one-time funds that have now expired. The Department acknowledges the importance of sustaining all of these initiatives and plans to continue their support and implementation through the local PEI budget. The CIBHS contract will allow the Department to support trainings related to Evidence-Based and Promising Practices identified in the MHSA Plans. In addition to staff participation the intent is to continue to offer training opportunities to our community providers and agencies as well as cross-county opportunities that may present themselves in the Southern Region. The Law Enforcement Collaborate training continues to be offered on a monthly basis and consumer employment training and support continues to surface through our stakeholder process as a primary need. Below are trainings that were conducted during Fiscal Year 2013/2014.

Training Conducted During FY13/14

2013 TRAININGS

DATE	TRAINING	LOCATION
7/1	Family and Schools Together (FAST)	Metro
7/2, 7/10, 7/16, 7/24	CA Brief Multicultural Competency Scale (CBMCS)	Metro
7/9	Psychological First Aid	Metro
7/9	Fundamentals in Disaster in Mental Health	Metro
7/11	Support Staff Training Series	Metro
7/15	(Nonviolent Crisis Intervention) NCI Certification	Metro
7/22	Asian/Pacific Islander	Metro
7/23	Problem Gambling	Metro
7/23	Substance Abuse for Older Adults	Tyler Village

7/29, 7/30	Leading and Coaching	Metro
7/31	Leading and Coaching Refresher	Metro
8/5	Healthy Employee Kickoff Event	Metro
8/6	Screening, Brief Intervention, Referral to Treatment (SBIRT)	Metro
8/7	Mental Health Risk	CGE, #10
8/12	Co-Occurring Disorder in Adolescents	Metro
8/15	Substance Abuse for Older Adults	San Jacinto
8/19	Group Facilitation	Metro
8/20	I Love My Job But... (Compassion Fatigue)	Indio
8/20, 8/21	NCI Children Certification	Metro
8/22	Child Abuse Reporting	Metro
8/22	Elder/Dependent Adult Abuse Reporting	Metro
8/23	Evidence Based Solutions	Metro
8/27, 8/28, 8/29, 9/3, 9/5	Student Trainings	Metro
8/28	Substance Abuse for Older Adults	Cathedral City
9/9	Understanding Vet Culture	Metro
9/10, 9/11	Applied Suicide Intervention Skills Training (ASIST)	Metro
9/10, 9/12, 9/17	Advanced Recovery Practices	Indio
9/12	What Does the Law Expect of Me? Part 3	Metro
9/13	Building Resilience in African American Families (BRAAF)	Metro
9/17, 9/18	Clinical Supervision	Metro
9/23	New Employee Orientation	Metro
9/24	Assessment and Diagnosis for Adults	Metro
9/26	Dialectical Behavior Therapy (DBT) Consultation	Metro
10/1	NCI Enhanced Verbal Skills	Metro
10/2, 10/8, 10/15, 10/24	CBMCS	Indio

10/7	Blindness Awareness Sensitivity	Metro
10/9	NCI Recertification	Indio
10/17	I Love My Job But... (Compassion Fatigue)	Metro
10/22	Assessment and Diagnosis for Children	Metro
10/30	Healthy Employee Event	Metro
10/31 & 11/1	Olweus (Bullying Prevention Program)	Metro
11/4	Student Winter Workshop	Metro
11/4	Providing Interpretation Services	Indio
11/5	Katie A: Core Practice Model	Metro
11/12	Pet Assisted Therapy	Metro
11/13	Communication and Counseling	Metro
11/14	Transition to Independence Process/Site-Based Trainers (TIP SBT)	Metro
11/15	TAY Speaker Bureau Training	Metro
11/18	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Metro
11/21	Hoarding	Metro
12/3	New Employee Orientation	Metro
12/9, 12/10, 12/11	TIP Training	Metro
12/12	DBT Consultation	Metro
12/17	Counseling Theories in Practice	Metro

2014 TRAININGS

DATE	TRAINING	LOCATION
1/6, 1/7 & 1/9	Coping and Support Training (CAST) Peer to Peer	Metro
1/8	End of Life Issues	Tyler Village
1/8	I Love My Job But...(Compassion Fatigue)	Tyler Village
1/14	Self-Injury	Metro
1/15	I Love My Job But...(Compassion Fatigue)	Indio

1/16	NCI Certification	Metro
1/23	Recovery Management	Metro
1/23	Mental Health Risk	Indio
1/28	End of Life Issues	San Jacinto
1/28	I Love My Job But...(Compassion Fatigue)	San Jacinto
1/27 – 1/30	Advanced Peer Practices	Metro
1/29 & 1/30	Bridges Out of Poverty	MV Conf
2/3	Healthy Employee Event	Metro
2/6	How to Work Effectively with Families	Metro
2/10 & 2/11	Safe Talk: Train the Trainer	Metro
2/13	Diagnostic and Statistical Manual of Mental Disorders (DSM) - DSM 5	Metro
2/18	Safe Talk	Metro
2/19	Field Instructor Conference	Metro
2/20	Advanced Motivational Interviewing	Metro
2/20	Law, Ethics and Boundaries for Paraprofessionals	Indio
2/24-2/27	Whole Health/Facing Up Training	Metro
2/26	End of Life Issues	Cat City
2/26	I Love My Job But...(Compassion Fatigue)	Cat City
2/27	DSM 5	Indio
3/5	Communication and Counseling	Indio
3/6	New Employee Orientation	Metro
3/6	DSM 5	Indio
3/11	DBT Consultation	Metro
3/12	Graduate Internship Field and Training (GIFT) Student Spring Training	Metro
3/13	Support Staff Training Series	Indio
3/20	NCI Enhanced Verbal Skills	Metro

3/25	Support Staff Training Series	Indio
3/25 & 3/26	ASIST	Metro
3/26	Supervision for Universal Wellness and Inclusion in the Workplace	Flood Control
4/1	DSM 5	Metro
4/2	Network of Care	Metro
4/3	I Love My Job But...(Compassion Fatigue)	Metro
4/4	Rites of Passage	Metro
4/8	What Does the Law Expect of Me? Part 4	Metro
4/9	Support Staff Training Series	Indio
4/9/13	Trauma Informed	Metro
4/10	Atypical Aging	Metro
4/15	Mental Health Risk	Metro
4/15 & 4/16	NCI Children Certification	Indio
4/17	Personality Disorder	Metro
4/22	NCI Certification	Metro
4/23	DSM 5	Metro
4/24	Family Engagement	Metro
4/24	Support Staff Training Series	Indio
4/29	Providing Interpretation Services	Metro
5/1	Asian Pacific Islander	Metro
5/1	DSM for Paraprofessionals	Indio
5/5	Healthy Employee Event	Metro
5/6	Family-Based Treatment for Eating Disorders	Metro
5/8, 5/13, 5/15	Advanced Recovery Practices	Metro
5/16	DSM 5 for Contractors	Metro
5/19 & 5/20	NCI Children	Metro
5/27, 28, 29	Triple P	Metro
5/29	Parent Child Interaction Therapy	Riverside

		Convention Center
6/2	Healthy Employee Event	Metro
6/3	Theories Workshop	Metro
6/5	New Employee Orientation	Metro
6/5	I Love My Job But...(Compassion Fatigue)	Indio
6/9-6/12	Recovery Coaching	Metro
6/17	Law, Ethics and Boundaries for Paraprofessionals	Metro
6/19	DBT Consultation	Metro
6/19	NCI Recertification	Indio
6/20, 6/23	NAMI Provider Education	Metro
6/24	NCI Enhanced Verbal Skills	Metro
6/26 & 6/27	Seeking Safety	Metro
6/30 & 7/1	Group Facilitator	Metro

Law Enforcement Collaborative

A committee of Mental Health/Riverside County Regional Medical Center professionals was created to continually review, revise, and present training to correctional and patrol employees of the Riverside County Sheriff and Police Departments. Currently this collaborative is led and maintained by a Department of Mental Health professional who partners with Law Enforcement to provide Crisis Intervention Team (CIT) training, a certified training by the Commission on Peace Officer Standards and Training (POST). The current training team also consists of presenters from Recovery Innovations who present NAMI's signature In Our Own Voice presentations, as well as partners from the Parent Partner and Family Advocate Programs. These individuals provide panel discussions for the purpose of providing a perspective by sharing their stories, recovery, and experiences. The panels also invite questions and suggestions from law enforcement regarding how to further educate the community, consumers, and families about police intervention. This is then reciprocated as our panels offer input and feedback to law enforcement and provide them with a number of resources to connect the community to mental health services.

Together the CIT training team reinforces and models the importance of collaboration and offers education and awareness while reducing stigma. The main focus and goal of CIT is to train all law enforcement staff, including dispatchers, on how to de-escalate an encounter with someone with a mental illness before it turns into a crisis. Currently, many city, county, state, and federal police agency representatives have been trained. This training has been well received, and a permanent schedule for the CIT is in place. Deputy Sheriffs and Police Officers from other counties and agencies have also attended the training.

Last year a total of 928 Correctional and Sworn Deputies of the required Sheriff's Department members have attended CIT, which according to our Sheriff's Department partners, "is right in line" with the Sheriff's training goal. Training consistently is held 2-3 times a month. Our local Riverside Police Department currently has the majority of all officers that are CIT trained and will be preparing to schedule our next CIT training for new RPD officers and personnel in 2015.

As a result of the strengthened collaboration and relationship, the Sheriff's Department has requested additional training for their dispatchers and has also requested that the Department of Mental Health be the permanent trainers for their Basic Correctional Academy and Deputy

Sheriff Supplemental Core Course covering mental health-related issues. In addition, the Riverside Police Department has asked the CIT Coordinator to participate and audit the third day of CIT training – Defense Tactics - to offer input and suggestions on how to improve interventions.

The CIT training team has reported that CIT continues to be beneficial for both the community and for law enforcement agencies, as reported by consumers and families, who have “seen a difference”, and by officers and deputies, who are saying “It works”. Team members have reported that consumers and/or family members, when calling 911, will oftentimes now ask for a “CIT officer”.

In addition, per our CIT evaluations, law enforcement is consistently asking to extend CIT training, providing feedback and input to improve program, and also asking about ways to become part of the CIT training team.

The Mental Health CIT Coordinator has also been asked to train, assist, and support the staff of the Department’s new Crisis Response Teams, who will be working directly with and responding to law enforcement and emergency hospital personnel in need of mental health intervention and assessment.

Future considerations: Further extend CIT training to private city police stations, continue collaboration and implementation of new ideas regarding curriculum and program, and perform the ongoing needs assessment to stay current and up to date with CIT trends and community needs.

Consumer Employment, Support, Education, and Training Initiatives are reported on page 125. Recovery Innovations Peer Employment Training (PET) information is provided in the Recovery Innovations narrative (page 118)

Innovation (INN)

The Innovation component provides counties with the opportunities to learn how to do something using new or changed mental health practices that you create, pilot, and evaluate. Innovation programs are designed to accomplish one of the following: (a) introduces new mental health practices or approaches, including but not limited to prevention and early intervention (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or (c) introduces to the mental health system of a promising community-driven practice or approach or a practice/approach that has been successful in non-mental health contexts or setting.

By virtue of the Innovation projects being piloting or demonstrations they are time-limited and are one-time funded. Since inception of the Innovation component Riverside County has introduced four projects. The first Innovation project, INN-01, Recovery Arts Core, completed its program cycle on 6/30/2012. The other three projects are still in process and being evaluated for effectiveness. Progress updates are provided below.

Also important to note is that in last year's 3YPE planning a new TAY Innovation project was proposed. The concept that surfaced was the development of a TAY One-Stop Drop-In Center. The TAY Collaborative was tasked with the planning and design for the Innovation project which they have been conducting over the last year. Unfortunately the Department was unable to secure consensus on the model and will continue to work with the MHSOAC on an acceptable project.

Recovery Learning Center

- Proposed Start Date 04/2011
- Actual Start Date Western Region 04/2011
- Actual Start Date Desert Region 05/2012
- End Date 04/2016

Family Room Project

- Proposed Start Date 07/2011
- Actual Start Date 12/2012
- End Date 05/2017

Older Adult Self Management Health

- Proposed Start Date 07/2011
- Actual Start Date 04/2012
- End Date 04/2016

INN-02 Recovery Learning Center (RLC)

Western Recovery Learning Center

RLC Western is a non-traditional mental health program currently staffed with diverse, multicultural, and linguistic mental health providers. The program's activities are focused on helping consumers to develop a plan for their mental health recovery and the practice of skills and activities that are a part of that plan. The program reached a capacity of 201 consumers enrolled, with active participation in different program activities.

The RLC holds five (5) Wellness and Recovery Action Plan (WRAP) groups a week, in English and Spanish to accommodate each consumer's individual needs. This includes WRAP in Spanish, WRAP in English both day and evening, WRAP for Transitional Aged Youth, and for Co-occurring Recovery. During the WRAP groups each individual is able to create a list of wellness tools, identify triggers, and develop a plan to prevent a mental health crisis. Each member of the RLC will graduate from the program once they complete WRAP and achieve their personal goals for recovery.

The activities at the RLC are designed with the goal of supporting members in implementing these new wellness tools into their daily lives. The groups provided in addition to the WRAP are an exploration and practice of an individual wellness tool. The individual wellness tools practiced include art, music, cooking, and other activities. The following groups are offered at RLC to learn about Wellness tools:

- Art - Explores wellness tool of art in imaginative ways.
- Be Active in Recovery - Explores wellness tool of various options for staying fit.
- COLOR (Co-Occurring Life of Recovery) - A peer choice topic group focused on recovery from mental health and addiction challenges.
- Cooking with Katie - Get basic budgeting and cooking skills while utilizing the art form of culinary as a wellness tool.
- Creating a Place of Peace - Explores wellness tools of meditation and drumming.
- Creative Writing - Utilize the art of writing as a wellness tool.

- Get Out and Flourish - This group focuses on utilizing wellness tools that take your recovery into the community.
- Facing Up - Explores the multiple facets of health and how to apply them as wellness tools.
- Happiness Group - A bi-monthly group focusing on building skills and utilizing various activities to increase happiness in an individual's life.
- Healthy Cooking - Explores wellness tool of healthy food options and healthy living.
- Meds for Success - This group empowers you to take an active role in advocating your needs and communicating with your Recovery Team. This also includes how to use medications as a part of your Recovery Plan.
- Music Group - Utilize the wellness tool of music as an outlet while building community and support.
- Shelter Buddies - Explores wellness tool of volunteering at an animal shelter.
- TAY Group - If you are between the ages of 18-25 years old, this group for Transitional Aged Youth is perfect for you. Get a chance to meet other RLC members your age to learn skills needed in this important time of your early adulthood and gain support through it.
- WELL - Stands for Wellness Empowerment in Life and Living. This recovery group assists persons with finding and continuing wellness in all aspects of daily life.
- Women's Group - Explores wellness tools for topics related to support, self-help, self-care and beauty, general information, parenting, girl talk and getting empowerment as well as positive affirmations.
- Creating a place for Peace - Building a place of peace and harmony using diverse approaches including meditation and drumming. Come and find new ways to find your Center.
- Art Group - Come and express your creativity by exploring new recovery tools such drawing and coloring with oil paint and much more.

- Transformation in Action - A support group where people express how they feel and learn from each other.

Consumers are welcomed to the program at the RLC through weekly Orientation groups in both English and Spanish. New Consumers are oriented to the RLC philosophy and how it differs from a traditional clinic, along with the commitment it requires. These Orientation groups are also open to family members and community at large to learn about the opportunities available of becoming a member of the RLC.

Consumers who complete the program are encouraged to continue to be involved in a different role. Graduates are offered a monthly Alumni group, in which they offer each other support and information. Graduates are encouraged to attend Peer Employment Training, as well as volunteering at the RLC. Graduates are given the opportunity to give back to community.

Western Region RLC Challenges/Opportunities

- Challenges exist transitioning consumers' expectations from that of a traditional mental health treatment to RLC's innovative approach and level of participation for consumers.
- Challenges exist in assisting Consumers in the transition of graduation and beginning the independent practice of their Wellness tools.
- Opportunities exist in helping the consumer who graduates to create a supportive network of Alumni.

Future Plans

There are several new groups based on developing wellness tools:

- Yoga/ Tai Chi groups
- Ceramics groups
- Gardening groups

Additionally the program plans to increase its involvement with the PAIR program by bringing volunteer therapy animals into the clinic and continuing to refer consumers to Equine Therapy.

The program will also work to engage with family of consumers and the community at large. The goal is to have the RLC with innovative programs serve as a link or first contact to

underserved groups in Mental Health such as Asian American and Pacific Islanders or LGBTQ community. To that end there are a series of community events planned:

- Second Annual Community Luau BBQ Event
- Nar-Anon group after hours for member's family
- Family WRAP Group
- Family Night Open House Events for both English and Spanish-speaking families
- AAPI Task Force partnership and outreach

Desert Recovery Learning Center

RLC continues to grow by addition of two new Recovery Coaches, new program development, and members meeting individualized recovery goals. RLC received 52 new referrals and welcomed 35 new members into the program.

The RLC added a vocational component "Pathways to Success". This included the hiring of a Recovery Coach who works as an Employment Coach to members interested in obtaining employment. This position collaborates with the Department of Rehabilitation and Oasis Community Services to connect members to employment opportunities and prepare them for work readiness.

A co-occurring recovery group called "Dual Journeys" was implemented for RLC members that address all types of addiction issues (drug and alcohol use, internet, gaming, sex, spending, and eating issues). The COLOR (Co-Occurring Life of Recovery) curriculum (developed by Senior PSS) was just approved for use in the RLC, so future plans are to utilize COLOR curriculum in Dual Journeys.

A WRAP group specifically designed for TAY population was implemented and a Recovery Coach was identified as the TAY Liaison. He works in collaboration with Indio Children's Services to identify 16-18 year olds who would like to work on a WRAP plan. TAY WRAP has graduated 3 groups and TAY LIFE began in February with the graduates from TAY WRAP. TAY LIFE is the TAY version of Moving Forward, where youth will discover wellness tools within our local

community. Plans include collaboration with the WIN center, Mia St. Johns Stone Art, Active Minds, and Coachella Valley Animal Campus.

The RLC has adopted "Kato" as the Animal Assisted Therapy dog. Kato attends WRAP and Dual Journeys currently. He has helped numerous members overcome fears and brings joy to the group. Kato was also instrumental in de-escalation of a 5150 crisis in the Indio Clinic. Kato has attended outings with the Moving Forward group. He is so popular in the RLC, that group members in Indio Adult Services have requested their own AAT animal. Kato's handler and co-handler are both RLC Recovery Coaches and do a fantastic job working with Kato.

The Facing Up program has been implemented, which is a group dedicated to Whole Health. Facing Up meets weekly and members are enjoying learning tips and tricks to stay well in all dimensions of their life.

RLC is holding their 2nd annual graduation on June 18, 2015 and plans to graduate 10-12 members.

RLC has also partnered with Coachella Valley Animal Campus. Three Recovery Coaches went through the training to become volunteers. Members have enjoyed going to the Coachella Valley Animal Campus and assisting with volunteer activities. One member adopted a puppy from the shelter.

RLC's Moving Forward group identified many natural supports in the community that support their wellness and recovery. Outings included Coachella Valley Preserve, Coachella Valley Historical Society, Idyllwild Wilderness Trip, Whitewater Ravine, Sunnylands Estates, Palm Springs Movie Colony, Palm Desert Civic Center Park, and many more.

Desert Region RLC Challenges:

- No dedicated Senior Peer Specialist assigned to the RLC.
- Space difficulties for holding groups.
- Space challenges for staff (all staff are co-located in one room).
- RLC has not met member capacity (15 members per 1 Recovery Coach).

Desert RLC Future Plans for FY15/16

- Continue to expand the TAY component of RLC.
- Hire a 5th Recovery Coach when office space becomes available (currently there is no workstation to house a 5th Coach).
- Reach program capacity (75 enrolled members)
- Consider replicating RLC model "without walls" in other clinics throughout the Desert Region (Banning, Blythe).

INN-03 Family Room Project

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

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