alternatives such as Mental Health Urgent Care, Lagos, and the multitude of services offered by our outpatient clinics.

There are five different hard to engage groups of clients we follow for outreach and engagement purposes with the goal to provide hope and connect to on-going care. The first group is the higher-need clients at ETS who have had multiple admissions. The second group is the clients who are currently admitted at ITF, Urgent Care, and CSU. We attempt to engage, encourage, and support these clients at least once, often twice, per day. Our family advocate also outreaches to the family members of these clients by phone, and our CT offers family therapy sessions pre- and post-discharge. The third group included consumers who have recently discharged from one of the hospitals, urgent care, or CSU with discharge plans that include the Navigation Center. Our peer support specialists attempt telephone engagement every 2-3 days and sometimes make home visits. The goal is to build rapport, instill hope, and begin removing barriers to treatment. If transportation is needed to the initial intake appointment, we provide it. The fourth group includes those clients who have presented for their intake assessment and are officially open to our program. They continue to receive telephone support and family advocate support at 1-2 times per week or more, as needed. Once the treatment team and client agree the client is ready to be linked to their "home" or permanent clinic, they are transferred. These referrals often involve one of our Peer Support Specialists transporting the client to their new clinic and introducing them to their new Peer Support Specialist. If necessary, our Peer Support Specialist will accompany the client for their psychiatric appointment to provide emotional support. The fifth group consists of those consumers that were without a Navigation Center connecting but could have used our level of support. Our peer support specialists conduct telephone outreach to these consumers and their families for two to three weeks, attempting to establish rapport, and encourage follow-up services at the Navigation Center. If we are unsuccessful in reaching them and they have an address, we mail letters encouraging them to reach out if they decide they are interested in services.

So far, we have successful linked 68 of the most difficult to engage clients to consistent outpatient behavioral health services. Each of these 68 success stories required a tremendous amount of collaboration, consultation, and organization of resources, along with multiple sources of support, dozens of engagement attempts, transportation arrangements, and large investments of time. We are currently supporting another 40 clients who are receiving services

at the Navigation Center and preparing to be linked to their home clinics. We are following another 30 consumers who have been recently discharged and have follow-up appointments scheduled with the Navigation Center within the next few days.

Our plans for the next plan year 2018-2019 include ongoing staff development and training around working with our unique population considered "difficult to engage." We are also pursuing ongoing training in motivational interviewing. We continue to make efforts to orient and train the inpatient staff on the role of the Navigation Center. We are in the process of doubling our psychiatrist hours. We hope to expand our family advocate services to include regular hours in the lobby at the hospital, to increase opportunities to meet with families as they are coming to take their loved ones home. We hope to offer concurrent support groups for clients and families. We are gearing up to begin facilitating psychoeducation and support groups on the unit at ETS, to introduce consumers to the alternatives to hospitalization and the wide array of services available in our outpatient service system. We continue to strengthen our relationships with Mental Health Urgent Care, Lagos, Telecare FSP in mid-county, and the various residential treatment facilities. We continue to attend staff meetings at county programs throughout the county to promote the Peer Navigation Line. We will continue to host peer support and family advocate volunteers and interns, to promote a pool of candidates for hire into these programs. With the difficult nature of this work in mind, we are exploring ways to promote mindfulness and wellness in our team members. Most importantly, we will continue to hold hope for our community that recovery is possible, and do our very best to make a difference in this world one life at a time.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program): The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. In FY16/17 RUHS - BH contracted with one well established provider to deliver the Level 4 parenting program in targeted communities in the West and Mid-County regions of Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback.

Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 249 parents were served through the Triple P classes. Evaluation of the impact of change in parenting as a result of the classes indicated significant improvement in positive parenting as well as overall decreases in inconsistent discipline. In addition to pre and post surveys that look at parenting practices, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed statistically significant decreases in both the intensity and frequency of problem behaviors. The overall impact of the program continues to be very positive. For FY17/18, the current provider expanded services into the Desert region and included Triple P Teen group as well.

Mobile Mental Health Clinics: There are three mobile units that travel to unserved and underserved areas of the county to reach populations in order to increase access. The mobile units allow children, parents, and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors and appropriate interventions, training for school staff, parent consultations regarding specific problem behaviors, and small groups for children whose parents are incarcerated as well as a school readiness group (Dinosaur school). In FY16/17, 125 children and families received PCIT through the mobile units. Countywide and regional PCIT outcomes showed a statistically significant decrease in the frequency of child problem behaviors and in the extent to which caregivers perceived their child's behavior to be a problem. Outcome measures also revealed a significant decrease in parental stress. Overall parents felt more confident in their parenting skills and ability to discipline their child. Parents felt their relationship with their child and their child's behavior improved. In addition to PCIT, in FY16/17 staff also provided Trauma-Focused Cognitive Behavioral Therapy, Incredible Years, Dinosaur School, and Strong Kids Group for children whose parents are incarcerated. Staff provided 46 parent consultations as well as consultation to 22 providers. Each unit is also equipped, stocked, and prepared to respond locally and to other counties if called upon in response to disasters through regional mutual aid agreements. The staff takes the mobile units to community events to provide outreach and education to underserved communities.

Strengthening Families Program (6-11) (SFP): SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. In FY16/17, 186 families enrolled in the program. In total, 138 (74%) families met the program completion criteria of completing 10 or more sessions. 93% of the families identified as Hispanic and 72% of the participants reported Spanish as the primary language spoken in the home. Of the 186 families enrolled in SFP, the majority of families (87%) lived in an underserved or low income community, and reported having poor family communication (76%). Evaluation of program outcomes include measuring decreases in behavioral, emotional and social problems as well as measuring increases in parenting skills, parent supervision, building family strengths, enhancing school success, concentration skills, and pro-social behaviors. Many statistically significant outcomes resulted for families that completed the program. These included: increases in parental involvement, increases in positive parenting, decreases in inconsistent discipline, significant improvements in child's behavioral difficulties, as well as improvements in prosocial skills.

PEI-03 Early Intervention for Families in Schools

Families and Schools Together (FAST): The FAST program is an outreach and multi-family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school thus avoiding problems such as school failure, violence, and other delinquent behaviors. The FAST program utilizes a team of four (4) (one school administrator, one parent partner from the school, and two community-based organization staff) to implement the program at each school site. In FY 16/17, the program was implemented at five (4) school sites. One of the requirements of utilizing the FAST program is that it must be provided at the school sites, which de-stigmatized the intervention with a goal of increasing families' willingness to attend and complete the program. FAST served families with youth who attended Kindergarten through 3rd grades at the trained sites and 45 families participated in the program. In total, 36 (80%) of those families who participated met the program completion criteria of attending 6 or more sessions. Pre and post measures were completed by adult

participants as well as school staff. Parents reported an improved relationship with their child, parents perceived their sources for affectionate support and emotional support as well as higher levels of giving and receiving social support at the end of the program. Parents reported that their child's conduct problems improved. Teachers reported an improvement in children's conduct problems and an increase in pro-social behaviors.

In the FY14/15 Annual Update, it was reported that the PEI Steering Committee recommended ending the FAST program and to broaden the use of the Strengthening Families program. The recommendation included completion of the last cycle in FY16/17. Upon further review, the PEI Steering Committee for the 3YPE plan concurred with the existing recommendation based upon the following. The RUHS – BH Research and Evaluation unit was asked to develop a comparison of the Families And Schools Together (FAST) and the Strengthening Families Program (SFP). Both programs serve families with young children through use of multiple family interventions. Both programs also have overall goals of increasing parenting skills, developing family cohesion and increasing school success and decreasing child disruptive behaviors. FAST and SFP both have a similar structure to the sessions, including a family meal, groups for parents and children and bringing families back together to practice new skills. The pre/post measures given in each program are different so comparison of outcomes across the programs are not exact. There are categories, however, that can be compared across the programs. In the areas of cohesion/ building family strengths, hyperactivity/concentration, emotional symptoms, pro-social behaviors and peer/social problems, the Strengthening Families Program showed overall better outcomes for program participants. The area of conduct/behavioral problems was the one area that the FAST program showed better outcomes. The implementation requirements and rigid structure of the FAST program created challenging barriers for providers as well as incurred additional costs to the County that could be otherwise avoided. The PEI Steering Committee recommended elimination of the FAST program and increase the implementation of the Strengthening Families program with the condition that Strengthening Families be provided on school campuses. FY16/17 was the final year of implementation for SFP, this program will be removed from the PEI plan.

Peace4Kids: Peace 4 Kids, Level 1 curriculum, is based on five (5) components (Moral Reasoning, Empathy, Anger Management, Character Education, and Essential Social Skills). The program goals include: helping students master social skills, improve school performance,

control anger, decrease the frequency of acting out behaviors, and increase the frequency of constructive behaviors. There is also a parent component, which strives to create social bonding among families and within families, while teaching social skills within the family unit. In the FY14/15, Peace 4 Kids added Level 2 for students that had previously completed Level 1 and requested additional classes in order to practice what they had learned as well as to learn new skills. Level 2 included advanced lessons related to the same five components as Level 1, with the same goals as Level 1. Students had to have completed Level 1 before participating in Level 2 in order to have a basic understanding of the topics covered. In FY16/17 the program added a level 3. Level 3 is designed to support students who need more time to develop and practice empathy, anger management, character traits and essential social skills. RUHS – BH and Palm Springs Unified School District continue to have a Cooperative Agreement to have the program at the two middle schools in Desert Hot Springs. The Peace 4 Kids program enrolled 371 students in FY16/17; 317 students were enrolled in level 1, 44 students were enrolled in level 2, and 16 students were enrolled in level 3. Parents were invited to attend the "Family Time" component of the program. In total 39 parents participated. Pre and post measures were completed by the students and parents. Outcomes comparing pre to post scores showed statistically significant improvements in emotional problems, conduct problem, hyperactivity, peer problems, and overall problematic behavior and overall behavioral difficulties. Pro social skills also significantly improved as reported by student and parent ratings.

PEI-04 Transition Age Youth (TAY) Project

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

Stress and Your Mood (SAYM): SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. In FY16/17, 213 youth were served in the program. Continued outreach efforts to reach underserved youth were effective in that 76% of those enrolled were Hispanic and 14% of the youth reported being LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning. The results were very positive in that before the

intervention, 79% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated that average depression scores decreased to below the clinical level of depression. The clinician also completes a measure after each module. Of note is that the clinician rating of change after the first two modules was minimal; however, statistically significant changes were noted after the final module, suggesting youth should complete the intervention in its entirety. Each youth was also given a measure of overall functioning and these measures indicated significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 92% of the youth indicated that they "agree or "strongly agree" that as a result of the program they know how to obtain help for depression and 90% indicated that they "agree" or "strongly agree" that they learned strategies to help them cope with stress. Currently, a community based organization provides this service in the Western and Desert regions. In FY15/16 the provider for Mid-County region decided not to renew their contract. An RFP will be released soon.

TAY Peer To Peer Services: This program is one in which Transition Age Youth (TAY) Peers provide formal outreach, informal counseling and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. In order to provide additional structure to the providers around activities for TAY, providers were given training on how to develop a Speakers Bureau as well as the Coping and Support Training program (CAST). CAST is an evidence-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts. Each CAST cycle consists of a screening session and 12 sessions focused on skill development. The "Cup of Happy" TAY program has become well known in the Western and Desert Regions and the provider for the Mid-County region continues to outreach to become known in the targeted communities. In FY16/17 there were a total of 524 various Peer-to-Peer events throughout the county with a total attendance of 6,876. Event topics included mental health stigma reduction, psycho education, coping skills, LGBTQI support, and program marketing. The TAY peers attended large health fair events and passed out mental health related information in the community. Outreach also resulted in 107 individual contacts. There were 121 Speaker's Bureau presentations by the TAY peers reaching 2,966 individuals. Post-test results revealed a statistically significant reduction in participants' stigmatizing attitudes and statistically significant

increases were found in affirming attitudes regarding empowerment over, and recovery from, mental health conditions, as well as a greater willingness to seek mental health services and supports. There were 26 full cycles of CAST completed with 272 participants enrolled and 58% of those completing the program. Participants reported the highest ratings in overall level of satisfaction with the support they get from the program, and in feeling that their group leader is someone they can count on to help them. For those who completed the program, there were statistically significant improvements in self-esteem, control of their moods and use of the "Stop, Think, Evaluate, Perform, Self-praise" (STEPS) process in making overall healthy decisions.

In FY15/16 nine (9) focus groups were conducted focused on the TAY population in efforts to ensure that current programs are meeting the needs of TAY in Riverside County. Despite evidential success in Peer-to-Peer programs, two customized focus groups were held for participants of the Peer-to-Peer Coping and Support Training (CAST) program within PEI, to gain specific feedback on programmatic efficacy. Efforts were made to identify different themes in the responses among various TAY populations during the focus groups, with the goal to gather feedback on the needs of the TAY population. One theme that rose to the top was the need for one-to-one mentoring. The PEI Steering Committee reviewed the focus group report along with data related to the TAY population and existing programming and concluded the addition of Peer Mentoring would enhance services and respond to the community's request. Peer mentoring will be an enhancement to the existing Peer-to-Peer program and will be included in the next RFP.

Outreach and Reunification Services to Runaway Youth: This program includes targeted outreach and engagement to this population in order to provide needed services to return them to a home environment. Outreach includes training and education for business owners, bus drivers, and other community agencies to become aware of at-risk youth who may be homeless or runaway and seeking support. Trained individuals assist youth in connecting them to safety and additional resources. Outreach includes going to schools to provide students with information on available resources, including crisis shelters; going to places where youth naturally congregate, such as malls; and working with organizations most likely to come in contact with the youth. Crisis intervention and counseling strategies are used to facilitate re-unification of the youth with an identified family member.

Active Minds: Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11, FY11/12, and FY13/14 RUHS - BH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are: University of California Riverside, College of the Desert, Riverside City College, Mount San Jacinto College, and Moreno Valley College. Student activities include providing information to students and faculty regarding mental health topics and promoting self-care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and State level. Send Silence Packing (SSP) is an exhibit of 1,100 backpacks that represent the number of college age students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. At each exhibit, 1,100 backpacks are displayed in a high-traffic area of campus, giving a visual representation of the scope of the problem and the number of victims. RUHS-BH continues to support these efforts through sponsoring the Send Silence Packing traveling exhibit. In FY16/17 an exhibit was held at Mt. San Jacinto College.

Teen Suicide Prevention and Awareness Program: Riverside University Health System – Public Health, Injury Prevention Services (IPS) continued to implement the teen suicide prevention and awareness program in eight school districts throughout Riverside County in FY16/17. The districts served were Moreno Valley, Coachella Valley, Murrieta Valley, Corona-Norco, Beaumont, San Jacinto, Alvord, and Banning. IPS continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. IPS provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school and middle school within the selected school district will be required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. It is imperative to create buy in from the students on each campus, and by focusing on a peer to peer approach with the SP program it helps to bridge the trust among students and utilize the program to its full potential. Individuals in each service group will be

identified as SP outreach providers, with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers will have training on topics such as:

- Leadership
- Identifying warning signs to suicide behavior
- Local resources to mental/behavioral health services
- Conflict resolution

In addition IPS assists each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. One of the required high school club activities is to participate in the annual Directing Change video contest. The remaining activities will include handing out SP cards at open house events, school events, and making PSA announcements. This will help to build momentum around suicide prevention and reduce the stigma associated with seeking mental health care services. As a way to provide additional services that target the staff and parents of students at the selected school sites, training opportunities will be offered. IPS will provide Gatekeeper trainings to school staff. SafeTALK, is a 3 hour training designed to introduce the topic of suicide intervention. The goal of this training is to equip participants to respond knowledgeably and confidently to a person at risk of suicide. Just as "CPR" skills save lives, training in suicide intervention makes it possible for trained participants to be ready, willing and able to help a person at risk. In addition, IPS will work with Riverside County Helpline to provide suicide prevention and awareness trainings to parents. This will help to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness. The program supported 25 high school sites and 32 middle schools in FY16/17. As a result, there were 64 suicide prevention curriculum trainings conducted to over 1,340 high/middle school students, 30,850 mental health related brochures and help cards were distributed, and there were 111 suicide prevention campaigns impacting approximately 72,875 students across Riverside County. IPS staff continued to provide parent education and staff development activities in FY16/17. The parent education component provided parents with a 1 to 2-hour presentation on the warning signs, risk factors, and resources available to youth in crisis. FY16/17 provided 13 parent workshops, in English and Spanish, reaching 122 community members. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing 7 SafeTALK suicide awareness trainings impacting 163 community and school personnel.

PEI-05 First Onset for Older Adults

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

Cognitive-Behavioral Therapy for Late-Life Depression: This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. There continued to be a great deal of outreach activities that occurred during FY16/17 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY16/17, 60 older adults were served in this program. The largest percentage of participants were ages 65-69 (30%) and 17% of those served were 80-90 years of age. Of note is that 65% of those served identified as LGBTQ. One of the providers exclusively serves the LGBTQ community in the Desert Region of the county. 65% of those served by that agency identified as LGBTQ. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life indicating that participants were engaging in more social behavior and pleasurable activities. This program has demonstrated positive outcomes since implementation began.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS): This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. In FY15/16 the implementation of the program was evaluated, as noted in last year's plan update. In addition to evaluating program outcomes, a full implementation and referral analysis was conducted. This revealed a troubling pattern in that over the last three fiscal years the number of referrals has steadily decreased despite significant strategic outreach efforts. As a result the program was far below the intended target for numbers to be served. The analysis proved that while the actual outcomes were positive, the cost versus the numbers served was not justifiable to sustain the program. The decision in the FY15/16 annual update was to slowly transition the current caseload through completion of the program and discontinue new referrals into the program until further

analysis can be made. The PEARLS program discontinued services in June 2016. However, throughout the 3YPE community planning process, community and stakeholder feedback was clear, depression prevention services are needed for the older adult population. The PEI Steering Committee explored new strategies for the implementation of PEARLS to address the barriers noted above and also explored other programs that address this need. Through the stakeholder process, it was determined to implement the PEARLS model in the community recognizing that community based providers have a better ability to engage target communities and individuals who will benefit from these services. In FY16/17 the request for proposal was developed and was released in August 2017.

Care Pathways - Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called "Care Pathways", consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions, and stress reduction techniques. They continued to have great success is marketing the program. The OoA served 212 individuals in FY16/17. Eighty percent of participants were female and 84% of program participants had been caregiving for one to ten years. Fifty-four percent were age 60 or older. The most frequent relationships to the care recipient was mother at 32% and husband at 27% of those participating. There was a statistically significant decrease in depressive symptoms which was recorded prior to beginning the group and at the end of the 12-week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. Caregivers reported high levels of satisfaction with 99% of participants who completed the survey reported that the support groups helped them in reducing some of the stress associated with being a caregiver and 100% of participants reported that they would recommend the support group to friends in need of similar help.

Mental Health Liaisons to the Office on Aging: There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing

the CBT for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff and other organizations serving older adults about mental health related topics, as well as providing mental health consultations for Office on Aging participants. In FY16/17 two Clinical Therapists staffed this program. The Mental Health Liaisons participated in 124 outreach events within the 16/17 fiscal year. They also processed 177 referrals which resulted in 10% of those referrals being enrolled in Cognitive Behavioral Therapy. Thirty-nine percent of the referrals they received were referred to other non PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 28 older adults in FY16/17. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement of symptoms of depression. Overall, depression reduced from moderate to minimal. QOL survey results indicated that program participants felt better about life in general, with statistically significant improvements in how participants feel about the amount of relaxation in their lives, things they do with other people, the people they see socially, their physical condition, and their emotional well-being.

CareLink Program: CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY16/17, 72 of the individuals that were served through the CareLink program were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants showed a statistically significant decrease. Program staff continued to receive additional coaching in the enrollment criteria for the program as well as the use of the model to ensure that program participants are receiving the model as it was

designed. The Quality of Life Survey showed the greatest improvements in how participants felt about life in general.

PEI-06 Trauma-Exposed Services

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): This is a group intervention designed to reduce symptoms of Post-Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with school districts to provide the program on school campuses. In FY16/17, 95 youth were enrolled in the program and 74 (78%) attended 8+ sessions. Overall, the largest numbers of participants were Hispanic females. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Intake data showed that 93% of youth served had witnessed physical trauma and 92% reported experiencing emotional trauma. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a statistically significant decrease in traumatic and depressive symptoms. Analysis was also done on pre/post measures completed by parents regarding their child's behaviors. There were small improvements in youth's total strength and difficulties.

Seeking Safety: This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. A total of 353 individuals were enrolled and participated in at least one topic session. Seventy-one percent of those served were TAY. Participants were asked to provide information about their trauma-related symptoms before they began the program and when they completed. Changes in the frequency and intensity of traumatic symptoms showed a statistically significant change. Comparison of pre/post scores on the COPING Inventory showed statistically significant change in positive coping responses and a decrease in negative coping responses to life stressors. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis and would recommend the program to a friend.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents.

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

Trauma-Informed Care: The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered on not focusing efforts on direct service for adults who have experienced trauma, but rather to develop a trauma-informed system and communities. The PEI Steering Committee tasked the PEI Unit with identifying programs that would train mental health providers and community members in general about trauma. Models of trauma-informed care were explored in FY14/15 and a proposal was submitted to RUHS – BH Executive Management. The decision was to postpone pursuing the development of a Trauma Informed System of Care until further information could be gathered, particularly from other counties who have implemented models. The PEI Steering Committee for the 3YPE plan 2017/2020 reiterated the need for trauma informed services and offered continued support for its implementation. There is currently a County-wide effort focusing on trauma and resiliency. RUHS-BH will partner in these efforts to maximize benefits to the community. Implementation of training/consultation will begin in the next fiscal year.

PEI-07 Underserved Cultural Populations

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

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

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

Incredible Years: Incredible Years is a parent training intervention which focuses on strengthening parenting competencies, fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors.

Guiding Good Choices: The program is a prevention program that provides education to parents of children ages 9-14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use.

An RFP was released in the spring of 2015 in anticipation of the contract expiring. There were no contracts awarded as a result of the RFP. PEI staff outreached to Native American serving organizations and made some contact with a provider. An RFP was being prepared for release, however, the PEI Steering Committee and the Native American consultant have concerns that parenting programs may not address the highest need in the Native American community. The Steering Committee recommended focus groups with the Native American population of Riverside County to determine what programs and services are most appropriate at this time. Additionally, the Steering Committee recommended using programs with Community-Defined evidence and more specifically to the Native American population, revitalization through cultural mentoring, storytelling, and contemplative practices. The PEI unit will work with the Native American Advisory Council to respond to these recommendations and determine the need for the Native American community and proceed with the Request for Proposal process based upon the outcome.

African American Communities:

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

Africentric Youth and Family Rites of Passage Program: This is a nine month after school program for 11–15 year old males with a focus on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in family enhancement dinners. The providers initially focused their efforts on outreach through personal contacts, marketing and presentations in order to facilitate referrals. This included outreach to faith-based organizations, community providers, schools, and health fairs. A total of 58 youth and their families participated in the program in FY16/17 in the Western, Mid-County and Desert Regions. Pre to post surveys revealed a non-significant change to the resiliency scale measuring a sense of mastery. There was a significant increase in identifying Africentric values. This is an important outcome as it relates to the goal of the program because positive ethnic identity represents a strong protective factor for these youth.

Guiding Good Choices (GGC) - This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. FY16/17 was the first year of implementation. A total of 66 parents graduated from GGC representing 100% of all parents who were enrolled. Results from pre/post measures show statistically significant improvement in positive parenting. In addition, FY16/17 was the first year parent support groups, following the completion of GGC, was offered. Parents had the opportunity to continue meeting with a clinician and other parents from BRAAF to talk about parenting styles and general advise and support. All parents were encouraged to attend once a week and share their questions.

Cognitive Behavioral Therapy (CBT) - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address emotional crisis, and provide coping skills. CBT

intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer. Thirteen benefitted from this intervention this fiscal year.

The Executive Directors for each of the providers continue to meet as a Leadership Team along with RUHS - BH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. An annual project collaboratively planned and implemented is the primary goal of the leadership meetings. Program Administrators also coordinate outside of the leadership meetings in order to complete the annual project. This year BRAAF program administrators and staff from all three regions came together through their leadership team to create the first Unity day. Future years will include leadership from the BRAAF girls pilot program which began implementation in FY17/18. Unity Day is an objective of the Building Resilience in African American Families (BRAAF) program provider's agreement with the Riverside County Universal Health Systems – Behavioral Health and shall incorporate the participation of all three regions (Western, Mid-County, and Desert). The regions work collectively to plan, host and execute the project/event. The event will include family style activities, outreach/community service activities, food and traditional Africentric rituals. The project will also include elements that will serve as evidence and historical reference that Unity Day took place in the selected community. The event was held in April 2017.

Building Resilience in African American Families (BRAAF) Girls Program: The pilot BRAAF Girls project, was released for bid through the Request for Proposal process during FY16/17. It is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. Implementation began in FY 17/18. Data outcomes will be available in the next update.

Africentric Rites of Passage Program - is an evidence-informed, comprehensive prevention program for African-American girls in middle school and their caregivers/families. The project is designed to wrap families with services to address the needs of middle school aged African-American girls, build positive parenting practices, and address symptoms of trauma, depression, and anxiety. The goal of BRAAF is empowerment of African American girls ages 11-13 through a nine-month Rites of Passage Program. The BRAAF Girls ROP serves girls enrolled in middle school, who meet criteria, in an after school program three days per week for 3 hours after school on Mondays, Wednesdays and Fridays and every Saturday. The Saturday sessions will

focus on dance, martial arts and educational/cultural excursions. The BRAAF Girls ROP program stresses parent and caretaker involvement to promote healthy relationships with their girls. Family enhancement and empowerment buffet dinners are held monthly for a minimum of 2 hours each meeting, over 9 months of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Community guest speakers/experts are included in the monthly presentations.

Guiding Good Choices (GGC) - This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully.

Cognitive Behavioral Therapy (CBT) - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address emotional crisis, and provide coping skills. CBT intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer.

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

Mamás y Bebés (Mothers and Babies) Program: This is a manualized 9-week mood management course for women during pregnancy and includes three post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. At the end of FY15/16 the contract with the County-wide provider was not renewed. A new RFP was released in January 2017. Program implementation with the newly awarded contractor began in FY17/18. Data outcomes will be available in the next update.

Asian American/Pacific Islander Communities:

Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families: This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Process, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program. Significant focus was placed on identifying a consultant from the community to continue the

outreach that was begun over the past few years by the Department. An Asian American/Pacific Islander Task Force has been formed to engage representatives from communities with the goal of relationship building, identifying culturally appropriate ways to increase awareness of promoting health, and developing a plan to implement the SITIF program. Progress has been made in this area and FY16/17 began the development of the Request for Proposal. The RFP will be released in FY17/18.

Filipino American Mental Health Resource Center

RUHS-BH has been working closely with the Asian American Task Force and Cultural Competency program to address the needs and recommendations received. In October 2016 an Application for Funding was released for a Filipino Community Resource Center. An awardee was identified and an agreement is in place for this project.

Other PEI Activities

Annual Prevention and Early Intervention Summit

The Prevention and Early Intervention Unit held the 5th Annual PEI Summit in August of 2016. The overall purpose of the Summit is to (1) address any challenges PEI providers have been facing in the past year and provide skills they can directly apply to their work in PEI, (2) educate providers about all PEI programs and increase their understanding of how their program fits into the PEI plan, (3) to increase collaboration, partnership, and referrals between PEI providers, and (4) recognize the contributions of PEI providers in Riverside County and motivate providers to continue the work in the year to come. The FY16/17 Summit theme "Healing from Trauma" focused on the power of healing & forgiveness and healing through safety. One hundred and forty-six providers attended the Summit and the overall evaluations were very positive.

Inland Empire Maternal Mental Health Collaborative (IEMMHC)

This Riverside and San Bernardino collaborative works to educate and bring awareness to the issue of maternal mental health. Activities include an annual conference, film screenings with panel discussions, and other activities that support these efforts. One of the goals of the collaborative is to provide an annual conference on a topic related to maternal mental health. RUHS – BH supports the conference every other year. RUHS – BH will continue to support the

conference. Each conference has had about 200 or more people attend, including local professionals that serve pre- and post- natal women.

Prevention and Early Intervention Statewide Activities & Suicide Prevention

In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This allows support of ongoing statewide activities including the awareness campaigns. The community Planning Process for 2017/2020 3YPE Plan and PEI Steering Committee continued their support for the CalMHSA statewide efforts.

The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities. Additional benefits this year of the statewide efforts include suicide prevention and mental health educational materials with cultural and linguistic adaptations. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these campaigns.

Directing Change

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

at the Fox Theater in Riverside in 2014, the Lewis Family Playhouse in Rancho Cucamonga in May 2015, the Fox Theater in Riverside in May 2016 and May 2017. Students, their families as well as school advisors and administrators were invited to celebrate the students. PEI staff conducted outreach and awareness at high schools throughout the county to raise awareness about the contest and encourage students to make videos. In FY16/17 students from 20 high schools, 2 Universities, 2 Colleges, 5 community based organizations, and 1 juvenile detention program submitted a total of 119 videos from Riverside County with a total of 325 student/youth participants.

Suicide Prevention Training

Several PEI staff and community partners were trained as trainers in two suicide intervention strategies: SafeTALK and ASIST (Applied Suicide Intervention Strategies Training). SafeTALK is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. ASIST is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Over 49 trainings have occurred in these models since the trainers have become certified. The PEI Steering Committee continues to recommend that funding be allocated to continue these gatekeeper trainings since there is now capacity to train community members on a widespread basis.

Olweus Bullying Prevention

Another local impact is the collaborative partnership that RUHS - BH and Riverside County Office of Education (RCOE) developed to participate in the K-12 Student Mental Health Initiative. This initiative included the implementation of the Olweus Bullying Prevention Program (OBPP) at four school demonstration sites and has since included training at an additional four school sites. Two PEI Staff Development Officers and one RCOE Program Manager participated in the OBPP Train the Trainer process. In FY16/17 RUHS – BH and RCOE continued efforts around bullying prevention and providing training to school staff around student wellness. Due to a reduction in the availability of funding, CalMHSA has been forced to

prioritize their efforts. As a result, the Student Mental Health Initiative came to an end at the end of FY14/15. Statewide training/support is no longer available. Both Staff Development Officers from PEI who were trained moved out of the unit for promotional opportunities and are no longer able to provide this training. Therefore, this program will be removed from the plan. RCOE will continue to support these efforts with the staff they have in place.

PEI Steering Committee Recommendations

As stated earlier, the Steering Committee members reviewed the outcomes of currently funded programs as well as feedback received through surveys related to PEI activities. Recommendations for program enhancements and changes have been shared throughout this document within each work plan. Overarching recommendations include broadening the approach to PEI programming in Riverside County to include more community defined evidence programming as well as working more closely with faith-based groups for partnership and collaboration in service delivery. Additionally, strategic outreach and program implementation to Title I schools throughout the County. The PEI unit will continue to work closely with the cultural competency program, the cultural and ethnic consultants, and the various community/stakeholder groups to enhance and shape implementation to meet the needs of the un/underserved populations of Riverside County.

Training, Technical Assistance and Capacity Building

In the original Training, Technical Assistance and Capacity Building proposal submitted on 7/15/2009, the Department requested funding to support Evidence-Based Practices though the expansion of our California Institute for Behavioral Health Solutions (CIBHS) contract, Law Enforcement Collaborative training, consumer training and vocational supports. This funding was made available through Prevention and Early Intervention one-time funds that have now expired. The Department acknowledges the importance of sustaining all of these initiatives and plans to continue their support and implementation through the local PEI budget. The CIBHS contract will allow the Department to support trainings related to Evidence-Based and Promising Practices identified in the MHSA Plans. In addition to staff participation the intent is to continue to offer training opportunities to our community providers and agencies as well as cross-county opportunities that may present themselves in the Southern Region. The Law Enforcement Collaborate training continues to be offered on a monthly basis and consumer employment training and support continues to surface through our stakeholder process as a primary need. Below are trainings that were conducted during Fiscal Year 2016/2017.

Training Conducted During FY16/17

2016 TRAININGS

DATE	TRAINING
7/12	Positive Psychology
7/19	Behavioral Health Specialists Training Series: Understand the DSM
8/2	Eating Disorder Consultation
8/4	Understanding How to Work With Dreamers
8/11	Non-Violent Crisis Intervention Certification
8/25	Pets Assisting in Recovery (P.A.I.R.)

8/30	Psychological First Aid
8/30	Disaster Services
8/31	I Love My Job But
9/6, 9/7	Non-Violent Crisis Intervention Children Certification
9/8	Pets Assisting in Recovery (P.A.I.R.)
9/14	RUHS-BH New Employee Orientation
9/20	What Does the Phrase "Standard of Care" Mean to You?
9/26-30	Mental Health First Aid
9/27, 9/28	Clinical Supervision
9/28-30	Mental Health First Aid
10/3-10/5	New Direction Training
10/4	Non-Violent Crisis Intervention Certification
10/11	Eating Disorder Consultation
10/12	Recovery 101 & Peer Support 101
10/12	Child Abuse Mandated Reporting
10/17-10/20	Non-Violent Crisis Intervention Trainer Recertification
10/17-10/18	Adult Matrix
10/24-26	Mental Health First Aid
10/25	Human Trafficking Training
10/26	The Rise in Autism Spectrum Disorder
10/26	Elder & Dependent Adult Mandated Reporting
10/26	Mental Health First Aid
11/7-11/8	Cognitive Behavior Therapy for Post-Traumatic Stress Disorder

11/16	Pediatric Psychopharmacology
11/29	Non-Violent Crisis Intervention Certification
11/30	Scams and Fraud Targeting the Elderly
12/7	RUHS-BH New Employee Orientation
12/8	Non-Violent Crisis Intervention Certification
12/12	Ethics, Boundaries & Confidentiality/Group Facilitation

2017 TRAININGS

DATE	TRAINING
1/11	Managing Up
1/17	Non-Violent Crisis Intervention Certification
1/19	Recovery Management
1/24-1/25	Dialectical Behavior Therapy Training
1/25, 1/26	Non-Violent Crisis Intervention Children Certification
1/31	Behavioral Health Specialists Training Series: Mental Health Risk Assessment
2/7-2/8	Non-Violent Crisis Intervention Children Certification
2/16	I Love My Job But
2/21-22	Living in Balance Training
2/21	Non-Violent Crisis Intervention Certification
2/28-3/1	Mindful Workforce Training
3/2	RUHS-BH New Employee Orientation
3/2	Behavioral Health Specialists Training Series: Law, Ethics & Boundaries
3/7-3/9	Training of Interpreters

3/14	Training Providers Who Use Interpreters
3/22	Training Providers Who Use Interpreters
3/30	Non-Violent Crisis Intervention Recertification
4/4	Parent Child Intervention Therapy
4/4-4/5	Adult Matrix
4/11-13	Training of Interpreters
4/13	Law & Ethics
3/30	Non-Violent Crisis Intervention Recertification
4/4	Parent Child Intervention Therapy
4/4-4/5	Adult Matrix
4/11-13	Training of Interpreters
4/13	Law & Ethics
4/18	Non-Violent Crisis Intervention Certification
4/19	Support Staff Training Series: Welcoming & Professional Development
4/26	Behavioral Health Specialists Training Series: Understanding the DSM
4/26-4/27	Adolescent Matrix
4/27	Positive Psychology
5/4	Substance Abuse 101
5/4	Mental Health 101
5/10	Psychopharmacology
5/10	Cognitive Behavior Therapy
4/18	Non-Violent Crisis Intervention Certification
4/19	Support Staff Training Series: Welcoming & Professional Development

4/26	Behavioral Health Specialists Training Series: Understanding the DSM
4/26-4/27	Adolescent Matrix
4/27	Positive Psychology
5/4	Substance Abuse 101
5/4	Mental Health 101
5/10	Psychopharmacology
5/10	Cognitive Behavior Therapy
5/16	Motivational Interviewing
5/16 – 5/17	Non-Violent Crisis Intervention Children Certification
5/24	Co-Occurring Recovery (CORE) Treatment Manual
6/1	RUHS-BH New Employee Orientation
6/21	Non-Violent Crisis Intervention Certification
6/27, 6/28	Non-Violent Crisis Intervention Children Certification

Innovation (INN)

Mental Health Services Act (MHSA) Innovation (INN) funds provide exciting opportunities to learn something new that has the potential to transform the behavioral health system. An Innovation Project is defined as one that contributes to learning and one that tries out new approaches that can inform current and future practices.

An Innovation Project addresses one of the following as its primary purpose:

1) Increase access to underserved groups.
2) Increase the quality of services including measurable outcomes.
3) Promote interagency and community collaboration.
4) Increase access to services.

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

- The INN-05 TAY One-Stop Drop-In Center, was approved in August of 2015 and is in the early stages of implementation.
- The INN-06 Commercially Sexually Exploited Children, was approved in February 2017 and is in the early stages of development and implementation.

INN-03 Family Room Project

Primary Innovation: Increase the quality of services including measurable outcomes.

The Family Room Innovation Project's primary purpose was designed to increase the quality of services including measurable outcomes. The development of the Family Room project was driven by stakeholder feedback gained from the Mental Health Services Act Planning Committees (Children's, Transition Age Youth, Adult, and Older Adult) as well as the Mental Health Board. A diversity of age groups, ethnicities, and geographic representation were reflected in these membership groups. Throughout the planning phase we heard the voices of family members and consumers who reflected upon on the need for more family member involvement and support in the service delivery model. Also crucial to the planning was the voice of the Department's Consumer Leadership Group consisting of mental health consumers, consumer service providers, and peer support specialists. This group convened to brainstorm true consumer driven methods and approaches to service delivery that would advance recovery-oriented services. Through the process, they recognized the need for added supports and services to family members. The group's feedback and recommendations that drove the design of the family room emphasized more involvement and support of family members which was viewed as critical to a consumer driven recovery oriented service system. All stakeholders believed that family members who are supported and educated can facilitate the recovery goals of our consumers and can be strong partners and advocates for a recovery-oriented service system.

This Innovation piloted a family-focused service system, and emphasized the recovery goals of the consumer in a warm welcoming environment, and was aptly named the Family Room. The goal was to create positive outcomes of consumer well-being, self-reliance, and empowerment of the consumer and family members. The Family Room was designed to transform the clinic environment to one where consumers and family members felt welcome and comfortable. The Family Room was the first clinical setting to utilize a staffing model that hired Family Advocates to provide direct clinic services.

Priority Issue of the Innovation Project

The priority issue this innovation project addressed was building a service delivery model that partnered with the consumer's family and/or other supportive individuals. Family member is broadly defined as any other person identified by the consumer to help in their recovery. Consumer's and family members expressed a need to collaborate more with family members and significant other's in the consumer's life to strengthen the consumer's ability to benefit from mental health services. This service delivery model was grounded in utilizing Family Advocates with lived experiences as family members, as well as Peer Supports with experience as consumers of mental health services. This project was a consumer and family member driven innovation.

The Project

At the center of this transformational approach was a service delivery model centered on Family Advocates as County employees serving directly in a clinic setting providing family supports and services. Before the innovation project the department only had three regional (West, Mid-County, Desert) Family Advocates who provided support to an entire geographic region. This regional approach meant only one Family Advocate was available for a large regional service area with the goal of providing information, advocacy and system navigation. The regional Family Advocates assisted the public seeking information for their loved one with mental health challenges, and they provided support to the family of clinic involved consumers at a number of clinic locations in each region.

The Family Room innovation project transformed service delivery for consumers and family members. Family Advocates were brought into the forefront of direct service delivery in a clinic. The Family Room hired Family Advocates with lived experience as family members into a County job classification to provide family support services directly in the Family Room clinic setting.

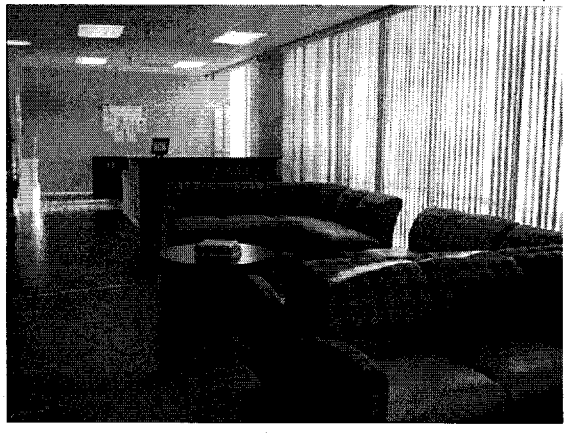
The Family Room modeled and taught the language and principles of recovery while providing advocacy, education, referrals, and support to family members. Family Advocates coached family members on how to best support and encourage the recovery of the consumer– their loved one. They provided referrals and actively linked the family members and consumers to

other community-based services that fit their recovery needs. They provided orientation and education about the program and about the mental health system as a whole, increasing self-advocacy skills and promoting choice in available services. They also became active members of the multi-disciplinary team at the clinic proving ample direct services to consumers.

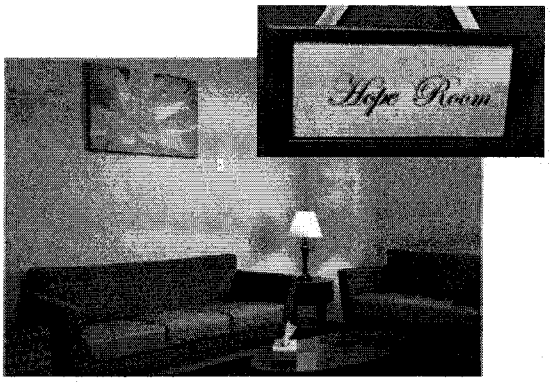
Consumer Peer Specialists were also important service providers in the Family Room. They too, modeled and taught the language and principles of recovery, while encouraging the involvement of family members in the recovery process. As a means to facilitate communication between consumers and family members, they identified family members to involve in the recovery process. They interacted with the consumers providing education, support, and advocacy.

The Family Advocates and Consumer Peer Specialists worked in a complementary fashion to facilitate the engagement of the family member in the consumer's recovery, identify barriers to family involvement, model effective communication between the family members, facilitate referrals to services and supports in the community for the family, and respond to the on-going needs of the family as they progress in recovery. The Family Room emphasized consumer self-determination and choice by differentiating between providing support and coaching in recovery as opposed to imposing on or making choices for the consumer and family.

The transformation into the "Family Room" began with changing the clinic environment.



Part of the process of building a clinic culture that embraced consumers and family members meant a greater emphasis on welcoming, so it was necessary for the physical environment and appearance to mirror this collaborative approach. The clinic created a family-friendly lobby by rearranging the reception area, removing the glass in the reception window, and creating a Welcome and Information Center.



The physical environment and appearance of the clinic was changed (with warm paint colors and comfortable furnishings in the lobby, clinic offices, and group rooms), so that barriers were lowered, and service effectiveness enhanced.

Additionally, "family (group) rooms" were designed to resemble a family living room. This familiar setting not only provided comfort to the consumer, but also family members as well. An additional component of welcoming involved bring the clinical staff out into the lobby each morning to engage the consumers and collaborate on what brought the consumer to the clinic and how they could be of assistance

Project Learning Goals

Transform family support services from ancillary to a service delivery model that puts services from Family Advocates at the forefront of recovery-oriented services to consumers. The primary learning goals were to determine if the establishment of direct, support services from Family Advocates would result in:

1. An increase in engagement in available services.
2. A decrease in reliance on crisis and hospitalization services.
3. Family members being highly satisfied with Family Advocate Services.
4. Consumers being highly satisfied with Family Advocate Services.
5. Increase the likelihood of consumers maintaining/achieving desired least restrictive housing, and stable living situation.

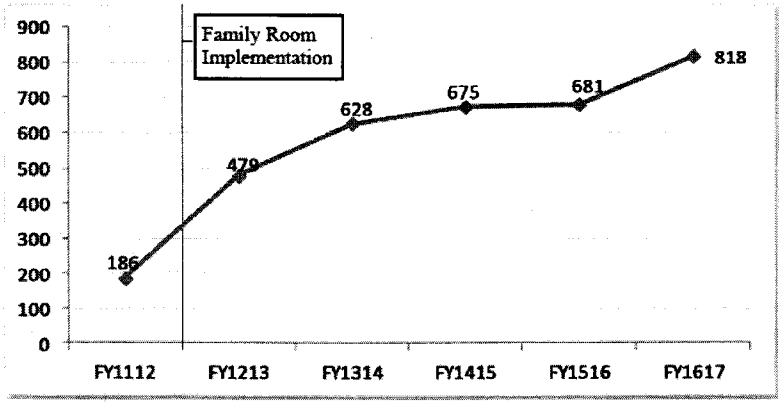
THE IMPACT

Learning Goal 1. - Increase engagement in available services.

Engagement in services was assessed utilizing service data. Since the 'Family Room" program was embedded within the clinic, data on clients served was derived from service records where the provider of the service was a Family Advocate. This service data was recorded in the RUHS-BH electronic health record for consumers served at the clinic where the Family Room was located.

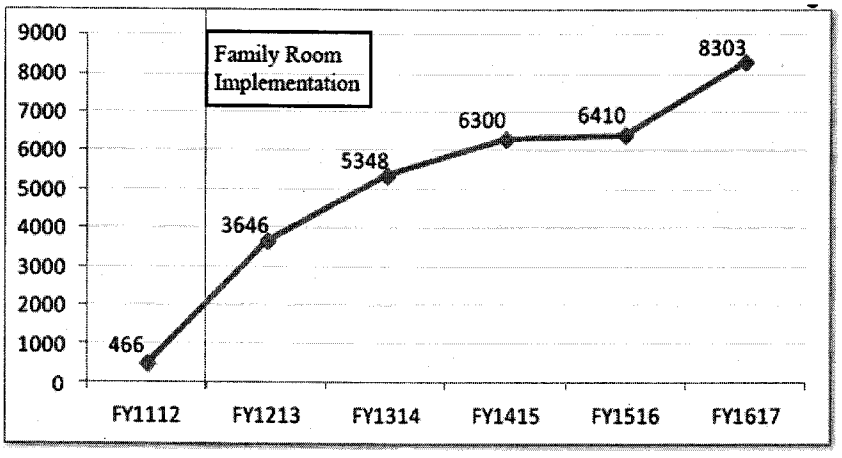
During the Innovation project period of the Family Room, a total of 2,025 unduplicated clients received services from both Consumer Peer Support Specialists and Family Advocates (77% of the services were recorded by Family Advocates and the remaining 33% of the services were recorded by Consumer Peer Support Specialist). The total 2,025 consumers served represents 59% of the total population served at the clinic during the time frame of the innovation project which shows the Family Advocate along with the Consumer Peer Support Specialist were able to engage and serve a significant proportion of the overall population coming into the clinic. Figure 1 shows the trend for unduplicated clients served by Family Advocate and Peer Support Specialists during the time frame of the project. Consumers are unduplicated within each fiscal year, but may cross fiscal years, so the sum of the FYs will not equal the overall 2,025 unduplicated consumers served.

Figure 1 - Consumers Served by Family Support Specialist



The volume of services provided also showed a steady increase over the duration of the project. A total of 30,008 services were provided by the Family Advocate and Consumer Peer Specialist over the duration of the project.

Figure 2 - Services Provided by Family Support and Peer Specialist



A majority of the services provided were direct billable services (85%) and were primarily case management, group or individual mental health services. Much of the mental health services provided were group services. The Family Room group offerings included: Peer Support Group and Family Support Group (in English and Spanish), Wellness Action Recovery Plan (WRAP), WiseMind, Recovery Up Front, CORE, Mastering Anxiety, Whole·Health, Kick-Back Art, Creativity Gallery, and Crisis to Stability. The number of services provided by the Family Advocates and Consumer Peer specialist were similar to the volume of services provided by the clinical disciplines (licensed and associate therapists) and Behavioral Health Specialist. The Family Advocates were providing just as much service as the other service delivery staff which reflects the extent to which they were fully integrated into the clinical operations.

In addition, the supervisor of the Family Room project reported that the clinic culture experienced a shift with the Family Advocates becoming fully integrated within the clinic team. Both the Family Advocates and Peer Support Specialist were recognized for their contribution to the service array and both were fully integrated into the clinical team. The supervisor also reported that over the last few years of experience the Family Advocates were sought by the psychiatrist, therapists and others, becoming "the new normal." The Family Room currently had five Family Advocates which was the most of any clinic. Probably the greatest success was the integration with the different professionals and the complementary team approach where all staff contributed by sharing their expertise and perspective.

Learning Goal 2- A decrease in reliance on crisis and hospitalization services.

Changes in the use of crisis services was assessed by utilizing service data from the RUHS-BH electronic health record. A one year pre and one year post methodology was used to examine crisis utilization in the 12 months prior to participation at the Family Room and in the 12 months after the first service in the Family Room. Crisis service use was defined as an admission at either the main County Emergency Treatment Services facility (ETS), the contracted Desert Crisis Stabilization Unit (CSU), or the contracted Voluntary Crisis Stabilization unit. Both the County ETS and the Desert CSU are 5150 facilities. Out of the 2,025 clients served by the Family Advocates and Consumer Peer Specialist, 647 clients had crisis stabilization services at a CSU, in the 12 months preceding their first service at the Family Room. The overwhelming majority of these crisis stabilization services were at the County ETS facility (97%). This group of 647 clients with a history of crisis admission at a CSU was nearly one third of the total clients the Family Advocates and Consumer Peer Specialists served.

Post data on the 12 months after the first service in the Family Room showed a significant decrease for those with a history of crisis CSU usage. When the year prior is compared to the year after first service in Family Room the number of clients and the number of admissions they had to a CSU decreased.

Figure 3 - Clients with a CSU Admission

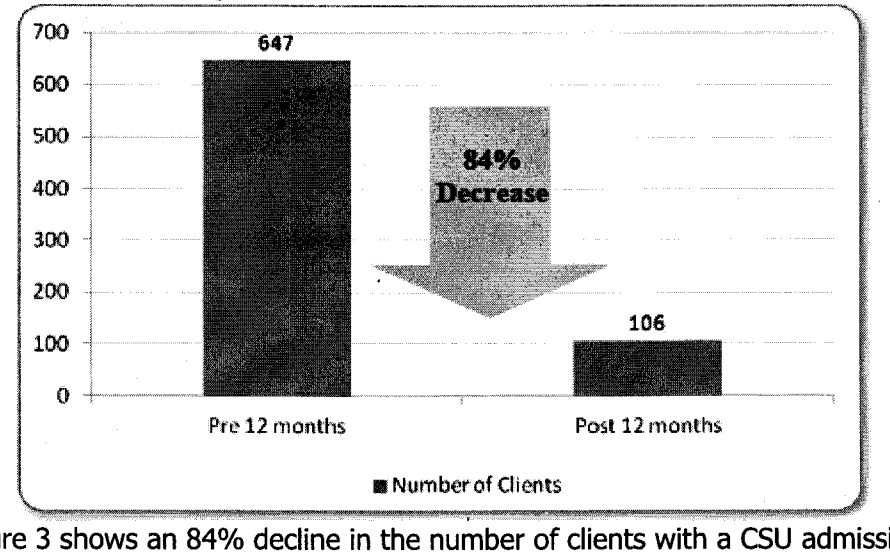


Figure 3 shows an 84% decline in the number of clients with a CSU admission.

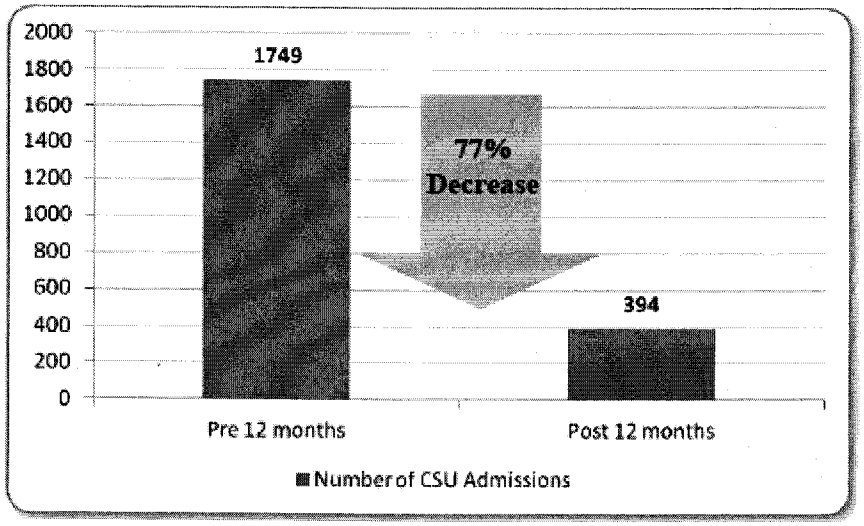


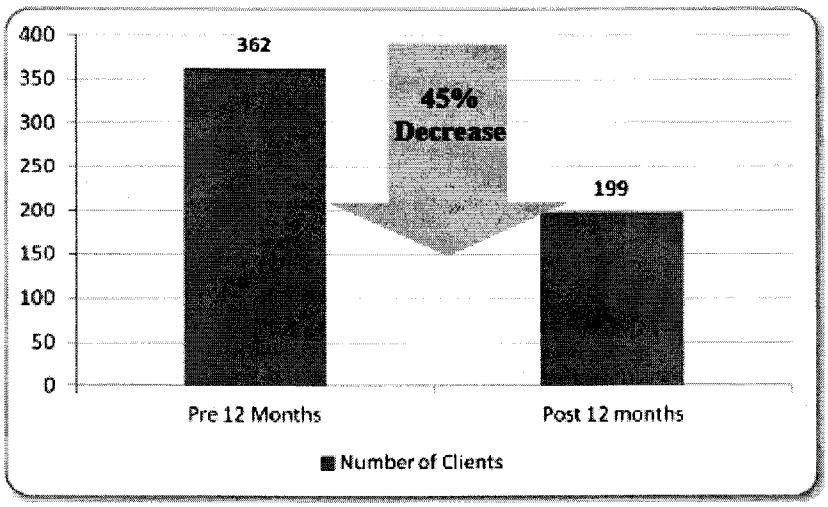
Figure 4 - Number of CSU Admissions

Figure 4 shows a similar decline in admissions for the same client's pre and post 12 months.

Changes in the use of psychiatric hospital services was assessed by utilizing service data from the RUHS-BH electronic health record. A one year pre and one year post methodology was used to examine hospital utilization in the 12 months prior to participation at the Family Room and in the 12 months after the first service in the Family Room. Hospital use was defined as an admission at either the main County Inpatient Treatment Facility (ITF), the Desert Psychiatric Hospital Facility (PHF), or other inpatient facilities where the hospital stay is billed through the County. Both the County ITF and the Desert PHF are 5150 facilities. Out of the 2,025 clients served by the Family Advocates and Consumer Peer Specialist, 362 clients had an inpatient stay in the 12 months preceding their first service at the Family Room. The overwhelming majority of these inpatient services were at the County ITF facility (81%). This group of 362 clients with a history of inpatient services were 18% of the total clients the Family Advocates and Consumer Peer Specialists served.

Post data on the 12 months after the first service in the Family Room showed a decrease for those with a history of inpatient service usage.

Figure 5 - Consumer Inpatient Stays



When the year prior is compared to the year after first service in Family Room, the number of consumers with an inpatient stay decreased. Figure 5 shows a 45% decline in the number of clients with an inpatient stay.

Figure 6 - Consumer Inpatient Days

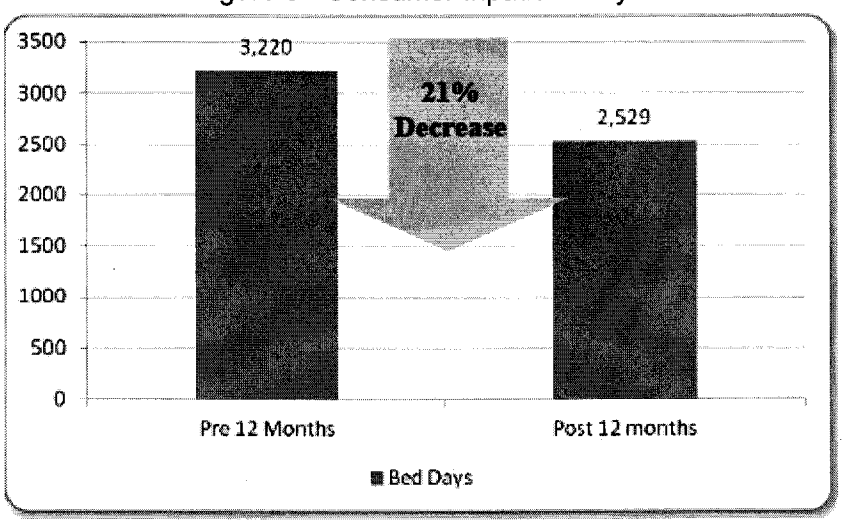


Figure 6 shows the bed days for the same consumer's pre and post 12 months.

Learning Goal 3-Family members being highly satisfied with Family Peer Services

Information from families on their experience with the Family Room was derived from two sources. The first was a family member focus group conducted to gain insight into what families thought about the Family Room approach and also to inquire about their perceptions of outcomes. The second source of information was collected on a family satisfaction survey that was developed after the focus group utilizing insights gained from the discussion with families.

The following qualitative data is a summary of the families' responses from the focus groups which were conducted after slightly more than a year of operating the Family Room. In the focus group the family members were asked what, if anything, do they feel they are receiving from the program, and if they do gain something from the program, how do they get this. All quotes throughout this summary were taken from what was shared by both consumers and family members at this focus group.

In the spirit of the Family Room, there was one large focus group facilitated. It was bilingually conducted with a translator interpreting the entire time, and included both consumers and family members together. Below are themes that were consistently brought up and shared by many consumers and family members present at the focus group session.

- **Decreased Use of Traditional Mental Health Services**

Many consumers and family members reported decreased use of traditional mental health services since engagement in the Family Room program. In particular, crisis service utilization and hospitalization was much less frequent after beginning services at the Family Room clinic.

"When we first came here, my son was in crisis....everyone here embraced us and helped to lift the monster of ignorance that was on my back."

- **Increased Engagement**

Many consumers and family members reported increased engagement with mental health services after starting services at the Family Room. Consumers reported having higher participation rates because they actually wanted to go to groups, etc. Family Members also

reported that since finding the Family Room, they observed in their loved ones a higher desire to participate in their own recovery.

- **Stable Living Situation**

Many of those present expressed a positive shift in their living situation after being involved with the Family Room. One consumer in particular was homeless and after finding the Family Room, staff reached out to and coached his mother, who prior to this wanted nothing to do with her son. After staff explained to her his diagnosis and provided education around his symptoms and symptom management, she allowed him back into the home and he has been there since. This was only one of several examples of how living situations stabilized after participation in the Family Room.

- **Integrated Services & Community Resources**

Some of the consumers and family members expressed appreciation that the recovery model was central to the Family Room, but also were happy that ancillary services such as medication management, clinical assessment, and other services were integrated into the program design as well. They also reported having been linked by staff with helpful community services that fit their recovery needs.

- **Increased Understanding**

Many consumers and family members shared that they had experienced a dramatic increase in understanding surrounding their own and/or their loved ones mental health struggles. They attributed this to persistent yet caring staff efforts to educate, orient, and inform them about these challenges. They learned about recovery concepts and the importance of various aspects of the recovery model, such as consumer choice, empowerment, self-reliance, etc. Increased knowledge in these areas led to decreased stigmatization, as well as improved family functioning.

"This program works to destroy the stigma associated with mental illness. And this program accomplishes this by encouraging us to focus on the solutions to the causes of our problem, instead of labeling us with whatever our diagnosis is, and giving us medications to hide our sorrows." Program Participant

- **Improved Family Communication & Involvement**

Many consumers and family members reported an improvement in family functioning. Through participation in the Family Room and working closely with staff, many consumers and family members shared the recent ability to better communicate with each other. Many also shared having an increased amount of family involvement in consumer recovery.

- **Support & Environment**

Many consumers and family members spoke to the supportive environment that existed at the Family Room, and shared how important and essential this support was to a successful recovery process. Many of those present shared how clear it was that the staff working there worked from their heart. They reported experiencing a lot of support not just from staff and family, but from the entire group at the Family Room. Also frequently stated, was the supportive nature of the physical structure of the Family Room. Family members and consumers shared that they found the environment of the Family Room clinic (pictured on the previous pages) to be warm, nurturing, engaging, welcoming, comfortable, safe, friendly, and 'like a second-home', emphasizing how this environment is really an important aspect of recovery because they are so comfortable and feel so at home here. This theme was incredibly persistent and came up in nearly every comment offered.

"Before finding this place, we were in darkness...this clinic has been like a second home for us...everyone who works here works from their heart...it is a beautiful thing."

- **Increased Hope, Self-Reliance, Resiliency & Empowerment**

Many consumers and family members shared increased feelings of hope, a primary goal of the recovery model. Many also reported increased self-reliance and a feeling that they can handle things better than before their participation in this program. Many also reported feelings of empowerment as a result of their experience with the Family Room, and several linked this directly to the information and education that is provided by both the Peer Support Specialists and Family Advocates.

"It gives us hope and the power of hope is really a remarkable thing."

- **Better Outcomes & Recovery Progress**

Many consumers and family members reported that they have experienced better outcomes since being at the Family Room compared to mental health services received in the past at other places. This was brought up often, as was the improvement many consumers and family members saw in their own recovery progress since their involvement with the Family Room clinic.

"Now that I know .....I get along better with my family"

- **Higher Consumer & Family Member Satisfaction**

Many consumers and family members for some or all of the reasons listed above and on the previous page, reported having significantly higher satisfaction with Family Room services than with prior mental health services received in the past. Higher satisfaction was a persistent theme, as was the opinion expressed by many that the quality of services delivered at the Family Room was much higher than the quality of mental health services elsewhere.

"I have finally found my family safe & secured & feel real happy we are together again"

- **Program Expansion**

Toward the end of the focus group, many consumers and family members expressed the desire to see the Family Room model expanded and adopted elsewhere.

"What this program is doing is not only completely new, but also something potentially revolutionary."

In addition to the focus group a family satisfaction survey was developed using guidance from the Family Advocates, Peer Support Specialists and participants in the focus group. The items were rated on a 5 point Likert scale ranging from strongly disagree to strongly agree.

Family Empowerment/Satisfaction Item	% Agreed or Strongly Agreed
Mental Health Knowledge	
Since coming to the Family Room I have learned about the symptoms of mental illness.	91%
Since coming to the Family Room I believe I have better understanding of the symptoms of mental illness.	93%
Since coming to the Family room I believe I have learned ways to help my family member cope with mental illness.	90%
I know what I can do to help my family member manage their mental illness	85%
Sense of Support from Family Room	
Staff at this clinic encouraged me to participate in the clinics support groups and events.	92%
I feel welcome at this clinic.	98%
Belief in Recovery	
Since coming to the Family Room I have more hope for my family members future.	91%
I believe my family member will be able to achieve their goals	82%
Since coming to the Family Room I have learned about the recovery process .	88%
Relationship with Family	
Coming to the Family Support groups has helped me to have a better relationship with my family member	88%
Since coming to Perris Family Room I believe I can better support my family member.	93%
I believe it is important for me to be involved in my family members recovery.	98%
Two items on seven point scale ranging from Delighted to Terrible	
How do you feel about the way you and your family act toward each other?	76%
How do you feel about the way things are in general between you and your family?	75%

Additional Family Member Comments

- "Finding out about the family support group has been the best thing that has ever happen to me!"

- "My son has relapsed. He has tried so many anti-psychotics prescribed by psychiatrists. He tries them for 2 or 3 days and then quits taking them because he says he can't stand the "side-effects". This has left me feeling helpless at times to help him manage or cope with his illness. I have hope that we will finally reach a break-thru and start achieving progress. I am better able to support him--just not in his medication problem. They (the clinic) are providing the most wonderful care he has ever had! It is his inability to find an anti-psychotic drug that he feels he can tolerate that is holding his progress back. I have marveled for the year he and I have been coming at the atmosphere, variety of programs offered, friendliness (not phoniness), and last but not least--the high level of staff communication with each other regarding the patients they share in treatment. There is truly a "family" feeling here. It is not a dysfunctional family as ours is in real life. Each patient is treated with such a respect for them as a person as they deserve. I know for many of them this is the only place they receive such affirmation of their value as a person. The clinic is our 2nd family--really should have said our 1st family as it is the place we can come for warmth, expertise, and unconditional love providing us acceptance."

- "I just want to thank you for this family room. Everything shared here is very educational and of much help with the situation we find ourselves in with our loved one. God bless you. A thousand thanks."

- "I like the help you give us very much. I think we all enjoy the help we are given very much. Thanks"

- "Very pleased with conversations and visits and appreciate the clinic so much!"

- "This program is great"

A consumer satisfaction survey was developed using guidance from the Family Advocates and Consumer Peer Specialists. The items were rated on a 5 point Likert scale ranging from strongly disagree to strongly agree. A summary of data collected over several years is provided in the following table. Nearly one half of the consumers completed at least one survey, the most recent survey was used for the summary table.

Consumer Satisfaction Item	% Agreed or Strongly Agreed
Mental Health Knowledge	
Since coming to this clinic I have learned ways to cope.	84%
I know what I can do to manage my symptoms.	77%
Sense of Support from Family Room	
Staff at the clinic encouraged me to participate in the clinics groups and events.	90%
I feel welcome at this clinic.	96%
The environment of this clinic is friendly.	95%
Belief in Recovery	
Since coming to the clinic I have more hope for my future.	86%
I believe I will be able to achieve my goals.	79%
Relationship with Family	
I believe it is important for my family to be involved in my recovery.	79%
Staff have talked with me about including my family members or support person in the Family Support Group or activities.	83%
I am aware that Family Support staff are available at this clinic to help me communicate with my family.	87%

Additionally consumers' comments were collected on the survey. The following consumer comments are representative of the types of comments received on the surveys.

- "This is the best Mental Health clinic I have ever been a part of. Staff is wonderful with a great variety of knowledge and specialization. Wise mind group has enriched my life and changed me for the better."

- "This is a wonderful place to recover."

- "This clinic provides exceptional service. I would strongly recommend this clinic to family & friends."

- "This clinic is helping me with my recovery."

- "The groups I have attended are some of the best I've been to ever. The instructors relate to you in a way that makes sense in the real world. They talk with you and not to you, and the difference is felt."

- "The clinic staff and programs are positive and forward moving. Every time I have attended group meetings, something new is learned, know what to do in the event of a slip; relapse, prevention techniques. In general my experience at this clinic has been a positive one and all the staff has been helpful and motivating. I would like to see more programs or classes in regards to substance abuse."

- "My quality of life has improved 100%."

- "I have been coming to a couple of classes (WiseMind, WRAP) and the most beneficial thing I have gleaned from these two classes is: I can relate to the people in the classes and the instructors are like me in the sense that they have a problem too that they are currently working on. I feel like a part of something good and not different but a part of my healing. My peers have gone through what I'm going through or something similar. I makes me feel comfortable knowing I truly am not alone."

- "I feel this is a very friendly and safe place for me I can get support here."

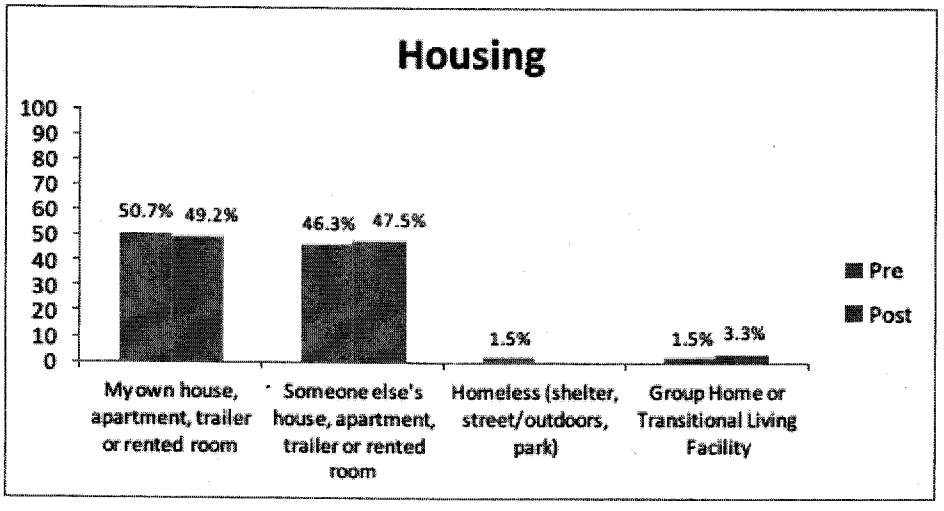
- "I enjoy my spare time, care, family room, hope, I can continue for as long as possible family room is helpful and hopeful."

- "Family support specialist Heidi has always been very kind and warm to myself and to supportive to my mother. She is very understanding & Josie is very sweet and offers great advice, support, and wisdom to me. All my doctors & specialist are great but felt the need to mention the ladies above!"

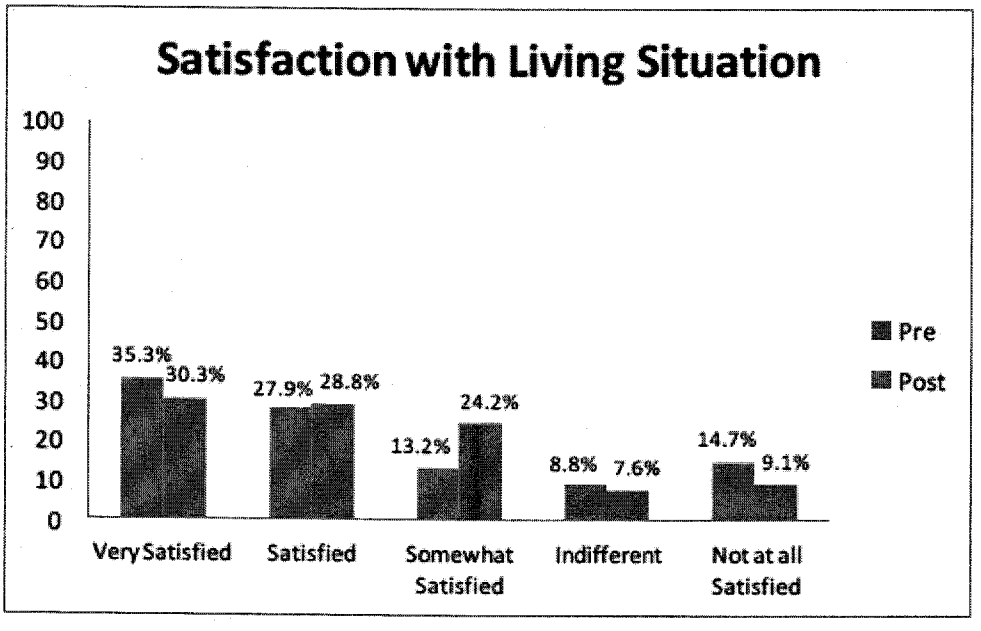
- "Everything involved, assistants, doctor, translator. The service is stupendous. Thank you very much. The doctors are very good. They listen and they respect you. Thanks for involving my family, this helps me."

Learning Goal 5-Increase the likelihood of consumers maintaining/ achieving desired least restrictive housing, and stable living situation.

Information on living situation proved difficult to obtain. The premise was that working with families would assist consumers where family conflicts/issues could have jeopardized their ability to continue to live with that family member. A pre to post survey instrument was developed that included items for satisfaction with living arrangements. The sample size collected was low. Most did not report to be homeless. Changes in types of housing reported by consumers and satisfaction with living situations are illustrated in the charts below.



Most 83.3% of consumers reported being at least somewhat satisfied with their living situation at follow-up, compared to 76.4% at

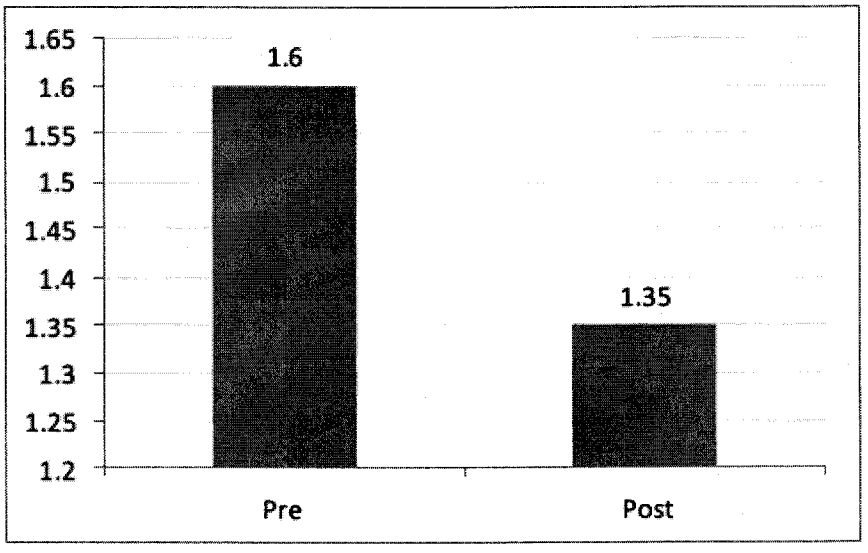


A majority (69.6%) of consumers reported that their current living situation was stable at follow-up, compared to only 63.2% at intake. In response to the survey item "Since you have been coming to Family Room has your living situation improved?" 62.3% of consumers reported at follow-up that their living situation had improved since going to the Family Room.

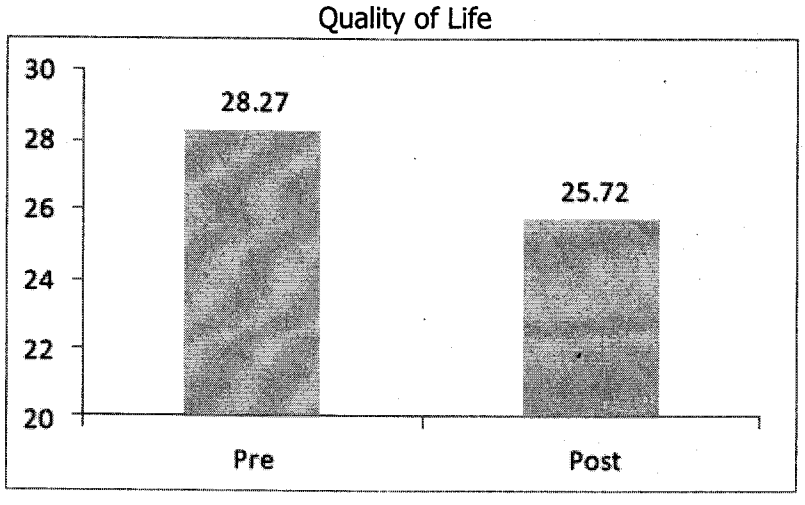
Additional measures were attempted at the Family Room but the collection of post measures proved difficult in the clinic environment. So sample sizes were lower than expected.

The following graphs show the change in reported symptoms from intake to follow-up using the BASIS-24 measure. Overall the sample size was low relative to the number of people that have been in the program. Consumers with both an intake and follow-up score (matched pair) were used for comparison purposes. Graph represents BASIS Total score, and was statistically significant at p=<.05.

BASIS-24 Symptom Measure

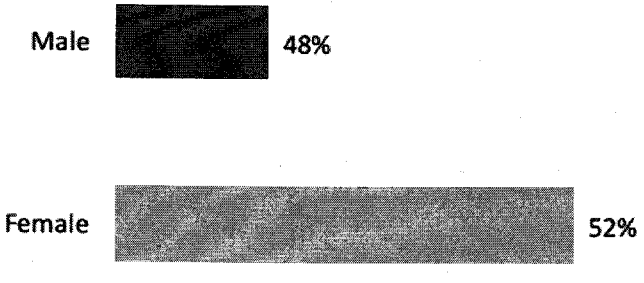


The Quality of Life was also measured at intake and follow-up. The average total scores for Quality of Life are shown in the following figure. Lower scores on this scale were indicative of more positive perceptions of one's quality of life. The sample size for matched pairs at intake to follow-up measures was small relative to the number of people in the program. Consumer's reported more positive perceptions of Quality of Life from intake to follow-up with statistical significance at p=<.05.

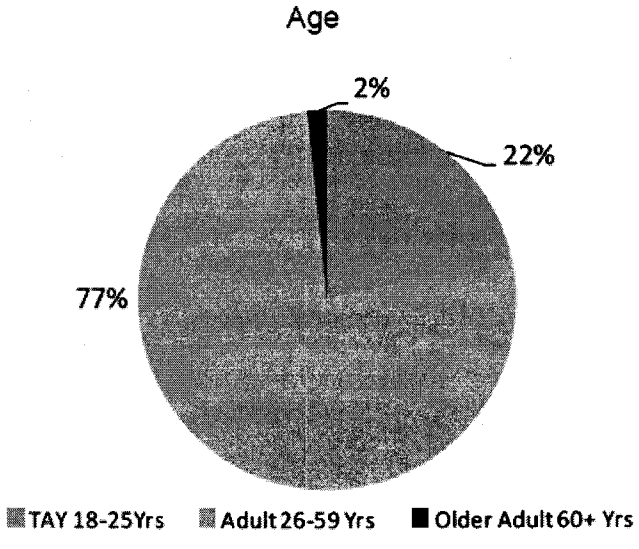


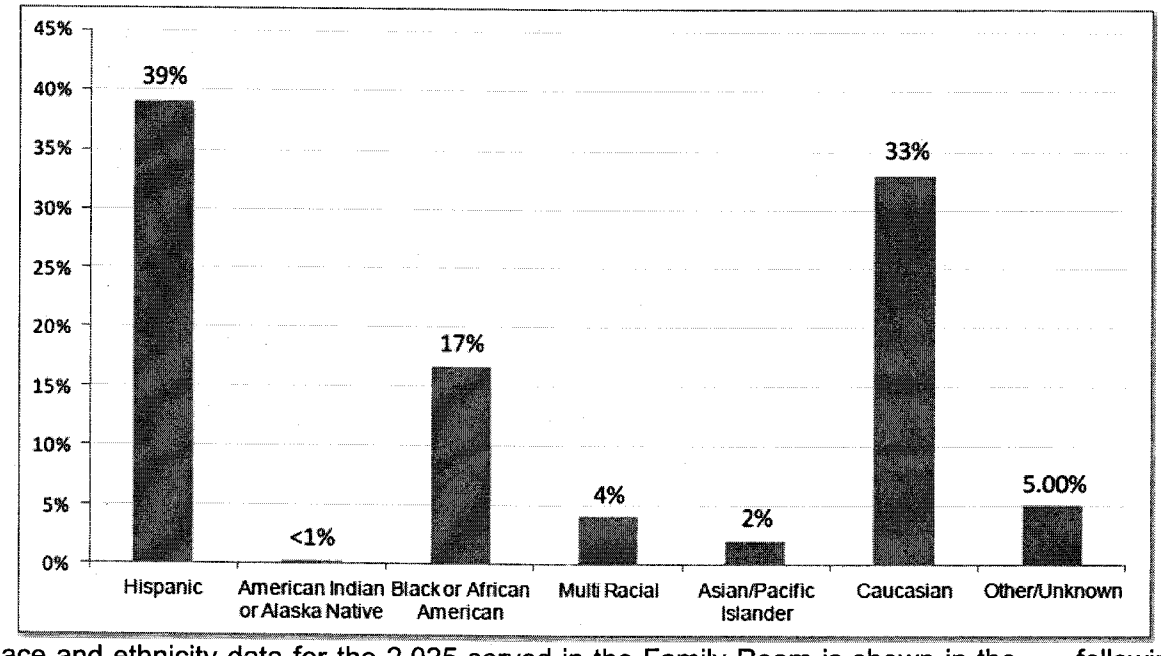
DEMOGRAPHICS

Demographics for the 2,025 consumers served at the Family Room showed a fairly even distribution for males and females. There were no reported transgender consumers. Additionally no consumers were reported within the electronic health record as Lesbian, Gay or Bi-Sexual.



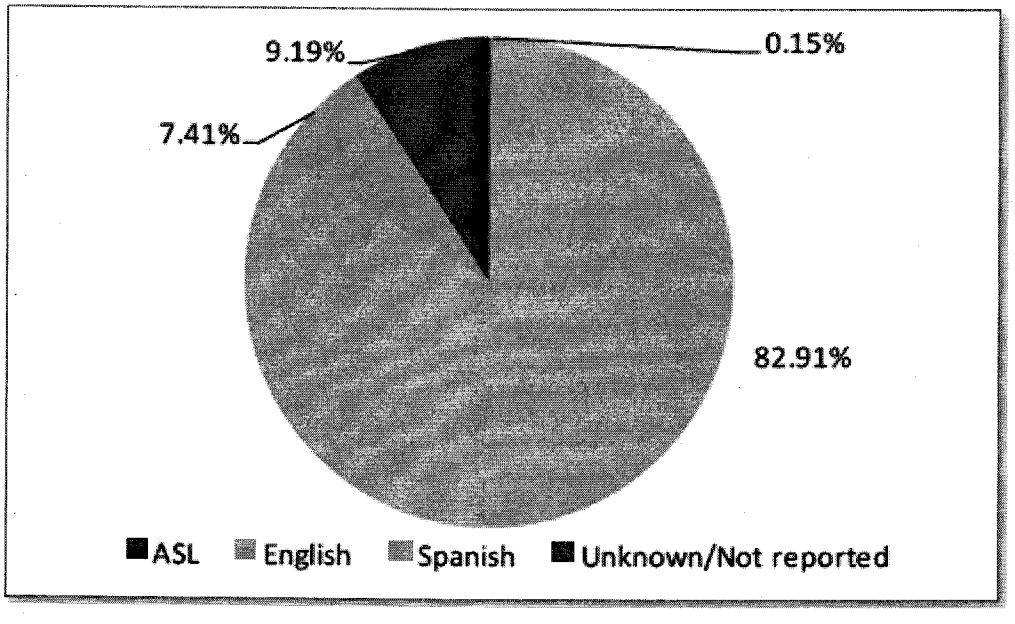
Family room consumers' age showed nearly one quarter (22%) were in the TAY age range at 18-25 years old. Since the location is an adult clinic it is not expected that there would be consumers under age 18. Most were adults 26 to 59 years of age.





Race and ethnicity data for the 2,025 served in the Family Room is shown in the following figure. The consumers were primarily Hispanic/Latino, Caucasian, or Black African American.

The consumers reported language was mostly English followed by a much smaller percentage of Spanish speakers at 7.41%. A very small percentage reported ASL as their language.



BUILDING ON THE PROGRESS

The Family Room project continues to provide innovative services, engaging and supporting clients and their families with Family Advocates embedded into their integrated team approach. The Perris clinic Family Advocates and their direct service delivery within the Family Room have continued since the conclusion of the innovation project; the program is now supported by MHSA CSS funding and Medi-Cal billing reimbursement.

RUHS-BH had a robust Family Advocate Program prior to the Family Room and the success of this family and consumer driven model has highlighted the benefit of a family inclusive approach to behavioral health care. The hire of Family Advocates has expanded over time to RUHS-BH clinics across the county where more consumers and families can benefit from a "Family Room Approach". As the benefits of Family Advocates has grown the service strategies have also grown. Family Advocates now provide Family Wellness Recovery Action Plans (FWRAP), evening events of "Meet the Doctor" for families and consumers, and crisis to stabilization support and education which involves both family and consumers. (See the section on the **Family Advocate Program** in this annual update to learn more about the Family Advocate Program of Riverside County.)

The Family Room has continued to implement new approaches to engagement and support to consumers and families. The program recently initiated a "Hospital and Crisis Outreach" service and a "Next to Kin Home Visits" service. These programs follow the "Team Model" approach which is one of the main characteristics of the Family Room concept. These two services include multi-disciplinary staff with Consumer Peer Support Specialist, Nurses, Behavioral Support Specialists, and Family Advocates. Both types of service focus on engagement of clients and their families who are in crisis discharged from a hospital, or are challenged with engagement into services. These services are intended to provide intense individualized services to clients and their families who are experiencing increased symptoms, stressors or have crisis situations.

The "Hospital and Crisis Outreach" service follows the principal of "whatever it takes" to engage clients and their families into a successful transition from a higher level of care to wellness and recovery. Frequently these services collaborate with the hospital discharge team to assist

clients in transitioning to outpatient services by developing a plan for follow up services and assistance in setting meaningful goals in their recovery process. In addition, this service monitors symptoms and stressors and promotes involvement into treatment to reduce the need for re-hospitalization. During the course of these services the participants identify stressors, learn coping skills to manage their crisis, learn the concept of recovery, establish goals and values that bring hope and increased motivation.

The "Next to kin – home visits" service focuses on clients and their families who are not fully engaged into service and thus frequently miss follow up appointments, encounter problems with housing, lack resources and have multiple health issues. The core emphasis is to promote integrated, collaborative and complementary service. It means the client and family-driven mental health services are delivered within the context of a partnership between the client and provider in an accessible, individualized manner. It also involves a support that is tailored to a client's readiness for change that leverages family/community partnerships in the delivery of services.

Another principle that drives this service is a "no-fail approach" which means that services are not based on pre-determined expectations or responses. It emphasizes the importance of understanding the individual and family situation and environment. New and innovative service strategies continue to be developed at the Family Room. One new idea that is in the beginning stages of implementation is the Open Microphone with our Doctor and our Peer.

CHALLENGES AND LESSONS LEARNED

The initial roll-out of the Family Room took more time than anticipated. The implementation challenges included the location of space, and the timing involved to hire staff into the program. Modifications to the clinic environment also took time to complete. It is important to continually focus on the four pillars of the family room concept, 1) Theoretical Perspective, 2).Method of Work, 3).Clinic Culture and 4).Data. In addition the implementation of the Family Room concept allows us to make a distinction between illness and disability where illness is a medical condition and disability as a process of loss in individual abilities, such as personal power, motivation, judgment, identity, dignity. These underlying assumptions and beliefs drive the

motivation for staff and their day to day interactions. This key motto is "Taking back what was lost". (See appendix for staff orientation to this philosophy).

The Family Room developed their own unique way of defining recovery. Recovery is a process of taking back what was lost which is hopes, dreams, expectations, uniqueness, motivation, dignity, and identity. This requires a lot of support and reconnection to family members and others. This process becomes more effective when family and other significant people in a person's life take part in the recovery process. Through this process the resulting outcome is the emergence of a new sense of self. Life is not about finding a self but creating a self.

A key challenge was engaging and keeping families involved to sustain a commitment of family room advisory council. The Family Room has begun the process of reestablishing the Family Advisory Council. Originally the Family Advisory Council was the group of stakeholders that drove the development and implementation of the Family Room project. Going forward the re-established Advisory Council members will be composed of clients currently receiving services and their family member of choice. It is intended to empower clients and their families in supporting and maintaining the fidelity of the Family Room Concept. The Council members will make sure that services promote a recovery philosophy, family engagement and education in the area of health and wellness. In addition, the Council Members advice will be sought to ensure the continued implementation of a family atmosphere that is focused on providing health and recovery for those who seek services with engagement and support to their families.

Another key challenge was maintaining the clinic culture and the staff being mindful of principles, clear communication and maintaining core values, such as passionate, having enthusiasm for what they do, responsive, the individual bringing your whole self to work, driven, a desire to wow other, engaging and giving full attention to each client. Additionally it was vital to continually monitor self-awareness, interactions, acceptance of feedback, and providing feedback to others. This was particularly important because that lack of awareness will pollute the culture. Nurturing these values has to be a conscious effort with continued attention to maintaining the conceptual learning.

Data Collection Challenges

Most of the primary learning objectives were able to be addressed with the collection of electronic health record data. Pre to post design data collection was a challenge to implement. The BASIS, HOPE and Recovery Assessment Scale measures were combined into one tool which made it fairly long and although many pre-tests measures were collected, knowing when to collect a post measure and ensuring staff thought about it and collected it when the clients were available proved challenging. Future considerations for pre to post design data collection that relies on consumer completed measures should take into consideration technology advances that utilize easy to complete measures by using tablets and easy to click through questions and electronic screens. .

INN-05 TAY One-Stop Drop-In Center

TAY One-Stop Drop-In Center

Primary Innovation: Increase the quality of services including measurable outcomes

The Transitional Age Youth (TAY) Drop-In Innovation Program was approved in August of 2015.

RUHS-BH through this innovation project will test the development and implementation of TAY PSS training within a dedicated training hub (the TAY Drop-in Center). RUHS-BH proposed to contribute to the field a specific Transition Age Youth (TAY) peer training curriculum, and a new comprehensive TAY PSS training approach that prepared TAY Peer Specialists' to work with transition age youth and their families. This TAY peer training based on the unique needs of this age group was a multi-dimensional approach with pre-employment skill development, and the practical application of skills in a supported employment environment that was specifically for TAY. A key component of this multi-dimensional approach was develop and implement the TAY PSS training within a dedicated training hub (the TAY Drop-in Center). This hub of workforce development provided the opportunity to test TAY peer curriculum, and also the impact of providing the practical application of work skills in an integrated way through service delivery to TAY and their families. Practical opportunities included being part of an interdisciplinary team in an adapted evidenced-based practice. Adapting an FEP model to fully and meaningfully incorporate TAY PSS into the interdisciplinary team provided a unique opportunity to enhance their work skills, and learn about the effectiveness of using TAY PSS on the team. Further, RUHS-BH expected the hub to be a unique learning environment by convening other service systems within the TAY Drop-In Center. This provided an integrated setting for TAY PSS to

learn and practice navigating complex systems of care, as well as developing skills to link TAY and their families with multiple resources. The Drop-In Center for Transition Aged Youth (TAY) provided a place for engagement into mental health services, access to resources, and the implementation of an early intervention model for youth experiencing first episode psychosis.

Status of Implementation

Much of FY2015/16 was focused on identifying appropriate locations for the three Drop-In Centers across the vast area of Riverside County. The plan was to locate a Drop-In Center in the Desert Region, one in Mid-County, and one in the Western Region (including the City of Riverside).

In June 2016, a site was selected in La Quinta, California, which met criteria for the TAY Drop-In Centers. The TAY drop-in staff moved into the identified space in La Quinta at the close of FY16/17. Similarly, a space was identified in the City of Riverside which met criteria for our TAY Drop-In Center. The move in for the Riverside TAY drop-in staff did not occur in FY16/17. The Mid-County TAY drop-in gained a space in FY16/17 but the actual move in did not occur in FY 16/17.

At least one more TAY peer training occurred in the 16/17 fiscal year. After 80 hours of training individuals were deemed qualified to be TAY Peer Support Specialists. At least 7 trained TAY peers have obtained employment as peer specialist.

An important focus of the work has been enhancing and expanding the network of TAY Collaboratives. This Collaborative began in the Western Region with a core of community stakeholders who work with 16-25 year olds. In addition, there were young people attending that are TAY age especially from the YAUTS group (Youth Advocates United to Succeed). This Collaborative that meets in Riverside monthly averages over 25 attendees per meeting. The meetings are set up as participatory and encourage lively and appropriate discussions.

During this Fiscal Year we were successful in continuing the TAY Collaboratives in all three regions of the County. The Desert Region Collaborative meets is now meeting in the new La Quinta site. Again the focus is on agencies who work with 16-25 year olds. Often the discussion is on how we can be collaborative partners to this age group and how the new TAY Drop-In Center can facilitate collaboration.

A Program Manager is now managing all programs for TAY including the organization and implementation of the three new TAY Drop-In Centers. This Manager has also continued a TAY Interagency Group which meets monthly and includes Public Health, Probation, County Office of Education, Public Defenders Office, Department of Public Social Services, Children's Services, Department of Housing, and other key agencies.

FY 2017/18

All three TAY Drop-In Centers were operational in their individual locations. All TAY Drop-In Centers feature similar programs but differ to reflect the differences in each region of our County.

All three Centers continue to offer TAY Peer Support Specialist Training. The majority of staff at each TAY Drop-In Center are trained TAY PSS. They are integrated as key members of each treatment team. They are the staff that welcome every TAY who walk into one of the Centers.

Research has shown that the initial contact and initial time spent at the TAY Drop-In Center is the key indicator to whether the TAY will return for more services. There is continued focus on developing and adapting First Episode Psychosis to include the trained TAY peers. Lead Psychiatrist, Elizabeth Tully, M.D., will train all staff in signs and symptoms of First Episode Psychosis.

We expect each Center to take on their own identity and culture as represented by the various regions. We expect clientele to continue to grow and diversify. We have stressed in community meetings and discussions with community partners that we have no need to duplicate services that already exist in Riverside County but instead to focus on building opportunities for utilizing out trained TAY peers and allowing them opportunities to practice those skills in the drop-in centers. Transitional Age Youth traditionally have extremely high rates of no-show to appointments and the lack of follow through with plans. Our Drop-In Centers will offer the opportunity to examine if the TAY peers centers have better retention rates and effective at engaging TAY youth.

INN-06 Commercially Sexually Exploited Children

Commercially Sexually Exploited Children

Primary Innovation: Increase the quality of services including measurable outcomes

Commercially Sexually Exploited Children (CSEC) Mobile Response - On February 23, 2017, Riverside County was approved for the CSEC Innovation project by the Mental Health Services Oversight and Accountability Commission. The Department will receive $6.2M of Innovation funding over the duration of 5 years. After 60 days the plan was submitted to the Riverside County Board of Supervisors for approval, and the project began implementation in late FY16/17 by hiring staff for the CSEC mobile teams.

The proposed CSEC Innovation Project combines an adapted Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) model to effectively treat trauma with a field-based approach designed to meet challenges of engagement unique to this population. This CSEC project aims to test an adapted evidence-based practice (TF-CBT) to determine if the adaptation delivered within a coordinated specialty care team model will, as a whole, improve outcomes for this population. The key element of this Innovation Project involves adapting TF-CBT to utilize Motivational Interviewing within a team field based service delivery approach including Transition Age Youth Peer survivors and Parent Partners to focus on engaging and supporting youth and families/caregivers. This Project is an opportunity to learn about effective ways to deliver mental health treatment that would meet the needs for this vulnerable and challenging population of youth. Having youth and family work with a single team across regional boundaries contributes to consistent relationships during the critical phase of engagement. This one child, one family, one team concept is highlighted by CSEC survivors and families as a key component of treatment.

Status of Implementation

The CSEC implementation progress will be updated through the Annual Update process.

The remainder of FY 16/17 after Board of Supervisor approval was a ramp-up period to hire staff and to establish the office location the field teams would be housed in. New clients began services in FY17/18 thus no client data is available to report for FY 16/17. Some training was accomplished with CSEC 101 training for staff and additional training will occur in FY17/18 including Motivational Interviewing, CSEC 102, and TF-CBT.

Capital Facilities

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

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

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

Technological Needs

The Department has fully implemented the original Behavioral Health Information System purchased through the Technology Component. The final year of the Technology funding was FY13/14, and no further funds are being allocated to this component at this time.The Department has fully implemented the original Behavioral Health Information System purchased through the Technology Component. The final year of the Technology funding was FY13/14. Upcoming priorities include implementation of a consumer portal so that consumers can access information about their care, such as their prescriptions. An additional priority will be to meet the new Federal Managed Care requirements regarding Network Adequacy, time and distance access standards, and changes to the authorization process.

Riverside Mental Health Court

Western Riverside County's Mental Health Court has been operational since November 2006, after re-establishing under Proposition 63, MHSA funding. This program has expanded from one Clinical Therapist and one Office Assistant in 2006 to current levels of eleven full-time positions. In 2016 the Honorable Bambi Moyer was assigned to preside over the Riverside Mental Health Court program. With this new change ushered in additional opportunities for collaboration with the District Attorney's office, which up until then was prohibited from participating in the weekly Mental Health Court presentations.

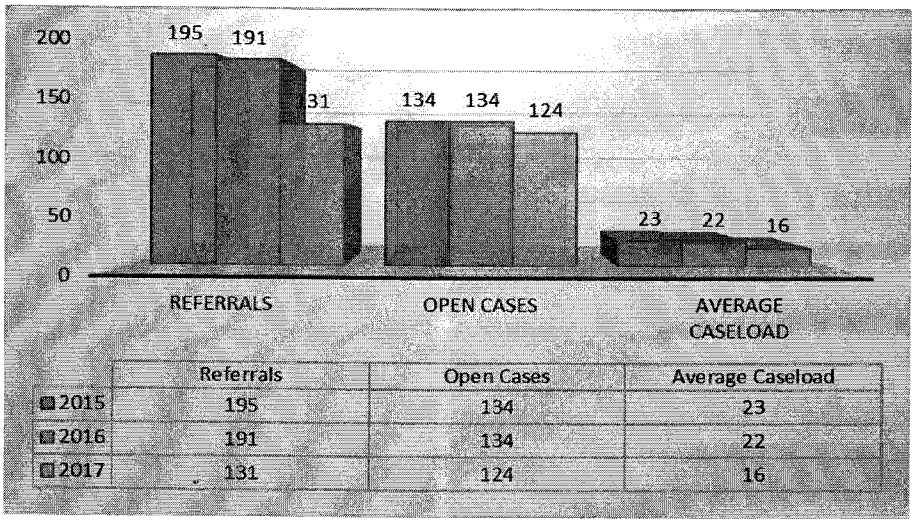
Current staffing levels:

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

By the end of 2017 there was 1 vacant CT I/II position*.

2017 YTD Stats as of December 31, 2017:

- Referrals - 131
- Open cases - 124
- Average caseload – 16



	Referrals	Open Cases	Average Caseload
2015	195	134	23
2016	191	134	22
2017	131	124	16

Mid-County Mental Health Court

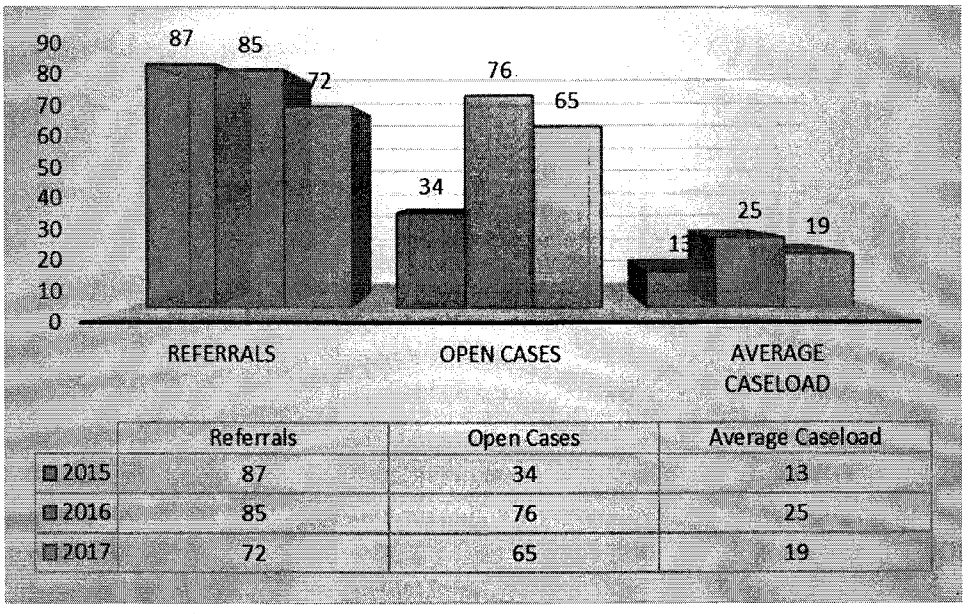
The Mid-County/Southwest Mental Health Court was established in September of 2009.

Current staffing levels:

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

2017 YTD Stats as of December 31, 2017:

- Referrals – 72
- Open cases – 65
- Average caseload – 19



	Referrals	Open Cases	Average Caseload
2015	87	34	13
2016	85	76	25
2017	72	65	19

Indio Mental Health Court

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

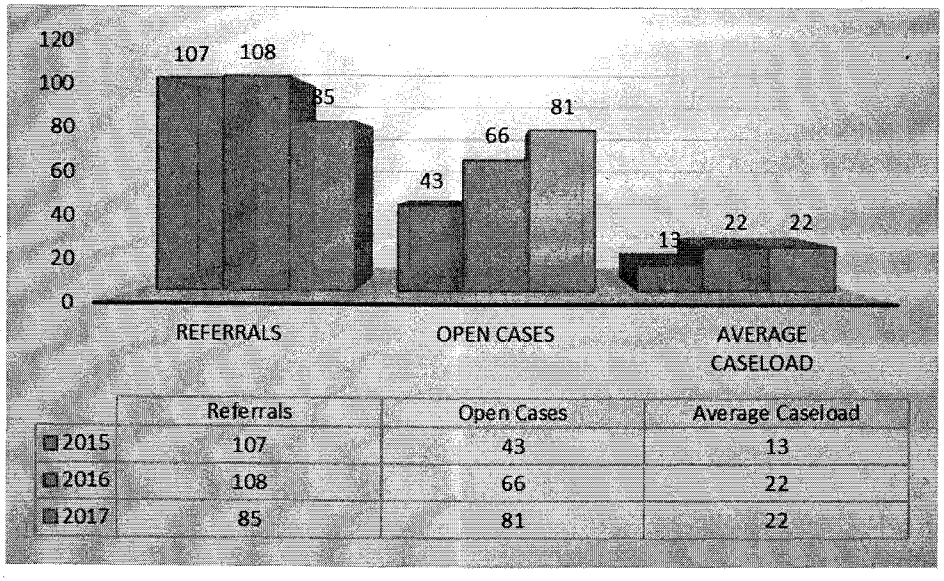
Current staffing levels:

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

*By the end of 2017 there was 1 vacant CT position; however an offer has been accepted and the candidate is presently undergoing the Sheriff's Departments background verification.

2017 YTD Stats as of December 31, 2017:

- Referrals – 85
- Open cases – 81
- Average caseload – 22



	Referrals	Open Cases	Average Caseload
2015	107	43	13
2016	108	66	22
2017	85	81	22

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

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

Veterans Court

On January 5, 2012, Veterans Court convened for the very first time in Department 31 under the leadership of Superior Court Judge Mark Johnson; however the leadership role was transferred to the Honorable Mark Mandio in January 2017. Veterans Court is a joint effort between the Riverside County Superior Court, Veterans Administration (VA), and several Riverside County and City agencies including the District Attorney, Public Defender, Probation, Behavioral Health, Reaching New Heights Foundation, and other county veteran agencies. The Court specifically addresses the needs of Riverside County Veterans charged with criminal offenses, and it is a 12 to 18 month program that provides treatment and rehabilitation to Veterans.

A key component of the program continues to be mentoring. It has been tried and proven that when individuals feel a sense of universality ("I am not in this alone.") the participation and response are much greater. Veteran mentors are pre-screened volunteer veterans and are

critical to the success of the participants. Mentors provide support and guidance to the veterans in a way that is culturally competent, as they understand and relate to the military culture so ingrained in Veterans Court participants. These volunteers dedicate countless hours each week to support the veterans and the program. Currently, there are two (2) veteran mentors.

The goal of entry into the program is that three weeks (21 days) from arraignment, the Veterans Court referral form is completed by the client's attorney, and the case is set in Department 31 for an eligibility hearing, at which time the Court will order representatives from the Probation Department, Veterans Administration and RUHS-Behavioral Health to meet with the Veteran to determine the overall appropriateness of the Veteran for the program. Presently the court is setting return eligibility hearings for Veterans who are in custody two to three weeks out and four to six weeks for Veterans who are out of custody. At this time the court requests mental health clinical assessments, which are prepared by the Clinical Therapist assigned to the Veterans Court. The Superior Court initially designated up to 50 participants in the program at one time but raised it to 100 in 2014.

The success of the program can be measured both economically and socially, as it saves both the State and County funds ($207.01 per day in State prison* and **$116.00** per day at local jails) when treatment is provided in lieu of incarceration. In addition when the Veterans Administration is responsible for providing the treatment services, the County is able to receive further savings as costs are shifted from the local level to the federal level. The most significant savings however continues to come in the form of human life and dignity for the veterans who fought for our Country and their families who sacrificed so much as a result.

The fifth Veterans Court graduation took place on May 26, 2017 where 18 Veterans were recognized by the Court for their hard work and dedication to their treatment. The next Veterans Court graduation is scheduled to take place Friday May 25, 2018 and is anticipated to have a graduating class of 35 Veterans.

*LA Times June 4, 2017

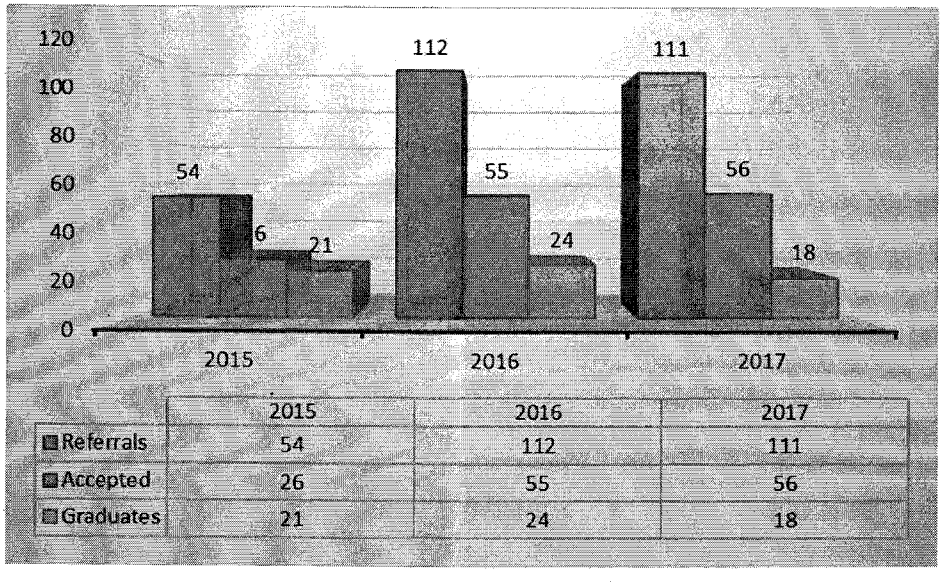
Current staffing levels:

- 1 Clinical Therapist*

*By the end of 2017 there was 1 vacant CT position; however an offer has been accepted and the candidate is presently undergoing the Sheriff's Departments background verification.

2017 YTD Stats as of December 31, 2017:

- Referrals-111
- Accepted-56
- Graduates- 18



	2015	2016	2017
Referrals	54	112	111
Accepted	26	55	56
Graduates	21	24	18

Participation in Community Veteran Events

The Riverside Area Veterans' Expo (RAVE) and Stand Down was held Friday April 21, 2017 at the Army National Guard Armory and United States Army Reserve Training Center, where information was provided to Veterans and community members about the Behavioral Health Veterans Court Program as well as brochures for various other mental health community resources. As part of the RAVE and Stand Down, Veterans Treatment Court was afforded the opportunity to hold the scheduled court hearings there at the event, allowing Veterans the

chance to witness the collaboration that takes place between program participants, members of the court and treatment providers.

The 2nd Annual Veterans Treatment Court Ruck Challenge was held on May 28, 2017 and was established as a fundraising event for the Veterans Treatment Court program. The Ruck Challenge is a unique opportunity in that event participants include representatives from the Court, Public Defender's office, VMB Attorneys, Sheriff's Department, Probation Department, Veterans Administration, RUHS-Behavioral Health, Community Volunteers and most importantly the Veterans and their family members.

Veterans Treatment Court's most recent event occurred this past December 22, 2017, as it marked the first Veterans Treatment Court Holiday Dinner, which was held at the RUHS-Behavioral Health's Rustin Campus. A total of 23 Veterans Court participants and their family members attended the event, which featured a turkey dinner, presents for the all of the children and last but not least a visit from Santa Claus who given an escort to the event by the Riverside Sherriff's Department, The Riverside Probation Department took the lead in implementing this event, with additional support coming from the Reaching New Heights Foundation and representatives from both the Veterans Administration and RUHS-Behavioral Health.

Law Enforcement Collaborative

A committee of Behavioral Health/Riverside County Regional Medical Center professionals was created to continually review, revise, and present training to correctional and patrol employees of the Riverside Sheriff's Office (RSO) and Riverside Police Department. Over the past 4 years, this collaborative has been coordinated, led and maintained by a Riverside University Health System, Behavioral Health (RUHS, BH) licensed clinician who partners with law enforcement to provide Crisis Intervention Training (CIT), which is a 16-24 hour training course certified by the Commission on Peace Officer Standards and Training (POST).

In addition to the lead instructors, the CIT training team consists of volunteers and guest speakers from our Department's Parent Partner, Family Advocate, Consumer Affairs Programs and Crisis Response Teams. These individuals provide either their "lived experiences", program services and/or a combination of both to the officers. The speakers invite questions and suggestions from law enforcement regarding how to further educate the community, consumers, and families about police intervention. This is then reciprocated as the speakers offer input and feedback to law enforcement and provide them with a number of resources to connect community members to mental health services in crises or otherwise. CIT has gained the interest and support of our local VA and Veterans Center Programs and since 2017 have joined the CIT team as additional guest presenters and partners.

Together the CIT training team reinforces and models the importance of collaboration and offers education and awareness while reducing stigma. The main focus and goal of the CIT program is to educate all law enforcement personnel about mental illness and how to de-escalate an encounter with someone with a mental illness before it turns into a crisis and to maintain safety. Deputy Sheriffs and police officers from other counties and agencies regularly attend CIT as well.

We had twenty-three 16 hour (Sworn and Corrections RSO and outside LE agencies), four 8 hour (Hemet PD) and one 24 hour course (Riverside PD) for a total 765 students trained to better identify and handle mental health crisis last fiscal year. In addition, we have 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 previous trainings and collaboration, California Highway Patrol has continued to outreach and we have coordinated RUHS, BH Peer presenters for 5 of their mandatory mental health courses.

Additional trainings, collaborations, accomplishments for FY 2016/2017

- Yearly instruction for the Dispatch Update course and the Chaplain Academy
- Yearly informational sessions for Grand Jury
- Invitation to the California Welfare Fraud Investigator Association's Annual Conference to speak on mental illness and de-escalation
- Invitation to speak at Corrections Health Services Skills Day about Crisis Intervention Training and our LE Collaboration.
- Invitation to provide In-service training to Department of Veteran Affairs personnel
- Requested to develop and instructed an 8 hour mental health course for NCTI - National College of Technical Instruction
- Collaborated, trained and participated in the development of RSO Dispatcher's peer mentoring pilot program
- In-service presentations at LE briefings

Projected plans and considerations for 2017/2018:

- RSO will have reached goal of having all LE complete CIT course and are scheduled to discuss further implementation of update, ancillary, intermediate and/or advanced CIT courses for sworn personnel.
- Offer CIT and/or related MH trainings to private police departments within Riverside County as well as other First Responders outside of law enforcement
- Continue collaboration with existing law enforcement partners for new ideas regarding curriculum and program implementation; ongoing needs assessment to stay current and up to date with CIT trends, law enforcement and community needs.

- Continued collaboration with additional County departments and programs related to and/or impacted by law enforcement for CIT program expansion and comprehensive application.
- Development of trainings specifically for Corrections personnel and Forensic Mental Health staff in order address challenges unique to the correctional setting, strengthen multi-disciplinary teamwork, skills/knowledge and delivery of services.

MHSA Housing Activities, July 1, 2016 - June 30, 2017

The Riverside University Health System – Behavioral Health continued to operate our Housing Crisis Response Program serving the Department's housing continuum and homeless needs through the Homeless, Housing, Opportunities, Partnerships and Education (HHOPE) program. HHOPE staff provides oversight of multiple programs serving those who are on the streets or at risk of homelessness. The Housing Region provides oversight of the services in our Housing Crisis Response system including outreach and engagement in the streets, housing navigation and full continuum of housing for the individuals we serve from preventive, emergency to long term permanent supportive housing.

One critical aspect of the program are our HHOPE Housing Resource Specialists who are funded through MHSA. This position provides ongoing support to scattered site housing managers and residents. During FY16/17, the staff of the HHOPE Program provided property management and resident supportive services to consumers residing in 279 supportive housing apartments/units across Riverside County, which incorporated various funding streams including HUD , state and MHSA funds. They also support the various landlords in the MHSA apartments and our emergency shelter motel vendors to ensure safe and available housing options. Their role includes grant compliance and rental assistance and prevention activities.

HHOPE was awarded a HUD grant as the Riverside County Coordinated Entry Lead. A Coordinated Entry system (CES) creates a cohesive and integrated housing crisis response system with our existing programs, bringing them together into a no-wrong-door system, which (whether sheltered or unsheltered), allows our housing crisis response community to be effective in connecting households experiencing a housing crisis to the best resources for their household to provide sustainable homes. HHOPE was very active in FY 16/17 in the developing of the CES program and worked to ensure that our individuals were protected and ensuring that those at most risk are high on the system scale. HHOPE staff will provide ongoing supports and education to the community regarding the CES system capabilities and work on the active system through November 2018 when the grant ends.

The HHOPE program has currently 5 dedicated Housing Crisis Response Teams, composed of a Behavioral Health Specialist and a Peer Support Specialist on each team. These teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to our MHSA services. These teams continue to be integral and key players in the housing of homeless Veterans initiatives in our community, as well as the chronically homeless. The veterans initiatives resulted in Riverside County being awarded as the first large community in the nation to achieve functional zero for veterans.

Recognized as innovative in our Housing Crisis Program development and street engagement programs, RUHS-BH HHOPE program was worked in collaboration with city government and law enforcement to provide contractual street engagement in targeted services to 2 cities (Riverside and Palm Springs) in our community. The Riverside project ended in July 2016 when funding was ended. The Palm Springs project began in 2016/17 and experienced significant success, resulting in a request for the future for 18/19 of an additional team. Utilizing an innovative Housing crisis approach and housing plan development initiatives, these teams play a key role in linking those on the streets into our Behavioral health services and system. HHOPE has also worked with local agencies to provide ongoing trainings to staff on Housing Crisis program development and is working collaboratively with law enforcement agencies as they develop new homeless specific services in their programs.

During FY16/17, MHSA funding for temporary emergency housing was continued and further supplemented with grant funds from EFSP (Emergency Food, Shelter Program) in order to provide access to emergency motel housing or rental assistance. These funds also help support our Housing crisis program around housing prevention services to prevent actual homelessness and subsequent families or individuals living in the streets.

HHOPE continued a short term rental assistance HUD grant for Rapid Re-Housing, which provides deposits and short term rental assistance to families in the system who are homeless. The focus for this grant was for families with children who were experiencing a housing crisis due to the family's struggle with the child's mental health challenges and behaviors. Often the households have lost income due to frequent absences in their employment due to the child's needs, or the child's behaviors have resulted in evictions form their previous housing. These results linked to the child's mental health challenges puts significant pressure on the family, its internal relationships, and stability. This grant provides, at minimum, 90 days of rental supports,

with the possibility of up to 12 months. As the pressures are adjusted, family dynamics shift. The child is now the individual facilitating housing into the family and aiding in providing stability during difficult periods. It has a generational effect, as the families become stable in their new housing. This grant will end in 2018, with community resources meeting the Rapid Rehousing needs.

HHOPE has also begun a collaboration with the Family advocate program to develop a Housing Resource specialist role with the Family Advocates, to support and navigate our families through the challenges of a Housing Crisis which can be overwhelming.

The HHOPE Program continues to support two unique community based Safehaven model programs and housing. The Place and The Path, follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions are operated contracting with a nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing at either location must have a diagnosed behavioral health challenge and be currently on the streets as an individual who would be considered chronically homeless. Ninety-nine percent of provider staff at these housing programs have received mental health services themselves (as consumers of care or peers) and many have also experienced prolonged periods of homelessness. The Path and The Place are partially funded by HUD permanent supportive housing grants. All individuals now referred to these housing programs for housing, must process through the new HUD Coordinated Entry System, Home Connect. The RUHS-BH HUD grants have successfully been renewed in order to support these programs through FY17/18.

The Place, located in Riverside, was opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry and shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The permanent housing component operated at above 100% occupancy over the course of the year. Overall, more than 91% of residents of The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, was opened in 2009 and provides permanent supportive housing for 25 adults. It is located immediately adjacent to a Full Service Partnership clinic that

is operated by RUHS-BH. Nearly 92% of the individuals who have resided in The Path maintain stable housing for one year or longer and the PATH maintain over 100% occupancy rates across the year. Five individuals that moved on from their residency at The Path to live independently in their own apartments.

The success of The Path and The Place, together with the prominent role they play in the continuum of housing for RUHS-BH consumers, positions these programs for continued success as a valuable contact point for homeless individuals with severe mental illness.

HHOPE staff have also provided ongoing consultation, landlord, and housing supports to the Riverside County Probation department. Through the AB109 Housing program the HHOPE program worked to acquire housing to meet the needs of offenders recently released from jail and seeking housing. Housing ensures stability and safety for the AB-109 early Release individuals who are living on the streets while the work to re-engage with their families and community and seek reinstatement in active and positive community contributions, including employment and self-sufficiency. .

MHSA - RUHS-BH has committed and expended all available MHSA housing development funds held in trust by the California Housing Finance Agency (CalHFA) and will continue to support affordable housing development and development projects as soon as funding becomes available. RUHS-BH leveraged more than $19 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850 units of affordable housing throughout Riverside County. Integrated within each MHSA-funded project were 15 units of permanent supportive housing scattered throughout the apartment community. The affordable housing communities that received MHSA funding from the RUHS-BH for permanent supportive housing are identified in the following chart:

Region	**Project Name and Population Served** *(All facilities are open for occupancy unless otherwise noted)*	**Number of affordable housing units in the community**	**Number of MHSA units embedded in the community**
Desert	Legacy - All consumers	80	15
Desert	Verbena Crossing - All consumers	96	15
Mid-County	Perris Family Apartments - All	75	15

Region	Project Name and Population Served *(All facilities are open for occupancy unless otherwise noted)*	Number of affordable housing units in the community	Number of MHSA units embedded in the community
	consumers		
Mid-County	The Vineyards at Menifee – Older Adults	80	15
Western	Cedar Glen – All consumers	Phase 1 – 78 (open) Phase 2 – 75 (in construction)	15
Western	Rancho Dorado – All consumers	Phase 1 – 70 Phase 2 - 75	15
Western	Vintage at Snowberry – Older Adults	224	15

The MHSA permanent supportive housing program continues to maintain stable housing for over 109 at risk participants with each MHSA-funded project consisting of 15 integrated supportive housing units within the larger 75-unit complex. Each apartment community includes a full-time onsite RUHS-BH funded support staff with a dedicated office. Additionally, the HHOPE program staff support the tenants as well as wrapping supports around the landlord to help support them around any complications they may experience. The MHSA apartment units operate at 100% occupancy and experience very little turnover, with an ongoing waiting list of more than 100 eligible consumers for housing of this kind.

Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

HHOPE has been identified as one of the leading providers of supportive housing in our community and as such has provided ongoing consultation services and specialized training to other Behavioral Health staff and community agencies on landlord services and Supportive Housing Best Practices. Three trainings in the summer 2017 was attended by more than 280 individuals, with additional program specific training provided to new PSH agencies. Our

HHOPE manager has been requested to present in 16/17 at numerous nationwide homeless webinars on Youth Housing as well as veterans outreach achievements and Nationwide conferences on Housing Crisis and Best Practices in Housing including in Washington D.C. This allows what HHOPE has learned in the past years to be shared and educate others on the best services for our individuals.

Looking Ahead to FY17/18

The HHOPE staff will continue to provide a unique Housing Crisis Response program with ongoing landlord and supportive housing supports throughout the community. Additionally, we will expand our Housing Crisis Response - outreach and engagement teams to an additional team in Palm Springs and a new team in the Blythe community in eastern Riverside County,

There are now a total of 105 units of MHSA permanent supportive housing delivered to mental health consumers in Riverside County with more then 200 in other supportive housing, yet there are more than 100 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County. Permanent supportive housing for people with a behavioral health challenge remains an integral part of the solution to homelessness in Riverside County. The need for this housing continues to outpace the supply. While there remains is much community uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program due to the loss of various state and federal funding, such as Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, we continue to press forward and seek every opportunity to provide needed housing opportunities. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing which includes units of permanent supportive housing for MHSA-eligible consumers.

HHOPE will diligently work to end homelessness and provide for the housing needs of our individuals we serve.

During FY16/17, Consumer Affairs continued its growth within the Behavioral Health Department. Recovery model and consumer initiatives were implemented in cross-agency training and participation throughout the year. This is the priority of the Consumer Affairs Program which remained strong and Peer Support Specialists (PSS) continued to be utilized in a variety of areas and programs to integrate the consumer perspective into the recovery teams within the behavioral health field. PSS are people who have experienced significant mental health and/or substance use challenges that have disrupted their lives over lengthy periods and have achieved a level of recovery and resiliency to use their experience to benefit others experiencing behavioral health challenges. PSS have been added to existing programs and to developing innovative programs.

Workforce

Consumer Affairs added to its numbers by bringing on qualified PSS Interns (PSSI) who have completed Peer Employment Training. They then go through a selection process, which includes a meeting with the Consumer Affairs Manager and Workforce Education and Training (WET) Manager. Those who are selected provide direct services in the clinics and programs. A detailed training program is in place to ensure each PSSI builds the same skills as do other Peer Support Specialist staff. This is accomplished in a learning capacity, while performing all the essential job functions of a full-time PSS. A Senior Peer Support Specialist (Sr. PSS) supports them in their learning. In FY16/17, there were 15 PSS Interns and of those 15, 10 were hired to full time positions within the department. The hiring rate has increased by 200% over the last fiscal cycle, due, in part to a new training coordination, participation process and updated curricula.

Currently, the Consumer Peer Support workforce is comprised of 138 full time, benefited and labor union represented Peer Support Specialist line staff members, 15 Senior-level leadership Peer Support Specialists and the Program Manager self-identifies as a mental health consumer.

Programs

The TAY (Transition Age Youth serving individuals ages 16-25) **Consumer Peer Support Program** has expanded to include three MHSA Innovations grant funded drop-in centers that focus on early intervention recovery services to young people in first episode psychosis. These centers provide support for youth who experience first episode psychosis and need assistance to develop life skills, further education, vocational guidance, and housing assistance. All three centers will be open for business as of January 2018.

These centers are placed in each of the three regions in Riverside County. There is a training component to this Innovations program that provides TAY-specific peer support pre-employment training to any participant in services who seeks employment with the behavioral health system. The training program "RUHS-BH TAY Peer Support Training" is a peer support certification program, recognized this fiscal year by the California Mental Health Advocates for Children and Youth (CMHACY) as an innovation in training young people and providing hope for a better future. The training allows young people to learn how to provide the evidence based practice of Peer Support to other young people who experience challenges of mental health, substance use, homelessness and early parenthood. The TAY CENTER TEAM currently has three dedicated Sr. Consumer PSS, and employs 12 Consumer PSS working with youth and their families. The CHILDREN's TAY Peer Support Team provides needed support and resources to the Transitional Age Youth receiving services in the Children's Behavioral Health program, who are transitioning from children's services into the adult programs. This increases the likelihood of the individual continuing his or her recovery into young adulthood and reduces the chances of those same individuals falling into crisis during this very challenging transition. There is an additional TAY Sr. Consumer PSS working with the Children's Services Administrator and the Peer Policy and Planning Specialists from Adults, Family Advocates, and Parent Partners to augment current PSS Training offered to adults. This includes subject matter to assist the TAY Consumer PSS in working alongside young people and their parents to ensure appropriate Medi-Cal reimbursements for services provided through Riverside University Health System – Behavioral Health. There are currently 16 Consumer PSS on the CHILDREN's TAY Peer Support Team.

The PSS Volunteer (PSSV) Program also increased the number of consumer providers. In FY 16/17 Riverside University Health System – Behavioral Health was privileged to have 49 PSSV

providing 5,123.07 hours of service. This program has been particularly exciting, since the volunteers are all providing direct services resulting in a tremendous client response. The PSSV perform a variety of tasks, including greeting clients in the lobby, providing resources, co-facilitating recovery groups and providing one-to-one peer support. Many of the volunteers go on to be hired to work for the Behavioral Health Department or its contractors.

Senior Peer Support Specialists

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

- Recovery Documentation
- Advanced Peer Practices
- Recovery Focused Service Delivery
- Recovery Coaching
- Collaboration: A Recovery Practice
- Recovery-Focused Service Delivery for MDs
- One-Day Personal WRAP for Work
- Wellness Recovery Action Plan © Facilitation
- Facing Up to Whole Health Facilitation
- Co-Occurring Life of Recovery (COLOR)
- Consumer Peer Support Monthly Training and Support

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

There are fourteen senior level positions for Consumer Peer Support. Four regional Sr. Consumer PSS (2 in Western, 1 in Mid-County, and 1 in the Desert), one each in Older Adults, Substance Abuse Prevention & Treatment (SAPT Waiver 1115), AB109 "New Life", Research and Technology, Communications, Long Term Care, Homeless Outreach "HHOPE", and the Family Rooms, and four in Transition Age Youth Programs.

Under Waiver 1115, the Sr. Consumer PSS for Substance Use has implemented the use of paid line staff PSS to provide direct recovery services to individuals who are receiving treatment for substance use challenges. Previously, PSS volunteers are the only peer support services available in the Substance Use Program. Under the Waiver, paid PSS line staff now provide peer-to-peer recovery services. RUHS-BH currently employs six full time PSS for this program.

The Sr. Consumer PSS in Research and Technology has continued to support the countywide launch of "Whole Health". This is a consumer-directed program utilizing the RI International, Inc. curriculum "Facing Up." This program launched early in January 2015 and has trained approximately 225 staff of all disciplines in the facilitation of the "Facing Up" curriculum. This Sr. PSS position also works countywide to ensure compliance of written materials in clinic lobbies and that customer service practices are in line with supplying consumers with a welcoming environment that works to reduce stigma and promotes recovery. Compliance reports are generated and delivered to Managers and Directors for review. In September 2016 the Senior PSS for Research and Technology began supporting the line staff of the Rustin Gym. This innovative program provides access to gym equipment, education, and groups for the programs housed at the Rustin Campus of Behavioral Health, supporting whole person wellness to behavioral health consumers.

The Sr. PSS in Communications provides information to the community and other RUHS agencies. A primary focus in FY 16/17 has been on training of all staff, especially newly graduated PSS. The "Peer Opportunities Workshop" (POW) for recent graduates of RI, International's Peer Employment Training (PET) was provided to educate and assist in the vocational development of individuals seeking employment utilizing PSS skills. This workshop informs recent graduates of the programs in and out of the county system, for which they can be of service as new PSSs. It also assists with navigating the complexities of the "Job Gateway" on the County Human Resources website. In the 16/17 fiscal cycle there were 103 attendees of the POW. Of the 103 attendees, 26 were hired to permanent full time employment with RUHS-BH

and all 15 Peer Support Interns assigned in FY16/17 where products of the POW. The Sr. PSS in Communications also works in collaboration with the RUHS-BH Public Information Officer to provide consistent recovery-focused, person-first language in all marketing materials for programs, events, social media outlets and events throughout the service system.

Community Education and Support

The Consumer Affairs division receives requests all year to submit proposals for workshops nationwide. In the 2016/2017 fiscal year the Sr. PSS joined with the Consumer Affairs Program Manager to facilitate these workshops. These conferences included the International Association of Peer Supports (iNAPS), the California Association of Social Rehabilitation Agencies (CASRA) spring and fall Conferences. In addition, the Department has participated in assisting with the development of Statewide Peer Support Certification in collaboration with the California Association of Mental Health Peer Run Agencies (CAMHPRO).

The Consumer Affairs Program Manager presented at the CIBHS Wellness Conference in Ontario, CA, to share progress and growth in the peer workforce and consumer culture influence on the service system. In the same month, inspired by the active shooter incident in San Bernardino County, Consumer Affairs was included in the Adjunct Crisis Response Team Training, to assist in providing debriefings in the community in the event of a crisis or disaster.

Other Consumer Affairs team activities include their instrumental participation in; identifying best practices in hospital discharge planning, including peer provided services at the front door when a person is ending a hospital stay; presented to the Whole Person Care Committee at the RUHS Medical Center; hosted an education summit for Los Angeles County, to educate an support LA County's ongoing development of Peer Support Services.

The LA County Peer Support Leadership Education Summit was highly successful. It included twelve behavioral health workers (including the department administrator) in attendance for a 3-day conference to participate in workshops, panel discussions and site visits. The feedback from LA County was extremely positive. The administrator expressed appreciation and gratitude for the mentorship RUHS-BH has been providing over the last fiscal cycle. LA County continues to reach out to RUHS-BH for technical support, as they transition non-billable peer-to-peer services into billable behavior health peer support services in line with SAMHSA guidelines for peer support.

The fiscal year ended with the launch of The Gym at Rustin, which is a fitness center operated by a Peer Support Specialist who is trained and certified as a fitness instructor. The Gym offers wellness strategies for all Adult, TAY and Mature Adult consumers. The classes offered this fiscal cycle were WRAP for Life, Mindfulness (Yoga), Chair Yoga and Circuit Training.

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

- "Crisis Response and Peer Support"
- "Peer Support Career Ladders"
- "Peer Navigation: Making Connections"
- "Recovery is Not a Four Letter Word"
- "Management Supporting Implementation of Peer Providers"
- "Billing for Peer Services"
- "Supporting the Team – Senior PSS Roles"
- "Facilitation of Recovery Groups"
- "Peer Roles in County Agencies"

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

Training and Support

The Consumer Affairs division continues to hold monthly trainings. There have been specialized presenters to provide information on topics such as Ethics and Boundaries, Pets Assisting in Recovery (PAIR), Older Adults, Spirituality in Mental Health, Cultural Competency, Substance Use and Recovery, Housing Support Services, Commercial Sexual Exploitation of Children, Mental Health Court and much more.

During the FY 16/17, partnering with a county contracted agency, RI, International (formerly, Recovery Innovations) eight Peer Employment Trainings were held and have graduated 155 students. This class is two weeks (72 hours) of intensive college level material. It includes a mid-term and final examination. This class provides the Department with new PSS staff, volunteers, and interns. It also assists consumers to further their personal recovery.

Consumer Affairs continues to collaborate with the Family Advocate Program as well as Parent Support and Training. This ensures that Riverside University Health System – Behavioral Health carries a singular message of hope to the community. The senior level staff is collaborating in a number of ventures providing training to the community, sharing resources and co-facilitating events. The sixth annual "All Peer Education Summit" (Consumer Affairs, Family Advocate Program, and Parent Partner Program) was held in October 2017. There were more than 300 attendees from all three programs. This summit was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives. Speakers from varying disciplines of behavioral health and social services brought education regarding a myriad of topics like forensics, detention, commercial sexual exploitation of children, behavioral health administration, whole health wellness and trauma-informed care.

During the last fiscal cycle Consumer Affairs implemented a consumer resource help line to connect the community with resources and solutions to not only behavioral health challenges, but also life challenges that often exacerbate the behavioral health challenge. The Peer Navigation Line (PNL) began in April 2016 and is a toll-free number to assist the public in navigating the Behavioral Health System, and connecting to the individuals need. The public can contact the Peer Navigation Line, which is staffed by individuals with "lived experience". In its infancy, the staff included one full time PSS, two PSS interns, and several PSS volunteers, supervised by the Senior Peer Support Specialist for Communications. During the 16/17 fiscal year, the PNL has been relocated and inspired the implementation of a whole new service

system to answer the needs of those consumers who are in need of extra support upon discharge from psychiatric hospitals. That inspiration has led to the development and implementation of two post-discharge planning clinics in our adult system of care called the Navigation Centers. These centers are located just steps from the two RUHS-BH psychiatric impatient facilities in Western Riverside and the Desert region. In collaboration with WET and the MHSA Administration office, these programs launched with the PNL as the community resource, expanding the telephone resource into in-person early intervention after hospitalization. The Navigation Centers employ 10 full time PSS, three volunteers and all PSS interns have a PNL rotation as part of their internship educational process. "Nav Center" PSS staff 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 callers see the hope through sharing "lived experience". In person, they "meet them at the door" upon hospital discharge, make visits onto the inpatient units to engage and inform guests of the facility of peer support services/recovery resources and facilitate wellness groups on the units. "Nav Center" PSS staff members provide community presentations and marketing tools throughout Riverside County, increasing awareness of the program. The PNL has completed 363 contact log entries (220 MH Admitted Client Contact Log, 143 MH Contact Log) this fiscal year. The utilization of the contact log allows for open communication between the PNL and the individual's "home clinic" when applicable. The resources provided include, but are not limited to finding assistance with basic needs (food, clothing and shelter), education, vocation, utilities, pets, and other social services.

Consumer Affairs collaborated with the homeless outreach team to present the Longest Night events, which were held in all three regions of the county. Donations from employees, community members, and consumers were gathered. Comfort items, such as blankets, gloves, coats, scarves, socks, and shoes were gathered and distributed to each event. Any donations not used at each of the events were forwarded to the Homeless Outreach "HHOPE" team to utilize for those they encounter and engage during outreach activities. In Western Region, Jefferson Wellness Center and The Recovery Learning Center outreached to over 100 community members. Staff and volunteers provided support, distributed upwards of 100 blankets for those struggling with homelessness and shared a night of conversation, hot chocolate, soup and other snacks. A candlelight memorial was held to honor those who lost

their lives on the streets in 2016. In Mid-County Region, Perris and Hemet area, activities included a moment of silence was held in memoriam for those who had lost their lives on the streets. Blankets, hot chocolate and warm smiles were given to those in need. In the Desert Region, staff and consumers gathered at two locations. The event at Replier Park in Banning had approximately 30 attendees. Blankets, socks, coats, gloves, scarves, and beanie hats were handed out to those in need. At Miles Park in Indio, along with the vital blankets, clothes, and "goodie-bags" with toiletries, attendees participated in a memorial, during which, individuals shared their stories of survival while living on the streets. Hot chocolate and candy canes made the moment even brighter.

For FY 16/17, Consumer Affairs took an instrumental role in the May is Mental Health Month events across the County reaching more than 2,500 community members. The Desert Region held its annual art show sponsored by the Desert Region Behavioral Health Commission. Approximately 150 participants shared their art and written work with the community in an effort to reduce the stigma associated with mental illness. Prizes were awarded for submissions. In the Western Region a Mental Health Fair was held at Fairmount Park in downtown Riverside. There were more than 75 vendors present to share information on various services throughout the community. There were approximately 1800 community members present. Mid-County Region presented a health Fair at Foss Field Park and Perris City Council Chambers. There were more than 65 vendors present and over 600 community members.

In FY 17/18; 18/19; 19/20 Consumer Affairs proposes to continue to innovate and implement recovery practices building inter-agency and community connections to better service all those who are within our County. The following are planned activities for the future.

- Mentoring of neighboring behavioral health agencies to implement direct peer provided services and recovery model practices within Los Angeles, Orange, Kern, Tulare and Mendocino county services vs. those counties providing solely contracted peer support services.
- Implementing the RUHS-BH Consumer Peer Support Leadership Initiative. Consumer Affairs recognizes the evolution Senior Consumer Peer Support service to internal and external customers. This initiative will develop an RUHS-BH agency-specific leadership training curriculum. The training will be comprised of leadership, coaching, "real world" on-

the-job recovery-focused professional development for Consumer PSS and manualized resources for reinforcement of skills that support Department expectations.

- Recovery Coaching and Language In-service Training – Inpatient Treatment Facility. Consumer Affairs has been invited to provide hopeful language and recovery coaching training to the nurses, clinicians, and technicians at the Inpatient Treatment Facility (ITF) in Riverside.
- Substance Abuse and Treatment Peer Support Training – This is a specific training aimed at enhancing Peer Employment Training for Peer Support Specialists working under Waiver 1115.
- Rustin Café Vocational Program. This is a program focused on providing real life training to individuals who are seeking to get into the workforce, either as a return employee or as a first time employee. A Request for Proposal has been open for public review and response.
- Consumer Affairs has been invited to collaborate with the Veterans Affairs Department in Loma Linda to assist with the development of ongoing training for Peer Support Specialists.
- Peer Support Specialists in the Emergency Departments throughout Riverside County, beginning with RUHS-run facilities to assist with navigating systems and obtaining resources in the hopes of reducing the overuse of emergency services thus reducing the overall cost of those services is in the works for 2017. Peer Support Specialists are proposed to be added to staff in the Emergency Department at the Cactus Avenue Campus and FQHC clinics throughout the County in a series of phases.
- Expansion of Senior Peer Support in Crisis Support, Bilingual Spanish Peer Support Services, California Sexually Exploited Children and Integrated Health Care environments. FQHC clinics and Emergency Departments have been proposed. To meet the needs of our Spanish-speaking consumers, Consumer Affairs is proposing a language-specific unit within Consumer Affairs to target group facilitation and recovery activities that are culturally responsive to that population. The expectation of continued growth in peer support staffing in these environments will require additional leadership positions.
- Fostering the expansion of Peer Policy & Planning management for TAY Consumer Peer Support Specialists. The Consumer Affairs office has proposed to executive management the creation of a new program management position to support and educate all consumer PSS who work with Transition Aged Youth. TAY Consumer PSS staff numbers have increased from eight staff members to twenty-eight staff members over the last two fiscal

cycles. The Consumer Affairs unit has identified the potential for continued PSS staff increases over the next fiscal year.

Family Advocate Program

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

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

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

Currently, there are ten (10) Senior Behavioral Health Peer Specialists (Sr. BHPS) and twenty-seven (27) Behavioral Health Peer Specialists (BHPS) providing services throughout the three Regions in Riverside County (Western, Mid-County, and Desert) and we continue to grow.

The ten Sr. BHPS are assigned accordingly: one in Western region, one in Mid-County region, one in Desert region, one to the Transition Age Youth (TAY) Drop-In Center for the Desert

region, one to the TAY Drop-In Center for Mid County, one to the Family Rooms located in Lake Elsinore and Perris, and four are assigned Countywide with one each to specialized areas: Forensics, Substance Abuse, Outreach & Engagement, and Prevention & Early Intervention (PEI). The Family Advocates are able to provide individual family support to family members within the behavioral health system, as well as, support in the community. Currently, they offer weekly family support groups in various locations throughout Riverside County. The FAP offers family support groups Countywide; including TAY Family Support Groups and a Sibling Support Group. Also, they offer informational presentations to family members and the community on topics, including but not limited to: "What is a 5150?", "Addictions, Families, and Healing", "Nutrition and Mental Wellness", "Families, Mental Illness and the Justice System" and "Meet the Doctor". In addition, they facilitate training courses titled, "Mental Health First Aid (MHFA)" and "Family Wellness Recovery Action Plan (Family WRAP)". Through our "Meet the Doctor" series, the FAP collaborates with Riverside University Health System – Behavioral Health (RUHS – Behavioral Health) Psychiatrists to inform and educate families from a provider's perspective. All presentations, groups, and trainings are free of charge and offered in both English and Spanish.

The FAP continues to be the liaison between the RUHS – Behavioral Health and the National Alliance on Mental Illness (NAMI) and assists the four local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program and will facilitate classes in both English and Spanish when needed. The FAP assisted the Riverside and Hemet NAMI affiliates in starting the first two Spanish-speaking NAMI meetings in Riverside County. In partnership with the local affiliates, the Spanish NAMI meetings have been extremely successful in providing much needed support to our Spanish-speaking communities. The Family Advocate Program hosted its fourth annual "Family Wellness Holiday Celebration" (formerly known as "Posada") attended by approximately 100 family members from diverse communities. Per community suggestion, the FAP in collaboration with NAMI will explore the implementation of other cultural adaptations of NAMI programs such as "Compartiendo Esperanza" for the Spanish speaking community, as well as "Sharing Hope" modeled for the African American community.

In addition, the FAP networks with community agencies through outreaching, providing educational materials, attending health fairs, visiting schools, and providing trainings (MHFA

and Family WRAP) to culturally diverse populations; in an effort to engage, support, and educate family members on mental health services.

The FAP has a Countywide Forensics Sr. BHPS to support families in Mental Health Court, Veterans Mental Health Court, Detention, Public Guardian (PG), and Long Term Care (LTC) programs. Families experience increased struggles with understanding the complexity of these programs. The Sr. BHPS is able to assist families in navigating these programs, offering support, providing a better understanding of the system and offering hope to their loved ones. The FAP was recognized by the State of California, Council on Mentally Ill Offenders (COMIO), for the support offered to families in the judicial system and its continued contribution to reduce recidivism rates. The FAP has developed several family educational series, such as "Families, Mental Illness, and the Justice System" and "The Conservatorship Process", in both English and Spanish and has added a library of presentations that are offered countywide to family members, providers, and the community.

The Substance Abuse Countywide Sr. BHPS assists families in understanding the Substance Abuse programs within the behavioral health system. The Sr. BHPS provides support to families by educating them with the knowledge and skills needed to build healthy boundaries for their loved ones with co-occurring challenges. The countywide position acts as a liaison between Substance Abuse programs, behavioral health providers, and families. Substance Abuse Family Support Groups are offered in each region of Riverside County on a monthly basis. The Sr. BHPS collaborates with the Substance Abuse Prevention and Treatment (SAPT) Program and other RUHS – Behavioral Health departments to offer support, education and resources to families throughout Riverside County. The Sr. BHPS participates in outreach events to distribute information and resources to the community and difficult to engage populations.

The Outreach and Engagement Countywide Sr. BHPS works in collaboration with Full Service Partnerships (FSP) such as TAY and Adult Western Region. In addition, this senior oversees the coordination of special events, educational programs, and community outreach activities. The Sr. BHPS is involved in May is Mental Health Month, NAMI Walk, Recovery Happens, and numerous public engagements. The Sr. BHPS works in collaboration with the Cultural Competency program outreach and engagement coordinators in all three regions. Services are provided in both English and Spanish. The Sr. BHPS has successfully secured presenters from various community engagements to provide free of charge presentations to families.

Through the Workforce Education and Training (WET) Program, five Sr. BHPS were trained to facilitate Mental Health First Aid (MHFA) in both English and Spanish to their communities. MHFA is a public education program that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and overviews common treatments and supports. The PEI Sr. BHPS has been designated as the Adult MHFA coordinator and as such, collaborates with other trained Sr. BHPS and peers to provide this course to the community at large. In the year 2017 from August to December, the Adult MHFA facilitators graduated 143 Mental Health First Aiders.

Currently, the FAP has Behavioral Health Peer Specialists (BHPS) assigned to several clinics within Riverside County. These BHPS work directly with family members of consumers within their clinics. The FAP has added BHPS to provide support at the Blaine, Hemet, and Indio Adult Behavioral Health Clinics. These additional BHPS will assist in enhancing family support services within the outpatient clinic and work directly with the clinic staff to support families' integration into treatment. A BHPS has been added to the office of PG and LTC programs and provides assistance to families with the Mental Health Court. This BHPS will provide support, resources, and education to families whose loved one has been placed on conservatorship and/or are at a Long Term Care Facility. This BHPS will act as a liaison between families and these programs to offer additional support and an understanding of the LTC and PG processes. Also, a BHPS is located in the Navigation Center to assist families/ caregivers of loved ones receiving services at Emergency Treatment Services (ETS) and Inpatient Treatment Facility (ITF).

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

The FAP continues to work closely with the Mid-County Region innovative programs. The '"Family Room" concept emphasizes engagement of families into treatment by supporting

families and enhancing the family member's knowledge and skills by expanding their participation and role into their loved one's treatment. The Family Room model places the family advocate services at the forefront of clinical services by promoting the empowerment of family members to take an active role in the recovery of their family member through support, education, and resources. Families can then better assist and promote their loved one's road through recovery as well as their own. "The Family Rooms" are located within the Perris and Lake Elsinore Adult Clinics.

A Countywide innovative program, TAY Drop-In Centers, is located in each region: Western, Mid-County, and Desert. The FAP's continuous commitment to providing support, education and resources to families is implemented in the TAY Drop-In Centers. Working in collaboration with providers, a Sr. BHPS will be providing leadership, mentorship, and guidance to BHPS.

Volunteers and interns continue to be an essential part of the FAP. Volunteers and interns are mentored by Sr. BHPS in the day-to-day activities of a BHPS which include attending the NAMI Family-to-Family Education Program and family support groups. Under the direction of the Sr. BHPS, volunteers and interns are active in outreach and engagement of the underserved populations, as well as, co-facilitating the NAMI Family-to-Family classes and family support groups.

In the upcoming Fiscal Years, The FAP proposes to increase its involvement and offer new educational supports to families and expand services such as:

- Continue to increase BHPS positions to other clinic sites and programs such as Substance Abuse clinics and TAY
- Increase the number of MHFA trainers to offer more courses throughout the year to the community.
- Recovery Management for family members
- Spirituality support groups
- Continue to be an active part of the Crisis Stabilization Unit (CSU)
- Continue to expand Family Advocates into the Crisis Residential Treatment Facility (CRT)

The FAP continues to partner with Consumer Affairs and Parent Support and Training programs to promote collaboration and understanding of family and peer perspectives. In the year 2017, the FAP has engaged 2,664 family members and/or caregivers through special events, support groups, outreach engagements, and contact via telephone or e-mail.

The FAP believes that recovery is essential in their support services to families. We provide support to the family members as they go through their own recovery journey. With continued support, education, understanding, and self-care recovery is possible for all members of the family.

Parent Support and Training Program

Classes/Trainings

- EES
- Triple P
- Facing Up
- Nurturing Parenting
- Parent Partner Training
- Safe Talk
- Mental Health First Aid/Mental Health First Aid-Youth
- Strengthening Families

Special Projects

- Back to School Backpacks
- Thanksgiving Meals
- Snowman Banner Gifts
- Donations

County-Wide Services/Activities

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

Introduction - Why Parent Support?

Parent Support and Training (PS&T) Programs across the country have developed in response to the many obstacles confronting families seeking mental health care and to ensure treatment and support are comprehensive, coordinated, strength-based, culturally appropriate, and individualized. The Parent Support Program activities are intended to engage parents/caregivers from the moment they recognize assistance is necessary. Activities include parent-to-parent support, education, training, information and advocacy. This will enhance their

knowledge and build confidence to actively participate in the process of treatment planning at all levels relating to their child as well as their family. These activities are specifically supported in the Mental Health Services Act as a part of Mental Health Service System transformation to promote better outcomes for children and their families.

Background

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

What is a Parent Partner?

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

Mental Health Peer, Policy, and Planning Specialist

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

The Vision

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

Program Outcomes

PS&T individually reached out to over 22,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their children, and families. The current number of Parent Partners county-wide is 49 Total (28 whom are bilingual).

There is a quarterly county-wide Parent Partner Meeting for all 49 Parent Partners (Mental Health Peer Specialists). There is also a quarterly regional Parent Partner meeting with all parent partners in their own region to discuss regional issues. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partners. Presentations are provided by both county and contracted programs, such as CCR Implementation, OliveCrest-Safe Families, Crest/Reach, SafeHouse, HHOPE, PAIRS, Black Infant Health, Confidentiality, Team Building, Boundaries, and Documentation for Parent Partners. Parent Partners County wide participated in the WISE Parent Partner Training. A Parent Partner curriculum continues to enhance training for all newly hired parent partners and includes orientation for Parent Partners; How to Facilitate a Support Group; How to Facilitate a Parent Orientation for parents entering the Behavioral Health System; and, Nurturing Parenting Facilitator Training. Parent Support & Training Program offered and trained parent partners for the Behavioral Health Department, Department of Social Services and the Community Providers that we work with. All Trainings/Meetings are open to all parent partners working within a multitude of systems.

PS&T co-facilitated the Seventh Annual All Peer Retreat, bringing together all Parent Partners, Family Advocates, and Peer Specialists. Over 160 Peer Specialists, Parent Partners, and

Family Advocates learned from each other regarding the different programs and services that are provided. There were a lot of Team Building Exercises, a Housing Training from HHOPE, and collaboration throughout the day.

PS&T Program has continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways Trainings for new staff. PS&T along with DPSS have incorporated the changes in both systems to ensure that all children entering the Child Welfare System are receiving the mental health services that are needed. This has been an avenue to have the parent and family voice heard in both systems. Parent Support & Training Program continues to attend TDM/CFT in order to be a part of the process and to support the families. PS&T Program attended 206 Meetings for families and 69 Meetings for our Non-Minor Dependents.

This fiscal year PS&T Program coordinated the May Is Mental Health Event Resource Fair. This added an overall family feel to the event with the addition of a TAY Area, and more community partners for an overall wellness approach. The Event was well attended with over 1500 participants.

With Special Projects, PS&T utilized 88 community volunteers during FY16/17 at outreach events and with donation projects.

- 17th Annual Back to School Backpack Project: 582 backpacks were distributed to youth at clinics/ programs.
- 17th Annual Thanksgiving Food Basket Project: 171 food baskets were distributed to families.
- 17th Annual Holiday Snowman Banner Project: 1,668 snowflake gifts were distributed to youth in clinics/programs.
- In the Mentoring Program, coordinated through Oasis, an average of 37 youth has been in the Mentoring Program at any given time during FY16/17. The mentors are varied in their life experience and education. Several of the mentors have consumer backgrounds in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the objectives is to link youth to an interest in the community. Clinicians can ask for them by name on the Mentor Referral. Some of the comments