

from parents are that this program has helped their youth with school and has improved his/her confidence.

Existing Support and Services in the Parent Support Program

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

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

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

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

Parent Support & Training Program continues to provide the following Classes/Trainings in the community at a variety of sites in both English and Spanish.

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

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

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

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

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

Strengthening Families – is a 6-week interactive course that will focus on the Five Protective Factors. The Five Protective Factors are skills that help to increase family strengths, enhance child development and manage stress.

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

Mental Health First Aid Youth – reviews the unique risk factors and warning signs of mental health problems in adolescents ages 12-18. It emphasizes the importance of early intervention and covers how to help an adolescent in crisis or experiencing a mental health challenge.

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

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

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

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

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

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

Current Staff in the Parent Support Program

- One (1) Parent Partner in Administration works in partnership with Children’s Programs Administrators and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- Six (6) Senior/Lead Parent Partners work out of the Parent Support and Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children’s Administrator, Children’s Supervisors, and Parent Partners to ensure and help with providing support for families. This year we added a Senior/Lead position specifically for TAY to work with the TAY Center in Riverside.
- Ten (10) Parent Partners are assigned to work out of the Parent Support and Training Program. They provide assistance, answer the support line, and provide EES, Triple P, Facing Up, Safe Talk, Parent Partner, Mental Health First Aid Youth, Strengthening Families and Nurturing Parenting Trainings county-wide. They also facilitate Support Groups County-wide, offer presentations to community providers, and offer support to clinicians and families including orientation for parents/caregivers entering the system when needed.
- One (1) Volunteer Services Coordinator coordinates special projects and donated goods, provides outreach, targets culturally diverse populations, trains, and mentors volunteers, and is bilingual.

- One (1) Secretary and One (1) Office Assistant, who answer phones; send out mailers for Support Groups, EES Classes, and Parent Trainings; coordinate the training materials that are needed for the Parenting Classes that are ongoing throughout the county; maintain lists for all Donation Projects of Donors; and work closely with the Program to maintain all Projects, Reports, and Imagenet information for tracking purposes.

Community Committees/Boards

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

- Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs)
- Task Force Family and Youth Murrieta
- SELPA Interagency Meeting
- Riverside County Department of Mental Health Committees/Boards
- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee
- Translation and Interpretation Committee
- Cultural Awareness Celebration Committee
- Pathways to Wellness/CCR - Collaboration with DPSS
- TAY Collaborative Committee
- Building Bridges Committee
- Pathways to Wellness/CCR - Family Perspective Presentation
- Women, Infants and Children Clinics
- Behavioral Health Commission (previously the Mental Health Board) (Recovery Presentation)
- Mental Health Children's Committee
- Wraparound Family Plan Review Meeting
- Western Region Supervisors Meeting
- Central Region Supervisors Meeting
- Mid-County Region Supervisors Meeting
- Desert Region Supervisors Meeting
- Kinship Navigators Committee

- Peer Workshop Presentation
- Pathways to Wellness (Katie A) CORE Meeting
- Pathways to Wellness (Katie A) Steering Committee
- Pathways to Wellness (Katie A) Work Groups Leader Orientation
- TAY Collaborative
- Task Force Family and Youth Murrieta

Outreach Events:

Path of Life Health Fair	NAMI Walk
Family Resource Center Perris Health Fair	Million Man Event
Arlanza Fair	Black History Parade
Recovery Happens Fair	May Is Mental Health Month
I.E. Disabilities Health Fair	Health and Safety Event
Working Well Together Conference	NAMI Conference
Tribal TANF	Cultivating Our Community
African American Family Wellness	Rubidoux Resource Fair
Million Father March	Heart For Health
LULAC Community Health Fair	Fiesta Educativa
Riverside Summerfest	HOPE Resource Fair
Summer Solstice	Day of the Child
Cabazon Community Fair	YAC-Teen Health
Family Engagement Conference	Tahquitz HS Health Fair
Parent Education Summit	IE Perinatal MH Collaborative

Recovery Innovations

Wellness City Programs

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

Peer Employment Training

PET Service Data

Art Works Programs

Gallery Classes
Special Events
Recovery In Motion

Contact For Change

Program Overview

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

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

RI International provides a range of mental health services to adults and transitional age youth (TAY) participants in Riverside County. The RI Wellness City programs are grounded on the recovery principles of hope, choice, empowerment, an environment of wellness and spirituality and community enrichment by contribution. Wellness City is made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers called Recovery Coaches who have experienced their own recovery successes share what they have learned and work alongside each person. Those who attend the programs are called “citizens” and like citizens of any community they both give and receive from the community. The citizens of Wellness City learn to identify personal strengths and challenges and develop personalized action plans that

incorporate their dreams for the future. Each citizen of Wellness City partners with a Recovery Coach who understands the challenges and is standing by ready to offer support. Strong and trusting relationships grow and are nurtured between Wellness City citizens. These relationships are the key ingredient that will allow Wellness City to be a healing recovery community. There are citizens who receive services, citizens who provide services, citizens who are leaders and citizens who volunteer within our program and outside community. The healing dynamics of Wellness City include the following services to support: wellness and recovery.

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

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

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

Peer-Support: Each citizen will be welcomed and offered the opportunity to spend time with a Recovery Coach who will provide an orientation to the activities provided in Wellness City and assists them in developing a "Personal Wellness Plan". Each citizen will select a Recovery

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

Criteria for Eligibility: Anyone who has experienced behavioral health services and live in the Riverside county area will be welcome to participate in Recovery Innovations Wellness City. Citizens will be encouraged and supported to participate in community activities within the Wellness City and outside community.

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

- Department of Rehabilitation
- Department of Social Services
- Housing and Urban Development
- IEHP
- Martha's Village Kitchen
- Transportation Assistance Program (TAP)
- Oasis Vocational Rehabilitation
- Riverside Community College's Disability Services Center
- SSI Advocacy Firms
- Student Assistance Program

Community Partnerships, Fairs and Support:

During this fiscal year, RI International established partnerships with various community organizations and has attended a multitude of fairs, sharing information regarding programs services and support, throughout Riverside County. The following are a few of those collaborations:

- RI International's various wellness city locations partnered with RUHS-BH Mental Health Clinics. Presentations were facilitated by RI staff to staff of RUHSBH and potential participants receiving services at RUHSBH Mental Health Clinics.

- RI International Wellness City Riverside participated in the Recovery Happens event sponsored by Riverside University Health Systems-BH Substance Use. Citizens of Riverside Wellness City attended the event and had an opportunity to learn about RUHSBH services. Recovery Coaches provided potential participants and their family members with information on RI International services. Brochures, class calendars and giveaways were provided.
- RI International participated in RUHS-BH's Art Show and Creative Writing event for May is Mental Health month. Citizens of RI International Wellness Cities were transported to the event and several were participants in the Art Show contest. Recovery Coaches provided potential participants and their family members with information on RI International services.
- Loma Linda University Nursing Students partnered with RI International to facilitate Health Awareness classes. Loma Linda interns facilitated a two hour class once a week. The Interns shared health facts and promoted physical wellness to our Wellness City citizens.
- Disability Rights Advocate Group partnered with RI International to facilitate Self Advocacy classes. The facilitators hosted an 8-week, one hour class to discuss various topics that were selected by the citizens of Wellness City.
- RI International participated in the American Foundation for Suicide Prevention's "Out of the Darkness" walk. Resources were provided to potential participants, family members and community agencies, information on RI supports and services. Citizens attended to walk and promote awareness on the importance of suicide prevention.
- IEHP partnered with RI International to provide a presentation for the citizens of Wellness City. The presentation provided information about IEHP and the representative answered questions regarding navigating services.

- RI International participated in the Riverside County Probation Collaborative. Information on RI International services was provided to potential citizens and probation officers of Riverside County.
- RI International participated in the May Mental Health Fair sponsored by RUHS-BH. Recovery coaches attended and provided potential participants and their family members with information on RI International services. Brochures, class calendars and giveaways were provided.

Community Enrichment Activities

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

- Wellness City citizens attended the South Regional Empowerment Networking Forum hosted by CAMHPRO. Citizens had the opportunity to share their experience relating to navigating services in their communities. Citizens attended focus groups and two keynote speaker forums, where they learned that their voice mattered in discussing current events involving mental health recovery.
- RI International provided an opportunity for citizens to participate in an outing to the Getty Center in Los Angeles. Citizens were excited to attend and in preparation, classes were hosted to explore the history of the artists and the artwork that was on exhibit at the center. Citizens expressed their enjoyment of the enrichment activity and appreciated having the history prior to attending the event.
- RI International hosted their Annual Holiday Celebration for the participants involved in our Wellness Cities through Riverside County. Participants enjoyed a catered meal while participating in karaoke, line dancing and taking pictures at the photo booth. Transportation to the event was provided. The celebration provided participants the

opportunity to connect and meet other individuals throughout all of the Riverside County programs.

- RI International hosted their annual film series for the Western, Mid-County and Eastern region communities. Wellness City citizens from all regions attended the educational film series. This event provided a great opportunity for citizens to connect with others and gain insight and awareness about resilience and recovery through the documentaries shown.
- Wellness City citizens attended the NAMI walk at Diamond Lake in Hemet. Citizens walked to raise awareness for mental health and to reduce the stigma surrounding mental health. Citizens stated that they felt empowered and excited to take part in the walk.

Wellness City Outreach and Unique Individuals Served

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

- Western Region outreached to nine hundred and thirty-two (932) individuals.
- Mid-County Region outreached to nine hundred and seventy-seven (977) individuals.
- Desert Region outreached to one thousand one hundred and three (1103) individuals.

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

- Western Region supported three hundred and fifty (350) individual participants
- Mid-County Region supported three hundred and forty (340) individual participants
- Desert Region supported four hundred ninety-five (395) individual participants

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

- Western Region provided service to fifty-five (55) participants
- Mid-County Region provided service to fifty-eight (58) participants
- Desert Region provided service to forty (40) participants.

Other notable support services include:

Western Region:

- Support for thirteen (13) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for seventeen (17) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twenty four (24) individuals with enrolling in an education program and nineteen (19) individuals completed an educational goal.
- Supported thirty-four (34) unique individuals in applying for benefits and of those thirty-four, eighteen (18) of them are now receiving benefits which has enhanced the financial wellness for these individuals.

Mid-County Region:

- Support for ten (10) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for fifteen (15) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twenty-three (23) unique individuals in enrolling in an education program and seventeen (17) individuals completed an educational goal.

- Supported twenty-two (22) unique individuals in applying for benefits and of those twenty two, eleven (11) of them are now receiving benefits which can create financial wellness for these individuals.

Eastern Region:

- Support for twenty seven (27) unique individuals with meeting their goal of finding and obtaining housing of their choice.
- Support for thirty-one (31) unique individuals with meeting their employment goal of obtaining and sustaining employment for ninety (90) days.
- Supported twenty-nine (29) individuals with enrolling in an education program and twenty-one (21) individuals completed an educational goal.
- Supported twenty five (25) unique individuals in applying for benefits and of those twenty five, nineteen (19) of them are now receiving benefits which has enhanced the financial wellness for these individuals.

Participant Quotes:

- "Wellness City Indio has given me a sense of purpose" – R.P.
- "To me, Wellness City is a Miracle City; it has allowed me to reconnect with my family." – L.F.
- "Wellness City is a place I can come to and be a part of something that is for a greater good." – A.C.
- "Wellness City helped me learn and supported me through life changes." - F.P
- "Staff is very friendly and supportive."- anonymous

Peer Employment Training (PET)

RI International continues to provide training to equip peers who want to work as Peer Support Specialists in the County of Riverside. For FY 17, RI International provided eight classes. The 72-hour classroom training and graduation celebration provides a very positive opportunity for peers to demonstrate empowerment in peer recovery.

For FY17 there were a total of 157 graduates from Peer Employment Training Classes.

Dates	Region	Class Name	Graduates
7/11/16 to 7/22/16	Western	Ambassadors of Hope	22
9/12/16 to 9/23/17	Desert	Rockstars of Recovery	21
11/7/16 to 11/17/16	Mid County	Storm Survivors	20
1/9/17 to 1/23/17	Western	Peers with Heart	21
2/13/17 to 2/24/17	Mid County	Living Proof	14
4/3/17 to 4/14/17	Desert	Lane Changers	24
5/15/17 to 5/26/17	Desert	Em'Power Rangers	22
6/5/17 to 6/16/17	Mid County	Stigma Stompers	13
		Total	157

Art Works Programs

Art and creativity have proven to be valuable wellness tools for many participants who come to Art Works for their own mental health and/or substance abuse recovery and wellness. Lives have been enhanced and changed dramatically for many people who credit Art Works as a significant wellness tool for their personal recovery through the art classes, field trips,

community outreach, and the opportunity to share their personal recovery stories to encourage others.

Highlights for FY 17 include:

- Two of our participants wanted to learn to crochet but were very skeptical that they'd be able to learn. Both of them finished their first project and love the new skill they've learned. One of them struggled to learn crochet for decades with disappointing results and began working on her first blanket, something she never thought she'd be able to do. Our volunteer peer teacher, Karen, who is both a current participant and also teaches crochet, even learned to crochet left-handed so she could teach the left-handers in the class who were getting frustrated because they couldn't figure out how to do it from watching right-handers. Crochet was our most-attended class in July.
- California Science Museum was a well-attended and enthusiastically enjoyed field trip. We were joined by participants from the Juvenile Probation Department, who had been attending art classes at Art Works for several months. All participants were loaned cameras to take pictures of things they found interesting at the Science Center, which were matted and displayed at Art Works in September
- One participant said that she gets other forms of therapy but finds what happens at Art Works the most beneficial to her. She said she really likes the people who come here.
- A participant who volunteered to be RIM assistant for the September series of classes had a wonderful experience. She said she was full of self-doubt, afraid she couldn't do the job, but discovered that she excelled at it. The students loved her energy and encouragement and she says she loved every second of it. Now she is seeking employment opportunities because she believes in abilities again.
- One of our participants was invited to speak December's Cultural Competency meeting about his recovery story and also to show his art. At the meeting he sold almost all the Christmas cards he had made and two of his paintings. He said afterwards it was one of the best days of his life.
- Art Works was invited to paint a group project mural on one of the 120 foot hallway walls in the Rustin building. We bought the supplies, drew the design on the wall, and started a weekly class in March for our participants to go to Rustin as a group to paint the mural. The project was completed August 2017.

- One of our participants who has been coming to Art Works with great frequency the past few months became a fan of quilling. He bought supplies for himself so he could quill at home, using the skills he learned at Art Works. He created a special project to enter in the Indio Art Show in May with this story that he wrote "I started quilling at Art Works for the first time which was around December 2016. I did not know how to quill, so when I was taught for the first time I learned very well. So, I took over and did a Big Project. Every Day the quilling helps me with relaxing and makes me want to do more quilling and make art for others. It make me happy to do for others too. It feels good to have my quilling project in the Art Show."
- We participated in Fiesta Day at Canyon Lake on May 27th at the invitation of Dr. George Middle. We talked to people about what Art Works does, helping reduce stigma against mental illness in the process. We also sold work by some of our artists.
- The May Art Show in Indio was a big success. All of our participants that attended talked about what a good time they had and each one of them received a Certificate of Appreciation for the art they entered. Several of them sold their pieces at the show too!
- Art Works participated in the May is Mental Health Month in Perris. Three of our artists took the stage to talk about the impact art and Art Works has had in their recovery and had samples of their art at the RI table for people to see. We also participated in the event at Fairmount Park, handing out calendars and talking to people about our program.
- Our field trip to the Broad Contemporary Art Museum in Los Angeles was a big hit with the participants that went. We ate lunch at Central Market and enjoyed the amazing art at the museum.

Art Works Gallery Classes

Art Works held 46 unique workshops. There were approximately 514 unduplicated students served at these classes. Some of the classes included felting, City Hall concerts, quilling, fused glass, book club, dance and movement, inspirational movies, crochet, open studio, dream manager, acrylic painting, mosaics, watercolor, silhouette plates, tin box dioramas, canvas project for Rustin, holiday crafts, music, drawing, move it!, Ojo de Dios, mixed media journal, decoupage houses, painted hearts, Sculpey clay pendants, Valentine card making, Shrinky

Dinks, Rustin mural, papier mache, into to poetry, sun prints, photography, tissue flowers, design concepts, teacup flowers, and mosaic pendants. Some of the art created in classes is consigned to our retail gallery if the artist chooses, allowing students seeking mental wellness to explore their creativity, build confidence in their abilities, and earn money in the process. Art allows us to explore all the Recovery Pathways: Choice, Hope, Empowerment, Recovery Environment / Culture, and Spirituality and to express them creatively and artistically. All staff members are Certified Peer Support Specialists. Many volunteer instructors are also peers while others just have the desire to share their gifts and talents with our participants.

After Works Workshops

Our After Works classes are held on Friday nights and are open to the community at large. The purpose is to have program participants and individuals not enrolled in our services engage in art projects together as equal community members which serves to reduce the stigma attached to mental illness. There were 10 After Works workshops during the fiscal year teaching 38 unique classes every Friday night to a total of 345 duplicated participants during FY 17. Some of the classes taught this year were wire wrapping, wire plant stakes, watercolor flowers, tie dye, mobiles, block printing, upcycling, quilling, fall centerpieces, cartooning, floral pins, teddy bears, coffee painting, crafts, game night, painted skulls, wind chimes, poetry, Christmas cards, felted soap, calligraphy, dance, paper flowers, faeries, mask messenger, mandalas, all about you journal, Spring baskets, acrylic painting, bottle necklaces, drawing, bird nests, rope bowls, create a card, floral watercolor, rope hats, and music jam. As the community at large works alongside Art Works peers in a happy and creative environment, stigma is reduced and replaced with comradery, inspiration, and fun. Many of our After Works instructors have personal lived experience with mental health challenges.

Special Events/Outreach

Art Works engaged in several different community outreach events in FY 17.

On the first Thursday evening of every month from 6pm to 9pm, Art Works participates in Arts Walk, sponsored by the City of Riverside and the Riverside Arts Council. We join Riverside Art Museum, Mission Inn Foundation and Museum, Life Arts Center, and several other art-oriented

businesses in downtown Riverside to bring attention to Riverside's art community. A total of 199 duplicated individuals visited Art Works during Art Walks in FY 17.

We presented six exhibits during the year at our Studio: the original art of Felipe Orozco, a local artist specializing in one-of-a-kind horse paintings, Who Arted? Group Show, Volunteer Teachers Showcase, Retail Therapy, Heart Mixing with Karen and Holly and Be Quill My Heart/Art Works' Artists, David Lines Past and Present, and Quilling Bee.

Art Works did weekly outreach at Pacific Grove Hospital to let in-patient clients in their arts and crafts class learn about Art Works as a resource for their personal recovery once they are discharged. We also regularly attended the monthly Riverside Arts Consortium and NAMI Western Riverside meetings to share our class calendar, answer questions about the program, recruit possible volunteer teachers as well as new participants.

Recovery in Motion (RIM)

RIM is a special program that integrates art and recovery, taking classes to underserved populations/communities throughout Riverside County, many of whom may have no other exposure to the healing power of art as a recovery tool. Classes are taught by a peer staff member and a peer assistant. In FY 17 a total of 250 duplicated attendees were served by RIM at the following venues:

- Wellness City Banning
- DHS Wellness in Desert Hot Springs
- Torres Martinez TANF in Murrieta
- Juvenile Corrections in Riverside
- RLC in Indio
- San Jacinto Adult Clinic in San Jacinto

Mutuality and understanding are important components of peer support so all of our staff are Certified Peer Support Specialists and our RIM assistants are also peers. They can attest to the positive impact art has had on their own recovery and also relate to the participant's challenges of living with mental illness. Teaching art techniques combined with recovery principles, our

staff and peer assistants have walked the walk and use their personal experience to provide hope, encouragement, and support to those who attend their classes.

Contact for Change Programs

RUHS-BH has contracted with RI International to provide stigma reduction presentations throughout Riverside County. Our Contact for Change Programs went live in FY 17. Staff were hired and trained to provide these programs and the team is in full force, ready to serve our FY 18 Programs.

Contact for Change programs consist of two distinct presentations designed to increase awareness of mental health and also to reduce the stigma against mental illness. Those presentations are Speaker's Bureau and Educator Awareness Program:

- **Speaker's Bureau**

- Two presenters share their personal recovery stories of lived experience with mental health challenges and their journeys to wellness.
 - **Where They Were** before their mental health challenges appeared, the onset of symptoms and what those symptoms were
 - **Their Recovery Journeys** beginning with when they chose recovery and what played an important part in their recovery success (treatment, coping skills, developed strengths)
 - **Where They Are Now and Where They're going;** their accomplishments despite their mental health challenges and their hopes for the future

- **Educator Awareness Program**

- This presentation is specifically designed for educators and school staff members
- A moderator reviews the common mental health diagnoses in children and adolescents and what those behaviors look like. Then two presenters, a former educator and a TAY former student, share their personal recovery stories with particular emphasis on their mental health challenges during their school years.
 - **Early Experiences:** things that were noticed when mental health challenges first appeared
 - **Struggles:** things that occurred as a result of mental health challenges

- **Successes:** things that were done well in support of mental health challenges and other things that might have helped.
- **Stigma:** ways it was experienced and overcome

We look forward to providing these programs throughout target areas in Riverside County in FY 18 and 19.

MHSA Funding Summary

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

 County: Riverside

 Date: 4/2/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	33,156,157	25,715,123	21,237,270	1,610,212	12,416,370	
2. Estimated New FY2017/18 Funding	79,945,072	19,986,268	5,259,544			
3. Transfer in FY2017/18 ^{a/}	(4,000,000)			4,000,000	0	
4. Access Local Prudent Reserve in FY2017/18						0
5. Estimated Available Funding for FY2017/18	109,101,229	45,701,391	26,496,814	5,610,212	12,416,370	
B. Estimated FY2017/18 MHSA Expenditures	67,123,660	20,486,155	12,279,101	1,748,489	8,000,000	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	41,977,569	25,215,236	14,217,713	3,861,723	4,416,370	
2. Estimated New FY2018/19 Funding	71,950,565	17,987,641	4,733,590			
3. Transfer in FY2018/19 ^{a/}	0				0	
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	113,928,134	43,202,877	18,951,303	3,861,723	4,416,370	
D. Estimated FY2018/19 MHSA Expenditures	71,585,150	22,330,552	9,854,259	2,117,234	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	42,342,984	20,872,325	9,097,044	1,744,489	4,416,370	
2. Estimated New FY2019/20 Funding	61,103,141	14,975,786	3,940,996			
3. Transfer in FY2019/20 ^{a/}	(5,000,000)			5,000,000	0	
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	98,446,125	35,848,111	13,038,040	6,744,489	4,416,370	
F. Estimated FY2019/20 MHSA Expenditures	75,164,408	23,447,080	10,346,972	2,223,096	0	
G. Estimated FY2019/20 Unspent Fund Balance	23,281,717	12,401,032	2,691,068	4,521,393	4,416,370	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	28,300,497
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	28,300,497
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	28,300,497
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	28,300,497

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

MHSA Funding – CSS

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: Riverside

Date: 4/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP-01	8,229,428	3,756,693	2,485,410	0	1,687,326	299,999
2. FSP-02	5,801,864	2,116,380	2,026,744	0	965,789	692,951
3. FSP-03	22,580,111	11,784,697	8,583,236	0	1,387	2,210,791
4. FSP-04	7,842,997	4,747,969	2,535,307	0	0	559,721
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. FSP-01	66,055,540	11,335,622	27,865,599	0	23,654,095	3,200,224
2. FSP-03	54,469,936	26,312,962	23,906,862	0	705,188	3,544,924
3. FSP-04	11,589,253	6,937,843	3,919,906	0	5,069	726,435
4. SD-05	2,639,914	2,639,914	0	0	0	0
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	4,989,896	1,953,070	3,006,826			30,000
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	184,198,939	71,585,150	74,329,890	0	27,018,854	11,265,045
FSP Programs as Percent of Total	62.1%					

MHTSA Funding - PEI

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside

Date: 4/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness, & Stigma	12,070,877	11,371,221	689,086	0	0	10,570
2. PEI-02 Parent Education and Support	6,257,729	3,648,830	1,492,745	0	1,100,178	15,976
3. PEI-04 Transitional Age Youth (TAY) Project	1,433,306	1,433,306	0	0	0	0
4. PEI-05 First Onset for Older Adults	729,790	729,790	0	0	0	0
5. PEI-07 Underserved Cultural Populations	3,234,874	3,234,874	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-03 Early Intervention for Families in School	136,638	136,638	0	0	0	0
12. PEI-06 Trauma-Exposed Services for All Ages	862,272	862,272	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	913,621	913,621	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	25,639,107	22,330,552	2,181,831	0	1,100,178	26,546

MHSA Funding – INN

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Innovations (INN) Component Worksheet

County: Riverside

Date: 4/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TAY Drop In Center	9,756,867	6,593,526	3,163,341	0		0
2. CSEC Mobile Response	3,859,207	2,643,557	1,215,650	0		0
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	617,176	617,176				
Total INN Program Estimated Expenditures	14,233,250	9,854,259	4,378,991	0	0	0

MHSA Funding – WET

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Workforce, Education and Training (WET) Component Worksheet

County: Riversides

Date: 4/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi Cal FPP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Work Staffing Support	1,666,386	1,089,326	577,060			0
2. WET-02 Training & Teach Assist	18,061	11,806	6,254			1
3. WET-03 MH Career Pathways	24,963	24,963				0
4. WET-04 Residency/Internship	990,578	990,578				0
5. WET-05 Financial Incentives	561	561				0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,700,549	2,117,234	583,314	0	0	1

MHSA Funding – CFTN

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside

Date: 4/2/18

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi Cal PFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. New Hemet Clinic	0					0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Cost Per Client

MHPA Funding Cost Per Client FY 2016/17

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	356
COST:	\$6,360,162
AVERAGE COST:	\$17,866

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	450
COST:	\$4,304,407
AVERAGE COST:	\$9,565

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	984
COST:	\$12,267,547
AVERAGE COST:	\$12,467

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	733
COST:	\$6,618,331
AVERAGE COST:	\$9,029

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

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

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	Child GSD
UNIQUE CLIENTS:	12,872
COST:	\$49,438,713
AVERAGE COST:	\$3,841

PLAN NAME:	TAY GSD *
UNIQUE CLIENTS:	8,039
COST:	\$21,013,445
AVERAGE COST:	\$2,614

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	11,062
COST:	\$27,047,300
AVERAGE COST:	\$2,445

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	2,496
COST:	\$9,130,843
AVERAGE COST:	\$3,658

PLAN NAME:	Adult/TAY Residential Treatment Services
UNIQUE CLIENTS:	36
COST:	\$743,108
AVERAGE COST:	\$20,642

PLAN NAME:	Crisis Stabilization Units
UNIQUE CLIENTS:	5,296
COST:	\$10,250,081
AVERAGE COST:	\$1,935

Community Feedback Surveys

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

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

The programs offered are working great and meeting the needs of those in Riverside County. It brings hope to be able to help people with no resources and provide no cost services.

There are lots of recovery based and healing programs

They are doing amazing.

The programs being offered are great.

Need to make the Veteran Services Liaison position into a team and have these teams in each region throughout Riverside. Team members need to be vets or significant others of vets who understand veteran culture. Vet to vet is KEY to reaching and being able to support and treat veterans.

In the Desert Region, the two target communities/cities/areas that are at "high risk" are the Western Valley (Desert Hot Springs mostly, parts of Cathedral City) and the Eastern Valley (Mecca, Thermal, City of Coachella). I feel like the services that are offered on both ends of the Valley are working in their favor for those clients/community members who take advantage of them. I think the expansion of some programs/services is still lacking a bit, but I'm optimistic that with time, there will be more programs/services offered and available to the entire Desert Region, especially Peace for Kids. I have gotten a lot of inquiries from employees at all 3 districts asking when it will be at their schools.

Working in the schools in Murrieta Valley Unified, the funds do not reach us. We constantly work to find additional supports for our struggling students and the contracted providers let us know that their service areas do not include us.

From what I have observed, Riverside County Mental Health Services continues to meet the

need of consumers in Riverside County. I work for R I International, and am the Sr. Coordinator for Art Works. I do outreach a various locations. I am always ask if this program (Art Works) exists in other counties.

RCMHS continues to benefit constituents with mental health needs with current needs as well as pro-actively, through new programs like Contact for Change and others. As a beneficiary of programs within Riverside County I believe funding is wisely utilized through on-going programs like art- works, wellness city and Jefferson Wellness

I feel miss communication happened too much. Right hand not connecting with left hand. Missed dates, times and not enough awareness. Many need more education, however has been involved with Behavioral Health since 1971 on all levels, I see 99% better improvements just changing name to Behavior

I have been attending Art Works since April 2016 & I have been extremely satisfy with the program. Art Works provide with a monthly calendar out lining the classes for the month. I would like to thank the staff for taking the time to prepare that for us. Through Art Works I have learned to channel my negative energy & transform it into something positive by creating art.

The MHSA plan update is definitely working, but all of us could do much more and improve. With RCMHS, we all thank you and need to embrace Mental Health as a lesson on life not failure. Keep up the awesome way of serving us.

The MHSA Annual Plan is something that is very needed

Art Works is a very good program

I think it is great. There are programs like "art works" and "contact for change" as well as "pathways to success" that really benefit from it and in return members benefit too

There should be more art centers like Art Works to reach more people and give them opportunities to explore their creativity and talents.

Art Work help me greatly doing art, grafts, and books. We laugh, have fun, jeweler, drawing, movie, socializing, make freand, positive people.

It is the best program I been to

I like it, it's cool I like Art Works

Anita and Susan are doing a great job for MHSA Annual Plan Update is working the meeting the priority needs of Riverside County Mental Health Services.

I come to Artworks program and I enjoy it

Human trafficking rose so much in the U.S that low-intensity warfare reached white areas this led to many cases of war amnesia throughout this community. Things like the mentioned was amnesia and never addressed by the Riverside University Health System.

Gaps in Service in Existing CSS & PEI Programs?

Parenting support and classes for youth under 18 is much needed.

Educational outreach programs to more culturally diverse groups of people. More stigma reducing presentations to the public.

We need more housing for the homeless.

Service to older adults age 60 and older.

Need better services for seniors.

I am not sure if this qualifies as a "gap in service", but there are several students who could benefit from joining PEI if there weren't as many restrictions with the criteria. At the middle school I work at, we have a lot of SPED students who are either already on medication or have a diagnosis. If they are medicated and already receiving mental health services, we are not allowed to have them join PEI. How do we best support those specific students and the SPED teachers who are having a difficult time with the students in their regular classes? In speaking with the teachers, they mentioned that most of these students lack the social skills and don't know how to manage their anger. Since these are 2 components of our PEI curriculum that we teach, how are we able to better support them if they cannot join PEI? The current solution (refer to Mental Health through PSUSD) does not always work in their favor for many reasons (take too long, parents/counselor don't follow through, not enough therapists), so the students are left without any support until they get the help they need. Meanwhile, in their classes, they are continually disruptive, defiant and getting suspended or in trouble. Suggestions?

We have a high number of foster and probation youth as well as families identified as McKinney Vento, issues with trauma and instability. We are not provided with services through your contracted providers. In addition to not being included in the geographical target area for these resources, LCFF/LCAP funds schools according to their socio-economic need. Though the lower income areas have more need, the areas such as ours are unable to provide adequately for those who are struggling in our boundaries with mental health issues of any kind. There is a huge discrepancy between districts in state funding for addressing social/emotional issues. For example, Val Verde receives an additional \$27, 920,943.00 above what MVUSD receives annually to address these needs while their district has 3,000 fewer students in total. We find ourselves limited in how we can address important issues within our schools.

I'm not sure about "gaps in service" what I have seen is a lack of nutritional care. There are studies which detail the benefits of fresh food and physical/mental health. I understand this is

a personal choice but when the only choice is non healthy that is what people eat.

I would like to see a continuation of the existing services mentioned above. One thing that was brought to my attention this year was the need for fresh food in places like The Place on Hulen Ave. I would love to see some sort of co-op with our citrus farmers or local farmers to provide some kind of fresh food on a regular basis there.

Not enough awareness and we need to update our LAWS, Police officers should not be "past the buck so to speak" Mental Health is not their job. They are not social workers or doctors and this O.J law has hurt APS are annoyed with the laws as well. Too much of a catch 22 scenario.

I don't believe that Art Work has any gaps in service at this time.

Honestly, please we need Art Works to always continue and would be honored to have more. Please evolve more areas to earn and obtain Art Works galleries to fill in the gaps save America.

Art Works is a peaceful place to be. I always enjoy being at Art Works

I believe there needs to be more programs like "Art Works" available in more communities for members. Art is an important aspect of healing and we need more of it.

I believe a program like Art Works is invaluable to the community on a wide level. Participants can work toward developing self-esteem, working toward life goals through enhancement of building various skills.

Right good class are positive. People learn thing, make freands, trips, and be positive, doing craftes.

I love Art Works it help me in my recovery

It's ok, I like the classes in Art Works

We are about of the programs but not PEI. We need support for helping others issues with Mental Health.

I not sure about this question

There's a lot of Euro centrism in general

Recommendations/Comments about Program/Services

Great plan, lots of thought put into planning. More stakeholder input.

How can we integrate

- 1.) The purposed community based PEARLS program + PAIRS.
- 2.) Seminars/ workshops for educators whose students live with grandparents- listening for potential issues.

I am aware that Active Minds and the Teen Suicide Prevention Program are catered more for the TAY Community (16-25 year olds), but how do we integrate those programs into the middle schools? At the middle school I work at, we have had several students (11-14) who have either attempted suicide or have had suicidal thoughts/ideations/plans, What could we do (more) to provide those specific preventative services to that age group? These serious issues are starting earlier and earlier unfortunately.

Please allow your services to extend to every area of our grossly underserved county including Murrieta and Temecula. The state funding for schools has moved funding focus to specific areas leaving our higher performing areas with limited resources for mental health beyond special education specific funding.

No Riverside County is doing a great job. As I mentioned above, I have heard comments about other communities here in SoCal.

I am very pleased with Riversides commitment to mental health (at low or no cost) and am aware that surrounding counties are not as fortunate.

I feel the plan is a large improvement but overage workers and individuals are exhausted with constant changing. Awareness and knowledge is not advertised

Art Works could use a larger facility

Thanks Art Works for providing service during my dark times. I wouldn't be able to deal with them correctly without you guys.

For all of us, please keep improving the program and service in this MHSA Annual Plan Update

To please continue to support us

Art Works Help me in my recovery

More places like "Art Works"

Art Works is a very unique program where people with no previous art experience can learn a variety of skills through various kinds of art projects. The instruction is phenomenal, helpful and always positive.

This is the best one I been through and made me a better artist for me

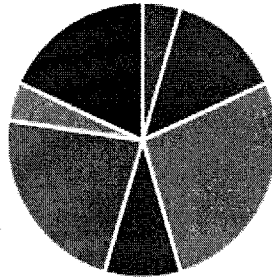
No, It's Cool

Service fish or birds

I like Artworks

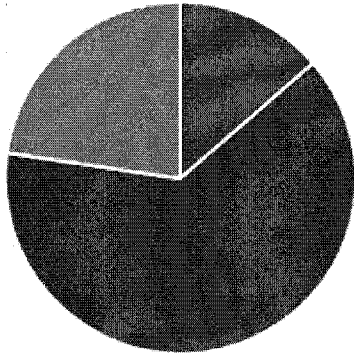
Demographics – Community Feedback Surveys

Race / Ethnicity



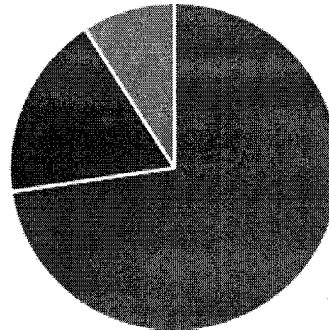
- Asian / Pacific Islander
- Black / African American
- Latino / Hispanic
- Tribal / Native American
- White / Caucasian
- Mixed Race
- Other
- No Answer

Gender



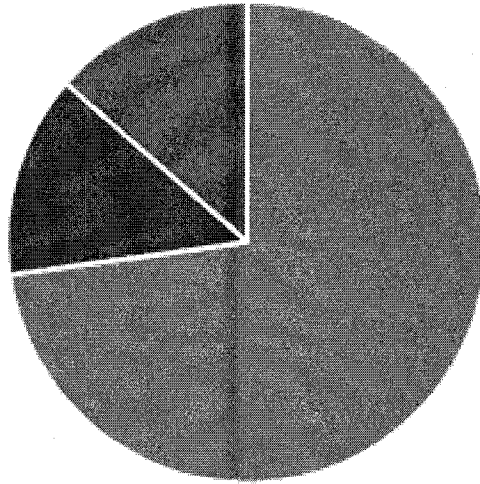
- Male
- Female
- No Answer

Primary Language



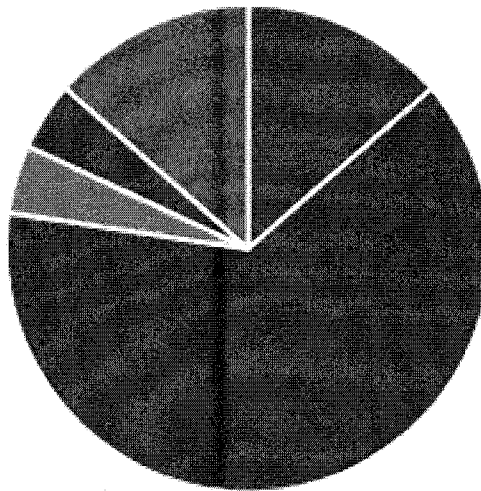
- English
- Spanish
- No Answer

AGE



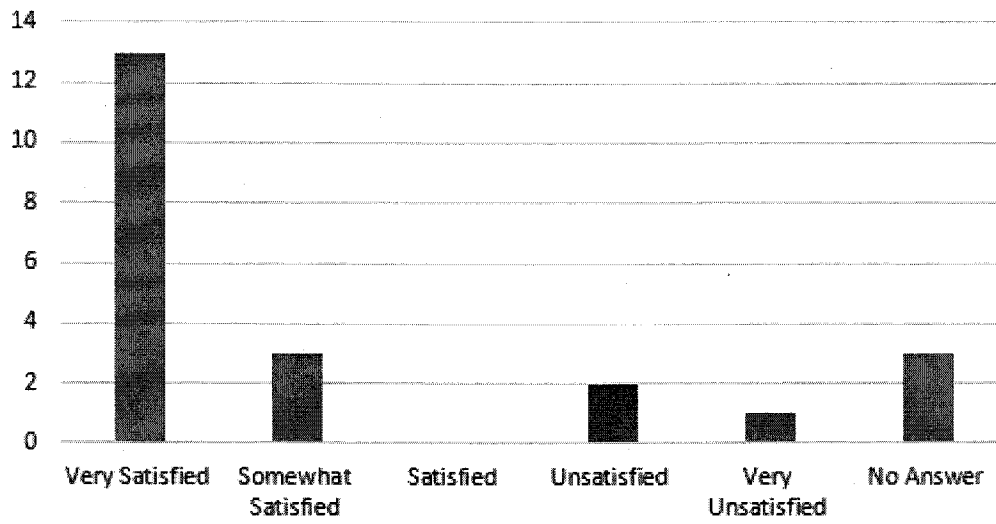
■ Under 18 ■ 18-25 ■ 26-59 ■ 60 or older ■ No Answer

County Region



■ Mid-County Region ■ Western Region ■ Desert Region ■ Other ■ No Answer

Satisfaction with MHSa Plan



Behavioral Health Commission (BHC) - Public Hearing

Public Comments on the MHSA Annual Plan Update FY18/19

LOCATIONS:

May 2, 2018

Rustin Conference Center

2085 Rustin Avenue, Riverside 92507

3:00pm-4:30pm

May 10, 2018

Indio Mental Health Clinic

47-825 Oasis Street

Indio 92201

1:30pm-3:00pm

Comments on the MHSA Annual Plan Update FY18/19

The MHSA Annual Update Plan FY18/19 will be posted for a 30-day public review and comment period, from April 2, 2018 through May 2, 2018. After the 30-day public review and comment period, Public Hearings will be held by the Riverside Behavioral Health Commission. The Hearings will be held on May 2, 2018 at the Rustin Conference Center in Riverside and May 16, 2018 at the Indio Mental Health Clinic.

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

WRITTEN COMMENTS:

All written comments relating to serving gaps, access, and communication about services were incorporated into the Community Feedback Survey information that was collected during the planning process. The comments received during the planning process are included in the Community Feedback Surveys section on page 217.

There were a total of 31 Feedback Forms with written responses submitted the two Public Hearing: 7 responses were "Very Satisfied", 4 were "Somewhat Satisfied", 3 were "Satisfied", 3 was "Unsatisfied", and 1 was "Very Unsatisfied". (Note: 13 Feedback Forms did not record a 'Satisfaction' Response).

Please provide any comments on how the MHSA Annual Plan Update is working to meet the priority needs of Riverside County.

- (1) **Comment:** Very grateful to see the growth

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (2) **Comment:** Train community people to promote Mental Health bi-cultural parenting program or Asian parents/community. Excellent Proposals.

RESPONSE: Prevention and Early Intervention has just released a Request for Proposal for a parenting program targeting Immigrant Asian parents and caregivers. We anticipate program implementation in the next fiscal year. Additionally, PEI released a Request for Proposal for a Community Mental Health Worker program aimed to train community educators from the target underserved populations to do outreach and education in the community. The target populations are: Asian/PI, African American, Native American, LGBTQ, and Deaf/Hard of Hearing. The community mental health workers can provide a link to the parenting programs and other services available through PEI and the Department overall.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(3) **Comment:** I believe we need more service for the elderly and for those who are blind.

RESPONSE: Older Adults are the focus of two distinct Workplans in the 3 year Plan. The first is within the Community Services and Supports (CSS) component, CSS-04 Older Adult Integrated System of Care and includes the Specialty Multidisciplinary Aggressive Response Treatment (SMART) mobile outreach teams in each county region. In fiscal year 2016/17, there was a 32% increase in the number of older adults served when compared to the year prior. Though this is a notable penetration into this population, overall, older adults remain underrepresented relative to their proportion of the Riverside County general population. Service utilization is lower than we would like it to be. We continue to strive to maximize the use of existing services for older adults.

The second Workplan is part of the Prevention and Early Intervention component. PEI has a work plan that targets the Older Adult population specifically. Several programs are available and an additional program (PEARLS) will be available in the next fiscal year. PEARLS is an in home program targeting older adults with mild symptoms of depression. The program is an 8-week service that uses problem solving, behavioral and social activation, as well as consultation with psychiatry and primary care to reduce and eliminate symptoms of depression.

The community stakeholder feedback process included several recommendations for inclusion of the blind community as a target population for service delivery. Strategic outreach to this group for the variety of services available will be incorporated into the overall implementation of the PEI plan. In addition, Our Cultural Competency Program has an active relationship with Blind Support Services and with the support of the PEI and WET programs, will conduct a needs assessment that includes data analysis and focus groups in order to identify the needs and implementation strategies.

The Innovations unit is in the process of conceptualizing creative ways to engage the deaf and hard of hearing and the blind and visually impaired communities. There will be focus groups scheduled to discuss innovative concepts and obtain feedback from this underserved population. Inclusivity is a major part of the MHSA plan and the goal is to make sure that all underrepresented communities have a voice and accessibility to services.

BHC RECOMMENDATION: The Behavioral Health Commission fully supports the developing relationship between Cultural Competency and Blind Support Services. With this increased partnership, avenues to support the mental health needs of the visually impaired can become better realized and integrated into the plan. The Behavioral Health Commission looks forward to service recommendations that progress from this partnership.

- (4) **Comment:** Please look out for those who have to have a caregiver. This can be degrading and depressing having someone look after you as an adult.

RESPONSE: Good service is about understanding the experience of the person in need. Thank you for sharing this vulnerable part of your experience. It is a reminder to encourage those we serve to speak their truth and to train our staff to listen.

BHC RECOMMENDATION: Your comment was shared with the Workforce Education and Training Manager so that staff training regarding understanding the consumer experience will also include the vulnerabilities of dependency on a caregiver. The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (5) **Comment:** To list blind and visually impaired community as an underserved population Equal rights and awareness is essential.

RESPONSE: Please see response to Question #1; Comment #3. Our Cultural Competency Program has an active relationship with Blind Support Services and we continue to examine and explore avenues to support the mental health needs of the visually impaired.

BHC RECOMMENDATION: The Behavioral Health Commission fully supports the developing relationship between Cultural Competency and Blind Support Services. With this increased partnership, avenues to support the mental health needs of the visually impaired can become better realized and integrated into the plan. The Behavioral Health Commission looks forward to service recommendations that progress from this partnership.

- (6) **Comment:** I think it's great for everyone but there needs to be services for blindness and visually impaired individuals added in.

RESPONSE: Please see response to Written Comments Question #1, Comment #3.

BHC RECOMMENDATION: Please see response to Written Comments Question #1, Comment #3.

- (7) **Comment:** What we put in is what we get out in general

RESPONSE: Community Collaboration is an essential element of the MHSA. Service systems are made up of people and procedures. We certainly achieve our best when we come together and work together to develop the wellness of each other. Thank you for your support.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (8) **Comment:** Grants to community based projects that are not "State" or "County" based "Private doers"

RESPONSE: Community Based Organizations and community providers are at the heart of our Prevention and Early Intervention programs. PEI Services are primarily implemented by community based organizations. A concerted effort is made to engage organizations that are from the identified target community and who are established and trusted by the community served. Organizations generate proposals based on the goals outlined by our stakeholders and go through a competitive, objective bidding process. Once evaluated and selected, the organization's proposal results in a contract for service.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (9) **Comment:** I appreciate the thoroughness of services extended to persons diagnosed with mental illness. However, I cannot stress the importance of increased hands on services, literacy classes to increase self-esteem and understand available services offered.

RESPONSE: Recovery is about wellness which can include a broad range of human interest, need, and development. Though the majority of the MHSA is geared toward consumers with severe and persistent mental disorders and the treatment of those disorders, we understand that education, vocation, and other areas of individual growth are important elements to integrate into recovery planning. Though the Department may not be able to directly offer all the supports necessary for achieving each consumer's goals, creating an active partnership with those resources can benefit our service delivery. Your recommendation for literacy courses has been forwarded to our Manager of Consumer Affairs to examine how such services may be offered or referred in our peer programs.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (10) **Comment:** Additional supports for shelters through CSS. We have limited beds in Riverside County. PEI partner with Department of Ed for literacy/GED prep maybe with Voc Rehab as well?

RESPONSE: Homeless Housing Opportunities, Partnership & Education Program (HHOPE) is MHSA funded as part of Community Services and Supports (CSS) plan. HHOPE manages, coordinates, and monitors all programs providing housing support, including homeless outreach services. "The PATH and The Place" are outreach and engagement programs for chronically homeless adults who, due to a serious mental health disorder, have experienced barriers to engagement. These programs provide a drop-in center that operates 24 hours a day and on-site low demand permanent supportive housing for 25 adults. The drop-in centers use peer-to-peer outreach and engagement to engage guests in accepting housing to access meals, showers, laundry, and linkage to a wide range of community resources. 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 development of additional residential or shelter beds for homeless consumers can also be impacted by city governments that have declined the development or expansion of homeless supports in their cities. We continue to work with city governments to increase awareness, decrease stigma, and educate on the benefit of services.

Homeless Outreach activity will also be expanded through Whole Person Care, which provides screening for consumers released from Detention that have risk indicators of homelessness, and through the development of two Proposition 47 Full Service Partnerships, for consumers with an arrest history that are homeless or at risk for homelessness.

The recommendation to explore the addition of literacy supports to our peer based programs has been provided to the manager of our Consumer Affairs unit.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (11) **Comment:** I do not know how MHSA has helped those who are homeless suffering with Mental illness.

RESPONSE: Thank you for your advocacy of people who are homeless and living with behavioral health challenges. Programs related specifically to homeless consumers can be learned in the Community Services Supports component of the plan. Please see the Housing section of this MHSA Annual Update FY 18/19.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (12) **Comment:** The many services now being provided are helping the community in need. Thank you

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (13) **Comment:** More short term 1-3 months – psychiatric beds are needed similar to Desert Rancho CRT but simply longer than 2 weeks. Psychiatric Urgent Care in Palm Springs is an essential resource. Groups have been extremely helpful and needed for my recovery.

RESPONSE: Having multiple Residential Care options is always desired and welcomed when providing continuum of care. The Department has always had an Augmented Board and Care in the CSS plan, but frankly has struggled to identify facilities and providers. Facility development is also dependent on the approval of local city governments. Riverside County is approved to convert a homeless shelter (Roy's Place in North Palm Springs) into a large Adult Residential Facility. This facility currently houses a 100 bed emergency shelter as well as two unfinished adjoining suites. It is located in a commercial building that also houses an outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project will develop a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished bays) will be remodeled for use as a 90-100 bed licensed adult residential care facility.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (14) **Comment:** I feel everything that can reasonably be done is being done and then some.

RESPONSE: Thank you for your support. We recognize that community needs, population, and resources evolve over time. Sometimes funding and planning do not keep up at the same pace, but we are committed to serving Desert and all county communities with a goal to maximize available supports that address behavioral health.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (15) **Comment:** The independent housing needs of mental health services should be upgraded. Right now I have stayed almost 4 years in a board and care. More low cost apartments and housing projects should be made available for the mentally challenged.

RESPONSE: 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. This included the housing developments in the Desert Region called Legacy and Verbena Crossing. Please also see the Housing section of the MHSA Annual Update FY 18/19 and Written Comments; Comment #2.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (16) **Comment:** When it pertains to individuals who live with some form of visual impairment or blindness, the MHSA Annual Plan has failed to address this particular group of people.

RESPONSE: The community stakeholder feedback process included several recommendations for inclusion of the blind community as a target population for service delivery. Strategic outreach to this group for the variety of services available will be incorporated into the overall implementation of the PEI plan. In addition, Our Cultural Competency Program has an active relationship with Blind Support Services and with the support of the PEI and WET programs, will conduct a needs assessment

that includes data analysis and focus groups in order to identify the needs and implementation strategies.

The Innovations unit is in the process of conceptualizing creative ways to engage the deaf and hard of hearing and the blind and visually impaired communities. There will be focus groups scheduled to discuss innovative concepts and obtain feedback from this underserved population. Inclusivity is a major part of the MHSA plan and the goal is to make sure that all underrepresented communities have a voice and accessibility to services.

BHC RECOMMENDATION: The Behavioral Health Commission fully supports the developing relationship between Cultural Competency and Blind Support Services. With this increased partnership, avenues to support the mental health needs of the visually impaired can become better realized and integrated into the plan. The Behavioral Health Commission looks forward to service recommendations that progress from this partnership.

- (17) **Comment:** The CREST and REACH teams have made some positive impact on assisting hospital ERs with the influx of 5150 patients. However, the teams are only Monday through Friday from 8am to 5pm when staffing is in place. Need: Extend Reach team services in Coachella Valley on a 24/7/365 coverage basis.

RESPONSE: CREST and REACH operate 7 days a week, 12 noon to 10:00 pm. The hours of operation for REACH services were determined by a needs assessment with local hospitals that identified the time frame in which they saw their greatest need. MHSA Funds and planning have been leveraged with other funding sources to develop the RUHS-BH Crisis System of Care.

Though MSHA may help fund a plan or model, the specific development and implementation of a service is typically done at the clinic or program level. Your comment has been shared with the Manager of the Crisis System of Care.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(18) **Comment:** Last year I had many comments and suggestions to make, this year I have a lot of thanks to give as most if not all of it has been addressed this past year. A big round of applause to Peer Support specialist Kathy Myers, Christine Anastasi, and Brenda Morehouse for their seemingly tireless efforts on behalf of consumers. My immense gratitude for Desert Peer Navigation Center which offers programs like Moving Forward that allows us to get out once in a while which might not be possible otherwise. Thank you for hiring Michelle the Security Guard! She is wonderful and an effective deterrent to many outbursts that might otherwise take place. My greatest thanks to my clinicians/therapist Karina E. She is absolutely brilliant and inspired when it comes to helping me work out my issues, I would not be as far along in my recovery without her. She is outstanding, as is Dr. Dawson. Thank you for hearing me out last year and for all the changes made I may or may not even know about. Thanks to Riverside County Behavioral Health I have not only been provided with housing and SSI, but also a unique opportunity to be heard. I have shared my story with Youth in Government desiring to go into the field of psychology, to voice my concerns and have them addressed, to publish a newsletter, to present brochure needs suggestions, and more. I am thrilled by how proactive everyone is, with special thanks to Jim Grisham for making it happen. Thank you for the annual art show, I believe it is critical to our recovery as well as an opportunity to break stigma and share our creative expressions through art. It also improves the self-esteem of everyone involved and the tireless efforts that went into overdrive at this year's event did not go unnoticed by me. WOW! Thank you. Thank you, Richard Divine for your art supply donations throughout the region for the art show. They were greatly appreciated by all who used them. Thank you to Jim Grisham and everyone on his staff who has helped with and continues to help with the Desert Sage transitions. Thank you for IEHP's LYFT service which really resolved the transportation issue.

RESPONSE: Thank you for sharing your personal recovery journey with us and for partnering with RUHS-BH in your wellness plan. It is always an inspiration to hear success stories. Your comment has been shared with the Administrators of the Desert Region.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

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

- (1) **Comment:** More services provided for blind and literacy material for people who can't read.

RESPONSE: Please see responses to Question #1; Comment #3 and Comment #9.

WET and PEI will work with the Cultural Competency team to further explore this community need and to identify meaningful ways to integrate and address any identified needs. WET is currently coordinating with Blindness Support Services, Inc. to schedule an introductory training for staff.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (2) **Comment:** Horario de oficina debe de ser accesible para padres que trabajan, no solo 8-5 lunes – viernes. Tener horarios el fin de semana – Sabados tambien. *“Office hours should be accessible for parents that work, not only 8-5 Monday through Friday. There should be hours during the weekend- including Saturday”*

RESPONSE: Horarios y días de operación de la clínica puede variar según el sitio, los recursos y las necesidades de la mayoría de los clients que reciben servicios en el local. Si usted desea horarios extendidos o ampliados en su programa local por favor notifique al supervisor de la clínica. *“Clinic hours and days of operation can vary depending on site, resources, and needs of the majority of clients receiving care at that location. If you would like to see expanded or extended hours of operation at your local program, please notify the supervisor of that clinic.”*

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (3) **Comment:** Shortage of resources is a main gap between CSS and PEI especially Asian Community due to stigma for mental health and don't feel comfortable in a culture different setting environment. If we can have our own Asian clinic will be the best.

RESPONSE: It is our goal to increase access and service for the Asian American population. The Cultural Competency unit continues to support the Asian American taskforce and bring training, education, and awareness to both Department staff on how to better serve this population as well as to the community to reduce the stigma associated with mental health services and help seeking behavior. This fiscal year, the Filipino American Mental Health Resource Center opened. The goals for the center are to support activities and education around mental health and mental health challenges, as well as linkage to appropriate mental health services for Filipino Americans that will engage, educate and connect to services specifically for the Filipino American Community. Additionally, the Resource Centers aims to reduce mental health stigma, increase mental health awareness, connect people with services and community mental health resources, as well as engage and educate about the signs and symptoms of mental illness within the Filipino American community. Also, a new program anticipated to begin this fiscal year is the Community Mental Health Worker program aimed to train community educators from the target underserved populations to do outreach and education in the community. The target populations are: Asian/PI, African American, Native American, LGBTQ, and Deaf/Hard of Hearing. The community mental health workers can provide a link to the parenting programs and other services available through PEI and the Department overall.

BHC RECOMMENDATION: The Behavioral Health Commission supports coordinated effort to reach un/underserved ethnic communities. The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (4) **Comment:** Gaps – specific Mental Health services/locations for the blind. More home based services for the elderly who suffer from mental illness.

RESPONSE: Please see response to Question #1; Response #3.

BHC RECOMMENDATION: Please see response to Question #1; Response #3.

- (5) **Comment:** For the homeless I feel if there could be a motor vehicle equip that when the homeless met with worker or doctor that they can have privacy while being helped.

RESPONSE: RUHS-BH believes all consumers, regardless of background or life experience, should be treated with dignity and respect. Healing comes from hope; hope comes from feeling value and purpose. Though the MHSA plan may fund or support a service or practice model, program implementation is typically developed at the program level. As a result, your comment was shared with the Manager of the Homeless Housing Opportunities, Partnership & Education Program (HHOPE).

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (6) **Comment:** Awareness to BAVI community.

RESPONSE: Please see responses to Question #1; Comment #3

BHC RECOMMENDATION: Please see responses to Question #1; Comment #3

- (7) **Comment:** Services for blind and visually impaired individuals to provide coping mechanisms, grief counseling, suicide prevention, and trauma counseling that is tailored to blindness. Partnership with Blind Support Services.

RESPONSE: Please see responses to Question #1; Comment #3

WET and PEI will work with the Cultural Competency team to further explore this community need and to identify meaningful ways to integrate and address any identified needs. WET is currently coordinating with Blindness Support Services, Inc. to schedule an introductory training for staff.

BHC RECOMMENDATION: Please see responses to Question #1; Comment #3

- (8) **Comment:** You're doing a great job

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (9) **Comment:** Get assistance to create a community that are trying to develop awareness, creating a stronger relationship with RUHS, and having RUHS attend community vents relevant to blindness for them to understand how the community works/learns.

RESPONSE: Please see responses to Question #1; Comment #3

BHC RECOMMENDATION: Please see responses to Question #1; Comment #3

- (10) **Comment:** Using RUHS to help market services to underserved/unserved communities as they are likely to find resources with RUHS. Reaching out to doctor's office.

RESPONSE: Outreaching and educating underserved communities is an essential element of MHSA and a part of the overall reducing disparities and Cultural Competency Plan as directed by the State. With funding support from PEI, our Cultural Competency unit works with cultural community brokers and hosts cultural community advisory committees. Related outreach staff provide direct outreach to community members and providers.

PEI contractors providing community services are contractually obligated to demonstrate how they outreach target populations and engage community members. All PEI service providers receive monthly technical assistance from PEI staff in order to optimize outreach.

PEI also coordinates Riverside's media outreach through our UP2Riverside campaign, designed to increase mental health awareness. Targeted outreach or "narrow casting" was provided to Spanish speaking and African-American communities.

Also, a new program anticipated to begin this fiscal year is the Community Mental Health Worker program aimed to train community educators from the target underserved populations to do outreach and education in the community. This model is based on the successful Promotores de Salud Mental, a community education program for the Hispanic/Latino community. The additional target populations are:

Asian/PI, African American, Native American, LGBTQ, and Deaf/Hard of Hearing. The community mental health workers can provide a link to the parenting programs and other services available through PEI and the Department overall.

RUHS-BH Cultural Competency Program, with the support of MHSAs PEI funding, coordinates committees of stakeholders from underserved populations: African American Family Wellness Advisory Group; Asian American Task Force; Deaf and Hard of Hearing; Community Advocacy for Gender and Sexuality Issues (an LGBTQ Wellness Collaborative); The American Indian Council; Spirituality Initiative (Coordination of Faith Based Communities); Cultural Competency Reducing Disparities Committee; and participation at the Nosotros Community Settlement. These cultural committees serve as key informants of MHSAs plan formation and implementation. MHSAs Administration looks to the voice of each of these cultural communities to best understand points and places of community engagement. Your feedback regarding community outreach to primary care doctors' offices will be shared with the Cultural Competency Program for further recommendation from our advisory groups.

WET currently manages the department's webpage and Network of Care resource database, an online portal and search engine for people seeking behavioral health care. When appropriate, new resources can be advertised on these sites as one effort to increase outreach and marketing.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSAs Annual Update FY 18/19.

- (11) **Comment:** More specific support groups for Blind and Deaf community. Also inclusion in committees. Outreach education on Mental Health to API, AFCom, and Hispanic Communities.

RESPONSE: The community stakeholder feedback process included several recommendations for inclusion of the blind community as a target population for service delivery. Strategic outreach to this group for the variety of services available will be incorporated into the overall implementation of the PEI plan. In addition, a needs assessment that includes data analysis and focus groups will be conducted in

order to identify the needs and implementation strategies that will best meet the needs.

Also, a new program anticipated to begin this fiscal year is the Community Mental Health Worker program aimed to train community educators from the target underserved populations to do outreach and education in the community. This model is based on the successful Promotores de Salud Mental, a community education program for the Hispanic/Latino community. The additional target populations are: Asian/PI, African American, Native American, LGBTQ, and Deaf/Hard of Hearing. The community mental health workers can provide a link to the parenting programs and other services available through PEI and the Department overall.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (12) **Comment:** It would be nice to have a place for homeless people to meet privately with a social worker or a home RN/LVN. A room or area at JWC or RI or????

RESPONSE: RUHS-BH believes all consumers, regardless of background or life experience, should be treated with dignity and respect. Healing comes from hope; hope comes from feeling value and purpose. Though the MHSA plan may fund or support a service or practice model, program implementation is typically developed at the program level. As a result, your comment was shared with the Manager of the Homeless Housing Opportunities, Partnership & Education Program (HHOPE).

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (13) **Comment:** Many of the services and trainings offered under PEI are geared towards children and older adults which is understandable. I believe that in seeking to provide trauma informed services , it will be important to have a component for adults who do not meet threshold for traditional services, who without early intervention after a trauma, are at risk of developing PTSD. Maybe PEI partner with Vocational rehab and Blindness Support?

RESPONSE: The PEI plan also includes a trauma specific service for TAY (16-25 year olds) and Adults (26-59 years old) called Seeking Safety. This group model is a present focused coping skills and education intervention that addresses the symptoms of PTSD. It is an evidence-based program that has proven to be effective in reducing symptoms of PTSD. A Directory of PEI Services can be found here: <http://www.rcdmh.org/MHSA/pei> . PEI programs are continuing to be implemented and are typically provided by community based organizations. As a result, programs change and new ones are added. If you do not see your program of interest, please contact: MHSA@RCMHD.org.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (14) **Comment:** Gaps to me are those who say “you can’t,” “you are not allowed” to feed the homeless, those who are hungry.

RESPONSE: Stigma has consequences at many levels: from laws, to program development and location, to community perception, and to the individuals involved. Thank you for being a voice to those consumers who too often go unheard. We appreciate our continued partnership in meeting the needs of all people impacted by behavioral health challenges.

For more information on the MSHA programs that specifically address the needs of homeless consumers, please see the Housing section of this MHSA Annual Update FY 18/19.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (15) **Comment:** In patient services. There is a high need of Pediatric Psychiatry here in the Desert region. Many of the families needing these services are sent to the closest specialist which are in Colton and San Bernardino area. This is a big barrier for children to get the evaluations needed due to the distance and also transportation issues the families have.

RESPONSE: MHSAs regulations prohibit the use of MHSAs funding for the development of inpatient services. The lack of acute hospital services for children is a State-wide problem that also impacts Riverside County. One of the original intents of the Act was to invest funds in programs that assist consumers and families with strengthening personal and family resiliency that would decrease the need for more acute services.

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

Your comment has been shared with the Deputy Director of Children's Services and the Desert Region Administrator for Children's Services.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (16) **Comment:** Currently CREST/REACH cannot go east of Indio. Cuts off a large underserved area of Desert Region from access to these Crisis Services.

RESPONSE: Please see response to Question #1; Comment #6. One of the greatest challenges of service planning and delivery in Riverside County is related to our large geographic size and population sprawl. CREST/REACH are not funded to travel much past Indio and get there in a reasonable time. We must focus on the most heavily populated areas of a region to have our biggest impact for the funding.

We continue to examine supports for the Blythe area of the Desert Region that are commensurate with the need and population size and have made some progress.

For updates on program development and challenges in the Desert Region, we encourage you to participate in the meetings of the Desert Regional Behavioral Health Advisory Board. The Regional Behavioral Health Advisory Boards (Western, Desert, and Mid-County) are an advisory body, composed of volunteers appointed by the Behavioral Health Director, and work in conjunction with the Riverside University Health System – Behavioral Health to ensure citizens and professional input and involvement in all aspects of Department Services.

For membership details, agendas, and meeting minutes, please contact the Behavioral Health Commission Liaison at (951) 955-7141.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (17) **Comment:** Create a mental health resources library at the Behavioral Health location in Indio. Grief/bereavement group as requested. Covered waiting area with benches for non-smokers, water misters would be appreciated once the temperature reaches a certain high point.

RESPONSE: Though MSHA may help fund a plan or model, the specific development and implementation of a service is typically done at the clinic or program level.

Your ideas, insights, and recommendations are always welcome. Your comment has been shared with the Desert Region Children and Adult System of Care Administrators. (The Desert Region Adult System of Care Administrator confirmed at the time of this writing that a meeting has been scheduled to review this idea with the community member who shared this comment.)

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (18) **Comment:** Just in marketing; and in housing for those with more severe psychiatric challenges (rather than a board and care where more functional individuals live).

RESPONSE: Please see response to Question #1, Comment #4.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSAs Annual Update FY 18/19.

- (19) **Comment:** Better food quality and preparation in the board and care at Desert Sage caring for the mentally challenged. More job opportunity in the community of the mentally challenged. More Filipino American MHSAs involvement, public speaking engagement on Mental Health stigma reduction.

RESPONSE: Peer Support and Resource Centers also continue to be an important component of the Department's peer initiatives. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency.

Recovery Innovations now operates the Peer Centers countywide referring to them as "Wellness Cities". In the last planning cycle, an additional Wellness City was added in Western Coachella Valley and was to serve like a step down program for the Full Service Partnership Program housed in Palm Springs. The Peer Support and Resource Centers in FY 16/17 provided four sites, and three satellites sites that served 1,085 adults, and 153 Transition Age Youth (TAY).

Prevention and Early Intervention has just released a Request for Proposal for a parenting program targeting Immigrant Asian parents and caregivers. We anticipate program implementation in the next fiscal year. Additionally, PEI released a Request for Proposal for a Community Mental Health Worker program aimed to train community educators from the target underserved populations to do outreach and education in the community. The target populations are: Asian/PI, African American, Native American, LGBTQ, and Deaf/Hard of Hearing. The community mental health workers can provide a link to the parenting programs and other services available through PEI and the Department overall.

Your comment has been shared with the Desert Region Adult System of Care Administrator, and the Managers of Consumer Affairs and Housing.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (20) **Comment:** Due to this particular fact, in regards to gap in services, we here at Blindness Support Services Inc., have identified a significant gap in the delivery of services to individuals who live with some form of visual impairment and blindness. Over the past 26 years, BSS has delivered a variety of programs and services promoting the independence and self-reliance of persons who are blind or visually impaired. We have instituted a variety of programs and services that have been designed to meet our mission.

RESPONSE: Please see response to Question #1; Comment #5.

BHC RECOMMENDATION: Please see response to Question #1; Comment #5.

- (21) **Comment:** Coachella Valley is grossly underserved with inpatient psychiatric beds. The Telecare facility is always full and support services for discharged patients are lacking, thus resulting in a boomerang of patients BACK in the hospital ERs for 5150 "medical clearance" and long waits for placement into inpatient psych facilities. Where is the Prop 63 money for Riverside County and why has the Coachella Valley been neglected by the County for mental health services?

RESPONSE: MHSA regulations prohibit the use of MHSA funding for the development of inpatient services. The lack of acute hospital services is a State-wide problem that also impacts Riverside County and has greatly affected the Desert Region. One of the original intents of the Act was to invest funds in programs that assist individuals and families with strengthening personal and family resiliency that would decrease the need for more acute services. The development of new facilities and programs that serve people with mental illness is also restricted by local city governments that authorize and permit development within their city limits.

RUHS-BH has programming within the Desert Region that is supported by MHSA funds as well as the other funding streams for public behavioral health. Programs include services for Children, Transition Age Youth, Adults, Older Adults, as well as,

Substance Use and Prevention programs and Crisis Response services. A Guide to Services includes a section on Desert Region programs, can be found here: <http://www.rcdmh.org/Administration/About-Us> . A Directory of Services for Prevention and Early Intervention programs can be found here: <http://www.rcdmh.org/MHSA/pei> .

The Riverside County MHSA 3-Year Program and Expenditure Report FY 17/18 through FY 19/20, as well as this annual report, provide an extensive description of the use of MHSA funds (Prop 63) in Riverside County.

Your comment has also been shared with the Desert Region Administrators of Adult and Children's Services.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

Do you have any other recommendations or comments about the programs or services in the MHSA Annual Plan Update?

- (1) **Comment:** Excited and happy to see the growth in Riverside County.

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (2) **Comment:** Idea #1) Mobile unit for homeless people to take showers #2) Allow safe parking spaces for those homeless living in their car. #3) Mobile units for crisis intervention for children.

RESPONSE: Ideas #1) and #2) shared with the Managers of our Consumer Affairs Program and the Homeless Housing Opportunities, Partnership & Education Program (HHOPE). Idea #3) A part of the PEI Workplan 02 includes mobile services to children and families. 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).

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (3) **Comment:** *Recomiendo tener una unidad mobile para ayudar a niños en crisis "I recommend having a mobile unit to help children in crisis."*

RESPONSE: *Una parte del PEI plan de trabajo 02 incluye servicios móviles para niños y familias. Hay tres unidades móviles que viajan a las áreas desatendidas del condado para llegar a las poblaciones con el fin de aumentar el acceso. Los unidades móviles permiten que niños, padres y familias accedan a servicios a los que no hubieran podido acceder previamente debido a barreras de transporte y cuidado de niños. Doce diferentes escuelas fueron servidos cada semana. Los servicios incluyen terapia de interacción Padre-Nino (PCIT), consultas para maestro sobre las conductas de los estudiantes e intervenciones apropiadas, entrenamiento para el personal de la escuela, consultas con los padres sobre conductas problemáticas específicas y grupos pequeños para niños quienes tienen padres encarcelados y un grupo de preparación para la escuela (Dinosaur School). "A part of the PEI Workplan 02 includes mobile services to children and families. 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)."

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (4) **Comment:** Please look out for the disable that need caregivers

RESPONSE: Please see response to Question #1; Comment #4.

BHC RECOMMENDATION: All experience is valid. Thank you for voicing yours.

Your comment was shared with the Workforce Education and Training Manager in order to integrate the experience of consumers dependent on caregivers into service staff understanding of the consumer experience. The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (5) **Comment:** Continue with your navigation program efforts

RESPONSE: Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (6) **Comment:** As above. So many individuals who are blind and visually impaired are totally isolated and depressed. Great overall just please add blindness and low vision.

RESPONSE: Please see responses to Question #1; Comment #3

BHC RECOMMENDATION: Please see responses to Question #1; Comment #3

- (7) **Comment:** What about pre released women from prison who are willing to make a change? What happened to second chances? Open a facility for men and women to overcome bin a prisoner mentally, physically and emotionally.

RESPONSE: State regulations prohibit the use of MHSA funding for programs within adult detention. Programs provide to prison inmates are governed by the State. Mental Health services are provided in Riverside County jails but are funded by the County general fund. A mental health response team is available to address life

threatening situations such as suicidal ideation or attempts in the jails. All referred individuals receive a mental health evaluation to determine the presence of a psychiatric problem and identify the services required. Medication services are provided as needed. Follow up mental health referrals for outpatient services are provided.

California State AB 109 transferred responsibility for supervising certain kinds of felony offenders and state prison parolees from state prisons and state parole agents to county jails and probation officers. Consumers who meet service criteria based on AB 109 are provided behavioral health care commensurate with the goal of community reintegration at programs designed to meet the needs of former offenders. But, these services are not funded by MHSA but rather via funding specific to AB 109.

Outreach activity will also be expanded through Whole Person Care, which provides screening for consumers released from Detention that have risk indicators of homelessness, and through the development of two Proposition 47 Full Service Partnerships, for consumers with an arrest history that are homeless or at risk for homelessness.

All services provided to consumers, whether within detention facilities, Whole Person Care, or part of AB 109 outpatient care, are voluntary.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (8) **Comment:** Include subcultures like Blindness in existing programs. Blindness sensitivity training to RUHS.

RESPONSE: Any community member meeting system of care criteria is served by RUHS-BH regardless of abilities or disability status. Cultural Competency is an essential element of the MHSA and MHSA funding supports the Department's the Cultural Competency program.

WET and PEI will work with the Cultural Competency team to further explore this community need and to identify meaningful ways to integrate and address any

identified needs. WET is currently coordinating with Blindness Support Services, Inc. to schedule an introductory training for staff.

Please see Question #1; Comment #3 for more.

BHC RECOMMENDATION: Please see Question #1; Comment #3

- (9) **Comment:** Needs to be more available so us folks can find services needed or someone to help find what we need.

RESPONSE: Service navigation can be difficult, especially at times of stress. MHSA funds and supports several Riverside County access lines that assist callers with finding the right service for him or her or for a family member:

Parent Support for Families with Minor Children:	888-358-3622
Peer Navigation Line	888-768-4YOU
Caregivers/Family of Adults	800-330-4522

Service information can also be located on the front page of the Department's website: www.RCDMH.org

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (10) **Comment:** Strongly recommend literacy programs – 80% of our MH members cannot read or comprehend the literature, recovery and evidence based classes offered, or the resource booklets offered. Need to include literacy classes in services.

RESPONSE: Please see response to Question #1; Comment #9.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (11) **Comment:** The staff appreciation was a great experience at my agency. It wasn't just being recognized that was helpful, but engaging in the act of recognizing a coworker was a rewarding act in itself. It gave me the opportunity to think about

those who have helped me at my agency and give thanks. Activities like this should definitely continue.

RESPONSE: Over the past several months, WET has re-envisioned and developed a staff recognition and appreciation program to help improve staff morale and retention. This strategy included a strong, active participation in a system-wide employee appreciation week in March and the creation of an online portal where staff can formally recognize each other for their good work. Additional features of this staff recognition program will be launched in the coming months.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (12) **Comment:** It seems like there are opportunities for PEI and WET to collaborate so that their services don't overlap. It does not seem that this always takes place and therefore trainings for staff are not coordinated.

RESPONSE: One of the essential elements of MHSA is service and plan integration. Over the past year, MHSA admin has made increased effort to improve communication and cooperation among MHSA programs. This has included regular meetings among MHSA program leadership that includes managers and staff from PEI, WET, Innovations, Consumer Affairs, Family Advocate, Parent Support and Training and Cultural Competency.

Some training is specific to evidence based practices and are designed only for practitioners of those programs. WET is developing an overall, comprehensive training plan for the Department. This has included the partnership with RUHS-BH Quality Improvement program to develop the recently introduced New Employee Welcoming induction trainings that provide a foundation of practice prior to an employee's full integration into a service agency.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (13) **Comment:** To recognize and support churches such as Saint Michaels Episcopal Church in Riverside who recognize the “homeless” element and feeds them and those who are hungry. (Pastor Mary Crist @ “SntMichaelsRiverside.com”)Thank you
RESPONSE: Community support and partnership acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (14) **Comment:** Thank you for the update and for all that is being done to serve the needs of our community.

RESPONSE: Thank you for your support and partnership. Positive comment acknowledged.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (15) **Comment:** Need more board and care facilities that provide beds for those that are not funded as of yet.

RESPONSE: Please see response to Question #1; Comment #2.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (16) **Comment:** Is there any possibility of returning the Desert PNC to a RLC model? I think it’s very important for peers.

RESPONSE: The Recovery Learning Center (RLC) was an MHSA Innovations Plan. By regulation, Innovations Plans are time limited and serve as research projects to advance knowledge in the field of mental health. Data analysis from the both the Western Riverside and Desert RLCs indicated no greater service outcomes overall when compared to standard, outpatient recovery services already operating within the county. The development of the Peer Navigation Center (PCN) was not meant to be a continuation of the RLC, but rather a new program with a new target population and service goal. Elements learned from the RLC were integrated into the PNC design, and other popular RLC groups were highlighted to be integrated into the

greater outpatient service system. Other non-traditional intervention and wellness tools are provide at the peer run Wellness Cities.

The Peer Navigation Centers, in both Western Riverside and the Desert, are in early implementation and effective strategies to engage their target population, harder-to-engage consumers, will evolve over time. These consumers have been traditionally marginalized and can tremendously benefit from new and creative ways to assist them on a road to recovery. There may also be opportunities to share outreach and engagement strategies between the regional programs. Please express your ideas to the program supervisor and Administrator.

Your comment has been shared with the Desert Region Administrator for Adult Services.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (17) **Comment:** Better housing "independent" for the mentally challenged and transportation needs.

RESPONSE: Please see response to Question #1, Comment #4.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (18) **Comment:** BSS has been very active in the Inland Empire, identifying populations needing to be served and finding new and better ways to provide required services. The organization has an active program of community outreach and is committed to improving the lives of blind and visually impaired persons. As BSS considers the needs of our community, the organization perceives that new and innovative ways must be found to provide services. For instance the organization has often sought to develop services where our experience and expertise can benefit other entities that may be required to provide services to blind/visually impaired people. Therefore, BSS strongly believes that in order to properly address the gap in mental health

services to individuals blind/visually impaired in Riverside County, our corporation must make available our knowledge, experience and expertise to lead the efforts in designing a platform essential for bridging the identified gaps in services.

RESPONSE: Please see response to Question #1; Comment #5. In addition, WET Program has outreached Blind Support Services (BSS) to coordinate an introductory training on serving consumers with visual impairments to ensure our staff understand the unique welcoming and service needs of this community.

BHC RECOMMENDATION: Please see response to Question #1; Comment #5.

- (19) **Comment:** Coachella Valley is grossly underserved with inpatient psychiatric beds. The Telecare facility is always full and support services for discharged patients are lacking, thus resulting in a boomerang of patients BACK in the hospital ERs for 5150 “medical clearance” and long waits for placement into inpatient psych facilities. Where is the Prop 63 money for Riverside County and why has the Coachella Valley been neglected by the County for mental health services?

RESPONSE: Please see response to Question #2; Comment #7.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

Behavioral Health Commission (BHC)

ORAL COMMENTS

- (1) **Comment:** Good Afternoon, members of the Behavioral Health Commission, staff and Ladies and Gentlemen. My name is Betty Yu. I am a 13 year resident in Riverside County, a Registered nurse by profession and mother to three daughters; my oldest will graduate from UCR this month. I am here to say a few words about the MHSA Plan on behalf of the Asian American Task Force. We are a group of concerned community people, consumers, family members, educators, professionals and staff who want to bring more mental health awareness and resources to Asian families who are at risk or need mental health care. We are very concerned that only about 642 out of about 50,000 of the behavioral health department clients are Asian American and Pacific Islanders. Mental illness knows no boundaries. Immigrants in particular are at risk due to the many challenges newcomers face their new homeland. Asian American Task Force thanks you Riverside University Health System – Behavioral Health for funding the first Filipino American Resource Center to provide outreach and support for Filipino families who need services. Thank you. Also we are so excited to see two new proposals one for training community people to promote mental health, which I will be a part of, and another one is bi-cultural parenting program for Asian American parents and communities. The term AAPI encompasses a lot of different ethnic and cultural group with distinct languages and customs. It is a real challenge to reach us as our stigma for mental health is very deep. We appreciate the support of the cultural competency and PEI programs so AATF can bring educational event to the various AAPI groups but our efforts are limited due to shortage of resources. We hope there will be future Mental Health Services Act funding to increase outreach staff at Cultural Competency Program and a special program where Asian residents in Riverside County will feel more comfortable to attend and get help. We cordially invite you to the Asian event on May 31st to celebrate May being the Asian Pacific American Heritage and Mental Health Month. We will hear from staff, your staff who have worked with Asian clients, and AAPI staff, and hear from a panel of experts. We want to learn what is needed to help staff and discover new ways to reach more people who need help. So please

join us. And I just gave everyone a pamphlet so you can read it. Thank you for your kind attention.

RESPONSE: Thank you for your comment, the support of our active partnership with Asian American Task Force, and your dedication to our communities. We recognize the necessity to develop trust and cultural understanding when outreaching and serving historically underserved populations. The development of the Filipino American Resource Center, the Community Mental Health Promoters program for the Asian/Pacific Islander communities, and the implementation of the Strengthening Intergeneration/Intercultural Ties in Immigrant Families (SITIF) program as parts of the PEI plan were the direct result of this active stakeholder partnership. We look forward to a continued partnership with the Asian American Taskforce to increase awareness of mental health and reduce stigma associated with mental health.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (2) **Comment:** I just want to say something very brief that I have been probably 2 or 3 times in my life, and I think that there has been a lot of changes that have come around in the last few years especially right here at JWC. Some of the things that have changed have been; now that I am a peer ambassador, I never thought I would ever be a peer of anything but now I am a peer ambassador and so the programs that have implemented into our mental health is just amazing and I'm proud of each and every one of the people who are involved. So thank you very much for letting me speak.

RESPONSE: Personal testimony acknowledged. Recovery can also be about discovery. Thank you for letting us partner with you on your wellness journey.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (3) **Comment:** Good afternoon everybody. I've been a system technology instructor to the blind and visually impaired so that they can meet their vocational goals whether it

be to be employed or go back to school to eventually become employed. The reason why I come here today is because I wanted to talk to you guys about my background. I became visually impaired 11 years ago due to a tragic accident so now I am totally blind and fast forward to today I am happy to hear that you guys have a navigation program where you guys will reach to hospitals and seek patients that need the mental health care. Because back in 2006 when I was hospitalized that was not available. And unfortunately it took me a few years to cope with my disability and I feel that if that was available back then it would be a bigger and stronger outcome for me rather than having to wait for years to eventually get on my shoes. But today, another reason why I wanted to come up here and give you feedback, because I did review the mental health act draft that is currently being published and some of the things that stood out to me were that there are underserved communities, that surprising enough, I did not see anything relevant to the blind or visually impaired community. However I did see the deaf and LGBT community as well as the other populations like Hispanic/Latinos and the other things listed there. Now the reason I want that to be listed on there as well as you guys provide services to such communities is because we need awareness because people who are blind that became blind later in life go through such a tragic experience where it feels like we lost a loved one. Because then we feel like we can no longer do anything. So with the assistance of mental health I feel that it would help the people who lost their sight eventually get back on their shoes. To be somewhere where I am today, fast forward as of 2013 I am in this career where I now teach the blind and I am also an advocate and accessibility consultant for web pages, applications, ect.

RESPONSE: Thank you for sharing your personal story and for your service to our communities. Identified unserved and underserved communities originated out of original MHSA State-level planning and stemmed from the underserved populations described in the 1991 Surgeon's General Report on Mental Health Disparities.

This year, this community stakeholder feedback process in Riverside included several recommendations for inclusion of the blind community as a target population for service delivery. Strategic outreach and education to the visually impaired will be incorporated into the overall implementation of the PEI and WET plans. In addition,

a needs assessment that includes data analysis and focus groups will be conducted in order to identify the needs and implementation strategies for the blind and visually impaired community.

BHC RECOMMENDATION: The Behavioral Health Commission fully supports the developing relationship between Cultural Competency and Blind Support Services. With this increased partnership, avenues to support the mental health needs of the visually impaired can become better realized and integrated into the plan. The Behavioral Health Commission looks forward to service recommendations that progress from this partnership.

- (4) **Comment:** Good Afternoon. I am a member of the blind community I happily attend the blindness support services and my testimony is one morning I woke up and I couldn't see. I was working on my PHD and I was completing my dissertation. To write APA in darkness is a challenge and the mental help I received was 'it'll going to be ok,' 'you can make it' but how do you translate that. I was 52 years old; I could see for 52 years now going forward I cannot see. I was an associate professor. I taught business management courses. And all of a sudden I have people yelling at me, 'What would you like to drink?' Why are you talking so loud, ma 'mm? I can't see but I can hear. The mental stigma associated with blindness is 'Wow you like to match.' Well, don't you like to match? Some of the stereotypes associated with the blind community needs to be addressed. We do have moments of depression and coping mechanisms we need to learn. Because someone says you can stay home; well I wasn't staying home before, why would I want to stay home now? I am a Chicago stepper; I like music; I like to dance. I think I'm cute; I want to go get my nails done and my pedicure. But I need somebody to talk to sometimes because they underestimate me. I was put on this earth to speak for someone, if not just for me, because there's someone like me who one day woke up and couldn't see but I'm going to keep on living and keep on learning and I love me and that is something that we need to be taught mentally and how to express ourselves and communicate well with each other. Go back to work and be a thorn in the side of the man and do what we are supposed to do. Thank you very much for letting me come.

RESPONSE: Thank you for your personal testimony, it is inspiring. Please see response to Oral Comments; Comment #3.

BHC RECOMMENDATION: Please see response to Oral Comments; Comment #3.

- (5) **Comment:** Personal testimony. She has been through a lot with her vision. It is something when someone loses their vision. It is like you're losing a person; you're losing your sight; you're losing something that is so much a part of you. And to have to try and deal with that without mental health service available. I work out in the field and see it all the time. And I think it is really great that you guys are going to have an older adult program that made me so happy when I heard that. We see these people who feel like they have no one who they can talk to; they are isolated; they are depressed. They talk about ending their lives; it makes me tear up thinking about it. These beautiful people here have all been through this and it would be really great to have something in the act for blindness or low vision.

RESPONSE: Thank you for serving our communities and for your dedication to those in need. Please see response to Oral Comments; Comment #3.

BHC RECOMMENDATION: Please see response to Oral Comments; Comment #3.

- (6) **Comment:** I lost my sight 5 years ago. During this time, I have no one to really understand. To me it is irritating and I have so much anger inside of me. I just feel like I haven't been given the coping skills I need to get through this. They feel like it is a big cut that we can put a bandage over and everything will be alright. No, this stays with me forever. I walk out this door and it's with me everywhere I go; the stores the bus stops and everything. And it's a struggle from being able to see, to not being able to see. All I need is some coping skills, some ways to accept what I am going through because to me it is like I lost someone. It is like someone died it is a part of me that has died.

RESPONSE: Thank you for sharing your personal story. Your vulnerability to share is a sign of recovery. Please see response to Oral Comments; Comment #3.

BHC RECOMMENDATION: Please see response to Oral Comments; Comment #3.

- (7) **Comment:** I have my bachelor and master's in Public Policy I also work for the Healthy Heritage Movement where I work as an executive assistant. First, I would like to say that

I love what you are doing and I love that you are working to reach underserved populations. I especially love the Health Promoters Programs. However given the latest research in patient center and client center engagement, I highly recommend that you incorporate the people who you are trying to reach into the decision making process. For example I see really good gender representation on this panel; however, if you had a blind person sitting right there I think that blindness would have been a 6th group of people that you would have included into the grant. So in my written statement I would say that in order to find a cost efficient equitable and effective method incorporated people of color, people with disabilities and the LQBT community into your decision making process and into the hiring process.

RESPONSE: Cultural competency, the meaningful inclusion of underserved communities, and community-driven planning are all essential elements of the MHSA. Thank you for your comment and the support of these values in the decision-making process. Identified unserved and underserved communities originated out of the original MHSA State-level planning and stemmed from the underserved populations described in the 1991 Surgeon's General Report on Mental Health Disparities.

The Public Hearing facilitators represent a combination of representatives from the Behavioral Health Commission, citizens appointed by the Riverside County Board of Supervisors to advise and oversee behavioral health programs in Riverside, and leadership from RUHS-BH MHSA Administration. Though these facilitators represent their organizations, they are also connected to teams of civil servants and community volunteers that include people from our diverse communities and underserved populations. Just in MHSA Administration alone, nearly all of the State-level identified underserved communities are represented in leadership positions.

RUHS-BH Cultural Competency Program, with the support of MHSA PEI funding, coordinates committees of stakeholders from underserved populations: African American Family Wellness Advisory Group; Asian American Task Force; Deaf and Hard of Hearing; Community Advocacy for Gender and Sexuality Issues (an LGBTQ Wellness Collaborative); The American Indian Council; Spirituality Initiative (Coordination of Faith Based Communities); Cultural Competency Reducing Disparities Committee; and

participation at the Nosotros Community Settlement. These cultural committees serve as key informants of MHSA plan formation and implementation.

The Behavioral Health Commission chairs several subcommittees that address the needs of additional vulnerable populations: Older Adult System of Care Committee; Children's Committee; Adult System of Care Committee; Criminal Justice Committee; Veteran's Committee; and Housing Committee (Homeless Outreach and Services). These committees also serve as key informants of MHSA plan formation and implementation.

These committees are open to the public. All community members are encouraged to participate and to consider membership in these committees so that vital stakeholder feedback remains centered at all stages of MHSA plan development.

For more information on the committees of the Behavioral Health Commission, please contact the Behavioral Health Commission Liaison at (951) 955-7141.

For more information on the Cultural Competency advisory committees, please contact the Cultural Competency Program at (951) 955-7163, or visit the Cultural Competency webpage at: <http://www.rcdmh.org/ccp>.

Recruitment and hiring practices are largely controlled by Riverside County Human Resources, however, MHSA WET makes special efforts to recruit for language and cultural capacities that are important to our communities through our student internship programming and our staff support and incentive programs.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (8) **Comment:** I am also in the process of losing my vision I am low vision currently. I think that one of the things that I have realized, just like everyone else has noticed, is nothing kind of specifically for the blind or visually impaired. I think part of that is due to the fact that unfortunately we do not have a strong sense of community as some of the other groups that have been part of cultural competency that have been identified this year. My suggestion is to have a stronger partnership between Riverside Behavioral Health and Blindness Support Services. There is a lot of visually impaired people out there that

isolate themselves that start to fall into depression and all kinds of other things. Just because they do not know what is out there. Sometimes the closest they will ever get is to not come somewhere like this but to maybe get referred to Blindness Support Services. So we need to have more connection there. Someone hopefully there that can be more like a regular staff that is working there or collaborating to be there to be a part of that. To provide social training and social events and just helping them integrate and just the process of where they are at. Everyone is at a different place and has different things. I think that is the biggest need that I see. I am excited to see the other things that is going on but I think this is a big need. One that maybe no one hears about because of how isolated and lonely blind and visually impaired people can be.

RESPONSE: Thank you for your testimony and insight. Please see response to Oral Comments; Comment #3.

BHC RECOMMENDATION: Please see response to Oral Comments; Comment #3.

- (9) **Comment:** Good Afternoon. I am representing the African American Family Wellness Group and I also attend the Cultural Competency meetings. First I would like to say thank you for Sylvia and Carlos, they are fantastic in their job and they give us so much inspiration. So I have been feeling very blessed to be a part of watching what the Riverside University Health System is allowing us to do in some of our communities. I've looked through the plan very swiftly, I look at the percentages and how the plan shows the percentages of what is happening and what is going to happen and I think it is a wonderful piece of work to show us what is happening in the Mental Health services area. One of the things I would like to suggest is as we learn more about how to maneuver through the Riverside University Health Systems to know the forms, to know the forms we need to fill out the procedures that it takes for our special groups so we do not run into hurdles when we are filling out our paperwork to ask for funds to support some of the events that we held. That is one of the biggest problems that we find in our work, is that they will start the process and then start it and make changes and not know what to do or how to maneuver. If there can be someone to come in and show us the procedures that would be a big help. But like I said I am so blessed to be part of this movement and the Riverside University Health Systems and I thank you for all the work that you do.

RESPONSE: Thank you for your commitment to African American community wellness and for your service to Riverside County. Your partnership is appreciated and valued. We recognize the necessity to develop trust and cultural understanding when outreaching and serving historically underserved populations. The development of Building Resilience in African American Families (BRAAF) Boys Program and (BRAAF) Girls Program, and the Community Mental Health Promoters program for the African American communities as parts of the PEI plan were the direct result of an active stakeholder partnership. We look forward to a continued partnership with the African American Family Wellness Advisory Group to increase awareness of mental health and reduce stigma associated with mental health.

Stakeholder education is an important factor to ensure meaningful feedback. This year, MHSA Administration has challenged the stakeholder advisory committees to identify the training areas necessary to enhance the committees' participation as key informants. Please ensure that the chairperson of your committee is aware of your training recommendations. As a direct result of committee membership feedback, the structural process for community advisory groups requesting sponsorship has been established and will be rolled out to all of the Cultural Competency groups during the upcoming fiscal year.

We look forward to a continued partnership with the African American Family Wellness Advisory Group to increase awareness of mental health and reduce stigma associated with mental health.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (10) **Comment:** I came with the RI group today and we were just thinking that we live in our car and I used to work for 20 years and all of a sudden I do not have a job at 57 and I'm homeless. I just needed it to be known that they do have homeless shelters and the homeless shelter has a huge parking lot but we can't park there and if there was someone where we can park. I have been almost raped. I've stabbed somebody I have been stabbed. I've had stuff stolen. It's hard out there especially when you're older. Also maybe this is kind of selfish but when we see nurses or home nurses or social workers

we have to go to a public place because there is no room where a homeless person can meet in privately. So it is usually in a public place, I am a cutter so the nurse wants to see the cuts and stuff. So we go to places like the bathroom and hold the door shut so no one else comes in. So there is no place to be private with someone who is trying to help us physically and emotionally. And I guess if we could have a room for people who are homeless that can get some private care. For the people giving us care not be public.

RESPONSE: Thank you for your personal testimony. We understand the vulnerability and strength it takes to share your story publicly. Comment shared with the Managers of our Consumer Affairs Program and the Homeless Housing Opportunities, Partnership & Education Program (HHOPE).

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (11) **Comment:** Afternoon members of the commission. I am the cultural competence consultant working with the Department to provide outreach and education to the African American community. This outreach is done primarily through the African American Family Wellness Advisory Group. A body of faith, Community organizations and residents primarily from Western Riverside County. Although, African Americans represent roughly 7% of the population our disparities are significant. The group meets monthly and focuses on outreach by presentations from department programs and services to reduce mental health disparities in the African American communities. Over the past year the African American Wellness Advisory Wellness Group and that's the name the people wanted, has conducted monthly meetings that focus on educating participants regarding behavioral health services that help to reduce disparities in the African American community. These activities provide direct links and communication between the community and the department on services that are available and how they are working. AAFWAG the acronym is a direct link between the department and the community. PEI often seeks input and feedback from AAFWAG on programs and services. AAFWAG often serves as the vehicle for testing new programs and services. And we ask that you continue this engagement in support of cultural competence.

RESPONSE: Thank you for your leadership, partnership, and investment in our communities. Please see response to Oral Comments; Comment #9.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(12) **Comment:** I am with Jefferson Wellness Center. I just want to say on behalf of Jefferson Wellness Center we thank you for the Riverside University Health System. I think the system works a lot better than RCRMC however I did give birth to my son at Riverside County Region Center in Moreno Valley and I am having complications with him at this time. I just wanted to express as far as my mental health stability I am taking my medications regularly and the stability as far as my emotion regulation is substantial and I just wanted to thank you, that's all.

RESPONSE: Thank you for your personal testimony.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(13) **Comment:** I took off my badge for a reason, I am here as a Riverside resident, I am also here as a suicide survivor and speak on the behalf of those who have survived an attempt. What do you do then? How do you avoid getting to that point again knowing that you can get there? Also with the fear that the families live with, what is her support system or where is her go to? I've had it run through my mind but I need help putting it together and also I do mental health first aid and a lot of people speak up during those, 'Oh I've also attempted,' when I was younger or a long time ago, but there is always an underline way in the back of your mind and you have the intrusive thoughts – 'Oh my God am I going to get there,' and there is always fear and it's very scary to live in this state of fear. I was wondering if we could put together some type of support group, we can help those thinking about attempting suicide, we can help those who have survived and the families that have been left behind. What it would like, I still don't have an idea. Is it going to be a peer run group? But I do think that the families that get left behind also have a lot of questions and a lot of guilt that gets left behind. There is a lot of unanswered questions

and I think that hearing from someone who has attempted and survived may bring them a little bit of understanding and piece of heart and knowing that they are not to blame.

RESPONSE: Thank you for your personal testimony and for our service to our communities. Suicide can be one of the most difficult parts of telling one's personal story. Awareness about preventing suicide and healing from suicide are important to wellness.

PEI has specific program designed for suicide prevention and includes the media campaign, Know the Signs, and the Riverside 24/7 helpline. PEI also provides community education on addressing the anxiety around these difficult conversations and how to engage and help someone who is struggling with suicidal thoughts; these programs are called SAFE Talk and ASSIST.

The Department also has an active relationship with our local affiliates of the National Association on Mentally Illness (NAMI). NAMI provides many supportive education programs including Family to Family, designed specifically for family members by family members on understanding and communicating with a loved one who carries a diagnosis.

Each individual consumer served has a clinical care plan; all clinical care plans should include an aftercare plan specific to suicide risk following a suicide attempt.

Though MSHA may fund an overall plan or model, the specific development and implementation of a service is typically done at the clinic or program level. Your ideas to create new support or treatment groups regarding post-suicide care, for both the individual and their support system, will be shared with the managers of RUHS-BH Consumer Affairs, Parent Support and Training and Family Advocate Programs, as well as, the Assistant Director of Program.

Additionally, the WET Manager was provided your feedback to inform the curriculum of our clinical trainings on the importance of addressing post-suicide care planning by our direct service staff.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(14) **Comment:** Good afternoon thank you guys. So here is what I want you to put on the table and I did read the entire book last night. I think it was wonderfully written. I think we need to have some kind of literacy programs. I know that might sound like academics but our members can not feel better if they cannot read. And the problem that we have at Jefferson Wellness Center is a lot of our members act out you know why because I cannot read and I have to give up my manliness for you to come and read this to me and I have to believe what you tell me this says. And believe it or not that does affect their mental illness. Asking our members what type of medication do you take – the pink pill the high blood pressure pill. Ask them how much money they receive and that they know. But self-esteem is being able to self-empowering our members we need to add literacy programs. It is wonderful we have great evidence based recovery groups but guess what 3/4th of our members at JWC cannot read half of that material. And unless we have staff that go out of their way and take that material and regurgitate it on a level where our members can understand it, it is just hoo-ha on paper. We have had, Heather Sylvester is one of those people, who would make groups in a matter where our members can receive it. Some of our most popular groups are those groups where people, we have fantastic staff who would take the material for co-occurring and make it their own. The members come and we have to have 2 groups now because they can relate to that. They want to do DBT but it is complicated for anyone and I'm a UCLA graduate. So if I am a person who cannot read and I do not understand. It's just a whole bunch of rhetoric's and I'm going to because Lisa is my case manager and Lisa won't give me some things if I do not participate. But I would rather that we make these groups in a way, Brenda knows I bring this up, literacy is so important so some kind of way we have to incorporate literacy programs into our mental health services. We pass out booklets that our clients can't read. One of the best things that I saw in our ASOC meetings is when Robert Youssef talked about visual stuff. You know why because you can see how people are feeling, you can take pictures and it says a lot of words. All these flyers and stuff that we are passing out in the front from Mental Health Month our members can't read that, how beneficial is that? So I just want to put that on the table and walk away with you guys thinking literacy is important, it is not just academics it is mental health.

RESPONSE: Recovery is about wellness which can include a broad range of human interest, need, and development. Though the majority of the MHSA is geared toward

consumers with severe and persistent mental disorders and the treatment of those disorders, we understand that education, vocation, and other areas of individual growth are important elements to integrate into recovery planning. Though the Department may not be able to directly offer all the supports necessary for achieving each consumer's goals, creating an active partnership with those resources can benefit our service delivery. Your recommendation for literacy courses has been forwarded to our Manager of Consumer Affairs to examine how such services may be offered or referred in our peer programs, and has also been shared with the RUHS-BH Assistant Director of Program.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(15) **Comment:** Good Afternoon. I am representing the group and AAFAW and myself. I had to ask because I did not go through it completely but what I did see, I did not see anything for those that have to have caregivers. Makes you feel a certain kind of way when you have to have somebody come in and do something for you. So I just want to ask if you could put that in there.

RESPONSE: Good service is about understanding the experience of the person in need. Thank you for sharing this vulnerable part of your experience. It is a reminder to encourage those we serve to speak their truth and to train our staff to listen. Though MSHA may fund an overall plan or model, the specific development and implementation of a service is typically done at the clinic or program level. Your recommendation for supports specific for consumers who experience the vulnerabilities of having to have a caregiver has been provided to the RUHS-BH Manager of Consumer Affairs, and to the WET Manager, to inform the Department training plan on assisting staff with understanding the worldview of consumers dependent on another for care.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(16) **Comment:** Good Afternoon. I come from the Mescalero Apache Nation. I was invited here today to give forth an input in a positive way. I would like to reflect on a place here in Riverside known as Saint Michael's Episcopal Church. There is a church in our community that provides as best as they can daily meals for those less fortunate, for our

homeless the community at large who are hungry. There are far too many stigmas related to homelessness. People think if you're not in a corner waving your hands in the air, speaking to yourself or yelling at a passer byer that that in itself is homelessness, but it's not. It goes deeper than that it can happen to anyone of us, it can happen to our family members. But at Saint Michael's Episcopal Church we try to leave an open policy. A policy that accepts people just as they are. Who welcomes anyone and everyone, who does not put any labels or stigmas on people or title them in certain ways? Whether you be LGBTQ, just be somebody who is in need of where to go to. A place that is safe, a place where they can go to attend a NA meeting, an AA meeting. A place where they can go just have comfort in knowing that they are not going to be judged. A place they can go to everyday and get fed, a place that on Wednesday nights they can go and have a bible study and have some food. On Thursday night, every Thursday night, we have an open participation community dinner where anyone and everyone are welcomed just as they are. The foundation of this place is called love. The very thing that every single one of you in this room today, I believe is why you are here. To be able to share your qualities, talents and skills in the name of love. Under the care of Pastor Mary Chris who is also a Doctor Professor at CBU, Cal Baptist University have been volunteering at Saint Michaels Church for 8 years now and it has been a true joy in my life. I get to see people grow and be happy, I get to see people and I get to know them on a first name basis. A lot of time unfortunately we faced opposition, and I think a lot of you here already know what the word opposition can be. When you are trying to do something good for somebody and there is that other element that says "no you can't" "you're not welcomed here", "you're not wanted here", "you're not needed". And unfortunately when facing these oppositions we also get the chance to grow. And we're hoping and praying that our oppressors or those who are not necessarily in agreement with what we are doing, we hope that they come to realize, maybe upon coming to visit us , see for themselves what we are doing and what we are trying to do. I implore all those who are perhaps in a position that can help us to continue do what we are doing for our community, I hope that you guys come on board and I hope that you do have an open mind for suggestions that says simply allow us, those who are willing to help others to do what we can do. And I thank you for your time, I too recently am a graduate from the Riverside University Behavioral Health System. I one day want to become just like one

of you, employed in the Riverside University Behavioral Health System. I too am dual diagnosed, I too am perhaps many things in the eyes of many. But if there is one thing that I want to be clear is that if I did not have the opportunity another fellow man, to help another family, another woman, to help in general perhaps I would not be able to do what makes me feel good in my spirit. So I thank you to all of you who are the doers in our community, thank you all of you who are responsible to help us continue to allow us to do what we are doing. And many blessings to all of you and your families and your loved ones and your friends. And remember we may not always be able to give what we would like to give to those who are less fortunate but there is one thing that we can do and that is the power of prayer. Thank you.

RESPONSE: Thank you for your personal testimony and for your dedication to our communities. Your commitment inspires us.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (17) **Comment:** I am also visually impaired; I am a student at the Blindness Support Services and I thank God every day that a women overheard my conversation and directed me to them. I actually lost my vision while I was driving, I have glaucoma. So it is inevitable that I am going to be completely blind. I just wish that my doctors would have been able to tell me where to go. I've had plenty of surgeries on both eyes, but it was just the fact that there was nothing else they could do. All they could do was prevent it from getting any worse but there's nothing else we can do. But not, ok maybe I can send you over here so that someone can help you, maybe they can get you back on the workforce. I lost my job, I lost my vehicle because I cannot drive anymore. I put my family, I'm overwhelming my husband and my children because they have to take on my duties but since I've been going to the Blindness Support Services, I've gotten my confidence back. Now I know there are things that I can do, I just have to find a different way to do them. So I wanted to say if we can get the awareness out there to the doctors or optometrist or whoever, someone who can be aware where to direct people who are going to eventually going to end up blind or are blind for some help to get confidence that would be amazing.

RESPONSE: Thank you for sharing your story. It is not only your voice today but also the voice of others who have not told their stories. Please see Oral Comments; Comment #3.

BHC RECOMMENDATION: Please see Oral Comments; Comment #3.

(18) **Comment:** I am the case coordinator at Blindness Support Services and I wanted to share with you guys that we have made strides with Behavioral Health to raise awareness. I know you've heard of testimonies from our clients from our organization as well as our staff. We have been working closely with Sylvia and Carlos from CCRD to raise an awareness. One thing that we started years ago when it was Riverside County Mental Health was sensitivity training that we provided your staff directly. Our community is so unique and the services we require is very unique, and I think that is why it was so importance to us to go to you guys and teach you how to approach us. So with that said we have many events throughout the year and the best way to get to know our community and our needs is to attend them. This next Saturday we have a breakfast in the dark event, we darken one of the conference rooms and you get to eat French toast, coffee, eggs and bacon in completely darkness. Just for you to get that unique experience. If you guys are interested we can give you more information on that. But that's the best way is to be a part of it, attend and get to know who we are.

RESPONSE: Thank you for your service to our communities. Please see Oral Comments; Comment #3. WET is currently coordinating with the Blindness Support Services, Inc. to schedule an introductory training for staff on working with visually impaired consumers.

BHC RECOMMENDATION: Please see Oral Comments; Comment #3.

(19) **Comment:** Linda Evans Mayor for the City of La Quinta, today this is the capacity that I hold is Chief strategy officer of community advocacy for the Desert Peer Network which is Desert Regional Medical Center, JFK Memorial Hospital and High Desert Medical Center which is actually in San Bernardino County. I've read through the preliminary plan and I see that we really didn't address the inpatient facilities services in this particular plan. Clearly we have a deficit and are grossly underserved for inpatient psych beds in this entire valley. Which impacts all of the outpatient resources that are

here in this rooms as well as law enforcement, first responders, as well as the hospitals in this valley including Eisenhower who are not licensed to care for patients with psychiatric needs. So my interest today is to learn more about the prop 63 funds and where the funding is going. Technology was mentioned but the technology budget line item is zero as well as facilities so I'm looking to see what more is going to be invested in the eastern Coachella Valley whether it be extending REACH teams 24/7 days a week which I put in my public comment that I submitted as well as looking at potential county public private partnership on inpatient beds addressing those drastically underserved needs.

RESPONSE: MHSA regulations prohibit the use of MHSA funding for the development of inpatient services. The lack of acute hospital services is a State-wide problem that also impacts Riverside County and has greatly affected the Desert Region. One of the original intents of the Act was to invest funds in programs that assist individuals and families with strengthening personal and family resiliency that would decrease the need for more acute services. The development of new facilities and programs that serve people with mental illness is also restricted by local city governments that authorize and permit development within their city limits.

Riverside County, in partnership with San Bernardino County, recently proposed and Innovations Plan that would have added psychiatric service supports to regional hospital emergency departments. Unfortunately, the plan was denied by the State Mental Health Oversight and Accountability Commission, indicating among other objections, that they preferred funds be spent on solutions developed within voluntary, outpatient programs. The Department's executive office, as well as Desert Region Administration, is keenly aware of the pressures resulting in the need of acute care. The recent opening of the voluntary Crisis Stabilization Unit, a mental health urgent care, in Palm Springs was developed directly out of stakeholder concern.

MHSA Funds and planning have been leveraged with other funding sources to develop the RUHS-BH Crisis System of Care. Though MHSA may help fund a plan or model, the specific development and implementation of a service is typically done at the clinic or program level. The hours of operation for REACH services were determined by a needs

assessment with local hospitals that identified the time frame in which they saw their greatest need. Some hospitals continue to underutilize REACH even during current operating hours. RUHS-BH Administration has scheduled meetings with Desert Health Care District to explore and plan to resolve.

RUHS-BH looks forward to continued partnership with local governments and community providers to advocate for the needs of people with mental illness, decrease stigma and champion authorization of community based behavioral health care facilities in their neighborhoods, and to create a proactive relationship that invests in the wellness of Riverside County's residents.

Your comment has been shared with the Desert Region Administrators of Adult and Children's Services and the Administrator of the Crisis System of Care.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(20) **Comment:** I'm going to provide both oral and written comment. Let me begin by talking a little bit about myself, what brings me here today and a little bit of background. I'm from Los Angeles I moved to Riverside in 1980 to attend the University of California. In between that time when I was born I was born with retinitis pigmentosa, which is a progressive disease of the retina that overtime leads to blindness. I have about 10% vision remaining in my left eye. My parents, my father was a hard worker a provider. My mother was an individual who didn't graduate from high school, a terrific mother and a house wife. Growing up as a kid because of the stigma associated with a disability in this country, parents felt embarrassed, angry, hurt, and so as I result of all this we did not talk about it. So I grow up as a kid knowing that I was a little different but I did not really understand why. As I got older I knew there was something wrong with my vision but there was no one to speak to about it. We did not do it internally as a family and I pretty much hid the circumstance growing up all the way up into college. I tell people now, when I left Los Angeles to attend the University I wasn't running to go to school, I was running away from people who knew me and knew that I had a physical defect.

Never-the-less over time after graduating from school, people either thought something was wrong with me because they did not know I had a visual impairment because I never said anything. A lot of them talk to me now and say "we thought you were a jerk because you never responded to a smile or a wave wherever you might have been at that particular time". For me it wasn't until I met an individual who lived with no arms or legs and that was when my life turned. Basically it was, what I am so hurt about when this guy here is worse off. So I entered the work place, I exited the workplace. There was times I would lose my job because of the stigma of having a visual disability, before the American with Disabilities act was passed by President Bush in 1992.

To a point now that I am so privileged to be the President and Chief Executive Officer for Blindness Support Services, and for the record I would like to say that our organization does provide services to the Coachella valley and its surrounding communities to person who live with some form of visual impairments. My written comments, although I am aware of the plan, it doesn't address what is in the plan but what my comments do is it addresses what is not in the plan. You heard today the categories of individuals in the plan and no where did you hear blind or visually impaired and that would be my first suggestion that the powers that be consider placing this particular population into the plan and subsequently a beneficiary of the MHSA services that was described today.

It is important, I am holding my talk short today because I'm piggy backing off from what occurred 2 weeks ago in Riverside. Where we had individuals from the blind community provide testimony, it was very heart warming and emotional. There were even comments made by staff at Blind Support Services regarding the same concept that we are bringing up today. So as we move forward, as this document moves forward it is strongly suggested that this particular segment of our society be included. There are a lot of individuals out there that for whatever reason internalize the stigma and I'm hoping that the future takes some baby steps in approving what is offered.

Let me leave you by making one comment, many of you have probably heard the phrase "it's like the blind leading the blind" and many times when you hear that it's based on something that went wrong or something negative. I don't look at it that way when I think

of the term “it’s like the blind leading the blind” actually that’s a good thing because and I strongly believe this it’s not until the blind begin to lead each other is when they are able to climb out of the ditch of existence. So the next time you hear someone say “wow that’s like the blind leading the blind” do me a favor and tell them, “That’s a good thing”.

RESPONSE: The community stakeholder feedback process included several recommendations for inclusion of the blind community as a target population for service delivery. Strategic outreach to this group for the variety of services available will be incorporated into the overall implementation of the PEI plan. In addition, Our Cultural Competency Program has an active relationship with Blind Support Services and with the support of the PEI and WET programs, will conduct a needs assessment that includes data analysis and focus groups in order to identify the needs and implementation strategies.

The Innovations unit is in the process of conceptualizing creative ways to engage the deaf and hard of hearing and the blind and visually impaired communities. There will be focus groups scheduled to discuss innovative concepts and obtain feedback from this underserved population. Inclusivity is a major part of the MHSA plan and the goal is to make sure that all underrepresented communities have a voice and accessibility to services.

In addition, WET Program has outreached BSS to coordinate an introductory training on serving consumers with visual impairments to ensure our staff understand the unique welcoming and service needs of this community.

BHC RECOMMENDATION: The Behavioral Health Commission fully supports the developing relationship between Cultural Competency and Blind Support Services. With this increased partnership, avenues to support the mental health needs of the visually impaired can become better realized and integrated into the plan. The Behavioral Health Commission looks forward to service recommendations that progress from this partnership

(21) **Comment:** I’m a psychiatric nurse, I’ve been in the Valley for 20 years. I’ve been highly involved in the delivery of behavioral health services. I actually started out in this room with the Riverside County Mental Health Department I was recruited by Desert Regional

Medical Center to start their first crisis team. I am currently involved with the San Gorgonio Behavioral Health intensive outpatient program in Palm Springs. I read the entire draft, all 200 pages it's a wonderful draft it does a great job of addressing issues that need to be worked on. After reading it I was thinking "wow we just solved all the problems, we solved the crisis work, collaboration with law enforcement, early intervention, housing all solved with the exception of one thing that was missing – beds". This isn't unique to Coachella Valley but it is really severe in Coachella Valley.

I worked here when we wiped out 75% of our beds in this small community. In California alone we've in the last 20 years wiped out over 43 facilities. We have completely created an emergency. All these programs that we are talking about were in place 20 years ago. We don't have to look very far to see that these are not very innovative to what was done in the past. And I say that with the importance that we don't have to keep reinventing the wheel. We can go back and look at programs that did work, we can also look at programs that are working in other states one of them is New York. In 1995-2010 we completely destroyed the mental health care system in terms of beds in this country through budget cuts. While we were doing that, other countries were investing in their mental health services so now they have all this research, all this data already available to what works. And some of the very things that work are some of the things that are in this plan. I was involved with the Mental Health Services Act in the very beginning in 2004 and when I read the introduction to the plan, Mental Health Services Act funds cannot be used to supplant programs that existed prior to November 2004. Is that still true? To me this is short sided, we had programs that were working and we cut them out. In 2004 when we were doing this planning I was thinking why we can't put the money into plan that we already know work.

The other thing is I read and I didn't quite understand under page 5 of the budget summary, under the budget summary "Over the past nine months MHSA monthly distributions have been in line with projections". And then the sentence "However, increasing demands by EPSDT (Early Periodic Screening Diagnostic and Treatment), Congregate Care Reform, and Katie A. services are threatening to impact MHSA (Mental Health Services Act) cash utilization on an ongoing basis. Both of these funding

sources can fluctuate considerably based on the State's economy. Should this trend continue, it will put increased strain on MHSA funds in the future" can you explain this? How does this impact MHSA funds? When I saw the number 51 % increase population, were talking about sales tax and income how is this working? When I read that it brought me back to the deinstitutionalization process of this country when the money that was saved from closing down the state hospitals, the money for housing and treatment for all those the individuals was meant to be spent creating local mental health centers to help those folks. Instead that money was diverted to tax relief and other things. So this makes me worry when see things like that. This 1% tax was created to assist with Mental Health purposes in my opinion.

Again the draft was well done, I think we should make it more accessible in terms of Riverside County as indicated in the draft is the 10th largest county in the country, its huge. What happens here in the desert region sometimes has very little to do with what happens in Riverside. So people in this room would like to know what we are doing here with the money. I see great things happening in some other places in Riverside, the early intervention programs. I think for me personally I would like to see what is being done with the Mental Health Services Act specifically in this region. Maybe split it down in the draft to the 4 regions and what's going on in those specific regions. That way stakeholders would have a better idea when we come to meet, what is it that's going on with in our region with this money. We have no beds in the Coachella Valley.

Just to give you some background, the program that I am a part of, the hospital is in Banning. And they wonder why our service is in Palm Springs are because the people in Coachella Valley need it more than the people in the Western region. And with the help of Desert Healthcare district we were able to bring the service to Palm Springs to help the vacuum that was left when all the psychiatric units were closed down. One more thing, is the money from MHSA are they mostly grants? Are we funding ongoing projects constantly? The crisis teams are doing a wonderful job, CREST/Reach are doing a great job. These programs should not be funded by grants. In the medical world when you find something that works it becomes of best practice act. If something is working for cancer treatment, you don't go back every year to keep it working. It worries me to see

programs like that working that are grant oriented that can very easily be taken away. I think it should be part of the system period. I think these grants are wonderful , they take us in a direction to go in, what works, what doesn't work, what works in one part of the valley doesn't work in the other part of the valley but when we see something that is working we need to keep it in place permanently. Like the training of police officers, the collaboration with the hospitals, the crisis teams, those need to be permanent.

RESPONSE: Thank you for your dedication and service to our communities.

MHSA regulations prohibit the use of MHSA funding for the development of inpatient services. The lack of acute hospital services is a State-wide problem that also impacts Riverside County and has greatly affected the Desert Region. One of the original intents of the Act was to invest funds in programs that assist individuals and families with strengthening personal and family resiliency that would decrease the need for more acute services. The development of new facilities and programs that serve people with mental illness is also restricted by local city governments that authorize and permit development within their city limits.

Riverside County, in partnership with San Bernardino County, recently proposed and Innovations Plan that would have added psychiatric service supports to regional hospital emergency departments. Unfortunately, the plan was denied by the State Mental Health Oversight and Accountability Commission, indicating among other objections, that they preferred funds be spent on solutions developed within voluntary, outpatient programs.

The Department's executive office, as well as Desert Region Administration, is keenly aware of the pressures resulting in the need of acute care. The recent opening of the Crisis Stabilization Unit, a voluntary mental health urgent care, in Palm Springs was developed directly out of stakeholder concern.

MHSA regulations direct that funds be leveraged with other available funding streams to maximize revenue. Sometimes this involves the use of grants. MHSA Funds and planning have been leveraged with other funding sources to develop the RUHS-BH Crisis System of Care.

MHSA funds are dependent on tax revenue which can be volatile, in turn, fiscal planning can involve the use of prudent reserves so that a “rainy day” fund can be developed to meet planning needs when yearly revenue does not meet planned expenses. MHSA is only one funding source that constitutes the public behavioral health budget. Each stream has its own regulatory limits and possibilities; allocation formulas can also differ and do not necessarily account for rapid population growth.

Riverside County’s population growth was not accounted in the allocation of Realignment funds (funding stream outside of MHSA) which has significantly impacted meeting the needs of our growing populace. The State formula which allocates funding among the counties uses an outdated formula and has never been adjusted to recognize California’s changing demographics and massive population shifts. State health care dollars are not evenly distributed across the State and tend to be preferentially dispersed to traditionally older population counties (L.A. & San Francisco). Riverside County had a population of 1,170,413 in 1990 and now we have 2,423,266. We have nearly doubled in size, but the reimbursement formula used by the State hasn’t changed to reflect our growth.

Because care needs increase and new legislation mandates specific care coverage without necessarily dedicating adequate funds for that coverage, county systems of care must use existing funds to provide for those legislative mandates – stretching those dollars even further.

RUHS-BH has programs within the Desert Region that are supported by MHSA funds as well as the other funding streams for public behavioral health. Programs include services for Children, Transition Age Youth, Adults, Older Adults, as well as, Substance Use and Prevention programs and Crisis Response services. A Guide to Services includes a section on Desert Region programs, can be found here: <http://www.rcdmh.org/Administration/About-Us> . A Directory of Services for Prevention and Early Intervention programs can be found here: <http://www.rcdmh.org/MHSA/pei> .

The Riverside County MHSA 3-Year Program and Expenditure Report FY 17/18 through FY 19/20, as well as this annual report, provide an extensive description of the use of MHSA funds (Prop 63) in Riverside County.

Your comment has also been shared with the Desert Region Administrators of Adult and Children's Services.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(22) **Comment:** Regarding the regions and the money, is it possible to find and get now how much the Coachella Valley has gotten and what programs and what is being allocated this upcoming budget year? Is there a pot of dollars that was spent in Riverside County is it possible to break up percentage wise how many people were impacted in the Coachella Valley. Is there a department to call to get these budget documents?

RESPONSE: The budget documents for the Riverside County MHSA Plan are included in the MHSA Funding Summary and Cost Per Client of the annual update. MHSA is only one funding source of the Riverside County Behavioral Health budget.

The Department has Fiscal and Program Support units that prepare the formal budget documents and reports. The Department also has a Research and Evaluation unit that examines are service population, penetration rates and unmet needs, and disparities.

For more information about budget and penetration rates for the Desert Region, your first contact would be the Desert Region Behavioral Health Administration.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

(23) **Comment:** I'm with the Desert Healthcare District, I've been serving the Eastern Riverside County for the last 10 years and I have some key questions regarding the transparency. In the beginning of the report, I read almost every page, it talks about the demographics of Riverside County but you do not mention the size of the population that is potentially being faced with mental health issues and so for somebody like ourselves who are funders and people who are trying to serve this community understanding the gap, the number of people not being served is key. This should be part of this because it should be driven as the goal to what we as a community are trying to get to. Currently based on the numbers if I heard you correctly, last year there was 26,516 unique individuals served through these programs? It would be interesting to see the total combined efforts and then as I stated in the different 3 jurisdictions that you have shown throughout the report. You call out these numbers into each the 3 areas but literally

separating it out so we can understand what is truly being done in our own neighborhood.

Another question to you is I do not see in the plan a marketing or outreach aspect of it, so being in the service industry I ran food bank and serve over 85,000 individuals in the Coachella Valley. Many of these individuals were in desperate need of mental health services but there was never nobody who came to us, we have a full aggressive outreach program to tell us about these different programs. I question, now that we have a Health Care District there are many programs that just don't know what is out there and so is there something in the plan to get literally just a person pounding the pavement, there is over 800 nonprofits here in the Coachella Valley majority of them service providers to low income individuals. Can we do something to get them to understand resources?

The other thing was there has been talk about the CREST/REACH team it is our understanding that is a phenomenal program. The Health Care District has been aware of it for quite some time, has done some grants to support those types of efforts. But we also know that they are not working at maximum capacity, is there something in this plan or the 3 year plan do actually to an accountability and capacity analysis to determine if we are maximizing these services and if were not why and is there a way to help maximize so were getting best usage of limited financial means.

Back to the population aspect, I think it is interesting that on several occasions there's reference to how there is a much higher percentage of people from Caucasian decent and how it doesn't correlate to the Riverside County population as a whole. So I'm curious if there is something being done in these programs that are changing and tweaking the programs driving it towards that particular type population.

RESPONSE: Thank you for your service and dedication to our communities.

Based on the FY16/17 Who We Serve report, RUHS-BH served 57,592 consumers in all system of care programs (not just MHSAs programs). Of the mental health consumers served, 42% were from the Western Region; 35% from the Mid-County Region; and 23% were from the Desert Region. Of the substance use treatment clients served, 36% were

from the Western Region; 31% from the Mid-County Region; and 36% from the Desert Region.

The reference to 26,516 Riverside County residents noted the individuals who were engaged specifically through PEI outreach and service programs in FY16/17; this number is in addition to the numbers of consumers served by the Department's system of care programs.

An essential element of MHSA is providing services to the traditionally underserved. The determination of unserved and underserved populations was derived at the State level from the 1991 Surgeon General's Report on Mental Health Disparities. PEI regulations require that targeted outreach to underserved groups is a focus of implementation. All PEI programs target outreach to the following underserved groups: Hispanic/Latino, African American, Asian/PI, Native American, LGBTQ, and Deaf and Hard of Hearing. Demographic information is collected and in FY16/17, the numbers of each ethnic group served by a PEI program compared to the Riverside County census were commensurate. Demographic data is supplied in the MHSA annual update. For Older Adults, the highest risk for suicide is in older white men. This is one area in which the data demonstrates the need for a different focus in outreach and accounts for the higher number of Caucasian participants in PEI programs specifically for Older Adults.

RUHS-BH works to increase education and awareness within the community about the services available through our system. Orientation and education on behavioral health services is a daunting task given the geographic size and sprawl of Riverside County. RUHS-BH utilizes web based, social media, and printed media to distribute resource information, has conducted media campaigns such as UP2Riverside, and regularly attends community events and health fairs to distribute resource information. In addition, RUHS-BH has a several service access telephone lines:

Parent Support for Families with Minor Children:	888-358-3622
Peer Navigation Line	888-768-4YOU
Caregivers/Family of Adults	800-330-4522

Service information can also be located on the front page of the Department's website: www.RCDMH.org

PEI programs are mostly implemented through contract providers from a variety of community based organizations throughout Riverside County. In efforts to reduce stigma and increase access to programs, providers work closely with schools, community centers, and agencies that serve the target ethnic groups to advertise the services they can provide through PEI.

In addition, PEI has a newly implemented quarterly newsletter spotlighting programs available as well as a quarterly in-person collaborative open to anyone interested in learning more about PEI services and programs as well as provide feedback throughout the year regarding PEI. We welcome all stakeholders to the PEI Collaborative meetings; to be added to the distribution list, please email: MHSA@RCMHD.org.

RUHS-BH continues to explore avenues and develop partnership geared toward educating community on existing public, behavioral health resources throughout the Behavioral Health System and not just those funded by MHSA. We encourage and welcome recommendations regarding new strategies to educate the community on available programs.

Your comment was shared with the RUHS-BH Desert Region Administration.

BHC RECOMMENDATION: The Behavioral Health Commission recommended no change to the MHSA Annual Update FY 18/19.

- (24) **Comment:** Last year I spoke at this particular meeting and I just wanted everyone to know that they do listen because last year I had many comments and suggestions to make, this year I have a lot of thanks to give. A big round of applause to Peer Support specialist Kathy Myers, Christine Anastasi, and Brenda Morehouse for their seemingly tireless efforts on behalf of consumers. My immense gratitude for Desert Peer Navigation Center which offers programs like Moving Forward that allows us to get out once in a while which might not be possible otherwise.