

Data analysis on Family Satisfaction from 236 surveys showed that on average 86% of the family members surveyed indicated they now know what they can do to help their family member manage mental illness. Approximately 90% of families reported improvements in their knowledge of mental health symptoms and ways to cope with those symptoms. Families also reported improvements in hopefulness and belief in recovery. On average 92% of families indicated they have more hope for their family member's future. Nearly 88% reported that since coming to the Family Room they have learned about the recovery process. Families surveyed also indicated that since coming to the Family Room their relationship with their family member has improved. Eighty-seven percent of those survey reported having a "better relationship"; and 91% indicated they believe they can better support their family member. Data from consumers on the Recovery Assessment Scale (RAS) showed somewhat high total scores at baseline and no statistically significant change in total score on follow-up measures. However one scale of the RAS measure (personal confidence and hope) did show a statistically significant change from baseline to follow-up. The sample size of consumers with both a pre and post RAS measure was somewhat small (n=69) and a larger sample may reveal different results. Consumer results on hopefulness did show a statistically significant increase on follow-up measures. Consumer averages on Quality of Life items also showed statistically significant improvements from baseline to follow-up. Consumer symptoms rated on the BASIS -24 also showed improvements, in the total symptom score, depression/functioning scale, emotional liability scale, and psychosis scale for the clients sampled. ..

INN-04 Older Adult Self Management Health Team Project

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

HeLP Program services included ongoing medication management; intensive collaboration and coordination with primary care providers; and Peer Support Specialist involvement to provide ongoing supports, facilitate consumer use of the HeLP resource room, and support consumers in locating and utilizing community activities. The Registered Nurse was a pivotal team member for coordinating medical and behavioral health care and medication services and providing consultation and case management services to the consumer.

The CDSMP group is a 6 to 8-week specialized intervention that addresses topics including:

- 1) Skill-building techniques to cope with issues such as depression, stress, anger, sleep, frustration, fatigue, pain/physical discomfort, and isolation.
- 2) Appropriate exercises for maintaining and improving power, flexibility, and endurance.
- 3) Appropriate use of medications.
- 4) Functional communications with family, friends, health care providers and others.
- 5) Nutrition and wellness.
- 6) Strategies to evaluate new medical and behavioral health treatments.

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

Program implementation began in April 2012, starting with the staff training in the delivery of the CDSMP group treatment program. Enrollment of clients into the HeLP program was gradual. A total of 275 clients had a least one service; and a total of 127 clients were enrolled in the program over approximately 4 years. This is considerably lower than the initial implementation goals of 100 clients per year. Despite recent efforts to increase enrollment, the program experienced challenges with identifying and engaging clients into the HeLP program. In part this was due to the loss of a pivotal registered nurse staff that identified clients for the program and assisted with the coordination of primary care with the psychiatrist. Retaining and recruiting another registered nurse to continue the program proved to be a significant challenge. The compensation demanded by registered nurses in the marketplace was difficult to compete with, so the RN position went unfilled. Participation in the group model and the program was less

than anticipated, and declined significantly with the departure of the RN Staff. Also the Innovation Program structure proved to be problematic for continuous engagement into the program. The six-week CDSMP group required clients to begin at the start of the group series and continue through the series of sessions rather than an open group structure where clients could start at any session and come in and out of the group series.

Outcomes evaluation did not show improvements in adherence to medications, understanding of medications, and communications with her or his doctor. Satisfaction with physical health and well-being and reductions in activity limitations also did not show improvements. One of the programs goals included increasing medication adherence and improving an understanding of the medications taken. Outcome measures were collected both before (pre) and at 3-6 month intervals while consumers participated in the program. The most recent follow-up survey was used in analysis. Medication Adherence was measured using 4 “yes” or “no” items. Two items asked whether consumers had been carelessness and forgetful about taking medication. One item asked if consumers thought stopping medication would have helped them feel better. Another item asked if consumers have stopped taking medication because it made them feel worse. For each item, a “yes” response indicated poor medication compliance. These items were summed at each time frame to determine each consumers overall level of adherence resulting in a combined score that ranged between 0 and 4, in which higher scores reflect poorer medication compliance. The change in scores on average for overall adherence was minimal from pre (M=2.73) to post (M=2.95) indicating that at each time point consumers replied “yes” to more than half the items (n=52) indicating relatively poor medication compliance. Pre to post survey items on understanding medications showed that on average clients at the beginning of the program reported high understating of their medications and this showed minimal changes. Consumers were asked four questions regarding their knowledge about their medication including: dosage, frequency, tracking, and how physical conditions are treated with medication. If clients reported a “yes” response this would reflect better knowledge of each of these aspects of their medication. These four items were summed at each time frame to create an overall medication understanding score that ranged from 0 to 4, in which higher scores reflect greater understanding of medications. The change in average scores for overall adherence was minimal from pre (M=3.47) to post (M=3.55) indicating that at each time point, on average, consumers replied “yes” to more than 3 of the 4 items. Thus consumers tended to

have a high level of understanding at the beginning of the program and that did not change over the course of the program.

Also pre to post outcomes measuring satisfaction with physical health and well-being, reductions in activity limitations, and quality of life did not show changes from baseline to post measure. This outcome data could have been affected by the low sample size (approximately 60) with both a pre to post measure. Although some new clients were enrolled into the program toward the end of the project only baseline data was available. The overall low numbers of clients enrolled impacted the ability to examine outcomes.

Rather than continuing this Innovation Project and the model of CDSMP groups as a separate program, the clinics will be participating in an approach to integration of care that has been initiated for the entire Department. As the Department moves into this model of care, the clinic will continue to build on and benefit from practices that are part of a more integrative model of health care. This could include the inclusion of groups that provide information on managing chronic conditions into the overall array of mental and behavioral health services that older adult clinics provide. In addition existing clinic staff will begin to utilize the Department's overall model of integrated care including; screening for chronic condition and access to primary care, universal consents and referral forms to share information in an integrated way with primary care providers. Utilizing the Department-wide approach will allow all older adult clinic clients to benefit from an integrated approach to health care.

INN-05 TAY One-Stop Drop-In Center

Riverside University Health System – Behavioral Health proposed a new TAY One-Stop Drop-In Center as Innovation Project 05. This project was approved in August of 2015 and is in the early stages of development and implementation. This TAY workforce training will use a multi-dimensional approach with three integrated elements:

- 1) Develop and implement a TAY PSS training curriculum with a dedicated space that will serve as a training hub.
- 2) Provide, within the training hub, on-going development of TAY PSS work skills by integrating TAY PSS into an adapted evidence-based model serving TAY and their families.

- 3) Incorporate interagency partners into the training hub to provide the opportunity for TAY Peers to learn and practice their skills in an integrated way.

Several elements of the Innovation Project are currently being developed. The Pre-Employment Training (PET) curriculum for TAY Peer Support Specialist (PSS) is being finalized and the First TAY PSS PET class will be held March 29 – April 8, 2016. This will allow for testing of the curriculum and an opportunity to receive feedback from the participants to assist in modifying the content if needed. It is anticipated the PET curriculum and training manuals will be in place when the Drop-In Centers open.

The Department has begun the collaborative process by meeting with partner agencies to identify the needs of TAY from various perspectives. Represented agencies include the Riverside County Office of Education (RCOE), Probation, Department of Public Social Services (DPSS), Children's Services Division (CSD), RUHS Substance Use, RUHS Housing, Public Defender's Office-Juveniles, RUHS – Public Health, and TAY representatives from Youth Advocates United To Succeed (YAUTS). Potential resources available at the Centers have been identified as substance use treatment, housing, vocational, education, health, and access to legal supports.

Space requirements have been developed for the Drop-In Centers allowing for expansion as services are identified and added. Along with stakeholders and other agencies, areas within the Desert, Mid-County, and Western Regions have been identified for placing the centers. Sites are identified based on space needs and availability within these areas.

Preliminary conversations have begun with the developers of OnTrack USA First Episode Psychosis (FEP) Intervention to assist with modification of the FEP to include the use of peers as well as provide training and technical support and implementation. Once the contract with FEP developers has been finalized, work will begin on adapting the FEP to include persons with lived experience.

The Department is currently in the process of hiring a Project Manager to oversee the development and implementation of the TAY Drop-In Innovation Project.

Capital Facilities/Technological Needs (CFTN)

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

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

Thus far three significant Capital Facilities projects were completed, the Desert Safehaven Drop-In Center (the PATH), the Western Region Children's Consolidation in Riverside, and the Western Consolidation of Older Adults, Adult, TAY and Administration at the Rustin facility in Riverside.

Capital Facilities

In 2009, Riverside County Department of Mental Health amended its Component Plan for Capital Facilities/Technology. The Plan included four Capital Facilities projects and a new Behavioral Health Information System with the Technology funds. The four Capital Facilities projects that stemmed from the planning process included a Mid-County Out-Patient Clinic consolidation, a Western Region Adult Out-Patient Clinic consolidation, a Children's Out-Patient consolidation, and a MHSAs Administration/Quality Improvement/Training/Research office.

The Children's consolidation occurred in 2011, and the Western Adult and MHSAs Administration consolidation was completed in 2015. The only remaining project was the Mid-County consolidation. Initially this project was to roll out first, but due to community opposition the project was terminated. Since that time, the Department had gained support to once again implement this project in Mid-County, in the city of Perris.

The Department originally planned a Mid-County Out-Patient consolidation, which called for the purchase and construction of a new building to house the Perris consolidation. The Department intended to enter into a development agreement in the spring of 2016 to initiate the project. However during the development phase of the project, the terms of the agreement were restructured to a lease to purchase arrangement. Capital Facilities component funding will no longer be used and alternative financing was chosen. Meanwhile the Department will continue

to explore other Capital Facility opportunities in the Mid-County Region which could include re-opening discussions for a potential project in Hemet.

Technological Needs

The Department has fully implemented the original Behavioral Health Information System purchased through the Technology Component. The final year of the Technology funding was FY13/14, and no further funds are being allocated to this component at this time.

Mental Health Court

Riverside Mental Health Court

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

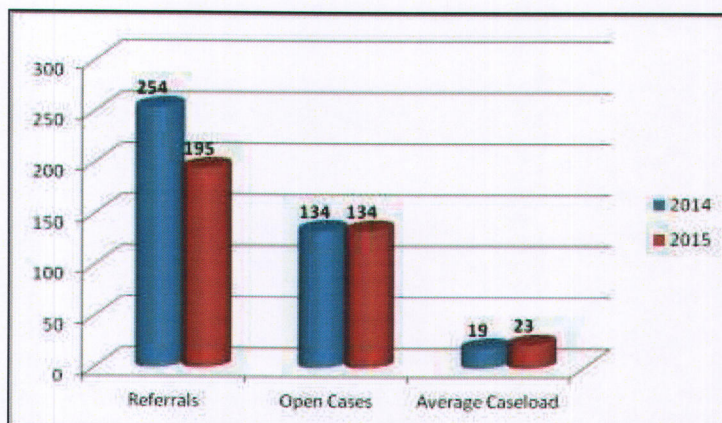
Current staffing levels:

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

By the end of 2015 there were 1 vacant OA III, 1 vacant BHS III, 1 vacant BHS II, and 2 vacant CT I/II positions.

2015 YTD Stats as of December 31, 2015:

- Referrals - 195
- Open cases - 134
- Average caseload -23



Mid-County Mental Health Court

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

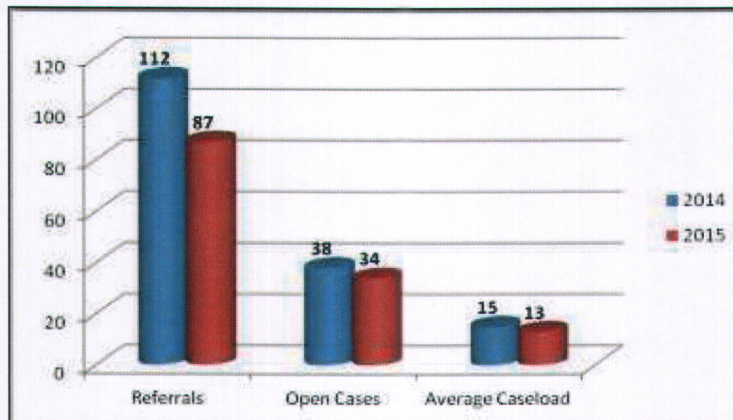
Current staffing levels:

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

By the end of 2015 there was 1 vacant OA II position.

2015 YTD Stats as of December 31, 2015:

- Referrals – 87
- Open cases – 34
- Average caseload – 13



Indio Mental Health Court

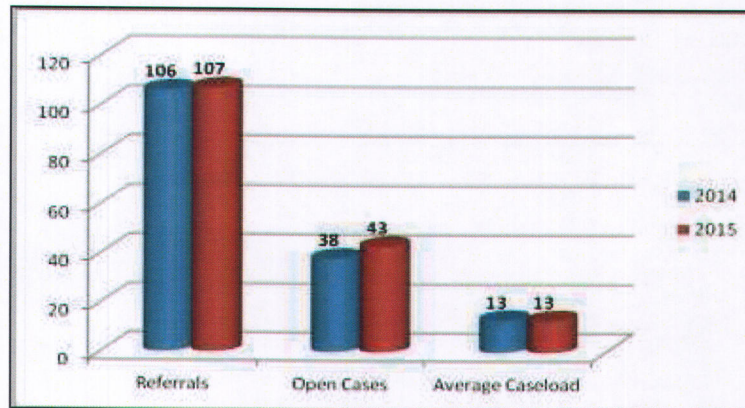
The Desert Region's Indio Mental Health Court was established in May of 2007.

Current staffing levels:

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

2015 YTD Stats as of December 31, 2015:

- Referrals – 107
- Open cases – 43
- Average caseload - 13



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

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

Veterans Court

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

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

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

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

The first Veterans Court Graduation was held on July 26, 2013. There were a total of 4 Veterans that graduated, with over 100 people in attendance at the event. There were several

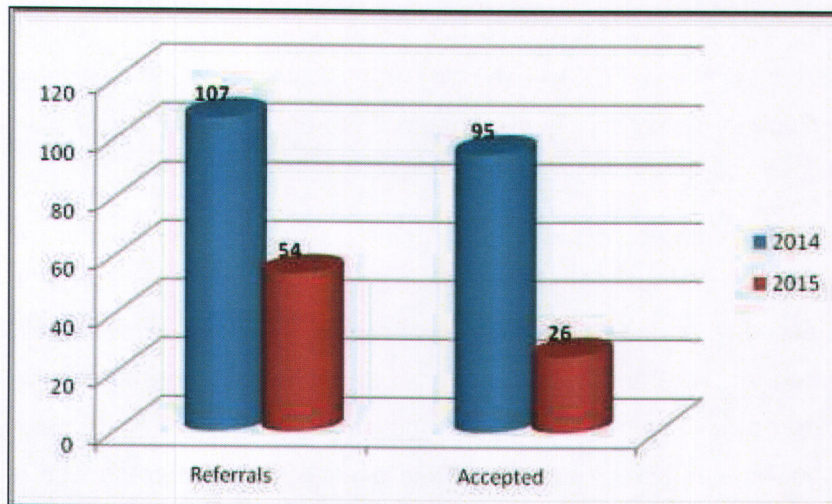
agencies that attended this event including Public Defender, District Attorney, Sheriff's Department, Probation, Riverside Superior Court, Behavioral Health Department, and a representative from Congressman Raul Ruiz's Office.

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

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

2015 YTD Stats as of December 31, 2015:

- Referrals-95
- Accepted-26



Participation in Community Veteran Events

The VALOR Veteran Stand Down event was held October 17-18, 2014 at the Perris Fair Grounds. Veterans Court staff hosted a table at the event and provided free information regarding the Behavioral Health Veteran Court Program as well as other mental health brochures. As in the past, the event proved to be very successful in outreaching to the community.

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

Law Enforcement Collaborative

A committee of Behavioral Health/Riverside County Regional Medical Center professionals was created to continually review, revise, and present training to correctional and patrol employees of the Riverside County Sheriff and Police Departments. Currently this collaborative is coordinated, led and maintained by a Riverside County Behavioral Health licensed clinician who partners with Law Enforcement to provide Crisis Intervention Team (CIT) training, which is a certified 16-24 hour training by the Commission on Peace Officer Standards and Training (POST).

The current CIT training team also consists of guest speakers from the Department's Parent Partner, Family Advocate, and Consumer Affairs Programs. These individuals provide panel discussions for the purpose of providing a perspective by sharing their stories, their recovery, and lived experiences. The panels invite questions and suggestions from law enforcement regarding how to further educate the community, consumers, and families about police intervention. This is then reciprocated as the panel members offer input and feedback to law enforcement and provide them with a number of resources to connect community members to mental health services. In addition, the newly implemented community Crisis Response Teams, have also been added to the CIT program to provide information to law enforcement regarding the benefits of their program, how and when to utilize the teams, and to gather feedback and input for ongoing change to maintain program efficiency.

Together the CIT training team reinforces and models the importance of collaboration and offers education and awareness while reducing stigma. The main focus and goal of the CIT program is to train all law enforcement staff, including dispatchers, on how to de-escalate an encounter with someone with a mental illness before it turns into a crisis and to maintain safety. Deputy Sheriffs and Police Officers from other counties and agencies have also attended the training.

Approximately 900 employees of the Sheriff's Department and outside law enforcement agencies attended CIT last year. Training is consistently held 2-3 times a month. The local Riverside Police Department (RPD) scheduled one CIT class last year and are current with their goal to have their officers trained. The next CIT training for new RPD officers and personnel will be determined for 2016/2017.

As a result of the strengthened collaboration and relationship, the Sheriff's Department continues to request and has added (*) additional trainings to support law enforcement specifically or in their service delivery to individuals with a mental illness. These trainings, permanent and/or as needed, include:

- Riverside Sheriff's Office (RSO) Basic Correctional Academy
- RSO Deputy Sheriff Supplemental Core Course
- *RSO Annual Jail Training
- *RSO Basic Inmate Classification Training
- *RSO Dispatch Update Course – Communicating with Individual's with Mental Illness
- *RSO Chaplain Academy – Common Responses to Trauma and Interventions
- *RSO Peer Support Training – The Impact of Trauma and How to Protect Those Who Experience It

CIT continues to be beneficial for both the community and for law enforcement agencies, as reported by consumers, families, and law enforcement. In addition, per our CIT evaluations, law enforcement is consistently asking to extend CIT training, providing feedback and input to improve the program, and also asking about ways to become part of the CIT training team. Extension of the program is, and will be, an on-going discussion and process.

In 2015 the Behavioral Health CIT Coordinator had been contacted by the California Highway Patrol (CHP) Southern Division and was requested to train, assist, and support CHP to provide a modified 8-hour CIT training course for all officers and command staff. This 8-hour mandatory course was provided to the CHP officers within Riverside County and approximately 200 CHP officers completed training.

In addition to the CIT program and additional law enforcement trainings, CIT Coordinator, and team members have been invited to several Riverside public forums and NAMI Regional Meetings to share with the community about CIT and our partnership with law enforcement. Riverside County Department of Social Service, Welfare Fraud Investigators/Peace Officers had also requested training for their 45th California Welfare Fraud Investigator Association Conference, in which CIT coordinator served as guest instructor.

Projected plans and considerations for 2016/2017:

- Continue to explore implementation of intermediate and/or advanced courses of CIT through the Sheriff's Department and Riverside Police Department.
- RSO is currently in the process of further implementing mental health training for their correctional staff and will continue to collaborate with Behavioral Health to develop appropriate curriculum.
- Depending on the needs of CHP in the upcoming year, they have been provided with the necessary contacts to discuss further trainings with the Department on a consistent basis.
- Further extend CIT training to private city police stations.
- Per RSO request and interest in developing support for their employees, Riverside Behavioral Health - WET will be providing recommendations and support for training/interventions to prevent employee suicide within the Sheriff's Department.
- Continue collaboration and implementation with existing law enforcement partners for new ideas regarding curriculum and program, and perform the ongoing needs assessment to stay current and up to date with CIT trends and community needs.
- Collaboration with additional programs and agencies related to and/or impacted by law enforcement for CIT program expansion and comprehensive application.

Consumer Employment, Support, Education, and Training Initiatives are reported on page 117. Recovery Innovations Peer Employment Training (PET) information is provided in the Recovery Innovations narrative (page 152).

Housing

MHSA Housing Activities, July 1, 2014 - June 30, 2015

The Riverside University Health System – Behavioral Health (RUHS-BH formerly known as Riverside County Department of Mental Health) continued to operate our Housing Crisis Response Program serving the Department’s housing continuum and needs through the Homeless, Housing, Opportunities, Partnerships and Education (HHOPE) program. HHOPE staff provides oversight of multiple programs.

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

The Place, located in Riverside, was opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry and shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The permanent housing component operated at above 89% occupancy during 2014/2015, with any vacancies quickly filled. During FY14/15, The Place had an average of 651 drop-in guests each month. There were nine individuals that moved on from their residency at The Place to live independently in their own apartments. Overall, more than 91% of residents of The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, was opened in 2009 and provides permanent supportive housing for 25 adults on the campus of Roy's Resource Center. It is located immediately adjacent to a Full Service Partnership clinic that is operated by RUHS-BH. Nearly 92% of the

individuals who have resided in The Path maintain stable housing for one year or longer. The Path had an average of 324 drop-in guests each month during FY14/15. In addition, there were three individuals that moved on from their residency at The Path to live independently in their own apartments.

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

During FY14/15, MHSA funding for temporary emergency housing was continued. These funds were combined with other grant funds (Emergency Housing and Shelter Grant) in order to provide access to emergency motel housing or rental assistance. Using MHSA funding, the staff of the HHOPE program at RUHS-BH provided a total of 27,185 emergency bed nights to 1,114 individuals or families with children across all age groups.

The MHSA permanent supportive housing program continued to advance its efforts during FY14/15. Perris Family Apartments, a new construction project in Riverside, was completed and is now occupied. The project included 15 MHSA units that were embedded in the affordable housing multi-family community. As with all other MHSA-funded Department projects, the Perris Family Apartments included 15 integrated supportive housing units within the 75-unit complex. The community includes a full-time onsite RUHS-BH funded support staff with a dedicated office. This multi-family affordable housing project is located in the City of Perris.

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

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

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

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

In addition to providing support to MHSAs residents in these communities, the HHOPE Housing Resource Specialist position that is funded through MHSAs provides ongoing support to scattered site housing managers and residents. During FY14/15, the staff of the HHOPE Program provided property management and resident supportive services to consumers residing in 196 HUD-funded supportive housing apartments across Riverside County. Additionally, HHOPE received a new HUD grant for Rapid Re-Housing, which provides deposits and short term rental assistance to families in the system who are homeless. The focus for this

grant was for families with children who were experiencing a housing crisis due to the family's struggle with the child's mental health challenges and behaviors. Often the households have lost income due to frequent absences in their employment due to the child's needs, or the child's behaviors have resulted in evictions from their previous housing. These results linked to the child's mental health challenges puts significant pressure on the family, its internal relationships, and stability. This grant provides, at minimum, 90 days of rental supports, with the possibility of up to 12 months. As the pressures are adjusted, family dynamics shift. The child is now the individual facilitating housing into the family and aiding in providing stability during difficult periods. It has a generational effect, as the families become stable in their new housing. During the first grant year, HHOPE housed more than 15 families who are now in stable, ongoing, and independent housing.

HHOPE staff have also provided ongoing consultation, landlord, and housing supports to the County Probation department and the housing needs for the AB-109 early Release individuals who are living on the streets. In FY14/15 HHOPE administrative and Housing Resource Specialists, as well as community Service staff supported more than 120 individuals in re-entry housing.

Looking Ahead to FY15/16 through FY16/17

Funding for the development of new MHSA supportive housing projects is no longer available. RUHS-BH is working closely with the Riverside County HUD Continuum of Care and various Veteran Service Partners to explore the possibility of establishing a partnership, if feasible, to apply for funds that are available through Proposition 41 (the California Veterans Housing and Homeless Prevention Bond Act), which was approved in June 2014.

There are now a total of 105 units of MHSA permanent supportive housing delivered to mental health consumers in Riverside County. There are more than 100 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County. Permanent supportive housing for people with mental illness is an integral part of the solution to homelessness in Riverside County. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing that includes units of permanent supportive housing for MHSA-eligible consumers. The loss of Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial

structures that are necessary to develop affordable housing, create uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program. The need for this housing continues to outpace the supply.

HHOPE has applied, at the community's request through the Continuum of Care (COC) HUD process, for additional \$1,400,000.00 Rapid Re-housing Award. This grant application which if awarded would begin in 15/16, is designed to work in collaboration with our Transition Age Youth programs to provide street engagement to youth, rental assistance, landlord and housing supports with priority dedicated to our Transition age youth receiving services at three proposed drop in centers. Priorities include LGBTQ youth and those at risk due to their disability. Youth are currently the largest and fastest growing homeless population in the United States, with 40% of the youth on the streets identified as LGBTQ. These youth have been identified as the most at risk for health issues, at risk of human trafficking and at risk behaviors to provide a sleeping arrangement and frequently have substance use and co-occurring disorders.

Additionally, HHOPE has submitted an application to be the Coordinated Entry System Lead for our community. This grant with the MHSA HHOPE program would be active in FY 15/16 if approved. A Coordinated Entry system (CES) creates a cohesive and integrated housing crisis response system with our existing programs, bringing them together into a no-wrong-door system, which (whether sheltered or unsheltered), allows our housing crisis response community to be effective in connecting households experiencing a housing crisis to the best resources for their household to provide sustainable homes. HHOPE is currently active in the developing of the CES program and has identified that by providing leadership in the CES, this will allow our programs to protect the confidentiality of our individuals while ensuring that those at most risk are high on the system scale. HHOPE staff will provide ongoing supports and education to the community regarding the CES system capabilities.

The HHOPE staff will continue to provide ongoing landlord and supportive housing supports throughout the community. HHOPE has been identified as one of the leading providers of supportive housing in our community and as such has provided ongoing consultation services and specialized training to other Behavioral Health staff and community agencies on landlord services and Supportive Housing Best Practices. Our training in FY 14/15 was attended by more than 50 individuals, with additional program specific training provided to new PSH

agencies. Additional Permanent Supportive Housing best practice trainings are planned for FY 15/16 and 16/17 at the community request.

The HHOPE program has currently 4 dedicated Housing Crisis Response Teams, composed of a Behavioral Health Specialist and a Peer Support Specialist on Each team. These teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to our MHSA services. These teams are integral and key players in the housing of homeless Veterans initiatives in our community, as well as the chronically homeless. Recognized as innovative in our Housing Crisis Program development and street engagement programs, RUHS-BH HHOPE program was requested to provide contractual street engagement in targeted services to 2 cities (Riverside, Palm Springs) in our community. The projected start date will be FY 15/16 and are in collaboration with city governments and law enforcement. Utilizing a innovative Housing crisis approach and housing plan development initiatives, these 6 teams will play a key role in linking those on the streets into our Behavioral health services and system. HHOPE has also worked with local agencies to provide ongoing trainings to staff on Housing Crisis program development and is working collaboratively with law enforcement agencies as they develop new homeless specific services in their programs.

Consumer Employment, Support, Education, and Training

During FY14/15, Consumer Affairs continued its growth within the Behavioral Health Department. Recovery model and consumer initiatives were implemented in cross-agency training and participation throughout the year. This is the priority of the Consumer Affairs Unit which remained strong and Peer Support Specialists (PSS) continued to be utilized in a variety of areas and programs to integrate the consumer perspective into the recovery teams within the behavioral health field. Peer Support Specialists are people who have experienced significant mental health and/or substance use challenges that have disrupted their lives over lengthy periods and have achieved a level of recovery and resiliency to use their experience to benefit others experiencing behavioral health challenges. PSS have been added to existing programs and to developing innovative programs.

Workforce

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

Programs

The TAY (Transition Age Youth serving individuals ages 18-25) Peer Support Program has continued to progress. It currently has a dedicated Senior Peer Support Specialist and two Peer Support Specialists working with youth. The TAY Peer Support Team provides needed support and resources to the Transitional Age Youth who are transitioning from the children's service programs into the adult programs. This increases the likelihood of the individual continuing his or her recovery into young adulthood and reduces the chances of that same individual falling into crisis during this very challenging transition. The TAY Senior Peer Support Specialist works

with the Children's Services Administrator and the Peer Policy and Planning Specialists from Adults, Family Advocates, and Parent Partners to augment current PSS Training offered to adults. This includes subject matter to assist the TAY PSS in working alongside young people and their parents to ensure appropriate Medi-Cal reimbursements for services provided through Riverside University Health System – Behavioral Health. The Senior PSS for TAY is currently working to improve services to this population through the implementation of drop-in centers strategically located throughout the county to provide needed support for youth who experience first episode psychosis and are in need of developing life skills, education, vocation, and housing.

The PSS Volunteer (PSSV) Program also increased the number of consumer providers. The County of Riverside was privileged to have 35 PSSV providing 4,922 volunteer hours to the Department in FY13/14. For 2014, there were 29 Peer Volunteers, with a total of 2,693.32 hours total. For 2015, there were 20 Peer Volunteers, with a total of 2,082.50 hours total. This program has been particularly exciting, since the volunteers are all providing direct services resulting in a tremendous client response. The PSS Volunteers perform a variety of tasks, including greeting clients in the lobby, providing resources, co-facilitating recovery groups and providing one-to-one peer support. Many of the volunteers go on to be hired to work for the Behavioral Health Department or its contractors.

Senior Peer Support Specialists

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

- Recovery Documentation
- Advanced Peer Practices
- Recovery Focused Service Delivery
- Recovery Coaching
- Collaboration: A Recovery Practice
- Recovery-Focused Service Delivery for MDs

- WRAP Facilitation

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

There are twelve senior positions for Peer Support. Three regional Senior PSS (Western, Mid-County, and Desert), one each in Older Adults, Substance Use, The Recovery Learning Center-West, the AB109 "New Life" Program, Quality Management/Research, Communications, Long Term Care, Homeless Outreach "HHOPE", and Transitional Age Youth.

Under Waiver 1115, the Senior PSS for Substance Use has been working to plan, develop and implement paid line staff PSS to provide direct services to individuals who are receiving treatment for substance use challenges in addition to mental health challenges. Previously, PSS volunteers are the only peer support services available in the Substance Use Program. Under the Waiver, paid PSS line staff services are proposed.

The Senior PSS in Quality Management has been working on the development of the countywide launch of "Whole Health". This is a consumer-directed program utilizing the Recovery Innovations curriculum "Facing Up." This program launched early in January 2015 and has proven to be successful in the integration of physical health wellness into behavioral health. This Senior PSS position also works countywide to ensure compliance of written materials in clinic lobbies and that customer service practices are in line with supplying consumers with a welcoming environment that works to reduce stigma and promotes recovery. Compliance reports are generated and delivered to Managers and Directors for review.

Community Education and Support

The Consumer Affairs division receives requests all year to submit proposals for workshops nationwide. In the 2014/2015 fiscal year the Senior Peer Specialists joined with the Consumer Affairs Program Manager to facilitate these workshops. In 2014-2015 these conferences included the International Association of Peer Supports (iNAPS), the California Association of Social Rehabilitation Agencies (CASRA), WRAP around the World, and the Each Mind Matters Conference. In addition, the Department has participated in assisting with the development of Statewide Peer Support Certification in collaboration with the California Association of Mental Health Peer Run Agencies (CAMHPRO).

The following list of presented workshops focuses on delivering the message of the need for implementation of peer-provided services within the mental health system, as well as demonstrating how Riverside University Health System – Behavioral Health has done this effectively:

- “Living Recovery: Returning to Work After a Relapse”
- “Crisis Response and Peer Support”
- “Remembering Self-Care”
- “Peer Support in Mandated Services”
- “Peer Support in 12-Step: Building Healthy Boundaries”

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

Training and Support

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

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

Consumer Affairs continues to collaborate with the Family Advocate Program as well as Parent Partners for training and support. This ensures that Riverside University Health System – Behavioral Health carries a singular message of hope to the community. The senior staff is collaborating in a number of ventures providing training to the community, sharing resources and co-facilitating events. The fourth annual “All Peer Retreat” (Consumer Affairs, Family Advocate Program, and Parent Partner Program) was held in October 2015. This retreat was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives. A speaker from Riverside University Health System – Behavioral Health’s Workforce Education and Training team was brought in to educate the Peer Staff on working with diverse populations within the LGBTQ community and their families.

Consumer Affairs has implemented a consumer resource help line to connect the community with resources and solutions to not only behavioral health challenges, but also life challenges that often exacerbate the behavioral health challenge. These resources include, but are not limited to finding assistance with education, vocation, shelter, utilities, pets, and other social services. This line is manned by a PSS and directly supervised by the Senior Peer Communications Specialist.

Consumer Affairs collaborated with the homeless outreach team to present the Longest Night events, which were held in all three regions of the county. Donations from employees, community members, and consumers of blankets, gloves, coats, scarves, socks, and shoes were gathered and distributed to each event. Any donations not used at each of the events were forwarded to the Homeless Outreach “HHOPE” team to utilize for those they encounter and engage during outreach activities. In the Western Region, “A Movie in the Park” outreached to 44 community members, providing support and handing out more than 100 blankets for those struggling with homelessness. All in attendance experienced an inclusive and positive interaction with other members of the community with a night of fun, hot chocolate, pop corn, and a movie with folks who do not get to indulge in such extravagances on a regular basis. In Mid-County Region, a moment of silence was held in memoriam for those who have died living on the streets. Blankets, hot chocolate and warm smiles were exchanged with those in need. In the Desert Region, staff and consumers gathered at three locations. The event at Replier Park in Banning had approximately 15 attendees. Blankets, socks, coats, gloves, scarves, and beanie hats were handed out to those in need. At Miles Park in Indio, along with

the vital blankets, clothes, and “goodie-bags” with toiletries, attendees participated in a memorial, during which individuals shared their stories of survival while living on the streets. Hot chocolate and candy canes made the moment even brighter. In Palm Springs, A moment of silence was held in memoriam of those who have lost their lives with homelessness as a contributing factor. Blankets, socks, jackets, scarves, gloves, and hygiene items were handed out to anyone in need.

For the second consecutive year, Consumer Affairs took the lead in the May is Mental Health Month events across the County reaching more than 2,500 community members. The Desert Region Art Show sponsored by the Desert Region Behavioral Health Commission had 173 participants sharing their art with the community to help reduce the stigma of mental illness. The Western Region Health Fair was held at Fairmount Park where there were more than 100 vendors sharing resources and educational information with the community. This year RUHS – BH partnered with Life Stream and 50 participants were able to donate blood, furthering a connection to community. Mid-County Region partnered with Seams of Gold to present a health fair at Foss Field Park. There were more than 50 vendors and 600 community members for its inaugural presentation.

Consumer Affairs will continue to innovate and implement recovery practices building inter-agency and community connections to better service all those who are within our County.

Family Advocate Program

Family Advocate Program

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

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

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

Currently there are six Senior Mental Health Peer Specialists and fifteen (15) Family Peer Specialists providing services throughout the three Regions (Western, Mid-County, and Desert).

Two Seniors each are assigned to the Mid-County and Western Regions, one Senior is assigned to the Desert Region, and one Senior supports the Forensics Unit. The Family Advocates are able to provide individual family support to family members within the mental health system, as well as support to the community. They currently offer weekly family support

groups in various locations throughout the county. The FAP has added a Transition Age Youth (TAY) Family Support group and a Sibling group to expand their services. They also offer informational presentations to family members and the community on topics such as, "What is a 5150?", "Substance Abuse 101", "Nutrition and Mental Wellness", "Families, Mental Illness and the Justice System" and several other educational topics. All presentations and groups are offered in both English and Spanish.

The FAP also continues to be the liaison between the Riverside University Health System – Behavioral Health and the National Alliance on Mental Illness (NAMI) and assists the four local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program and also currently teaches the Spanish Family-to-Family program. The FAP assisted the Riverside and Hemet NAMI affiliates in starting the first two Spanish-speaking NAMI meetings in Riverside County. In partnership with the local affiliates, the Spanish NAMI meetings have been extremely successful and provide much needed support to our Spanish-speaking communities. Spanish NAMI held the second "Posada" Holiday Celebration attended by 100 family members from diverse communities. The Department, per community suggestion, will explore the implementation of other cultural adaptations of NAMI programs such as "Compartiendo Esperanza" for the Spanish speaking community, and "Sharing Hope" modeled for the African American community.

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

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

Currently the FAP has Mental Health Peer Support Specialist (Family Specialists) assigned to many of the Clinics. These Specialists work directly with family members of consumers within their clinic. A Family Specialist (Coach) has also been assigned to the Recovery Learning Center and works directly with the Recovery Coaches to support and provide the member's families with a better understanding of the Wellness Recovery Action Plan® (WRAP) and Recovery Concepts that are the centerpiece of the services offered.

The FAP has added a Family Specialist to provide supports at the Indio Mental Health Clinic in the Desert Region. This additional Family Specialist will assist in enhancing family support services within the outpatient clinic and work directly with clinic staff to support families' integration into treatment. A Family Specialist has also been added to the Office of Public Guardian (PG) and Long Term Care (LTC) Program and assists with the Mental Health Courts. This Family Specialist will provide support, resources, and education to families whose loved one has been placed on conservatorship and/or at a Long Term Care Facility. This Family Specialist will act as a liaison between families and these programs to insure additional support and understanding of the LTC and PG processes.

FAP attends and participates in several Behavioral Health Department Committees, such as Criminal Justice, Behavioral Health Regional Advisory Boards, Adult System of Care, Veterans Committee, and Housing to ensure that the needs of family members are heard and included within our system. The FAP staff continues to be part of the Family Perspective Panel Presentations with several programs and agencies such as the Graduate, Intern, Field, and Trainee (GIFT) Program managed through the Departments Workforce Education and Training (WET) Team as well as the Crisis Intervention Team (CIT) training to Law Enforcement, to include the family perspective when handling a 5150.

The FAP also will be expanding to support families with loved ones who struggle with mental illness and substance use challenges. The addition of a Family Advocate Peer Specialist will assist families in understanding both the Mental Health System of Care and Substance Use programs in hopes to support families in building healthy boundaries and with the knowledge and skills they need to best support their loved ones with dual diagnosis challenges.

The FAP continues to work closely with the Mid-County Region MHSA Innovative Program, "The Family Room" that is located at the Perris Mental Health Clinic and the newly opened "Lake Elsinore Family Room". The Family Room concept emphasizes support for families who

are in crisis and enhance family members' knowledge and skills by expanding their participation and role so that they can better assist and promote their loved one's road through recovery.

Volunteers and interns continue to be an essential part of FAP. Volunteers and interns are mentored by Senior MH Peer Specialists in the day to day activities of a Family Specialist which includes attending the NAMI Family-to-Family Education Program and family support groups.

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

- Expand Family Specialist positions to other clinic sites and programs such as Substance Use clinics and Transition Age Youth (TAY)
- WRAP for Family Members
- Recovery Management for Family Members
- Co-Occurring Support Groups and Educational Programs
- Spirituality Support Groups
- Collaborate with local universities, colleges and high schools to emphasize the importance of family involvement when assisting students with mental health challenges at first break

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

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

Parent Support and Training Program

Classes/Trainings

EES
Triple P
Facing Up
Nurturing Parenting
Parent Partner Training

Special Projects

Back to School Backpacks
Thanksgiving Meals
Snowman Banner Gifts
Donations

County-Wide Services/Activities

Outreach Events
Volunteers
Interns
Mentorship
Parent Orientations
Support Groups
Conferences
Multi-Agency Collaboration
Transition Age Youth
Presentations

Introduction - Why Parent Support?

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

Background

The Riverside University Health Systems – Behavioral Health, Parent Support Program was established in 1994 to develop and promote client and family directed nontraditional supportive mental health services for children and their families.

What is a Parent Partner?

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

Mental Health Peer, Policy, and Planning Specialist

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

The Vision

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

PS&T has been able to individually reach out to over 20,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their

children, and families. The current number of Parent Partners county-wide is 42 Total (19 are bilingual).

There is a quarterly county-wide Parent Partner Meeting for all 42 Parent Partners (Mental Health Peer Specialists). There is also a quarterly regional Parent Partner meeting with all parent partners in their own region to discuss regional issues. The quarterly county-wide parent partner meetings are held the third Tuesday of the month at the Banning Mental Health Clinic. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partners. Presentations are provided by both county and contracted programs, such as Katie A. Implementation, How to Facilitate a Support Group, Self-Care, and Documentation for Parent Partners.

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

PS&T Program has continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways Trainings for new staff. PS&T along with DPSS have incorporated the changes in both systems to ensure that all children entering the Child Welfare System are receiving the mental health services that are needed. This has been an avenue to have the parent and family voice continue to be heard in both systems. The PS&T Program was also able to have two presentations for Judges within the Probate Court System. The Judges had requested this in order to instill more resources and information to the families that they work with under Guardianship.

A Parent Partner curriculum has been approved and is being utilized as training for all newly hired parent partners. With Special Projects, PS&T has been able to utilize 75 community volunteers during FY14/15 with outreach events and donation projects.

- 15th Annual Back to School Backpack Project: 442 backpacks were distributed to youth at clinics/ programs.
- 15th Annual Thanksgiving Food Basket Project: 112 food baskets were distributed to families.
- 15th Annual Holiday Snowman Banner Project: 1,110 snowflake gifts were distributed to youth in clinics/programs.
- In the Mentoring Program, monitored through Oasis, an average of 33 youth has been in the Mentoring Program at any given time during FY14/15. The mentors are varied in their life experience and education. Several of the mentors have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the objectives for the youth is to be linked with an interest in the community. Clinicians will ask for them by name on the Mentor Referral. Some of the comments from parents are that this program has helped their youth with school and has improved his/her confidence.

Support Groups

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

Educate, Equip and Support (EES) Classes

- Total Graduates: 237 county-wide
- Total Classes: 13 English, 6 Spanish - 19 county-wide

Triple P Classes

- Total Graduates: 136 county-wide
- Total Classes: 20 English, 7 Spanish - 27 county-wide

Nurturing Parenting

- Total Graduates: 22
- Total Classes: 4

Safe Talk

- Total Graduates: 38
- Total Classes: 2

Facing Up

- Total Graduates: 12
- Total Classes: 1

Parent Partner Trainings

- Total Graduates: 42 county-wide
- Total Classes: 3 county-wide

Daily Reporting Center (Prison Release Parents)

- EES Classes Total participants: 36
- Triple P Classes Total participants: 74

Child and Family Team Meetings

- PS&T Staff attended: 40 CFT's for Families
- PS&T Staff attended: 15 CFT's for Non-Minor Dependents

Community Committees/Boards

- Southwestern and Western Region Child Care Consortium (Committee)
- Riverside Child Care Consortium (Board)

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

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

Outreach Events:

Path of Life Health Fair

NAMI Walk

Family Resource Center Perris Health Fair

Million Man Event

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

Parent Support and Training Program FY15/16 through FY16/17

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

Parent Support and Training Program facilitates Educate, Equip and Support (EES) classes that are provided to parents/caregivers who receive services through clinics/programs. The classes are also available to the community. PS&T will continue to provide ongoing Support Groups that are open to the community for parents/caregivers who are raising children who are experiencing challenging behaviors. PS&T is also working with Safe House regarding to Human Trafficking and are providing ongoing support groups for the parents of the children who are trafficked. PS&T is now also providing Triple P Parenting Classes for parents/caregivers of children who are 0-12 years old and are experiencing beginning behavior challenges. Parent Support and Training has started both "Nurturing Parenting" Classes and the "Facing Up" Wellness Classes for parents/caregivers. PS&T Program is implementing the Mental Health First Aid and Safe Talk Trainings that will be open to all community members that are interested in participating in this valuable training. PS&T Program will continue to facilitate the ongoing two-week Parent Partner Trainings for parents/caregivers in the community as well as to newly hired parent partners within the Riverside University Health System – Behavioral Health and Department of Public Social Services to learn more about Recovery Skills, Telling their Story, and working within the county system as an employee/volunteer. Parent Support and Training Program continues to network within the County Behavioral Health System as well as community-based organizations to bring information to parents. PS&T will continue to be a part

of the Law Enforcement Training, as a part of the Panel Presentation, to provide the parent perspective when a child is 5150'd.

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

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

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

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

The Goal

The goal is for Riverside's Parent Support Program to assist families, regardless of whether or not they are receiving any type of mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family. The African American population is an identified population that PS&T is actively participating in regarding Outreach and Community Events. The Homeless Population of

Families is also an identified high needs population that PS&T is actively outreaching. A need that has been identified by the Prison-Release Parents and the Parents involved with the Children Protective Services Population, is the need for Anger Management Classes that will engage and help this population of Parents with their anger issues and how to effectively advocate for their Children within the multitude of systems in which that they are involved. A continued need that is identified by the parents that we work with is the need for Childcare. The parent perspective will be incorporated in all aspects of planning and at the policy level. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will help to avoid homelessness, hospitalization, and incarceration, out of home placement, and/or dependence on the state for years to come.

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

Existing Support and Services in the Parent Support Program

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

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

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

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

Educate, Equip and Support: Building Hope (EES) - The EES Education Program consists of 13 sessions; each session is two hours and is offered only to parents/caregivers raising a child/youth with mental health and/or emotional challenges. Classes are designed to provide parents/caregivers with general education about childhood mental health illnesses, advocacy, and parent to parent support and community resources.

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

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

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

Nurturing Parenting - Is an interactive 10-week course that helps parents better understand their role. It helps in strengthening relationships and bonding with their child, learn new strategies and skills to improve the child's concerning behavior, as well as develop self care, empathy, and self awareness.

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

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

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

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

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

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

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

Current Staff in the Parent Support Program

- One (1) Parent Partner in Administration works in partnership with Children’s Programs Administrators and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- Five (5) Senior/Lead Parent Partners work out of the Parent Support and Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children’s Administrator, Children’s Supervisors, and Parent Partners to ensure and help with providing support for families. This year we added a Senior/Lead position specifically for Pathways to Wellness.
- Nine (9) Parent Partners are assigned to work out of the Parent Support and Training Program. They provide assistance, answer the support line, and provide EES, Triple P,

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

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

Recovery Innovations

(Wellness Cities)

Peer Support and Resource Centers

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

NAMI Programs

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

Peer Employment Training

PET Service Data

Art Works Programs

Gallery Classes
Special Events
Recovery In Motion

The Mission of Recovery Innovations (RI) International is “Empowering people to recover, succeed in accomplishing their goals, find meaning and purpose in life, and reconnect with themselves and others”. In Riverside County, RI International is honored to partner with Riverside University Health Systems – Behavioral Health (RUHS-BH) to provide several such recovery opportunities.

RI International – Wellness City: Western, Mid-County, and Desert Regions

RI International provides a range of mental health services to adults and transition-age youth (TAY) participants in Riverside County. The RI “Wellness City” programs are grounded on the recovery principles of hope, choice, empowerment, an environment of wellness and spirituality, and community enrichment by contribution. Wellness City is made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers called Recovery Coaches

who have experienced their own recovery successes share what they have learned and work alongside each person. Those who attend the programs are called “citizens” and like citizens of any community they both give and receive from the community. The citizens of Wellness City learn to identify personal strengths and challenges and develop personalized action plans that incorporate their dreams for the future. Each citizen of Wellness City partners with a Recovery Coach who understands the challenges and is standing by ready to offer support. Strong and trusting relationships grow and are nurtured between Wellness City citizens. These relationships are the key ingredient that will allow the City to be a healing recovery community. There are citizens who receive services, citizens who provide services, citizens who are leaders and citizens who volunteer within the Wellness City and outside community. The healing dynamics of Wellness City include the following services to support: wellness and recovery.

Recovery Education: The goal of Wellness City is to offer groups and activities that support each citizen in directing their own recovery journey. All activities will be useful, engaging, and fun, guided by the Recovery Pathways of hope, choice, empowerment, recovery culture, spirituality. At the “Town Hall” meetings, each citizen will be invited to share and celebrate their progress and seek support from other Wellness City citizens. Within the centers, classes are offered daily and are taught by program participants, staff, and community partners. Individuals are encouraged to participate in recovery classes and activities, where people can practice wellness in all its dimensions: Social, Emotional, Intellectual, Occupational, Spiritual, Physical, Financial, Recreation, Home, and Community.

Community Enrichment Activities: To assure that Wellness City offers a comprehensive program of wellness, community enrichment activities are schedule monthly. Each citizen is invited to participate in enjoyable and meaningful activities that are free or low-cost, community events. Through these events, citizens are encouraged to explore personal interests, engage in new experiences, develop friendships, and discover welcoming places that will increase their quality of life.

Resource Center: Each Wellness City is equipped with computers that utilize Microsoft Office applications and have Internet access. Citizens are encouraged to use the resource center to find information according to their own needs and goals.

Peer-Support: Each citizen will be welcomed and offered the opportunity to spend time with a Recovery Coach who will provide an orientation to the activities provided in Wellness City and

assist them in developing a “Personal Wellness Plan”. Each citizen will select a Recovery Coach who will walk alongside them and encourage them as they carry out the actions they have listed in their “Personal Wellness Plan”.

Criteria for Eligibility: Anyone who has experienced behavioral health services and lives in the Riverside County area will be welcome to participate in RI International Wellness City. Citizens will be encouraged and supported to participate in community activities within the Wellness City and outside community.

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

- Transportation Assistance Program (TAP)
- Housing and Urban Development Office
- SSI Advocacy Firms
- Riverside Community College’s Disability Services Center
- Department of Rehabilitation
- Homeless Housing Opportunities Partnership and Education Programs (HHOPE)
- Riverside 25 Cities Coordinate Entry System
- Family Services Association
- Riverside Health Foundation
- Wiley Center
- Catholic Charities
- Operation Safe House

Community Partnerships, Fairs, and Support:

During this fiscal year, RI International established partnerships with various community organizations and has attended a multitude of fairs, sharing information regarding programs

services and support, throughout Riverside County. The following are a few of the collaborations that have been established.

- Loma Linda University Nursing Students partnered with RI International to facilitate Health Awareness classes. Loma Linda interns facilitated a two-hour class once a week. The Interns shared health facts and promoted physical wellness to the Wellness City citizens.
- RI International partnered with Therapeutic Behavioral Services (TBS) Providers and gave a presentation to one hundred (100) of their employees. RI International Recovery Coaches shared their story, explained the services offered at the various Wellness Cities and the requirements to become a citizen. Questions were answered and it was announced that RI will be providing the Desert Region with three new Wellness City locations.
- RI International had a booth at the May is Mental Health Fair sponsored by Riverside County Department of Mental Health (RCDMH) – now RUHS - BH. Recovery coaches attended and provided potential participants and their family members with information on RI International. Brochures, class calendars, and giveaways were provided.
- Various wellness city locations partnered with RUHS - BH Clinics. Presentations were facilitated by RI staff to staff of RUSH-BH and potential participants receiving services at the clinic.
- RI International partnered with the Desert Art Festival in an effort to promote wellness through art. Participants were supported with the opportunity to express themselves through creative art forms. Entries were submitted into the art festival where awards were presented to the artists for winning pieces.
- RI International participated in the Annual NAMI Walks at Diamond Valley Lake in Hemet. Over 15 individuals participated to promote mental health awareness and reduce stigma. Outreach efforts, sharing information about RI services and support was provided to approximately 80 community members.

Community Enrichment Activities

Throughout the year, various enrichment activities were attended depending on the suggestions from citizens per location. Regular activities include: movie and spa day, museums, concerts, performing art events, community festivals, fairs, and a day in the park. In addition, some of the other activities attended this year include:

- RI International provided a film series to participants from Western, Mid-County, and Desert Wellness City locations. Educational films were shown and catering was provided. Participants had the opportunity to connect with each other and gain insight through the documentaries shown.
- RI International had a Holiday Party for the participants involved in the Wellness Cities throughout Riverside County. Catered dinner was provided and raffles were held. Participants were provided transportation to the event. The party provided participants the opportunity to connect and meet other individuals from other Wellness Cities.
- RI International sponsored an event for participants to attend an Angels Baseball Game. Individuals were provided admission, dinner, and transportation. This event allowed individuals an opportunity to build their community and recreational wellness.

For FY15 in addition to continuing to serve in Western Region (Riverside) and Mid-County Region (Perris and Temecula), RI is pleased to have begun providing services in the Desert Region. As of April 1, 2015 services were offered in Banning, Palm Springs, Indio, and Blythe. RI is excited to share that there has been a positive response for the Wellness City programs in all regions. RI looks forward to strengthening relationships, expanding services, and continuing to promote wellness and recovery.

RI International, Wellness City Programs have accomplished the following milestones.

Wellness City Outreach and Unique Individuals Served (annual data for Western and Mid-County and the 4th Quarter in Desert as services began on 4/1/15).

Wellness City programs have provided information regarding services and support by outreaching efforts in Riverside County through presentation, meetings, and fairs.

The following is the breakdown of connections made per region:

- Western Region outreached to five hundred and eleven (511) individuals.
- Mid-County Region outreached to four hundred and eighty two (482) individuals.
- Desert Region outreached to thirty seven (37) individuals.

The Adult Program provides supports and services for individuals who are 26 years and older. Recovery Education groups are facilitated daily that focus on identifying coping skills to enhance wellness, developing skills to obtain desired individual goals, and create the opportunity to strengthen their natural supports. One-on-one goal oriented Peer Support is available and provided for each individual who receives service. The following represents the number of unique individuals served per region:

- Western Region supported two hundred and ninety (290) participants
- Mid-County Region supported three hundred and forty one (341) participants
- Desert Region supported two hundred and ten (210) participants

The Transitional Aged Youth Program (TAY) support individuals from the age of 16 through 25. Services and supports focus on the unique needs of the TAY population. Groups are geared toward developing skills for independent living, transitioning into adulthood, and self-discovery. One-on-one goal oriented support is provided by Recovery Coaches who have personal mental health experiences as a TAY. The following is a report of the number of unique TAY individuals served per region:

- Western Region provided service to thirty-two (32) participants
- Mid-County Region provided service to twenty-one (21) participants
- Desert Region provided service to eleven (11) participants.

Participant Quotes:

Wellness City programs value the experience and feedback of individuals who receive services. Twice a year participant satisfaction surveys are provided and below are a few statements regarding the program.

- “Wellness City is a great place to be. Through the classes they offer, I have learned some tools that has inspired me to become my own payee”. B.S.
- “For the first time I feel like I’m, ‘a part of’. I feel like I fit in somewhere.” S.B.
- “Wellness City has helped me see myself in a different light and to accept me as I am.” S.E.
- “In these walls, I have found many things that were thought to have been lost.” R.M.
- “Wellness City has provided me the opportunity for me to grow into the person I have always wanted to become.” C.C.
- “I like the classes because they help me express myself in ways I never thought I could”. J. M.
- “Recovery is real and defined by each person individually. Here I am happy and free to be the real me.” J.B.
- “Wellness City has helped me overcome my shyness. I feel more self-confident when socializing with people”. L.E.
- “I have learned to have fun and see things in a new way. I have pride and love. I’m more of a person who is ready for the world.” Anonymous

NAMI Programs

In FY14/15, RI International contracted to provide NAMI Signature Programs in the Western and Mid-County Regions of Riverside County. This team consists of two part-time Coordinators (one in each region), a full-time Program Supervisor, and many Program Presenters trained by NAMI to provide these presentations throughout these regions. The NAMI Signature Programs RI International provides are:

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

These programs are presented in the following target communities:

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

NAMI Signature Program: In Our Own Voice

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

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

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

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

For FY14/15 there were 35 IOOV presentations in the Western Region with a total audience attendance of 539 and 34 presentations in the Mid-County Region reaching 1,277 audience members. Below are some comments from those who attended the presentations:

- You guys were great! A lot of great information I never knew about.
- Hearing these stories has made me realize that I may be suffering from depression and holding it inside. I will seek a counselor or someone to release the anxiety I've been feeling for years.
- Awesome victories and great testimonies.
- Thank you for giving me hope.

- Thank you very much. This program helped me a lot.
- You guys did good for doing what you believe you can and I will do better.
- You guys were great. I will never forget what you have done for me. You touched my heart and I will share what I have learned from you.

In addition, RI International provides IOOV presentations to law enforcement. These consist primarily of presentations at Crisis Intervention Trainings at the Ben Clark Training Center but also include presentations to Riverside Police Department, the Department of Public Safety at Cal Baptist, and other law enforcement personnel. In FY14/15 there were a total of 24 presentations to a total of 597 audience members. Following are some comments from attendees:

- Good presentation and good to hear from others and their own personal experiences with mental health issues.
- Thank you, gentlemen, for sharing your stories, both the dark days and the successes. I wish you both the best of luck.
- Great presentation with great insight.
- I can't say I have a "good" understanding of mental illness after because I feel there is so much to learn. However, I very much enjoyed the presenters coming to share and highly recommend their portion of the class continue.
- Both speakers were very clear in their responses and their input. I really appreciate them.
- This is the 1st time in 18 years of law enforcement that I've been exposed to this aspect of mental illness and it has opened my eyes to the true aspects of mental illness and my perception has done a 180 degree turnaround. This class has changed my outlook on mental illness.

NAMI Signature Program: Parents and Teachers as Allies

Parents and Teachers as Allies (PTA) is designed for teachers, administrators, school health professionals, parents, grandparents and others in the community who are interested in mental health training

This one-to-two hour presentation focuses on helping school professionals and family members better understand the early warning signs of mental illness in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of mental health experiences from the perspectives of a teacher, the parent of a child who experienced mental health challenges in school, and a student who tells their personal story. PTA supports schools in developing ways to best communicate with families about mental health related concerns. During FY14/15 there were 14 presentations in the Western Region to a total of 177 audience members and 10 presentations in the Mid-County Region to a total of 131 people. Audience comments follow:

- Thank you for this presentation. All speakers were very helpful in sharing their stories. Presentation was very helpful!
- Great perspectives! Heartfelt and sincere presentations help people let go of stigma.
- I loved this presentation! Very informative.
- Excellent presentation and educative to me.
- Our school does not admit kids with IEP's, and "diagnosis" per se is not something that seems to be a high priority. Conservatively I'd estimate 35% of our kids have mental illness.
- Very informative on the most popular forms of mental illness. Enjoyed hearing person's view of having schizophrenia and how she deals with it.
- Thank you for sharing and raising awareness. This is important information.

Through perseverance and community networking, RI International worked closely with Moreno Valley Unified School District, Perris Unified High School District, Jurupa School District, and Lake Elsinore Unified School District. Schools have been very interested in using this program to educate, enlighten, and empower parents and staff to understand mental illness and the community resources available to them.

NAMI Program: Breaking The Silence

Breaking the Silence Teaching the Next Generation About Mental Illness

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

Students learn that mental illness it is not a character flaw, what some of the early warning signs look like; and how to fight the stigma that surrounds mental illness. Staff demonstrates the use of the materials to the school personnel to equip them to use the lesson plans in their classrooms. Presentations are conducted with interested teachers and counselors who, in turn, teach the curriculum to their students with prepared curriculum especially for upper elementary, middle, and/or high school age groups.

During FY14/15, there were 16 presentations conducted in Western Region with 323 student / school staff members in attendance and 8 presentations conducted in Mid-County Region with 146 students / school staff members in attendance. Their comments included:

- She was very informative and answered according to the level of a child's understanding.
- Very interesting. Children asked a lot of questions; the presenter answered them.
- Very good presentation. WE need more of these programs.
- This was a good book. It told me about bullying.
- This really helped me figure out mental illness.
- It was great. Now I know more to tell my friends.
- This really helped me.
- I'm glad you let me understand about my feelings.
- I liked the assembly because she was cool and she explained it good and she deserves a raise.

Number of audience members impacted Western and Mid-County by presentation program:

Program	Western	Mid-County
In Our Own Voice	638	1,468
In Our Own Voice (Law Enforcement Collaborative)	597	NA
Parents and Teachers as Allies	177	131
Breaking the Silence	328	151
Total	1,740	1,750

Community Support

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

Peer Employment Training (PET)

RI International continues to provide training to equip peers who want to work as Peer Support Specialists in the County of Riverside. For FY 15, RI was contracted to provide seven classes. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery.

For FY15 there were a total of 148 graduates from the seven classes listed below.

Date	Region	Class Name	Graduates
Aug 11-22, 2014	Western	New PEERSpective	23
Sept 12-26, 2014	Western	Inspeeration	20
Oct 13 - 24, 2014	Desert	Peer Messengers of Hope	20
Dec 1 - 12, 2014	Mid-County	Peers Determination	18
Feb 2 - 13, 2015	Western	Recovery Ninja Warriors	22
Apr 6-17, 2015	Desert	Peers of Endearment	20
June 8 - 19, 2015	Mid-County	Golden Ticket to Recovery	25
		Total	148

Art Works Programs

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

- In September Art Works partnered with the Riverside Art Museum (RAM) to host a watercolor class for those who reside in our Safe Haven permanent housing. RAM offered one student a scholarship to an upcoming oil painting class as well.

- One peer, who in the beginning wanted to just watch, little by little engaged in class participation. She began interacting with other participants, sharing her reactions to other's artwork, and bought a piece of another peer's work. She brought four friends with her one evening to show them the gallery and talk about the work she does there.
- In February, Art Works was offered tickets from the Fox Theater to take 22 participants to see Memphis, the Musical. Some had never seen such an event before and it was a great opportunity for folks to feel connected and welcomed in their community.
- In March, in preparation for Earth Day, Art Works artists painted funny faces on recycled materials like tar paper and cardboard. A good time was had by all.
- Art Works' annual Film Series began in March for two weeks and ended the first week of April. Films were shown in all three regions of Riverside County: Western (Culver Center in Riverside), Mid-County (Temecula Public Library), and Desert (Eisenhower Medical Center). The three films were "Of Two Minds", "Life Continued....Defeating Depression", and "Humble Beauty". Feedback on all films was positive and the Film Series realized its goal of helping reduce the stigma against mental illness.
- In May, Art Works participated in the Canyon Lake Fiesta Day with a booth, selling work by our artists and talking with people about mental health recovery and our program.
- In June, Art Works hosted its first annual Open House, inviting RCMHD Peer Support Specialists to make them aware of who Art Works is and what Art Works does, in hopes of them referring their participants who are interested in the creative arts as a recovery pathway to the program. Several of Art Works participants gave personal testimonials throughout the day about how art and Art Works has been instrumental in their personal recovery. Some of the speakers were speaking in public for the first time in their lives and commented they felt proud and empowered by having done so. Art classes were offered throughout the day so attendees could try their hand at making something to take home with them. Feedback was positive and participation was enthusiastic.

Art Works Gallery Class Attendance

Art Works Gallery held 35 unique workshops and classes that met a total of 326 times in FY14/15, utilizing 35 specific curricula. There were approximately 1,536 (duplicated) and 363 (unduplicated) students served.

A sampling of the best-attended and most popular classes included: ReMixed Media, Watercolor Studio, Musical Jam, Art from the Heart, Creative Movement, Diarama, Design Basics, Photography with Anita, and Written Expression. Some of the art created in the classes is consigned to Art Works retail gallery, allowing students seeking mental wellness to explore their creativity, build confidence in their talents and abilities, and earn money while doing so. Art allows participants to explore all the Recovery Pathways: Choice, Hope, Empowerment, Environment of Recovery, and Spirituality and to express them through their own unique creativity.

After Works Workshop Attendance

The After Works programs are the Art Works Friday Night activities that are open to the community. These classes are a great opportunity to reduce stigma by having peers and community members work alongside each other to create. Art Works participants get to share with the community about the programs, provide recovery education, as well as support the peers in being a part of their own local community. It is cool to see the relationships formed on Friday nights.

There were 52 After Works workshops during FY14/15 teaching 43 unique subjects with a total of 386 (duplicated) attendees. Open to the community at large, popular classes included Watercolor, Spray Painting, Poetry, Watercolor Pen & Ink, Rock Painting, Wire Dragon Flies, Tie Dye, Dream Catchers, and Eggshell Pendants. As the community at large works side-by-side with peers in a happy and creative environment, stigma is reduced and replaced with comradery, joy, and fun.

Instructors

During FY14/15, there were 35 instructors for all Art Works Gallery and After Works workshops and classes. Some instructors taught only a single class or workshop, while others taught a series of classes or workshops. Of these 35 instructors, 15 have personal lived experience with mental health challenges.

Special Events

Art Works' FY15 community outreach touched many lives throughout Riverside County. This was accomplished through Art Works Gallery's participation in the monthly Riverside Downtown Arts Walk on the first Thursday of each month, the free Community Education Film Series

- One peer, who in the beginning wanted to just watch, little by little engaged in class participation. She began interacting with other participants, sharing her reactions to other's artwork, and bought a piece of another peer's work. She brought four friends with her one evening to show them the gallery and talk about the work she does there.
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A sampling of the best-attended and most popular classes included: ReMixed Media, Watercolor Studio, Musical Jam, Art from the Heart, Creative Movement, Diarama, Design Basics, Photography with Anita, and Written Expression. Some of the art created in the classes is consigned to Art Works retail gallery, allowing students seeking mental wellness to explore their creativity, build confidence in their talents and abilities, and earn money while doing so. Art allows participants to explore all the Recovery Pathways: Choice, Hope, Empowerment, Environment of Recovery, and Spirituality and to express them through their own unique creativity.

After Works Workshop Attendance

The After Works programs are the Art Works Friday Night activities that are open to the community. These classes are a great opportunity to reduce stigma by having peers and community members work alongside each other to create. Art Works participants get to share with the community about the programs, provide recovery education, as well as support the peers in being a part of their own local community. It is cool to see the relationships formed on Friday nights.

There were 52 After Works workshops during FY14/15 teaching 43 unique subjects with a total of 386 (duplicated) attendees. Open to the community at large, popular classes included Watercolor, Spray Painting, Poetry, Watercolor Pen & Ink, Rock Painting, Wire Dragon Flies, Tie Dye, Dream Catchers, and Eggshell Pendants. As the community at large works side-by-side with peers in a happy and creative environment, stigma is reduced and replaced with comradery, joy, and fun.

Instructors

During FY14/15, there were 35 instructors for all Art Works Gallery and After Works workshops and classes. Some instructors taught only a single class or workshop, while others taught a series of classes or workshops. Of these 35 instructors, 15 have personal lived experience with mental health challenges.

Special Events

Art Works' FY15 community outreach touched many lives throughout Riverside County. This was accomplished through Art Works Gallery's participation in the monthly Riverside Downtown Arts Walk on the first Thursday of each month, the free Community Education Film Series

(feedback on both the films and guest speakers was positive and meaningful in reducing the stigma against mental illness), collaboration with both the Blaine Street Clinic and Recovery Learning Center, Health Fairs, an outing to the Fox Theater, and Arts Walk.

Art Works Gallery was visited by 452 individuals during Arts Walks throughout the fiscal year. The Gallery presented six exhibitions of artwork during this time period, specifically emphasizing the artwork of individuals with lived mental health experience. The exhibits included The Power of Art in Recovery, Service Through Art, Unwrapping Our Gifts, We Put the Art in Heart, What's eARTh Without Art, and Pictures of Recovery.

The Community Education Film Series, co-sponsored with Wellness City Riverside, was presented in three cities throughout Riverside County (Riverside, Temecula, and Rancho Mirage) with a total attendance of 285 people. Each screening was preceded by a catered reception. After each film, speakers from those films or a guest panel connected with the audience to answer questions. Audience members also received informational packets with materials about mental illness recovery and local resources.

Recovery-Arts In Motion (RIM)

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

RIM Peer Artists have walked the path to mental wellness and recovery. With their personal backgrounds in the creative arts, lived experience with mental health challenges, and expertise gained through Peer Employment Training, these Peer Artists are uniquely qualified to share recovery principles taught through artistic expression, by individuals on their own recovery path. Art Works Gallery and its programs have exhibited the efficacy of art as a non-threatening and engaging catalyst for change in many individuals' lives.

Classes were offered at The Path in Palm Springs (37 duplicated participants), Soboba Indian Health Services in San Jacinto (56 duplicated participants), and Torres-Martinez Indian Health Services in Thermal (31 duplicated participants); the most underserved areas of Riverside

County, directly impacting the lives of individuals with mental health challenges who would not otherwise have access to recovery and creative arts classes.

MHSA Funding Summary

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

County: Riverside County

Date: 7/12/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	30,967,818	13,014,534	14,567,500	5,377,638	11,971,162	
2. Estimated New FY2014/15 Funding	68,546,893	17,136,723	4,509,664			
3. Transfer in FY2014/15 ^{a/}	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	86,514,711	30,151,257	19,077,164	5,377,638	24,971,162	
B. Estimated FY2014/15 MHSA Expenditures	48,850,141	15,362,175	1,970,323	721,924	6,500,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	37,664,570	14,789,082	17,106,841	4,655,714	18,471,162	
2. Estimated New FY2015/16 Funding	55,826,286	13,956,571	3,672,782			
3. Transfer in FY2015/16 ^{a/}	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	80,490,856	28,745,653	20,779,623	4,655,714	31,471,162	
D. Estimated FY2015/16 MHSA Expenditures	51,781,149	16,283,906	2,088,542	765,239	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	28,709,707	12,461,748	18,691,081	3,890,475	31,471,162	
2. Estimated New FY2016/17 Funding	57,501,075	14,375,268	3,782,965			
3. Transfer in FY2016/17 ^{a/}	0				0	
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	86,210,781	26,837,016	22,474,046	3,890,475	31,471,162	
F. Estimated FY2016/17 MHSA Expenditures	64,015,219	16,298,067	4,930,883	1,552,600	0	
G. Estimated FY2016/17 Unspent Fund Balance	22,195,562	10,538,949	17,543,163	2,337,875	31,471,162	

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

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

MHSA Funding – CSS

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

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Childrens	14,832,293	4,535,432	3,116,884		2,094,384	5,085,593
2. CSS-02 TAY	4,233,721	1,350,197	1,516,100		1,023,200	344,224
3. CSS-03 Adults	21,364,653	8,492,609	6,517,241		489,244	5,865,559
4. CSS-04 Older Adults	7,870,179	3,916,453	2,299,163		0	1,654,563
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-01 Childrens	49,790,445	6,026,353	25,477,729		17,054,805	1,231,558
2. CSS-03 Adults	62,390,722	29,209,604	27,704,327		2,237,000	3,239,791
3. CSS-04 Older Adults	10,541,233	5,121,160	3,461,487			1,958,586
4. CSS-05 Peer Supports	2,684,420	2,684,420				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	2,678,991	2,678,991				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	176,386,657	64,015,219	70,092,931	0	22,898,633	19,379,874
FSP Programs as Percent of Total	75.5%					

MHSA Funding - PEI

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

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness, & Stigma	3,671,102	3,671,102				
2. PEI-02 Parent Education and Support	5,524,457	3,376,493	630,137		515,695	1,002,132
3. PEI-04 Transitional Age Youth (TAY) Project	849,385	849,385				
4. PEI-05 First Onset for Older Adults	1,215,352	1,190,352	25,000			
5. PEI-07 Underserved Cultural Populations	4,456,042	4,456,042				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in School	1,068,076	1,068,076				
12. PEI-06 Trauma-Exposed Services for All Ages	621,357	621,357				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,065,260	1,065,260				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	18,471,031	16,298,067	655,137	0	515,695	1,002,132

MHSA Funding – INN

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

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Perris Family Room	1,369,802	890,371	479,431			
2. Planning	682,744	682,744				
3. Recovery Learning Center	926,553	539,412	366,641		500	20,000
4. TAY Drop In Center	6,263,013	2,818,356	1,878,903		1,565,754	
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	9,242,112	4,930,883	2,724,975	0	1,566,254	20,000

MHSA Funding – WET

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

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	1,119,256	744,021	375,235			
2. WET-02 Training & Teach Assist	262,418	158,303	91,846			12,269
3. WET-03 MH Career Pathways	86,704	86,704				
4. WET-04 Residency/Internship	336,229	336,229				
5. WET-05 Financial Incentives	227,343	227,343				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,031,950	1,552,600	467,081	0	0	12,269

MHSA Funding – CFTN

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

County: Riverside County

Date: 7/12/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Cost Per Client
FY2014/15

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	376
COST:	\$5,211,960
AVERAGE COST:	\$13,862

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	401
COST:	\$3,298,660
AVERAGE COST:	\$8,226

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	1,074
COST:	\$12,640,389
AVERAGE COST:	\$11,769

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	415
COST:	\$4,038,160
AVERAGE COST:	\$9,731

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

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

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	Child GSD
UNIQUE CLIENTS:	8,300
COST:	\$35,800,598
AVERAGE COST:	\$4,313

PLAN NAME:	TAY GSD *
UNIQUE CLIENTS:	1,829
COST:	\$6,158,863
AVERAGE COST:	\$3,367

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	27,694
COST:	\$52,813,608
AVERAGE COST:	\$1,907

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	2,176
COST:	\$6,848,234
AVERAGE COST:	\$3,147

PLAN NAME:	Adult/TAY Residential Treatment Services
UNIQUE CLIENTS:	739
COST:	\$2,898,622
AVERAGE COST:	\$3,922

Community Feedback Surveys

A community feedback survey was provided at each stakeholder meeting and was distributed by e-mail to various community agencies. Additional feedback survey forms were provided to various community organizations for distribution to stakeholders that may not have been present at community forums. The survey included a series of items for written comment and a "Tell us About Yourself " demographics page to gather information on the age group, race/ethnicity, language, gender, region of the county, and any group affiliation. A total of 96 people responded to the survey. Summarized written comments relating to service gaps, access and communication about services are provided below. There were two different areas identified, which included Service Gaps and Access. Within these areas, common subthemes were also included. Themes are detailed below and examples of some respondent's comments are provided on the next three pages.

Service Gaps

Adding Services for Other Populations:

- Services needed for parents who have children with special needs (i.e., autism).
- Parenting classes for parents with older adolescents.
- Expand services for seniors.

Expanding Classes or Additional (Centered on simply adding more services throughout): Note: Many respondents were very happy with current programs but there was a general call for more services or additional classes because it was working so well for them.

- Different classes for Seeking Safety or possibly less classes.
- More mental health workshops in schools, especially middle school.
- Need more classes on marriage and parenting.
- More programs to develop creative activities such as writing or poetry (i.e., Art Works).
- Request for programs to be more participant guided.

Early Prevention Awareness:

- Many would like to see more programs that target youth (11 - 18 years of age).
- Programs are needed to teach parents how to identify if their children are on drugs.
- Drug prevention programs are needed for youth.

Access

Transportation

- Many noted the need for better, more reliable, transportation to groups and programs.

Communication

- Information needs to be available about the different programs that exist in the county, respondents noted that they knew there were many different services but they did think many others knew how much was available.
- Make programs more accessible throughout our community. Suggestions were made that if programs were advertised at schools there would be more participants.
- Community navigators or an information hotline might help the community know what programs and services are available.
- Provide a place where information about programs and services is all in one place for easier navigation.

Is the 3-Year Plan Working to Meet Priority Needs of Riverside County?

Very beneficial and positive for long term community growth.

From my experience, the plan appears to be addressing the needs of Riverside county.

The classes are helpful for recovery and in helping me build my self-esteem. I feel like each class builds a better opportunity to learn about recovery.

I am getting positive things so far as my recovery and support system in this program. Get empowerment at RI International.

Thank you always, it's of great help all type of programs that focus on the family! Thank You for your support. A happy family is a happy society!

I think it's very good and helps families a lot. My satisfaction is that it's improving my relationship with my kids and improving their conduct.

This program is satisfying the necessities of my family because it has taught me to put more discipline on my kids positively; and I see that it is helping more families

The classes are helpful for recovery and in helping me build my self-esteem. I feel like each class builds a better opportunity to learn about recovery.

I think that Riverside County is a front-runner in providing mental health services and a champion of peer support. Those of us who have need of mental health services are lucky to live in a county that takes them seriously and works hard to provide the best programs possible.

This program is satisfying the necessities of my family because it has taught me to put more discipline on my kids positively; and I see that it is helping more families

This program is working great for me and I think I would probably benefit coming more. But overall it's very beneficial.

As far as reaching under-served populations, especially those residing in communities such as Desert Hot Springs with few providers, I think the Plan is working.

The program is effective in meeting the needs in our program. PEI-DHS has had great success in reaching out to the middle school students and our program is showing statistically significant improvements in the use of pro-social skills from our students. We have also been without a fidelity liaison for almost a year now and that lack of support needs to improve.

Gaps in Service in Existing CSS & PEI Programs?

How to connect students to services - in more efficient manner.

A curriculum for the young of ages 12 to 18. A program for preventing drugs in adolescents and preventing suicide.

I would like a program for families with children with disabilities or autism.

We need support with adolescents and a program for drug prevention for our kids.

Resources close to home.

The only gap I see is that it can be challenging to know what services are available if a person doesn't have someone to guide them. I don't think the general public is aware of the breadth of mental health resources that are available so, should they find themselves in need of them, they don't have a clue where to start. Having a mental health information line would be helpful, so a person could call one number, tell the expert what they're looking for, and get information about the appropriate resources.

There is a great need to provide services to disabled adults and frail seniors in Riverside County. Clients will generally wait three month to be enrolled into CareLink/Healthy IDEAS program due to limited slots and staff.

I think offering a general EBP to help students who struggle with depression, anxiety, ADHD, and ODD would be helpful to the school community.

We would like to see more programs that target 11 - 18 years of age.

Recommendations/Comments about Program/Services

I think it would be nice to have a summer office in the area we serve, not in the Indio Clinic but in the DHS. It would be great to offer a Summer Camp PEI program to continue our work instead of stopping to work in the Indio clinic for the summer. The clinic has limited space and the work is unrelated to our other work. Another option would be to offer 11 month employee positions like the teaching staff at the school we serve.

I feel fortunate to live in Riverside County where recovery-oriented programs like Art Works exist and are provided to the community through MHSA funds.

I think continuing creative writing/poetry as one class. I would like to see art classes at RI.

Transportation needed to and from groups.

Make information more available about the different programs that exist in the county.

To increase the programs for parents of adolescents and a program on how to recognize if our children are on drugs.

RI International is doing a great job with me. I have improved so much.

Allow programs to be more participant guided.

Expanded funding for CBT for LLD and other evidence based PEI programs that include adults ages 40-60 yrs old.

I would like to see more education on seniors and suicide.

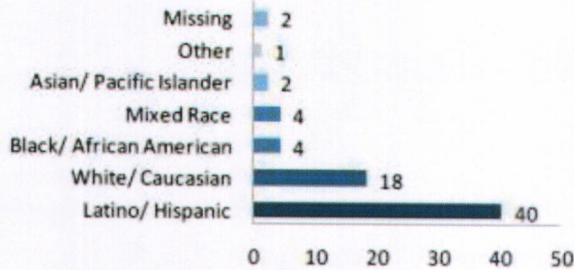
I hope that this Strengthening Families Program can be a program that would be here more for other families to experience what I have experienced because it has been very beneficial to me and my family.

Make it more accessible throughout our community. I found out about it through a neighbor. I believe if it was advertised at schools there would be more participants.

Add different classes from the Seeking Safety book.

Demographics - Community Feedback Surveys

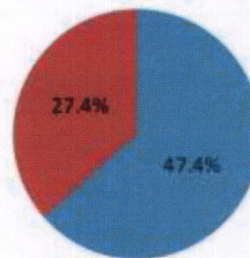
Race/Ethnicity (N=71)



The majority of respondents identified as Latino/Hispanic (n=40, 56.3%) or White/Caucasian (n=18, 25.3%). An equally small amount of participants identified as Black/African or Mixed Race (n=4, 5.6%). Only two respondents identified as Asian/Pacific Islander. Two respondents did not provide a response for their race/ethnicity.

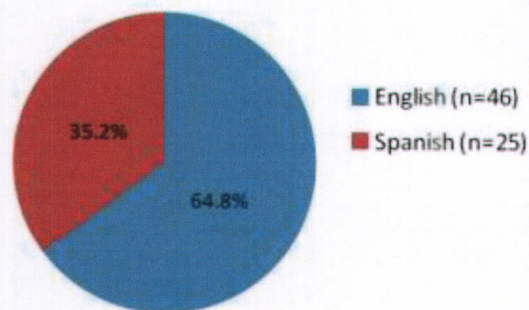
Gender (N=71)

■ Female (n=45) ■ Male (n=26)

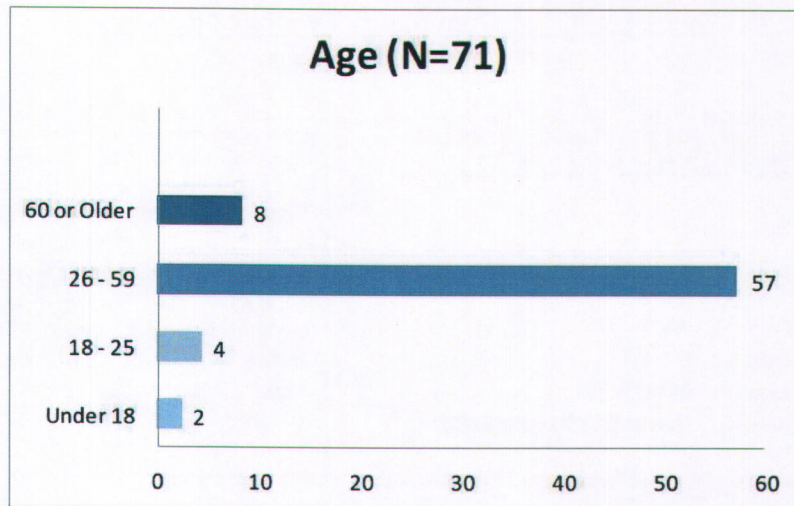


The majority (n= 45, 47.4%) of respondents identified as female while only 26 (27.4%) of respondents were male.

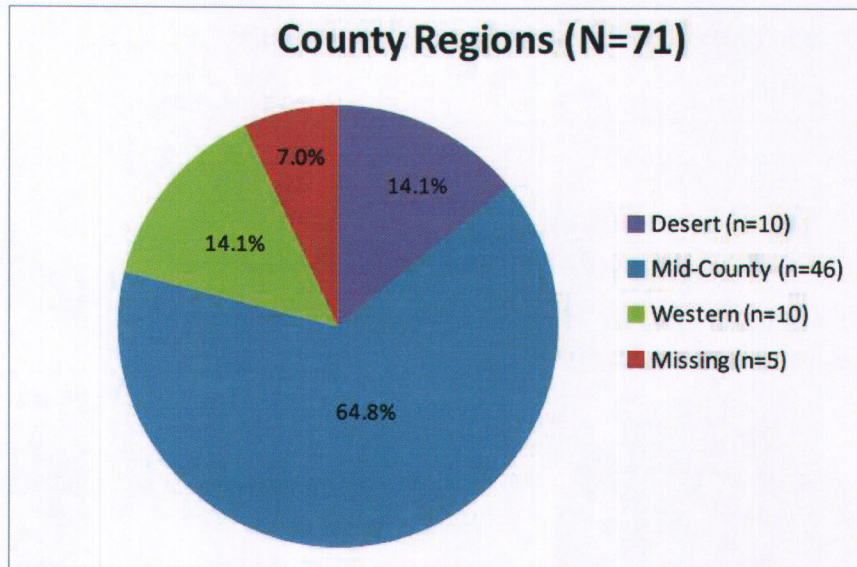
Language (N=71)



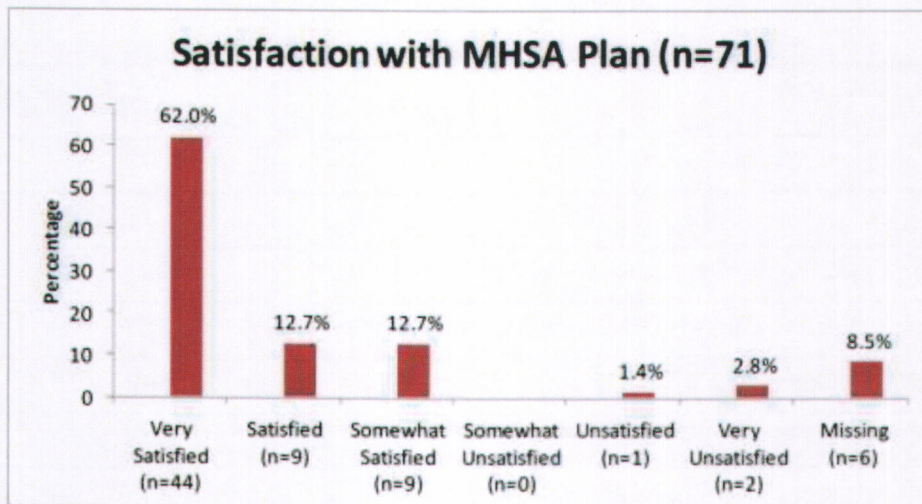
The majority of survey respondents were English-speaking (64.8%) while only 25 identified as being Spanish-speaking (35.2%).



A majority of respondents were between 26 and 59 years of age (n=57, 80.3%), followed by people who were 60 or older (n=8, 11.3%). The age groups 18 to 25 (n=4, 5.6%) and Under 18 (n=2, 2.8%) were the least reported.



The majority of respondents were from Mid-County (n= 46, 64.8%). The same amount of participants were from Desert and Western county (n=10, 14.1%). Five participants (7%) did not indicate which county they were from.



Collectively the majority of respondents were satisfied with the MHSA Plan (n=62, 87.4%). 62% responded that they were very satisfied, 12.7% said they were satisfied and the same amount said they were somewhat satisfied. Few respondents reported being unsatisfied (n=1, %) or very unsatisfied (n=2, %). Six participants did not provide feedback on their satisfaction level.

Agency	N (%)
RI International	4 (5.6%)
Riverside City College	3 (4.2%)
MFI Recovery	2 (2.8%)
Perris Mental Health	2 (2.8%)
Office on Aging- CareLink/Healthy IDEAS	2 (2.8%)
National Alliance on Mental Illness	1 (1.4%)
Narrow Doors	1 (1.4%)
The LGBT Community Center of the Desert	1 (1.4%)
County of Riverside Behavioral Health Commission	1 (1.4%)
PEI-DHS Riverside County	1 (1.4%)
RUHS - Behavioral Health	1 (1.4%)
Missing	52 (73.2%)

Only 19 respondents shared an agency they were a part of. Of those that did provide a response, 5.6% came from RI International, followed by 4.2% coming from Riverside City College. 73.2% of respondents did not identify an agency. See table for more details.

Group Category	N (%)
Mental Health Client/Consumer	23 (27%)
SFP	17 (20%)
Children and Family Services	9 (10.6%)
Community-Based/Non-Profit Mental Health Service	8 (9.4%)
Senior Services	4 (4.7%)
County Mental Health Department Staff	3 (3.5%)
Family Member of Mental Health Consumer	3 (3.5%)
Advocate	2 (2.4%)
Substance Abuse Services Provider	2 (2.4%)
Veteran Services	2 (2.4%)
Law Enforcement	1 (1.2%)
Other (i.e., MFI, Other County Agency)	10 (12%)

65 survey respondents identified groups they belonged to; some identified multiple groups such as being a consumer and an advocate. Mental Health Client/Consumers made up 27% of respondents. The next most commonly reported group included SFP (20%). Six respondents did not provide a response. See table for more details.

Role or Position	N (%)
Client	2 (1.2%)
Clinical Therapist II	2 (2.4%)
Marriage & Family Therapy (MFTI, Trainee, Intern)	3 (3.6%)
Parent Facilitator	1 (1.2%)
Program Coordinator	1 (1.2%)
Commissioner	1 (1.2%)
Director of Mental Health Services	1 (1.2%)
Social Worker V	1 (1.2%)
Art Coordinator Recovery Coach	1 (1.4%)
Class Attendant	1 (1.2%)
Missionary	1 (1.2%)
Recovery Services Administrator I	1 (1.2%)
Mental Health Services Supervisor	1 (1.2%)
Health Educator	1 (1.2%)
Housekeeping	1 (1.2%)
Missing	52 (80%)

A majority (n=52, 80%) of respondents did not identify a role or position. Only 33 respondents provided a response for their role. Roles of participants ranged from clinicians and service providers to facilitators and clients. Of these respondents the majority were Clinical Therapists or Marriage & Family Therapists (n=5, 6%). See table for more details.

Behavioral Health Commission (BHC) - Public Hearing

Public Comments on the MHSA Annual Plan Update FY16/17

LOCATIONS:

May 4, 2016

3:00 – 4:30 pm

Rustin Conference Center

2085 Rustin Avenue, Riverside 92507

May 5, 2016

1:30 – 3:00 pm

Indio Mental Health Clinic

47-825 Oasis Street

Indio 92201

Comments on the MHSA Annual Plan Update FY16/17

The MHSA Annual Update Plan was posted for a 30-day public review and comment period, from April 5, through May 5, 2016. After the 30-day public review and comment period, Public Hearings were held by the Riverside Behavioral Health Commission. Hearings were held on May 4, 2016 at the Rustin Conference Center in Riverside and May 5, 2016 at the Indio Mental Health Clinic in Indio.

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

WRITTEN COMMENTS:

All written comments relating to service gaps, access, and communication about services were incorporated into the Community Feedback Survey information that was collected during the planning process. The comments received during the planning process are included in the Community Feedback Surveys section on page 164.

There were a total of 33 Feedback Forms with written responses submitted during the two Public Hearings: 8 responses were "Very Satisfied", 5 were "Somewhat Satisfied", 4 were "Satisfied", 1 was "Unsatisfied", and 1 was "Very Unsatisfied". (Note: 14 Feedback Forms did not record a 'Satisfaction' Response).

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

- (1) **Comment:** I am very grateful to mental health behavioral of Riverside. They are showing me not just how to live but how to be free from within.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (2) **Comment:** Provides classes that help me grow and gain empowerment.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (3) **Comment:** Peer Employment Training, peer support for clients.

Response: The Peer Employment Training (PET) contract through Recovery Innovations International (RII) is being funded for next year and expanding by two classes. All Peer Support initiatives are continuing to be funded through Community Services and Supports (CSS).

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (4) **Comment:** Many talented staff that work for the Behavioral Health Department care deeply about the issues. They do a great job in managing this vast array of services. I appreciate their patience with the planning and that they are there to support the recovery movement. (I enjoyed listening to all the good aspects of how things are helping the community.)

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (5) **Comment:** I can see the needs of the Latino population being met – but what about the Afro-American population - some of them fall through the cracks too. Asian population - some of them need help. It's important to reach all cultures. All cultures have a population of PTSD, anxiety, and mental health issues.

Response: All PEI program providers have a responsibility to outreach to all of the following underserved ethnic populations in Riverside County: African American, Asian Pacific Islander, Latino, and Native American. In addition, the PEI Plan has a Work Plan that includes at least one program specifically for each of the underserved cultural populations.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (6) **Comment:** The plan is developed to service the community and the staff providing services.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (7) **Comment:** Mature adult programs are lacking outreach teams to go to senior centers, board & cares, etc. to meet the needs of older adults who aren't being seen due to their age and/or physical challenges.

Response: PEI has a Memorandum of Understanding (MOU) with the Riverside County Office on Aging (OoA) to provide caregiver support groups. The program staff go out to senior centers and other locations where there are caregivers of older adults, who are often older adults themselves, to engage them in joining the 12-week education and support groups. In addition, RUHS – BH has three Clinical Therapists embedded in the two OoA offices and they also outreach to senior centers and other locations frequented by older adults to provide screening for depression and link them to the Department and community resources. The Clinical Therapists also travel with OoA staff in the Office on Aging Information Vans in order to reach more older adults.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (8) **Comment:** Psychiatrists that have specific expertise like OCD, the closest expert is in Orange County.

Response: All psychiatrists are trained in the treatment of OCD, per Dr. Chang, Medical Director for the Department.

Commission Recommendation: The Behavioral Health Commission recommended that the Workforce Education and Training unit explore training opportunities specifically on OCD to be offered for clinical staff, but no changes to the MHSA Annual Plan Update FY16/17 are recommended.

- (9) **Comment:** Love the breaking the stigma campaign = Up2Riverside. Love to see the commercials during peak hours. Also that students are learning suicide prevention. Training police invaluable.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17 is required.

- (10) **Comment:** I think Riverside County only use volunteers that they like. One of the county workers said they will help me fill my paperwork out - never helped me.

Response: The Department currently has 127 volunteers who provide over 4,000 hours of service per month to the Department.

Commission Recommendation: The Behavioral Health Commission recommended that this comment be provided to the Department's Volunteer Services Coordinator for review, but no change to the MHSA Annual Plan Update FY16/17.

- (11) **Comment:** Really appreciate the extensive effort to secure input from the public and stakeholders.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (12) **Comment:** Help San Bernardino County and partner with them. See a need and meet it.

Response: The Department provided numerous support services to San Bernardino County in response to the tragic shootings. The Department provided multiple De-Briefing sessions to San Bernardino staff, De-Briefing Training, as well as meeting space to hold these sessions.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

- (13) **Comment:** It is meeting my needs, with art class.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(14) **Comment:** It helps in all areas of a person's mental illness.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(15) **Comment:** I am able to be treated for schizophrenia disorder and have a place to hang out during the day.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(16) **Comment:** By not cutting any groups.

Response: There is no plan to reduce clinical services for the next fiscal year.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(17) **Comment:** Group Therapy: to learn about ways to overcome any difficulties toward interactions with family or self WRAP and Facing Up. Peer coach meets 1 on 1 once a week to discuss goals and any well-being checks. Very thankful.

Response: Comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(18) **Comment:** The MHSA is providing for the housing and health needs of the mentally ill in Riverside County.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(19) **Comment:** I think it is helping the needs of any person or family that comes in for mental health help.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(20) **Comment:** The Recovery Learning Center has been a tremendous huge help in my life. I used to be suicidal and feeling helpless. I had no hope in my future. I have been here as a client in Indio Mental Health since 2000 (16 yrs) going on 17 yrs. At first the help was just OK, yet not enough information as to what I could accomplish at MH. MH put me in a 2-week class where I visited with my first psychiatrist who put me on meds. It wasn't until April 2004 when my last therapist helped me. She is "the one" and only therapist that helped me tell my story. If it wasn't for my therapist and psychiatrist at MH I would not be here today. My therapist is now at the Banning Clinic where she is employed in Children's Department.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(21) **Comment:** General Comment: My son, a client of MH, requests the CORE group be conducted by someone who can more closely identify with mental health or addictions. It once was, then the facilitator (a recovering drug addict and recovering alcoholic) left and turned it over to other professionals who do not understand addiction/recovery in the same way.

Response: Comment will be provided to the Desert RLC Supervisor.

Commission Recommendation: The Behavioral Health Commission recommended the need for substance use intervention be shared with the program Supervisor, but no change to the MHSA Annual Plan Update FY16/17 is recommended.

(22) **Comment:** I think the MHSA 3-Year Plan is a great idea in Riverside County mental system.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(23) **Comment:** Am in RLC - helped me with housing, education on my diagnosis, medication, getting involved in our community, empowering me.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(24) **Comment:** I enjoy going to Recovery Learning Center and going on outings.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(25) **Comment:** The RLC has helped me get more involved with mental health and provide help to others with a mental illness in this area.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(26) **Comment:** Urgent care group, wellness groups, RLC.

Response: The Desert RLC and support groups which are offered there will continue to be funded next year.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(27) **Comment:** All my needs are met.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(28) **Comment:** I like the program.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

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

(29) **Comment:** Updated phone lists for services.

Response: The Department has hired a Public Information Specialist (PIS) whose primary function is resource development and promotion. The PIS ensures that all resources, including websites, Guide to Services and other Resource guides, are updated and accurate.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(30) **Comment:** Need more staff.

Response: Comment acknowledged. Recruitment for qualified staff is an on-going process within the department.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(31) **Comment:** Need more training in middle/high school for student in mental health education (Ending the Silence – NAMI). I have mentioned NAMI provider education for 3 years + and this would be beneficial to new employees to understand the importance of the family perspective in the mental health experience. Mental health education is so important in our community. Stigma reduction is very needed as there is still a large gap. (Young people need to know that early intervention and treatment is so important.)

Response: PEI currently has proposals in evaluation for the “Contract for Change” program. This program includes a Speaker’s Bureau targeting a broad base of individuals as well as an educator program for education faculty and administration - including educators of youth in elementary, middle, and high schools; student teachers; and after-school program staff. PEI also continues to support the Annual “Dare To Be Aware” youth stigma reduction conference which is attended by approximately 800 middle and high school students. Students and advisors attending the conference learn about a variety of mental health related topics and are encouraged to develop an action plan to bring mental health awareness back to their school sites. PEI also has an MOU with Public Health to facilitate the “Teen Suicide Prevention and Awareness” program which provides suicide prevention curriculum and activities on middle and high school campuses in eight school districts. This program continues to grow and impact additional campuses each year.

A member of the Family Advocate Program presents at each behavioral health New Employee Orientation to discuss the importance of the family perspective in the mental health experience.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(32) **Comment:** I think there is a need for mentally ill women who lose their children to the CPS system – what can be done to ease their pain and suffering. How can they model behavior becoming to CPS.

Response: Response: This comment relates primarily to Child Protective Services (under the Department of Public Social Services) rather than Behavioral Health and the Annual Plan Update.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (33) **Comment:** So many animals are put to sleep. By petting a cat or dog, it does relieve stress. Is there any way to incorporate animals in helping people deal with mental illness? Animals may also help kids deal with shyness. Animals are less judgmental.

Response: The Department has an entire program dedicated to Pet Therapy: Pets Assisting in Recovery (PAIR) program.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (34) **Comment:** We need more programs for incarcerated persons re-integrating into society. This would include putting peer supports in the jails and prisons.

Response: The Sheriff's Department is not in agreement to allow peers to work in the jail system.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (35) **Comment:** I would like to see Peer Outreach Teams that include consumers, families, and parents at our in-patient hospitals to support consumers upon their release, working in conjunction w/social worker staff.

Response: Peers are a requirement for all Crisis Outreach Teams, which includes hospitals.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (36) **Comment:** What happened to the funding that went to the Safe Date Program?

Response: The available PEI budget is allocated for the currently funded programs. Safe Dates has not risen on the list of prioritized program and as such has not been implemented or funded, so the PEI Steering Committee recommended removing it from the Plan. The funding rolled back into the over PEI budget.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (37) **Comment:** We need programs that are going to make peers safe with other peers – not peers going to hurt other peers.

Response: The Consumer Affairs Department offers monthly/quarterly meetings designed to support peers in the workforce. The Department also trains peers prior to them joining the workforce to prepare them for challenges they may encounter in the workplace.

Commission Recommendation: The Behavioral Health Commission expressed concerns over this comment and wants to ensure that peer staff feel safe. They requested this comment be shared with the Consumer Affairs Manager to address, but recommended no change to the MHSA Annual Plan Update FY16/17.

- (38) **Comment:** More services like The Place in other parts of the county. Programs for homeless and for unemployed due to MH issues.

Response: The Department has expanded the Supportive Housing program to the Desert Region: the program is called “The Path”. The Department did attempt to also develop the program in the Mid-County Region, but could not overcome the zoning issues that would allow for its creation. The HUD funding that was utilized to develop this program has also expired.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (39) **Comment:** We need a RLC for Mid-County and all regions. We want everyone to have their fair share of help (autism, bi-polar, cerebral palsy).

Response: A RLC program exists in the Desert and Western Regions. The Mid-County Region has a similar program, the Family Room, which is more family-driven than consumer-driven. All of these programs are funded through the Innovation Component; therefore the timelines, budgets, and programs elements must remain constant throughout the course of these projects.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(40) **Comment:** My art class is ending next week and I would like it.

Response: Comment noted and will be shared with the Supervisor at the Desert RLC.

Commission Recommendation: The Behavioral Health Commission recommended this request be shared with management at the Desert RLC, but no change to the MHSA Annual Plan Update FY16/17.

(41) **Comment:** Food quality lacks a little.

Response: Comment noted, but not related to the Plan.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(42) **Comment:** More transitions to vocational training, goals.

Response: Housing and vocational supports are offered through the Full Service Programs and Wellness City programs county wide.

Commission Recommendation: The Behavioral Health Commission recommended continued funding of these initiatives, which are already included in the Plan, so no change to the MHSA Annual Plan Update FY16/17 is required.

(43) **Comment:** Maybe introduce web page with menu options for information about therapy within family services. Like CURL. Like mobile mental health. Social media?

Response: Programs and resources are available on the Department's three websites: rcdmh.org, Network of Care, and Up2Riverside. The Department launched a social media campaign two weeks ago and has already reached 6,000 individuals.

Commission Recommendation: The Behavioral Health Commission recommended that these efforts continue next year, so no change to the MHSA Annual Plan Update FY16/17 is required.

- (44) **Comment:** There is a transportation and full time/part-time work gap need in the services. Group activities need to be promoted more. Better food at board and care facilities.

Response: Although inconsistent implementation between clinics, the clinic locations do have the ability to offer bus passes and some limited van transports. These services are more prevalent in the Mid-County Region and Older Adult Programs. As mentioned in the response to comment 43, programs and resources are available on the Department's three websites and the Department has just launched a social media campaign to get more information out to the public.

Commission Recommendation: The Behavioral Health Commission recommended these requests be shared with the Regional Administrators in each region to address this on-going problem. The Commission was unclear on the full/part time work gap and its relevance to the Plan and noted the food service at the board and care facilities was not relevant to the Plan. No additional change to the MHSA Annual Plan Update FY16/17 was recommended.

- (45) **Comment:** I think the services that we have are all really great and helping people and families.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(46) **Comment:** I have had no gaps in services. I have been here for 16-1/2 whole years. This is pretty much my home, my second home. I need MH for life. I hope I will be able to afford to stay here taking my RLC classes, my Recovery Coach is wonderful.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(47) **Comment:** Need more groups/classes. My son doesn't think he's changed much from the CORE class but it was a positive experience for him.

Response: This request will be shared with the Desert Region RLC Supervisor.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(48) **Comment:** Knowing of services available.

Response: The Department is committed to continued and expanded promotion of resources through the Guide to Services, PEI Resource Guide, websites, and through social media.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

(49) **Comment:** More social activities for regular clientele.

Response: Although socialization is not a function of the Plan, social activities are offered through the Wellness City programs county wide.

Commission Recommendation: The Behavioral Health Commission agreed that although socialization was not a function of the Plan, funding of the programs currently in place should be continued and encouraged the Department to adopt the philosophy that we need to empower individuals on how to, and where to, seek and build their own social opportunities. No change to the MHSA Annual Plan Update FY16/17 was recommended.

- (50) **Comment:** I would like to see more groups and also more time with Recovery Learning Center Coaches and more time with different staff.

Response: Comment noted and will be provided to the Desert RLC Supervisor.

Commission Recommendation: The Behavioral Health Commission recommended that the comment be shared with the Supervisor at the Desert RLC, but no change to the MHSA Annual Plan Update FY16/17.

- (51) **Comment:** We need more funds to provide RLC peers and Peer Support Specialists in the area of transporting and providing space and rooms for the RLC.

Response: The RLC is funded through the Innovation component which operates on a one-time, pre-approved, and fixed budget. There is no room for growth within this budget at this time. If, and when, the decision is made to continue to fund the RLC through another component, growth opportunities can be considered. This Innovation component is scheduled through April 2017. As mentioned in the response to comment 44, some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17.

- (52) **Comment:** Housing. Streamline/update websites. Keep RLC going. Expand RLC office space in clinic.

Response: All the Housing and RLC programs will continue to be funded through the Plan. Websites are already being updated and streamlined through the Department's Resource Developer.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17 and supports continuation of all these initiatives through the Plan.

- (53) **Comment:** Staff should make house visit to see how family is.

Response: The Department does offer some field-base services through the Plan.

Commission Recommendation: The Behavioral Health Commission determined that this comment was too vague to provide an adequate response, but recommended no change to the MHSA Annual Plan Update FY16/17.

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

(54) **Comment:** Staffing at Temecula Adult Mental Clinic to meet needs of clients. Transportation to clinics.

Response: This comment and request will be provided to the Regional Administrators. As mentioned in the response to comments 44 and 51, some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators.

Commission Recommendation: The Behavioral Health Commission recommended this request be conveyed to the Regional Administrators with encouragement to continue to fill staffing vacancies and explore the use of bus passes and limited van transportation. No change to the MHSA Annual Plan Update FY16/17 was recommended.

(55) **Comment:** Transportation of clients to services. Increased homeless services for individuals w/mental health challenges. Increased peer centers/peer recovery services.

Response: As mentioned in the response to comments 44, 51, and 54 some clinic locations do have the ability to offer bus passes and some limited van transports and comments will be shared with the Regional Administrators. Funding for Housing and Wellness City programs will continue for FY16/17.

Commission Recommendation: The Behavioral Health Commission recommended continued funding for these programs and as previously mentioned, the Department's Regional Administrators should explore possibility of providing bus passes and limited van transports. No change to the MHSA Annual Plan Update FY16/17 was recommended.

(56) **Comment:** Give NAMI affiliates funding directly to provide NAMI F2F education. Department currently prints the material for NAMI Family to Family and does a poor job in this. There are no tabs in the sections and the pages are off in sections. Let NAMI

have funding and make them deliver a number of classes in Peer to Peer and Family to Family. Peer to Peer education for older adult population is possible. I have advocated for CSS funding for NAMI and will continue to do so. NAMI Calif MH 101 is a new education program developed under CalMHSA. Provides community education in mental health to (5) underserved communities: Native American, LGBTQ, African American, Asian Pacific Islander, and Latino populations are all served.

Response: The Department is committed to working with the NAMI affiliates to resolve printing issues with their materials. All PEI program providers have a responsibility to outreach to all of the following underserved ethnic populations in Riverside County: African American, Asian Pacific Islander, Latino, and Native American. In addition, the PEI Plan has a Work Plan that includes at least one program for each of the underserved cultural populations.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY16/17

- (57) **Comment:** I have developed an innovative idea for Riverside County Mental Health. The job is called: Peer Liaison – A Peer Liaison is defined as a person or persons, on a team, who work together to become familiar with as many different agencies as possible. They assist the peer with recovery and or homelessness. Some of the agencies include: The Department of Social Services (DPSS); In Home Supportive Services (IHSS); Mental Health Court (MHC); Adult Protective Services (APS); Anka Behavioral Health; Workforce Development; Fair Housing; Housing and Urban Development (HUD); Child Protective Service (CPS); Community Action Partnership (CAP); Social Security (SSA); National Alliance for the Mentally Ill (NAMI); HOPE; and Legal Aid. The Liaisons' would come together and discuss a resolution with a Behavioral Health Specialist (BHS), then present the solution to the peer. This idea would bring all the different agencies under one umbrella, thereby, creating an effective way of servicing the peer.

A Peer Liaison would consist of (4) Peers and one BHS – they would learn about the different agencies and help the peer who is in crisis resolve their issues.