

and creating a Welcome and Information Center. Additionally, so-called "family (group) rooms" were designed to resemble a family living room.

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

Outcomes data collection was developed with input from a family and peer support focus group. A single survey document was created that includes the Recovery Assessment Scale, State Hope Scale, BASIS-24 symptoms measure, and several Quality of Life items related to social connections and family relationships. Housing stability was also included as an item on the survey document. A space for qualitative comments was also provided. The protocol included pre to post data collection for this consumer-completed survey document. Satisfaction surveys for both family members and consumers were developed as well. The first year of data has been collected and analysis will proceed over the next few months.

INN-04 Older Adult Self Management Health Team Project

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

The goal of the HeLP Program is to increase consumer choice, empowerment, and the quality of services to this population by monitoring the outcomes of intensive coordinated medical, behavioral and mental health care received by the clients in this program. Services include ongoing medication management; intensive collaboration and coordination with primary care providers; and a Peer Support Specialist involvement to provide ongoing supports, facilitate consumer use of the HeLP resource room, and support consumers in locating and utilizing community activities. The Registered Nurse is a pivotal team member for coordinating medical and behavioral health care and medication services and provides consultation and case management services to the consumer.

The CDSMP group is a 6 to 8-week specialized intervention that addresses topics including 1) skill-building techniques to cope with issues such as depression, stress, anger, sleep, frustration, fatigue, pain/physical discomfort, and isolation; 2) appropriate exercises for maintaining and improving power, flexibility, and endurance; 3) appropriate use of medications; 4) functional communications with family, friends, and health care providers and other stakeholders; 5) nutrition and wellness; and 6) strategies to evaluate new medical and behavioral health treatments.

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

Program implementation was in April 2012, starting with the staff training in the delivery of the CDSMP group treatment program. As of 2014 to 2015, 138 referrals were received by the program. Of that number, 61 have been enrolled and 35 consumers have been discharged from the program. Preliminary outcomes evaluation did not show improvements in adherence to medications, understanding of medications, and communications with her or his doctor. Satisfaction with physical health and well-being and reductions in activity limitations also did not show improvements. Outcomes data is preliminary as not all consumers served have completed follow-up measures. Data collection for evaluation will continue to ensure a greater sample size and to ensure that the consumers enrolled into the program include the target population of those with chronic health conditions who are struggling with managing their physical and behavioral health care.

Capital Facilities/Technological Needs (CFTN)

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

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

Thus far two significant Capital Facilities projects were completed, the Desert Safehaven Drop-In Center (the PATH) and the Western Region Children's Consolidation in Riverside. The Technology aspect, Behavioral Information System (BHIS) has been fully implemented. See updates on each of the components below.

Capital Facilities

In last year's new MHSAs Three-Year Program and Expenditure Plan (3YPE), the Department amended the Component Plan to accommodate another Capital Facilities project. This amendment was submitted and approved through last year's 3YPE planning process. The project calls for the purchase of a 147 square foot building (Rustin) to house and consolidate a variety of MHSAs Clinical and Administrative units. Approximately twelve programs will be housed in the new location including: MHSAs Administration; Prevention and Early intervention; Workforce, Education and Training; Peer Support Services/Consumer Affairs; Family Advocate; Cultural Competency; Research and Technology; Western Children's and Adult Out-Patient expansion; Older Adult Services; Transition Age Youth Integrated Services Recovery Center; and Community Access, Referral, Evaluation, and Support (CARES) Lines.

The Rustin Building was completed in late February 2015, and a staggered move-in schedule started the first week of April 2015. The Department also continues to prioritize the need for new program space in the Mid-County/Hemet area. These efforts were stalled due to community opposition to the services being proposed. The Department is committed to collaborating with County Facility planners to work through these barriers and hopefully identify a site to lease. Through the Capital acquisitions there were significant lease savings that can be applied to future lease and/or service projects.

Technological Needs

On March 14, 2008, the State Department of Mental Health released the guidelines for the MHSA Capital Facilities and Technology Component. Technology supports counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family members' access to health information within a variety of public and private settings.

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

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

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

Phase 1 was completed at the very beginning of FY11/12, and Phase 2 was completed at the beginning of FY12/13. The second phase of the implementation primarily focused on the Clinical Workstation (CWS) module. This included the actual clinical content of the Electronic Health Record. Basically, it replaced all of RCDMH's hard copy charts with electronic charts. This second phase went live on July 2, 2012. In addition to CWS, other modules were implemented as well: Executive Report System (ERS), Document Management for scanning various documents into the clinical record, Client Fund Management System (CFMS), and signature pads for recording clients' signatures.

Electronic Health Record Implementation FY13/14

In 2013/2014, a majority of the effort was focused on refining business workflow. This included revising existing forms, improving training materials, and introducing additional instructions. Representatives from various work groups in the Department continued to meet

to identify challenges and develop solutions for making things run smoother. Billing practices were refined and additional reports were developed for catching errors.

In addition, a great deal of effort went into working with the vendor to address software bugs and make improvements to the network infrastructure. Efforts focused on identifying whether problems were site-specific or impacted our entire network. In many situations, network connections were upgraded for improved performance. During this time, we also began to implement a function called ScriptLink which helped (a) reduce errors going into the system by validating data before it was submitted and (b) pre-populate some forms in order to remove redundancy in work flow.

Improvements were made to Order Connect to permit doctors to electronically submit lab orders and electronically receive lab results. Forms were created for Integrated Healthcare. Electronic Interfaces were established with Inland Empire Health Plan, our Managed Care Plan, and with the Sheriff's detention computer system.

Plans for FY15/16

The final year of the budget for this implementation was FY13/14. At this time, the Department continues to make changes in the spirit of continuous quality improvement and continues to work towards getting the system to meet Federal Meaningful Use Requirements. Federal Meaningful Use Requirements continue to be revised and updated, so this will require ongoing monitoring and work.

MHSA Housing

MHSA Housing Activities, July 1, 2013 - June 30, 2014

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

The Place, located in Riverside, was opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry and shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The permanent housing component operated at above 89% occupancy during 2013/2014, with any vacancies quickly filled. During FY13/14, The Place had an average of 685 drop-in guests each month. There were 6 individuals that moved on from their residency at The Place to live independently in their own apartments. Overall, more than 89% of residents of The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, was opened in 2009 and provides permanent supportive housing for 25 adults on the campus of Roy's Resource Center. It is located immediately adjacent to a Full Service Partnership clinic that is operated by RCDMH. Nearly 89% of the individuals who have resided in The Path maintain stable housing for one year or longer. The Path had an average of 290 drop-in guests each month during FY13/14. In addition, there were 8 individuals that moved on from their residency at The Path to live independently in their own apartments.

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

During FY13/14, MHSA funding for temporary emergency housing was continued. These funds were combined with other grant funds (Emergency Housing and Shelter Grant) in order to provide access to emergency motel housing or rental assistance. Using MHSA funding, the staff of the HHOPE program at RCDMH provided a total of 19,182 emergency bed nights to 982 individuals or families with children across all age groups.

The MHSA permanent supportive housing program continued to advance its efforts during FY13/14. Cedar Glen, a new construction project in Riverside, was completed and is now occupied. The project included 15 MHSA units that were embedded in the affordable housing multi-family community. Cedar Glen is centrally located near a transportation hub, mental health supportive services, shopping centers, a library, and medical services.

Perris Family Apartments began construction in FY13/14. As with all other MHSA-funded Department projects, the Perris Family Apartments will include 15 integrated supportive housing units within the 75-unit complex. The community will include a full-time onsite RCDMH-funded support staff with a dedicated office. This multi-family affordable housing project is located in the City of Perris. The project is scheduled for occupancy in April/May 2015.

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

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

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

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

In addition to providing support to MHSAs residents in these communities, the HHOPE Housing Resource Specialist position that is funded through MHSAs provides ongoing support to scattered site housing managers and residents. During FY13/14, the staff of the HHOPE Program provided property management and resident supportive services to consumers residing in 168 HUD-funded supportive housing apartments across Riverside County.

Looking Ahead to FY15/16 through FY17/18

Funding for the development of new MHSA supportive housing projects is no longer available. RCDMH is working closely with the Riverside County HUD Continuum of Care and various Veteran Service Partners to explore the possibility of establishing a partnership, if feasible, to apply for funds that are available through Proposition 41 (the California Veterans Housing and Homeless Prevention Bond Act), which was approved in June 2014. This effort, if successful, would provide supportive housing units for veterans as part of Phase 2 of Cedar Glen.

There will be a total of 105 new units of MHSA permanent supportive housing delivered to mental health consumers in Riverside County when the final MHSA-funded project is completed in 2015. There are more than 100 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County. Permanent supportive housing for people with mental illness is an integral part of the solution to homelessness in Riverside County. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing that includes units of permanent supportive housing for MHSA-eligible consumers. The loss of Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, create uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program. The need for this housing continues to outpace the supply.

MHSA Mental Health Court

Riverside Mental Health Court

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

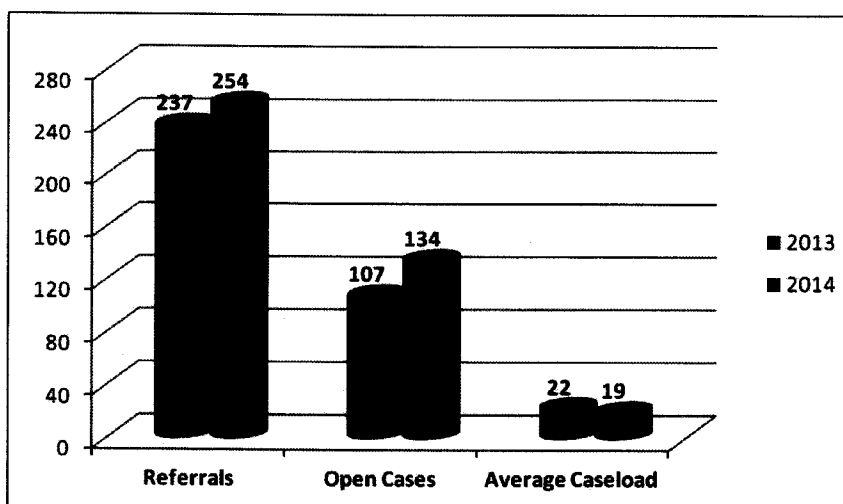
Current staffing levels:

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

There is currently a candidate for the MHSS position waiting to complete the HR process. Mental Health Court has no vacant Clinical Therapist positions in Riverside.

2014 YTD Stats as of December 31, 2014:

- Referrals - 254
- Open cases -134
- Average caseload -19



Mid-County Mental Health Court

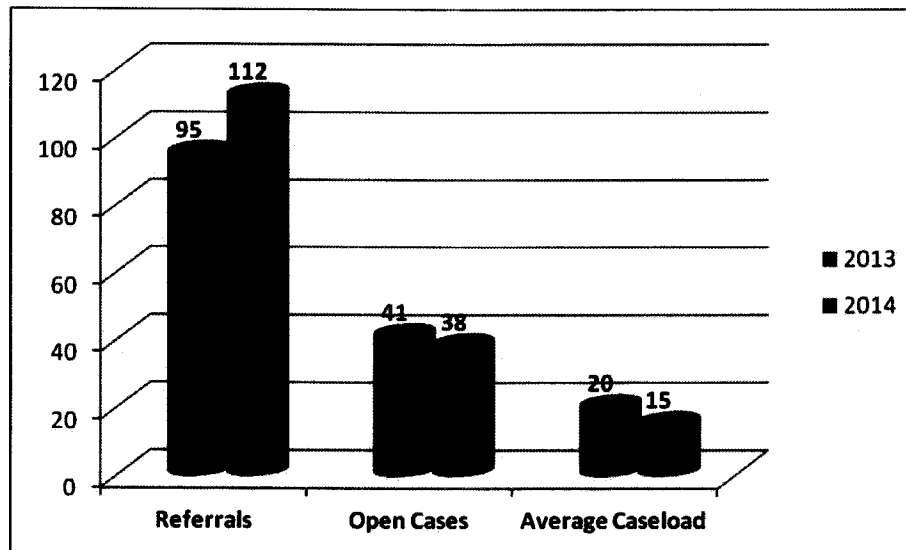
The Mid-County/Southwest Mental Health Court was established in September of 2009.

Current staffing levels:

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

2014 YTD Stats as of December 31, 2014:

- Referrals – 112
- Open cases – 38
- Average caseload – 15



Indio Mental Health Court

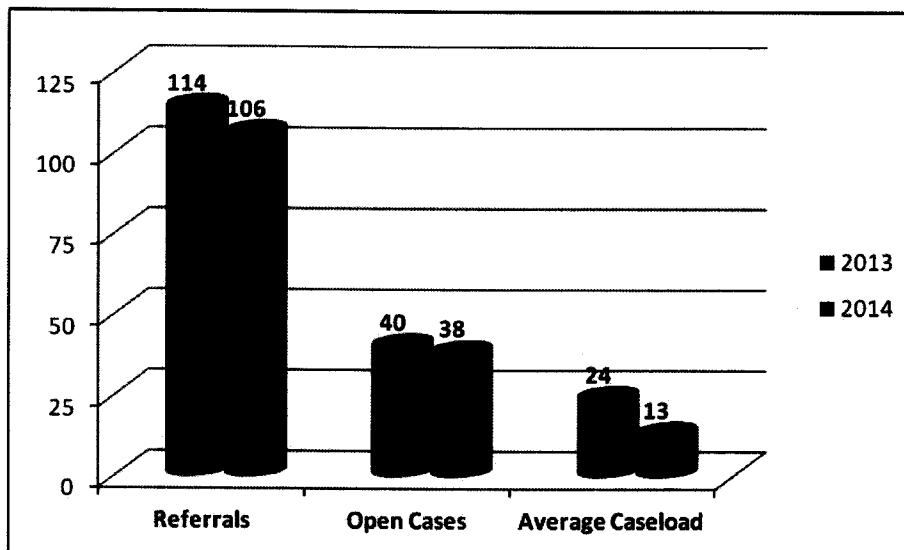
The Desert region's Indio Mental Health Court was established in May of 2007.

Current staffing levels:

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

2014 YTD Stats as of December 31, 2014:

- Referrals – 106
- Open cases – 38
- Average caseload - 13



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

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

Veterans Court

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

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

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

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

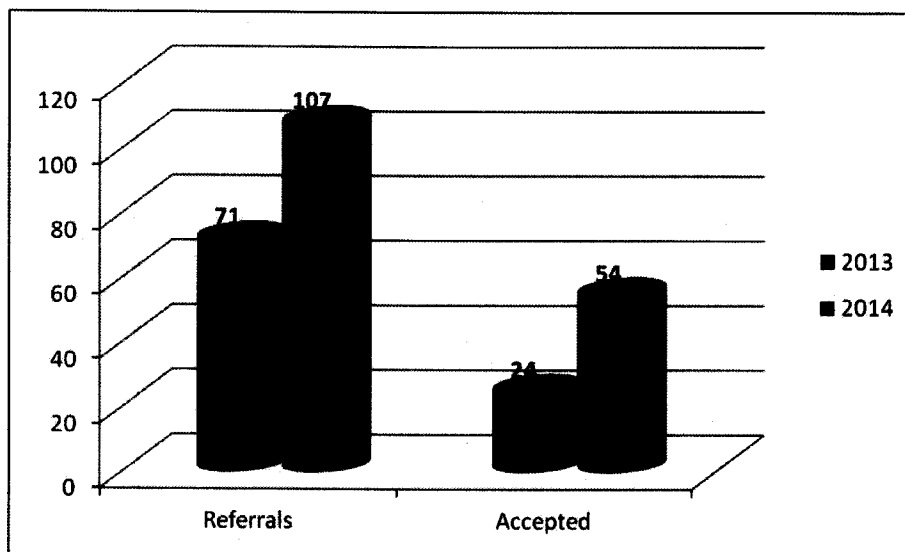
The very first Veterans Court Graduation was held on July 26, 2013. There were a total of 4 Veterans that graduated, with over 100 people in attendance at the event. There were several agencies that attended this event including Public Defender, District Attorney, Sheriff's Department, Probation, Riverside Superior Court, Mental Health Department, and a representative for Congressman Raul Ruiz.

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

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

2014 YTD Stats as of December 31, 2014:

- Referrals-107
- Accepted-54



Participation in Community Veteran Events

The Valor Veteran Stand Down event was held October 17-18, 2014 at the Perris Fair Grounds. Veterans Court staff had a table at the event and provided free information regarding the Mental Health Veteran Court program as well as other Mental Health brochures. The event was successful, as it has been for the past few years.

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

Recovery Innovations

(Western and Mid-County Peer Support and Resource Centers)

Peer Support and Resource Centers

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

NAMI Programs

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

Peer Employment Training

PET Service Data

Art Works Programs

Gallery Classes
Special Events
Recovery In Motion

The Mission of Recovery Innovations is to *"create opportunities and environments that empower people to recover, to succeed in accomplishing their goals and to reconnect to themselves, others, and meaning and purpose in life"*. In Riverside County, Recovery Innovations is honored to partner with the Riverside County Department of Mental Health to provide several of such recovery opportunities.

Western and Mid-County Wellness City Programs (Peer Centers)

Wellness City is founded on the recovery principles of hope, choice, empowerment, an environment of wellness and spirituality and community enrichment by contribution. Wellness City is made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers who have experienced their own recovery successes share what they have learned and work alongside other practitioners and educators. Those who attend our programs are "citizens" of Wellness City who both receive from and give to the community replicating the

good citizenship throughout the larger society. Citizens learn to identify personal strengths and challenges and develop personalized action plans that incorporate their dreams for the future. Each citizen of Wellness City partners with a Recovery Coach who understands the challenges and is standing by ready to offer support. Strong and trusting relationships grow and are nurtured between Wellness City citizens. These relationships are the key ingredient that will allow the City to be a healing recovery community. The healing dynamics of Wellness City include the following services to support wellness and recovery in the nine dimensions of wellness. We provide:

- **Recovery Education:** The goal of Wellness City is to offer groups and activities that support each citizen in directing their own recovery journey. All activities will be useful, engaging, and fun, guided by the Recovery Pathways of Hope, Choice, Empowerment, Recovery Culture, and Spirituality. At the City Hall meetings, each citizen will be invited to share and celebrate their progress and seek support from other Wellness City citizens. Within our centers, classes are offered daily, and are taught by program participants, staff, and community partners. Individuals are encouraged to participate in recovery classes and activities, where people can practice wellness in all its dimensions: Social, Emotional, Intellectual, Occupational, Spiritual, Physical, Financial, Recreation, Home and Community.
- **Community Enrichment Activities:** To ensure that Wellness City offers a comprehensive program of wellness, community enrichment activities are schedule monthly. Each citizen is invited to participate in enjoyable and meaningful activities that are free or low-cost. Through these events, citizens are encouraged to explore personal interests, engage in new experiences, develop friendships, and discover welcoming places that will increase their quality of life.
- **Resource Center:** Each Wellness City is equipped with computers that utilize Microsoft Office applications and have Internet access. Citizens are encouraged to use the resource center to find information according to their own needs and goals.
- **Support:** Each citizen will be welcomed and offered the opportunity to spend time with a Recovery Coach who will provide an orientation to the activities provided in Wellness City and assists them in developing a "Personal Wellness Plan". Each citizen will select a

Recovery Coach who will walk alongside them and encourage them as they carry out the actions they have listed in their "Personal Wellness Plan".

At Wellness City, citizens are aided in connecting with community resources and supports in order to promote community integration, physical wellness, and social participation. Examples of these resources include but are not limited to:

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

Community Partnership, Fairs, and Support:

- Lorna Linda University's Nursing Department developed and facilitates Physical Health Awareness classes.
- Canyon Lake Festival and Fair
- Rubidoux Community Fair
- Perris Youth Summit
- Seams of Gold Temecula
- Moreno Valley College Health Fair and Blood Drive
- Perris Valley Family Resource Center's Annual Community Resource Fair

FY14/15 Activities

For FY14/15, Recovery Innovations Wellness City Programs activities/accomplishments include the following breakdown for both the Western and Mid-County Regions:

Western Region:

- The Adult Program provided support and services to three hundred forty-five (345) unique individuals.
- The Transitional Age Youth (TAY) Program provided support and services to thirty-three (33) unique individuals.

Mid-County Region:

- The Adult Program provided support and services to three hundred sixty-seven (367) unique individuals.
- The Transitional Age Youth (TAY) Program provided support and services to eighteen (18) unique individuals.

Program Milestones

- Employment support was provided for one hundred nineteen (119) individuals, who were exploring options regarding employment as a pathway to recover. Nineteen (19) citizens obtained gainful employment and celebrated achievement of sustaining employment for a minimum of ninety (90) days.
- Educational support was provided for ninety-three (93) individuals, considering options for obtaining their GED, High School Diploma and/or enrolling in a trade school or college. Twenty-three (23) individuals successfully achieved their educational goals.
- Supported forty-nine (49) people applying for benefits (SSI/SSDI, Work Incentives, GR, food stamps, and Medical). Eleven (11) individuals reported that they had received the benefits they were seeking.
- Provided translation services for fifteen (15) individuals
- Provided forty (40) Enrichment Activities to support individuals in building social connections in the community.

NAMI Programs

Recovery Innovation's contract to provide NAMI Signature Programs in the Western and Mid-County regions of Riverside County began in Sept. 2011. This team consists of two part-time Coordinators (one in each region), a full-time Program Supervisor, and many Program

Presenters trained by NAMI to lead these presentations throughout these regions. The program has two office locations, one in the Recovery Innovations Wellness City in Riverside (Western) and the other at the Recovery Innovations Wellness City in Perris (Mid-County). The NAMI Signature Programs Recovery Innovations provides are:

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

These programs are presented in the following target communities:

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

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

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

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

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

For FY13/14 there were 33 IOOV presentations in the Western Region with a total audience attendance of 482, and 38 presentations in the Mid-County Region reaching 636 audience members. Here are some comments from those who attended our presentations:

- I appreciate the courage of the presenters for being genuine about sharing their lives. There's always light behind the dark days.
- I would like to thank the ladies that came to speak to us and share such personal experiences. It opens my mind to my own illness.
- Great presentation; very enlightening. Thank you.
- Sincerely appreciate your expertise in sharing your personal experiences.
- Very inspiring! Thank you for sharing your stories and the hope!
- It was very commendable that the presenters themselves speak from personal experience.
- I am diagnosed with anxiety, depression, and BPD. The presentation was very beneficial / familiar to me.
- The stories were very inspiring and to me both speakers were the true heroes.
- Very good presentation. Thank you for sharing. I have a better understanding of mental illness.
- It's admirable that you are able to share your story. It was very impactful and I would recommend it to everyone.

In addition, Recovery Innovations provides IOOV presentations to law enforcement. These consist primarily of presentations at Crisis Intervention Trainings at the Ben Clark Training Center but also include presentations to Riverside Police Department, Department of Probation staff, Department of Public Guardian staff, Mental Health Court staff, and other law enforcement personnel. In FY13/14 there were a total of 26 presentations given to a total of 779 audience members. Following are some comments from attendees:

- Very professional presentation. Having a face to put a story with makes the education stick more compared to just reading text from a book.
- Excellent presentation. Departmental decision makers need to be exposed to this presentation. Good job!
- Excellent speakers and very inspiring.

- Very informative. Thank you for being so brave.
- Great class. I learned a lot!
- This is a tough audience. You all did an awesome job. Thank you for your time.
- Very brave to speak openly about such personal issues, especially with cops. Great job! And God bless you both.
- Great class - very insightful/touching.
- It was wonderful to hear first hand experiences. Both speakers were great. Thank you for the info. I count it as a benefit.
- Extraordinary people with extraordinary stories. Very informative.
- Thank you for sharing your stories. You are very brave and inspirational.

Recovery Innovations coordinated one IOOV Presenter Training

- March 7-8, 2014 in Perris. There were a total of 14 graduates.

NAMI Signature Program: Parents and Teachers as Allies - Parents and Teachers as Allies is designed for teachers, administrators, school health professionals, parents, grandparents and others in the community who are interested in mental health training

This one-to-two hour presentation focuses on helping school professionals and family members better understand the early warning signs of mental illness in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of mental health experiences from the perspectives of a teacher, the parent of a child who experienced mental health challenges in school, and a student who tells their personal story. PTA supports schools in developing ways to best communicate with families about mental health-related concerns. During FY13/14 there were 8 presentations done in Mid-County to a total of 61 people and 13 presentations done in Western to a total of 99 audience members. Audience comments follow:

- Very educational and informative.
- Creo que es muy importante.
- Really liked the presentation. I was enlightened by some of the experiences.

- This was an excellent presentation. It's unfortunate that mental illness is still so stigmatized.

Through perseverance and community networking, Recovery Innovations worked closely with Moreno Valley Unified School District, Perris Unified High School District, Jurupa School District, and Lake Elsinore Unified School District. These relationships will carry forward to FY15/16, opening doors for us to present to parents and school staff across the both regions. Schools have been very interested in using our program to educate, enlighten, and empower both parents and staff to understand mental illness and the community resources available to them. Trained teams of presenters are able to do PTA presentations in both English and Spanish.

NAMI Program: Breaking the Silence - Breaking the Silence Teaching the Next Generation About Mental Illness.

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

Students learn that mental illness it is not a character flaw; what some of the early warning signs look like; and how to fight the stigma that surrounds mental illness. Staff will demonstrate the use of the material to the school personnel to equip them to use the lesson plans in their classrooms. Presentations are done with interested teachers and counselors who, in turn, teach the curriculum to their students with prepared curriculum especially for Upper Elementary, Middle School, and/or High School age groups.

During FY14/15, there were 5 presentations done in Mid-County to 16 school staff members, and in Western region there were 6 presentations to 43 school staff members. Their comments included:

- We could definitely use information from your agency for our population.
- Great presentation...to the point with great information breaking the stigma of mental illness and a great need in our community.
- Very awesome! Very powerful!

- We would benefit from the upper elementary and middle school curriculum.
- The "hearing voices" simulation was a great example to explain the symptoms of schizophrenia and a wonderful way to explain the illness to children.
- I truly appreciated the presentation, the simulation activity, and the personal stories.
- Very informative and the book is a great strategy to use and teach to bring awareness. Thank you.
- It was very informative and made me feel more comfortable discussing mental illness.

Community Support

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

Peer Employment Training (PET)

Recovery Innovations (RI) continues to provide training to equip peers who want to work as Peer Support Specialists in the County of Riverside. For FY14/15, RI was contracted to provide six classes. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery. For FY13/14 there were a total of 131 graduates from the six classes listed below.

Date	Region	Class Name	Graduates
Aug 12 - 23, 2013	Desert	Shifting Sands of the Desert	21
Oct. 14 - 25, 2013	Western	Hopeful Heros	26
Dec. 2 - 13, 2013	Mid-County	Peers for Peers	25
Feb. 3 - 14, 2014	Desert	Raise of Hope	15
March 31 - Apr 11, 2014	Western	Proud Peers	23
June 2 - 13, 2014	Mid-County	Peer-Servance	21

Art Works Programs`

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

Art Works Gallery Class Attendance:

Art Works Gallery held 293 workshops and classes in FY14/15, utilizing 25 specific curricula. There were approximately 887 students served.

Classes include our featured Glass Works component. Glass Works is a premiere Art Works project. Dawn Woodruff—Hemet-based glassworker and jewelry artist—provides a series of monthly glass working classes at Art Works Gallery. Monthly projects vary in design and scope. During each class, up to 10 students create 2-4 glass art pieces. Once fired, each student chooses one of the pieces to keep and puts the remaining 1-3 pieces on consignment with Art Works Gallery. The Glass Works consignment agreements are standard for the gallery. This opportunity allows students with mental health challenges to delve into this exquisite and expensive art form and to make money while doing so.

After Works Workshop Attendance:

There were 50 After Works workshops during FY14/15 with a total of 399 separate attendances. Many of these workshops were presented to audiences of 15 or greater, including: Gregory Adamson's "Life as a Blank Canvas" (23), Dawn Woodruff's Fused Glass (16), Laura Ryan's "Morph Me" collage (32) and Trapeze Doll Pendants (15), and Bailey Milligan's Holiday Wreaths (17).

Instructors:

During FY14/15, there were 31 separate instructors for all Art Works Gallery and After Works workshops and classes. Some instructors taught only a single class or workshop, while others taught a series of classes or workshops. Of these 31 instructors, 18 have personal lived experience with mental health challenges.

Special Events:

Art Works' FY14/15 community outreach touched many lives throughout Riverside County. This was accomplished through Art Works Gallery's participation in the monthly Riverside Downtown Arts Walk on the first Thursday of each month, the free Community Education Film Series, Health Fairs, and Arts Walk.

Art Works Gallery was visited by 474 individuals during Arts Walks throughout the 2014 fiscal year. The Gallery presented six exhibitions of artwork during this time period, specifically emphasizing the artwork of individuals with lived mental health experience.

The Community Education Film Series, co-sponsored with Wellness City Riverside, was presented in three cities throughout Riverside County (Riverside, San Jacinto, and Palm Desert) with a total attendance of 198 people. Each screening was preceded by a catered reception and followed by a panel discussion. After each of the three films were presented, speakers from those films connected with the audience to answer questions. Audience members also received informational packets with information about mental illness recovery and local resources.

Recovery-Arts In Motion (RIM)

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

RIM Peer Artists have walked the path to mental wellness and recovery. With their personal backgrounds in the creative arts, lived experience with mental health challenges, and expertise gained through Peer Employment Training, these Peer Artists are uniquely qualified to share recovery principles, taught through artistic expression, with individuals on their own recovery path. Art Works Gallery and its programs have exhibited the efficacy of art as a non-threatening and engaging catalyst for change in many individuals' lives. Six classes were offered to the most underserved areas of Riverside County, directly impacting the lives of individuals with mental health challenges who would not otherwise have access to recovery and

creative arts classes. The mobile unit serves peers in underserved locations throughout Riverside County.

Harmony Center
(Desert Region Peer Support and Resource Center)
Oasis Peer Support and Resource Center

Locations

- Indio Harmony
- Banning Harmony West
- Blythe Harmony East
- Palm Springs Harmony Centers

Services provided: education, training, housing, and benefits assistance.

Facilitate recovery skill classes and empowerment of MH consumers.

Peers integrate and/or receive training/employment with:

In your Own Voice – NAMI Signature

Breaking down Barriers – NAMI Signature

Mentors – Oasis Mentoring Program

Seeking Safety – Enroll in seeking safety classes

Harmony Ambassadors are trained and empowered to facilitate peer-run groups and outreach to MH clinics and other community organizations.

Oasis Peer Support and Resource Center – Desert Region

The Harmony Center mission is to create opportunities and environments that empower people to recover and succeed in accomplishing their goals, reconnect and achieve a greater level of independence within the community.

Locations:

- Indio Harmony
- Palm Springs Harmony
- Banning Harmony West
- Blythe Harmony East

Harmony Peer Center has a resource center where participants can access information on:

- Housing Options
- Employment/ Vocational Opportunities
- Educational possibilities
- Benefit options
- Public Transportation

Classes are offered daily for both adults and TAY

- Social
- Financial – Money Management
- Emotional
- Physical
- Recreational
- Home and Community Living

We are continuing with Oasis Self- Directed Recovery Plan as a process for sorting out and identifying our individual recovery goals. Our staff peer coaches are available to provide 1:1 peer support to those developing their wellness goals and plans to achieve them.

Some of the benefits of having a Self-Directed Recovery Plan are goals that are YOURS.

- It helps you identify and organize your steps towards recovery.
- It helps you recognize and develop your strengths.
- It helps our coaches support you to know what you seek from them.

Center Updates

- In 14/15 there has been an increase in attendance with the opening of Palm Springs Harmony center.
- Increase in peers reaching their goals in employment – with the integration of Oasis Vocational Services, receiving education on employment, skills, and resume building twice a week.

- Transitioning into Independence Process - PSRC staff received 2 workshops July 10 and 11, and December 1 and 2, 2014. Implementing TIP model into classes at TAY center.
- Awards - Celebration of Successes and Accomplishments biannually April 17 and November 20, 2014. The next award celebration was scheduled for March 12, 2015.
- Implemented WELL (Wellness and Empowerment in Life and Living) classes in September 2014.
- WRAP continues to be the popular class.
- Hours of operation were increased to 5:30 pm.

Consumer Employment, Support, Education, and Training

FY13/14 brought continued growth in the Consumer Affairs organization with maintaining consumer initiatives and recovery model implementation. Peer Support Specialists (PSS) were utilized in a variety of areas and programs to integrate the consumer perspective into the recovery teams within the mental health field. This is the priority of the Consumer Affairs Unit. Peer Support Specialists are people who have experienced significant mental health challenges that have disrupted their lives over lengthy periods. A PSS has achieved a level of recovery and is willing to use their experiences to help the consumers. PSS have been added to existing programs and to developing innovative programs.

Workforce

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

Programs

The TAY (Transitional Age Youth) Peer Support Program has moved forward and grown with a dedicated Senior PSS and a PSSI working as peers to the youth. The TAY Peer Support Team provides needed support and resources to the Transitional Age Youth who are transitioning from the children's service programs into the adult programs. This increases the likelihood of the individual continuing his or her recovery into young adulthood and reduces the chances of that same individual falling into crisis during this very challenging transition. The TAY Senior Peer Support Specialist works with the Children's Services Administrator and the Peer Policy and Planning Specialists from Adults, Family Advocates, and Parent Partners to augment current PSS Training offered to adults. This includes subject matter to assist the TAY PSS in working alongside young people and their parents to ensure appropriate Medi-Cal reimbursements for services provided through Riverside County Department of Mental Health.

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

Senior Peer Support Specialists

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

- Recovery Documentation
- Advanced Peer Practices
- Advanced Recovery Practices
- Recovery Coaching
- Collaboration: A Recovery Practice
- Recovery-focused Service Delivery for MDs
- WRAP Facilitation

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

There are twelve Senior positions for Peer Support. Three regional Senior PSS (Western, Mid-County, and Desert), one each in Older Adults, Substance Use, Workforce Education and Training (Veterans Liaison), The Recovery Learning Center-West, Desert Recovery Learning Center, the AB109 Program now known as "New Life", Quality Management/Research, Consumer Affairs Administration, and Transitional Age Youth.

The Senior PSS for Substance Use continues to work to build the volunteer program to ensure there is educational class coverage for the clients who are waiting to enter substance use treatment. These classes are taught throughout Riverside County with an average of four occurring at any given time. These classes have been successful assisting participants in finding and maintaining recovery from drugs and alcohol, as well as helping each individual identify any mental health challenges he or she may be experiencing, while in a safe environment. These classes are even more remarkable because Peer Support Volunteers teach them. There are currently five volunteers working in the Substance Use Program.

The Senior PSS in Quality Management has been working on the development of the countywide launch of "Whole Health". This is the consumer directed program utilizing the Recovery Innovations curriculum "Facing Up". This program will be implemented in all clinics, including Full Service Partnerships and children's clinics throughout the county starting in early 2015. This Senior PSS position also works countywide to ensure compliance of written materials in clinic lobbies and that customer service practices are in line with supplying our consumers with a welcoming environment that works to reduce stigma and promotes recovery. Compliance reports are generated and delivered to Managers and Directors for review.

Community Education and Support

The Consumer Affairs organization has been asked repeatedly to submit proposals for workshops nationwide. In the 2013/2014 fiscal year the Senior Peer Specialists once again joined with the Consumer Affairs Program Manager to facilitate these workshops. In 2013/2014 these conferences included the International Association of Peer Supports (iNAPS), the California Association of Social Rehabilitation Agencies (CASRA), and the 7th International Conference of Social Work in Health and Mental Health at the University of Southern California. In addition, the Department has participated in several conferences bringing Riverside County's unique experience in the development of Peer Programs, such as the National Alliance of Mental Illness (NAMI), WRAP (Wellness Recovery Action Plan) Around the World, Cultural Competency and Mental Health Southern Region Summit, and the Suicide Prevention Network Meeting. The list of presented workshops focuses on delivering the message of the need for implementation of peer-provided services within the mental health system, as well as demonstrating how Riverside County Department of Mental Health has done this effectively:

"Micro-Aggressions in Mental Health"

"Living Recovery: Returning to work after a relapse"

"Recovery Coaching"

"Peer Support in 12-Step: Building Healthy Boundaries"

"Consumer Culture"

"Recovery Documentation: Medi-Cal reimbursements for consumer-provided services"

"How we did it: Advocacy for peer-led programs"

"Building a Legacy"

"Warrior Culture: Peer-to-peer assistance for veterans"

The Working Well Together (WWT) Summit for State Certification of Peer Specialists, the Behavioral Health Symposium was held in Sacramento, California. The purpose of this symposium is to develop a unified certification program for peer supports that includes ethics, boundaries, essential job functions, training, and organization. WWT holds monthly meetings and Webinars that are focused on the development of a standardized certification program. Currently, there are four Senior Peers, along with the Consumer Affairs Program Manager, that are actively involved in the continued development of this valuable program, using the experience of Riverside County's successes and challenges as a reference for the State of California. Senior Peer Support Specialists have also presented Webinars for WWT on specific topics including "Tragic Shootings: Media Response to Mental Health and Community Education" and "Living Recovery/Returning to Work after a Relapse".

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

Training and Support

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

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

Consumer Affairs continues to partner with the Family Advocate Program as well as Parent Partners for training and support. This ensures that Riverside County Department of Mental Health carries a singular message of hope to the community. The senior staff is partnering in a number of ventures providing training to the community, sharing resources and co-facilitating events. The third annual "All Peer Retreat" (Consumer Affairs, Family Advocate Program, and Parent Partner Program) was held in 2013. This retreat was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives. Speakers from the State of Arizona were brought in to share recovery concepts and the Family Advocates presented material on how they participate in the recovery team within the clinics; thus bridging the gap between peer and other staff with "lived experience" creating a unified understanding and further dispelling internal stigma.

Consumer Affairs has many projects and plans ready for the upcoming year and is looking forward to the successes and challenges that await us. There are plans to add another Senior position in Long Term Care, continued development of innovative projects, and Consumer-directed community education classes, just to name a few of the upcoming events.

Veteran Services Liaison

The Veterans Services Liaison (VSL) position was established by the Department to help address the needs of the veteran population and their families and advise on best practices and new strategies. The VSL identifies strategies for improving our work with Veterans, provides support to families and friends of Veterans, improves RCDMH staff knowledge of Veteran culture, and networks with community and Veteran organizations to ensure RCDMH representation at various forums. FY14/15 accomplishments include:

Community Outreach and Support

Continuing the effort of reducing the stigma of mental illness and offering hope for the future to Veterans, their families and friends, the VSL attended and assisted with various events, Veterans Expo committees, and Veterans Expos throughout the County.

The VSL assisted the Department of Public Social Service (DPSS) with its Point in Time count for Riverside County. The Point in Time count is designed to obtain a "close as possible" count of homeless in Riverside County. This specific Point in Time count was geared toward Veterans.

In September 2014, the VSL represented RCDMH at the 67th Assembly District Veterans Expo in Wildomar sponsored by Assemblywoman Melissa Melendez, providing information and conducting public outreach and engagement. More than 120 Veterans were served at this event.

The VSL also represented RCDMH in October 2014 at Riverside County's Veterans Stand-Down. This event was hosted by U.S. VETS of Riverside and held at the Perris Fairgrounds-Harrison Hall. Veterans Stand-Down events are held in cities all over the nation and provide food, clothing, services, and referrals to homeless Veterans. More than 350 Veterans were served at this event.

The VSL was present at the Riverside County DMH Adult Systems of Care Committee and Older Adult System of Care Committee meetings in May of 2014.

Collaboration and Education

The VSL developed a 1-day field placement rotation for graduate students enrolled in Riverside County DMH Graduate Internship Field and Training program (GIFT). This rotation included a Military Cultural Immersion Training for graduate MSW and MFT interns.

In an effort to reach out to Veterans in need the VSL established a working and collaborative relationship with VA Loma Linda, specifically with Homeless Outreach Team (HCHV Outreach Program) for the Inland Empire (San Bernardino and Riverside Counties), and established contact with VA Loma Linda suicide prevention program staff.

The VSL advised the Behavioral Health Commission's Veterans Committee on developing new committee goals and recruiting new community members.

RCDMH understands the importance of maintaining an accurate and up to date Network of Care: Mental/Behavioral Health and Veterans Portal web site for Riverside County DMH. To facilitate these efforts, the VSL secured access as a Listing Manager in order to update these sites as necessary.

The VSL facilitated a 2-day Veterans Cultural Immersion seminar and field placement site visit for clinical and macro (community outreach) graduate students interning for Riverside County DMH. The project was a collaboration between the GIFT program and U.S. Vets (non-profit agency). The VSL also established contact with March Air Reserve Base (ARB) behavioral health staff and Ministry Team to collaborate in the future on any support Riverside County DMH can provide to March ARB Active Duty, Reserve, and Air National Guard personnel.

2015 to Present Accomplishments:

In January 2015, the VSL represented RCDMH at the 6th Annual Pass Area Veterans/Military, Family and Friends Expo at the Beaumont Civic Center. Recognizing the need to include two additional key organizational representatives at this event, the VSL made contact with the local affiliate of the National Alliance on Mental Illness (NAMI) and Riverside County Veterans Court, ensuring they would be included as vendors for Veterans at this event.

In collaboration with local County agencies and community organizations, the VSL continues to work with the Riverside Area Veterans Expo (RAVE) committee in developing ideas to consolidate the area's RAVE with a Stand Down to be held in October of 2015.

The VSL continues its efforts in working with the following programs: Consumer Affairs, PEI, Family Advocate, Parent Partner, Cultural Competency, Quality Management (QM), GIFT, WET, and others to continue to discuss/plan on providing better quality services to Veterans and their families.

FY15/16 Projections:

The VSL is committed to staying engaged with the community and supporting committees established to help and better serve Veterans and their families. The VSL will continue to attend Riverside County DMH Cultural Competency Committee meetings and collaborate on trainings and information pamphlets offered to the public.

The VSL will continue to be an active participant at the RAVE planning Committee in preparation for the 3-day Stand Down/Expo.

The VSL will also continue to attend and support San Bernardino County's Department of Behavioral Health Veterans Sub-Committee in an effort to collaborate and develop different ways to better serve Veterans and their families.

The VSL will continue to represent RCDMH at the Riverside County Sheriff's Department Veterans Enrichment and Transition (VET) Program Administrative Advisory Committee.

The VSL will also continue to attend and support the Behavioral Health Commission's Veterans Committee.

Family Advocate Program

Family Advocate Program

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

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

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

There are three Regions within Riverside County, and currently there is one Senior Mental Health Peer Support (SMHPS) Family Advocate assigned to each region. The Family Advocates are able to provide individual family support to family members within our mental health system, as well as support to the community. They currently offer weekly family support groups in various locations within their regions, and offer informational presentations to family members and community on topics such as, "What is a 5150?", "Substance Abuse 101", "Nutrition and Mental Wellness", and several other educational topics. All presentations and

groups are offered in both English and Spanish. The FAP also continues to be the liaison between the Riverside County Department of Mental Health and the National Alliance on Mental Illness (NAMI) and assists the 4 local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program. FAP staff also currently teaches the Spanish Family-to-Family program in their Regions. The FAP assisted the Riverside and Hemet NAMI Affiliates in starting the first two Spanish-speaking NAMI Affiliates in Riverside County. In partnership with the local affiliates, the Spanish NAMI chapters have been extremely successful and provide much needed support to our Spanish-speaking communities. The Department, per community suggestion, will explore the implementation of other cultural adaptations of NAMI programs such as "Compartiendo Esperanza" for the Spanish speaking community, and "Sharing Hope" modeled for the African American community.

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

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

Currently the FAP has four Mental Health Peer Support Specialist (MHPSS) Family Specialists. Two Family Specialists have been assigned to the Blaine Mental Health Clinic, and one to the Hemet Mental Health Clinic. These Specialists work directly with family members of consumers within their clinic. A Family Specialist has also been assigned to the Recovery Learning Center, and works directly with their Recovery Coaches to support and provide the member's families with a better understanding of the WRAP and Recovery Concepts that are the centerpiece of the services offered.

The FAP will also be expanding the Family Specialist (MHPSS) positions with assignments at the Indio Mental Health Clinic. This additional Family Specialist will assist in enhancing family support services within our outpatient clinic and will work directly with clinic staff to support families' integration into treatment. A Family Specialist will be added to the Office of Public Guardian and Long Term Care Program. This Family Specialist will provide support, resources, and education to families whose loved one has been placed on conservatorship and/or at a Long Term Care Facility. This Family Specialist will act as a liaison between families and these programs to insure additional support and understanding of the LTC and PG processes. The FAP has now expanded with the addition of three Family Advocate (SMHPS) positions to support the Western Region PEI Programs, and a Family Engagement Specialist to assist with current DMH efforts to support diverse communities through the Cultural Competence Programs.

FAP attends and participates in several RCDMH Committees, such as Criminal Justice, MH Regional Boards, Adult System of Care, and Housing to ensure that the needs of family members are heard and included within our system. The FAP continues to be part of Panel Presentations of the Riverside County Law Enforcement Trainings, to include the family perspective when handling a 5150. The FAP also will be expanding to support families with loved ones who struggle with mental illness and substance abuse challenges. The addition of a Senior Mental Health Peer Support Specialist (Family Advocate) will assist families in understanding both the Mental Health System of Care and the Substance Use program in hopes to support families in building healthy boundaries, and with the knowledge and skills they need to best support their loved ones with dual diagnosis challenges.

The FAP continues to work closely with the Mid-County Region MHSIA Innovative Program, "The Family Room" that is located at the Perris Mental Health Clinic and the newly opened "Lake Elsinore Family Room". The Family Room concept emphasizes support for families who are in crisis and enhance family members' knowledge and skills by expanding their participation and role so that they can better assist and promote their loved one's road through recovery.

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

- WRAP for Family Members
- Recovery Management for Family Members

- Co-Occurring Support Groups and Educational Programs
- Spirituality Support Groups
- Expanding Family Advocate Volunteer and Intern Programs

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

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

Parent Support and Training Program

Classes/Trainings

EES

Triple P

Facing Up

Nurturing Parenting

Parent Partner Training

Special Projects

Back to School Backpacks

Thanksgiving Meals

Snowman Banner Gifts

Donations

County-Wide Services/Activities

Outreach Events

Volunteers

Interns

Mentorship

Parent Orientations

Support Groups

Conferences

Multi-Agency Collaboration

Transition Age Youth

Presentations

Introduction - Why Parent Support?

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

Background

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

What is a Parent Partner?

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

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

Mental Health Policy and Planning Specialist

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

The Vision

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

PS&T has been able to individually reach out to over 11,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their children, and families. The current number of Parent Partners county-wide is 38 Total (19 are bilingual).

There is a quarterly county-wide Parent Partner Meeting for all 38 Parent Partners (Mental Health Peer Specialists). There is also a quarterly regional Parent Partner meeting with all parent partners in their own region to discuss regional issues. The quarterly county-wide parent partner meetings are held the 3rd Tuesday of the month at the Banning Mental Health Clinic. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partners. Presentations are provided by both county and contracted programs, such as First Five and Car Seat Safety, How to Facilitate a Support Group, Self-Care, and Documentation for Parent Partners.

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

A Parent Partner curriculum has been approved and is being utilized as training for all newly hired parent partners.

With Special Projects, PS&T has been able to utilize 65 community volunteers during FY13/14 with outreach events and donation projects.

- 14th Annual Back to School Backpack Project: 450 backpacks were distributed to youth at clinics/ programs.
- 14th Annual Thanksgiving Food Basket Project: 130 food baskets were distributed to families.

- 14th Annual Holiday Snowman Banner Project: 1,231 snowflake gifts were distributed to youth in clinics/programs.
- In the Mentoring Program, monitored through Oasis, an average of 36 youth has been in the Mentoring Program at any given time during FY13/14. The mentors are varied in their life experience and education. Several of the mentors have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the objectives for the youth is to be linked with an interest in the community. Clinicians will ask for them by name on the Mentor Referral. Some of the comments from parents are that this program has helped their youth with school and has improved his/her confidence.

Support Groups

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

Educate, Equip and Support (EES) Classes

- Total Graduates: 186 county-wide
- Total Classes: English - 18 , Spanish - 10 county-wide

Triple P Classes

- Total Graduates: 259 county-wide
- Total Classes: English - 26, Spanish - 8 county-wide

Parent Partner Trainings

- Total Graduates: 35 county-wide
- Total Classes: 3 county-wide

Daily Reporting Center (Prison Release Parents)

- EES Classes Total participants: 25
- Triple P Classes Total participants: 100

Community Committees/Boards

- Southwestern and Western Region Child Care Consortium (Committee)
- Riverside Child Care Consortium (Board)
- United Neighbors Involving Youth (UNITY)
- Directors of Volunteers in Agencies (DOVIA)
- Riverside County Community Volunteers (RCCV)
- Community Adversary Committee (CAC) (Corona)
- Mujeres Activas en La Salud (MAS)
- Eastside Collaborative, Community Health Foundation
- Civic Center Collaborative
- Riverside Unified School District (RUSD) English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative
- RCOE Fiesta Educativa Committee
- Family Service Association (FSA) Children's Conference Committee
- Eric Soleader Network – Resource Person
- Perinatal Collaborative
- League of Latin-American Citizens
- Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs)
- Task Force Family and Youth Murrieta
- SELPA Interagency Meeting

Riverside County Department of Mental Health Committees/Boards

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

- Task Force Family and Youth Murrieta

Outreach Events:

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

Parent Support and Training Program FY15/16 through FY17/18

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

Parent Support and Training Program facilitates Educate, Equip and Support (EES) classes that are provided to parents/caregivers who receive services through clinics/programs. The classes are also available to the community. PS&T will continue to provide ongoing Support Groups that are open to the community for parents/caregivers who are raising children who are experiencing challenging behaviors. PS&T is also working with Safe House in regards to Human Trafficking and are providing ongoing support groups for the parents of the children who are trafficked. PS&T is now also providing Triple P Parenting Classes for parents/caregivers of children who are 0-12 years old and are experiencing beginning behavior challenges. Parent Support and Training is planning to start both “Nurturing Parenting” Classes and the “Facing Up” Wellness Classes for parents/caregivers. PS&T Program is implementing the Mental Health First Aid and Safe Talk Trainings that will be open to all community members that are interested in participating in this valuable training. PS&T Program will continue to facilitate the ongoing

two-week Parent Partner Trainings for parents/caregivers in the community as well as to newly hired parent partners within the Department of Mental Health and Department of Public Social Services to learn more about Recovery Skills, Telling their Story, and working within the county system as an employee/volunteer. Parent Support and Training Program continues to network within our own system as well as community-based organizations to bring information to parents. PS&T will continue to be a part of the Law Enforcement Training, as a part of the Panel Presentation, to provide the parent perspective when a child is 5150'd.

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

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

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

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

The Goal

The goal is for Riverside's Parent Support Program to assist families, regardless of whether or not they are receiving any type of mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family. The parent perspective will be incorporated in all aspects of planning and at the policy level. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will help to avoid homelessness, hospitalization, and incarceration, out of home placement, and/or dependence on the state for years to come.

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

Existing Support and Services in the Parent Support Program

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

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

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

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

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

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

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

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

Nurturing Parenting - Is an interactive 10-week course that will help you better understand your role as a parent. Help in strengthening your relationship and bond with your child. Learn new strategies and skills to improve your child's concerning behavior. Develop self care, empathy, and, self awareness.

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

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

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

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

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

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

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

Current Staff in the Parent Support Program

- One (1) Parent Partner in Administration works in partnership with Children’s Programs Administrators and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- Five (5) Senior/Lead Parent Partners work out of the Parent Support and Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children’s Administrator, Children’s Supervisors, and Parent Partners to ensure and help with providing support for families. This year we added a Senior/Lead position specifically for Pathways to Wellness.
- Eight (8) Parent Partners are assigned to work out of the Parent Support and Training Program. They provide assistance, answer the support line, provide EES, Triple P,

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

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

MHSA Funding Summary

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

County: Riverside

Date: 3/30/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	30,967,818	13,014,534	14,567,500	5,377,638	11,971,162	
2. Estimated New FY2014/15 Funding	61,109,182	15,227,295	4,020,066			
3. Transfer in FY2014/15 ^{a/}	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	79,077,000	28,241,829	18,587,566	5,377,638	24,971,162	
B. Estimated FY2014/15 MHSA Expenditures	48,547,568	17,027,601	5,274,519	1,312,069	15,000,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	30,529,432	11,214,228	13,313,047	4,065,569	9,971,162	
2. Estimated New FY2015/16 Funding	66,129,049	16,532,262	4,350,595			
3. Transfer in FY2015/16 ^{a/}	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	83,658,481	27,746,490	17,663,642	4,065,569	22,971,162	
D. Estimated FY2015/16 Expenditures	61,361,524	19,131,468	4,470,381	1,492,133	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	22,296,957	8,615,022	13,193,261	2,573,436	22,971,162	
2. Estimated New FY2016/17 Funding	57,683,522	14,422,154	3,795,860			
3. Transfer in FY2016/17 ^{a/}	(4,000,000)				4,000,000	
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	75,980,479	23,037,176	16,989,121	2,573,436	26,971,162	
F. Estimated FY2016/17 Expenditures	75,592,994	20,528,196	4,784,967	1,597,441	0	
G. Estimated FY2016/17 Unspent Fund Balance	387,485	2,508,980	12,204,154	975,995	26,971,162	

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

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

MHSA Funding – CSS

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

County: Riverside

Date: 3/30/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Childrens	5,506,504	1,884,334	1,564,908		1,244,913	812,349
2. CSS-02 TAY	3,827,039	1,866,786	1,261,273		680,862	18,118
3. CSS-03 Adults	13,027,293	6,988,756	3,268,585		386	2,769,566
4. CSS-04 Older Adults	3,183,979	1,988,457	1,118,028		112	77,382
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Non-FSP Programs						
1. CSS-01 Childrens	40,733,610	4,045,478	18,877,150	311,014	16,108,033	1,391,935
2. CSS-03 Adults	49,192,167	25,156,298	20,420,692	0	1,521,821	2,093,356
3. CSS-04 Older Adults	7,486,072	3,395,869	3,435,645	0	7,967	646,591
4. CSS-05 Peer Supports	1,370,510	1,370,510	0	0	0	0
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CSS Administration	2,909,303	1,851,080	879,728	55,564	72,773	50,158
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	127,236,477	48,547,568	50,826,009	366,578	19,636,867	7,859,455
FSP Programs as Percent of Total	52.6%					

MHSA Funding – CSS

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Childrens	9,221,902	4,996,005	2,219,495	0	2,006,402	
2. CSS-02 TAY	5,467,033	3,036,190	1,446,056	0	984,787	
3. CSS-03 Adults	17,646,762	12,489,585	4,824,011	0	333,166	
4. CSS-04 Older Adults	5,107,451	3,122,328	1,985,123	0	0	
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Non-FSP Programs						
1. CSS-01 Childrens	40,503,588	4,202,503	19,323,932	100,002	16,877,151	
2. CSS-03 Adults	49,711,814	28,000,184	20,096,798	0	1,614,832	
3. CSS-04 Older Adults	5,842,430	3,048,280	2,794,074	0	76	
4. CSS-05 Peer Supports	2,024,097	2,024,097	0	0	0	
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CSS Administration	514,971	442,352	72,619			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	136,040,048	61,361,524	52,762,108	100,002	21,816,414	0
FSP Programs as Percent of Total	61.0%	50.1%				

MHSA Funding – CSS

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Childrens	10,181,566	5,659,855	2,374,860	0	2,146,851	
2. CSS-02 TAY	5,849,725	3,248,723	1,547,280	0	1,053,722	
3. CSS-03 Adults	20,877,504	14,822,211	5,683,487	0	371,806	
4. CSS-04 Older Adults	9,657,908	7,533,826	2,124,082	0	0	
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Non-FSP Programs						
1. CSS-01 Childrens	46,090,440	6,563,600	21,031,381	108,062	18,387,397	
2. CSS-03 Adults	52,438,641	29,207,197	21,503,574	0	1,727,870	
3. CSS-04 Older Adults	8,712,399	5,722,659	2,989,659	0	81	
4. CSS-05 Peer Supports	2,165,784	2,165,784	0	0	0	
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CSS Administration	751,019	669,139	81,880			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	156,724,986	75,592,994	57,336,203	108,062	23,687,727	0
FSP Programs as Percent of Total	61.6%	51.6%				

MHSA Funding - PEI

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

County: Riverside

Date: 3/30/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-05 First Onset for Older Adults	2,693,673	2,680,540	12,824	0	309	0
2. PEI-01 Mental Health Outreach, Awareness	4,195,246	4,195,246	0	0	0	0
3. PEI-02 Parent Education and Support	4,879,474	2,133,010	559,129	0	461,765	1,725,570
4. PEI-04 Transitional Age Youth (TAY) Project	1,322,325	1,322,325	0	0	0	0
5. PEI-07 Underserved Cultural Populations	4,017,193	4,017,193	0	0	0	0
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PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in Sch	181,229	181,229				
12. PEI-06 Trauma-Exposed Services for All Age	542,097	542,097				
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PEI Administration	2,034,207	1,955,961	78,246			
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	19,865,444	17,027,601	650,199	0	462,074	1,725,570

MHSA Funding - PEI

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-05 First Onset for Older Adults	2,703,793	2,689,966	13,827			
2. PEI-01 Mental Health Outreach, Awareness	3,254,630	3,254,630				
3. PEI-02 Parent Education and Support	5,810,276	3,599,152	533,937		396,859	1,280,328
4. PEI-04 Transitional Age Youth (TAY) Project	1,385,552	1,385,552				
5. PEI-07 Underserved Cultural Populations	2,950,809	2,950,809				
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PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in Sch	697,974	697,974				
12. PEI-06 Trauma-Exposed Services for All Age	3,006,438	3,006,438				
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PEI Administration	1,546,947	1,546,947				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	21,356,419	19,131,468	547,764	0	396,859	1,280,328

MHSA Funding - PEI

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-05 First Onset for Older Adults	2,860,959	2,846,164	14,795			
2. PEI-01 Mental Health Outreach, Awareness	3,482,454	3,482,454				
3. PEI-02 Parent Education and Support	6,216,994	3,940,715	571,312		424,639	1,280,328
4. PEI-04 Transitional Age Youth (TAY) Project	1,482,541	1,482,541				
5. PEI-07 Underserved Cultural Populations	3,157,366	3,157,366				
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PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in Sch	746,833	746,833				
12. PEI-06 Trauma-Exposed Services for All Age	3,216,889	3,216,889				
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20.						
PEI Administration	1,655,234	1,655,234				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	22,819,270	20,528,196	586,107	0	424,639	1,280,328

MHSA Funding – INN

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

County: Riverside

Date: 3/30/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Family Room Project	1,947,216	1,943,203	4,013	0	0	0
2. Older Adult Self Management Health Team	649,371	452,810	175,702	0	8,624	12,235
3. Planning	507,270	385,280	121,990	0	0	0
4. Recovery Learning Center	2,723,626	2,493,226	196,898	0	24,209	9,293
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INN Administration	0					
Total INN Program Estimated Expenditures	5,827,483	5,274,519	498,603	0	32,833	21,528

MHSA Funding - INN

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Perris Family Room	1,139,780	638,277	501,503	0	0	0
2. Planning	439,701	439,701	0	0	0	0
3. Recovery Learning Center	3,602,049	2,931,432	645,482	0	13,667	11,468
4. Tyler Village	676,009	460,971	202,803	0	0	12,235
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INN Administration	0					
Total INN Program Estimated Expenditures	5,857,539	4,470,381	1,349,788	0	13,667	23,703

MHSA Funding - INN

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Perris Family Room	1,219,564	682,956	536,608	0	0	0
2. Planning	470,480	470,480	0	0	0	0
3. Recovery Learning Center	3,854,192	3,137,435	690,666	0	14,623	11,468
4. Tyler Village	723,330	494,096	216,999	0	0	12,235
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INN Administration	0					
Total INN Program Estimated Expenditures	6,267,566	4,784,967	1,444,273	0	14,623	23,703

MHSA Funding - WET

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

County: Riverside

Date: 3/30/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	655,125	473,530	181,595	0	0	0
2. WET-02 Training & Teach Assist	244,675	173,566	58,840	0	0	12,269
3. WET-03 MH Career Pathways	92,587	92,587	0	0	0	0
4. WET-04 Residency/Internship	245,641	245,641	0	0	0	0
5. WET-05 Financial Incentives	326,745	326,745	0	0	0	0
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WET Administration	0					
Total WET Program Estimated Expenditures	1,564,773	1,312,069	240,435	0	0	12,269

MHSA Funding - WET

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	895,141	581,842	313,299	0	0	0
2. WET-02 Training & Teach Assist	245,251	147,144	85,838	0	0	12,269
3. WET-03 MH Career Pathways	81,032	81,032	0	0	0	0
4. WET-04 Residency/Internship	277,468	277,468	0	0	0	0
5. WET-05 Financial Incentives	404,647	404,647	0	0	0	0
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WET Administration	0					
Total WET Program Estimated Expenditures	1,903,539	1,492,133	399,137	0	0	12,269

MHSA Funding - WET

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	957,801	622,571	335,230	0	0	0
2. WET-02 Training & Teach Assist	262,418	158,303	91,846	0	0	12,269
3. WET-03 MH Career Pathways	86,704	86,704	0	0	0	0
4. WET-04 Residency/Internship	296,890	296,890	0	0	0	0
5. WET-05 Financial Incentives	432,973	432,973	0	0	0	0
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WET Administration	0					
Total WET Program Estimated Expenditures	2,036,786	1,597,441	427,076	0	0	12,269

MHSA Funding - CFTN

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

County: Riverside

Date: 3/24/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Rustin Acquisition	36,000,000	15,000,000				21,000,000
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CFTN Programs - Technological Needs Projects						
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20.						
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	36,000,000	15,000,000	0	0	0	21,000,000

MHSA Funding - CFTN

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
3.						
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7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
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18.						
19.						
20.						
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

MHSA Funding - CFTN

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.						
2.						
3.						
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9.						
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CFTN Programs - Technological Needs Projects						
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CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Cost Per Client

FY2013/14

ESTIMATED COST PER CLIENT for CSS DIRECT SERVICE PROGRAMS

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	381
COST:	\$4,478,500
AVERAGE COST:	\$11,755

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	385
COST:	\$3,288,906
AVERAGE COST:	\$8,543

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	831
COST:	\$10,767,846
AVERAGE COST:	\$12,958

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	322
COST:	\$3,386,480
AVERAGE COST:	\$10,517

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	Child GSD
UNIQUE CLIENTS:	7,849
COST:	\$38,961,277
AVERAGE COST:	\$ 4,964

PLAN NAME:	TAY GSD*
UNIQUE CLIENTS:	4,265
COST:	\$15,593,356
AVERAGE COST:	\$ 3,656

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	17,728
COST:	\$57,339,693
AVERAGE COST:	\$3,234

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	1,824
COST:	\$6,652,534
AVERAGE COST:	\$3,647

PLAN NAME:	Adult/TAY Residential Treatment Svcs
UNIQUE CLIENTS:	654
COST:	\$2,321,915
AVERAGE COST:	\$3,550

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

*TAY GSD includes services provided for the TAY population within the Child GSD and Adult GSD programs.

Community Feedback Surveys

A community Feedback Survey was provided at stakeholder meetings and was distributed by email to various community agencies during the Planning Process. Additional feedback survey forms were provided to various community organizations for distribution to stakeholders that may not have been present at community forums. The survey included a series of items for written comment and a "Tell Us About Yourself" demographics page to gather information on the age group, race/ethnicity, language, gender, region of the county, and any group affiliation. A total of 96 people responded to the survey. Summarized written comments relating to service gaps, access and communication about services is provided below. There were two different areas identified, which included Service Gaps and Access. Within these areas, common subthemes were also included. These are detailed below.

Service Gaps

Increase in Therapists.

- Several comments from Mid-County noted a need for family therapists, for low-income families.
- Mid-County also commented on the need for an increase in staff to provide timely access to therapists.

Adding Services for Other Populations:

- Specialized groups including those for: LGBT community; sexual abuse survivors; people with autism; veterans and the deaf. Also to continue NAMI, Family-to-Family, Peer-to-Peer, and Ending The Silence.
- Services for older children (teenagers). A Strengthening the Family Program for teens.
- More services for TAY in the Desert Region.
- Expand Art Works, bigger location.
- Advocates to help with accessing a variety of resources.

Expanding Classes or Additional (centered on simply adding more services throughout):

Note: Certain themes were sporadic but there was just a general call for more services or additional classes because it seemed to be working well for them they just wanted more.

- The one suggestion I have is having a different time for WRAP and Facing Up.
- For there to be more mental health workshops in schools.
- Need more classes on finance, taxes, and credit.
- More programs to develop creative activities: music, dance, arts, and crafts to balance and encourage development of spiritual self to enhance.
- More groups in Spanish at convenient times and locations. Limited Spanish-speaking groups.
- More psychiatrist services.

Early Prevention Awareness:

- Schools/Teachers. More training awareness. Stigma reducing. It's great all of these conferences for youth, but we need to educate the educators on warning signs rather than looking at the bad behavior at school, but rather look what is causing the behavior. How to work with kids starting from preschool – 12th grade.
- Continued support for stigma reduction and support programs including NAMI Family-to-Family and Peer-to-Peer.

Access

Transportation:

- We could use better transportation. RTA and Dial-A-Ride are unreliable. It takes 2-1/2 hours to get to my doctor's appointment by bus!
- There is no transportation for those without vehicles or without income, or without bus passes.

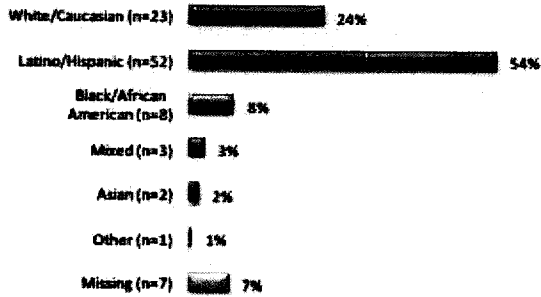
Communication:

- Promote the programs more people need to know about them.
- Printed material is necessary to support the service.

- Updating. Providing brochures in English and Spanish. Updating services, remaining informed about changes in services.
- I think the Hispanic community needs to be reached more.
- More outreach to schools, community to educate and fight stigma.

Demographics - Community Feedback Surveys

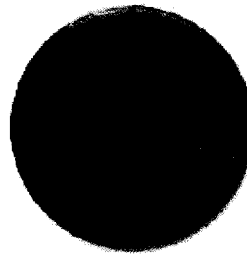
Survey Respondents' Race/Ethnicity



Most (54%) respondents were Latino/Hispanic, followed by White/Caucasian (24%). See graph for more details. 7 respondents did not provide a response.

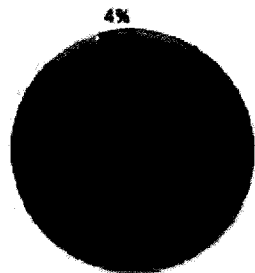
Survey Respondents' Gender

A majority (61%) of respondents were female and 29% were male. 9 respondents did not provide a response.



- Male (n=28)
- Female (n=59)
- Missing (n=9)

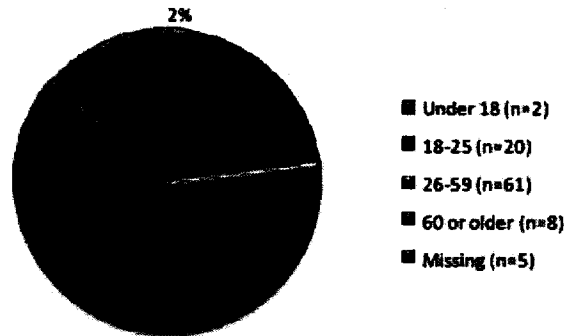
Survey Respondents' Language



- Spanish (n=33)
- English (n=51)
- Both (n=8)
- Missing (n=4)

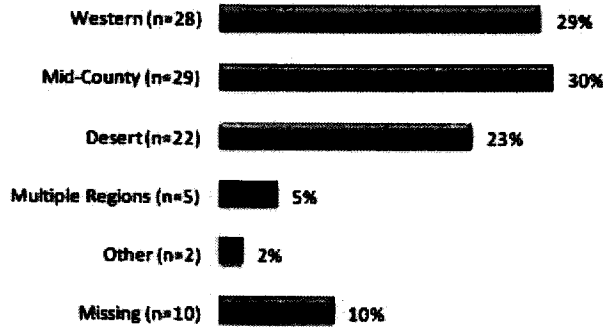
53% of survey respondents were English-speaking and 34% identified as being Spanish-speaking. Some (8%) identified as bi-lingual. 4 respondents did not provide a response.

Survey Respondents' Age Group



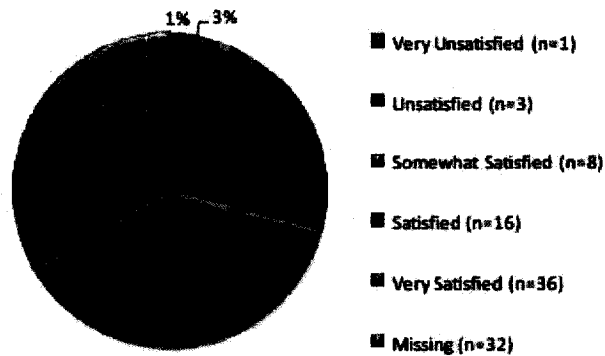
A majority (64%) of respondents were between the ages of 26-59 years, which was followed by the age group 18-25 years (21%). The age groups 60 or older and Under 18 were the least reported at 8% and 2%, respectively. 5 respondents did not provide a response.

Survey Respondents' County Region



All 3 regions had comparable representation. In addition, 5% of survey respondents came from multiple regions, while 2% were from outside of Riverside County. 10 respondents did not provide a response.

Survey Respondents' Survey Satisfaction with MHSA Plan



33% (n=32) of the survey respondents did not report their satisfaction levels. Of those responding (n=64), a majority reported being very satisfied (38%), while 17% were satisfied, 8% were somewhat satisfied, while the remaining 4% reported either being unsatisfied or very unsatisfied.

Agency	N (%)
Strengthening and Families Training	1 (1%)
Southwest Church	1 (1%)
Reach Out	1 (1%)
Olive Crest	2 (2%)
Oasis Behavioral Health	1 (1%)
Milestones	1 (1%)
MFI Recovery	4 (4%)
Mental Health	1 (1%)
Mamas y Bebés	1 (1%)
Jefferson Wellness FSP	1 (1%)
El Sol	8 (8%)
Missing	74 (77%)

77% of survey respondents did not indicate an agency. Of those that did provide a response, 8% came from El Sol, followed by 4% coming from MFI Recovery. The remaining 10% came from various other agencies. See table for more details.

Group Category	N (%)
Children and Family Services Organization	6 (6%)
Mental Health Client/Consumer	37 (39%)
Family Member of Mental Health Consumer	6 (6%)
County Mental Health Department Staff	3 (3%)
Law Enforcement	1 (1%)
TAY	2 (2%)
Participant	18 (19%)
Other	13 (14%)
Missing	10 (10%)

Mental Health Client/Consumers made up 39% of respondents. The next most commonly reported group included participant (19%). 10 respondents did not provide a response. See table for more details.

Role or Position	N (%)
Strengthening Families Facilitator	1 (1%)
Service Leader	1 (1%)
Promotora de Salud	5 (5%)
Program Coordinator	1 (1%)
Office Clerk	1 (1%)
MH PSS	1 (1%)
Home Visitor	1 (1%)
Group Facilitator	1 (1%)
Facilitator SFP	2 (2%)
Director Inland Coalition	1 (1%)
Coordinator Mental Health	1 (1%)
Client	2 (2%)
Admin	1 (1%)
Missing	77 (80%)

A heavy majority (80%) of respondents did not identify a role or position. Of the 19 respondents that did provide a response, the most commonly reported role or position was Promotor(a) de Salud (5%). See table for more details.

Behavioral Health Commission (BHC)

Public Hearing – May 6, 2015

Comments on the FY15/16 MHSA Annual Plan Update

3:00 – 4:30 pm

LOCATIONS:

**Rustin Conference Center
2085 Rustin Avenue, Riverside 92507**

**Lake Elsinore Adult Clinic
31764 Casino Drive
Lake Elsinore 92530 (Webcast)**

**Indio Mental Health Clinic
47-825 Oasis Street
Indio 92201 (Webcast)**

Comments on the MHSA Annual Plan Update FY15/16

The MHSA Annual Update Plan was posted for a 30-day public review and comment period, from April 2, through May 6, 2015. After the 30-day public review and comment period, a Public Hearing was held by the Riverside Behavioral Health Commission. The Hearing was held on May 6, 2015 at the Rustin Conference Center, with simultaneous webcasts at the Lake Elsinore Adult Clinic and Indio Mental Health Clinic.

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

WRITTEN COMMENTS:

Written comments received during the 30-day open comment period, as well as those received during at the Public Hearing, were provided to the Department's Research Team. All the written comments relating to service gaps, access, and communication about services were incorporated into the Community Feedback Survey information that was collected during the

planning process. The comments received during the planning process are included in the Community Feedback Surveys section on page 166.

There were 28 written responses received on Feedback Forms as a result of the Public Hearing: 10 responses were "Very Satisfied", 4 were "Somewhat Satisfied", 3 were "Satisfied", 0 were "Unsatisfied", and 0 were "Very Unsatisfied". (Note: 11 Feedback Forms did not record a 'Satisfaction' Response).

Written and oral comments received during the Public Hearing are shown below along with the Behavioral Health Commission's review response.

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

- (1) **Comment:** This is the first time the outreach program for Deaf and Hard of Hearing, and I've lived in the Desert Region for over 25 years.

Response: Targeted outreach for the Deaf and Hard of Hearing is included in the PEI Work Plan 01. The Department plans to continue funding for these efforts in FY15/16. Sign Language interpretation was available at the Public Hearing.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (2) **Comment:** I would just like to say these groups that are provided to me and others have helped me tremendously. Thank You.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (3) **Comment:** I've been coming to Mental Health for 3 years and I feel like the County should provide more funds to participate in outings and activities!!!

Response: Outings and other socialization activities are offered through the various Regional Peer Centers and some PEI programs.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (4) **Comment:** Mental Health in Indio CA, need counselors for the youth. We're in a crisis and we need leaders to lead them in the right direction.

Response: There are a significant number of programs and services for the youth in the Desert Region; however the Department is aware of the need to promote these resources better, so the community is aware of all the programs available.

The Department provides funding for a Mentoring Contract, Full Service Partnership (FSP) for Children/TAY, Mobile Parent Child Interaction Therapy (PCIT), Parent Partners, Multi-Dimensional Family Therapy (MDFT), Youth Hospital Intervention Program (YHIP), Out Patient services in Indio, and Wraparound.

The Department has specific strategies to encourage and support the development of counselors and therapists. WET has affiliation agreements with local school districts to promote mental health curriculum and career development in high school health academies. Currently, WET is working with the Palm Springs Unified School District to include Cathedral City High School in our Desert outreach programs. Additionally, WET provides volunteer and job shadowing opportunities for anyone interested in learning more about public mental health careers.

WET has a centralized, student program called GIFT (Graduate, Internship, Field and Traineeship) Program. Each academic year, WET places approximately 60 college level students in multiple disciplines into our county clinics Department wide - including the Desert Region - to serve our communities as a part of their degree requirement. These

students not only supply additional support to consumers and families, but they also become an important candidate pool for hiring into our permanent workforce.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (5) **Comment:** Would have appreciated a graphic outlining the budget, post expenditures, and how funds will be targeted in the Plan Update.

Response: The budget summary is provided on page 150 of the Plan Update and is followed by a budget breakdown for each of the MHSA components and Work Plans.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (6) **Comment:** I feel strongly that the transportation stagnation in the Desert Region should be positively – actively addressed. A transportation fund should be considered.

Response: This is a concern that is raised each year and about 15 times during the Public Hearing (written and oral comments). Unfortunately the Department cannot afford to create a Transportation Unit as the costs would then require significant reductions in direct services. The Department can provide administrative support, coordination, and influence to work through our contacts and relationships to impact public transportation enhancements such as adding routes, additional stops, etc.

Older Adult Services in the Desert has recently increased their Community Services Assistant (CSA) positions from two to four since opening of the Desert Hot Springs facility in October 2014. In addition, three additional vehicles were provided within the past seven months to support transportation needs. Staff routinely offers transportation to those in need, although a small percentage of consumers refuse the offer(s).

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (7) **Comment:** Received services since I was 12 - Mid-County - came to Desert. Recently graduated from PET in the Desert. I would like to give a big thank you on the programs in Mid-County and Desert that helped me.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (8) **Comment:** I think the plan is working well to address the things it addresses.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (9) **Comment:** I personally spoke with a peer at our NA Women's Only meeting last night in regards to how much help CPS and MHSA are providing. Such amazing helpful services to family and youth reunification and stabilization, also for the help that Riverside Co. Mental Health Desert Indio office is helping me personally from outpatient to OASIS to CRT then to Milestones and back to outpatient and Peer employment.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (10) **Comment:** Helping a lot.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(11) **Comment:** It's a great start.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(12) **Comment:** Addressing adults.

Response: Yes, MHSA provides age-specific services and programs through CSS and PEI.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(13) **Comment:** Well, I believe the program really works, because people get better. We (I) find ourselves and eventually the mg on my meds will go down. And, they help us get it together.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(14) **Comment:** Positive to have Recovery Learning Center in Indio. Recovery Coaches are good at helping to meet the needs - mental health and other disabilities.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(15) **Comment:** The Asian American Task Force (AATF) members find the MHSA Plan to be comprehensive and well written. In particular, under PEI, "Project #1 - Mental Health Outreach, Awareness, and Stigma Reduction" is greatly needed in the Asian American Pacific Islander (AAPI) communities. The activity "media and mental health promotion and education materials for community events and media efforts" are greatly needed and need to be couched in "wellness" and culturally acceptable terms so as to gain entry into AAPI groups and events. For example, instead of using the word "mental illness", consider other words that are less threatening such as "promoting emotional intelligence and wellbeing". The AATF is pleased that our activities, current and future priorities, are included in the Plan Update.

Response: Positive comment acknowledged. This feedback will be shared with the Prevention and Early Intervention and Cultural Competency Managers to consider incorporating alternative wording in promotional and outreach efforts.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(16) **Comment:** Use of language is a great way to arrest the stigma. However - the word "consumer" has the negative connotation as opposite of producer. May I suggest client or clientele?

Response: Although each individual may have a personal preference, the term "consumer" was developed by the Consumer Affairs Team with significant input and discussion among those receiving services, and the consensus was that the term "consumer" was least stigmatizing. This recommendation has been provided to the Consumer Affairs Manager.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(17) **Comment:** It would be great to finally expand on MH services in Moreno Valley as it's underserved. People are forced to go to Perris or Blaine. There's a lack of resources in Moreno Valley but a lot of people there need MH services. Lack of parent support there.

Response: The Blaine Street and Perris Clinics are located 10 – 15 minutes away from Moreno Valley, so it is not financially feasible to add another clinic specifically to serve that city. One of the other clinics would need to be shut down in order to accomplish this request. There is, however, a children's services clinic located in Moreno Valley.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(18) **Comment:** Great Job!

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(19) **Comment:** As a client I would like to express my gratitude for all the effort put forth into all your services and programs. Although I have been diagnosed for 15 years, I have only been receiving mental health services for the past 2 years. In this short amount of time, I have been able to regain so much and I am also prepared to give back as a PSS.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(20) **Comment:** I am Happy to know that this Plan is excellent but could stay open into getting the public involved.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(21) **Comment:** Overall I believe the County Plan is currently meeting the appropriate issues in the community.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(22) **Comment:** Inpatient alternative hospital. ITF fails in compassion/groups that help patients understand diagnosis and help for families.

Response: Through a separate Crisis Grant, not MHSA funding, the Department is implementing Crisis Stabilization Units (CSU), Mobile Crisis Response Teams, and Crisis Residential Treatment (CRT) in each of the regions to address this need.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(23) **Comment:** I like the way everyone works in all the areas taking care of the community. The Plan is very extensive. I am very satisfied to be part of the program for prevention and education. But we need services, psychological services, in our areas to work as a team.

Response: Positive comment acknowledged. The working as a team issue is best addressed in the PEI Collaboration meetings that include contract providers and will be provided to the PEI Manager.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

Please provide feedback on any gaps in service in the existing Community Services and Supports (CSS) and/or Prevention and Early Intervention (PEI) Programs. Are there any gaps in services?

- (24) **Comment:** PEI-01 for the 24/7 toll-free HELPLine. I'm curious what knowledge the people responding to the HELPLine have about Deaf culture. Is there a way to have individuals have direct communication with a person? This would be important because access to direct communication with mental health professionals.

Response: The Department contacted Community Connect, who manages the HELPLine, about their process addressing the needs of the Deaf culture. They have a system whereby calls are routed to the HELPLine from a TTY (711) phone line so they can communicate with someone directly. MHSA will continue to fund the HELPLine in FY15/16.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (25) **Comment:** I don't think there any gaps, I just like the county should step it up a little.

Response: The Department makes every effort to keep our programs and services 'stepped up', and appreciates the positive comment.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (26) **Comment:** I'm in a Board and Care and I applied for two apt. Got rejected. My eviction & my criminal history. We need help before going to a Board and Care like Milestones; these are stumbling blocks that are keeping us from being on our own.

Response: Although not funded by MHSA, Consumer Affairs has coordinated expungement events in the past which were very well attended. We will pass this request to the Consumer Empowerment Team to see if additional events can be developed and offered in the Desert Region. The Family Advocate Program also

provides presentations and assistance working with the Justice System, and there are Mental Health Counts in each region.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (27) **Comment:** Expanded transportation options for seniors in the desert are critical to avoid late life depression. Over 11% of seniors in the Coachella Valley have this issue as a prime concern (HARC data/2013).

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Feedback concerns will also be provided to the Older Adult and Desert Region Administrators.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (28) **Comment:** Transportation (please refer to question/Response #1).

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (29) **Comment:** I would like to wish the best of luck to the new people and new programs.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(30) **Comment:** Transportation. Intensive Outpatient Programs.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Full Service Partnership (MHSA funded) and Substance Use Programs both offer intensive outpatient programs in each region, which will continue in FY15/16.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(31) **Comment:** Yes, transportation to the clinics hinders our recovery and also causes further backsliding in recovery.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(32) **Comment:** Transportation services, access to care for hard to reach population. Not enough PEI programs funded in eastern Riverside County. Funding of non-evidence based program. Transportation needs to be addressed and needs much financial support.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

There are 16 different programs offered under PEI in eastern Riverside: Active Minds, Call to Care, NAMI Signature Programs, Caregiver Support, Triple P (Positive Parenting Program), Families and Schools Together (FAST), Peer-to-Peer (P2P), Homeless Runaway, Stress and Your Mood Program (SYMP), Safehaven, CareLink, CBT for Late Life Depression, Program to Encourage Active Rewarding Lives for Seniors (PEARLS);, Cognitive Behavioral Intervention for Trauma in Schools (CBITS);, Seeking Safety, Building Resilience in African American Families (BRAAF) Boys Program, Mamas y Bebés to name a few.

The Department recognizes the need for more promotion of these programs, to make the community members and partners aware of services available. The PEI Resource and Department's Guide to Services booklets will be revised and updated to use for promotion and resource information.

Evidence-based programs are required under PEI. The best fit for non-evidence based programs is under the Innovation Component and the Department is currently exploring some potential new Innovation proposals.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (33) **Comment:** Transportation in the Desert area. Youth programs in the Desert Area. Crisis Intervention - more services".

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

As mentioned previously, there are many youth programs in the Desert area Multi-Dimensional Family Therapy (MDFT),, Out Patient, Wraparound, Mobile Parent Child Interaction Therapy (PCIT), and Mentoring to name a few. The Department recognizes the need for more promotion of these programs, to make the community members and partners aware of services available.

At the end of this month, through a separate Crisis Grant, not MHSA funding, the Department is implementing Crisis Stabilization Units (CSU), Mobile Crisis Response Teams, and Crisis Residential Treatment (CRT) in the Desert Region to address this need.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(34) **Comment:** I didn't notice anything about CCRD.

Response: On pages 46 through 57 of the MHSa update there are reports from each of the culture specific task forces that are a part of the Cultural Competency Reducing Disparities (CCRD) Committee. These include the African American Family Wellness Group, Asian American Task Force, Deaf and Hard of Hearing Task Force and the Community Advocacy for Gender and Sexual Issues (CASGI) – LGBTQ Wellness Collaborative. This Committee is also included as a stakeholder in the planning process as covered under the Community Planning Process (pages 10 – 12).

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSa Annual Plan Update FY15/16.

(35) **Comment:** The following represents the AATF feedback on gaps and priorities:
Competent Outreach and Education materials: We need help to develop these ""wellness"" oriented materials to more effectively introduce the concepts of mental health, mental illness, and recovery. We like to develop partnerships with groups such as CalMHSa that has developed culturally competent outreach and prevention materials for some AAPI groups so we can distribute them to our communities.

Workforce: We support the work of the Cultural Competency Reducing Disparities (CCRD) Committee and we request the Promotores de Salud training be expanded to include AAPIs so AAPI community members can be trained to conduct outreach, identify families who may need help, and connect them to mental health and other supportive services. "

Competent outreach workers and service navigators are critically needed not only because of the tremendous stigma the AAPI community has for mental health but also because a recent report on AAPI Client Utilization for FY13/14 indicated that a total of 827 AAPI individuals received services at one of the RCDMH clinics/programs and they represent an extremely diverse group of ethnicities (15 different ethnicities and cultural groups) from many parts of Asia. Until there are sufficient bilingual AAPI workforce, these trained outreach workers and navigators will provide a critical role in reaching, connecting and supporting the recovery of AAPI clients and their families.

Aside from the Promotores de Salud, AATF also recommends the inclusion of other curriculum that has a proven record with students from ethnic minority backgrounds who may need additional support such as the Health Navigator Certification Training Program. Many AAPI are new immigrants in Riverside County and due to language and cultural barriers require a lot of assistance to navigate the system especially when the system lacks workforce that can speak their languages and understand their culture.

We also like to recommend that more bilingual staff be hired to provide services to this diverse group as we know that the use of interpreters (who frequently are family members) does not provide the best quality of care. We also need AAPI staff to work with the AAPI communities in outreach and education.

Support CBOs to become a "bridge" to reach AAPI populations: Due to the extreme diversity of the AAPI population in Riverside County as evidenced by the ethnicities of the AAPI clients served, we highly recommend that RCDMH provides training and funds to community-based organizations and groups including ethnic churches, language schools, parents, and community organizations and associations, to act as Resource Centers to reach their respective communities. Such Resource Centers can conduct information and referral, offer support groups and provide a safe space for RCDMH clinical staff to intervene with those who need direct treatment services

Parent Education services are proven to be an effective prevention and early intervention strategy for immigrant families. Aside from SITIF (Strengthening Intergenerational/ Intercultural Ties in Immigrant Families), AATF proposes to also explore other curriculum especially those that have community-based evidence such as AAFEN (Asian American Family Enrichment Network) which is reportedly easier to implement and has a proven success rate with immigrant AAPI parents. SITIF reportedly is highly technical and requires professional staff to implement, whereas AAFEN can be implemented with trained community members such as parents themselves.

Response: The Department supports the goals identified by the Asian American Task Force and those efforts are included in the MHSA Plan Update. The Department will be releasing a Request for Proposal in FY15/16 to identify organizations that will provide

ethnic and cultural outreach and engagement for the African American, Asian American, Deaf and Hard of Hearing, Native American and the LGBTQ populations in Riverside County.

A primary mission of the Workforce Education and Training (WET) Plan is the development of the public mental health service system with a particular goal to diversify our workforce. Riverside County has specific strategies to encourage and support the development of counselors and therapists. WET has outreached college level, student cultural groups with an offer to provide a free presentation on mental health disparities and public mental health career development. We match a public mental health practitioner who shares the same cultural identification as the student group to provide the presentation and we offer a free copy of the State's disparity report related to the same cultural group. Though specific outreach has been made to a wide variety of cultural student groups, we have been unsuccessful in attracting any Asian American students groups to accept our offer. We hope to create a stronger partnership with the Asian American Pacific Islander Task Force of the Cultural Competency Unit so that we might be more successful in linking our support of public mental health career development to more bicultural and bilingual students.

WET has a centralized, student program called GIFT (Graduate, Internship, Field and Traineeship) Program. Each academic year, WET places approximately 60 college level students in multiple disciplines (Alcohol and Other Drug; Masters of Social Work; Masters of Marriage and Family Therapy; Masters in Professional Clinical Counseling; bachelor's level behavioral or social sciences) into our county clinics. WET has a goal each academic year to have a student cohort that is minimally 50% bilingual; students receive additional scoring points during the selection process if they have cultural knowledge or linguistic skill that is needed to serve Riverside County communities.

Additionally, WET actively supports the Mental Health Loan Assumption Program (MMLAP) that is administered by the State. MHLAP provides employees with up to \$10,000 in funds toward education debt in exchange for 1 year of service. Riverside has repeatedly verified Asiatic languages as necessary to serve our communities, providing these bilingual employees with greater scoring points toward this competitive award.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSa Annual Plan Update FY15/16.

- (36) **Comment:** I would like to see more "drop-in centers" or ease of access centers for obtaining services possibly located equal distant or close therein.

Response: Drop-In Centers were funded in the Desert and Western Regions with one-time Housing, Capital Facility, and HUD funds. Those funds have all been expended. A Drop-In Center for Mid-County was funded, but unfortunately blocked by community and political opposition.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSa Annual Plan Update FY15/16.

- (37) **Comment:** PEI expansion in Mid-County and Western Region.

Response: PEI providers are contracted to provide services in communities of highest risk based upon community demographics and data. Providers are encouraged to expand to additional communities as they are able; however, there are not enough funds to serve all communities.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSa Annual Plan Update FY15/16.

- (38) **Comment:** I could suggest into looking further for more transportation funding.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSa Annual Plan Update FY15/16.

- (39) **Comment:** More focus on youth and K-12 students.

Response: There are a significant number of programs and services for the youth in all Regions. The Department recognizes the need to promote these resources better, so the community is aware of programs available. The Department provides funding for a

Mentoring Contract, Full Service Partnership (FSP) for Children/TAY, Mobile Parent Child Interaction Therapy (PCIT), Parent Partners, Multi-Dimensional Family Therapy (MDFT), Youth Hospital Intervention Program (YHIP), Out Patient in Indio, Native American Initiative, Building Resiliency in African American Families (BRAAF), and Wraparound.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSAs Annual Plan Update FY15/16.

- (40) **Comment:** ANKA is not meeting needs of community. Too much of a wide range from Perris to Yucaipa, San Jacinto, Temecula, Murrieta, Lake Elsinore for Outreach Teams (team 3 people - to thousand or more) to assist members linking to service. Hemet Clinic is too small for 3 programs to provide proper services. Mid-County needs an FSP/HHOPE venue such as The Place/The Path.

Response: Comments regarding ANKA will be shared with the Regional Administration of Mid-County. MHSAs will still continue to fund FSP Programs as well as Outreach Teams in each Region.

Drop-In Centers were funded in the Desert and Western Regions with one-time Housing, Capital Facility, and HUD funds. Those funds have all been expended. A Drop-In Center for Mid-County was funded, but unfortunately blocked by community and political opposition.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSAs Annual Plan Update FY15/16.

- (41) **Comment:** In the majority of the programs there are a lot of protocols to include services for mental health. An example: if a woman has a crisis of schizophrenia, we have to call the police to have her admitted to help her with her crisis and maybe is it because she is undocumented? I don't understand how other persons have to come from Blythe and get help for her crisis, with excellent programs, but it is too far.

Response: 5150 Training was provided in Blythe for the Palo Verde Hospital Staff. The Department suggested a 5150 unit at Palos Verde Hospital which was rejected.

Beds at Telecare, Riverside County Psychiatric Health Facility (PHF), in Indio may be expanded to help address this need.

Mental Health Administration is committed to being a safety net for the uninsured, including the undocumented.

Through a separate Crisis Grant, not MHSa funding, the Department is implementing Crisis Stabilization Units (CSU) and Mobile Crisis Response Teams (CRT) which should be operational in the Desert by the end of May.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSa Annual Plan Update FY15/16.

- (42) **Comment:** The program for mental health in the agency of the sun (El Sol) is effective because the program has prevention and the Promotores are part of those communities and they identify themselves with those program and the problems with the community. But that is very sad to give information when a person doesn't say that they need help and then we realize they don't have documents and those people are then left with no services.

Response: The Department will continue to fund the Promotores Program. Mental Health Administration is committed to being a safety net for the uninsured, including the undocumented.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSa Annual Plan Update FY15/16.

Do you have any other recommendations or comments about the programs or services in the revised MHSa 3-Year Plan?

- (43) **Comment:** Could Riverside County allocate one decent size room for Deaf people in the Desert Region to go where they can feel safe to discuss their community's needs as well as attempt to solve them. Issues like tutoring and other life skills that can minimize personal and community stress.

Response: Recommendations will be provided to the Desert Regional Administrator and the Cultural Competency and Reducing Disparities Committee. The Recovery Learning Center and Regional Peer Centers also provide a variety of life skill supports.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (44) **Comment:** There are many youth in the Riverside County area that are facing mental illness and in their illness they feel rejection, or feel fear, someone that can relate to them (would like to have a response back).

Response: There are a significant number of programs and services for the youth in all Regions. The Department is aware of the need to promote these resources better, so the community is aware of programs available. (See Response to Comment #39.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (45) **Comment:** +170 page document, only 7 pages mentions our quickly expanding senior population. Over 1,000 Californians turn 65 every day. Are we prepared for their mental health issues?

Response: There are currently a significant number of programs available specifically to Older Adults in the CSS and PEI Work Plans. Also the Integrated Health Innovation project established an Older Adult Self-Management Health Team program, the Healthy Living Partnership (HeLP), for direct consumer engagement and empowerment and health care self-management, education and support.

WET has partnered with community agencies and our PEI contractors to provide additional training on meeting the needs of Riverside's mature adults. In conjunction with our Older Adult Program, WET created a 6 part training course for our employees working with mature adults on needs specific to our aging communities. WET also has affiliation agreements with over 30 universities, including those that have behavioral science concentrations on working with aging and families. WET readily places students who require field work as a part of their degree into our mature adult programs in order

to develop a pool of candidates who are better prepared to serve this population upon graduation.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(46) **Comment:** Transportation (please refer to question/Response #1).

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(47) **Comment:** You guys are doing awesome. Beautiful Plan MHSA. Keep on going forward. May the force be with you always.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(48) **Comment:** Expand role/usage of Peer Support Specialists to expedite care to reduce hospitalizations.

Response: Peer supports are required and built into the Crisis Grant Programs including all outreach teams.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(49) **Comment:** Thank you for helping remove the stigma and continuing to help being our voice. God Bless.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.:

(50) **Comment:** More PEI for youth – evidence-based programs that are also culturally relevant (example: Rites of Passages model). Focus on mentorship type programs. Mentorship programs address youth issues (example - RAP supporting leadership and healing for youth experiencing trauma). "Healing Circles". Challenge: MHSA and County to take a bold step to focus funding on PEI - mentorships.

Response: As mentioned previously, PEI supports a significant number of youth programs, including a Mentoring Contract. The Department is also in discussions with Regional Access Project Foundation (RAP) on some Innovation Program possibilities which will be explored further.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(51) **Comment:** Training for Peer Specialist applicants with learning disabilities.

Response: Good recommendation which will be shared with Recovery Innovations who manages and provides the Peer Training.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(52) **Comment:** Keep MHSA active forever.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(53) **Comment:** I feel that the Perris Family Room Clinic concept is an amazing success, specifically The Welcome Center, and having peer and family supports come into the lobby the way they do. The Clinic's motto that all clients are on your case load, made me feel, as a client, very cared about and the classes offered - in conjunction with the support system, allowed me to really build my toolbox and love going everyday to different groups. Now as a client at the Indio Clinic, I do not get that same sense of