FORM APPROVED COUNTY COUNSEL
BY: KARIN L. WATTS-BAZAN DATE 9/14/16

Departmental Concurrence

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

759

FROM: Riverside University Health System-Behavioral Health (RUHS-BH)

SUBMITTAL DATE: September 20, 2016

SUBJECT: Fiscal Year 2016/2017 Mental Health Services Act (MHSA) Plan Update (District: All) ($0 total)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt the FY 2016/2017 MHSA Plan Update.

BACKGROUND:

Summary

In November 2004, California voters passed Proposition 63, the Mental Health Services Act, which became law on January 1, 2005. The Act imposed an 1% taxation on personal income exceeding $1M. These funds were designed to transform, expand, and enhance mental health services to individuals of California. The MHSA requires that each county develop a Three-Year Plan through a Community Planning Process. County MHSA programs and/or services can only be funded if the Community Planning Process, as set forth in MHSA regulations, is followed. MHSA Regulations require an Annual Plan Update for each year following submittal of the Three-Year Plan.

(Continued pg. 2)

SS:LS

Steve Steinberg, Director
Behavioral Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	$ 0	$ 0	$ 0	$ 0	Consent ☐ Policy X
NET COUNTY COST	$ 0	$ 0	$ 0	$ 0	

SOURCE OF FUNDS: 100% State

Budget Adjustment: No

For Fiscal Year: 2016/2017

C.E.O. RECOMMENDATION: APPROVE

BY: Christopher M. Hans

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:	Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays:	None
Absent:	None
Date:	September 27, 2016
xc:	RUHS-Behavioral Health

Kecia Harper-Ihem
Clerk of the Board
By: Deputy

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

Prev. Agn. Ref.: 07/21/2015, 3-29 | **District: ALL** | **Agenda Number:** 3-25

BACKGROUND:
Summary (continued)

There are several significant MHSA requirements which must be met before the Annual Plan Update is submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC). The Annual Plan Update requires:

1. Community Planning Process to gather and ensure stakeholder input.
2. 30-Day Open Public Review and Comment period.
3. Public Hearing held by the Behavioral Health Commission.
4. Mental Health Director Certification that "the County has complied with all pertinent regulations, laws, and statues of the MHSA including stakeholder participation and non-supplantation requirements".
5. Auditor-Controller and Mental Health Director certification that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services and in accordance with MHSA regulations.
6. Board of Supervisors adoption of the Plan.
7. Submittal to the State MHSOAC.

On April 5, 2016, the department posted the FY 2016/2017 Annual Plan Update for a 30-day community stakeholder review. It was distributed to county clinics, MHSA planning committees, county libraries and the Behavioral Health Commission, as well as posting it on the department website. Following the public 30-day comment period, a Public Hearing was held on May 4, 2016 at the Rustin Conference Center and May 5, 2016 at the Indio Mental Health Clinic. Comments received on the Plan Update were analyzed by the Behavioral Health Commission and substantive changes were documented and incorporated into the plan. The Behavioral Health Commission approved the Annual Plan Update on June 1, 2016, and is now ready for the Board of Supervisors to adopt for submittal to the MHSOAC.

Impact on Residents and Businesses
The services are a component of the department's system of care aimed at improving the health and safety of consumers and community. Approval allows the department to serve an additional 48,320 residents (children, TAY, adults, and older adults) annually.

Of significance in this Plan Update are the expansion of the Crisis Stabilization and Outreach Teams and addition of county-wide Transition Age Youth (TAY) Drop-In Centers. Since program inception Crisis Outreach Teams provided 1,733 contacts to clients in local hospital emergency departments and diverted 40% from an inpatient psychiatric admission. Crisis Outreach Teams also responded to 1,082 law enforcement requests for crisis intervention in the field with 72% diverted from a 5150 hold or a potential emergency room visit. The department anticipates these outreach teams will have a positive impact on the utilization and saturation of emergency room beds as well as the rate of inpatient psychiatric admissions. The new voluntary Crisis Stabilization Unit in the Western Region was able to serve 631 people further easing the congestion in the County emergency treatment facility and reducing the costs. An even greater impact is anticipated for next year once the Mid-County and Desert Region Crisis Stabilization Units are operational. The TAY Drop-in Centers expect to serve at least 600 TAY aged youth once the centers are opened.

Riverside University HEALTH SYSTEM
Behavioral Health

Mental Health Services Act (MHSA) Annual Plan Update FY16/17

MHSA
Riverside County Mental Health Services Act

TABLE OF CONTENTS

2016/17 MHSA Annual Plan Update

County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County

☐ Three-Year Program and Expenditure Plan
☒ Annual Update

Local Mental Health Director	Program Lead
Name: Steve Steinberg	Name: Bill Brenneman
Telephone Number: 951-358-4500	Telephone Number: 951-955-7123
E-mail: SRSteinberg@rcmhd.org	E-mail: bman@rcmhd.org
Local Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

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

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

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

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

Steve Steinberg
Local Mental Health Director (PRINT)

Signature 05.27.16 Date

Three-Year Program and Expenditure Plan and Annual Update County/City Certification Final (07/26/2013)

2016/17 MHSA Annual Plan Update

County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Riverside County

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

Local Mental Health Director	County Auditor-Controller
Name: Steve Steinberg	Name: Paul Angulo, CPA, MA-Mgt
Telephone Number: 951-358-4500	Telephone Number: 951-955-3800
E-mail: SRSteinberg@rcmhd.org	E-mail: pangulo@co.riverside.ca.us
Local Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Steve Steinberg
Local Mental Health Director (PRINT)

Signature 05.23.16
Date

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/22/15 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Paul Angulo, CPA, MA-Mgt
County Auditor Controller / City Financial Officer (PRINT)

Signature Paul Angulo 7/26/2016
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Message from the Director

Our Department is in the midst of changes. The first and most obvious is our new name, Riverside University Health System – Behavioral Health. This reflects an organizational change at the county level with the formation of the Riverside University Health System (RUHS). The goal of RUHS is to become an integrated healthcare system that efficiently responds to all of the health needs of the residents, which includes Mental Health and Substance Use services. To achieve this efficient, effective, and customer-friendly system, the leadership of the RUHS partners - the Medical Center, Ambulatory Care Clinics, Public Health, and Behavioral Health - are collaborating and learning how we leverage resources and implement best practices to meet the health needs of our communities.

The name change also reflects the inclusion of Substance Use services and Mental Health services. Substance Use services in Riverside County are going through a transformational change offered through the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. This is an opportunity to enhance existing Substance Use Disorder (SUD) services, add new services, and develop innovative strategies to address the substance use treatment needs of our residents. RUHS - BH is one of the first counties to submit a plan for these services to the State. We expect to begin rolling out the plan in the summer of 2016.

The past year also saw the opening of our Rustin Building in Riverside. This beautiful 166,000 square foot building was modernized and now houses eleven programs ranging from Administrative offices, outpatient mental health services, and substance use disorder treatment services. Besides the offices and treatment facilities, the Rustin Building is home to a 24,000 square foot Conference Center. The Conference Center has a dozen rooms of various sizes to meet the training and meeting needs of the Department and community partners.

The last change I want to mention is my appointment as the new Behavioral Health Director. Our previous Director, Jerry Wengerd, retired and left his legacy in the projects I mention above. It is an honor to follow in his footsteps and have an opportunity to lead this Department. The plan you are reading outlines what we have done, where we are now, and where we are going. It is part of a roadmap of how we will continue to provide relevant and effective behavioral health services to the citizens of Riverside County. It is all very exciting. I hope you feel the same.

Steve Steinberg
Director, Behavioral Health

Mental Health Services Act Overview

What is the Mental Health Services Act (MHSA)?

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

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

1. Community Services and Supports (CSS)
2. Workforce Education and Training (WET)
3. Prevention and Early Intervention (PEI)
4. Capital Facilities and Technology (CF/TN)
5. Innovation (INN)

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

What is the Purpose of MHSA Annual Update?

In June 2014, Riverside County submitted a new Three-Year Program and Expenditure (3YPE) Plan for MHSA. The 3YPE outlined the programs and services to be funded by MHSA and allowed for a new three-year budget plan to be created. It also allowed the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The 3YPE covered fiscal years (FY) 2014/15 through FY2016/17, thus the FY16/17 Annual Update is the final year of this 3YPE cycle.

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3YPE on an annual basis. Therefore Riverside County engaged community

stakeholders by providing them with an update to the programs being funded in the 3YPE. The community process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA.

Once the draft Annual Update is completed, it must be posted for public review for a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the FY16/17 Annual Update and document the input accordingly. Following the posting period the Department calls upon the Riverside County Behavioral Health Commission (BHC) to hold a Public Hearing so they may receive face-to-face feedback on the content of the FY16/17 Annual Update.

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

MHSA Annual Update Introduction

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

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

Community Services and Supports

CSS-01 Children's Integrated Services Program

CSS-02 Integrated Services for Youth in Transition

CSS-03 Comprehensive Integrated Services for Adults

CSS-04 Older Adult Integrated System of Care

CSS-05 Peer Recovery and Supports Services

Workforce, Education and Training

WET-01 Workforce Staffing and Support

WET-02 Training and Technical Support

WET-03 Mental Health Career Pathways

WET-04 Residency and Internship

WET-05 Financial Incentives for Workforce Development

Prevention and Early Intervention

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

PEI-02 Parent Education and Support

PEI-03 Early Intervention for Families in Schools

PEI-04 Transition Age Youth (TAY) Project

PEI-05 First Onset for Older Adults

PEI-06 Trauma-Exposed Services for All Ages

PEI-07 Underserved Cultural Populations

Capital Facilities/Technology

Innovation

INN-02 Recovery Learning Center

INN-03 Family Room

INN-04 Older Adult Self-Management Health Team Project

INN-05 TAY One-Stop Drop-In Center

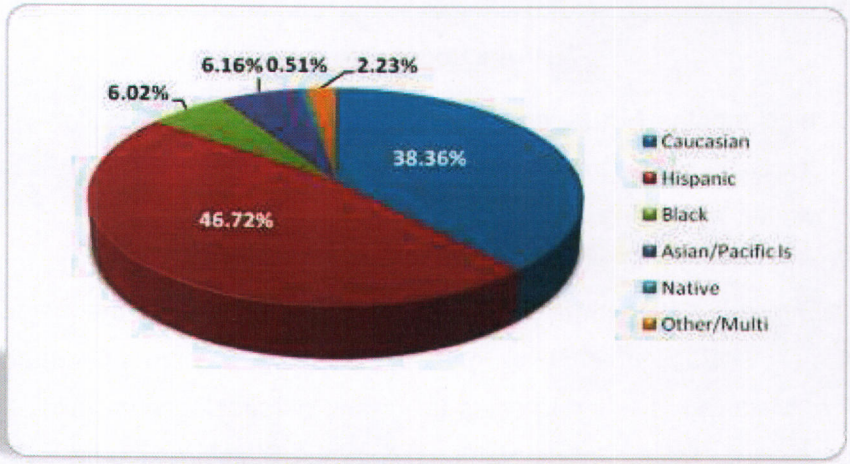
MHSA Budget Summary

Over the past nine months MHSA monthly distributions have been in line with projections. Realignment II stabilized several mental health funding sources and improved cash flow starting in FY11/12. However, increasing demands by EPSDT (Early Periodic Screening Diagnostic and Treatment), Congregate Care Reform, and Katie A. services are threatening to impact MHSA (Mental Health Services Act) cash utilization on an ongoing basis. All the major mental health funding sources (1991 Realignment, Realignment II, EPSDT, Managed Care, and MHSA) with the exception of Medi-Cal, are tied to sales taxes and personal income taxes. Both of these funding sources can fluctuate considerably based on the State's economy. Should this trend continue, it will put increased strain on MHSA funds in the future. MHSA Statewide funding is now projected to increase by approximately 5% in FY16/17 compared to FY15/16. However, this will only result in a 3% increase for Riverside County due to changes in State's MHSA allocation distribution methodology.

County Demographics

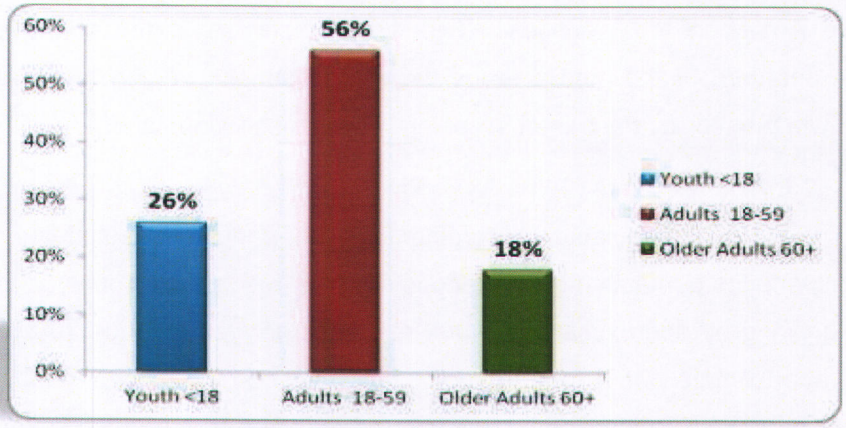
Riverside County stretches 200 miles from Orange County to the Arizona border. Geographically Riverside County is the fourth largest county in the state, comprising over 7,200 square miles, and is home to diverse geographical features, including deserts, forests, and mountains. There are 28 cities in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

At more than 2.2 million residents (2,294,333), Riverside County is also the fourth largest county in California in terms of population according to 2014 population estimates. The County continues to experience population growth and is now the 10th largest County in the nation. The population is growing by approximately 30,000 residents per year. Since 2000, the population has grown by approximately 46%; and the county experienced the highest population growth of all California counties. Riverside County has four major race/ethnic groups; however 85% of the population is represented in the two largest groups in the County, Hispanic/Latinos, and Caucasians.



Riverside County has a large Hispanic/Latino population comprising nearly 47% of the population in 2014 while Caucasians comprise 38%. Black/African American and Asian/Pacific Islander are represented in nearly equal proportions at 6%; and the Native American population was less than 1% of the total population. A small percentage (2%) of county residents reported multi-racial or other as their race/ethnicity. The most common language spoken at home is English and the most common Non-English language is Spanish. Census data showed that 15.2% of the population spoke another language and spoke English less than very well

Riverside County's population is relatively young, with a median age of 34 years and 26% of residents under age 18. However, older adults are a significant proportion of the population at 18%.



Socio- Economic Factors

Median household income in the County is $56,592. Ten percent of households received Food Stamp/SNAP benefits in the past 12 months. Employment in Riverside County declined in 2008 and 2009 but rebounded in 2010 and has continued to rise. It is estimated that the Riverside/San Bernardino metro area will experience rising employment from 2013 to 2018. The unemployment rate fell to 8.4% in 2014 after reaching a high of 14% in June 2011. Despite gains, Riverside County unemployment rate has been higher than the state and nation since 2007. Thirty-nine percent of the County population 16 years or older is not employed. Poverty estimates for Riverside County indicate that 17% of residents live below the poverty level; and 21% of residents live between the poverty level and 200% of poverty level. There are 690,388 households in Riverside County and an average household size of 3.24 persons according to U.S. Census data. There are 820,011 housing units in the county. The most recent Riverside County point in time homeless count identified 1,587 unsheltered and 883 sheltered homeless people (total = 2,470). The civilian veteran population in Riverside County is 8%. Most of the adult population (80%) over the age of 25 has a high school diploma; and approximately 21% has a bachelor's degree or higher. The Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) population of the County is difficult to accurately measure. Research literature has shown that this population may be at higher risk for mental illness. The California Health Interview Survey (CHIS) is one potential source for data on the LGBTQ population in the County. Recent CHIS data showed 4.69% of the population identified as Gay, Lesbian, or Bisexual.

Community Planning and Local Review

Local Stakeholder Process

Riverside County engages in a year-round MHSA Community Planning Process, which this year focused on the FY16/17 Annual Update. The Department relies on age-specific planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform MHSA program planning and decision making. These cross-collaborative committees are comprised of partner/community agencies and providers, consumers/family members, Board and Commission representatives, and a variety of other subject matter experts.

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

Additionally there are multiple Key Informants and specialty groups that provide valuable input on areas such as criminal justice, veterans, NAMI, and housing. The Department also engaged a transition age youth group, "Youth Advocates United To Succeed" (YAUTS), for feedback. The YAUTS group provides a positive environment where youth can have a comfortable open place to share and discuss their problems, relate with peer advocates, and be guided to resources.

In 2013/14 the Department decided to create a better structure to engage Consumer and Family members in the process. Thus the Consumer Wellness and Recovery Coalition was developed to act as a forum for engagement and to involve peer perspectives on a variety of topics including the FY16/17 Annual Plan Update. The Coalition has transitioned into providing Community Information Forums which are held regularly in each of the Department's three regions (Western, Desert, and Mid-County) to ensure consumer and community participation throughout our service area. MHSA is also a standing agenda item for the Behavioral Health Commission to ensure they act as an advisory body on all aspects of MHSA planning.

Once the FY16/17 Plan Update is completed, copies will be circulated to the stakeholder community for reference and review. Stakeholders were encouraged to continue to provide

feedback on the initiatives outlined in the Plan Update verbally and/or in writing. Surveys were distributed to all Planning Committees, the Behavioral Health Commission, Wellness and Recovery Coalition (Community Information), Family Advocates, Schools, Parent Support, Clinic Out-Patient Lobbies, NAMI, and community providers.

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

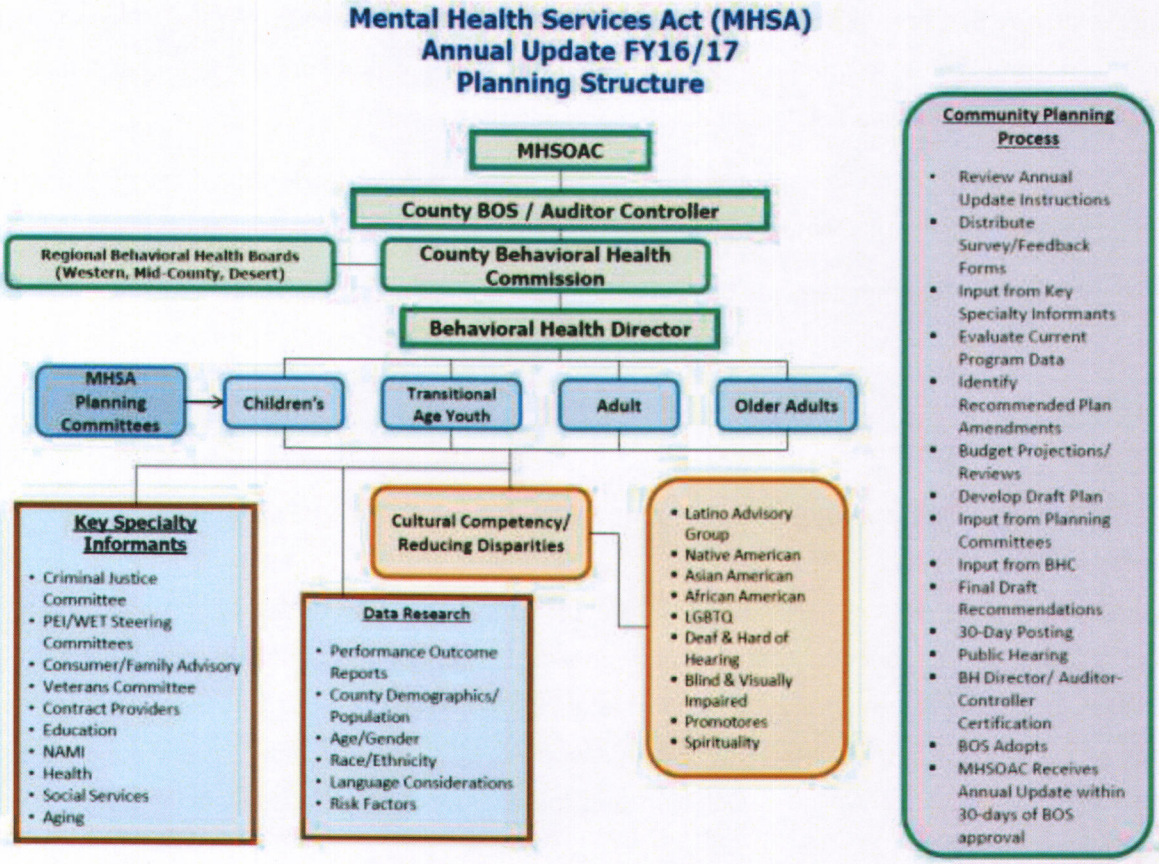
The PEI Steering Committee was comprised of representatives from education, community-based providers, Cultural Competency, Office on Aging, Health, and County PEI staff.

The WET Steering Committee was comprised of stakeholders from academia, employees of the public mental health system, and individuals with lived experience as consumers and family members or who had clinical expertise.

Stakeholder Description

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

MHSA Annual Update FY16/17 Planning Structure



MHSA Annual Update FY16/17 Time Line

Mental Health Services Act (MHSA)
Annual Update FY16/17
Time Line

30-Day Public Comment

The Draft MHSA Annual Plan Update was posted for a 30-day public review and comment period, from April 5, 2016 through May 5, 2016.

Circulation Methods

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

Public Hearing

After the 30-day public review and comment period, Public Hearings were held by the Behavioral Health Commission (BHC) on May 4, 2016 in Riverside and May 5, 2016 in Indio.

All community input and comments will be reviewed with an Ad Hoc BHC Executive Committee for review and to determine if changes to the Work Plans are necessary. All input, comments, and Commission recommendations from the Public Hearing will be documented and included in this Update (see page 174).

Community Services and Supports (CSS)

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

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

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

CSS-01 Children's Integrated Services Program

Full Service Partnership

Multi-Dimensional Family Therapy (MDFT)

- Western Region (Riverside)
- Mid-County Region (Lake Elsinore/Perris)
- Desert Region (Indio)

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

- County-Wide

Parent Child Interaction Therapy (PCIT)

- Lake Elsinore
- Pre-School

System Development

Parent Support

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

Mentoring

Youth Hospital Intervention Program (YHIP)

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

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

The Children's Integrated Services Program successfully implemented the growth opportunities outlined in the 3YPE. These include expansion of the Multi-Dimensional Family Therapy program by one team in the Western Region, additional Parent Support positions, and enhanced out-patient services in Western Riverside.

The previously approved Full Service Partnership Programs continue to operate in all regions of the county which include Multi-Dimensional Family Therapy, Treatment Foster Care Oregon (TFCO) (formerly Multi-Dimensional Treatment Foster Care), and Parent Child Interaction Therapy.

The System Development programs also continued with full implementation including the Parent Support Unit, Mentoring Contract, Youth Hospital Intervention Program, and the Out-Patient Clinic Enhancements/Expansions Initiatives.

Services to foster care youth were broadened by expanding the Treatment Foster Care Oregon (TFCO) program to include Therapeutic Foster Care. In previous years the number of youth served was limited by the narrow admission criteria in TFCO which includes placement in a treatment foster care home. There is a large need for treatment foster care homes which has been a continual challenge. The TFCO program expansion was in response to community needs and is an effort to meet the requirements of the California Katie A vs. Bonita class action settlement which requires that each dependent of the child welfare system be offered a Therapeutic Foster Care home via Medicaid, when appropriate. Any expansion costs incurred by this expansion of the program will be funded by EPSDT Medi-Cal, and will not impact MHSA dollars.

Children's Integrated Services programs have continued to provide an array of services through interagency service enhancements and expansions: evidence-based practices in clinic expansion programs, full service partnership programs, and continued support of Parent Partners employed as regular county employees. Parent Partners welcome new families to the mental health system through an orientation process and work as part of the clinical team in the clinic where they are assigned. Parent orientations provide the opportunity to inform parents about the clinic processes and offer support/advocacy in a welcoming setting. Parent Partner services are invaluable in promoting engagement from the first family contact, providing support and education to families, and supporting the parent voice and full involvement in all aspects of their child's service planning and provision of services. (See Parent Support and Training, page 127, for more details.)

Priority populations identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependents) and those suffering from a co-occurring disorder. Needs identified for children/youth during the planning process included children/youth involved in the juvenile justice system, those with co-occurring mental illness and substance use disorders, youth transitioning to the adult system of care, homeless youth, and children 0-5 years old.

In total, Children's Integrated Service programs served 15,206 (11,404 youth; and 3,802 parents and community members) in FY14/15. Across the entire Children's Work Plan, the demographic profile of youth served was 44% Hispanic/Latino, 9% Black /African American, and 18% Caucasian. A large proportion (25%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at 3% served compared to 5% in the population, and Caucasian youth are underrepresented at 18% served compared to 25% in the population. The Black/African American youth are overrepresented at 9% served compared to 6% in the county population.

Service enhancements with interagency collaboration and the expansion of effective evidence-based models, as well as parents or caregivers as part of the support and treatment process continued to be central components of the Children's Work Plan.

Team Decision Making (TDM) began as an interagency collaborative service component that supported the Family-to-Family approach adopted in Riverside County as part of Social Services Re-Design. TDMs with Department of Behavioral Health clinical staff and Department of Public Social Service (DPSS) staff were utilized to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family. More recently as the Department put into operation processes to support the Katie A vs. Bonita class action settlement. Clinical staff supported the Department's implementation of Pathways to Wellness both through the TDM process and Child and Family Teaming collaborative team meetings. RUHS - BH staff collaborated with DPSS staff at TDM meetings serving 1,003 youth in FY14/15. In addition Department staff participated in several hundred Child and Family Team (CFT) meetings with DPSS staff and families to support the creation of a family plan through a collaborative process.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal, and a number of youth without Medi-Cal, through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 449 youth. Supports for parents facing the challenges of raising a child with Serious Emotional Disturbances has been a key component of the Children's Work Plan.

The Youth Hospital Intervention Program (YHIP) provides follow-up linkage and parent/caregiver support to youth presenting in crisis at the County Emergency Treatment Services (ETS) facility. The YHIP staff served 180 youth and families in FY14/15. The YHIP program will be expanded in the coming year by leveraging CSS funding with a SAMHSA System of Care expansion grant. The combination of SAMHSA and CSS funding will make it possible to have three regional YHIP teams for youth in crisis or recently hospitalized. Each county region will then have the capacity to respond locally to families and youth with follow-up linkage and case management services. A multifaceted approach to assistance for parents continued throughout FY14/15 with Parent Support Staff (Parent Partners) in each clinic providing direct support services to clients and their families; and a Central Parent Support Team to provide a variety of assistance to parents including: community outreach; a parent support warm line; and parenting classes. Parent Partners provided a number of support services impacting 984 individual youth and families. Additional contacts were provided to, 2,670 parents through community engagement and outreach efforts at community events. Parent Partners provided informational presentations in diverse settings throughout the community visiting schools, health providers, local law enforcement, and non-profit agencies who serve diverse traditionally underserved communities.

Clinic expansion programs also included Behavioral Health Specialists assigned in each region of the county to address the needs of youth with co-occurring disorders, providing groups and other services. Mentoring services have also been provided to 33 children that have an open case file in the children's clinics. Evidence-based practices (EBP) expanded in the children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). Cognitive Behavioral Therapy continued to expand with the availability of Trauma-Focused CBT for youth with symptoms related to significant trauma experiences. PCIT was provided within the context of a full service partnership program to 86 youth. Outcomes for PCIT have consistently shown reductions in externalizing/disruptive behaviors and decreases in parental stress as measured by Eyberg Child Inventory (ECBI) and Parental Stress Index (PSI).

Youth involved in the Juvenile Justice system have benefitted from the implementation of Aggression Replacement Therapy (ART) in several youth juvenile justice settings. ART is an

EBP that focuses on the development of strategies to manage anger and improve social skill competence. The ART program served 76 youth during FY14/15.

The Multidimensional Family Therapy (MDFT) Full Service Partnership program was specifically implemented to serve youth with a co-occurring disorder. Four regionally based teams provided MDFT services to a total of 136 FSP youth in FY14/15. Collaborations with County Probation have resulted in referrals from the youth Probation Department to MDFT with nearly 69% of youth served referred through the Probation Department. Children's FSP programs served a diverse group of consumers. The majority served by the MDFT Full Service Partnership programs were Hispanic/Latino youth (62%). Recent outcomes from MDFT FSP programs showed improvements in youth behaviors with a 71% decrease in the number of arrests, and a 77% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 83% compared to baseline. School suspensions decreased by 84% compared to baseline. Measures of externalizing behaviors showed a statistically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

Full Service Partnership services were also provided to 10 youth in the foster care system through Treatment Foster Care Oregon (TFCO). Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The TFCO program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. Treatment foster homes are certified, and licensed in collaboration with Probation and Social Services.

CSS-02 Integrated Services for Youth in Transition

Full Service Partnership

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

System Development

- Peer Support and Resource Centers (see CSS-05 Peer Supports)
- Transition to Independence Process (TIP) training
- Crisis and Adult Residential Treatment (CRT) (ART)
- Evidence Based Practices (see Children's Clinic Enhancements CSS-01)

The Services to Transition Age Youth (TAY) programs continue to be implemented as originally designed in the 3YPE. The Full Service Partnerships continue to operate in all regions of the County and the Western Region program, "The Journey", moved into a new location in FY15/16. The Peer Support and Resource Centers were fully operational with the addition of a new Desert location. Crisis and Adult Residential Treatment are available for TAY needing stabilization, although they are funded through the Adult Integrated Services Work Plan.

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

CSS strategies to support transition age youth continued during FY14/15: Integrated Services Recovery Centers, Peer Support and Resource Centers, and Crisis Residential Services were designed to address the issues identified for TAY youth during CSS planning. TAY with a serious persistent mental illness and frequent psychiatric crisis or inpatient admissions, or that are experiencing incarcerations and/or homelessness, were an identified service priority. TAY, with co-occurring disorders, was also a priority. Services to Transition Age Youth were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, and hospitalizations; as well as promoting independent living.

TAY Integrated Services Recovery Centers (ISRC) established in each region of the county (Western, Mid-County, and Desert) continued to provide Full Service Partnerships services focusing on youth transitioning to adult services. A variety of services and supports are available at the TAY ISRCs including mental health services, housing supports, vocational counseling, substance abuse counseling, peer support, and psychiatric services. TAY youth were served by the FSP programs with 119 youth being served in the Western Region; 118 youth served in the Mid-County Region; and 92 served in the Desert Region. The TAY FSP program shows good progress with regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs nearly reflect the proportion of Caucasian and Hispanic/Latino population in the Riverside County population with more Hispanic/Latino TAY (40%) youth served than other ethnic/race group. The Black/African American group at 16% is overrepresented in the TAY FSP relative to the county population and the Asian group is underrepresented. Recent outcomes evaluation for TAY FSPs showed a 76% reduction in the number of arrests; a 76% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 52% reduction in the number of inpatient psychiatric hospital admissions.

Crisis Residential Treatment (CRT) services have been available to TAY age youth to stabilize youth in acute crisis in order to eliminate or shorten the need for inpatient hospitalization. CRT services operating in the Western and Desert Regions provided this community-based alternative to 99 TAY age youth. In addition four TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting, for up to six months, for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive IMD setting, and provides the services and structure needed to assist consumers with removing barriers to discharge, and optimizing re-integration into the community.

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

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

Peer Support and Resource Centers provide another avenue for TAY youth to receive educational and vocational support as well as peer mentorship. Progress of the Peer Support and Recovery Centers is included under the Peer Support and Recovery Center Work Plan (CSS-05). The Department funded an additional center in Palm Springs, so there are now two centers in the Desert Region. The contract provider for all Regional Centers is Recovery Innovations, Inc. and the centers are referred to as "Wellness Cities".

CSS-03 Comprehensive Integrated Services for Adults

Full Service Partnership

Integrated Services Recovery Centers

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

System Development

Adult Residential Treatment (ART) Mid-County/Desert Regions

Safehaven Western/Desert Regions

Housing (HHOPES)

Mental Health Court

Augmented Board and Care (ABC)

Crisis Residential Treatment (CRT)

Crisis Stabilization (All Regions), including Outreach Teams.

Family Advocate Program (FAP)

Peer Support and Resource Centers (see CSS-05)

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

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

The Comprehensive Integrated Services for Adults (CISA) program continues to offer Full Service Partnership (FSP) programs in all regions of the County. As reported in the 3YPE, the two expanded FSP components (the "Bridge" and "Rise") were in full operation in FY14/15. The "Bridge" acts as an intermediate level of care to step individuals down to a lower level of care, and the "RISE" which offers FSP services to those transitioning from the most intensive residential settings to community care settings. Both programs were successfully implemented last year and capacity has increased.

All System Development programs continue to be operational with the exception of the Augmented Board and Care (ABC) and the Desert Hot Springs Clinic expansion. Unfortunately the contract provider for the ABC Program was unable to provide the services and the Department is actively seeking a new provider to deliver the program. The Desert Hot Springs expansion was stalled due to space limitations. Otherwise all other programs are fully operational including the Adult Residential Treatment Program, Safehaven, Mental Health Court, Crisis Residential and Stabilization Program, Family Advocate, and Clinic Enhancements/Expansions.

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a supportive system of care for adults with serious mental illness. The priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies include a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices. Peer-Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery. Family Advocates who have a family member with a serious mental illness contribute a unique perspective to supportive services provided in the clinics and in the community. (See Family Advocate Program, page 123, for more details.)

Three regional Integrated Services Recovery Centers have continued to provide Full Service Partnership services for adults with a service array that includes: mental health services, vocational counseling, substance abuse counseling, peer support, and psychiatric services. In total 825 adults were served in the FSP programs; with the Western Adult program serving 308 FSP consumers, the Mid-County serving 188 FSP consumers, the Desert serving 183 FSP consumers, Forensic serving 31 FSP consumers, and RISE serving 115 consumers. Adult FSPs have some disparities with regard to the proportion of Hispanic and Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the county's population. The Adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (51%)

followed by the Hispanic/Latino group at 22% of those served. An initial FSP Outcomes Retreat has evolved into quarterly meetings for FSP program management and supervisors including contract providers. FSP outcome reports have been presented which provided an avenue for further discussion with staff with regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed a 95% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 75% compared to baseline; and the number of consumers with admissions to the emergency room for psychiatric reasons has decreased visits 95% compared to baseline data. Comparisons of consumers' residential status at intake and their most recent residential status showed that homelessness decreased and consumers living on their own in an apartment, house, or rented room increased.

Support for the expansion of alternative program tracks to expand FSP capacity continued in FY14/15. This increase in FSP capacity, as described in the 3YPE, was identified via stakeholders and FSP Committee recommendations. The ISRCs were expanded to include an intermediate level of care called the "Bridge" and a population focused program called "RISE". The Bridge programs served 168 people in the Western and Mid-County Regions. The expectation is this program will allow for an additional 140 FSP slots for consumers.

The RISE (Riverside Integrated Services Expansion) was developed to engage individuals on LPS conservatorships who are transitioning back to the community after treatment in a secure long-term care facility. RISE served 115 individuals in FY14/15. These individuals have been stabilized in less restrictive living situations while receiving intensive mental health supports through FSP. Formerly this population was among those with the high service utilization.

In FY14/15 the crisis stabilization unit in the Desert Region served 1,753 people (1,500 adults, 253 youth <18). Crisis Stabilization outreach teams supporting law enforcement served 278 people and outreach teams supporting community hospitals served 407 people. Both adults and youth under age 18 benefitted from the outreach teams services. One third of the law enforcement crisis contacts were for youth under the age of 18. Most of the outreach teams crisis contacts supporting community hospitals were for adults (92%) only 8% involved youth under the age of 18. The Department plans to capitalize on the Crisis Grant opportunities by leveraging MHSA funds to enhance the Crisis System of Care. This will include expanding Crisis Stabilization Units to the two other regions of the County, Western and Mid-County.

Although only partially funded by MHSA, it allows the Department to build upon its existing MHSA Crisis Stabilization and Residential Treatment services. Outreach teams will support Community Hospitals and Law Enforcement to ensure those in Crisis have alternatives to hospitalization by fully utilizing the Crisis Stabilization Services. This leveraging opportunity should result in lower in-patient hospital rates and associated costs aligning with MHSA principles.

For the adult forensic population, dedicated mental health staff provides assessment, linkages, and case management for consumers referred through the superior court system. Adults with serious mental illness can, when appropriate, receive treatment rather than incarceration. The model is an interagency collaborative that includes the Riverside County Superior Court, District Attorney, Public Defender, Sheriff, Probation, and Behavioral Health. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court program to one of the Integrated Service Recovery Centers, or other appropriate county clinic or community resource based on the consumer's needs and recovery goals. The Mental Health Court program served 769 consumers in FY14/15; and has shown that nearly 80% of participants have successfully remained in the community with no new arrests during their program year. (See page 102 for a full description of the Mental Health and Veterans Court Programs.)

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

Recovery Management, Dialectical Behavior Therapy, and Co-Occurring Disorder groups are evidence-based practices offered in the adult clinics and supported through the Adult Work Plan. Training and continued staff support to ensure program fidelity has been a key component in offering these groups to consumers. Many consumers have benefitted from this therapeutic group service. Outcomes from recovery management showed that knowledge of illness and self-management strategies improved from initial measurement to follow-up. In total 12,837 consumers have benefitted from clinic expansion and enhancements.

Support offered by three regionally based Family Advocates has been an important component of enhanced clinic services. Family Advocates provide families with resources and information on mental illness and how to navigate getting help for their family member. Families with a

loved one accessing services in the county mental health system can consult with Family Advocates when needed. In addition the Family Advocate unit provides a variety of informational and support services to assist families of mentally ill adults and TAY consumers in the community who may not be currently utilizing the county system. Typical Family Advocate activities include assistance with navigating access to clinic services and connections to self-help support groups like NAMI. Recently Family Advocates have directly facilitated support groups for family members. The Family Advocate Program provided support to 2,006 family members and provided outreach at community events to 774 people.

Crisis Residential Treatment services and the Adult Residential Treatment program have provided community based voluntary alternatives to acute inpatient admissions and/or earlier discharge from acute or long term settings. This CISA program served 694 adults at two regional CRTs. The CRTs supported stabilization and discharge planning in a residential treatment setting, for up to two weeks, thus avoiding more costly inpatient settings. The Adult Residential Treatment program served 33 adults enabling them to stay in a therapeutic residential treatment setting for up to six months before transitioning to a less restrictive living situation. This program allowed the consumers to receive assistance with removing barriers to living more independently and maximized the opportunity for a successful re-integration into the community.

CSS-04 Older Adult Integrated System of Care

Full Service Partnership

SMART (Specialty Multi-Disciplinary Aggressive Response Teams)

(SMART) West

(SMART) Mid-County

(SMART) Desert

(SMART) Bridge

System Development

Peer and Family Supports

Housing

Network of Care

Clinic Enhancements and Expansions

Older Adult Clinics

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

The Older Adult Integrated System of Care continues to offer SMART (Specialty Multi-Disciplinary Aggressive Response Teams) Full Service Partnership programs in three regions of the County. In the 3YPE, the FSP services were expanded to include a "Bridge" level of care that allowed for an additional 70 slots per region. The "Bridge" expansion was implemented in all regions over the course of the last year. The Department is committed to sustaining all other programs listed in the Older Adult Integrated work plan including Peer and Family Supports, Housing, Network of Care, and Clinic Enhancements. The largest Older Adult Clinic (Wellness and Recovery Center for Mature Adults) has relocated to a new updated physical space.

Older Adult Integrated System of Care (OAISC) is providing integrated services, which includes a Full-Service Partnership (FSP) Program and other supportive services. The OAISC Work Plan includes strategies to enhance the staff available to serve older adults at regionally-based older adult clinics and through designated expansion staff located at adult clinics. Older adult clinic programs served 772 older adult consumers. Recovery Management and Co-occurring Disorder groups, case management and other supports provided by Peer Support Specialists are some of the services available. The proportion of older adults served across the county

matches the county population with 22% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 21%. The Caucasian group served was 46% and the Black/African American group served was 10%. The Asian/Pacific Islander group served at 2.4% was less than the county population of 6% Asian/Pacific Islander.

The OAISC Work Plan also includes Full Service Partnership services through a multi-disciplinary team approach. Three regionally based multi-disciplinary service teams, called the Specialty Multi-Disciplinary Aggressive Response Treatment (SMART) Teams have continued to provide FSP services including: mobile outreach assessments (which incorporate health and mental health assessments), intensive case management, medication management services, crisis assessment, intervention and stabilization, rehabilitation services, linkage to community resources, and short-term treatment (6–8 visits). The SMART model encompasses mobile home-based treatment services, consultation with primary care physicians, psycho-educational services, support, and education to families, integration of substance abuse services into the treatment process and referrals to other service providers. Older adults were served through the SMART FSP teams with 115 served in the Western Region, 109 served in the Mid-County Region, 89 served in the Desert Region. The Bridges FSP step down programs in Older Adults served 51 people in the WEST region, 21 in Mid-County, and 19 in the Desert Region.

Outcomes for the SMART FSP program consumers showed an 83% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 64%; and the number of older adults with an arrest decreased by 95%. SMART programs were successful at engaging 28% of those identified with a co-occurring substance use problem into treatment services. Follow-up data on residential status showed fewer FSP older adults in emergency shelters or homeless. The demographic profile of FSP older adults served somewhat reflects the county older adult population with a county population of 21% Hispanic/Latino older adults, 16% served in FSP. The Caucasian group represented 61% of FSP consumers, which is slightly less than the percentage found in the county general population. The Black/African American group served was overrepresented at 9% while the Asian/Pacific Islander group served at 1% was less than the county population of 6%.

CSS-05 Peer Recovery Support Services

System Development

Peer Support and Resource Centers (PSRC)

- **(PSRC) West**
- **(PSRC) Mid-County**
- **(PSRC) Desert**
- **(PSRC) Art Works**

Consumer Affairs

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

Consumer Employment and Recovery Training

Consumer Employment

The key Peer initiatives supported through the 3YPE included Peer Employment and Recovery Training, Peer Employment, and Peer Support and Resource Centers. The Department continues to support individuals with lived experience to be trained and employed as Peer Support Specialists. With last year's expansion the Department now employs close to 200 individuals to provide peer to peer supports. The Peer Support and Resource Center Expansion supported through the 3YPE has been fully implemented with consumers receiving support services in all regions of the county. The expansion included an additional Peer Center in the Western Coachella Valley to provide step-down supports for clients transitioning from the Desert Adult FSP.

A new contractor was selected to provide services for the Desert Region as a result of a competitive bid process. Recovery Innovations completed the transition to operating the Peer Centers in all three regions referred to as "Wellness Cities". Provided below is an update to all the programs listed in the Peer Recovery Support Services Work Plan.

Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. Three regionally located centers, operated by a contract provider (Recovery Innovations), served a total of 1,737 mental health consumers in FY14/15. In the Western Region, Recovery Innovations provided support services to 290 adults and 32 transition age youth. Recovery Innovations also operated a Peer Center in the Mid-County Region where 341 adults and 21 transition age youth received services. See page 140 for additional information on the Recovery Innovations program.

In the Desert Region, 669 adults and 156 TAY were served by Oasis at the Harmony Peer Support and Resource Center as they concluded their contract. Desert Recovery Innovations began the contract as the new provider in the last quarter of the fiscal year and served 217 adults and 11 TAY.

See page 117 for a full description of a variety of Consumer Empowerment Initiatives such as Employment, Supportive Education, and Training highlights.

The Department is committed to continue funding for a Veterans Liaison position to provide a variety of support services to veterans in the system. This position will also conduct community outreach to veterans, participate in the Behavioral Health Commission's Veterans Committee, and continue the development of veteran-specific resource materials. The Department also plans to fund pocket resource guides for distribution to veterans. See page 42 for further description of veteran activities within the Department.

Workforce Education and Training (WET)

"Education. Vocation. Transformation."

The advent and implementation of the Mental Health Services Act marked a new era for public behavioral health care. Innovative, evidence-based, and expanded service delivery was identified or developed through the voices of community stakeholders. A vision was formed based on what could be instead of what we always had. Hope was generated for our system of care and for the individual or families receiving care. Yet, all of it would simply be a concept on paper without a dedicated and trained workforce to give it life. People are served by people, not by treatment models or proposals. People manage programs that offer treatment. People coach to develop wellness beyond what isn't working. People learn new practices to reach those who were considered lost. People offer hope.

WET was designed to develop people that serve in the public behavioral health workforce. WET's mission is to promote the recruitment, retention, and advance the recovery-oriented practice skills of those who serve our consumers and families. WET values the meaningful inclusion of people with lived experience – as consumer, parent, or family member – into all levels and programs of public behavioral health service. WET values a diverse workforce that reflects the membership of our unique communities, striving to reduce service disparities by improving linguistic and cultural competency and by encouraging and supporting members of our diverse communities to pursue public behavioral health careers.

WET understands that people with mental illnesses are deserving of the best of public service, not just when seeking mental health care, but also when needing allied services such as law enforcement, academics and vocational training, social services, and primary health care. As a result, WET takes an active role in educating other service providers on confronting and understanding the impact of stigma, learning effective engagement of someone experiencing distress, and connecting people to resources that benefit their recovery.

WET-01 Workforce Staffing Support

Though WET has expanded program actions within the plan and reached greater academic and workforce development contacts, WET's staffing has only increased modestly. WET's current

organizational structure has allowed for maximizing productivity and oversight, while continuing to look toward growth and innovation.

The Community Resource Educator (CRE) was designed to create a single point of contact for service system employees when searching for a hard-to-find resource, to keep our programs' contact information current in both electronic and print data bases, and to educate the service system on both internal and community resources that will enhance their service planning. After a period of extended vacancy and job reclassification, the position was filled in September 2015 and has already updated the RUHS-BH website, progressed on a shared website for employee access to a central resource database, assisted in the development of the Peer Navigation Line with Consumer Affairs, and created the system's first accounts on Social Media.

At the direction and recommendation of the Riverside County Behavioral Health Commission Sub-Committee on Veterans, the Veteran Services Liaison (VSL) position was reclassified as a Clinical Therapist in order to provide direct clinical services to military veterans who carry a diagnosis in addition to continuing the outreach and engagement duties already established. The VSL is not a formal position in the WET plan, but reports directly to the WET Manager. After a specialized recruitment and hiring process, a Veteran who also was a journey level, clinical therapist was hired December 2015. Unfortunately, approximately a month later, he resigned from the position to seek employment with the State. A new recruitment is being developed.

WET-02 Training and Technical Assistance

One hundred and eleven trainings were coordinated, scheduled, and managed by WET staff during the year at the Rustin Conference Center or related Department locations, not including program specific training for law enforcement (see Crisis Intervention Training), partner agencies, and training for student interns (see Graduate Internship Field and Traineeship Program). Based upon original stakeholder input, general training for Riverside County's public mental health workforce was concentrated into three areas:

1) Evidence-Based Practices (EBP)
2) Advanced Treatment Skills (ATS)
3) Recovery Skills Development (RSD)

Training audiences not only included Department employees, but also employees at partner agencies like the local Veteran's Association, graduate school programs, and suicide prevention for middle and high school students. All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA:

1) Community Collaboration
2) Cultural Competency
3) Client and Family-Driven
4) Wellness Focus which includes Recovery and Resilience
5) Integrated Services

Trainers were directed to incorporate these concepts into their curriculum where appropriate. Over 3,500 people, both Department staff and community stakeholders received mental wellness related training.

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities which included: Clinical Supervision; Child and Elder Adult Reporting; Law and Ethics; Nonviolent Crisis Intervention; Support Staff Training Series; Paraprofessional Staff Training Series; Introduction to Equine Therapy; Compassion Fatigue and Service Provider Self Care; Dialectal Behavior Therapy; Eating Disorders; Co-occurring Recovery (Mental Illness and Substance Use); and Neurobiology of Psychosis and Mood Disorders. WET developed two web-based trainings on the DSM 5; one to support behavioral sciences students at CSUSB and another for Department staff designed specifically for the Department psychiatrists.

WET also continued to supply the primary trainers for the 5150 authorization course necessary for non-law enforcement professionals to determine legal risk and to facilitate safety protocols in a mental health crisis. In order to enhance assessment skills and critical thought, WET revised the 5150 authorization curriculum to include an expanded training for clinical application. These expanded trainings were designed to assist with the development of clinical judgment around involuntary hold assessments and to improve staff understanding of alternative interventions to hospitalization. The expanded trainings have been universally well evaluated by attendees. Additionally, WET assisted with 5150 Policy revision, supported the expansion of 5150 authority

to Tribal Rangers (the first in California to do so), and developed a training model for new 5150 authorization trainers.

Enhancing the staff's development of cultural competency, WET coordinated or developed these additional trainings as well: Cultural Issues in the Formulation and Diagnosis; Caring for Women Military Veterans; Spirituality in Mental Health; Asian American Mental Health Issues; Cultural and Clinical Understanding of Serving LGBTQ Consumers; and our comprehensive cultural competency training – the California Brief Multicultural Scale (CBMCS) training.

WET-03 Mental Health Career Pathways

Consumer and family member integration into the public mental health service system continued to expand. WET continued to support the administration of the Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment Training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer related duties. WET also coordinated Mental Health First Aid Train the Trainers for the Department's Parent Partners, who now are able to conduct training to develop more trainers for the county.

The State has continued to move forward with the development of regulations and standards for peer credentialing. WET provided consultation to the Office of Consumer Affairs regarding credentialing recommendations.

The Clinical Licensure and Support (CLAS) Program was designed to support the Department's journey level clinical therapist with their professional development and prepare for licensing examination. Associate therapists that were 1,000 hours or less away from license examination eligibility were invited to join CLAS. CLAS participants received one on-line practice test, a one-hour weekly study group attendance, and centralized workshops on critical areas of skill development. In the past year, WET offered CLAS participants four centralized workshops to develop their clinical skills, including specific training on psychotherapy theory and treatment planning. During this fiscal year, 62 employees participated in the program and 16 of them passed their licensure exams. Participants have evaluated the program positively and reported a greater connection to the Department due to gratitude. In addition to CLAS, WET provided individual and group supervision support for some staff gathering their licensing hours. Thirteen

staff are supported with individual supervision, 23 are in group supervision, and participants indicate that due to this support that they are more likely to be retained by the county service system.

Since Volunteer Services Coordination was assigned to WET management, volunteer opportunities have expanded to include career pathways development. The Volunteer Services Coordinator oversees approximately 100-120 volunteers per month. Career Outreach to local school districts has resulted in affiliation agreements to support mental health curriculum in high school health academies, including development of public mental health careers. WET provided targeted outreach to early college student groups that support students from underserved communities. WET was successful in conducting Careers in Public Behavioral Health presentations to LGBTQ and Latino students at University of California, Riverside and for LGBTQ students at Riverside Community College. WET continues to engage other student groups representing additional cultural communities.

During summer 2015, Riverside and San Bernardino County WET Programs collaborated with the Inland Coalition; a group of educators formed to support student academic pathways into public health careers and hosted a 3-day Seminar on Careers in Public Behavioral Health. Thirty-two students, during their summer hiatus from school, participated. An overwhelming majority of participants evaluated the seminar as positive, reporting an increased confidence in knowing how to apply to college or health career technical school, an increased interest in developing a career in public mental health, an increased understanding of underserved communities, and a decrease in stigma around seeking behavioral health care for themselves or a family member.

WET-04 Residency and Internship

Graduate social work programs have repeated the same slogan since their inception: Field is at the heart of social work. WET realizes that the practical orientation to working with consumers and families is central to the development of any behavioral science student's development, not only to give them the confidence and competence of basic skill, but to set the values and ethics that will form their ongoing service. WET recognizes that the Department's student programs are not just about creating a larger pool of job applicants, but rather a larger cohort of well-rounded, successful, and recovery-oriented partners in transformation.

The WET Graduate Intern, Field, and Traineeship (GIFT) Program remained one of the most highly sought training programs in the region. The Department is the largest public service, formal internship program in Riverside County. The Staff Development Officer of Education interviewed every applicant, screening to identify students who met MHSA values and Department workforce development needs: were passionate about public, recovery-oriented service; committed to the underserved; who had lived-experience as a consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County. WET had affiliation agreements with more than 20 educational institutions, including every graduate program that has a specialty in Mental Health. This fiscal year, 66 students entered into GIFT: 44 MSW; 13 MFT; 6 BSW; 2 Psy.D., and 1 Substance Use Counselor intern. Of this cohort, 32 spoke a second language including Spanish, Farsi, Portuguese, Italian, and French.

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

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

The Department's graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. The Department continues to hire over 80% of the graduating student cohort – not only meeting the workforce development needs for this hard-to-fill job classification but confirming that the WET GIFT program had prepared them to succeed in public mental health service. Data indicates that the GIFT students also have a higher retention rate than employees hired outside of this intern experience.

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

The GIFT Program continues to refine and expand. WET has developed a second placement season in spring (in addition to the standard fall placements) for greater flexibility and to increase the number of students that can be managed by the program. WET is also developing specialized education tracks within placements; these include a track on the development of Bilingual/Spanish therapists, a distinct cohort for detention services, and a family therapy track.

The Lehman Center (TLC), a teaching clinic primarily staffed by student practitioners serving system of care consumers, opened its doors in October 2014. Named after Judy Lehman, the retired Department Supervisor who helped found the centralized student placement coordination; TLC is a system of care clinic. TLC is a single clinic with two campuses – one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice. During this fiscal year, TLC served over 150 consumers and families, with the help of 21 graduate students and 2 BSW students, ten of whom are Bilingual/Spanish.

TLC is not only developing the skills and values of the student therapists, but is meeting the needs of the community as well. In spring of this fiscal year, students served a 10-year-old, El Salvadoran refugee. He was physically and emotionally abused in El Salvador and in his journey to the United States, he was kidnapped and held for ransom, his life was threatened daily and he was deprived of food. He was referred by his local school that experienced him as angry, acting out, and having trouble with acculturation. He was hesitant to engage at first, but with intense services, he began to open up about his experience and his symptoms of

nightmares, depression, and fear. He completed trauma informed therapy which assisted him in expressing his feelings and managing his wellness. Today, he is doing very well. He loves school – particularly math – and is excited about his future and wants to go to college to be an engineer.

TLC has started outreach to at risk populations and this year was able to create specialized programming to meet the mental health needs of the LGBTQ community. WET partnered with the Department's LGBTQ Community Liaison to create off-site services at a community identified safe place. Students received a special, multi-day training on serving the LGBTQ community. We hope to expand this model to other at risk populations as well.

WET-05 Financial Incentives for Workforce Development

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

The Riverside University Health System – Behavioral Health (RUHS – BH) 20/20 and Paid Academic Support Hours (PASH) Program is a workforce development strategy directed at regular status employees who are eligible to earn a MSW or MFT graduate degree. The 20/20 and PASH Program enable selected participants to maintain a full-time salary while modifying up to 50% of their work hours to attend school. Employees have to demonstrate their commitment to public mental health service as well as their ability to address the disparities in the Department's workforce needs. Participants sign a binding agreement to work for RUHS - BH for the same amount of time that they receive academic support. Graduates from the FY13/14 cohort have been hired and retained by the Department. WET added 5 new employees to the program and is looking at creating a specialized cohort this year due to a partnership with the County's central, Education Support Program that proposed a unique MSW cohort that will meet locally even though educated through Loma Linda University.

With the encouragement of Riverside County Board of Supervisors' policy, and in partnership with Riverside County's Educational Support Program, WET developed and continued to manage the Tuition Reimbursement Program. Employees can seek reimbursement for

technical and administrative studies when related to their job classification, not just clinical coursework. Employees have two options:

1) Achieving a degree or certificate that supports current work duties or creates a promotional career pathway; or
2) Taking a single course that enhances work related skills and serves as a return-to-school trial.

There are currently 6 staff participating in the program, pursuing education in Public Administration, Liberal Studies, Social Work, Marriage and Family Therapy, Purchasing, and Logistics and Supply Chain Management.

In addition, WET maintained an active role in State-administered workforce financial incentives. WET provided Riverside County representatives to the local MSW and MFT stipend programs to assist in the selection process of MHSA stipend awards, as well as, to maintain a seat on the Mental Health Loan Assumption Program (MHLAP) Advisory Board. The MHLAP provided up to $10,000 to qualified applicants in exchange for a year of continued service in the public mental health service system.

Veteran Services Liaison

The Veterans Services Liaison (VSL) position was established to help address the needs of the veteran population and their families and to advise on best practices and new strategies. The VSL also provides support to families and friends of veterans, educates RUHS - BH staff on veteran culture, networks with community and veteran organizations to decrease stigma around veteran mental health and to engage veterans in a dialogue regarding mental health wellness. The VSL is the RUHS - BH representative on the Behavioral Health Commission Subcommittee on Veteran Mental Health.

Upon recommendation of the Behavioral Health Commission Subcommittee, the VSL was re-conceptualized and reclassified. Though subcommittee members remained firmly resolved that the VSL should have lived experience as a US Military Veteran, they also wanted the position to be more active in the direct service of vets in need. Moving forward, the VSL – in addition to being a military veteran – would also be a Clinical Therapist. This would allow homeless outreach staff and other first contact providers to have a therapist available that could perform initial Intakes and other mental health services in the field. Wait times to open cases would decrease and engagement could be prompt. The VSL would also serve as consultant to other RUHS - BH therapists that served clients who were military veterans. Riverside County is committed to the "no wrong door for a vet" approach to service and this allows the VSL to begin mental health treatment for his clients as early as possible, determine the most appropriate long term service provider and resource, and warmly transfer the veteran to that resource.

After an extensive recruitment to fill this specialized position, a candidate was interviewed and hired. Unfortunately, after a month, he accepted a position elsewhere and resigned. RUHS - BH remains dedicated to the position and wants to consider the most expedient route to fill the role and move our planning forward.

Every year RUHS - BH places approximately 60 student practitioners into clinic programs to assist in their development as public mental health professionals. We recruit students for diversity, including military veterans. This upcoming academic term, we have selected an MSW graduate student that is also a Navy veteran. Both his university and the student are excited about fulfilling this role as defined. Should the student achieve success in this unique internship, he would become a prime candidate for hire for this specialized position.

Prevention and Early Intervention (PEI)

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

- Outreach and Engagement
- Toll Free 24/7 "HELPLINE"
- Network of Care
- Call To Care
- "Dare To Be Aware" Youth Conference
- Stigma Reduction Programs *
  - Speakers Bureau
  - Mental Health Awareness Program for Schools
- Media and Mental Health Promotion and Education Materials
- Ethnic and Cultural Leaders in a Collaborative Effort
- Promotores de Salud Mental
- Community Mental Health Promotion Program

PEI-02 Parent Education and Support

- Triple P - Positive Parenting
- Mobile Mental Health Clinics
- Strengthening Families Program

PEI-03 Early Intervention for Families in Schools

- Families and Schools Together (FAST)
- Peace 4 Kids Program

PEI-04 Transition Age Youth (TAY) Project

- Stress and Your Mood Program (SAYM)
- TAY Peer-to-Peer Services
- Outreach and Reunification Services to Runaway TAY
- Active Minds
- Teen Suicide Prevention Program
- TAY Un-Conventions

PEI-05 First Onset for Older Adults

- Question, Persuade and Refer (QPR) for Suicide Prevention *
- Cognitive-Behavioral Therapy for Late-Life Depression
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- Caregiver Support Groups
- Mental Health Liaisons to the Office on Aging
- CareLink

PEI-06 Trauma-Exposed Services for All Ages

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Safe Dates
- Seeking Safety
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Trauma Informed Care

PEI-07 – Underserved Cultural Populations

- Hispanic/Latino
  - Mamás y Bebés (Mothers and Babies)
- African American
  - Building Resilience in African American Families – Boys Program
    - Effective Black Parenting Program (EBPP) *
    - Guiding Good Choices *
    - Africentric Youth and Family Rites of Passage Program
    - Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
  - Building Resilience in African American Families – Girls Program
- Native American
  - Incredible Years
  - Guiding Good Choices (GGC)
- Asian American/Pacific Islander (AA/PI)
  - Strengthening Intergenerational /Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families

* Eliminated

PEI Overview

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

In fiscal year 14/15 many programs continued full implementation, serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster trainings related to those models and other PEI topic-specific trainings. In FY14/15 there were 38 training days with 508 people trained. Please refer to the list of trainings in the Training and Technical Assistance section of this report (page 81).

The PEI unit includes four Staff Development Officers (SDOs) and three Social Service Planners (SSPs). The SDOs have completed the process of becoming trained trainers in many of the programs being funded which allows for local expertise as well as cost savings. Each SDO worked with their assigned PEI providers to offer training and any needed problem solving and technical assistance, as well as monitoring of model fidelity. The SSPs also offer ongoing support to the PEI providers through technical assistance including, but not limited to, support surrounding outcome measures. The PEI unit was built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community.

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

The programs that are included in this Work Plan are wide-reaching and include activities that engage unserved and underserved individuals in their communities to increase awareness

about mental health with an overarching goal to reduce stigma related to mental health challenges.

Outreach and Engagement Activities for FY14/15: During FY14/15, the Outreach Coordinators conducted 313 community events and meetings and contacted 3,104 individuals for further follow-up. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information. They also continued to provide short-term mental health services upon request in a variety of community based locations including but not limited to faith based organizations and resource centers. Those services include individual and family support as well as supporting and providing equine therapy.

Toll Free, 24/7 "HELPLINE": The "HELPLINE" has been operational since the PEI plan was approved and in FY14/15 the hotline received 10,349 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline. This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the "HELPLINE". This has many benefits for the caller as it allows for access to local supports and services because the "HELPLINE" is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention.

Network of Care: Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In FY14/15 the website had 165,999 viewers.

Call To Care: The Call to Care program is designed to train and educate non-professional caregivers in the art of care giving. The training and education allows participants connected to underserved populations to increase their awareness and knowledge of mental health and mental health resources, to increase their readiness to identify potential mental health issues, and eliminate stigma and discrimination associated with mental illness. Training includes

mental health awareness and beneficial resources; cultural awareness and sensitivity necessary to provide quality care giving; active listening and communication; self-care for the care giver and helping others deal with grief and loss. In FY14/15, the Call to Care program provided 11 training groups with 133 participants and 17 continuing education summits with 229 participants.

"Dare To Be Aware" Youth Conference: This conference for middle and high school students was held in November 2015 with 744 youth attending the conference. Students from 4 middle schools, 25 high schools, and 3 RUHS - BH programs were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day began with a keynote presentation from Ms. Wildomar who shared her mental health challenges as a high school student and the steps she took to overcome those challenges. The students were then able to choose and attend one of three workshops addressing bullying, social media, human trafficking, moving beyond shame, and creating an atmosphere of kindness on campus.

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

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

In FY14/15 two community-based organizations continued implementation of these programs by outreaching to entities such as schools, community-based providers, as well as faith-based and service organizations. There were 132 In Our Own Voice (IOOV) presentations made across the county, reaching 2,795 people. Audience members were asked to complete a questionnaire which included questions about how the presentation changed their perception of mental illness. Overall, as a result of the IOOV presentations, a large percentage of attendees reported positive shifts in their perspectives toward mental illness and 74% had good general knowledge about

mental illness. It is also important to note here that the IOOV presentation continued to be delivered monthly to law enforcement through their training academy.

FY14/15 saw progress in developing relationships with school districts. As a result there were 34 Parents and Teachers as Allies presentations, reaching 465 people including district nurses and health clerks, school counselors, school psychologists, school administrators, and parents. One of the primary goals of the program is to increase knowledge about the signs and symptoms of mental health challenges. As a result of the Parents and Teachers as Allies presentations, 91% of the attendees reported having a good general knowledge about mental health challenges in children.

The Breaking The Silence (BTS) Program was a focus in FY14/15, which resulted in 49 presentations. The curriculum was reported to have been used by three (3) high school personnel and ten (10) upper elementary personnel that were trained to use it. Those who utilized the curriculum reported that it was useful in assessing attitudes and behaviors, phobias and using the right words. In addition, students rated the greatest effectiveness to the items, "I understand that mental illness is a brain disorder", "BTS helped me understand the importance of early treatment for mental illness", and "BTS helped me recognize early warning signs of mental health conditions".

As stated in the FY15/16 MHSA Annual Update, RUHS – BH and NAMI CA, through phone and email communication, were able to agree that the two current providers of the NAMI Signature Programs would continue to provide the programs through the end of the current contract cycle which is 6/30/16. The Community Planning Process continues to highlight the priority of providing mental health education and stigma reduction programs. PEI staff researched the most effective components of stigma reduction activities that include speaker bureaus and mental health awareness training for school staff. A Request for Proposal was developed and released in February 2016 with a new contract expected to be executed in FY16/17.

In FY13/14 an additional Senior Peer Support Specialist was added to the Family Advocate Program to help the NAMI affiliates build their infrastructure and self-sustainability. PEI also supported the purchase of needed materials for several signature programs as well as informational materials for the public, including brochures and publications. The PEI Family Advocate will also begin working with schools to share the family perspective of children with

mental health challenges, and will also work with department clinics to assist families as their children bridge to adult services.

Media and Mental Health Promotion and Education Materials: RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 76,591 site visits in FY14/15. This is an almost 50% increase in visits from the previous fiscal year, indicating that there is more awareness of the website. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.

Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a "story" about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at www.Up2Riverside.org. There are currently 20 digital stories available for viewing on the Up2Riverside website. They include videos developed by a veteran, a Transition Age Youth, a parent, and one is in Spanish.

The Up2Riverside website also incorporates the statewide suicide prevention campaign "Know the Signs". In May 2015, Action Research conducted 600 randomized telephone interviews of Riverside County residents. Twenty-seven percent of the interviews were conducted in Spanish. Results demonstrated that the campaign has seen a steady increase in respondents who reported having seen ads or messages. 81% if those contacts were aware of at least one campaign message. The results of the telephone interviews revealed a significant relationship between seeing any ad or message from the It's Up To Us campaign and three (3) help seeking items:

1) They agree the ads helped them know where to seek help in their community for mental health problems,

2) They agree the ads helped them know where to seek help if someone in their family is showing warning signs for suicide, and

3) They agree the ads helped them know where to seek help for emotional and behavioral problems in children.

The Up2Riverside campaign was acknowledged by the PEI Steering Committee as having a positive impact with community members that they know. For FY15/16, Civilian is working closely with local universities and colleges to disseminate Up2Riverside and Know The Signs materials on the campuses. The Community Planning Process supports the continuation of the Up2Riverside campaign due its positive impact.

African American Family Wellness Advisory Group Report - Outreach and Education Initiatives for FY14/15: African American Outreach and Education efforts over the past year continued to focus primarily on educating the community on ways to get involved, and ultimately, influence public policy. An emphasis continues to be played on the recruitment of individuals, representing a diverse group of African Americans throughout Riverside County. Attendance at community events and meetings by the consultant and African American Family Wellness Advisory Group (AAFWAG) members helped increase involvement. The primary goal has been to reduce stigma about mental health services and increase knowledge of services and available resources. The following have been accomplished by the AAFWAG:

- The AAFWAG joined the Children's Division of RUHS – BH in the formation of an African-American Roundtable to assure quality culturally competent services to African-American children and their families. Community participation continues to grow.
- An initiative was created to develop an African-American centered mentoring model to teach local groups how to develop culturally competent mentoring programs for African-American males. The plan will be completed in 2016. Initiative partners are: Sigma Beta Xi, Omega Psi Phi Fraternity, Street Positive, and AAFWAG members.
- The AAFWAG participated in more than 20 community events and regular meetings to reach out to community groups, churches and residents by providing behavioral health

speakers, presentations by members and distributing information about the departments' behavioral health services.

- The AAFWAG provided input to RUHS – BH staff in the creation of the Request For Proposal for a Building Resiliency in African-American Families Girls Program. Two members of the AAFWAG served on the committee and worked with the Department's consultants and staff in developing the final phase of the program.
- Members of the AAFWAG are active supporters of the Eastside Reconciliation Coalition. This non-profit comprised primarily of African-American and Latino pastors have a mission of reducing gang violence on Riverside's Eastside.
- In May 2015, AAFWAG participated in the May is Mental Health Month expo held at Fairmount Park in Riverside.
- In August 2015, AAFWAG members participated in the Moreno Valley African-American Coalition's Annual Family Reunion. Information on the Advisory Group and behavioral health services were distributed along with promotional information.
- AAFWAG members provided input at the August hearing conducted in Temecula by the Mental Health Oversight and Accountability Commission.
- In September 2015, AAFWAG was one of the co-sponsors of a community dialogue on racial socialization. This discussion was led by Dr. Ashunta Anderson, Pediatrician at UCR Schools of Medicine. The discussion focused on how to talk with children regarding race. Other sponsors were the United Domestic workers, The Group and UCR School of Medicine.
- AAFWAG members provided input at the December 2015 RUHS – BH Community Stakeholder's meeting to discuss community mental health needs, especially African-American communities.

Asian American Task Force (AATF): The AATF is a committee of the Cultural Competency Program at the RUHS - BH. It was organized to bring the Asian American Pacific Islander (AAPI) population in Riverside County together with providers and community health resources for the purpose of networking, education, advocacy, and community building. Its overall mission is to assist and guide the Cultural Competency Program to help the AAPI population to achieve

overall wellbeing in their bodies and minds. The AATF is chaired by a consultant with experience in community organizing, program planning and development, public policy and advocacy on behalf of ethnic and cultural populations especially the AAPI population. Its diverse membership consists of 25 individuals representing several AAPI ethnic community groups, pastors, educators, consumers/peers, students from UCR and CSUSB and staff from RUHS-BH and other governmental agencies. It meets the fourth Thursday of the month at the Cultural Competency Program.

Asian American Task Force 2015 Activities and Accomplishments:

AATF Community Outreach and Awareness Events:

- Lunar Fest, January 30, 2015, Riverside
- Asian American Pacific Islander Heritage and Mental Health Month celebration and Mental Health promotion forum, May 26, 2016, Riverside
- Perris Valley Filipino American Association, "Sharing our Stories. The Asian-American Challenge" Community Forum on July 18, 2015, Perris
- World Suicide Prevention Day, September 10, 2015. Social Media Promotion
- Mental Health Awareness, Information and Resources: A Community Forum for Asian-Americans, Asian Immigrants and Pacific Islanders featuring Congressman Mark Takano as keynote speaker on October 17, 2015, Riverside
- MHSA Stakeholder Participation:
- AATF submitted updates for the MHSA and Cultural Competency Plans
- AATF members attended and testified at the RUHS - BH Mental Health Commission's Public Hearing on the MHSA Plan Update on May 6, 2015, Riverside
- AATF members attended the MHSOAC Community Forum on August 13, 2015, Temecula

AATF Trainings:

- Two AATF members who are pastors from the Korean community completed the 8-hour training in Mental Health First Aid in Korean offered by LACDMH in Los Angeles

- Dr. Rocco Cheng presented a training on mental health clinical intervention and outreach and engagement to staff and students on May 26, 2015

AATF Project Implementation:

- Perris Valley Filipino American Association Resource Center; proposal development, in progress
- Hmong CD Outreach Project in collaboration with Cal MHSA; proposal submitted
- AAPI Consumer Outreach for Focus Group and WRAP and Tai Chi group in progress
- Resource Directory listing of clinics with bilingual psychiatrist; pending

AATF Specific Objectives for 2016:

AATF members reviewed and discussed community needs, priorities, and strategies at the June and July 2015 AATF meetings and developed a list of eight projects for 2016. These 8 projects include:

1) Mental health promotion, awareness and anti-stigma community events
2) Wellness project for Hmong community in Banning
3) Promotores curriculum development, training and outreach for AAPIs
4) Parent education
5) Resource center development with trusted AAPI community based groups and organizations
6) AAPI consumer mentoring and support
7) Access and resource directory
8) Training and support for community leaders and pastors from the Korean community.

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

Community Advocacy for Gender and Sexuality Issues (CAGSI) - LGBTQ Wellness Collaborative – 2015 Report: The Community Advocacy for Gender and Sexuality Issues (CAGSI) is a LGBTQ Wellness Collaborative and was formerly known as the LGBTQ Taskforce. CAGSI is a county-wide coalition of LGBTQ related organizations, consumers, and providers. The goal of CAGSI is to assist the RUHS - BH in reducing disparities in the mental health system by ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community. In response to both RUHS - BH and the community's desire to reduce stigma and disparities around mental health care for the LGBTQ community, CAGSI engaged in the following activities in 2015:

Transgender Youth Empowerment Program (TYEP): TYEP targets vulnerable transgender youth who possess leadership potential but lack opportunities to develop in a positive way. Teens, age 13-21, are taught to develop skills in leadership, civic engagement, critical thinking, team building, and other vital areas through monthly empowerment sessions.

- Peer to Peer outreach – From January through July 2015, transgender youth activist, Jaden Handzlik, provided 1:1 peer outreach and support to trans youth experiencing coming out issues, concerns about safety and maneuvering the transition journey while in school. Approximately 55 youth received in person or telephone support.
- School outreach – In 2015 CAGSI participated in regional meetings and discussions with local school districts on the implementation of AB1266. This law is designed to provide equal access for transgender students to facilities and extracurricular activities in public schools.
- In September 2015, transgender activist and therapist Giorgio Di Salvatore provided support and information on navigating through the school day for trans youth and their parents.
- Beginning in April 2015, CAGSI representatives presented and facilitated seven (7) discussions surrounding the film short, "Morgan's Project". This is a video diary of a local trans youth's journey to self-identity as gender non-binar.

In addition to program development, CAGSI participated in the following activities:

- Met monthly the 3rd Tuesday of each month

- Participated in the 2015 Mental Health Summit in Palm Desert
- May is Mental Health Month – Hosted both at festival and co-sponsored with Unity Fellowship Social Justice Ministry presentation on mental health and LGBT community
- Palm Springs Pride – Provided mental health information to 3,000 interested Pride participants

Community Education and Outreach: Gave 35 presentations to 850 participants in diverse groups including, but not limited to, the faith community, foster parents, department staff, and community groups. Sample topics included: Gay and Gay Mental Health Needs of LGBT Older Adults; Reparative Therapy and other Harmful Issues facing the LGBT Community; and Who is the LGBT Community in Riverside County.

Faith-Based Outreach: Provided training and support to churches exploring "Open and Affirming" standing on a denominational level. Provided support to churches interested in creating or reviving an LGBT youth safe space in Riverside.

Statewide Engagement: CAGSI representatives participated in monthly LGBT Health and Human Services Network collaborative conference calls. CAGSI chair participated in the LGBT Statewide Reducing Disparities Mini Summit in Sacramento.

The goals of CAGSI for 2016 are to expand outreach to the LGBTQ community and to provide transgender youth with opportunities for meaningful involvement in preventing violence, creating community change, enhancing neighborhood organizations' ability to engage LGBTQ youth n their activities and change the social and physical environment to reduce and prevent violence using culturally appropriate methods. The specific aims are:

1) Train and support 25 interns to provide affirmative care and services to the LGBT community via structured youth, young adult and older adult support groups, and/or individual therapy.
2) Train community residents to be Peer Educators to implement outreach, advocacy, education, and referral to support services and to train transgender youth in leadership skills.

3) Deliver C-PEP to residents in the three regions of Riverside County which encompasses the Western, Mid-County, and Desert and to host TYEP projects in each region in Riverside County.

4) Evaluate each component to convey the programs' impact on the LGBTQ community relative to the number of consumer's accessing quality mental health services and transgender youth who become knowledgeable enough o utilize their leadership skills.

5) CAGSI will provide leadership and support Gay Straight Alliance Summits to be held in Temecula and Riverside in the spring of 2016.

Native American Committee Report for FY14/15:

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

Spirituality Initiative:

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

1) Establish ongoing collaboration with community faith-based organizations.

2) Provide First Aid Mental health training curriculum in response to the identified needs of the faith community leaders.

3) Distribute the community dialogues findings and Implementation of recommendations and priorities.

4) Develop Mental Health Providers Guidelines on Spirituality and Mental Health Services.

Promotores de Salud Mental Activities for FY14/15: Promotores de Salud Mental Program is an outreach program that addresses the need of the county's diverse Latino Community. Program implementation began in July 2011. During fiscal year 2014/2015, Promotores de Salud Mental provided a total of 2,179 mental health education and/or modular presentations. Across the three types of formats 37% were mental health education presentations, 56% were modular presentations, and 7% were participation in health fairs/public events.

A total of 20,855 Riverside County residents attended either a mental health education, modular presentation or community event. In addition Promotores also engaged in the following activities:

- Outreach: Promotores de Salud Mental conducted targeted outreach to Spanish-speaking members of the Latino community by going door-to-door and setting up information tables in apartment complexes and public shopping centers.
- Door to Door Planned Events: Coordinated strategically, culturally, and linguistically competent activities to provide and distribute information.
- Tabling: Coordinated strategically, culturally, and linguistically competent venues to distribute information in local community small businesses.
- Health Fairs: Participated in 157 local community events with several agencies and venders to provide and distribute information. Through the health fairs, specific contacts were made with 4,066 community members.

Satisfaction surveys were completed by 13,926 attendees. Overall, the presentations were well received by the participants. Results indicated that 95% strongly agreed or agreed that the information presented made them more aware of prevention and early intervention for mental health and gave them a better understanding of the early signs of mental health issues. 91% of people strongly agreed or agreed that as a result of the presentation they are better able to talk about mental health issues with family and friends. Most notably, 92% strongly agreed or agreed that they would feel comfortable seeking help for themselves or a family member regarding mental health issues.

Community Mental Health Promotion Program: Due to the success of the community health worker (Promotores) model, an RFP was released in late 2013 to expand the program as a model for other cultures. It is the Ethnically and Culturally Specific Community Mental Health

Promotion Program (CMHPP). The RFP was subsequently cancelled while further planning efforts continued to ensure that the program will be implemented successfully. As a result of the CMHPP the following cultures will develop a similar model in order to reach many people who would not have received mental health information and access to supports and services: Native American, African American, LGBTQ, Asian American/Pacific Islander, and Deaf and Hard of Hearing. The PEI Steering Committee identified moving forward with the CMHPP as a priority for FY16/17

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program): The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. In FY14/15 RUHS - BH continued the contracts with four providers to deliver the Level 4 parenting program in targeted communities throughout Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 392 parents were served through the Triple P classes. Evaluation of the impact of change in parenting as a result of the classes indicated significant improvement in positive parenting as well as overall decreases in inconsistent discipline. In addition to pre and post surveys that look at parenting practices, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed statistically significant decreases in both the intensity and frequency of problem behaviors. This was the third year of program implementation of the Triple P program and the overall impact continues to be very positive. The PEI unit also continued to coordinate Triple P Level 4 trainings which included contract providers but also invited Department staff including Parent Partners and CalWorks staff. A Request For Proposal was released in FY13/14 to identify providers to continue providing this program in all three regions of the county and providers were identified with new contracts beginning in July 2015.

Mobile Mental Health Clinics: There are three mobile units that travel to unserved and underserved areas of the county to reach populations in order to increase access. The mobile units allow children, parents, and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors and appropriate interventions, training for school staff, Triple P tip sheets regarding specific problem behaviors, and small groups for children whose parents are incarcerated. In FY14/15, 95 children and families received PCIT through the mobile units. There was a statistically significant decrease in parents' views of their child's behavior as a problem as well as a statistically significant decrease in the frequency of problematic behaviors. Outcome measures also revealed a significant decrease in parental stress. In addition to PCIT, in FY14/15 staff also provided Trauma-Focused Cognitive Behavioral Therapy, Incredible Years, Dinosaur School, and Strong Kids Group for children whose parents are incarcerated. Staff provided 80 parent consultations as well as consultation to 36 providers. Each unit is also equipped, stocked, and prepared to respond locally and to other counties if called upon in response to disasters through regional mutual aid agreements. The staff takes the mobile units to community events to provide outreach and education to underserved communities. In February 2015 the mobile mental health clinics received the Bright Idea Award from Harvard University, John F. Kennedy School of Government School. This unique award recognized promising government programs that community leaders can use as models.

Strengthening Families Program (6-11) (SFP): SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. In FY14/15, 175 families were screened for the program with 133 families enrolling. In total, 91 (68%) families met the program completion criteria of completing 10 or more sessions. 74% of the families identified as Hispanic and 62% of the participants reported Spanish as the primary language spoken in the home. The most frequent risk factors identified at screening were poor communication (86%) and child behavioral problems (83%). Evaluation of program outcomes include measuring decreases in behavioral, emotional and social problems as well as measuring increases in parenting skills, parent

supervision, building family strengths, enhancing school success, concentration skills, and pro-social behaviors. Many statistically significant outcomes resulted for families that completed the program. These included: improvements in the areas of parenting skills and parent supervision; improvements in overall family strengths including communication and family organization; improvements with the child's school success including staying on task, working well independently; and improvements with their children in regard to concentration, behavioral, emotional, and social risk factors.

PEI-03 Early Intervention for Families in Schools

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

Families and Schools Together (FAST): The FAST program is an outreach and multi-family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school thus avoiding problems such as school failure, violence, and other delinquent behaviors. The FAST program utilizes a team of four (4) (one school administrator, one parent partner from the school, and two community-based organization staff) to implement the program at each school site. Through the RFP process, two new providers were identified in FY14/15 with services beginning in January of 2015. The teams received training from a PEI Staff Development Officer who has been certified to train in the model. The program was implemented at five (5) school sites in three school districts. The goal is for each school district to have two sites; however one district was only able to engage one site. One of the highlights of utilizing the FAST program is that it must be provided at the school sites, which de-stigmatized the intervention with a goal of increasing families' willingness to attend and complete the program. FAST served families with youth who attended Kindergarten through 5th grades at the trained sites and 95 families participated in the program. In total, 55 (58%) of those families who participated met the program completion criteria of attending 6 or more sessions. Pre and post measures were completed by adult participants as well as school staff. Parents reported a slight improvement in their sense of social connectedness to their community and significant improvement in accessing emotional support. At the end of the

FAST program, both the social support provided and received by the parents increased but not significantly. Although family functioning remained almost the same from pre to post, family conflict showed significant decreases. Parents also reported increased involvement in their child(ren)'s school activities and parent to school contact improved. Teachers reported more communication between parents and teachers and improvements in relationships between parents and teachers. Both parents and teachers reported improved behaviors in the children.

The RUHS – BH Research and Evaluation unit was asked to develop a comparison of the Families And Schools Together (FAST) and the Strengthening Families Program (SFP). Both programs serve families with young children through use of multiple family interventions. Both programs also have overall goals of increasing parenting skills, developing family cohesion and increasing school success and decreasing child disruptive behaviors. FAST and SFP both have a similar structure to the sessions, including a family meal, groups for parents and children and bringing families back together to practice new skills. The pre/post measures given in each program are different so comparison of outcomes across the programs are not exact. There are categories, however, that can be compared across the programs. In the areas of cohesion/ building family strengths, hyperactivity/concentration, emotional symptoms, pro-social behaviors and peer/social problems, the Strengthening Families Program showed overall better outcomes for program participants. The area of conduct/behavioral problems was the one area that the FAST program showed better outcomes. The comparison of programs was provided to the PEI Steering Committee and the recommendation was to wait until the last cycle of FAST begins in the current fiscal year to determine if the number of families referred to, and served, in the program meet the current contract expectations.

Peace4Kids: Peace 4 Kids, Level 1 curriculum, is based on five (5) components (Moral Reasoning, Empathy, Anger Management, Character Education, and Essential Social Skills). The program goals include: helping students master social skills, improve school performance, control anger, decrease the frequency of acting out behaviors, and increase the frequency of constructive behaviors. There is also a parent component, which strives to create social bonding among families and within families, while teaching social skills within the family unit. In the FY14/15, Peace 4 Kids added Level 2 for students that had previously completed Level 1 and requested additional classes in order to practice what they had learned as well as to learn new skills. Level 2 included advanced lessons related to the same five components as Level 1,

with the same goals as Level 1. Students had to have completed Level 1 before participating in Level 2 in order to have a basic understanding of the topics covered. RUHS – BH and Palm Springs Unified School District continue to have a Cooperative Agreement to have the program at the two middle schools in Desert Hot Springs. 372 students received the program throughout the fiscal year and 72 parents participated in the Family Time component. Pre and post measures were completed by the students, parents, and teachers. Outcomes of students and parents ratings of the student's behavioral difficulties and pro-social skills showed statistically significant improvements.

PEI-04 Transition Age Youth (TAY) Project

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

Stress and Your Mood (SAYM): SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. This was the third year of implementation of the program in targeted communities throughout Riverside County. In FY14/15, 179 youth were served in the program. Continued outreach efforts to reach underserved youth were effective in that 58% of those enrolled were Hispanic and 18% of the youth reported being LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning. The results were very positive in that before the intervention, 98% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated that average depression scores decreased to below the clinical level of depression. The clinician also completes a measure after each module. Of note is that the clinician rating of change after the first two modules was minimal; however, statistically significant changes were noted after the final module, suggesting youth should complete the intervention in its entirety. Each youth was also given a measure of overall functioning and these measures indicated significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 82% of the youth indicated that they "agree or "strongly agree" that as a result of the program they know how to obtain help for depression and 89% indicated that they "agree" or

"strongly agree" that they learned strategies to help them cope with stress. As a result of waiting lists and positive outcomes, the PEI Steering Committee recommended expansion of the program in the targeted communities in FY14/15. The community-based organization that was contracted to provide the service in the Mid-County Region decided not to renew their contract for FY15/16. An RFP will be released for this program in FY16/17 with the goal of finding providers in each of the regions.

TAY Peer To Peer Services: This program is one in which Transition Age Youth (TAY) Peers provide formal outreach, informal counseling and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. In order to provide additional structure to the providers around activities the TAY, providers were given training on how to develop a Speakers Bureau as well as the Coping and Support Training program (CAST). CAST is an evidence-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts. Each CAST cycle consists of a screening session and 12 sessions focused on skill development. The "Cup of Happy" TAY program has become well known in the Western and Desert Regions and in FY13/14 the provider for the Mid-County region focused on outreach to become known in the targeted communities. There were a total of 1,086 various Peer-to-Peer events throughout the county with a total attendance of 10,400. Event topics included coping skills, LGBTQI support, and mental health stigma reduction. The TAY peers attended large health fair events, passed out mental health related information on the streets, held support groups for LGBTQ youth in a local coffee shop, and hosted a weekly event at a community center where TAY could come and present their original spoken word works. Outreach also resulted in 1,061 individual contacts and 46 of those individual contacts resulted in linkage to the Stress and Your Mood program. FY14/15 was the first full year of implementation of the Speaker's Bureau and CAST program. There were 52 Speaker's Bureau presentations by the TAY peers reaching 906 individuals. Post-test results revealed a statistically significant reduction in participants' stigmatizing attitudes and statistically significant increases were found in affirming attitudes regarding empowerment over, and recovery from, mental health conditions, as well as a greater willingness to seek mental health services and supports. There were eight (8) full cycles of CAST completed with 61 participants enrolled and 51% of those completing the program. The

CAST groups are offered on high school campuses and the primary challenge that was identified in students completing the program included having to miss class to attend the groups. For those who completed the program, there were statistically significant improvements in self-esteem and control of their moods.

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

Active Minds: Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11 and FY11/12, RUHS - BH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are: University of California Riverside, College of the Desert, Palo Verde College, and Riverside City College. In FY13/14, Mount San Jacinto College and Moreno Valley College started a chapter on their campuses and received funding to begin activities. The funding continued for those two campuses in FY14/15. Student activities include providing information to students and faculty regarding mental health topics and promoting self care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and State level.

Teen Suicide Prevention and Awareness Program: Riverside County Community Health Agency, Injury Prevention Services (CHA–IPS) continued to implement the teen suicide prevention and awareness program in seven school districts throughout Riverside County. The districts served were Moreno Valley, Riverside, Coachella Valley, Murrieta, Corona, Beaumont, and San Jacinto. CHA-IPS continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. CHA-IPS staff restructured the program in FY14/15 in order to completely support the school community in suicide prevention education and awareness resources. CHA-IPS

provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. The staff then assisted the students to facilitate a minimum of two campus-based mental health awareness and suicide prevention activities. These activities included handing out SP cards at open house and other school events and making PSA announcements. This helped to build momentum around suicide prevention and reduce the stigma associated with seeking mental health services. Some examples of the activities that the students developed and implemented on their campuses are: friendship grams with the local Helpline information printed on them, skits on how to ask for help were performed during lunch time, positive message posters placed around campus, and meet and greet sessions with the school counselors were organized. A suicide prevention walk was coordinated at one site and another site passed out buttons displaying positive quotes to the student body. The program supported 39 school sites in FY14/15. As a result, there were 40 suicide prevention curriculum trainings conducted for over 695 high/middle school students, 20,850 mental health related brochures and help cards were distributed, and there were 78 suicide prevention campaigns impacting approximately 48,827 students across Riverside County. CHA-IPS staff continued to provide parent education and staff development activities in FY14/15. The parent education component provided parents with a 1 to 2-hour presentation on the warning signs, risk factors, and resources available to youth in crisis. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing three SafeTALK suicide awareness trainings.

Transition Age Youth (TAY) Un-Conventions: As a result of a Community Capacity Building grant two TAY Un-Conventions were held in the Desert Region of the county in FY12/13. The purpose was to bring together TAY and TAY serving organizations to identify and develop plans to address the needs of TAY. As a result, a comprehensive resource guide was developed and widely distributed. Through the Community Planning Process a recommendation was made to duplicate those TAY Un-Conventions in the Western and Mid-County Regions. As a result, these are being added to the plan with the goal of having the Un-Conventions completed and a resource directory developed by each region by the end of FY16/17.

PEI-05 First Onset for Older Adults

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

Cognitive-Behavioral Therapy for Late-Life Depression: This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. There continued to be a great deal of outreach activities that occurred during FY14/15 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY14/15, 89 older adults were served in this program. The largest percentage of participants were ages 60-69 (57%) and 9% of those served were 80-90 years of age. Of note is that 39% of those served identified as LGBTQ. One of the providers exclusively serves the LGBTQ community in the Desert Region of the county. Eighty-nine percent of those served by that agency identified as LGBTQ. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life as well as participation in social activities. This program has demonstrated positive outcomes since implementation began. The current contract cycle is coming to an end and as a result an RFP for these services will be released in spring of 2016.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS): This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. PEARLS staff continued efforts to outreach and educate the community, as well as organizations, about the program in order to increase the number of referrals for individuals that enroll in the program. A total of 122 older adults were enrolled in the program in FY14/15. Forty-eight percent of those served are between the ages of 60 – 69 and 6% of those served were 90+ years old. Outcomes demonstrated statistically significant decreases in depressive symptoms and symptoms of anxiety for those who completed the sessions. In addition, PEARLS program participants reported an increase in satisfaction with their life in general and reported greater feelings of well being. Participation in

social activities and the frequency of pleasant activities are integral components to the PEARLS model. Average rating on both of these items showed a statistically significant increase. Along with the evaluation of program outcomes, the implementation of the program was also evaluated. In addition to evaluating program outcomes, a full implementation and referral analysis was conducted. This revealed a troubling pattern in that over the last three fiscal years the number of referrals has steadily decreased despite significant strategic outreach efforts. As a result the program was far below the intended target for numbers to be served. The analysis proved that while the actual outcomes were positive, the cost versus the numbers served was not justifiable to sustain the program. The decision was made to slowly transition the current caseload through completion of the program and discontinue new referrals into the program until further analysis can be made. This will allow time for the Department to fully assess the implementation barriers and potential efficacy of the program as a whole.

Care Pathways - Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called "Care Pathways", consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions, and stress reduction techniques. They continued to have great success is marketing the program. The OoA served 237 individuals in FY14/15. Seventy-seven percent of participants were female and 60% of program participants had been caregiving for four (4) years or less. The race/ethnicity of the participants was reflective of the county older adult population, with 61% Caucasian, 23% Hispanic, and 8% African American. The most frequent relationships to the care recipient was mother/mother-in-law at 32% and husband at 30% of those participating. There was a statistically significant decrease in depressive symptoms which was recorded prior to beginning the group and at the end of the 12-week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. OoA group facilitators reported that some of the caregivers were in need of short term additional support; and as a result the Mental Health Liaisons embedded in the OoA were assigned to assess and provide needed service and referrals. This included individual therapy, primarily

CBT for Late Life Depression and/or connection to community resources and supports. The Care Pathways program received the Harvard University, John F. Kennedy School of Government Bright Idea Award. This unique award recognized promising government programs that community leaders can use as models.

QPR for Suicide Prevention: QPR stands for Question, Persuade, and Refer: The QPR suicide prevention gatekeeper training was selected as the model to use to train gatekeepers who interact with older adults in order to look for depression and suicidal behaviors and refer them for assistance. This training model was not implemented as efforts continued to focus on development of programs to provide prevention and early intervention for older adults in the past several years. Through Statewide efforts, PEI staff and other community partners have received the train the trainer in two other suicide gatekeeper trainings, ASIST and SafeTALK. As a result, training in QPR would be redundant and therefore is being removed from the PEI plan.

Mental Health Liaisons to the Office on Aging: There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing the CBT for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff, and other organizations serving older adults, about mental health related topics, as well as providing mental health consultations for Office on Aging participants. In FY14/15 only three of the positions were filled. The Mental Health Liaisons participated in 62 outreach events within the 14/15 fiscal year. They also processed 135 referrals which resulted in 17 of those referrals being enrolled in Cognitive Behavioral Therapy or the PEARLS program. Fifty percent of the referrals they received were referred to other non PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 24 older adults in FY14/15. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement

of symptoms of depression. Overall, depression reduced from moderate to low. QOL survey results indicated that program participants felt better about life in general, increased relaxation and improvement in emotional well-being.

CareLink Program: CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY14/15, 94 of the individuals that were served through the CareLink program were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants showed a statistically significant decrease. Program staff continued to receive additional coaching in the enrollment criteria for the program as well as the use of the model to ensure that program participants are receiving the model as it was designed. In May of 2015, the CareLink/Healthy IDEAS program received the National Association of Areas on Aging (N4A) "Aging Achievement Award" and is included in the 2015 N4A best practices publication...

PEI-06 Trauma-Exposed Services for All Ages

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

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): This is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with school districts to provide the program on school campuses. In FY14/15, 179 youth were enrolled in the program and 131 (73%) attended 8+ sessions. Overall, the largest numbers of participants were Hispanic females. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Intake data showed that 93% of youth served had witnessed physical trauma and 84% reported experiencing emotional trauma. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a statistically significant decrease in traumatic and depressive

symptoms. Average scores for depression were reduced to below the clinical level. Analysis was also done on pre/post measures completed by parents regarding their child's behaviors. There were statistically significant improvement in all measured behaviors. An RFP was released in 2014 to identify providers to continue implementation of the program countywide and selected providers began service in July 2015.

Seeking Safety: This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. A total of 246 individuals were enrolled and participated in at least one topic session. Forty-two percent of those served were TAY. The most frequently reported traumatic experiences included sexual abuse (20%), death (16%), domestic violence (14%), removal of children by CPS (7%) and physical abuse (7%). Participants were asked to provide information about their trauma-related symptoms before they began the program and when they completed. Changes in the frequency and intensity of traumatic symptoms showed a statistically significant change. Comparison of pre/post scores on the COPING Inventory showed an improvement in most positive coping responses and a decrease in most negative coping responses to life stressors. These changes were statistically significant. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis and would recommend the program to a friend. An RFP to continue the implementation for the program was released in the spring of 2014. Providers were identified through that process and contracts for selected providers began July 1, 2015. The RFP process was successful in identifying a provider for both TAY and adults in the Western Region; however, providers were not identified in Mid-County or Desert Regions. An RFP will be released in the spring of 2016 to identify providers for those regions.

Safe Dates: This dating violence prevention program was not implemented in FY13/14 primarily due to the need to prioritize the implementation of PEI programs. This program was discussed in the PEI Steering Committee and based upon the current fiscal landscape it is clear that this program will not be implemented. As a result it is being removed from the PEI plan.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the

model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy. This model has been implemented successfully within RUHS – BH children's clinics. Outcomes from the program demonstrate significant reduction in traumatic symptoms and improvement in behavioral difficulties. RUHS - BH and the Riverside County Department of Social Services are collaborating to serve children who are brought into the foster care system, including providing clinical intervention when needed.

Trauma-Informed Care: The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered around not focusing efforts on direct service for adults who have experienced trauma, but rather to develop a trauma-informed system and communities. The PEI Steering Committee tasked the PEI Unit with identifying programs that would train mental health providers and community members in general about trauma. Models of trauma-informed care were explored in FY15/16 and a proposal was submitted to RUHS – BH Executive Management. The decision was to postpone pursuing the development of a Trauma Informed System of Care until further information could be gathered, particularly from other counties who have implemented models. The goal continues to be to identify a model that will include RUHS – BH staff as well as community-based organizations, schools, faith-based organizations and any other interested organizations. Implementation of the selected model(s) would occur in FY16/17.

PEI-07 Underserved Cultural Populations

This Work Plan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based and evidence-informed practices that have been found to be effective with the populations identified for implementation. In addition to the programs identified below it is important to note that each of the populations were identified as priority populations in all of the PEI programs being implemented. Demographic information,

including ethnicity and culture, is gathered for PEI programs in order to ensure that the priority populations are receiving the programs. The mental health awareness and stigma reduction activities also include focus on the unserved and underserved populations throughout the county.

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

Incredible Years – SPIRIT: This program is a Native American adaptation to the Incredible Years parenting program in which the facilitator provides the service to parents in their home. Incredible Years is a parent training intervention which focuses on strengthening parenting competencies, fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The provider serves the Native American population throughout Riverside County. Staff that provided the service were trained in the Incredible Years model as well as the Native American adaptation. In FY14/15, 103 parents received the program in their home. Comparison of pre to post data collected on the Alabama Parenting Questionnaire indicated significant improvement in the area of inconsistent discipline, however the other subscales showed little to no change. These subscales include positive parenting, poor monitoring involvement, and other discipline. The outcomes from the Eyberg Child Behavior Inventory completed by parents demonstrated a statistically significant decrease in the frequency and number of problem behaviors displayed by their child. In addition, total parental stress showed significant improvement.

Guiding Good Choices: The program is a prevention program that provides education to parents of children ages 9-14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use. As with the previous program the provider does serve the Native American population throughout Riverside County. This five-week parent education program was provided to 54 individuals in FY14/15. Overall, slight to moderate improvements were seen in parenting practices. There were statistically significant improvements in family functioning and decreases in parental stress.

An RFP was released in the spring of 2015 in anticipation of the contract expiring. There were no contracts awarded as a result of the RFP. PEI staff is in the process of outreaching to Native

American serving organizations to educate them about the potential funding opportunity. The RFP is anticipated to be re-released in FY16/17.

African American Communities:

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

Africentric Youth and Family Rites of Passage Program: This is a nine month after school program for 11–15 year old males with a focus on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in family enhancement dinners. The providers initially focused their efforts on outreach through personal contacts, marketing and presentations in order to facilitate referrals. This included outreach to faith-based organizations, community providers, schools, and health fairs. A total of 50 youth and their families participated in the program in FY14/15 in the Mid-County and Desert Regions. There was not a provider in the Western region in FY14/15. An RFP was released late in the fiscal year to identify a provider for that region. Pre to post surveys revealed a non-significant change to the resiliency scale measuring a sense of mastery. There was a significant increase in identifying Africentric values. This outcome related to the goal of the program because positive ethnic identity represents a strong protective factor for these youth.

Effective Black Parenting Program: This is a parent education program for parents of African American children. As with the Rites of Passage Program there was extensive outreach to schools and community providers to solicit referrals for the program. A total of nine 14-week groups were held in FY14/15 serving 55 parents with 31 of those parents completing the program. Program participants showed increases in parenting skills, positive reinforcement of their children's behaviors and increased cultural awareness. Despite the positive outcomes, the number of parents served and completing the program is very low as compared to the number of parents who could have been served. This has been the trend over the past three years. As stated in the last Annual Update, this information was presented to the African American Family Wellness Group and the decision was made to replace this 15-week program with the 5-week Guiding Good Choices (GGC) Program. The transition to using GGC will occur through the

RFP process. A provider for the Western Region has been identified through that process and the RFP for the Mid-County and Desert Regions was released in January 2016.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): As stated earlier in this update, this is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. In FY14/15, none of those participating in the BRAAF program qualified for the CBITS intervention. The clinician in both of the programs provided individual and group Cognitive Behavioral Therapy for youth enrolled in the program.

The Executive Directors for each of the providers continue to meet as a Leadership Team along with RUHS - BH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. The goal of the Leadership Team in FY16/17 is for the three providers and their staff to host a Unity Day at which all ROP youth will come together to highlight their activities.

Building Resilience in African American Families (BRAAF) Girls Program: The BRAAF Girls project, currently in development, is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. In 2014, RUHS - BH hosted two 4-hour workshops with the members of the African American Wellness Advisory Group, which included many community stakeholders. The workgroups were provided with current data regarding risk factors associated with the African American community in Riverside County. In addition, information about three potential programs was provided. Workgroup members were asked to review the information provided and return with recommendations for an after-school program for African American girls. The recommendations were gathered and the development of the program began. Working closely with the developer of the existing boys' Rites of Passage program, RUHS - BH has organized a consulting workgroup made up of experts in the field as well as community representatives and individuals with lived experience of having receiving a culturally-tailored after school program. The workgroup built upon an existing after school program to incorporate all of the recommendations from the community and included the most current data and research to create a comprehensive after-school program for African American middle school-aged youth and their families. The workgroup met during FY14/15 and concluded the process by presenting the curriculum to a stakeholder group over 2 days in June 2015. It is anticipated that an RFP will be released in FY16/17.

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

Mamás y Bebés (Mothers and Babies) Program: This is a manualized 9-week mood management course for women during pregnancy and includes three post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. In FY14/15, 357 women were served in the program. Seventy-six percent of the women enrolled in the program identified as being Hispanic, Latina or Spanish and 61% identified Spanish as their primary language. Of note is that 29% of the participants were in the 15–25 year old age range. Post data indicated that depressive symptoms were significantly decreased at the conclusion of the program, falling below the clinical cutoff. Satisfaction with the program was also high with 99% of those completing the satisfaction survey marking "Yes" or "Definitely" when asked if they learned new methods to cope with feelings of sadness and whether participation in the program helped to prevent feelings of sadness and depression. 97% marked "Yes" or "Definitely" when asked if they know how to get help for depression after the birth of their baby. An RFP was released in early 2014 to identify providers to continue implementation of the program countywide and a contract was awarded to one provider who served all regions of the county.

Asian American/Pacific Islander Communities:

Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families: This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Process, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program. Significant focus was placed on identifying a consultant from the community to continue the outreach that was begun over the past few years by the Department. Although progress has been made in this area, additional relationship building is needed prior to beginning to look at program implementation. An Asian American/Pacific Islander Task Force has been formed to engage representatives from communities with the goal of relationship building, identifying culturally appropriate ways to increase awareness of promoting health, and developing a plan to implement the SITIF program. The plan is for an RFP to be released once that process is complete.

In early 2015, RUHS - BH staff attended the Asian American/Pacific Islander Task Force meeting to solicit feedback specifically around identification and use of the SITIF program and to solicit feedback regarding implementation. The Task Force Chair provided information on the Asian American Family Enrichment Network (AAFEN) Program and asked that the program be considered for implementation in addition to, or in place of, the SITIF Program. The primary reason for this request is that the AAFEN Program is implemented by family specialists who do not need clinical training, which is the case for the SITIF Program.

RUHS - BH staff received several recommendations from the Asian American Task Force through the Chair of the Task Force. Per the chair, the AAFEN program developers are not able to bring the program to Riverside County at this time. That led to discussion within the task force around recommendations for the Asian American/Pacific Islander populations in Riverside County. The primary recommendation from the task force was funding a Clinical Therapist or Peer Support Specialist in the Cultural Competency Program to focus on outreach and mental health promotion with the diverse Asian American Pacific Islander residents/communities in Riverside and to support organized and recognized AAPI community groups and organizations such as the PVFAA to develop resource centers as a bridge to mental health treatment services supported by trained mental health workers from their ethnic communities. RUHS – BH staff will work closely with the Task Force in FY16/17 to make decisions on which activities can/will be implemented.

Other PEI Activities

The Prevention and Early Intervention Unit held the 3rd Annual PEI Summit in July of 2014. The overall purpose of the Summit was to bring together all PEI providers to learn about other programs that are being implemented and to share the outcomes of programs with all of the partners. This year's Summit focused on the PEI statewide activities. There were presentations on the power of the lime green ribbon, Know The Signs suicide prevention campaign, Directing Change student video contest, and Each Mind Matters. RUHS – BH has, and continues to make, a significant contribution to the statewide efforts and it is important for PEI providers to not only be aware of the campaigns but to promote them through their activities. One hundred and sixty-eight providers attended the Summit and the overall evaluations were very positive. A fourth Summit was held in July 2015 and will continue to be held annually.

RUHS - BH continues to participate in the Inland Empire Perinatal Mental Health Collaborative. One of the missions of the collaborative is to provide an annual conference on a topic related to maternal mental health. RUHS – BH supports the conference every other year. In April 2015 the PEI unit sponsored the 6th Annual Conference, titled Maternal Mental Health: Origins and Impact. Presentations included Women's Hormones and their Effect on Mental Health in the Perinatal Period; Psychiatric Disorders in Pregnancy and Postpartum: Treatment Considerations; and Parental Mental Health: It's Impact on Infant Mental Health and Early Childhood Development. The day concluded with a panel discussion around Perspectives on Maternal Mental Health Assessment and Intervention. There were 224 attendees from Riverside and surrounding counties at the conference. Evaluations were overwhelmingly positive and RUHS – BH will continue to support the conference.

In addition to the conference, RUHS – BH participated in the legislative breakfast held in May 2015 with the topic of Taking Action for Women and Children's Mental Health. This included providing a presentation on Challenges Facing Children with Mental Health Concerns in the Inland Empire. The breakfast was well attended and included representatives from city government as well as State Senators' offices.

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

The Directing Change Program and Student Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. In order to support the contest and to acknowledge those local students who submitted videos, RUHS – BH and San Bernardino Department of Behavioral Health have

partnered to host a Directing Change Gala. The Gala is a semi-formal event that was held at the Fox Theater in Riverside in 2014 and at the Lewis Family Playhouse in Rancho Cucamonga in May 2015. Students, their families as well as school advisors and administrators were invited to celebrate the students. PEI staff conducted outreach and awareness at high schools throughout the county to raise awareness about the contest and encourage students to make videos. Students from 16 high schools as well as UCR submitted a total of 80 videos from Riverside County. This was a significant increase from the previous year. Students received awards in the categories of Best Acting, Best Script, and Best Cinematography.

Prevention and Early Intervention Statewide Activities:

In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This allows support of ongoing statewide activities including the awareness campaigns. As stated earlier, the PEI Summit focused on those statewide activities in order to develop additional local strategies to promote those campaigns.

The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities.

Several PEI staff and community partners were trained as trainers in two suicide intervention strategies: SafeTALK and ASIST (Applied Suicide Intervention Strategies Training). SafeTALK is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. ASIST is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make

physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Over 15 trainings have occurred in these models since the trainers have become certified. The PEI Steering Committee continues to recommend that funding be allocated to continue these gatekeeper trainings since there is now capacity to train community members on a widespread basis.

Another local impact is the collaborative partnership that RUHS - BH and Riverside County Office of Education (RCOE) developed to participate in the K-12 Student Mental Health Initiative. This initiative included the implementation of the Olweus Bullying Prevention Program (OBPP) at four school demonstration sites and has since included training at an additional four school sites. Two PEI Staff Development Officers and one RCOE Program Manager participated in the OBPP Train the Trainer process and continue to work toward completing the certification process. Addressing bullying was one of the themes that came out of the Community Planning Process and as a result, the PEI Steering Committee continues to recommend that there be funding allocated to be able to offer the training to other interested schools. In FY14/15, a Student Wellness Series was offered for school administrators, counselors, and teachers. The topics included Trauma-Informed Care, SafeTALK, Suicide Prevention Toolkit for High Schools and Parents and Teachers as Allies. Due to a reduction in the availability of funding, CalMHSA has been forced to prioritize their efforts. As a result, the Student Mental Health Initiative came to an end at the end of FY14/15. RUHS – BH and RCOE remain committed, however, to efforts around bullying prevention and providing training to school staff around student wellness. An MOU is in development for staff trained in the Olweus Bullying Prevention Program to continue to offer the training and technical assistance to school districts who want to implement the program. In addition, another MOU will be developed to coordinate efforts around the Student Wellness Series.

Prevention and Early Intervention staff participated in the State sponsored Regional Suicide Prevention Workgroup which brought together representatives from five southern counties and agencies who address suicide prevention. The goals of the workgroup were to provide information about successful programs that address suicide prevention across the age span. The PEI Manager participated in a sub-committee of the workgroup to develop a best practice for suicide prevention. The committee developed, in partnership with AdEase, "A Guide to

Using Facebook to Promote Suicide Prevention and Mental Health Stigma Reduction" which was accepted to the Suicide Prevention Resource Center's Best Practice Registry.

PEI Steering Committee Recommendations:

As stated earlier, the Steering Committee members reviewed the outcomes of currently funded programs as well as feedback that was received through surveys related to PEI activities. In addition to the recommendations previously stated, the Steering Committee also identified and prioritized a pilot "support center" in one region of the county to address gaps in services. This center would particularly focus on individuals that have been reached through the outreach programs and who may be having mental health challenges but do not meet RUHS – BH clinic criteria. At this time there is no additional funding to address this recommendation; however, it will remain a priority as funding does become available.

Training, Technical Assistance and Capacity Building

In the original Training, Technical Assistance and Capacity Building proposal submitted on 7/15/2009, the Department requested funding to support Evidence-Based Practices though the expansion of our California Institute for Behavioral Health Solutions (CIBHS) contract, Law Enforcement Collaborative training, consumer training and vocational supports. This funding was made available through Prevention and Early Intervention one-time funds that have now expired. The Department acknowledges the importance of sustaining all of these initiatives and plans to continue their support and implementation through the local PEI budget. The CIBHS contract will allow the Department to support trainings related to Evidence-Based and Promising Practices identified in the MHSA Plans. In addition to staff participation the intent is to continue to offer training opportunities to our community providers and agencies as well as cross-county opportunities that may present themselves in the Southern Region. The Law Enforcement Collaborate training continues to be offered on a monthly basis and consumer employment training and support continues to surface through our stakeholder process as a primary need. Below are trainings that were conducted during Fiscal Year 2014/2015.

Training Conducted During FY14/15

2014 TRAININGS

DATE	TRAINING
7/8	Building Bridges with Adolescents
7/9	BHS: Communication & Counseling
7/16	DSM 5
7/17	DSM 5
7/24	BHS: DSM
7/29	Spirituality
7/30	Caring for Women Vets
8/11, 8/12	Dialectical Behavioral Therapy (DBT)

8/13	NCI Certification
8/14	I Love My Job But
9/16	What Does the Law Expect of Me: Part 4 (Law & Ethics)
9/18	DBT Consult
9/22 & 9/23	Clinical Supervision
9/23, 9/25, 9/30	BHS: Advanced Recovery Practices
9/25	BHS: Mental Health Risk
9/29	Human Trafficking
9/30	Support Staff Training Series Day 1
10/2	NCI Certification
10/9, 10/14, 10/23, 10/28	CA Brief Multicultural Competency Scale (CBMCS)
10/14	Support Staff Training Series Day 2
10/16	BHS: Law, Ethics & Boundaries
10/20	Child Abuse Assessment & Reporting
10/20	Elder/Dependent Adult Abuse Assess & Reporting
10/21, 10/22	NCI Children
10/21, 10/22	NCI Children
10/29	Support Staff Training Series Day 3
11/4	NCI Certification
11/6	BHS: Communication & Counseling
11/13	Support Staff Training Series Day 4
11/20	BHS: DSM
11/24	Compassion Fatigue for mobile crisis unit

11/25	Risk Assessment for CREST/REACH
12/5	NCI Certification for mobile crisis unit
12/10	DBT Consult
12/11	I Love My Job But
12/12 & 15	NAMI Provider Education
12/18	Cultural Issues in Formulation & DX

2015 TRAININGS

DATE	TRAINING
1/5	Advanced Recovery Practices for CREST/REACH
1/12	Advanced Recovery Practices for CREST/REACH
1/15	Assess & Managing Suicide Risk
1/15	BHS: Communication & Counseling
1/26	NCI Certification
1/27	I Love My Job But
1/28	Advanced Recovery Practices for CREST/REACH
2/2-2/5	Whole Health/Facing Up
2/5	Recovery Management
2/19	BHS: Law, Ethics & Boundaries
2/24, 2/26, 3/2	BHS: Advanced Recovery Practices
3/2-3/5	Whole Health/Facing Up
3/3	NCI Enhancing Verbal Skills
3/3	ED Consult

3/4	SSTS (Support Staff Training Series) Day 1
3/5, 3/10, 3/19, 3/26	CBMCS
3/18	SSTS Day 2
3/31	DBT Consult
4/1	SSTS Day 3
4/2	Play Therapy
4/7	BHS: Mental Health Risk
4/20-4/22	WRAP Refresher
4/21	PCIT
4/21	SSTS Day 4
4/23	NCI Certification
4/28	BHS: DSM
4/29, 4/30	NCI Children
4/30	I Love My Job But
5/5	Substance Abuse 101
5/5	Mental Health 101
5/11-5/15	WRAP 5 Day Facilitator
5/12	Neurobiology of Psychosis & Mood Disorders
5/13	Psychopharmacology
5/13	CBT
5/14	Law & Ethics
5/20	Motivational Interviewing
5/26	Asian American MH Issues

5/27	CORE Tx Manual
6/4	ED Consult
6/11	DBT Consult
6/18	Intro to Equine Therapy
6/24	BHS: Communication & Counseling
6/24	Personal WRAP Seminar
6/29-30, 7/1-2	Advanced Peer Practices
6/29-30, 7/1-2	Whole Health/Facing Up

Innovation (INN)

The Innovation component allows counties with the opportunity to create, pilot, and evaluate new or changed mental health practices that have never been implemented in their system before. The emphasis for Innovation projects is to "learn" by piloting a new or novel approach that is unique to the County. Innovation programs are designed to accomplish one of the following:

1) Introduces new mental health practices or approaches, including but not limited to prevention and early intervention
2) Makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or
3) Introduces to the mental health system of a promising community-driven practice or approach or a practice/approach that has been successful in non-mental health contexts or setting.

By virtue of the Innovation projects being piloting or demonstrations they are time-limited and are one-time funded. In the event Innovations projects prove to have positive learning goals and successful outcomes, they may be adopted and funded through another MHSA Component. Since inception of the Innovation component Riverside County has introduced five projects.

- The first Innovation project, INN-01, Recovery Arts Core, completed its program cycle on 6/30/2012.
- Two other projects, INN-02 Recovery Learning Center-West, and INN-04 Older Adult Self Management, will be completed by April of 2016.
- The INN-02 Recovery Learning Center-Desert and INN-03 Family Room are still in process.
- A fifth and new project, INN-05 TAY One-Stop Drop-In Center, was approved in August of 2015 and is in the early stages of development and implementation.

- The Department is in the early planning stages of exploring an Innovative Tele-Psychiatric project that addresses access issues while collaborating with a Psychiatric Residency Program.

Recovery Learning Center

Proposed Start Date 04/2011

WESTERN Region

- Actual Start Date 04/2011
- End Date **04/2016**

DESERT Region

- Actual Start Date Desert Region 05/2012
- End Date 04/2017

Family Room Project

Proposed Start Date 07/2011

- Actual Start Date 12/2012
- End Date 05/2017

TAY One-Stop Drop-In Center

Proposed Start Date 07/2016

Actual Start Date 8/2015

- End Date 08/2020

Older Adult Self Management Health

Proposed Start Date 07/2011

- Actual Start Date 04/2012
- End Date **04/2016**

INN-02 Recovery Learning Center (RLC)

Western Region - Recovery Learning Center

"This program has given me hope in life and assisted me in transformations to no longer quietly suffer." ~ RLC Member

Innovation, more than any other MHSA component, allows us to see possibilities. By design, an Innovation plan is based on ideas that have never been tried before. The Recovery Learning Center was born out of that vision. Developed from the collective voices of consumers and the Department's Consumer Affairs Program, the RLC is a non-traditional service clinic centered on Wellness Action and Recovery Planning (WRAP). The primary service providers are Peer Support Specialists that serve as Recovery Coaches, helping members understand, develop,

and apply their WRAPs in everyday life in order to achieve practical wellness. The RLC Innovation Plan was first approved for implementation in 2011.

On average, the RLC serves approximately 120 members at a time. The Western Region free-standing Recovery Learning Center (RLC) began program services in April 2011. A total of 514 consumers were enrolled into the program from inception to February 2016. A few clients (6% of the total 514) enrolled, left the program, and then re-enrolled at a later time. Thirty-five percent of the consumers that closed out of the program did so within six months. Thirty-one percent closed from the program after six months but less than a year and thirty-four percent stayed in the program one year or longer. In FY14/15 there were 247 clients were served.

All members attend an orientation to get educated on the uniqueness of the program and to engage on a commitment to participation. They receive a full clinical assessment by a Clinical Therapist and then are assigned a Recovery Coach by a dedicated Senior Peer Support Specialist. Next, members attend WRAP classes to begin their personal WRAP development and are offered an array of group interventions designed to explore wellness tools, inspire, and increase awareness around what uniquely works for them in their recovery journey. They are offered clinical and psychiatric services as adjunct services, should the member want to integrate psychotherapy or medication into their WRAP. Services are in English and Spanish. Members receive pre and post participation surveys to evaluate program progress and outcomes.

Survey data revealed that some members reported significant increases in hopefulness, self esteem, and a sense of mental health recovery upon program graduation when compared to when they first entered the program. Data also indicated that graduating members had a better understanding of WRAP and how to use WRAP in their daily lives than before they attended the RLC. Though members continued to feel the impact of stigma on their daily lives, graduating members reported a small decrease in feeling that stigma, when compared to the beginning of their program participation.

Statistics only tell part of the story. The RLC members' stories truly speak to the heart of the RLC and the dedicated staff who celebrate everyone's success. Members have discovered and developed their resiliency:

1) Upon RLC partnership with a local animal shelter, a member with spina bifida transitioned from attending the Animal Shelter group to becoming an animal shelter volunteer, working to socialize dogs to his wheelchair so that other physically challenged people could adopt these pets;

2) Members from the Yoga for Anxiety group – led by a certified yoga instructor who is also a peer -- received certificates of completion, and all reported an increased calm and wellness as a result of participating;

3) A member who described a life of low expectations from self and family successfully completed his WRAP which led to entering into Peer Employment Training; and,

4) A Spanish-speaking member who arrived at the RLC and scored high on helplessness survey questions, completed WRAP 3 times and became a promotora (a community health worker that engages the Spanish speaking community).

Data not only revealed the strengths, but the challenges associated with a non-traditional program operating within a more traditional service system. The Department had several hypotheses that formed this Innovation Plan, and believed that an intensive peer-run program would result in outcomes greater than the traditional service system. Though our members progressed toward their identified goals, overall outcomes did not appear to exceed those of a traditional, clinician led program. A mental health service model designed primarily on peer coaching as the central process of intervention and care was novel, as most peer interventions have been designed as supportive and ancillary and not as the principal healing model. In that sense, the Recovery Coaches are pioneers in this form of service delivery, one that differentiates them from their Peer Center or traditional clinic colleagues. As a result, the Department learned they would require special training in understanding this unique service model, their role, and their conceptualization of service delivery.

The Department has re-examined the existing model and realize that it required a greater identified structure to assist program leadership, service staff, and members with understanding the service paradigm. Developments in this area will include:

1) Better defining who we serve and how we fit into the overall system of care;

2) Securing referral routes to establish a regular flow of members;

3) Decreasing the reliance on group interventions and increasing individual coaching outside of the clinic setting and into the member's real world environment;

4) Strengthen the connection of all service in relation to the member's WRAP in order to give that process momentum towards the WRAP goals;

5) Increasing commitment to the change process by including the member and their identified support persons in treatment team planning meetings; and,

6) Preparing members to maintain what they have learned by creating warm transfers to community supports and securing the confident support of the people within their informal systems.

This process of growth has already started. Program leaders now meet on a regular basis to discuss program development, examine surveys and measurement tools, staff training needs, and identify value and purpose to the overall system of care. Consumer Affairs management now co-administers the program operations and directly informs the program development. Ideally, the goal is that each coach, member, and member's family will be able to articulate the model and the thoughtful interventions related to the recovery journey at RLC. The RLC wants their service model to be so clearly understood that it can be taught to new practitioners. The Department wants the RLC to become the paradigm for recovery coaching as a primary service tool.

Desert Region - Recovery Learning Center

The Recovery Learning Center-Desert (RLC-D) has been providing non-traditional peer-centered services to the Desert Region members since September 2012. The RLC-D has successfully enrolled a total of 137 members into the program.

Currently the RLC-D is staffed with four Recovery Coaches, a part-time Senior Peer Support Specialist, and a Mental Health Services Supervisor. There are also two part-time volunteers assigned to the program as well as "Kato", the Animal Assisted Therapy Dog. The volunteers are graduates of the RLC-D program and are now giving back to the program through volunteerism.

The RLC-D has a dedicated Vocational Specialist that works collaboratively with the Department of Rehabilitation and Oasis Community Services to connect members to employment opportunities and prepare them for work. This collaborative effort has paid off and this year, seven members have been successfully linked to employment through this program.

The RLC-D has established a very successful recycling program throughout the clinic. RLC-D volunteers recycle all of the cans and bottles and the money made from recycling goes directly back to the members to fund low-cost outings in the community.

Many innovative member-driven groups are facilitated in the RLC-D. Current groups include a co-occurring recovery group called, "Dual Journeys" that address all types of addiction issues (drug and alcohol use, internet, gaming, sex, spending, and eating issues). The RLC-D has also successfully implemented Facing Up – a group dedicated to Whole Health and Wellness.

The RLC-D continues to facilitate ongoing weekly WRAP (Wellness Recovery Action Plan) groups. Members who graduate WRAP are invited to attend a weekly field-based community group called Moving Forward. Recovery Coaches take members out into the community to engage and explore various community resources. Notable outings during this year included visits to the Palm Springs Arial Tramway, Riverside County Date Festival, Riverside Art Museum, Sunny Lands Estates, Whitewater Park, Idyllwild mountains tour, various history and art museums, Palm Springs street fair, and various parks and outdoor nature walks.

To address the needs of youth in the Desert Region, the RLC-D has fully implemented TAY WRAP – a WRAP group specifically designed for TAY population (16-18 year olds). The TAY WRAP facilitator works in collaboration with Indio Children's Services to identify those 16-18 year olds who would like to work on a WRAP plan. TAY LIFE is the TAY version of Moving Forward, where youth discover wellness tools within the local community. TAY LIFE members have connected with various community resources including the WIN center, Mia St. Johns Stone Art, Active Minds, Wellness City, Art Works, Coachella Valley Animal Campus, and Riverside County Fairgrounds.

This year, all of the RLC-D Recovery Coaches were trained in Dialectical Behavioral Therapy (DBT) and have begun implementation of the first peer run DBT group in the County. They have partnered with a Clinical Therapist from Adult Services who is trained in DBT and are involved in weekly consultation groups. The group is off to a great start!

RLC-D held their 2nd Annual Graduation on June 18, 2015 and graduated 12 members. The theme of graduation was a Hawaiian Luau (chosen by the graduating members). They invited family and loved ones to celebrate their success and it was a beautiful, well attended event.

As the RLC-D is imbedded into the Indio Clinic and not a free-standing building, the positive relationship with Indio Adult Services staff is key to the Center's success. This year the RLC-D invited Indio Adult Service peer staff and their supervisor to attend the RLC weekly team meetings. This collaboration has increased quality care and services to both Adult Services consumers and RLC-D members.

A new and exciting collaboration has begun with the local homeless shelter (Coachella Valley Rescue Mission). The RLC-D indentified a peer staff to work offsite at the Coachella Valley Rescue Mission to help engage and promote mental health wellness to individuals struggling with homelessness. That dedicated Peer Support Specialist (PSS) is providing WRAP groups to individuals who are open to mental health services and residing at the Coachella Valley Rescue Mission. The PSS is facilitating groups alongside one of the community partners from Recovery Innovations Wellness City.

In December 2015, RLC-D led the coordination and implementation of The Longest Night – a vigil and outreach for people, homeless and in need, living in and around Miles Park in Indio. Blankets, jackets, toiletries, scarves, gloves, and beanies were donated and distributed on December 22. The turnout and donations for this event were phenomenal! Hot chocolate and candy canes were also provided on this very cold night.

The RLC-D members all participated in a creative group project for the May is Mental Health Month Art Show and Creative Writing Contest that took place at the Coachella Valley Rescue Mission this year. Members won an honorable mention for their artistic creation. Many members helped set up and break down the day-long art show, as their way of giving back to the community. Members also volunteered at the large May is Mental Health month event in Riverside.

The RLC-D continues to provide almost all services outside of the clinic. Recovery coaching sessions happen in the community wherever the members choose. Sessions are goal oriented and solution focused. Members have achieved many hard earned goals throughout this program with the assistance of their Recovery Coaches. Some of the successes celebrated this

year were members who obtained employment, secured apartments, linked with medical and dental benefits, linked to social security, enrolled in school programs (GED and College), successfully graduated court programs, and found healthy friendships and relationships.

Desert Region RLC Challenges

- Space difficulties for holding groups.
- Space challenges for staff (all staff are co-located in one room).
- RLC-D has not met member capacity (15 members per 1 Recovery Coach).

Desert Region RLC Future Plans for FY 16/17

Move into a dedicated space for the Recovery Learning Center with individual coaching offices, a large group room, and access to kitchen for cooking classes.

Reach program capacity (75 enrolled members)

Consider replicating RLC model "without walls" in other clinics throughout the Desert Region (Banning, Blythe).

Continue outreach efforts with community partners and find innovative ways to deliver services outside of traditional clinic models.

Collaborate with the Family Advocate Program to include more family involvement and family nights in the RLC.

INN-03 Family Room Project

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

ones who are important in the life of the person. In providing these services the focus is on regaining back what was once lost.

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