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

ITEM
3.53
(ID # 7300)

MEETING DATE:
Tuesday, June 26, 2018

FROM : RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Mental Health Services Act (MHSA) Annual Plan Update Fiscal Year 2018/2019. District: All [$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt the Mental Health Services Act (MHSA) Annual Plan Update for Fiscal Year 2018/2019.

ACTION: Policy

Angela Igrisan
Angela Igrisan, Assistant Director of Behavioral Health 6/12/2018

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:	Jeffries, Tavaglione, Washington and Perez
Nays:	None
Absent:	Ashley
Date:	June 26, 2018
xc:	Behavioral Health

Kecia Harper-Ihem
Clerk of the Board
By: Deputy

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	$0	$0	$0	$0
NET COUNTY COST	$0	$0	$0	$0
SOURCE OF FUNDS: 100% State			**Budget Adjustment:** N/A	
			For Fiscal Year: 18/19	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposed 1% taxation on personal income exceeding $1M. These funds were designed to transform, expand, and enhance mental health services to individuals of California. Counties are required to conduct an extensive community planning process and submit a new MHSA Plan every three years to the State. MHSA Regulations require an Annual Plan Update for each year following submittal of the Three-Year Plan. The County Behavioral Health Director and the County Auditor Controller sign a MHSA County Compliance Certification and MHSA County Fiscal Accountability Certification before the County Board of Supervisors adopt the plan.

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

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

On April 2, 2018, the Department posted the FY 2018/2019 Annual Plan Update for a 30-day community stakeholder review. The Annual Plan Update was distributed to County clinics, MHSA Planning committees, County libraries and the Behavioral Health Commission, as well as posting the Annual Plan Update on the Department website. Following the public 30-day comment period, a Public Hearing was held on May 2, 2018, at the Rustin Conference Center,

and May 16, 2018, at the Indio Mental Health Clinic. Comments received on the Annual Plan Update were analyzed by the Behavioral Health Commission and changes were documented and incorporated into the plan. The Behavioral Health Commission approved the Annual Plan Update on June, 06, 2018, and the Annual Plan Update is now ready for adoption by the Board of Supervisors and sub sequential submittal to the Mental Health Services Oversight and Accountability Commission (MHSOAC). This Plan then becomes a fundamental document for MHSA Program implementation in Riverside County.

Impact on Residents and Businesses

The services described in the Mental Health Services Act (MHSA) Annual Plan Update Fiscal Year 2018/2019 are elements of the Department's System of Care aimed at improving the health and safety of consumers and community. The MHSA Plan has five components: Community Services and Supports (CSS); Workforce Education and Training (WET); Prevention and Early Intervention (PEI); Capital Facilities and Technology; and, Innovations.

By leveraging MHSA CSS funds with State crisis grants, RUHS-BH built a whole Crisis System of Care. We developed mental health crisis teams that assist law enforcement and community hospital emergency departments with mental health assessments, resources, and follow up care. These teams had contact with over 2,000 people across the county. Crisis Stabilization Units (CSU), like mental health urgent care programs, have been opened in each region. Over 4,500 Riverside County residents were served at CSU locations.

WET provides support to workforce development and includes allied county agencies that encounter consumers in mental health crisis. In collaboration with local law enforcement, RUHS-BH has trained 765 emergency response personnel including RSO patrol and corrections deputies, cadets and explorers, Riverside city police officers, and California Highway Patrol. Additionally, training support was expanded to other first responders and we completed our first training for Emergency Medical Technicians. Evaluations indicate this program is well received.

The intent of PEI is to engage individuals before the development of a serious mental illness. In addition to the 57,592 residents served in our system of care, RUHS-BH reached an extra 26,516 Riverside County residents to provide early intervention services that have included assisting youth with developing skills to overcome depression to providing over 60 trainings on suicide awareness and response to all interested community members. Over 56,000 hard copy materials were distributed throughout Riverside County specific to the program, Each Mind Matters, designed to reduce mental health stigma and encourage help seeking.

Innovations Planning is designed like a research project and allows RUHS-BH to advance knowledge in the field of behavioral health. Since the last Annual Plan Update two Innovative Projects have been implemented, TAY Drop-In Center and CSEC Field Response Project.

Transitional Age Youth (TAY), age 16-25, are one of most difficult demographics to engage in behavioral health care, yet are a primary population at risk for the onset of a serious mental illness. Research on first episode psychosis indicates that the prognosis for someone experiencing the onset of psychosis is greatly improved if mental health services are provided within the first 18 months of symptom onset. The TAY Drop-In Centers are modeled after successful programs that invite youth to a supportive and interactive environment regardless of their degree of distress. There is a TAY Drop-In Center in each region of the County. Each is designed toward youth culture and provides and coordinates an array of services to assist young people with resolving problems and building resiliency that will last a life time.

Statistically, Riverside is a high-risk county for commercially sexually exploited children (CSEC). Reaching and engaging these youth are difficult due to the concealed nature of the exploitation and the indoctrination of the victims. The CSEC Field response project created a mobile team designed to serve youth in the field that remains the primary behavioral health provider even if the youth is moved among regions, permitting the youth and their family to develop the trust and relationship necessary to reach treatment goals. This one child, one family, one team concept is highlighted by CSEC survivors and families as a key component of successful treatment. The service is provided throughout Riverside County.

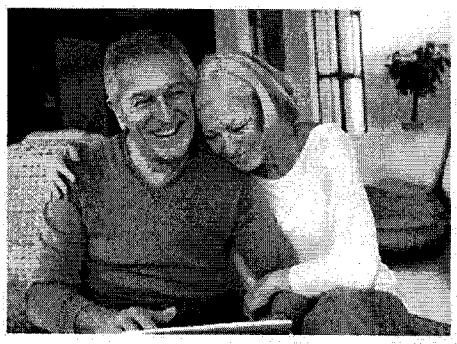
Melissa Noone, Associate Management Analyst 6/19/2018

Gregory P. Priamos, Director County Counsel 6/14/2018

Riverside University
HEALTH SYSTEM
Behavioral Health

MHSA

MENTAL HEALTH SERVICES ACT



FY 18/19 ANNUAL PLAN UPDATE

www.rcdmh.org

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2018/19 MHSA Annual Plan Update

County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County

☐ Three-Year Program and Expenditure Plan
☒ Annual Update

Local Mental Health Director	Program Lead
Name: Steve Steinberg	Name: David Schoelen
Telephone Number: 951-358-4500	Telephone Number: 951-955-7106
E-mail: SRSteinberg@rcmhd.org	E-mail: DSchoelen@rcmhd.org
Local Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

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

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

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

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

Steve Steinberg
Local Mental Health Director (PRINT)

Signature

05.03.18
Date

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

2018/19 MHSA Annual Plan Update

County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Riverside County

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

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

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

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

Steve Steinberg
Local Mental Health Director (PRINT)

Signature

05.02.18
Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/21/17 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

Signature

6/6/18
Date

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

Message from the Director

In my annual message last year I not only wrote of our Department accomplishments but also of plans for the year ahead. I am happy to report that we achieved those goals through the hard work of RUHS-BH staff, our county partners, and collaborative partners from the community. These service systems have not only filled gaps in the behavioral health services system, they have also opened space for new people to receive services and hopefully promoted wellness and recovery for people affected by mental illness in Riverside County. For the first time more than 60,000 people were served in the past year, and many of these benefitted from the newer crisis system of care services that we have opened in the past two years.

In May of 2017, we opened the voluntary crisis stabilization unit and the crisis residential treatment facility in Riverside. Currently, both of these programs are operating at capacity, and data shows they are successfully easing some of the burden on our overall crisis system of care. Along with the two other voluntary crisis resolution units, now referred to as "Mental Health Urgent Care Centers," the people and community organizations in Riverside County have a place for people experiencing a psychiatric crisis to go. Providing a warm, supportive environment, these urgent care centers help reduce stress and focus on the immediate crisis in efforts to reduce the need for hospitalizations.

Last year also saw the completion and opening of three transition age youth "drop in centers." Host cities of these centers are Perris, La Quinta and Riverside. I had the pleasure of participating in the grand opening of the first center inn La Quinta. The event highlighted the services available including, peer support, educational support, vocational services, and other services that promote the wellness and recovery of youth. The addition of a peer developed TAY Peer Employment Training and evidence-based first episode psychosis evaluation and services model qualified this as a State approved MHSA Innovation program. This is a great opportunity to see how we can best serve youth ages 16-25 years old as they transition to meet their own recovery needs.

Finally, last year I mentioned the plans to develop and implement a large residential facility to ease the reliance on locked treatment beds. In the past year our plan has been approved by the

Riverside County Board of supervisors and the improvements on the county owned facility in Palm Springs has begun. On the site of a former homeless center that closed its doors last year, the current project not only provides 90 augmented board and care beds that will create supports for people upon discharge from locked facilities, it also will help the overreliance on community emergency departments, backlogs and overcrowding at psychiatric crisis facilities, and provide recovery services in an appropriate community setting. This facility is expected to be finished in 2019.

As I review this FY 18/19 MHSA Annual Report, I am proud that the people of Riverside County will have a fuller continuum of mental health services in the years to come. I am proud of the Department staff for their commitment to providing the best and most needed and innovated services. I am grateful for the stakeholders for helping us identify the needed services and for the County Leadership that prioritizes behavioral health services. Through their leadership the department staff can move forward with a positive attitude and focus on building resiliency and creating hope to people affected by behavioral health issues.

Steve Steinberg

Director, Behavioral Health

Mental Health Services Act Overview

What is the Mental Health Services Act (MHSA)?

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

The programs funded through MHSA must include services for all ages: Children (0-16), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60+). Though program implementation may be integrated into the Department's existing management structure, the MHSA Administrative Department manages the planning and implementation activities related to the five MHSA components which are:

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

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

What is an Annual Update?

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3YPE on an annual basis. Therefore Riverside County engaged community stakeholders by providing them with an update to the programs being funded in the 3YPE. The community process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA.

Once the Annual Update draft is completed, it must be posted for public review for a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the Annual Update and document the input accordingly. Following the posting period the

Department calls upon the Riverside County Behavioral Health Commission (BHC) to hold a Public Hearing so they may receive face-to-face feedback on the current update.

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

MHSA FY 18/19 Introduction

All MHSA funded programs and components are highlighted in this update and include progress reports on their status. This is an opportunity for any stakeholder to learn about the types of services funded by MHSA and to see how they are performing. The Department invites and encourages stakeholders to share their perspectives and opinions so they may be considered in the strategic planning and review of the MHSA plans.

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

Community Services and Supports

CSS-01 Children's Integrated Services Program

CSS-02 Integrated Services for Youth in Transition

CSS-03 Comprehensive Integrated Services for Adults

CSS-04 Older Adult Integrated System of Care

CSS-05 Peer Recovery and Supports Services

Workforce, Education and Training

WET-01 Workforce Staffing and Support

WET-02 Training and Technical Support

WET-03 Mental Health Career Pathways

WET-04 Residency and Internship

WET-05 Financial Incentives for Workforce Development

Prevention and Early Intervention

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

PEI-02 Parent Education and Support

PEI-03 Early Intervention for Families in Schools

PEI-04 Transition Age Youth (TAY) Project

PEI-05 First Onset for Older Adults

PEI-06 Trauma-Exposed Services for All Ages

PEI-07 Underserved Cultural Populations

Capital Facilities/Technology

Innovation

INN-02 Recovery Learning Center

INN-03 Family Room

INN-04 Older Adult Self-Management Health Team Project

INN-05 TAY One-Stop Drop-In Center

MHSA Budget Summary

Over the past nine months MHSA monthly distributions have been in line with projections. Realignment II stabilized several mental health funding sources and improved cash flow starting in FY11/12. However, increasing demands by EPSDT (Early Periodic Screening Diagnostic and Treatment), Congregate Care Reform, and Katie A. services are threatening to impact MHSA (Mental Health Services Act) cash utilization on an ongoing basis. All the major mental health funding sources (1991 Realignment, Realignment II, EPSDT, Managed Care, and MHSA) with the exception of Medi-Cal, are tied to sales taxes and personal income taxes. Both of these

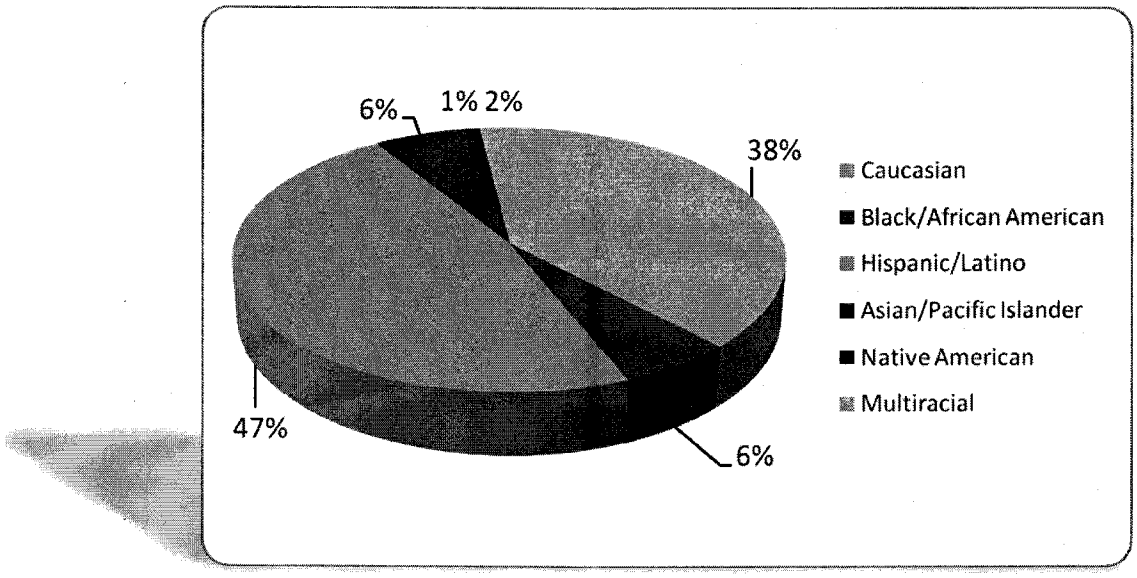
funding sources can fluctuate considerably based on the State's economy. Should this trend continue, it will put increased strain on MHSA funds in the future.

County Demographics

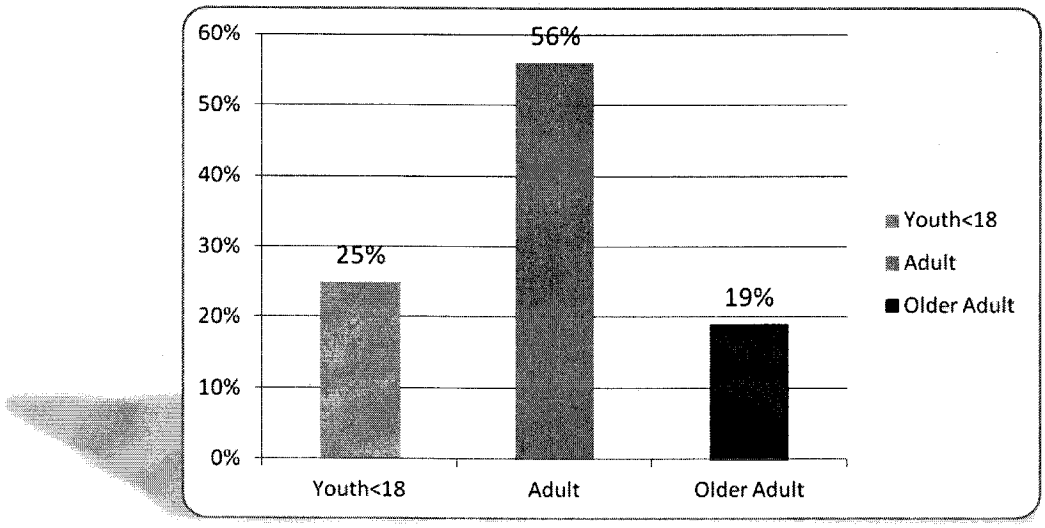
Riverside County stretches 200 miles across from Orange County to the Arizona border. Geographically Riverside County is the fourth largest county in the state, comprising over 7,200 square miles, and is home to diverse geographical features, including deserts, forests, and mountains. There are 28 cities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

At more than 2.3 million residents (2,352,694), Riverside County is the fourth largest county in California by population according to 2016 estimates. The County is ranked as the 10th largest County in the nation and continues to grow. Over the last five years the population grew by approximately 135,339 residents. Since 2000, the population has grown by approximately 51.9%; the county experienced the highest population growth of all California counties. More recently (between 2011 and 2016), Riverside County's average annual population growth varied between 1.54% in 2011 to 1.48% in 2016. This rate of growth is toward the higher range among counties in the Southern California Association of Governments (SCAG). Riverside County's growth has come from a combination of natural increase and migration. The County has continued to have a positive net migration with more people moving into the area then out. Between 2011 and 2017 net migration added over 73,254 residents. Natural increase (births minus deaths) is a substantial contributor with over 88,795 new residents added during this same period. In 2016 there were 705,716 households in the County. Families comprise 73% of the households with the remainder made up of non-family households (individuals or two or more unrelated individuals). Of the families 73% are married couples and almost half (46%) have children under the age of eighteen. The remainder of families (27%) are single householder families and over half (52%) have children under the age of 18. Riverside County has the eighth largest household size in California at 3.2 persons, higher than the state (2.9) and the U.S. (2.6).

Riverside County has four major race/ethnic groups; however 85% of the population is represented in the two largest groups in the County, Hispanic/Latinos and Caucasians.



Riverside County has a large Hispanic/Latino population comprising 47% of the population in 2016 while Caucasians comprise 38%. Black/African American and Asian/Pacific Islander are represented in nearly equal proportions at 6%; and the Native American population was less than 1% of the total population. A small percentage (2%) of county residents reported multi-racial or other as their race/ethnicity. Riverside County's population is relatively young, with a median age of 34 years and 25% of residents under age 18. However, older adults are a significant proportion of the population at 19%. The older adult population is expected to grow significantly over the next several decades and much faster than younger cohorts.



In Riverside County the most common language spoken at home is English and the most common Non-English language is Spanish. Only English is spoken by 59% of the population. Census data showed that overall 15.3 % of the population spoke another language and spoke English less than very well. Among the Hispanic/Latino population that speaks Spanish 37% reported not speaking English very well or reported not speaking English at all.

Socio- Economic Factors

Median household income in the County is $57,927 (2016). Ten percent of households received Food Stamp/SNAP benefits in the past 12 months. Employment in Riverside County declined in 2008 and 2009 but began to improve after 2010. The unemployment rate has decreased to 6.3% in 16/17 FY after reaching a high of 14% in June 2011. Forty percent of the County population 16 years or older is not employed. Poverty estimates for Riverside County indicate that 15.3% of residents live below the poverty level; and 36% of residents live between the poverty level and 200% of poverty level. Rates of children living below poverty are 22%. The most recent Riverside County point in time homeless count identified 1,638 unsheltered and 775 sheltered homeless people (total = 2,413).

The civilian veteran population in Riverside County is 5%. Most of the adult population (80%) over the age of 25 has a high school diploma; and approximately 21% has a bachelor's degree or higher. The Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) population of the County is difficult to accurately measure. Research literature has shown that due to social stressors this population may be at higher risk for mental illness. The California Health Interview

Survey (CHIS) is one potential source for data on the LGBTQ population in the County. Recent CHIS data showed 4.69% of the population identified as Gay, Lesbian or Bisexual.

Community Planning and Local Review

Local Stakeholder Process

Riverside County engages in a year-round MHSA Community Planning Process; this year focused on the FY 2017/18 Annual Update to the MHSA 3YPE Plan. The Department relies on age-specific system of care planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform MHSA program planning and decision making. Additionally, MHSA presented and welcomed feedback at committees formed by the Behavioral Health Commission to address the needs of special populations: Housing Committee (Homeless); Veteran's Committee; and the Criminal Justice Committee (Law Enforcement and Consumer Re-integration from the Legal System). These cross-collaborative committees are comprised of partner/community agencies and providers, consumers/family members, Board and Commission representatives, and a variety of other subject matter experts. MHSA staff routinely attend the planning committees and not only review MHSA plans on an annual basis but provide stakeholders the opportunity to complete a feedback survey to share their perspective.

The other critical element involved in the process is the inclusion of the Cultural Competency Reducing Disparities Committee (CCRD) to provide a concerted voice for underserved communities and integrate culturally-informed strategies into outreach and program development. Additionally there are cultural community specific advisory groups that are headed by a Department-hired cultural liaison. These advisory groups are formed by the community and receive Department support. Underserved communities represented include: Latino/Hispanic; African American; American Indian; Asian/Pacific Islander; LGBTQ; Deaf and Hard of Hearing; and Spirituality. MHSA administration also has oversight of the Department's Veteran's Services Liaison program and utilizes this role as an expert voice in integrating the needs of military veteran's into the plan.

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

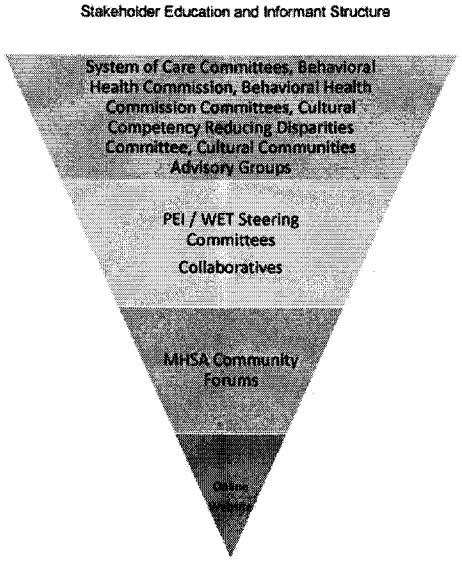
The PEI Steering Committee was comprised of representatives from education, community-based providers, Cultural Competency, Office on Aging, Health, and County PEI staff. The

committee fully vetted the PEI plan and made final recommendations for the PEI Annual Update.

The WET Steering Committee was comprised of stakeholders from academia, employees of the public mental health system, and individuals with lived experience as consumers and family members or who had clinical expertise. Additionally, WET supplied MHSA WET Plan education materials and plan feedback forms at Department conducted trainings.

MHSA also has a standing agenda item on the monthly Behavioral Health Committee as they are the primary advisory body for the Department. They are routinely updated on MHSA planning activities and of course assist the Department by conducting Public Hearing and evaluating Stakeholder interests.

This year included an intensive examination of Riverside's stakeholder process that involved the development of a readily identified Stakeholder Education and Informant structure. This structure can be used to educate and orient stakeholders on all the portals for stakeholder feedback.



The first phase of this implementation included the formation of regionally-held, quarterly PEI Collaborative meetings that spotlight and provide updates on PEI programs. The Collaboratives also create scheduled opportunities for stakeholders to have active dialogue and provide

feedback regarding program implementation. Our goal is to expand the Collaboratives format to WET as well.

Additionally, we planned to pilot MHSA Forums this year. These Forums are dedicated, interactive MHSA Plan education spaces at large Department events. The first Forums were planned for May is Mental Health Month events. Stakeholders were invited to meet MHSA administrative staff, interact on an individual basis on MHSA programs, receive education and resources information about the plan, and provide both written and verbal feedback opportunities. The goal is to expand these Forums to other Department and County events that span throughout county regions.

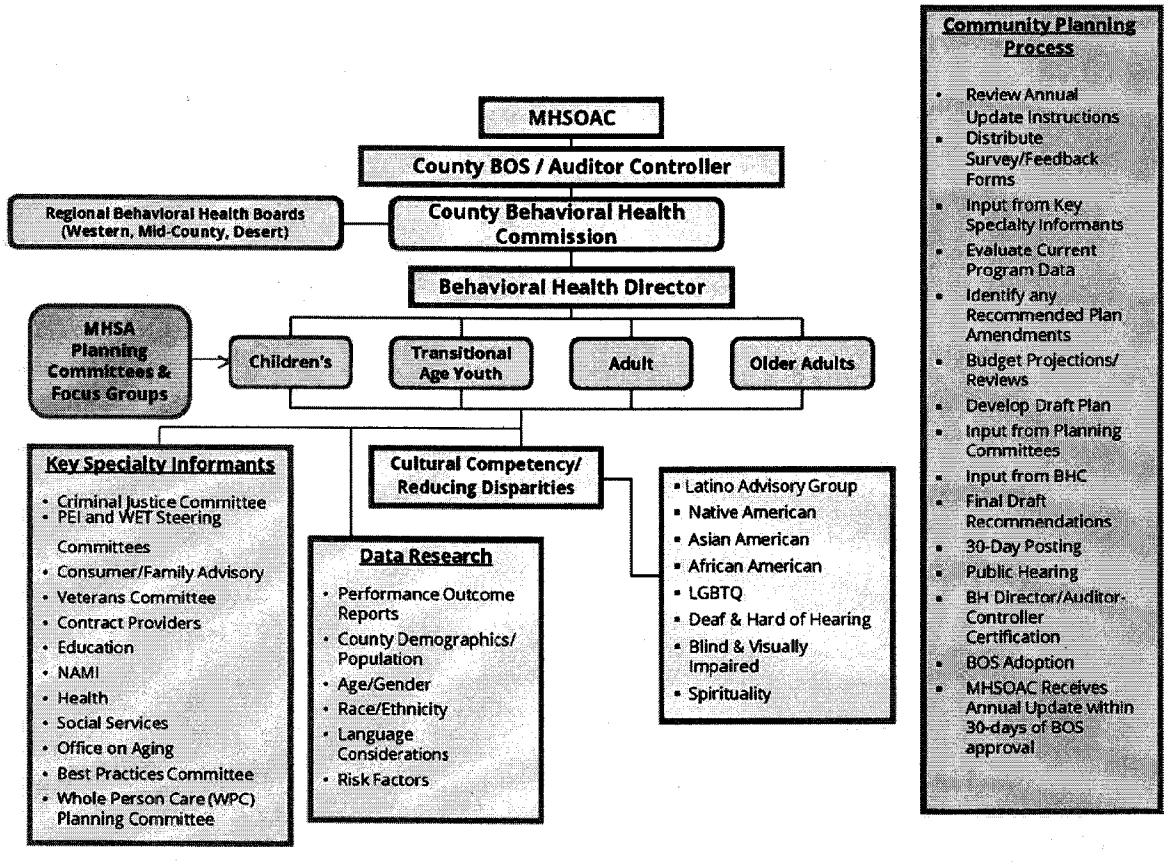
The Stakeholder Education and Informant structure also includes the development of stakeholder training. This year, stakeholders were encouraged to inform the Department on training areas that would best support their role as stakeholders. These topics will develop into training presentations that will be offered to all standing stakeholder groups. Topics of interest include: Understanding the MHSA Components and Regulations; Understanding RUHS-BH Organizational Structure and Service Delivery; Understanding a Service Delivery Arc – From PEI to Acute Care; Understanding Riverside County Logistics and Demographics; and, Understanding County Administration Practices.

Once the Annual Update is completed, copies are circulated to the stakeholder community for reference and review. Stakeholders were encouraged to continue to provide feedback on the initiatives outlined in the Plan Update verbally and/or in writing. Surveys were distributed to all Planning Committees, the Behavioral Health Commission, consumer programs, Family Advocates, Schools, Parent Support, Clinic Out-Patient Lobbies, NAMI, and community providers. The Plan is posted all year round on the RUHS-BH website, along with electronic stakeholder feedback forms, to welcome and encourage input from the community.

Stakeholder Description

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

MHSA Annual Update FY 18/19 Planning Structure



MHSA Annual Update FY18/19 Time Line

August - September 2017	October - December 2017	January - March 2018	April - June 2018
▪ Develop Community Planning Process Infrastructure ▪ Identify and confirm Stakeholders and Key Informant Groups ▪ Present Community Planning Process to Behavioral Health Commission	▪ Provide Annual Update Instructions, Timeline, Data Review, Program Analysis, and Survey/Feedback Tools to Key Informants, Stakeholders, and Planning Committees ▪ Identify current program effectiveness and/or rationale for consolidation or elimination of programs	▪ Continue Stakeholder Input Process, Sessions, and Opportunities ▪ Consensus Building ▪ Develop and Write Draft Annual Plan	April: Post Draft Annual Update for 30-Day Review and Comment May: Public Hearing June: Adoption by BOS Final Annual Plan sent to MHSOAC 30-Days after BOS adopts

30-Day Public Comment

The Draft MHSA Annual Plan Update was posted for a 30-day public review and comment period, from April 2, 2018 through May 2, 2018.

Circulation Methods

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

Public Hearing

After the 30-day public review and comment period, Public Hearings will be held by the Behavioral Health Commission (BHC) on May 2, 2018 in Riverside and May 16, 2018 in Indio.

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

Community Services and Supports (CSS)

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

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

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

CSS-01 Children's Integrated Services Program

Full Service Partnership

Multi-Dimensional Family Therapy (MDFT)

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

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

- County-Wide

Parent Child Interaction Therapy (PCIT)

- Lake Elsinore
- Pre-School

System Development

Parent Support

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

Mentoring

Youth Hospital Intervention Program (YHIP)

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

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

A comprehensive system of care is supported by the Children's Integrated Services program array of services. Children's Integrated Services programs include interagency service enhancements and expansions, evidence-based practices in clinic expansion programs, full service partnership programs, and continued support of Parent Partners employed as regular county employees. Priority populations identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependents) and those suffering from a co-occurring disorder. Needs identified for children/youth during the planning process included children/youth involved in the juvenile justice system, those with co-occurring mental illness and substance use disorders, youth transitioning to the adult system of care, homeless youth, and children 0-5 years old.

The previously approved Full Service Partnership (FSP) programs continue to operate in all three regions in the County. These programs were designed to meet the needs of the priority populations with Multidimensional Family Therapy (MDFT) program serving mostly probation youth, and Treatment Foster Care (formerly Multi-Dimensional Treatment Foster Care) serving dependents of the court. Multidimensional Family Therapy (MDFT) Full Service Partnership program was specifically implemented to serve youth with a co-occurring disorder. MDFT has continued expanded program services with two teams in the West region, two teams in the Mid-County region, and one in the Desert. The five regionally based teams provided MDFT services to a total of 156 FSP youth in FY16/17. Collaborations with County Probation have resulted in referrals from the youth Probation Department to MDFT with nearly 67% of youth served referred through the Probation Department. Children's FSP programs served a diverse group of consumers. The majority served by the MDFT Full Service Partnership programs were Hispanic/Latino youth (61%). Recent outcomes from MDFT FSP programs showed improvements in youth behaviors with a 62% decrease in the number of arrests, and an 80% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 50% compared to baseline. School suspensions decreased by 84% compared to baseline. Measures of externalizing behaviors showed improvement with a statistically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

The Treatment Foster Care Oregon (TFCO) FSP program was expanded to include Therapeutic Foster Care to increase the number of foster care youth served. In previous years the number of youth served was limited by the narrow admission criteria in TFCO which includes placement in a treatment foster care home which has been a continual challenge. The TFCO program expansion was in response to community needs and is an effort to meet the requirements of the California Katie A vs. Bonita class action settlement. This expansion has been funded by EPSDT Medi-Cal, and has not impacted MHSA dollars. In FY 16/17, 12 foster care youth received FSP services from TFCO/Treatment Foster Care. An additional 22 youth were served with therapeutic foster care services. Program services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The TFCO program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. Treatment foster homes are certified, and licensed in collaboration with Probation and Social Services.

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

The expansion of clinic staff to include Parent Partners as part of the clinical team is integral to children's clinics enhancement. Parent Partners welcome new families to the mental health system through an orientation process that provides the opportunity to inform parents about clinic services and offer support/advocacy in a welcoming setting. Parent Partners are advocates assisting with system navigation and education. Parent Partner services are invaluable in promoting engagement from the first family contact, providing support and education to families, and supporting the parent voice and full involvement in all aspects of their child's service planning and provision of services. (See Parent Support and Training, page 179, for more details.)

In total, Children's Integrated Service programs served 11,062 (6,650 youth; and 4,412 parents and community members) in FY16/17. Across the entire Children's Work Plan, the demographic profile of youth served was 48% Hispanic/Latino, 9% Black /African American, and 17% Caucasian. A large proportion (25%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at <1% served compared to 6% in the population.

Systems development service enhancements with interagency collaboration and the expansion of effective evidence-based models, continue to be central components of the Children's Work Plan.

Team Decision Making (TDM) began as an interagency collaborative service component that supported the Family-to-Family approach adopted in Riverside County as part of Social Services Re-Design. TDMs with Department of Behavioral Health clinical staff and Department of Public Social Service (DPSS) staff were utilized to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family. The Department has increased collaboration with DPSS through Pathways to Wellness which is the name given to the program to screen and provide mental health services to DPSS dependents to meet the conditions of the Katie A vs Bonita class action settlement. RUHS-BH clinical staff supported the Department's implementation of Pathways to Wellness both through the TDM process and Child and Family Teaming collaborative team meetings. RUHS - BH staff

collaborated with DPSS staff at TDM meetings serving 1,090 youth in FY16/17. In addition Department staff participated in several hundred Child and Family Team (CFT) meetings with DPSS staff and families to support the creation of a family plan through a collaborative process.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal, and a number of youth without Medi-Cal, through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 471 youth in FY16/17.

The Youth Hospital Intervention Program (YHIP) provides follow-up linkage and parent/caregiver support to youth presenting in crisis at the County Emergency Treatment Services (ETS) facility and youth being discharged from an inpatient psychiatric admission. This program leveraged CSS with a SAMHSA system of care expansion grant which allowed the program to expand to three regional teams. Each County region had the capacity to respond locally to youth and families with case management, assessments, and follow-up linkage into the County system of care. The YHIP staff served 547 youth and families in FY16/17.

A multifaceted approach to assistance for parents continued throughout FY15/16 with Parent Support Staff (Parent Partners) in each clinic providing direct support services to clients and their families; and a Central Parent Support Team to provide a variety of assistance to parents including: community outreach; a parent support warm line; and parenting classes. Parent Partners from Central Parent Support provided a number of support services impacting 1,283 individual youth and families. Additional contacts were provided to, 3,048 parents through community engagement and outreach efforts at community events. Parent Partners provided informational presentations in diverse settings throughout the community visiting schools, health providers, local law enforcement, and non-profit agencies who serve diverse traditionally underserved communities.

Clinic expansion programs also included the use of Behavioral Health Specialists in each region of the county to provide groups and other services addressing the needs of youth with co-occurring disorders. Mentoring services have also been provided to 36 children that have an open case file in the children's clinics. Evidence-based practices (EBP) expanded in the

children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). Cognitive Behavioral Therapy continued to expand with the availability of Trauma-Focused CBT for youth with symptoms related to significant trauma experiences. PCIT was provided within the context of a full service partnership program to 89 youth. Outcomes for PCIT have consistently shown reductions in externalizing/disruptive behaviors and decreases in parental stress as measured by Eyberg Child Inventory (ECBI) and Parental Stress Index (PSI).

Services to youth involved in the Juvenile Justice system have continued with Aggression Replacement Therapy (ART) provided in several youth detention settings. ART is an EBP that focuses on the development of strategies to manage anger and improve social skill competence. The ART program served 122 youth during FY16/17. Additional services to youth in the Juvenile Justice system are described in 3YR projections/amendments.

CSS-02 Integrated Services for Youth in Transition

Full Service Partnership

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

Integrated Services Recovery Center-Mid-County

Integrated Services Recovery Center-Desert

System Development

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

Transition to Independence Process (TIP) training

Crisis and Adult Residential Treatment (CRT) (ART)

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

Transition Age Youth (TAY) programs continue to be implemented as originally designed in the 3YPE. TAY with a serious persistent mental illness and frequent psychiatric crisis or inpatient admissions, or that are experiencing incarcerations and/or homelessness, were an identified service priority. TAY, with co-occurring disorders, were also a priority. Services to Transition Age Youth were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, and hospitalizations; as well as promoting independent living and recovery. The CSS strategies supporting transition age youth during FY16/17, including Integrated Services Recovery Centers, Peer Support and Resource Centers, and Crisis Residential Services were designed to address the issues identified for TAY youth during CSS planning.

The Integrated Services Recovery Centers (ISRC) Full Service Partnerships continue to operate in all regions of the County. The Peer Support and Resource Centers were fully operational with the TAY supports provided in all three regions of the County. Crisis and Adult Residential Treatment are available for TAY needing stabilization, although they are funded through the Adult Integrated Services Work Plan.

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

TAY Integrated Services Recovery Centers (ISRC) established in each region of the county (Western, Mid-County, and Desert) continued to provide Full Service Partnerships services focusing on youth transitioning to adult services. A variety of services and supports are available at the TAY ISRCs including mental health services, housing supports, vocational counseling, substance abuse counseling, peer support, and psychiatric services. In FY16/17 a total of 315 TAY youth were served by the FSP programs with 132 youth being served in the Western Region; 107 youth served in the Mid-County Region; and 88 served in the Desert Region. The TAY FSP program shows good progress with regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs somewhat reflect the proportion of Caucasian and Hispanic/Latino population in the Riverside County population with more Hispanic/Latino TAY (36%) youth served than other ethnic/race group. The Black/African American demographic represents 14% of youth served. Asian youth were underrepresented. Recent outcomes evaluation for TAY FSPs showed a 84% reduction in the number of arrests; a 74% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 54% reduction in the number of inpatient psychiatric hospital admissions.

Crisis Residential Treatment (CRT) services have been available to TAY age youth to stabilize youth in acute crisis in order to eliminate or shorten the need for inpatient hospitalization. CRT services operating in the Western and Desert Regions provided this community-based alternative to 102 TAY age youth. In addition three TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting, for up to six months, for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive IMD setting, and provides the services and structure needed to assist consumers with removing barriers to discharge, and optimizing re-integration into the community.

Peer Support and Resource Centers operated by Recovery Innovations, Inc. are referred to as "Wellness Cities". Peer Support Centers are operating in all three regions of the County. The centers provide another avenue for TAY youth to receive educational and vocational support as

well as peer mentorship with a recovery focus. Progress of the Peer Support and Recovery Centers is included under the Peer Support and Recovery Center Work Plan (CSS-05).

CSS-03 Comprehensive Integrated Services for Adults

Full Service Partnership

Integrated Services Recovery Centers

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

System Development

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

Safehaven Western/Desert Regions

Housing (HHOPE)

Mental Health Court

Augmented Board and Care (ABC)

Crisis Residential Treatment (CRT)

Crisis Stabilization (All Regions), including Outreach Teams.

Family Advocate Program (FAP)

Peer Support and Resource Centers (see CSS-05)

Clinic Enhancements/Expansions

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

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

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a recovery focused supportive system of care for adults with serious mental illness. The priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies include a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. These strategies are intended to be

recovery oriented, incorporating both cultural competence and evidence-based practices. The Comprehensive Integrated Services for Adults (CISA) program continues to offer Full Service Partnership (FSP) programs in all regions of the County. In FY 16/17 the Bridge FSP expansion programs have continued to successfully operate. The "Bridge" acts as an intermediate level of care to step individuals down to a lower level of care from the FSP. In addition the "RISE" FSP expansion has continued to offer FSP services to those transitioning from the most intensive residential settings to community care settings. All System Development programs continue to be operational with the exception of the Augmented Board and Care (ABC). The department is continuing to explore ABC opportunities to expand capacity to provide adult residential facilities and services. All the other systems development programs in the work plan are fully operational including the Adult Residential Treatment Program, Safehaven, Mental Health Court, Crisis Residential and Stabilization Program, Family Advocate, and Clinic Enhancements/Expansions.

Recovery focused support is a key component in the outpatient clinic system. The employment of Peer Support Specialists is part of the adult CISA clinic enhancements. Peer Support Specialists have continued to serve as an important part of the clinic treatment team by providing outreach, peer support, recovery education, and advocacy. Wellness Action Recovery Plan (WRAP) groups have become well established in our adult clinic system due to the work of Peer Support Specialist. Peer-Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery.

Recovery Management, Dialectical Behavior Therapy, and Co-Occurring Disorder groups are evidence-based practices offered in the adult clinics and supported through the Adult Work Plan. Training and continued staff support to ensure program fidelity has been a key component in offering these groups to consumers. Many consumers have benefitted from this therapeutic group service. Outcomes from recovery management showed that knowledge of illness and self-management strategies improved from initial measurement to follow-up. In total 14,216 consumers have benefitted from clinic expansion and enhancements.

Family Advocates has been an important component of enhanced clinic services. Family Advocates provide families with resources and information on mental illness and how to navigate getting help for their family member. Families with a loved one accessing services in the county mental health system can consult with Family Advocates when needed. In addition the Family Advocate unit provides a variety of informational and support services to assist

families of mentally ill adults and TAY consumers in the community who may not be currently utilizing the county system. Typical Family Advocate activities include assistance with navigating access to clinic services and connections to self-help support groups like NAMI. Family Advocates also directly facilitate support groups for family members. Family advocates have been certified in providing Mental Health First Aid which is an 8 hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Family advocates have trained family members, community members, and organizational providers increasing their ability to identify, understand, and respond to the signs of mental illness and substance abuse. The Family Advocate Program provided support to 1,131 family members and had contact with an additional 1,538 people through various community outreach events and educational/training presentations.

Family Advocates who have a family member with a serious mental illness contribute a unique perspective to supportive services provided in the clinics and in the community. **(See Family Advocate Program, page 179, for more details.)**

FSP programs provide a more intensive level of service through regionally placed Integrated Service Recovery Centers (ISRC). Three ISRCs provided Full Service Partnership services for adults with a service array that includes: mental health services, vocational counseling, substance abuse counseling, peer support, benefits assistance, and psychiatric services. In total 828 adults were served in the Adult FSP programs; with the Western program serving 323 FSP consumers, the Mid-County serving 161 FSP consumers, the Desert serving 149 FSP consumers, Forensic FSP serving 32 consumers, and RISE serving 134 consumers. The ISRCs serve consumers who are unengaged and are homeless or at risk of homelessness. The program also targets consumers who have a history of cycling through acute or long term institutional treatment settings. These centers collaborate with community resources and agencies to meet the vocational, educational, social and housing needs of Adult consumers. Services are provided by a multi-disciplinary team that embraces the principles of recovery and resilience. The Adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (54%) followed by the Hispanic/Latino group at 22% of those served. Adult FSPs continue to have some disparities with regard to the proportion of Hispanic and Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the

Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the county's population. FSP quarterly meetings have continued and include FSP program management and supervisors including contract providers. FSP outcome reports have been presented which provided an avenue for further discussion with staff with regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed a 95% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 75% compared to baseline; and the number of consumers with admissions to the emergency room for psychiatric reasons has decreased visits 95% compared to baseline data. Comparisons of consumers' residential status at intake and their most recent residential status showed that homelessness decreased and consumers living on their own in an apartment, house, or rented room increased. In addition, the number of days spent living independently, in supervised placement, and residential treatment increased and the days spent homeless (68% decrease), or in jail (72% decrease) decreased.

FSP expansion programs have continued full operation in FY16/17. These ISRCs expansion programs include an intermediate level of care called the "Bridge" and a population focused program called "RISE". The Bridge programs served 90 people in the Western and Mid-County Regions. The expectation is this program will allow for an additional 140 FSP slots for consumers.

The Department is contemplating expanding Bridge services to the Desert region as well, as a true FSP Step Down Program. The model and scope of service would mimic the Step Down "Bridge" models that are currently operational in Western and Mid-County regions.

The RISE (Riverside Integrated Services Expansion) was developed to engage individuals on LPS conservatorships who are transitioning back to the community after treatment in a secure long-term care facility. Formerly this population was among those with high service utilization in crisis or acute settings. RISE served 135 individuals in FY16/17. These individuals have been stabilized in less restrictive living situations while receiving intensive mental health supports through FSP.

For the adult forensic population, dedicated mental health staff provide assessments, linkages, and case management for consumers referred through the superior court system. Adults with serious mental illness can, when appropriate, receive treatment rather than incarceration. The model is an interagency collaborative that includes the Riverside County Superior Court, District

Attorney, Public Defender, Sheriff, Probation, and Behavioral Health. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court program to one of the Integrated Service Recovery Centers, or other appropriate county clinic or community resource based on the consumer's needs and recovery goals. The Mental Health Court program served 507 consumers in FY16/17. (See page 150 for a full description of the Mental Health and Veterans Court Programs.)

In FY16/17 the Crisis Stabilization Unit (CSU) in the Desert Region served 1,628 people (1,403 adults, 225 youth <18). MHSA funds have continued to support the department's Crisis Response System of Care. Expansion in the crisis system includes three voluntary CSUs one in each region of the County. The Western CSU which began in a temporary location has moved into a grant funded newly constructed facility which also houses a Crisis Residential Treatment program. The Western CSU served 2,279 clients. The Desert voluntary CSU located in Palm Springs served 727 adults in FY16/17. The Mid-County voluntary CSU located in Perris served 776 adults. Although only partially funded by MHSA, this allows the Department to build upon existing MHSA Crisis Stabilization and Residential Treatment services. Leveraging crisis resources should result in lower in-patient hospital rates and associated costs aligning with MHSA principles.

Outreach teams support Community Hospitals and Law Enforcement to ensure those in crisis have alternatives to hospitalization by fully utilizing the Crisis Stabilization Services. In 16/17 Mobile Crisis Stabilization outreach teams supporting law enforcement had 1,069 contacts and served 982 people. Mobile crisis outreach teams supporting community hospital emergency departments had 1,493 contacts serving 1,265 people. Both adults and youth under age 18 benefitted from the outreach teams services. One third of the law enforcement crisis contacts were for youth under the age of 16 and 24% were for TAY age youth 16-25 years old. Most of the mobile crisis outreach teams contacts supporting community hospitals were for adults 26 years of age and older (64%) only 12% involved youth under the age of 16; and 24% were TAY age youth (16-25yrs old). Outreach teams supporting law enforcement were able to divert from hospitalization 77% of the people they served. Outreach teams supporting Community Hospitals were able to divert from emergency rooms 36% of people they served. In addition the mobile teams serving emergency rooms were able to discontinue 5150 holds for 27% of those who

were on 5150 holds at the time the mobile team had contact and provided a crisis intervention. This resulted in 243 people being released from a 5150 hold and diverted.

Crisis Residential Treatment (CRT) services and the Adult Residential Treatment (ART) program have provided community based voluntary alternatives to acute inpatient admissions and/or earlier discharge from acute or long term settings. This CISA program served 645 adults at two regional CRTs. The CRTs supported stabilization and discharge planning in a residential treatment setting, for up to two weeks, thus avoiding more costly inpatient settings. The Adult Residential Treatment program served 36 adults enabling them to stay in a therapeutic residential treatment setting for up to six months before transitioning to a less restrictive living situation. This program allowed the consumers to receive assistance with removing barriers to living more independently and maximized the opportunity for a successful re-integration into the community.

CSS-04 Older Adult Integrated System of Care

Full Service Partnership

SMART (Specialty Multi-Disciplinary Aggressive Response Treatment) Team

(SMART) West

(SMART) Mid-County

(SMART) Desert

(SMART) Bridge

System Development

Peer and Family Supports

Housing

Network of Care

Clinic Enhancements and Expansions

Older Adult Clinics

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

Satellite Older Adult Clinics

(Indio, Banning and Perris Adult clinics)

Riverside University Health System-Behavioral Health is dedicated to supporting the programs of the Older Adult Integrated System of Care serving individuals with severe and chronic mental illness in our programs. The Full Service Partnership, SMART, System Development, Wellness and Recovery and Prevention and Early Intervention including Peer and Family Supports, Housing, Network of Care, Older Adult Clinics and Clinic Enhancements. Within the Full Service Partnership and System Development, Older Adult Services has sustained considerable improvements in timeliness to first service, typically within 7 calendar days. Overall, the Older Adults Integrated System of Care served 4,231 consumers (60 + years) in year 2016-17 versus 3, 217 in the previous fiscal year, a 32% increase year to year. Of the 4,231 older adults served, 40% were served in the Western Region, 25% were served in the Desert, and 35% were served in Mid-County. In reference to mental health, the Older Adult population is underrepresented relative to their proportion in the Riverside County general population.

Overall more Caucasian Older Adults were served as compared to the next four largest racial and ethnic groups. Within Riverside County, the distribution of Older Adults served by race was Caucasian 42%, Hispanic 20%, African-American 10%, Asian 3%, and Native American <1%.

For older adult consumers, the primary diagnoses of those served were Major Depression, 31%, Schizophrenia/Psychotic Disorder, 27%, Mood, Anxiety and Adjustment Disorders, 15% and Bipolar Disorder, 12% (Riverside County, 2017).

Based on the Riverside University Health System-Behavioral Health Consumer Satisfaction Survey Adult from November 2014 to November 2017, 97% of Older Adults were generally satisfied with the services received throughout the Older Adults Integrated System of Care (RUHS-BH, 2017). Additionally according to the survey, 72% of the mature adults reported improvements in their psychiatric symptoms.

SMART (Specialty Multidisciplinary Aggressive Response Treatment) Team/Full Service Partnership (FSP)

The SMART (Specialty Multi-Disciplinary Aggressive Response Treatment) Team/ Full Service Partnership continues to provide services in all three regions of the County (West, Mid-County, and Desert). The FSP services will continue to include the "Bridge" level of care that provides expanded consumer allotments and services in each region. The "Bridge" expansion was implemented in all regions during 2016 as a step down program.

The three Regional (SMART) Teams continue to provide FSP services including: community and mobile outreach for homeless and homebound consumers, integrated care assessments, intensive case management, housing, medication management services, field-based nursing and preventive care services, crisis assessment, intervention and stabilization, rehabilitation services, linkage to community resources, and short-term individual and group therapy. The SMART model encompasses home and community-based interdisciplinary treatment services, consultation with primary care physicians, psycho-educational services, behavioral supports, psychoeducation to families, integration of substance abuse services into the treatment process, and referrals to other service providers and community stakeholders. Since SMART consumers are predominately homeless or at risk of being homeless, the SMART programs each have a strong housing component which includes emergency housing, placement in room and boards, Board and Cares in subsidized housing. The SMART Programs in Western and Mid County Regions have staff housed in Senior residential complexes to provide additional support and assistance with housing and behavioral stabilization. Consumers transfer from the Older Adults SMART FSP to the Bridge program and then transition into Wellness and Recovery Services for assistance with long term treatment and recovery goals. Within the last year, over 30

consumers have been transferred to either the Bridge or Wellness program. In addition staff from the FSP and Wellness team consult during an interdisciplinary team meetings for needed behavioral services and supports for mature adults with extraordinary challenges in order to provide treatment.

As of July 2016, a total of 883 adults participated in the FSP program, since its inception. The breakdown by region indicates that the Mid-County and Desert regions each served 275 consumers, and the Western region served 350 consumers. Overall, the demographic outcomes indicated that the race/ethnic groups served in the FSP were African American (10%), Hispanic (16%) and Caucasian (65%). However, the demographic outcomes demonstrated that the race/ethnic groups served in the FSP were not representative of the population in Riverside County (Riverside County, 2017).

Overall, the effectiveness of the FSP programs resulted in a decrease in arrests, psychiatric hospitalizations, and emergency room visits. Regionally, arrests of FSP consumers showed a 90% decrease for the Desert and Western regions, and a 78% decrease for Mid County. Decreases in psychiatric hospitalizations were evidenced across all three regions. The Mid County and Desert programs showed decreases of 79% and 73% respectively, while the Western region had a 44% decrease. Emergency room visits for psychiatric reasons declined 90% and 88% in Mid County and the Desert respectively while the West had a 78% decrease. Similarly, emergency room visits due to physical emergencies in the Desert and West decreased 90% and 88% respectively while Mid County evidenced an 82% decrease.

Wellness and Recovery Centers for Mature Adults (Older Adults Clinics)

Older Adult Clinics continue to serve consumers at regionally-based older adult clinics in Desert Hot Springs, San Jacinto, Riverside, Lake Elsinore and Temecula, and through designated extension staff located at adult clinics in Perris, Banning and Indio. As of January 2018, The Wellness and Recovery Center for Lake Elsinore and Temecula has expanded from three service days in Lake Elsinore and two service days in Temecula to five days in each center in order to provided needed services in the Mid-County region of Riverside County. The Wellness program is designed to empower mature adults who are experiencing severe, persistent mental illness to access community treatment and services in order to maintain the daily rhythm of their lives while promoting personal recovery and resiliency.

The Wellness and Recovery Centers for Mature Adults provide a comprehensive menu of behavioral health services including community outreach, psychiatric services, psychological assessment, medication management, and field based nursing and preventive care services, case management, individual therapy and group therapy, psychoeducational groups, peer support services and animal assisted therapy and assistance with housing. Older Adult Clinics currently offer over 25 therapy and psychoeducational groups including Wellness, WRAP, Facing Up, Cognitive Behavioral Therapy for Depression, Anger Management, Cognitive Behavioral Therapy for Psychotic Symptoms, Seeking Safety, Dialectical Behavioral Therapy, Bridges, Grief and Loss, Brain Disorders and Mental Health, Creative Arts, Art Therapy, Computers, Chronic Medical Conditions, Recovery Management and Co-Occurring Disorders. The Wellness and Recovery Centers have continued to innovate with the development of enhanced psychological services (assessment and evaluation). Within our Older Adults Clinics we have incorporated psychological assessment within the Interdisciplinary Team process in order to assist in differential diagnosis, integrated care and to augment recovery from severe, persistent mental illness. In addition, we have developed Spanish psychoeducational groups, Wellness and WRAP for monolingual older adults. Moreover, at three of our Wellness and Recovery Centers (Rustin, Lake Elsinore and Temecula) we have implemented a Drop in Mindfulness Center utilizing the family room model for the older adults that we serve. With the continuation of the rapid growth of the Older Adult population in Riverside County, there is a potential for a future clinic expansions in Corona, Indio and Banning.

CSS-05 Peer Recovery Support Services

The Department continues to be dedicated to the previously approved key Peer initiatives including Peer Employment and Recovery Training, Peer Employment, and Peer Support and Resource Centers. This has continued to support building our Peer Workforce capacity as the department now funds well over 200 peer positions department wide and through contractors. The department will continue to expand Peer Support Specialist positions in accordance with any program growth.

Peer Support and Resource Centers also continue to be an important component of the department's peer initiatives. Recovery Innovations now operates the Peer Centers countywide referring to them as "Wellness Cities". In the last planning cycle an additional Wellness City was added in Western Coachella Valley and was to serve like a step down program for the Full

Service Partnership Program housed in Palm Springs. The Peer Support and Resource Centers in FY 16/17 provided four sites, and three satellites sites that served 1,085 adults, and 153 Transition Age Youth (TAY).

Provided below are additional details on all the programs listed in the Peer Recovery Support Services Work Plan.

Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. Four regionally located centers were operated by our contract provider (Recovery Innovations) and collectively served 1,238 people. In the Western Region, Recovery Innovations provided support services to 350 adults and 40 TAY. In the Mid-county region 340 adults and 55 TAY received services. In the Desert region 395 adults and 40 TAY were served.

See page 189 for additional information on the Recovery Innovations program. See page 163 for a full description of a variety of Consumer Empowerment Initiatives such as Employment, Supportive Education, and Training highlights.

Workforce Education and Training (WET)

"Education. Vocation. Transformation."

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

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

WET actions/strategies in the RUHS-BH WET Plan are divided by the funding categories originally designed by MHSA regulations. Each funding category represents a strategic theme to address WET's mission. The actions/strategies developed within each category were developed and informed by our stakeholders and are currently advised by our WET Stakeholder Steering Committee, comprised of representatives from department job classifications, academic institutions, a health care pipeline organization, cultural competency, and lived experience practitioners from Consumer Affairs, Family Advocate, and Parent Support and Training.

Fiscal year 2016-17 brought many opportunities, changes, and challenges for WET programming in Riverside County. During this fiscal year and beyond, WET experienced major staffing changes for the first time since its inception. Despite major fluxuation in staffing, WET was able to readdress and strengthen existing evidenced-based practices for serving some of our most vulnerable consumers, develop a comprehensive new employee training series, expand our reach with social media and sustain ongoing staff support programs through leveraging resources and relationships. WET is also looking forward to forging ahead in the

coming years through further collaboration and contributions within our own workforce, working with our partner agencies, and better engagement in our stakeholder processes.

WET-01 Workforce Staffing Support

The first 3 actions/strategies within the WET plan are dedicated to the basic staffing needs necessary to manage and implement the plan. WET administrative staffing has enjoyed many years of consistency, with only modest changes to manage the increased demands of program development. However, recent changes prompted by retirement and promotions has led WET to manage a series of leadership changes while striving to ensure sustainability and integrity of its programs. WET administrative staffing remains critical because WET manages the programs encompassed with the approved plan, and also manages the daily operations of our Department's Conference Center in Riverside and serves as the RUHS-BH designee for the Southern Counties Regional Partnership (SCRP) which is a collaborative of 10 southern county WET programs.

Recent changes prompted by retirement and promotions led to the hiring of a new Staff Development Officer of Training and has left the Staff Development Officer of Education position vacant. Efforts are being made to fill this critical position. In 2017, WET added a second trainer to expand our law enforcement collaboration and education actions/strategy, Crisis Intervention Team (CIT) training. Increased requests for this training and other supports had exceeded the availability of our one designated trainer. (See more about CIT under Training and Technical Assistance of this WET update.)

WET-02 Training and Technical Assistance

Actions and strategies under the Training and Technical Assistance category are geared toward meeting the centralized training needs of Riverside's public, behavioral health workforce.

These Actions include:

A) Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program

B) Cultural Competency and Diversity Education Development Program

C) Professional Development for Clinical and Administrative Supervisors

D) Community Resource Education

E) Crisis Intervention Training (Law Enforcement Collaborative – See Crisis Intervention Training for more).

A. Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program

Training audiences included Department employees, employees at partner agencies and academic institutions. All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA to ensure content was relevant:

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

Over 13,000 attendees were trained at the Rustin Conference Center or related Department locations during fiscal year 2016/17, not including program specific training for law enforcement (see Crisis Intervention Training) and training for student interns (see Graduate Internship Field and Traineeship Program). WET is currently reviewing and redeveloping our department-wide training plan to meet the evolving needs of our workforce with a focus on refining current offerings and expanding offerings to job classifications or settings that have not historically received as much attention (i.e. Mental health detention services, medical staff, etc.).

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities. Two hundred fifty-one staff members were trained or retrained in Nonviolent Crisis Interventions, an evidenced-based practice designed to support the care, welfare, safety and security of those in crisis. We offered two workshops to 173 professional or licensed staff members covering current legal and ethical issues and considerations. We also offered our team-developed curriculum series for paraprofessional staff, support staff, and trained/retrained 183 practitioners who provide our co-occurring, manualized group treatment called Co-Occurring Recovery (CoRE). Exciting new training opportunities included workshops on the rise in Autism Spectrum Disorder, pediatric psychopharmacology, Mindful Workforce development, and training language interpreters in behavioral health.

Furthermore, WET coordinated the development of 32 new practitioners of Dialectical Behavior Therapy (DBT), adding to a cohort of over 160 practitioners department-wide. Dialectical

Behavior Therapy (DBT) is a cognitive behavioral treatment that was originally developed to treat chronically suicidal individuals. Research has shown that it is effective in treating a wide range of disorders such as substance dependence, depression, post-traumatic stress disorder (PTSD), and eating disorders. RUHS-BH practitioners are serving in a spectrum of programs including Adults, Mature Adults, Children's, and co-occurring Substance Abuse. Both classroom training and quarterly consultation refreshers are coordinated by WET.

Moreover, WET has also coordinated trainings to serve consumers with co-occurring disorders that include: Adult and Adolescent Matrix; Adult Cognitive Behavioral Therapy (CBT) for PTSD; Living in Balance; and, A New Direction. Trainers for these models have been developed within our system so that on-going trainings are more easily accessible and related costs are more manageable.

WET organized the development of RUHS-BH practitioners specializing in the treatment of eating disorders. Thirty therapists have completed the training and receive bi-monthly consultation from a specialist. These therapists not only serve consumers at their assigned clinic locations, but can serve consumers anywhere within their region to increase access to eating disorder recovery. WET also coordinated the trainings for Trauma-Focused CBT assisting in making this model available throughout our children's programs. Future directions in our efforts to treat eating disorders includes training and developing in-house trainers for sustainability and developing regional, multidisciplinary treatment teams to support overall medical and therapeutic treatment efforts for the client and family.

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

New Employee Orientation (NEO) is a one day welcoming and informational training for new RUHS-BH employees across job classifications. Employees receive a foundation of program mission and operations from Department leadership. Subjects include: Our history, structure, and culture; Presentations by Consumer Affairs, Family Advocate, Parent Support and Training, and Cultural Competency; and, Understanding confidentiality, compliance, employee health and benefits. During the 2016/17 fiscal year, an additional 163 employees attended NEO.

Original WET planning included the exploration of expanding the NEO to include standardized training on clinic procedures and related compliance. Aptly titled the New Employee Welcoming (NEW) training series, this training series was re-conceptualized by the WET team to include reviews of major core competencies for different classifications, professional development as well as practice through skill labs. In all, this training model concept offered 3 to 9 days of initial training and orientation for every new department employee. Though previously hesitant, department leadership unanimously supported this training proposal after considering the many benefits of standardized training for all staff. In fiscal year 2016-17, WET and our Quality Improvement team began researching and developing this foundational training model. Training tracks for each major classification of employee were considered and incorporated. This curriculum was completed in late 2017 and the training series was piloted with 44 new employees in February 2018. Initial evaluations and feedback indicate the training was well received.

In the past, the WET Steering committee recommended that RUHS-BH encourage more on-line trainings especially for the regular, mandated trainings that are necessary for Human Resources. Efforts to increase the accessibility of trainings by offering workshops in multiple modalities is underway. WET is currently exploring on-line, eLearning, webinar and "flipped-classroom" training formats in an effort to maximize accessibility to core and critical trainings for all department staff. In addition, committee members and other stakeholders recommended increasing the number of advanced treatment and skill development workshops which WET intends to incorporate into the revised, department-wide training plan.

B. Cultural Competency and Diversity Education Development Program

WET serves as a primary support to the RUHS-BH Cultural Competency Program in the identification and coordination of training related to cultural competency and culturally informed care. The Cultural Competency Manager position was vacant for a period of time. Upon hire, the WET Manager and the Cultural Competency Manager met to review the status of RUHS-BH's training to assist staff with developing culturally informed practice and service, as well as, the identification and necessity of trainings addressing the unique needs of each cultural community.

Additionally, WET coordinated or conducted trainings related to working with Native Americans, the prevention of the financial exploitation of mature adults, assisting staff with meeting the cultural and clinical needs of the LGBTQ community, and a specific two-day training conference on the needs of transgender youth. WET Steering committee continued to reinforce the need for the provision of trainings specific to each unique cultural community, and encouraged the Department to consider promising practices when serving cultural communities. Via the Southern California Regional Partnership, WET will be participating in a department-wide, cultural competency assessment process to better understand our strengths and areas of needed growth in this workforce development area.

C. Professional Development for Clinical and Administrative Supervisors

Understanding that program supervisors are the leaders that have to integrate managerial direction into the direct practice settings, supervisors hold a unique role in the success of service delivery. It's not an easy job and they require additional support and tools to help reinforce their achievements.

In 2016, WET completed a needs assessment with our department supervisors as a project from one of our graduate student interns, securing data that helped define areas of training while also assisting the intern with a better understanding of administrative social work. This research, along with consultation from the WET Steering Committee and our department's supervisor group, will serve as the foundation for the curriculum development and implementation of this job classification training series. Resources previously developed to support supervisor efforts, like discussion boards using SharePoint software and the new supervisor workgroup, are still in effect.

The WET Steering committee provided guidance in their recommendation of specific training features that could be included in an overall training package for department supervisors. Recommended training features included reference manuals for common business procedures encountered by supervisors, the utilization of small consultation groups for coaching and refining skills, and the formation of a mentorship or fellowship program with senior management. WET will continue developing training to support the professional development of supervisors in this department.

D. Community Resource Education (CRE)

The Community Resource Educator serves as a liaison to key community resource organizations, and problem solves resource access issues within the service delivery system, establishes a library of community resource referral applications and promotional materials, and educates both department staff and the community on viable resources to help with consumer family needs. Additionally, the CRE serves to educate staff on academic and career development programs and serves as department historian regarding department accomplishments, awards, and recognition. The CRE provided a direct access for staff to call in or e-mail with requests for research on specific resources. There was a total of 37 direct requests for resource research in fiscal year 2016-17.

Social media has become the dominant form of communication and interaction among the population in general, so our ability to contribute to these social media conversations is critical. Through the work and leadership of the CRE, Riverside University Health System – Behavioral Health was able to adopt these tools in order to elevate its presence as a resource and insight about mental health and substance use concerns in our community. Social media allows us to participate in conversations as they're happening. Rather than posting static, one-way messages, we can 'listen' to what our consumers are saying and then engage them in relevant conversations.

We officially launched Facebook, Twitter, Instagram and YouTube as our first phase into the social media realm in June of 2016. The results of have been extremely positive. As of June 30, 2017, we have seen 161,823 impressions across all of our social media applications for FY16/17 as compared to 93,578 impressions across all of our social media applications the prior fiscal year, showing a household reach increase of 58% versus the prior fiscal year. Impressions are the number of times a post from our page is displayed on someone's feed.

Facebook, in particular, has grown to 612 "likes," a 75% increase over the prior year. The community has viewed our videos over 12,900 times to date. Resource content posted on our feeds has been "liked," "shared" or commented on over 3,678 times. As our social media presence, content, and discussions grow, we expect it to reach even more consumers and family members in the future.

WET began the development of an online collaborative platform called iConnect. Using Microsoft SharePoint technologies, we have begun cataloging and centralizing a searchable library of resources that can be used across the service delivery system. The platform also allows collaboration among staff by taking advantage of tools such as calendar synchronization, online discussion boards and personalized sections for programs. The result is an electronic hub that staff can utilize to access resources, information, and experiences that were not previously accessible in a timely, efficient manner due to the geography and infrastructure of our agency. The software was beta tested at one program, and has since been rolled out slowly to other clinics and programs across the service delivery system. To date, there are 143 users taking advantage of over 500 collected resources.

For the incoming fiscal year, the Community Resource Educator will focus on developing and launching a staff recognition program- where both staff and consumers have the opportunity to recognize good work. Recognition is important because it creates a work environment that helps employees feel good about what they do and about each other. The Community Resource Educator is in early phases of developing and launching an employee recognition program for the department that creates and maintains a culture of empowerment. When staffs' strength and positive attributes are emphasized, developed, and nurtured, this ultimately enhances their performance in a recovery-based service delivery system. Features of this program include an ongoing, year-round formal recognition process and options for spotlighting exceptional stories with department leadership, participation in organization-wide Employee Appreciate Month and the further development of a Department Historian. Early features of this program will have been launched in February of 2018.

E. Crisis Intervention Training (CIT): Law Enforcement Collaborative

RUHS-BH has collaborated with local law enforcement (LE) agencies to enhance officer training when working with someone who is experiencing mental health crisis. This collaborative is coordinated by a WET program Senior Clinical Therapist who partners with LE to provide Crisis

Intervention Training (CIT), a 16-24 hour course which is Peace Officer Standards and Training (POST) certified. This past year, an additional licensed staff member was added as a second trainer in order to meet expanding needs and requests related to this collaborative.

The CIT team consists of two clinical therapists and a range of guest presenters from Parent Support and Training, Family Advocate and Consumer Affairs. The CIT training team reinforces and models the importance of collaboration, educates on the benefits of behavioral health services, and increases awareness while reducing stigma. CIT program topics include recognizing behaviors of common mental illnesses, tactical communication to de-escalate a situation before it turns into a crisis and to maintain safety, and to clarify mental health law as it pertains to involuntary hospitalization.

Guest presenters from Parent Support and Training, Family Advocate and Consumer Affairs share their recovery stories and provide panel discussions in order to increase officer understanding of a mental health crisis and recovery from the perspective of the consumer and the family. 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 our panel also offers input and feedback to law enforcement, as wells as, provide them with valuable resources that officers can use to assist the community members they encounter who need help. In addition, CIT has expanded to include speakers from our Crisis Support System of Care and Recovery Innovations Crisis Stabilization Units. Both programs inform LE regarding the benefits of their respective programs, how to access services through their programs, and request feedback regarding ongoing program development. CIT has also gained the interest and support of our local Veteran's Administration and Veterans Center Programs and, since 2017, these organizations have joined the CIT team as additional guest presenters and partners.

In fiscal year 2016-17, we conducted the following trainings on behalf of this action/strategy:

23,16-hour workshops for Sworn and Corrections RSO and outside LE agencies

4, 8-hour workshops for city police departments

1, 24-hour workshop for a large city policy department

We trained a total 765 learners to better identify and handle mental health crisis. In addition, we provided instruction for our RSO partners in corrections related courses, including 12 monthly

Annual Jail Training courses, 1 Deputy Supplemental Core Course, 1 Correctional Deputy Core Academy Course, and 1 Inmate Classification course. As a result of these trainings and collaboration, WET received several special training requests from particular LE agencies. These trainings were modified in order to tailor the presentation to the specific needs of the requesting agency.

Additional trainings have led to opportunities for further collaborations on a number of special projects including training and participating in the development of RSO Dispatcher's peer mentoring pilot program, guest instructing at dispatchers' and Chaplain Academy trainings, and invitations to speak at various professional and public events such as the California Welfare Fraud Investigator Association's Annual Conference. Further, we received invitations to speak at the Corrections Health Services Skills Day about CIT and our LE collaboration and were asked to provide in-service trainings to Department of Veteran Affairs personnel and in-service trainings at local LE briefings.

Leadership from our Family Advocate and Parent Support Programs report anecdotal stories they have heard from community members describing a positive difference when interacting with LE that have been trained in CIT. CIT evaluations reveal that many LE attendees would like additional training in mental health. We also receive requests from officers who would like to become CIT instructors. The WET Steering Committee, though excited about the program's success, wants to emphasize the law enforcement education in this area is still a pressing need, especially in areas of the county were LE is unlikely to have access to a training of this type. The steering committee also recommends training for the community on law enforcement procedures to create a greater team relationship between community and officers.

Projected plans for future growth of this action/strategy include additional curriculum and program development to include intermediate, advanced and refresher courses for LE, expanding the foundational trainings offered to first responder groups serving our community, and providing foundational CIT trainings for private city police agencies. We will also focus future efforts on strengthening our established partnerships, seeking new partnerships within our community and creating promotional and informing tools to better educate the public about this effort.

WET-03 Mental Health Career Pathways

Mental Health Careers Pathways actions/strategies are designed to assist students and beginning practitioners with the supports necessary to identify an educational pathway into public, behavioral health service. Actions/strategies within this funding area are:

A) Consumer and Family Member Mental Health Workforce Development Program;

B) Clinical Licensure Advancement Support (CLAS) Program; and,

C) Mental Health Career Outreach and Education

A. Consumer and Family Member Mental Health Workforce Development program

Consumer and family member integration into the public mental health service system continued to expand. WET continues to support the administration of the Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment Training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer related duties. (See Consumer Affairs update in this report for more.) WET will in the process of coordinating another round of Mental Health First Aid Train the Trainers for the Department's Parent Partners, Family Advocates, and Consumer Peers to add additional staff who be able to provide Mental Health First Aid to members of the community and partner agencies.

The State has continued to move forward with the development of regulations and standards for peer credentialing. WET provided consultation to the Office of Consumer Affairs regarding credentialing recommendations and is also tracking State Assembly Bill 906 which would require the Department of Health Care Services (DHCS) to establish a certification program for peer and family support specialists (PFSS), for purposes of assisting clients with mental health and substance use disorders, and adds peer support services as a Medi-Cal service.

B. Clinical Licensure Advancement Support (CLAS) Program

The Clinical Licensure and Support (CLAS) Program was designed to support the Department's journey level clinical therapist with their professional development and prepare for licensing examination. Associate therapists that were 1,000 hours or less away from license examination eligibility were invited to join CLAS. CLAS participants received one on-line practice test, a one-

hour weekly study group attendance, and centralized workshops on critical areas of skill development. To date, the program has served 175 employees; 91 of those participants have exited the program, the majority obtained licensure. Retaining staff post licensure has long been a challenge for public, behavioral health systems, including Riverside County. RUHS-BH retained approximately 50% of the graduated CLAS cohort. Though we will continue to explore greater retention strategies, CLAS participants demonstrated a greater retention rate than employees who do not participate. WET continues to refine the CLAS program to improve upon outcomes. Planned enhancements to this program include:

- Changing the program to better align with department retention activities. Instead of offering the test bank to employees at no initial charge, the program will change to a reimbursement of monies spent on test prep materials after the employee has been licensed 1 year and remains with the department.
- Updating program materials, with a specific focus on redesigning the program application to better capture important data about participants.
- Adding two additional workshops to the annual series- Law and Ethics as well as professional development topic. Currently there are 4 workshops.
- Improving methods for collecting and assessing pertinent data and tracking participants through their careers with department.
- Strengthening our mentorship with participants by increasing contact with the study groups.
- Designing effective ways to assess and support specific participants who have failed exams or are otherwise struggling with progress.

C. Mental Health Career Outreach and Education

Since Volunteer Services Coordination was assigned to WET management, volunteer opportunities have expanded to include career pathways development. The Volunteer Services Coordinator (VSC) oversees approximately 100-150 volunteers per year. Career Outreach to local school districts has resulted in affiliation agreements to support mental health curriculum in high school health academies, including the development of public mental health careers. WET provided targeted outreach to early college student groups that support students from underserved communities. We are affiliated with 7 high schools in Riverside County. The following affiliated schools are listed below:

La Sierra High School- Alvord Unified School District
Ramona High School – Riverside Unified School District
Canyon Springs High School- Moreno Valley Unified School District
Vista Del Lago High School- Moreno Valley Unified School District
Valley View High School- Moreno Valley Unified School District
Cathedral City High School- Palm Springs Unified School District
Coachella Valley High School- Coachella Valley Unified School District

Through our affiliation agreements, WET has conducted a variety of presentations on behavioral health topics that are pertinent to teenagers. In fiscal year 2016-17, the VSC conducted nearly 30 high school presentations to over 650 students. Presentations included topics on Depression & Anxiety; Teen Dating Violence; Bullying Prevention; and, Careers in the Behavioral Health field. Many students from our partner schools express increased interest in furthering their behavioral health education and doing an internship in Public Behavioral Health after hearing these presentations. In an effort to expand our outreach and accessibility, the VSC also participated and served on 3 high school Steering Committees, 2 high school career fairs, and she conducted mock interviews at 2 local high school Health Academy Programs.

In addition, Riverside partnered with San Bernardino Behavioral Health and the Inland Coalition to coordinate a future mental health professional's seminar for high school students called, Get Psyched! Topics included an orientation to the spectrum of possible mental health careers, a review of internships with a panel of current graduate students, managing self-care in the helping professions, a presentation by the consumer art studio, Artworks, and personal recovery stories told by consumers. Thirty-seven students from throughout the region attended this 2 day conference in 2015, 47 students attended in 2016 and 76 attended in 2017. Post conference surveys revealed an increase interest in developing mental health careers, increased awareness around mental health needs and services in general, and a reduction in mental health stigma.

The WET Steering Committee also advised that Riverside educate individuals about prominent mental health topics and available resources and that WET offer support and resources to

community high schools battling campus-wide mental health crises. Though not a WET-led project, this department is currently exploring a grant to provide crisis intervention services for children and youth, 0-21 years of age, with a focus on providing services on campuses.

WET-04 Residency and Internship

Residency and Internship programs have long been the heart of practitioner development. These programs are structured learning experiences that allow participants to provide service to our consumers and community while also meeting academic or professional development goals.

RUHS-BH Residency and Internship Actions include:

A) Graduate, Intern, Field, Trainee (GIFT) Program

B) Psychiatric Residency Program Support

C) The Lehman Center Teaching Clinic (TLC).

A. Graduate, Intern, Field, Trainee (GIFT) Program

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

The WET Graduate Intern, Field, and Traineeship (GIFT) Program remained one of the most highly sought training programs in the region. The Department is the largest public service, formal internship program in Riverside County. The Staff Development Officer of Education interviewed every applicant, screening to identify students who met MHSA values and Department workforce development needs: were passionate about public, recovery-oriented service; committed to the underserved; who had lived-experience as a consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County.

WET had affiliation agreements with more than 20 educational institutions, including every graduate program that has a specialty in Mental Health. In Academic Year 2016/17, GIFT had

141 applications for placement and coordinated internships for 70 students from 16 schools. Thirty-nine of the students were bilingual in Spanish or another language, and many had lived experience as a consumer or family member.

Every student committed to, and received, 90 hours pre-placement training to enhance their field learning in behavioral health. These trainings were coordinated and conducted by WET in partnership with Quality Improvement staff and included: Welcoming and Orientation to Department Mission; Recovery and Service Delivery Structure; Psychosocial Assessment and Differential Diagnosis for both Adults and Children; Non-Violent Crisis Intervention and Mental Health Risk; and Electronic Management of Records (ELMR) and standards of documentation.

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

The Department's graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. The Department continues to hire over 50-80% of the graduating student cohort each year – not only meeting the workforce development needs for this hard-to-fill job classification but confirming that the WET GIFT program had prepared them to succeed in public mental health service. Data indicates that the GIFT students also have a higher retention rate than employees hired outside of this intern experience. The WET Steering Committee also noted that graduates of the GIFT Program have been a recognized asset to our service delivery system.

Students also received other supplementary, centralized training. These included a winter workshop on intervention strategies and a spring meeting on professional transition and preparation for job seeking.

GIFT continues to refine and expand its programming and looks forward to some additional enhancements:

- Sharpening the student recruitment and selection process to meet changing/growing workforce needs.

- Increasing department/program capacity for supporting a variety of students that align with workforce needs (i.e. master level clinician, psychiatric nurse practitioners, AOD, medical, Macro/administrative, high school/entry level).
- Enhancing cultural and linguistic training opportunities for students (i.e. revisiting the cultural immersion rotations from previous years; implementing community/culture-specific training tracks).
- Utilizing a tool to evaluate targeted, department-specific clinical and professional competencies.
- Improving methods for collecting and assessing pertinent data on cohorts and tracking participants into their careers with department

The WET Steering Committee would like to see an improvement in the application and retention of GIFT Program graduates as employees. Though the department fully supports this program as valuable and necessary to achieving our workforce development goals, WET data suggests that we could achieve better recruitment outcomes with the GIFT Program. GIFT allows our Department an extensive period to evaluate the work ethics and skills of interning students; students who have learned our policies, procedures, and electronic record system. These students are often more loyal to the Department, as they have established mentors and relationships within our system. Yet, even in times of position demand, we under-hire from this recruitment pool. The table below summarizes Department hiring data of our last two student cohorts:

Year	Eligible graduates	Hired	Percent hired
2016	51	22	Approximately 43%
2017	41	17	Approximately 41%

B. Psychiatric Residency Program Support

The Residency Training Program in psychiatry is fully accredited and is a partnership between the UCR School of Medicine and the RUHS-BH. It is administered through the office of the Medical Director. Though WET does not manage this program, we serve at the leadership of the Medical Director to support the program and the development of psychiatrists dedicated to public service. Residency programs provide the post-M.D. training required for physicians to

become fully independent and board certified in their specialties. Psychiatry training programs are four years long and, during that time, residents provide patient care under the supervision of attending physicians who are faculty of the residency program.

Inland Southern California has a severe shortage of psychiatrists and the goal of this residency training program is not only to train new psychiatrists, but also to recruit quality psychiatrist to have careers with RUHS-BH. Physicians tend to practice in the same geographic region where they completed their residency.

Residents train primarily in the inpatient and outpatient facilities of Riverside County, including the psychiatry department of the Riverside County Regional Medical Center and the outpatient clinics of the RUHS-BH. The four-year program enrolls four residents each year. A distinctive feature of the training program is the integrated neuroscience research curriculum in collaboration with UCR faculty, where the future psychiatrists learn about advanced technologies.

C. The Lehman Center Teaching Clinic (TLC)

The Lehman Center (TLC) is a teaching clinic primarily staffed by student practitioners who train and serve system of care consumers. TLC proudly opened its doors in October 2014. Named after Judy Lehman, the retired Department Supervisor who helped found the centralized student placement coordination; TLC is an innovative training clinic that offers both traditional and advanced training options for the students selected each year. TLC is a single clinic with two campuses – one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice. During the 2016/17 academic year, TLC trained 20 student practitioners. Students developed and ran a groups on cutting-edge topics like Mindfulness and music therapy. Students also facilitated an animal assisted therapy group for clients with depression and anxiety. Because of a large cohort placement of bilingual/Spanish therapist interns, TLC has served Spanish speaking clients who would have otherwise experienced delays in receiving services.

Additionally, TLC was able to create specialized programming to meet the prevention and early intervention needs of the LGBTQ community. As a result, two community support groups were developed – one for adults and one for adolescents -- to assist LGBT attendees with identifying cultural strengths, connect with community, and build resiliency. WET partnered with a local

affirmative church and the Department's LGBTQ Community Task Force to create off-site services at community identified safe places. Student interns, who provide services at these support groups, receive special training on serving the LGBTQ community and additional experience in meeting the needs of this underserved community. The youth group has averaged between 6-10 participants weekly. The adult group participation was initially strong, but has waned over this past year, prompting WET to engage in efforts to revitalize participation.

In the previous year, the WET Steering Committee had advised the creation of a specialized learning track for Bilingual/Spanish interns and also encouraged TLC to also consider training tracks in Family Therapy and Play Therapy. During the 2016/17 academic year, graduate students and staff worked together to develop a curriculum for the Bilingual/Spanish training track which has since been implemented. Early reports from the participants indicate that the curriculum is being well-received.

WET-05 Financial Incentives for Workforce Development

The purpose in offering financial and academic incentives for workforce development is twofold; the long term retention of quality employees and fostering a qualified workforce that is committed and prepared to serve in public behavioral health. WET approaches financial and academic incentives strategically; we focus on filling unmet workforce needs specific to our agency as well as maximizing workforce development funding investment.

1. 20/20 & PASH Program

The 20/20 & PASH Program is designed to encourage and support Bachelor Degree level employees to pursue graduate study preparing them for Clinical Therapist I job openings. WET inherited management of the 20/20 Program in 2007. Program records indicated that 14 Department employees had entered the program from 1992 to 2007. Of those 14 employees, 6 continue to serve the Department.

Due to fiscal constraints, the program was suspended from new applications from 2008 through 2010. The program was reopened in fall 2011. With WET recommendation, the Department expanded the targeted areas of workforce development beyond bilingual/bicultural skills to include certified skills in treating chemical dependency, developmental disabilities, or acute physical health. Additionally, applicants scored higher if they demonstrated a commitment to work in the hard to recruit area of Blythe. WET also developed the Paid Academic Support

Hours (PASH) phase of the 20/20 Program in order to support employees who were accepted into part time, graduate school.

The program parameters were revised in 2013 and again in 2016 in order to strengthen the program, to streamline the application process and to enhance quality selection. The two most significant changes applied to the selection process. WET wanted to increase the years of retention of 20/20 employees and address long term shortfalls in DBH leadership due to retirement. National research on the public mental health service system reported that turnover was concentrated in the first 2 years of employment. To capture the most vested candidates, employees were required to have a minimum of 2 years of DBH service to qualify for the 20/20 Program as opposed to simply passing probation. Applicants also had to complete a quality appraisal interview with WET before progressing to selection interviews with the Assistant Directors. The quality appraisal process included a review of applicants' interests and aptitudes for DBH leadership. Further, WET increased the level of support and oversight of program candidates to promote success and ensure compliance with program regulations. This led to greater efforts to help employees and in a few cases, it led to a participant being released from the program.

From 2012 to the present, the department has enjoyed an increase in both interest and number of applicants for this program. In general, employees who complete the 20/20 Program remain employed with the department. From 2012 to 2017, 36 employees were accepted into the program, and 34 continue to serve in the Department.

Year	Accepted into program	Currently working for department
2012/13	3	2
2013/14	5	5
2014/15	5	4
2015/16	6	6
2016/17	10	10
2017/18	7	7

2. Tuition and Textbook Reimbursement

Riverside County encourages the development of Department sponsored Tuition Reimbursement to support employee skill development and create pathways to career advancement. WET developed and proposed an infrastructure to manage a Tuition Reimbursement Program. Partnering with central Human Resources' Educational Support Program (ESP), WET implemented the Tuition Reimbursement Program at the start of 2013.

In the last two years, our Department has seen a significant increase in employee interest and application to this program. Since its inception in 2013, there have been 53 employees who have accessed or benefitted from Tuition and Textbook Reimbursement. Degrees and certificates range in topic from clinical degrees, accounting, business and public administration, computer science as well as substance abuse counselor certifications. The Program has two components designed to address separate Department needs:

PART A: Authorizes employees to seek reimbursement for earning a certificate or degree that creates a promotional pathway or would increase their knowledge in their current position, but is not required for your job classification. Employees apply to ESP and complete vocational testing that matches employee interest in a related academic degree with a Riverside County career. Only upper division coursework is reimbursed. To incentivize academic success, WET added that tuition reimbursement is contingent on the grade received in the coursework.

PART B: Authorizes employees to seek reimbursement for completing individual coursework and is managed by WET. County policy allows Departments to authorize payment of coursework up to $500. Employees who seek higher education on RUHS-BH job related subjects can attend the individual courses that will enhance their abilities to serve and perform. PART B also provides the employee that is ambivalent about school an opportunity at a "school trial" to ascertain if education advancement is

comfortable and manageable. Employees seeking education across technical, administrative, and clinical areas of study are eligible to apply.

3. Mental Health Loan Assumption Program (MHLAP)

The MHLAP is a MHSA workforce retention strategy for the public mental health service system. Both Department employees and our service contractors are eligible to apply. Managed Care contracts are excluded. It is administered through the Health Professions Education Foundation. Each county designates hard-to-fill or retain positions that qualify for eligibility. It is an annual, competitive application process. Selected applicants can be awarded up to $10,000 in student debt reduction in exchange for a year of service in the public mental health service system. Awardees can be selected up to six times.

Each county can specify the eligible, hard-to-fill or retain job classifications that are unique to their own workforce needs – including non-clinical positions. Riverside has identified: Psychiatrist; Psychologist; Clinical Therapist I and II; Registered Nurse; Licensed Vocational Nurse and Licensed Psychiatric Technician; Nurse Practitioner; Physician's Assistant; Health Education Assistant; and, Supervisor and Manager positions. Applicants are awarded additional scoring points if they speak a language necessary to serve the consumers of that county or if they share a demographic with an underserved population.

WET has applied for and was selected to sit on the State MHLAP Advisory Board, allowing Riverside's needs to be represented in the development of the program, as well as, provided additional insight into the application and selection process that benefitted staff during application completion. WET continues to offer application assistance to any MHLAP applicant from Riverside County. As a part of the advisory committee comes the responsibility to also score other counties' MHLAP applications – up to 150 applications per cycle. WET fulfills this responsibility each year.

WET's promotion of the MHLAP has significantly increased the number of applicants and the number of awards for Riverside's public mental health employees. During the August 2016 cycle, over $700,000 was awarded to Riverside's public mental health service system employees. The following table demonstrates the MHLAP application and awards data for Riverside County:

Year	Applications Received	Applications Reviewed	Awards Provided	Total award money
2009	28	28	13	$135,583
2010	16	16	15	$125,700
2011	61	55	33	$251,400
2012	68	68	57	$500,000
2013	72	68	58	$528,941
2014	101	92	78	$547,996
2015	159	137	92	$612,547
2016	114	99	88	$700,596

4. National Health Service Corp (NHSC)

The NHSC offers loan repayments for licensed health providers (Licensed Clinicians, Psychologists, Psychiatrists, and Nurses). The NHSC offers between $40,000 and $60,000 in loan forgiveness in exchange for a two-year service obligation. RUHS-BH currently has 18 employees participating in this program.

The mission of the NHSC is to provide incentives for professionals to work in rural and underserved areas. Award eligibility is based on the location of the employee's clinic. The NHSC determines eligibility by reviewing the evaluation scores established through the Health Professional Shortage Area (HPSA) application process. Employees who serve in programs located in a HPSA that scored at 14 or above are good candidates for application.

Program eligibility has changed over time based on available funding and political philosophy. Currently, RUHS-BH is seeking to collaborate and join with RUHS-Medical Center's NHSC efforts in order to sustain, improve and expand opportunities for staff serving in both of these agencies. A partnership with RUHS- Medical Center would strengthen both agencies' HPSA scores, thus increasing both agencies' ability to serve communities through recruitment and retention of talented medical and behavioral health staff in rural and underserved areas of our

county. Working in collaboration with our partner agencies also allows an increased in the number of clinics that are approved for NHSC loan forgiveness.

Veteran Services Liaison

Riverside University Health System- Behavioral Health (RUHS-BH) is dedicated to integrity; we are equally committed to the people who seek our assistance in their time of need. RUHS-BH honors the principle that every Veteran and his or her family are inherently entitled to the highest quality of life with dignity and honor. We are dedicated, as President Lincoln so eloquently echoed in his 2nd Inaugural Address *"to care for him who shall have borne battle, and for his widow, and his orphan."*

California has the largest concentration of veterans anywhere in the country. Approximately 129,364 veterans call Riverside County home. The Department's Veterans Services Liaison (VSL) exists to assist the Department in identifying strategies for improving our work with Veterans who experience difficulties related to mental health. In addition, the Liaison will provide support to Families of Veterans in making and respecting decisions in regard to the needs of military families.

On August 17, 2017, retired Navy Senior Chief "Reported for Duty" as RUHS-BH's full-time Veterans Services Liaison. The VSL is not only a US Military Veteran, but also a journey level Clinical Therapist that serves as a portal to behavioral health care. Since the date, the VSL has worked tirelessly to address the eight specific goals found the VSL Plans and Actions; the foundational document identifying how the VSL would concentrate efforts.

Action #1 – Reduce Stigma and Improve Veteran Access to Mental Health Care

Research and our own anecdotal experiences tell us that the stigma associated with mental illness is a very real barrier to mental health service access. This stigma may be even more real for our military veterans who are generally at more risk for suicide, substance abuse, and homelessness due to unresolved mental health needs than their civilian brothers and sisters. Community events in Riverside County serve as forums to inform the public on RUHS-BH's mission, planning, and services and to educate on the truths of mental illness and with seeking help. These events serve as an opportunity to engage veterans and their families and educate on veteran mental health, as well as, inform the general public on RUHS-BH's commitments to addressing the needs of returning veterans and their families. The VSL will network with community and veteran organizations to ensure RUHS-BH representation at community forums in order to be a visible face to those veterans in need of mental health care.

Action #2 – Expand Veteran Mental Health Services with Community Mental Health Service Providers

It can be a difficult first step to request mental health care. Multiple doors and frustrated attempts to receive help can discourage engagement. For the best possible opportunity for recovery, vets need to be appropriately served at whatever agency door they enter. Veterans have their own language, culture, and worldview. For veterans to be properly served, providers need to understand the world of the vet, their norms, and their training. The VSL will outreach community mental health organizations to promote the necessity of veteran cultural competency, provide military mental health education, and problem-solve veteran engagement and service issues. The VSL will encourage, support and assist with the development of veteran specific mental health care and help increase awareness of such programs once they become operationalized.

Progress:

- The VSL collaborated with the Patient Billing Team and a Tri-West Contractor to expedite the process of establishing Tri-West Providers at various clinics throughout the county thus allowing Veterans a choice of where they receive MH services.
- The VSL collaborated with March Air Reserve Base to provide a presentation to active duty members on the MH services available to them and their families.
- The VSL has directly served a total of 15 veterans.

Action #3 – Improve RCDMH Staff Knowledge on Service to Veterans and Veteran Cultural Competency

As we encounter more and more veterans and families entering the public mental health service system, RUHS-BH staff will need to better understand how to engage and support veteran mental health recovery. Veterans have their own unique service needs. In order to best engage and serve our military service consumers, staff will need to become more familiar with the military experience. The VSL will develop and provide training that will include educating staff on culture, customs, language, and everyday norms of veterans and their families. Workforce development will span from students in RUHS-BH's GIFT Program to Department employees and volunteers. The identification and dissemination of appropriate veteran support resources will also be included.

Progress:

- The VSL is collaborating with San Bernardino County- Behavioral Health in developing a 3-day training to improve Veteran Cultural Competency (this course will offer CEU's).

Action #4 – Military Service Members and Military Family Volunteer Recruitment

Volunteers and interns throughout RUHS-BH have greatly enhanced services to consumers and their family members. Volunteers and interns with a lived experience have become a vital component in RUHS-BH's transformation to a more strength-based, solution focused service delivery system. Veterans as volunteers and interns would therefore support service transformation, as well as, serve as informal consultants to Department employees on veteran culture and experience. Spouses and other family members of our veteran and active duty service members also provide a valuable lived experience for serving the families and children impacted by the adjustment, fears, and realities of deployment and a vet's return home.
Progress:

- The VSL's networking led to identifying an Air Force veteran to volunteer in VSL efforts.
- The VSL is also collaborating with county supervisor's staff in exploring the development of a county wide Veteran Internship Program.

Action #5 – Optimize Network of Care (NOC) as a Resource Portal for Veterans, Families, and Service Providers

Riverside County Network of Care (NOC) site is an electronic, web-based application that serves as a vehicle of information for consumers, family members, and staff when managing and accessing mental health and allied services. The Network of Care has recently created a separate application that is specific to meeting the needs of veterans. Once strengthened and regularly monitored for updates and changes, the Veterans' NOC would be an outstanding tool to support veterans in need. Riverside County's NOC is maintained by RUHS-BH.

Progress:

- The VSL is collaborating with Legislative Assistant to Supervisor Chuck Washington, Trilogy and key stakeholders to improve this platform.

Action #6 – Improve Resources and Mental Health Support for Veterans' Families

Following the guidelines, mission, and mandate given by both the President's New Freedom Commission on Mental Health (2003) and California's Mental Health Services Act (MHSA), the involvement of family is critical to a person's mental health wellness and recovery. Collaborating with RUHS-BH Family Advocate and Parent Partner programs will be crucial for individual, family, and community recovery of Riverside veterans. This collaboration will be ongoing and will need to adjust to the fluctuating and trending needs of veterans and their families, which will hopefully and inevitably assist in the reintegration process of returning veterans into their families and communities.

Progress:

- The VSL has collaborated with NAMI California and the VA to establish the first NAMI Homefront Education Course (a tailored NAMI Family to Family to Family Education Course meant to address specific needs and concerns of veteran families). The VA Ambulatory Care Center (ACC) in Redlands, CA, is eager to advertise this new educational course, provide classrooms, and has, and has maintained an interest list.

Action #7 – Improve Recovery Outcomes for Homeless Veterans

Only 7.3% of the general population can claim veteran status, but nearly 13% of the homeless adult population is composed of veterans. Approximately 1 in every 4 homeless people in the United States is a military veteran; 50% of them experience symptoms of a mental disorder and 70% struggle with substance abuse. RUHS-BH H.H.O.P.E program created an Outreach Veterans Specialist position to address the growing problem of homelessness among veterans. The VSL will collaborate with H.H.O.P.E, Outreach Veterans Specialist, in order to ensure that the special needs of homeless veterans remain visible.

Progress:

- The VSL will utilize the new VSL volunteer and one student intern to provide Case Management and address the systemic challenges with Housing Authority, Social Security Administration and others.

Action #8 – Improve Recovery Outcomes for Veterans in the Legal System

As of January 2013, Riverside County started a Veterans' Mental Health Court. Riverside recognized that many vets encounter the legal system due an unsuccessful reintegration into our communities after returning from war. Veterans' Mental Health Court assists Veterans in permanently resolving the factors that lead to incarceration, expunging their conviction records, and becoming independent and contributing member of society once again. The VSL will advise, provide feedback, and support this developing program. Riverside County also continues to address the integration of inmates released due to AB 109, which may include parolees and probationers who once served in the military and retain their veteran status. RUHS-BH programs designed to meet the needs of AB 109 consumers may require assistance in accessing the provisions and entitlements guaranteed to all persons meeting criteria to be classified as Veteran.

Progress:

- The VSL is collaborating and building cooperative relationships with the Public Defender Office, Mental Health Court and Veteran Court.

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

- Outreach and Engagement
- Ethnic and Cultural Leaders in a Collaborative Effort
- Promotores de Salud Mental
- Community Mental Health Promotion Program
- Toll Free 24/7 "HELPLINE"
- Network of Care
- Peer Navigation Line
- Call To Care
- "Dare To Be Aware" Youth Conference
- Contact for Change
- Media and Mental Health Promotion and Education Materials
- The Navigation Center

PEI-02 Parent Education and Support

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

PEI-03 Early Intervention for Families in Schools

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

PEI-04 Transition Age Youth (TAY) Project

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

Prevention and Early Intervention (continued)

PEI-05 First Onset for Older Adults

- Cognitive-Behavioral Therapy for Late-Life Depression
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- Caregiver Support Groups
- Mental Health Liaisons to the Office on Aging
- CareLink/Healthy IDEAS

PEI-06 Trauma-Exposed Services

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

PEI-07 – Underserved Cultural Populations

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

* Eliminated

PEI Overview

The Prevention and Early Intervention (PEI) plan was approved in September of 2009, and since that time significant strides have been made toward full implementation of the plan. The annual update and community planning process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate programs and services that have not yet been implemented, and look at new and expanded programs and services. A PEI Steering Committee met to review input from the community, RUHS - BH committees, and stakeholder groups. These diverse groups also reviewed the outcomes of programs currently being implemented in order to make informed decisions about programs and services included in the 2018/19 PEI plan.

In fiscal year 16/17 many programs continued full implementation, serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster trainings related to those models and other PEI topic-specific trainings. In FY16/17 there were 34 training days with 529 people trained. Please refer to the list of trainings in the Training and Technical Assistance section of this report.

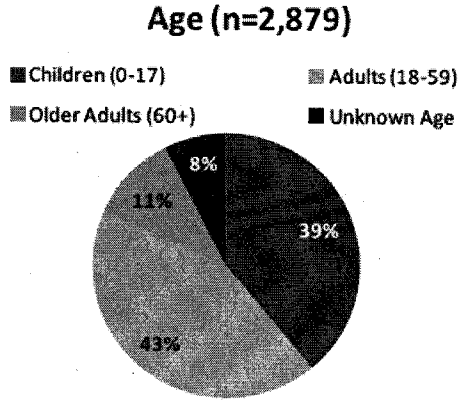
The PEI unit includes five Staff Development Officers (SDOs), two Clinical Therapists (CTs), three Social Service Planners (SSPs), and one Family Advocate/NAMI Liaison. The SDOs have completed the process of becoming trained trainers in many of the programs being funded which allows for local expertise as well as cost savings. Each SDO worked with their assigned PEI providers to offer training and any needed problem solving and technical assistance, as well as monitoring of model fidelity. The SSP/CTs also offer ongoing support to the PEI providers through technical assistance including, but not limited to, support surrounding outcome measures. The Family Advocate serves as the Department's NAMI liaison with our four local affiliates, offers training, and works with PEI programs to link families to needed resources. RUHS-BH/ Family Advocates were instrumental in helping establish the first in Riverside County NAMI On Campus High School at Murrieta Mesa High on October 17, 2017. The PEI unit was built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community.

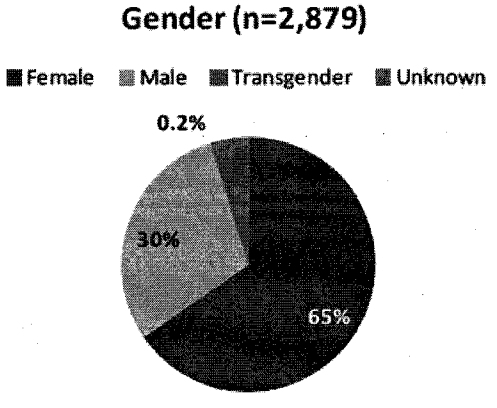
The FAP Prevention & Early Intervention (PEI) Countywide Sr. BHPS is the primary liaison between RUHS – Behavioral Health and NAMI. The Sr. BHPS assists the four local NAMI affiliates with their infrastructure. As a NAMI State Family-to-Family and Support Group Trainer, the PEI Sr. BHPS provides both support groups and Family to Family trainings to local NAMI affiliates. RUHS – Behavioral Health has provided dedicated workspace to the Western Riverside, Mt. San Jacinto, and Temecula NAMI affiliates. These workspaces may include computers, telephone access, storage, and conference rooms. The Sr. BHPS outreaches at local universities, colleges, high schools, and middle schools to provide education and resources to staff and students on mental health and stigma reduction. The PEI Sr. BHPS collaborates with local NAMI affiliates to provide NAMI High School Campus (NHSC). Also, works with the PEI team to assist in various anti-stigma campaigns where behavioral health outreach is not traditionally given, such as community centers and faith-based organizations, while emphasizing the importance of family involvement, specifically with first break psychosis. In collaboration with NAMI, the Sr. BHPS will outreach to Veteran clinics and hospitals to provide information on NAMI Homefront, an educational program designed to assist military families care for a family member diagnosed with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other diagnosis.

Who We Serve – Prevention and Early Intervention

In FY16/17 26,516 Riverside County residents were engaged by Prevention and Early Intervention outreach and service programs. Of those, 2,879 individuals and families participated in PEI programs (excluding outreach). The following details the demographics of the participants.

Race/Ethnicity	PEI Participants (n=2879)	County Census (n=2,361,026)
Caucasian	14%	37%
Hispanic/Latino	56%	48%
Black/African American	10%	6%
Asian/Pacific Islander	2%	6%
Native American	.4%	0.4%
Multi-Racial	3%	3%
Other/Unknown	4%	0.1%





PEI programs are intended to engage un/underserved cultural populations. In Riverside County the target ethnic groups are: Hispanic/Latino, Black/African American, Asian/Pacific Islander, and Native American. The table above lists each of the groups and the percentage of PEI participants from each in comparison to the County census for Riverside. The table demonstrates that PEI services are reaching the intended un/underserved ethnic groups at appropriate rates, with the exception of Asian/PI. RUHS-BH Cultural Competency program has

been working closely with a community consultant, an Asian American taskforce has been established, and programs designed specifically for the Asian/PI population will be provided by community contract providers when the request for proposal process is completed. More detail about this is explained under work plan PEI-07.

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

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

Outreach and Engagement Activities: During FY16/17, the Outreach and Engagement Coordinators provide community outreach and engagement activities targeting underserved cultural populations and reached 3,219 individuals. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information. They also continued to provide short-term mental health services upon request in a variety of community based locations including but not limited to faith based organizations and resource centers. Those services include individual and family support. The Outreach Coordinators work closely with each of the un/underserved cultural group taskforce committees described below.

Ethnic and Cultural Leaders in a Collaborative Effort: Throughout the community planning process, stakeholders indicated the need for mental health awareness education specifically tailored for unserved and underserved cultural populations. Input from the community focused on ensuring that individuals providing the mental health awareness information reflect the culture of the communities receiving the information. RUHS-BH has continued to work with Ethnic and Cultural Community Leaders from ethnic and cultural populations within local communities in order to identify key community leaders and to build a network of individuals from these communities to promote mental health information and the use of PEI services. The Ethnic and Cultural Community Leaders represent the following populations: African American; Native American; Asian American/Pacific Islander; Deaf/Hard of Hearing; and LGBTQ. The

Promotores de Salud program listed below addresses similar needs in the Hispanic population. The Ethnic and Cultural Community Leaders assist RUHS-BH in coordinating advisory groups for each of the populations they represent that are inclusive of key community leaders, community based providers, and faith based organizations. Each advisory group will work to develop culturally and linguistically appropriate mental health education and awareness materials which will provide information on mental health, mental illness, and available mental health services. Each advisory group has an identified set of goals and objectives developed by each advisory group. See below for details. Because the Ethnic and Cultural Community Leaders come from the community they serve they can address barriers due to linguistic and cultural differences, stigma, and mistrust of the system.

Advisory Groups:

African American Family Wellness Advisory Group (AAFWAG) Report - Outreach and Education Initiatives for FY16/17

African American Outreach and Education efforts focus primarily on educating and engaging the community on reducing the stigma associated with mental health. The committee has successfully recruited a diverse group of individuals that dedicate themselves to reducing the disparities of this underserved population. The following have been accomplished by the AAFWAG:

- Sponsored and supported the first Million Man Meditation, held on October 14, 2017. The event was envisioned as an iconic symbol of power and pride amongst the African American culture, representing a communal cohesion that defies the images of violence and hate circulated in the media. By introducing yoga, martial arts, meditation, and traditional cultural practices as healing methods, Million Man Meditation united the African American community to address and provide education on health and wellness issues.
- Participated in the annual May is Mental Health Month expo held at Fairmount Park.
- Actively worked toward the implementation of new culturally competent services such as the Building Resiliency in African-American Families for Girls program and the Community Health Promoters Program for African Americans.

Additionally, AAFWAG participated in more than 20 culturally specific events and regular stakeholder meetings to reach out to community groups, churches and residents by providing behavioral health speakers, presentations by members and distributing information about the departments' behavioral health services. Through their presence at conferences, health fairs, spiritual gatherings, and county meetings, members have continued forging relationships with providers, businesses, and public agencies to garner support for the cause of AAFWAG and advocating for better inclusion of the African-American community.

In the 2016 -2017 MHSA Annual Plan Update, Outreach to African-American populations in Riverside County focused on engaging the African-American Family Wellness Advisory Group in creating partnerships with divisions within RUHS-BH. It also included participation in ethnic specific community celebrations and increasing the community's awareness of the group's mission. The AAFWAG educated itself by incorporating speakers and presenters from the department in educating its members on services and programs within the department. Based on these experiences the following goals are recommended for the next year:

- Increase outreach in the community of Perris. Develop a Perris based group to support BRAAF and other behavioral health programs serving the area.
- Continue to partner with RUHS-BH at community celebrations and events that promote African-American culture.
- Plan and conduct at least one county-wide event focused on reducing behavioral health stigma in the African-American community. The event being planned for 2017 is a Million Man Meditation to reduce mental health stigma among African-American males.
- With support of RUHS-BH staff, increase the visibility of the mission and activities of the AAFWAG.
- Develop a template and training program for a Sister Circle program to address issues of stress, depression and create a support system that can be used by neighborhood groups, faith groups, seniors, individuals in recovery and parents. The model will include training for RUHS-BH staff to use with African-American populations they serve as well.
- The African-American Family Wellness Advisory Group will continue its participation in community celebrations in Western and Mid-County Communities. Target areas will be Riverside, Moreno Valley, and Perris.

- AAFWAG to incorporate the distribution of promotional and educational materials at community events. This will increase the outreach and community education of the group.
- Include Each Mind Matters materials in community outreach to African-American communities.
- AAFWAG will continue to meet and use these community-focused meetings to obtain information and provide input on RUHS-BH programs, services, and issues that impact the community. These monthly meetings enable members of the African-American community to be better advocates for the services of RUHS-BH in their respective community and/or church.
- The AAFWAG will work with a vendor to develop culturally relevant printed material that can serve as a tool to recruit participants and inform a broader population of its existence and mission.
- AAFWAG will participate in RUHS-BH May is Mental Health Month and the Cultural Competence Annual Celebration.

Asian American Task Force (AATF):

The AATF is a committee of the Cultural Competency Program at the RUHS-BH. It is organized to bring the Asian American Pacific Islander (AAPI) population in Riverside County together with providers and community health resources for the purpose of networking, education, advocacy and community building. Its overall mission is to assist and guide the Cultural Competency Program to help the AAPI population to achieve overall wellbeing in their bodies and minds. The AATF is a public/private partnership chaired by a leader from the AAPI community in Riverside County and an administrator from RUHS – BH. It is guided by a consultant with experience in community organizing, program planning and development, public policy and advocacy on behalf of ethnic and cultural populations especially the AAPI population. Its diverse membership consists of 25 to 30 individuals representing several AAPI ethnic community groups, pastors, educators, consumers/peers, students and representatives from RUHS-BH and other governmental agencies such as State Department of Vocational Rehabilitation. It meets the 4th Thursday of the month at the Cultural Competency Program. In January 2017, AATF adopted Membership Guidelines to strengthen its infrastructure and selected

members to take a greater leadership role as officers of AATF and created membership categories to include advisors and volunteers. The AATF has played a significant role in linking AAPI communities to RUHS-BH services and other public and private resources in Riverside County.

Asian American Task Force FY 2016-2017 Activities and Accomplishments:

AATF Community Outreach and Awareness Events:

- "Bridging the Gap. Reaching a Compromise" educational and awareness event by Dr. Ernelyn Navarro on bi-cultural parenting with Filipino American parents and families hosted by PVFAA (Perris Valley Filipino Americans Association) held on July 16, 2016. This event reached over 80 individuals
- World Suicide Prevention Day, September 10, 2016, Social Media Promotion in English, Chinese, Korean, Vietnamese and Tagalog
- Presentation on an EBP parenting curriculum call "SITIF- Strengthening Intergenerational/Intercultural Ties in Immigrant Families" by certified trainer Dr. Rocco Cheng to increase understanding by AATF members for this model for bi-cultural parenting on July 28, 2016
- Korean Pastors Roundtable Planning from August 2016 to December 2016 resulting in the formation of a Korean Pastors Roundtable monthly meeting from January 2017 through June 2017. One plan discussed is to offer Mental Health First Aid training to Korean American pastors in Riverside County
- Hmong Outreach Kick Off Event and Luncheon at the Banning Mental Health Clinic on October 19, 2016 attended by several Hmong consumers and community members followed by the distribution of outreach packets with stories of recovery in Hmong/English in written booklets and on CDs at Hmong New Year celebrations in Banning and other Sothern California cities. 31 packets were distributed
- Lunar Fest Outreach on January 28, 2017. AATF members, staff and volunteers conducted a stress survey with close to 300 individuals and distributed over 400 bags with mental health and Know the Sign brochures in several AAPI languages and RUHS-BH resources and gifts of a back scratcher.
- May Mental Health Month celebration at Fairmont Park, Riverside on May 25, 2017

- HOPE event on May 31, 2017 in celebration of Asian Pacific Heritage and Mental Health month. "Healthy Options for Positive Enrichment" featured a presentation on the "Evolution of Recovery" by Dr. Andrew Subica, Assistant Professor, UCR, School of Medicine followed by a panel of AAPI consumers, family members and advocates on their experiences with recovery and ended with a cultural entertainment, Taiwanese Aboriginal Dance, by the Inland Chinese-American Alliance. This event also included lunch and over 90 people were in attendance
- MHSA Steering Committee participation

AATF Project Implementation

- Filipino American Resource Center Application for Funding was released in the Fall of 2016 with the application and review process completed in December 2016. This contract was awarded to the Perris Valley Filipino American Association in February 2017

AATF Specific Objectives for FY 2017/2018:

AATF members reviewed and discussed community needs, priorities and strategies at the Executive Committee and regular AATF meetings in 2016 and 2017 and identified the following priorities and projects for fiscal year 17/18:

1) Continue with existing mental health promotion, awareness and anti-stigma community events in January, May, July, September and October each year
2) Support the implementation and evaluation of the Hmong CD Outreach Project
3) Support the implementation of the first "resource center" for the Filipino American community
4) Advocate for the release for proposal for SITIF, a bicultural parenting program to support AAPI parents in Riverside County
5) Support training and mental health literacy for Korean American pastors
6) Advocate for the release for proposal for the AAPI Mental Health Worker curriculum development, training and outreach
7) Advocate for two bilingual AAPI staff, one with a minimum of a master degree and one paraprofessional at the Cultural Competency Program to focus on outreach with the diverse AAPI population

8) Explore effective avenues to increase access and quality of care for AAPIs in need of mental health intervention and current AAPI clients

Reviewed and adopted by the AATF Executive Committee and AATF on February 22, 2018

Deaf and Hard of Hearing

The Western Region Outreach and Engagement Coordinator regularly attended Mayor Rusty Bailey's Model Deaf Community Committee meetings. The committee's mission is to promote access, advocacy, education, and inclusion in order to create a fully-integrated community that can provide employment, effective communication and cultural awareness for the Deaf and Hard of Hearing population. Members are appointed by the Mayor and collaborate with various agencies to plan activities that will provide a platform for the Deaf and Hard of Hearing community.

One of the major annual events that the committee hosts is Deaf Awareness Week, which was held on September 23rd through September 28th, 2017. The Western Region Outreach and Engagement Coordinator participated in the Kickoff celebration by having a resource booth at the event and interacting with the community through an ASL interpreter. The event featured various vendors, children's activities, live entertainment, guest speakers, and an award ceremony for deaf friendly businesses and deaf community leaders. Over 900 people attended the event, which was inclusive of subcultures and was open to the non-deaf community. Other activities coordinated during Deaf Awareness Week included a tour of the California School for the Deaf and a fundraiser benefitting the Center on Deafness – Inland Empire (CODIE).

The Western Region Outreach and Engagement Coordinator was able to strengthen the connection between RUHS-BH and the Model Deaf Community Committee by providing a behavioral health presentation in November of 2017. Carlos provided an overview of MHSA and shared ASL videos developed by the Cultural Competency Program and Dr. Ben Wilson. The videos cover topics such as Deaf Suicide Prevention, Deaf Depression, Deaf Parent Empowerment, Deaf Anger Management, and Deaf Mental Health and Wellness, and aim to decrease stigma in the Deaf community as well as increase access to behavioral health services.

The Cultural Competency's partnership with CODIE also provided educational opportunities for representatives from all of the program's subcommittees (CAGSI, AAFWAG, AATF, Spirituality Initiative) as well as community partners and other RUHS-BH staff. CODIE Advocate Specialist Gloria Moriarty presented at the December 2017 Reducing Disparities committee on Tips and Etiquette for Communicating with a Deaf or Hard of Hearing Person. With the use of an ASL interpreter, Gloria facilitated an open discussion regarding group communication, communicating with deaf patients/consumers, communicating during emergencies, using interpreters and alternative methods of communicating with the deaf, and common misconceptions about the Deaf and Hard of Hearing Community. Gloria's presentation increased the audience's knowledge of the community and its unique culture.

Community Advocacy for Gender & Sexuality Issues (CAGSI) – A LGBTQ Wellness Collaborative

During FY16/17, the LGBTQ Community Consultant and CAGSI participated in 85 community events and meetings and engaged in extended educational encounters of five minutes or more with 2750 individuals. In order to reach and engage under and unserved LGBTQ populations, outreach has strategically targeted LGBTQ specific events and social groups (ex: LGBT Center of Desert, Palm Springs Pride, etc.). Brochures, rainbow bracelets, handouts, and training/educational materials were distributed at all outreach activities. The LGBTQ Liaison and CAGSI members responded to community requests for presentations about mental health topics and mental health system information with a particular emphasis on issues and challenges facing the LGBTQ Community. Two of the highlights of the CAGSI in FY16/17 were the Trans Youth Care Symposium and the SOURCE project.

Trans Youth Care included over 100 regional professional participants in the Trans Youth Care Symposium. The two-day symposium was designed for professionals interested in providing sensitive and competent mental health and medical care for gender non-conforming children, transgender youth, and young adults. While primarily didactic in presentation, this symposium also included case studies and audience activities designed to highlight the challenges of caring for this population and improve understanding of their needs. This led to the formation of the Transgender Children, Youth, Parents/Caregiver Behavioral Health Care Workgroup.

SOURCE stands for Support, Outreach, Unity, Respect, Community, and Education. SOURCE is a youth support group that meets weekly at the First Congregational Church of Riverside (FCC). Forty-five youth ages 12-17 have participated in this prevention and early intervention program designed to provide a welcoming and safe space for youth of diverse experiences regardless of sexual orientation or identity. The focus of the group is to assist youth with identifying cultural strengths to build resiliency and to provide psychoeducation that allows the youth to make informed choices regarding their own behavioral health and development. The first half of the group is peer run. The second half of the group is topic-oriented and facilitated consistently by a team from Rainbow Pride Youth Alliance with support from Lehman Center clinician and/or interns. Professional staff is available during the course of the group to monitor attendees for signs of early risk, to intervene should risk be present, and to refer to professional behavioral health resources when applicable.

Other Outreach Activities:

Oct 11, National Coming Out Day, "Show Your Colors" Day in conjunction with RUHS- BH, TAY Programs and various community partners: 200 people reached.

May 6, First Annual East Coachella Pride Festival: distributed 75 Wellness packets

Assorted Panel and workshop presentations: reached 550 people

Community Advocacy for Gender & Sexuality Issues Goals for FY 17/18

CAGSI goals for FY 17-18 are to continue to expand outreach to the LGBTQ community across the lifespan with particular opportunities to provide Queer and Transgender youth with opportunities for meaningful involvement in preventing violence, creating community change, enhancing neighborhood organizations' ability to engage LGBTQ youth in their activities and change the social and physical environment to reduce and prevent violence using culturally appropriate methods. CAGSI will achieve its goals in the following manner.

1. Training community residents to be peer educators in order to implement outreach, advocacy, education, and referral to support services activities, and provide leadership training for transgender youth.
2. Providing leadership and support to Gay Straight Alliance (GSA) Summits to be held in the Desert Region, Mid-County, and Western regions of the County in 2019.

3. By supporting the Transgender Children, Youth, Parents/Caregiver Behavioral Health Care Workgroup Plan for Transformative care for Trans youth. Including but not limited to:

a. Create safe, welcoming, and affirming environments for Transgender Children, Youth, and their Parents/Caregivers where behavioral health services reflect best practice in integrated specialty care. These practices will honor a person's chosen name and their individual process of gender identification.

b. Review and adopt Transgender Care practice guidelines for Children and Youth which are consistent with established professional Standards of Care.

- Practice consistent with MHP Medical practice guidelines
- Core Competencies for Clinical Therapists in Transgender Care for children, youth, and Families

c. Conduct a review of RUHS-BH policies and procedures to ensure practices are consistent with established Federal, State, and healthcare standards.

- Review new state guidelines for recognition of a 3rd gender and implications for practice/policy.
- Review RUHS-BH polices related to gender expression for consumers and employees to insure compliance with guidelines.

d. Workforce Development: Support the training of RUHS Staff in Best Practice Standards of care across the workforce to ensure consistent, informed, safe, and welcoming environment for Transgender Children, Youth, and their Parents/Caregivers.

- Integrate Core Values of Care in New Employee Presentation consistent with Transgender Care best Practices (Winter)
- Establish a Welcoming Training regarding LGBTQ behavioral health needs for all RUHS-BH staff. (Winter)
- Develop Regional/Program Experts/Champions in Transgender Child, Youth, Parent/Caregiver Care Training which reflects certification on transgender care standards (Spring)

- Provide on-going supervision and support for teams working with transgender children, youth, and their families. (Following Initial Training and On-going)

e. Identify Community Based Resources and other supports for transgender children, youth, and parent/caregivers throughout Riverside County and the broader Inland Empire Region.

Native American Activities for FY 16/17

During FY 16/17 four training curriculums were completed on Working with American Indians, these training were submitted for CE approval, and the first of four trainings was piloted with RUHS staff and community members. *The Working with American Indians, A Beginning* training series includes: Working With American Indians, A Beginning; Storytelling as a Healing Modality in Trauma Informed Care; Native Storytelling as Wellness; and Theatre as a Healing Modality. The American Indian Council leads the trainings. The American Indian Council is formed under the Cultural Competency Program at RUHS-BH. It includes American Indian tribal members from diverse backgrounds including psychology, sociology, social work, culture bearers, historians, tribal leaders, and traditional healers. It is focused on decolonizing/reindigenizing approaches to mental health and wellness for American Indians from conception through intervention. Goals include providing information through written materials, as well as presentations on cultural understandings of the etiology of mental health issues, cultural definitions of mental health issues, how the forces of history, colonization, and oppression impact mental health and wellness currently, identifying cultural strengths including relational worldview with emphases on the family and systems of care, and supporting, utilizing, and revitalizing traditional health practices and cultural strengths from within the community, thereby increasing access to culturally appropriate resources and cultural providers. Its overall mission is to guide the Cultural Competency Program towards spurring and supporting the reindiginization of traditional practices and cultural strengths, including the reintroduction of the indigenous lifestyle which supports the AI population to achieve balance within themselves, with others, and with the larger world. This year helped to build resources through training and curriculum development that provide a framework for future trainings to support the circles of care for American Indian community helpers, non-native mental health and health care providers wishing to work with American Indians, as well as provide a structure for outreach materials, which are in the process of being developed.

The American Indian Council also participated in community outreach through community presentations. The American Indian Council presented at the California Indian Conference, San Diego State University October 2016 in San Diego, California. The presentation was titled, *Sacred Lands (Knowledge) versus Genocide (Culturicide) in Southern California.* Participants included Luke Madrigal (Cahuilla), Matt Leivas (Chemehuevi), James Fenelon (Dakota / Lakota), Renda Dionne (Turtle Mountain Chippewa), Julia Bogany (Tongva, Gabreleno) and Larry Banegas (Kumeyaay). This marks the 4th annual California Indian Conference the Council has been involved with, which began at Cal State San Bernardino, in which RUHS hosted an American Indian Panel which included Drs. Bonnie Duran,and Michael Yellowbird. This, along with individual trainings by Dr. Greg Cajete and Mary Louise Defender, have served as a foundation for our Working with American Indians training series. In addition, issues related to Land Conservancy and Healing Landscapes was presented by Teresa Mike and Darrell Mike, Tribal Chairman of the 29 Palms Band of Indians at RUHS-BH Mental Health Month Celebration in Riverside on May 19, 2016, along with Cahuilla Bird Singers. In preparation for the upcoming trainings, some of the members of the American Indian council also attended Native Storytelling for Healing with Native American Storyteller Gene Tagaban. In addition, Dr. Dionne participated in a facilitators training for Theatre of the Oppressed. An expansion of activities for FY 17/18 will focus on finalizing the four training curriculums, obtaining CE approval, and piloting the entire training package. The entire council will be involved in delivering the training for the first year to aid in learning, revising, and improving the curriculum. In the next year, the training will be finalized to include integrating the training model within a culturally informed trauma informed care model. Cultural Resources for the RUHS library will also be compiled.

Spirituality Initiative

The Spirituality Initiative helped coordinate partnerships between the Diocese of San Bernardino and Riverside Counties, Loma Linda University, RUHS Medical Center and RUHS – Behavioral Health for a special outreach event targeting Latino Spanish-speaking families. This collaboration included health care and behavioral health professionals, interns, family advocates, peer specialists and cultural competency program clinicians. Various services including health and behavioral health screenings, referrals, and educational groups were offered to parishioners at Our Lady of Perpetual Help Church in Riverside and St. James Catholic Church in Cathedral City after their Sunday mass. This collaborative effort has proven

to be successful in reaching this underserved community and there will be other similar outreach events in the fiscal year. The Riverside event alone engaged 100 parishioners and required follow-up for 62 of them. The Diocese has identified Hemet as the next area for service planning.

The Cultural Competency Program also established a partnership with the Stephan Center by offering a Conference for Faith based Leaders. The Opening Ceremony included a Native American perspective. The goal was to explore an understanding of mental health and mental illness with a faith based setting. An interfaith panel had a community dialogue followed by workshops which incorporated several themes, including the ABC's of Children's Mental Health, Life Transition and Grief: A Normal Process, and Pathways to a Mentally Healthy Congregation. The forum addressed the importance of early prevention, intervention and treatment. We hope to have a follow up Conference that will more specifically address behavioral health challenges, first aid and how to navigate the county behavioral health service delivery system of care.

The Cultural Competency Team members attended the Annual Interfaith Conference. They also collaboratively worked with the Corona-Norco Interfaith Council as well as the Interfaith Council in Hemet.

Two members of our Cultural Competency Team attended a special conference on Open Table, which is a spiritual based model of care in faith based communities. Trainers from Arizona and Oregon have held site visits to explore the feasibility of working on a special project for Open Table conceptual framework. RUHS-BH is working to initiate a contract with Open Table which will target Transition Age Youth (TAY).

The Asian American Task Force (AATF) has a small group of Korean Pastors that organized a Roundtable Forum to discuss issues specifically related to their community. Dr. Yun Choun, a psychologist for the Older Adults program, facilitated discussions and provided resources for various mental health barriers, substance abuse issues, and the growing homeless population. The meetings were held in Korean with the use of an English interpreter for RUHS-BH staff. The group decided it would be beneficial to provide other faith leaders like them with Mental Health First Aid Training. Plans are underway to schedule a training by the end of this fiscal year.

The Cultural Competency Program also hosted an interdepartmental Dia de los Muertos (Day of the Dead) event in October 2017. The celebration provided a historical overview of the tradition, honored loved ones who have passed away and was inclusive of all faiths.

Promotores de Salud Mental: Promotores de Salud Mental Program is an outreach program that addresses the need of the county's diverse Latino Community. Program implementation began in July 2011. During fiscal year 2016/2017, Promotores de Salud Mental was not implemented. The contract with the previous provider was not renewed. A Request for Proposal was developed and was released in December 2017.

Community Mental Health Promotion Program: The Community Mental Health Promotion Program (CMHPP) is an ethnically and culturally specific mental health promotion program that targets: Native American, African American, LGBTQ, Asian American/Pacific Islander, and Deaf and Hard of Hearing. A similar approach as the Promotores model, the program will focus on reaching un/underserved cultural groups who would not have received mental health information and access to supports and services. A Request for Proposal was developed and was released in March 2018.

Toll Free, 24/7 "HELPLINE": The "HELPLINE" has been operational since the PEI plan was approved and in FY16/17 the hotline received 7,831 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline. This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the "HELPLINE". This has many benefits for the caller as it allows for access to local supports and services because the "HELPLINE" is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention.

Network of Care: Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In FY16/17 the website had 182,168 visits and 651,342 page views.

Peer Navigation Line: The Peer Navigation Line (PNL) is a toll free number to assist the public in navigating the Behavioral Health System and connect them to resources based upon their individual need. The public can contact the PNL, which is staffed by individuals with "lived experience" who can listen to the caller's worries and talk about their choices, help figure out where local resources can be found, help the person decide which resources are best for them, point out possible places to start, answer questions about mental health recovery, and help the

caller see the hope through sharing "lived experience." The resources provided include, but are not limited to, behavioral health, education, vocation, shelter, utilities, pets, and other social services. In FY16/17 the Peer Navigation Line had 257 phone contacts. The PNL is just one system Navigation Service offered at the Navigation Center. See page 88 regarding more about The Navigation Center.

Call to Care: The Call to Care program is designed to train non-professional caregivers/leaders in underserved populations, particularly in faith-based groups, in order to increase their awareness and knowledge of mental health, mental health resources, and to increase their readiness to identify potential mental health issues and eliminate stigma and discrimination associated with mental illness. It centers first on the needs of the person seeking support or help, and secondly on increasing self–awareness of the caregivers/leaders. At the same time, it strives to point out and clarify the skills, knowledge and boundaries that the caregiver/leader needs in order to be effective. Training includes mental health awareness and beneficial resources; cultural awareness and sensitivity necessary to provide quality support; active listening and communication; self-care for the caregiver/leader and helping others deal with grief and loss. The populations to receive Call to Care training are individuals in a leadership, educational, or supportive role whom are associated with community-based and faith-based organizations, as well as non-traditional health care providers, i.e.: indigenous traditional helpers, traditional healers, midwives, bone-setters, herbalists, and other specialists, that offer different services aimed at preventing illness, restoring health and maintaining individual, collective and community health. In FY16/17, the Call to Care program provided 10 training groups with 194 participants and 9 continuing education summits with 116 participants. The community planning process this year identified the need for collaboration between the Call to Care program and the Spirituality committee referenced above. This will allow for greater partnership between organizations already trained in the Call to Care model and increase access for organizations who would like to be trained.

"Dare To Be Aware" Youth Conference: This 15th Annual conference for middle and high school students was held on November 29, 2016, with 648 youth in attendance. Students from 5 middle schools and 23 high schools were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day began with an inspiring keynote presentation from Dee Hankins who shared his personal story and challenged

youth to move forward "When Life Throws Curveballs." The students then attended three out of four workshops offered during the day: "Speak Up, Reach Out," where two TAY presenters shared their stories of lived experience with overcoming mental health challenges and provided information about coping strategies, common warning signs of suicide, and how to get help; "BFFs, Frenemies, and Other Relationships,'" which focused on building and maintaining healthy relationships and moving away from unhealthy ones; "STEP Up," which gave youth STEPS (Stop, Think, Evaluate, Perform, Self-praise) for making healthy decisions in dealing with peer pressure; and "Label Maker," which aimed to help youth become better student leaders by discarding negative labels that have been placed on them over time and creating their own personal labels that define what and who they really are.

Media and Mental Health Promotion and Education Materials: RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 96,850 site visits in FY16/17. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.

The Up2Riverside campaign was acknowledged by the PEI Steering Committee as having a positive impact with community members that they know. Between July 1, 2016 and June 30 2017, a targeted outreach effort placed outreach materials about mental health and lime green ribbons in 395 venues across Riverside County, including the city of Riverside, Jurupa Valley, Moreno Valley, Desert Hot Springs, Indio and Palm Desert. In total, 35,921 tent cards were distributed and 21,005 lime green ribbons were distributed.

The Navigation Center (TNC)

The Navigation Center opened in March of 2017 tasked with engaging and serving clients who had been hospitalized, but remained unserved by our outpatient service system. Initial data suggested that approximately 150 members per month were being discharged from the inpatient psychiatric hospital, and that only a very small minority of these members were successfully engaged and linked to on-going outpatient care. The Navigation Centers primary function was to outreach individuals while they are hospitalized, establish rapport, strengthen informal supports, minimize barriers to recovery, and link to outpatient behavioral health clinics.

The navigation Center program was built using lessons learned from the Innovation Plan, The Recovery Learning Center. Peer Support were the primary service partners and recovery coaching was the basis of intervention.

The clinic facility was restructured to ensure the best flow of work. Staff received enhanced training in greeting, engaging and inspiring members who had already decided that behavioral health held no hope for them. New relationships with the hospital, the outpatient clinics, residential rehabilitation facilities, and other community partners were developed. Hospital and outpatient system of care were oriented to the role of the Navigation Center and new procedures were developed. Implementation required a gradual evolution of new collaborative efforts and new practices.

Phase One began with The Peer Navigation Line outreach to members post-hospitalization. Phase Two included Medi-Cal certification, a new medication room, and the provision of clinical and psychiatric services. Phase Three involved strengthening the members' informal support systems by outreaching, welcoming, and educating families and caregivers. Phase Four extended outreach and engagement services beyond the inpatient treatment facility (ITF) to the Emergency Treatment Facility (ETS), the hospital's emergency or triage department.

Establishing rapport by phone was challenging. The majority of the members discharging from the hospital were struggling with homelessness, substance abuse, or both. Many did not have addresses or phone numbers. Those who had phone numbers and addresses did not answer or respond to messages. Most of the members that contacted declined services.

Leadership decided to launch Phase Two and began outreach and engaging members in the hospital prior to discharge. This proved to be more challenging than anticipated. Staff attended

two discharge planning meetings within the hospital each week to increase the likelihood of engaging members prior to discharge, and to increase communication and rapport with hospital staff.

The Navigation Center began hosting a weekly Outreach Collaboration Meeting and inviting all of the outpatient outreach teams, including those from the housing program (HHOPE), substance use (START), full-service partnerships, and outpatient clinics. The Navigation Center set up workstations and invited outreach workers to use the space as a second, or satellite office.

The integration of HHOPE, START, and the other programs has proved extremely powerful. Very early in TNC development, we supported START, with psychiatric and medication services. START and HHOPE placed clients in residential rehabilitation facilities and supportive housing. These facilities often require 30 days of medication and psychiatric clearance before they accept clients. Meeting these immediate time frames was a challenge for the outpatient clinics. The Navigation Center became the "home clinic" to all clients placed by START into residential rehabilitation in the Western Region. Once they were discharged to a lower level of care, these clients were linked to another outpatient clinic for ongoing services.

The success of system collaboration became evident when we engaged a man in his early twenties. He had over 50 hospitalizations, was diagnosed with a severe mental illness, and had self-medicated with amphetamines for many years. He was estranged from his family and living on the streets. We engaged him at ETS and continued that rapport after admission to ITF. We coordinated HHOPE and START services as well. Our family advocate worked with his family, providing education, support, and resources. Initially, the client declined services. He was discharged and soon returned but was diverted to Mental Health Urgent Care, where his Navigation Center Peer Support Specialist continued to engage him. He was subsequently admitted to Lagos, where he was visited by the same Peer Support Specialist daily. Finally, he agreed to services. The Navigation Center provided transportation to his clinical assessment and psychiatric evaluation. He started taking medications consistently and began feeling better. When he came for his third medication follow-up appointment, his Peer Support Specialist took him to a new innovative program for Transitional Age Youth where he was introduced to their Peer Support Specialists and oriented to the wide variety of services offered. Before long, he was reunited with his family who welcomed him back into their home. He now receives

consistent behavioral health services, celebrates many months of sobriety, and wants to become a Peer Support Specialist himself.

We participated in and witnessed many other similar stories. One male client in his early forties was admitted to the hospital on a 5150 for grave disability after having been catatonic and mute for over three years following the loss of his job and marriage. This client was assessed, deemed gravely disabled, placed on a 5250, and steps were taken to begin the LPS conservatorship process. He responded positively to medication prior to discharge, and was discharged home to his family. Our Family Advocate worked closely with his family, and his Peer Support Specialist continued to provide encouragement and support. Within two months, this client who had been catatonic and mute for three years, was speaking to his family members and providers, participating in groups, and was working part time in a warehouse. He continues working and receives outpatient services today.

We began asking, "What do these success stories have in common, and how do we foster these commonalities in others?" The one common thread was family support. The Navigation Center began referring the families or other supports to the Family Advocate Program and Phase Three began. Family Advocates program reached out to families by phone and met with families at TNC. Families received education as well as comfort through the listening and understanding of the Family Advocates. They were informed about NAMI and of all the support groups throughout the area. By September of 2017, the Navigation Center had a full time Family Advocate on staff.

Before the end of our first year, RUHS-BH started to concentrate more intently on disrupting the cycle of relapse and readmission to ETS. The Navigation Center was invited to attend daily discharge planning meetings with the doctors, nurses, and social workers at ETS. The Navigation Center targeted clients who have had two or more ETS admissions within six months, or five or more over their lifetime. We also served as liaison to the other outpatient clinics and START. Every morning, we identified which clients were already open to a clinic and notified these clinics and their supervisors via email that they have a client at ETS. For clients who were not already receiving consistent outpatient mental health services, we made referrals to the appropriate program based on the client's age and needs. If they met Navigation Center criteria, we assigned a Peer Support Specialist to outreach and engage. We also planned to offer psychoeducation and support groups at ETS two times a week to introduce clients to