2019-2024 Consultation- List of Previous CPD Applicants and other Non-Profit Agencies

ORGANIZATION NAME	CONTACT	TITLE	EMAIL
Boys and Girls Club San Gorgonio Pass	Amy Herr	Executive Director	admin@bgcsgpass.com
Coachella Valley Economic Partnership	Lesa Bodnar	Chief of Staff	lesa@cvep.com
Coachella Valley Housing Coalition	Julie Bornstein	Executive Director	julie.bornstein@cvhc.org
Coachella Valley Rescue Mission	Darla Burkett	Executive DIrector	dburkett@cvrm.org
Coachella Valley Women's Business Center	Michelle Skiljan	Executive Director	mskiljan@cvwbc.org
College of the Desert	Joel L. Kinnamon, Ed.D	Superintendent/ President	jkinnamon@collegeofthedesert.edu
Desert AIDS	David Brinkman, M.B.A.	CEO	dbrinkman@desertaidsproject.org
Fair Housing Council Riverside County, Inc.	Rose Mayes	Executive Director	rosemayes@fairhousing.net
Family Services of the Desert, Inc.	Dana Johnson	Executive DIrector	djohnson@familyservicesofthedesert.org
Foothill AIDS	Maritza Tona	Executive Director	mtona@fapinfo.org
Greater Riverside Hispanic Chamber of Commerce	Dina Esquivel	Chairwomen	Desquivel.php@gmail.com
Habitat for Humanity Inland Valley	Tammy Marine	Executive Director	tammy@habitativ.org
Martha's Village & Kitchen	Linda Barrack	President and CEO	lbarrack@marthasvillage.org
Path of Life Ministries	Damien O'Farrell	Executive Director	dofarrell@thepathoflife.com
Consortium for Early Learning Services	Deborah Clark-Crews	Executive Director	dclark-crews@ConsortiumELS.org
Safe Alternatives for Everyone (S.A.F.E.)	Katie Gilbertson	Program Director	KatieGilbertson@RivCoDA.org
Inland Empire Small Business Development Center	Vince McCoy	Executive Director	vmccoy@iesmallbusiness.com
Valley-Wide Recreation and Park District	Dean Wetter	General Manager	dean@gorecreation.org
Voices for Children	Jessica Muñoz	Executive Director for Riverside County	jessicaM@speakupnow.org
Western Riverside Council of Governments	Rick Bishop	Executive Director	rbishop@wrcog.us

County Agency/Department Survey of Community and Program Needs

COUNTY AGENCY, DEPARTMENT, OR OFFICE	DIRECTOR'S NAME	TITLE	Email
Community Action Partnership of Riverside County (CAP)	Brenda Freeman	Executive Director	bfreeman@capriverside.org
First Five Riverside	Tammi Graham	Executive Director	tgraham@rccfc.org
Riverside University Health System - Behavioral Health	Steve Steinberg	Director	srsteinberg@rcmhd.org
Riverside County Office on Aging	Jewel Lee	Director	jelee@rivco.org
Riverside University Health System - Public Health	Susan Harrington	Director	SHarring@rivcocha.org
Riverside County Department of Veterans' Services	Grant Gautsche	Director	gautsche@rivco.org
Riverside County Economic Development	Carrie Harmon	Assistant Director of EDA	charmon@rivcoeda.org
Riverside County Workforce Development Board	Carrie Harmon	Assistant Director of EDA	charmon@rivcoeda.org

Outreach

2019-2024 Five-Year Consolidated Plan for HUD CPD Funding

County Agency/Department

COUNTY AGENCY/ DEPARTMENT
Community Action Partnership of Riverside County (CAP)
First Five Riverside
Riverside University Health System- Behavioral Health
Riverside County Office on Aging
Riverside University Health System- Public Health
Riverside County Department of Veterans' Services
Riverside County Economic Development and Workforce Development Centers

Previous Applicant and Other Public or Private Agency
Boys and Girls Club San Gorgonio Pass
Coachella Valley Economic Partnership
Coachella Valley Housing Coalition
Coachella Valley Rescue Mission
Coachella Valley Women's Business Center
College of the Desert
Desert AIDS
Fair Housing Council Riverside County, Inc.
Family Services of the Desert, Inc.
Foothill AIDS
Greater Riverside Hispanic Chamber of Commerce
Habitat for Humanity Inland Valley
Martha's Village & Kitchen
Path of Life Ministries
Riverside County Childcare Consortium
Safe Alternatives for Everyone (S.A.F.E.)
Inland Empire Small Business Development Center
Valley-Wide Recreation and Park District
Voices for Children
Western Riverside Council of Governments

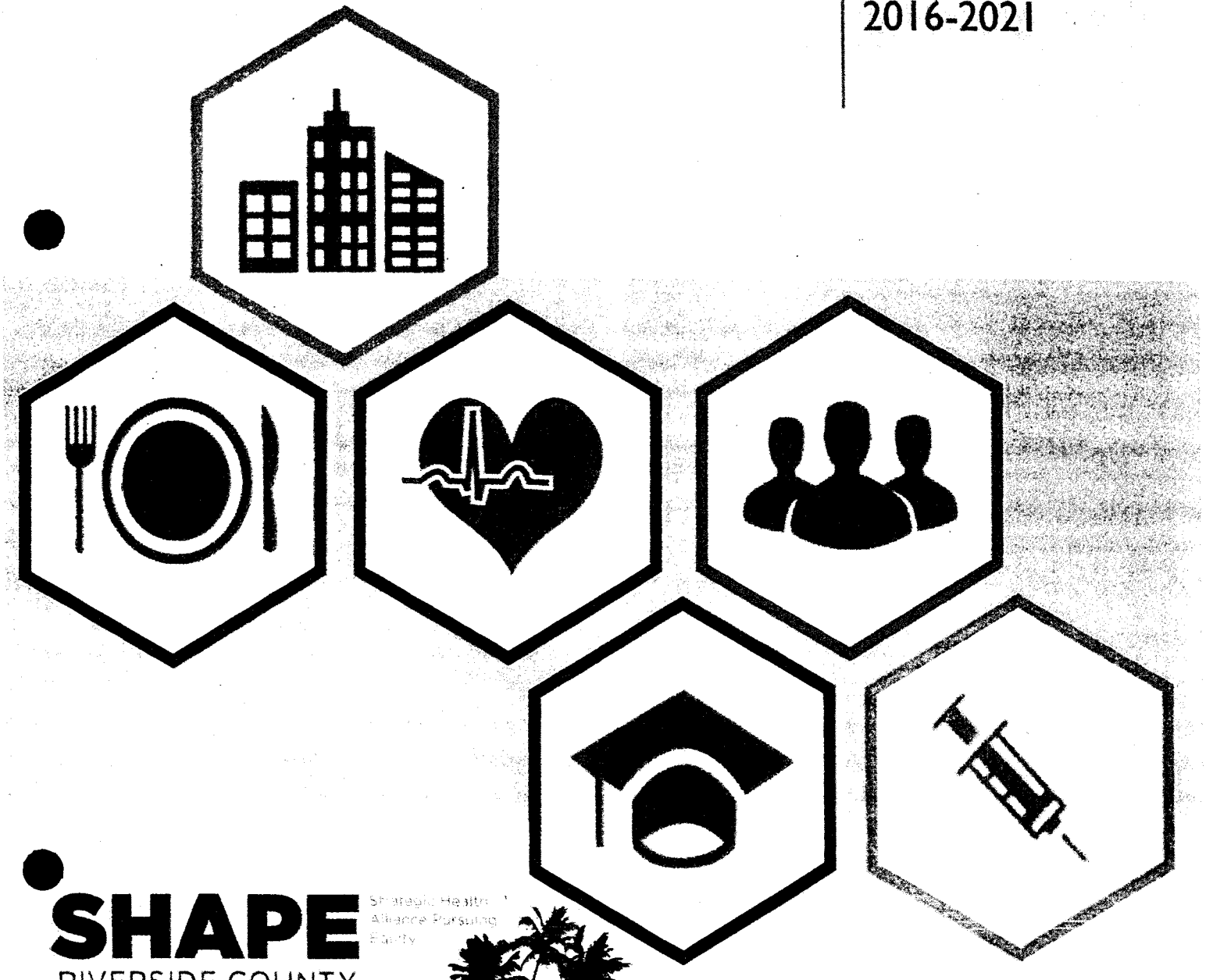
Riverside University HEALTH SYSTEM
Public Health

Community HEALTH

Improvement Plan

Riverside County

2016-2021



SHAPE RIVERSIDE COUNTY

Strategic Health Alliance Pursuing Equity

Table of Contents

Executive Summary

Strong partnerships and a common goal of improving the health for all Riverside County, led to the formation of the Riverside County Health Coalition in 2009 and the Healthy Riverside County Initiative in 2012. This created a foundation for a broader community health improvement movement known as SHAPE Riverside County. The Strategic Health Alliance Pursuing Equity (SHAPE) was formed in January 2015 to address health and social issues that impact the daily lives of Riverside County residents. Building on the strength of existing relationships, the SHAPE movement aims to leverage local resources and work with new and non-traditional partners. Together, this community partnership works to identify key health priorities and address them in innovative ways by aligning public and private interests.

The Community Health Improvement Plan (CHIP) is the foundation of SHAPE Riverside County. It is a long-term, systematic plan created to address issues identified in the Community Health Assessment (CHA) and the Local Public Health System Assessment (LPHSA), which reflects responses from more than 4,000 residents, health professionals, and community partners.

Purpose: The purpose of the CHIP is to describe how partners and community will work together to create a healthier and more equitable Riverside County. The CHIP development workshop was held in July 2015. Among the 150 attendees were local health department staff, community partners, stakeholders, and community residents. Participants reviewed national and state data from County Health Rankings and local data from the SHAPE Community Survey. Development of the CHIP continued with the collection and categorization of responses.

Priority Areas: Four main themes manifested from participant discussions and the following priorities were created:

Creating Healthy Communities
Promoting Healthy Behaviors
Connecting and Investing in People
Improving Access to Care

Workgroups: Workgroups consisting of stakeholders, community members, and partners were created for each priority area, and worked over the following year to set goals, identify objectives and strategies, and develop programs and policies. In July 2016, these workgroups outlined strategies they currently implement to address health, and potential strategies to address gaps in services, policies, and coordination. In October 2016, workgroups met to finalize 5-year targets for population measures by reviewing County Health Rankings, Healthy People 2020, California Health Interview Survey, California Department of Public Health, and Centers for Disease Control and Prevention measures.

Timeline: Over the next 5 years, priority area workgroups will continue the work of implementing and evaluating the CHIP.

Collaboration: Through collaboration, the CHIP serves as a catalyst to further engage, network, and share resources among local partners. By deepening our public-private partnerships, we can continue our efforts towards a healthier and more equitable Riverside County.

CHIP Overview

Priority Area 1: Creating Healthy Communities

Goal 1: Create safe physical and social environments that promote health

- Objective 1A: Increase and maintain safe communities and sustainable active transportation options
- Objective 1B: Support efforts that improve air, water and soil quality
- Objective 1C: Increase access to and consumption of affordable healthy foods and beverages
- Objective 1D: Improve neighborhood planning efforts that promote health

Priority Area 2: Promoting Healthy Behaviors

Goal 2: Ensure healthy and active living by addressing preventable and treatable health conditions such as obesity, chronic disease and mental health

- Objective 2A: Reduce adult and childhood obesity
- Objective 2B: Increase appropriate health screenings, vaccinations and mental health services
- Objective 2C: Prevent and reduce the use/abuse of tobacco, alcohol and drugs

Priority Area 3: Connecting and Investing in People

Goal 3: Achieve health equity, eliminate disparities, and improve the health of Riverside County residents by connecting and investing in people

- Objective 3A: Support school districts to improve graduation rate
- Objective 3B: Provide internships, career-track entry level jobs, and vocational training for youth and adults to encourage them to find careers that pay a wage that allows for self-sufficiency, and/or pursue higher education
- Objective 3C: Increase opportunities for volunteerism and mentorship programs for older adults
- Objective 3D: Increase access and utilization to digital connectivity

Priority Area 4: Improving Access to Care

Goal 4: Ensure healthy and active living by improving and increasing access to care

- Objective 4A: Increase the number of and access to primary and specialty care providers and services
- Objective 4B: Increase the number of and access to behavioral health providers and services
- Objective 4C: Increase the ability of healthcare providers to deliver culturally competent care
- Objective 4D: Improve access to timely and understandable health information

Acknowledgements & Partners

Riverside County Community Health Steering Committee

The Riverside County Community Health Steering Committee provided guidance and leadership throughout the planning process. Membership consists of representatives from the following organizations:

- California Baptist University
- The California Endowment
- Claremont Graduate University
- Coachella Valley Association of Governments
- Community Action Partnership
- Community Connect
- Desert Healthcare District
- First 5 Riverside
- Health Assessment and Research for Communities (HARC)
- Hospital Association of Southern California
- Inland Empire Health Plan
- Kaiser Permanente
- Loma Linda University School of Public Health
- Molina Healthcare
- Riverside Community Health Foundation
- Riverside County Department of Public Social Services
- Riverside County Economic Development Agency
- Riverside County Executive Office
- Riverside County Medical Association
- Riverside County Office on Aging
- Riverside County Office of Education
- Riverside County Probation Department
- Riverside County Sheriff's Department
- Riverside - San Bernardino County Indian Health, Inc.
- Riverside University Health System - Behavioral Health
- Riverside University Health System - Medical Center
- University of California Riverside - Center for Sustainable Suburban Development
- Western Riverside Council of Governments

Background

OVERVIEW

Riverside County is the fourth largest county in California spanning 7,200 square miles with 28 cities and numerous unincorporated areas. The County is the same size as the State of New Jersey and sits between Los Angeles and San Diego counties. Within the last decade, the County has experienced a 44% population increase and is the tenth most populous county in the nation. Home to nearly 2.3 million people, Riverside County is racially and ethnically diverse, with more than 55% identifying as non-white.

In general, Riverside County's health fares rather poorly compared to other counties in California. The County Health Rankings puts Riverside County in 29th place out of 57 counties in the State for health outcomes and 39th for health factors.[1] However, an assessment of the county's health shows that health disparities exist between different populations in the county. A key emphasis of the CHIP and the SHAPE Riverside County is that the health of all people, families, and communities is equally important.

The cornerstone of the SHAPE movement is a commitment to advancing health equity through the distribution of opportunities and resources so that all residents have the chance to reach their optimal health. This is as simple as ensuring that health information is distributed in multiple languages and can be as complex as building restaurants, roads, parks, and sidewalks in low-income neighborhoods. Our health is largely determined by our surrounding social and physical environment and while our neighborhoods will never be identical, providing access to basic health resources is vital.

SHAPE FORMATION

The Riverside County Public Health system has been mobilizing collective impact efforts to improve community health by creating the Riverside County Health Coalition in 2009 followed by the Healthy Riverside County Initiative in 2012. These community partnerships created the foundation for a broader community health improvement movement known as SHAPE Riverside County. The Strategic Health Alliance Pursuing Equity (SHAPE) was formed in January 2015 to address health and social issues that impact the daily lives of Riverside County residents. Building on the strength of existing relationships, the SHAPE movement aims to leverage local resources and work with new and non-traditional partners. Together, this community partnership works to identify and address key health priorities in innovative ways by aligning public and private interests.

At the end of 2013, the Riverside University Health System—Public Health (RUHS-PH) created the Riverside Community Health Steering Committee to assess the county's health and create a plan for a healthier Riverside County. The Steering Committee was composed of representatives from 28 partner organizations including health care providers, academic institutions, community-based organizations, and other government programs.

Background

THE PLAN

The Community Health Improvement Plan (CHIP) is the foundation of SHAPE Riverside County, a community-wide initiative that aligns public and private resources to improve health for all in Riverside County. It is a long-term, systematic plan created to address issues identified in the Community Health Assessment (CHA). The purpose of the CHIP is to describe how partners and the community will work together to create a healthier Riverside County.

The CHIP development workshop was held on July 22, 2015 in Moreno Valley. Among the 150 attendees were community partners, stakeholders, community residents and local health department staff. Participants reviewed national and state data from County Health Rankings and local data from the SHAPE Community Survey. Development of the CHIP continued with the collection and categorization of responses. Four main themes manifested from participant discussion and the following priorities were created: Creating Healthy Communities, Promoting Healthy Behaviors, Connecting and Investing in People, and Improving Access to Care. Health issues or community initiatives not identified in this plan do not negate the importance of other issues. Instead, this plan is intended to be a stepping stone, addressing primary health concerns with the greatest opportunity for health improvements through collective efforts.

Given the number and diversity of communities in Riverside County, community input from public and private partners was integral in successfully addressing barriers to community-wide health and wellness. A follow-up CHIP meeting took place on July 20, 2016 to further construct the CHIP. With nearly 180 attendees, partners from a variety of sectors participated, including community health centers, local cities, schools, foundations, faith-based organizations, and other community-based organizations. At the CHIP meeting, partners shared information regarding strategies they currently implement to address health, and strategies they would like to see addressing gaps in services, policies, and coordination.

In order to engage in a more detail-oriented planning process, four workgroups comprised of private and public partners were created to address each priority area. Following the CHIP meeting, each workgroup met four times, in Western Riverside, Eastern Riverside, and twice via Web-Ex, to advance the CHIP process. Each workgroup was then tasked with addressing specific issues of prevention, wellness, and access to care to develop CHIP objectives, measures, and strategies. At each of these meetings, RUHS-PH staff and Workgroup co-chairs (community members and partners) facilitated the following discussion:

- Leading health issues in Riverside County
- Discussion about ensuring health equity dialogue in all priority areas
- Discussion of findings of health status and feedback from Community Health Assessment
- Prioritization of health issues
- Group discussion about current strategies being implemented to address priority areas
- Group discussion about gaps in strategies and how to address these gaps

By using the input from community partners and members, a set of goals, objectives, and strategies were finalized. RUHS-PH provided input into these overall methods and set targets for population measures for the next five years by reviewing County Health Rankings, Healthy People 2020, California Health Interview Survey, California Department of Public Health, and Centers for Disease Control and Prevention measures.

Priority Area 1:

Creating Healthy Communities

Goal 1: Create safe physical and social environments that promote health

Objective 1A Increase and maintain safe communities & sustainable active transportation options

Why is this important? According to County Health Rankings, Riverside County ranks 56 out of 57 counties for Physical Environment.[1] Transportation aids in bridging the geographical divide between people, jobs, and services. Working towards healthy communities requires options for safe transportation and access. Not only does driving alone increase traffic congestion, pollution and consume more fuel, but it can also increase stress levels. An increase in public transportation, walking, and carpooling reduces commute costs, reduces air pollution, and improves overall health. In 2014, unintentional injuries were the 4th leading cause of death in the United States.[2] From 2004-2013, accidents were the 5th leading cause of death in Riverside County.[3]

Establishment of school safety programs and relationship building between communities and law enforcement will increase community safety and promote the utilization of parks and open spaces. Utilization of these spaces by the community will encourage engagement as well as physical activity.

Objective 1A | Increase and maintain safe communities & sustainable active transportation options: 5 Year Improvement Targets

	Population Measure				Disparity in Riverside County
	Current Riverside County	2021 Target	CA	US	
Violent Crime Rate (2014); CA DOJ	271.6 crimes per 100,000 population	258.0 crimes per 100,000 population	391.0 crimes per 100,000 population	365.5 crimes per 100,000 population	N/A
Age-Adjusted Death Rate due to Motor Vehicle Traffic (2012-14); CDPH	10.0 deaths per 100,000 population	7.5 deaths per 100,000 population	7.9 deaths per 100,000 population	10.5 deaths per 100,000 population	N/A
Bicycle-Involved Collision Rate (2013); CA State Highway Patrol	16.1 collisions per 100,000 population	14.5 collisions per 100,000 population	35.1 collisions per 100,000 population	N/A	N/A

Priority Area 1:

Creating Healthy Communities

Objective 1A | Increase and maintain safe communities & sustainable active transportation options: 5 Year Improvement Targets

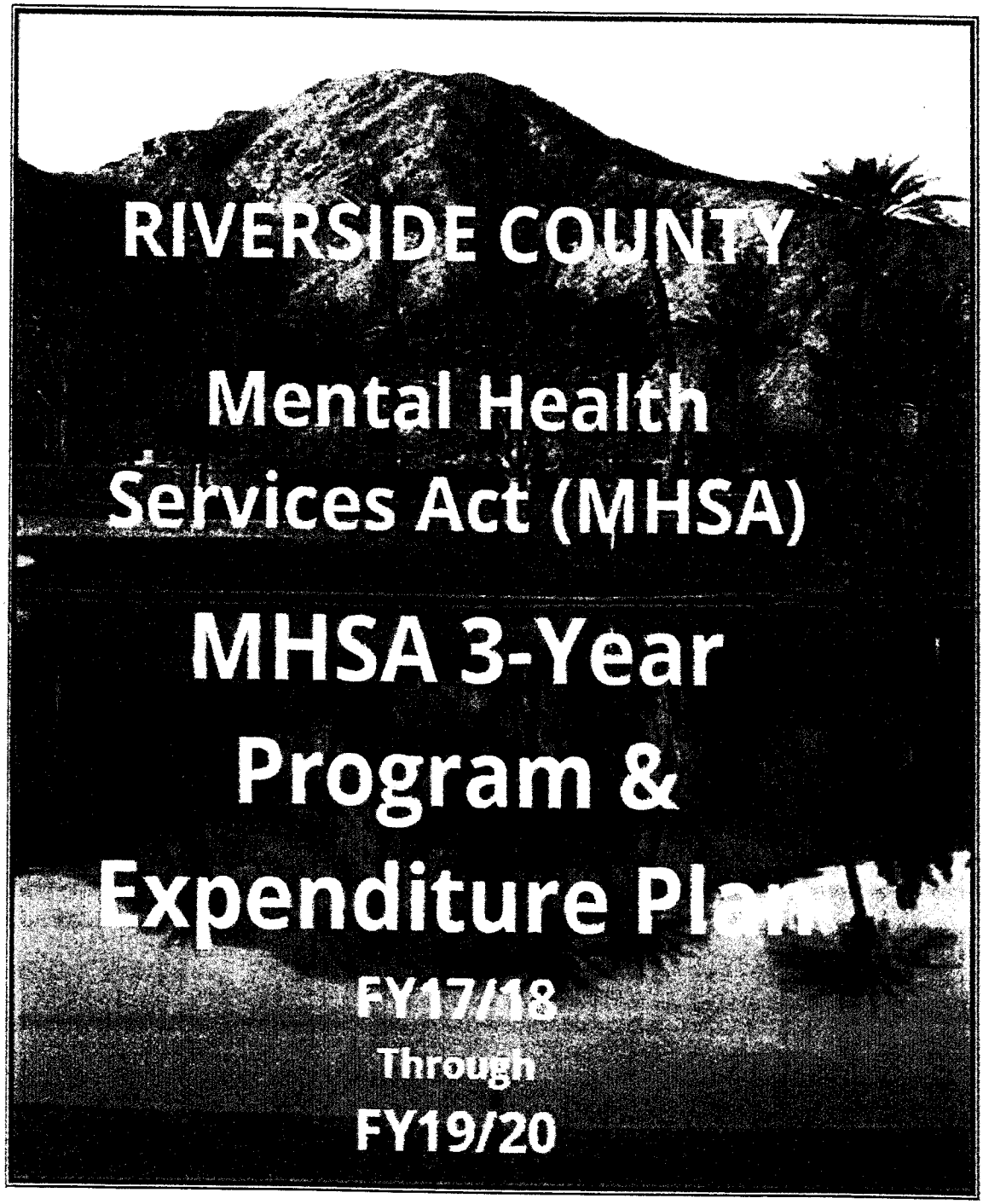
Population Measure	Current Riverside County	2021 Target	CA	US	Disparity in Riverside County
Pedestrian Death Rate (2010-13); Fatality Analysis Reporting System	1.6 deaths per 100,000 population	1.0 deaths per 100,000 population	1.7 deaths per 100,000 population	N/A	N/A
Age-Adjusted Death Rate due to Unintentional Injuries (2012-14); CDPH	**32.0 deaths per 100,000 population**	**25.0 deaths per 100,000 population**	**28.2 deaths per 100,000 population**	**39.7 deaths per 100,000 population**	**N/A**
Children within 30 minutes walking distance to park, playground or open space (2014); CHIS	82.6%	90.0%	90.1%	N/A	N/A
Children and Teens Who Visited a Park, Playground, or Open Space in the Last Month	**80.0%**	**92.0%**	**83.9%**	**N/A**	**N/A**
Workers Who Walk to Work (2010-14); ACS	1.5%	2.8%	2.7%	2.8%	AA: 1.7%, AI: 2.8%, Asian: 2.0%, Hispanic: 1.4%, HWPI: 1.8%, White: 1.4%

Objective 1A | Strategies

Increase and maintain safe communities & sustainable active transportation options

- Implement transportation policies and practices at the local level that promote safe and convenient access to community destinations for people of all ages, whether walking, driving, bicycling, or taking public transportation.
- Increase crosswalks and safe routes throughout neighborhoods.
- Decrease the number of single driver commuters to work and increase the number of alternate transportation options for commute to work, such as active transportation (biking and walking), public transportation and carpool.

Riverside University
HEALTH SYSTEM
Behavioral Health



RIVERSIDE COUNTY

Mental Health Services Act (MHSA)

MHSA 3-Year Program & Expenditure Plan

FY17/18 Through FY19/20

MHSA

Table of Contents

County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County

☒ Three-Year Program and Expenditure Plan
☐ Annual Update

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

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 7-25-17.

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

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

Steve Steinberg
Local Mental Health Director (PRINT)

Signature

06.09.17
Date

County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Riverside County

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

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

Local Mental Health Mailing Address:

4095 County Circle Drive
Riverside, CA 92503

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

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

Steve Steinberg
Local Mental Health Director (PRINT)

Signature 06.08.17
Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)), and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 03/24/2017 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

Signature 7/7/17
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Message from the Director

As I enter into my second full year as Director of RUHS-BH, I look back on my first year with pride about all the hard work the staff are doing to better serve people affected by mental illness and substance abuse in Riverside County. The Department is adding more programs to address the needs of the people presenting with the most complex issues. This includes probationers, people in psychiatric crisis, people in housing crisis, children who have been exploited and transition age youth. These programs are innovative and are designed to promote care within the community rather than in jails or emergency rooms.

In the past couple of years our over-burdened crisis system of care has been improved by the introduction of Crisis Response Teams who work in conjunction with local law enforcement and emergency room staff. To further improve the response to people in crisis we have opened three voluntary Crisis Stabilization Units (CSU) across the county. In Riverside the CSU is in a temporary site until our "Crisis Services Campus" opens in May 2017. Leveraging money from the Mental Health Services Act and from crisis grants, we will see the completion of the project soon. The site will include the previously mentioned CSU and a new Crisis Residential Treatment facility. Both of these programs will promote recovery as well as ease the burden on our Emergency Treatment Services and lower the demand for inpatient hospital beds.

To further create a fuller crisis system of care that promotes care in the community, we are in the process of developing a large residential facility that will serve people stepping down from IMDs (Institutions for Mental Disease), skilled nursing facilities, and inpatient hospitals. The residential facility will have added behavioral health services to help ensure that the person's behavioral health needs are addressed. We expect better treatment engagement, independent living skills development, and stability of housing for the people

served. Also, this facility will help with the number of people awaiting psychiatric beds throughout our system of care.

We are also proud of a couple new innovative programs for targeted groups of young people. We are in the process of finding sites for our Transition Age Youth (TAY) Drop-In Centers, where young people can go to receive a variety of services and meet other youth on the path of recovery. Additionally, these programs will offer the early onset of schizophrenia program in the County. Another innovative program more recently approved and in the early implementation stage is a treatment protocol of specialized interventions for children who have experienced commercial sexual exploitation. This is a growing issue in Riverside County and we are pleased to be able to offer services to these children.

Hopefully, I have conveyed RUHS-BH's new innovative and collaborative efforts to better meet the behavioral health needs of Riverside County. We look forward to the future and the new opportunities and challenges we will face.

Steve Steinberg

Director, Behavioral Health

Appendix A

Children's Committee Focus Group Report

January 24, 2017

In moving forward with Children's Programs, while considering the overall needs and concerns of the PEI youth population, the PEI Program and the Research and Evaluation Unit of the Riverside University Health System - Behavioral Health (RUHS-BH) presented the Children's Committee with PEI program summary data, which included general summary data of the youth population of Riverside County.

Qualitative data was collected from the attendees at the Children's Planning Committee. Evaluation staff presented summary data from multiple programs to the committee. Following the presentation, there were two pre-determined questions the participants were asked. Participants included staff from the RUHS-BH Children's Programs, community members, and representatives from other agencies.

Focus Group Questions

1. Does anyone have any input or concerns about moving forward with implementing these programs in the 3 Year Plan?
2. Does the committee have any input or concerns regarding whether these programs are meeting the needs and/or concerns of Riverside County's children and youth?

Focus Group Response Themes

- **Referrals/Resources - Suicide Awareness**

  "Youth are coming across other youth (their friends) who are cutting, and do not know what types of advice to give them - don't know what kinds of resources they can be referred to, or how the word can spread to youth for them to have that information."

- **Expand Program Reach - Social Media**

  "It may be a good idea to put mental health information on social media - responses were made on how we are currently in the process of doing so and have resources up in some modes (e.g., Twitter, Facebook, and Whatsapp)."

- **Improved Collaboration and Assessment of Youth's Mental Health Need**

  "Colton Unified School District reached out to IEHP to develop a workflow between their system and the mental health system to stratify mental health needs within the scope of their team, in addition to their own screening before being passed on to the County."

- **Improve Mental Health Cultural Competency**

  "In looking for more intervention programs/processes - want to do a more thorough evaluation of what the mental health needs are within the juvenile justice system."

Children's Committee Presentation Summary

The Committee provided feedback on the degree to which they felt there could be an expansion of referrals/resources, so they can better refer youth in schools that have issues (such as youth who resort to cutting), to mental and behavioral health programs. Public Health mentioned they receive many of these calls, and since there are PEI programs available, these youth could essentially benefit from such programs. School and district staff are coming across such youths and often do not know what types of advice to give them, nor do the youth who have friends in that situation. Sometimes there are mental health therapists that might address these youth but they are often only sporadically available. Thus, an expansion of the knowledge of referrals and resources for staff would progress the reach. Specific examples were given that if more youth were made aware of suicide prevention programs, such as Dare To Be Aware, then they would be able to potentially help other youth they know. In conjunction with the expansion of referrals and resources, the committee would like to use social media as an outreach mode, since this

would have a broader reach. It was mentioned that school districts are in the process of implementing social media use. The Desert Region uses 'WhatsApp' for this purpose.

Another theme the committee mentioned was improved collaboration with the school districts and outside mental and behavioral health entities. More specifically, the Colton Unified School District reached out to Inland Empire Health Plan (IEHP) in order to identify what level of mental health needs could be handled within their team and if not, refer those they cannot help to IEHP. Within this, there arose the theme of improving assessment of youth's mental health needs. First, it was cited that youth experiencing mental health issues may benefit from a mental health assessment.

The disproportionate arrest rates of African American youth was highly cited by the committee, as there were many questions and concerns about the interaction between police and African American youth. In regard to the arrests, the committee said that they would want to conduct a more thorough evaluation of what the mental health needs are within the juvenile justice system. Court liaisons (clinical therapists) are being re-incorporated into the courtrooms to listen for behavioral health concerns.

Lastly, in order to provide more benefit for the youth, efforts should be made to improve mental health cultural competency to decrease African American's youth arrest rates. There should be a focus on the youth's end - just like there is with the adult end - to prevent incarceration. The focus should be on the nature of interaction between the youth and the police officers, and focus on both sides.

Appendix B

Transitional Age Youth Focus Group Report

Peer-to-Peer

Transitional Age Youth (TAY) Programs - Background

In 2004, Proposition 63, the Mental Health Services Act (MHSA), was passed by the voters of California. It imposes a 1% tax on anyone with a personal income exceeding $1 million annually. The money levied from this tax is being used to expand and transform the mental health system. MHSA outlined five program areas they sought to fund; one of which is Prevention and Early Intervention (PEI).

PEI addresses these two areas of mental health. First, prevention is aimed at increasing skills and building protective factors for individuals and families. The efforts of prevention occur prior to diagnoses and can either address the general public or groups of individuals who have increased risk factors for developing a mental health problem. Secondly, early intervention seeks to address mental illnesses early on, in order to avoid the need for more intensive services later in life.

During the planning process in Riverside County, the community identified a need for mental health programs adapted for specific age groups. Riverside University Health System-Behavioral Health implemented the Peer-to-Peer program as a mean to address this concern within the Transitional Age Youth (TAY) population (16-25 years old) at high risk for the development of mental illness in Riverside County. The main program goals for Peer-to-Peer are to reduce risk factors and improve protective factors for the TAY population, in order to reduce the risk of developing mental health problems by: increasing resiliency through skill development utilizing evidence-based practices; providing awareness of mental health topics through presentations; decreasing stigmatization; and increasing access to needed services in underserved populations.

TAY Focus Groups: Purpose and Objectives

To improve and further develop existing TAY programs for annual program reviews, focus groups were conducted in an effort to ensure that current programs are meeting TAY needs. Despite evidential success in Peer-to-Peer programs, two customized focus groups were held for participants of the Peer-to-Peer Coping and Support Training (CAST) program, within PEI, to gain specific feedback on programmatic efficacy. All additional focus groups were held for TAY and TAY providers from:

1. Within the community at large, throughout Riverside County
2. Participants/providers in existing Prevention and Early Intervention programs (early intervention services)
3. Participants/providers in existing Full Service Partnership (FSP) programs (intensive services)

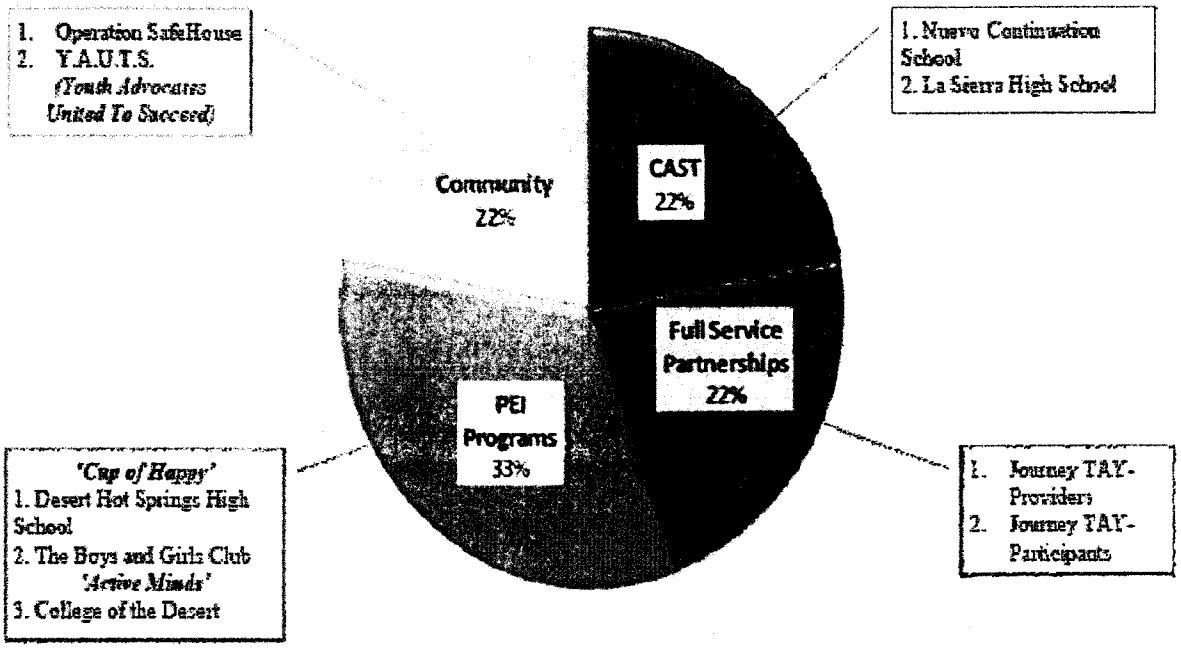
While PEI programs focus on facilitating access to services and support at the earliest signs of mental health struggles by engaging individuals before the development of serious mental illness and the need for extended mental health treatment, FSP programs provide intensive wellness and recovery-based services for underserved individuals who carry a serious mental health diagnosis. The various categories of focus groups were held in order to gain TAY feedback from a wide variety of TAY perspectives ranging from those (1 - community) in the general population who are not receiving mental health services, (2 - PEI) those receiving early intervention services, and (3 - FSP) those receiving more-intensive mental health services.

Efforts were made to identify different themes in the responses among the various TAY populations during the focus groups, with the goal to gather feedback on the needs of the TAY population. The feedback will be utilized to shape programs, guide implementation, and make adjustments where necessary and feasible for this program.

Data Collection - Focus Groups

The focus groups were held in all three regions of Riverside County: Desert, Mid-County, and Western. Between December 2015 and May 2016, a total of 9 focus groups were held:

2 of which were among participants within the general community; 3 of which were among participants of existing PEI programs; 2 within existing FSP programs; and 2 within the PEI Peer-to-Peer program, Coping and Support Training (CAST). All focus groups were conducted at the sites in which their respective programs are normally held.



The focus groups were designed to last approximately 45 minutes to 1 hour. Each focus group was led by either one or two group facilitators, and two to three scribes to record participant comments. There were five pre-determined questions that the participants were asked (CAST Focus Groups consisted of a set of ten CAST Programmatic Specific Questions).

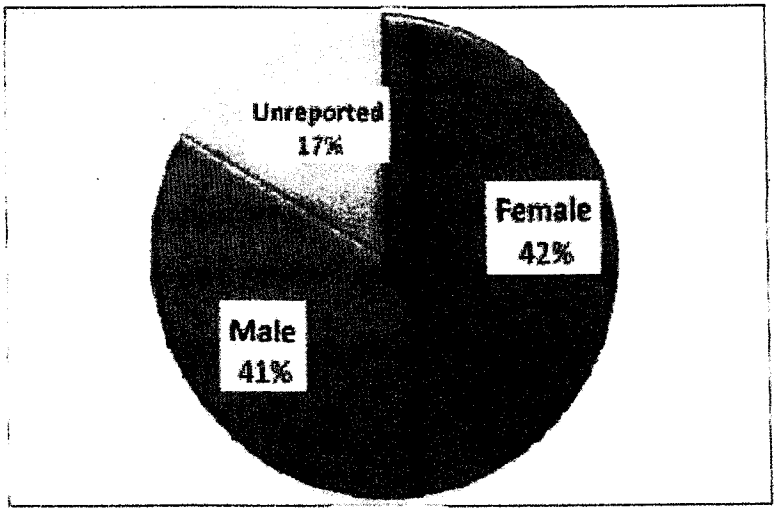
Ranking Forms

Following the Focus Group questions, participants were given a ranking form and asked to rank, from 1-5, their priority program choices for TAY— 5 categories of choices were given, with space for the individuals to write-in "Other" suggestions.

Ranking Form Program Categories
Mental Health Promotion - Lunch time activities, classroom presentations, fun and games, presentations, community events, health fairs, providing resources, open mic events, etc.
One Time Workshops for Students - Topics that include stress, anger management, depression, and unhealthy relationships
Coping Skills Groups - 8 Session group that will teach TAY skills to help improve school performance, mood management, drug use control, and social support
Youth Testimonials - Peers sharing personal stories of mental health challenges with a theme of hope and recovery
One to One Coaching/Mentoring

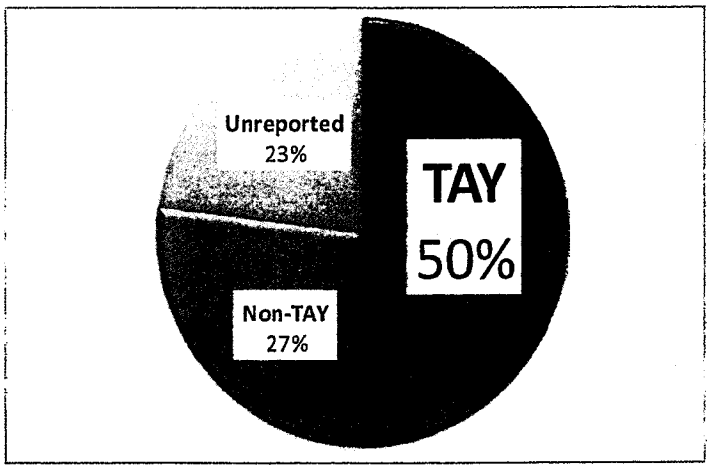
Participant Demographics - Participant Gender

Over the course of the nine focus groups, there were a total of 78 participants: 33 female, 32 male, and 13 who did not report their gender.



Participant Demographics - Participant Age Group

Half of the total participants were TAY aged (n=39); 13% (n=10) were below TAY age, 14% (n=11) were above TAY age, and the remaining 23% (n=18) did not report their age.



Age	# of Participants
12-15 years	10
TAY *16-17 years* *18-19 years* *20-22 years* *23-25 years*	**39** *9* *13* *5* *3*
26-35 years	3
36-50 years	7
60+ years	1
Unreported	18

Of the total 78 participants, the collective data is a well-rounded programmatic representation of the TAY population, as participants included TAY-aged individuals, TAY program providers, and members from an existing Peer-to-Peer program, CAST.

Note: 9 of the total 20 TAY Providers listed below are individuals who did not report their age as a demographic, but were determined to be TAY Providers based on the type of Focus Group held.

Type of Participants	# of Participants
TAY Participants *CAST.....*	39 *13*
TAY Providers	20
TOTAL: 59 ***(76% of total 78)***	

Focus Group Questions

The following questions were asked during each focus group:

1. What is the biggest unmet need among TAY?
2. What would a program need to offer for TAY to attend voluntarily?
3. What is the most important thing for TAY to accomplish?
4. What are obstacles and barriers TAY have to overcome?
5. Based on your opinion, what kinds of programs do you think that there should be available to kids who are TAY age? What would such programs look like?

The participants were invited to share any additional comments at the conclusion of the questions. The first four questions were designed to have participants explore the challenges, interests, and goals of the TAY population. In keeping those thoughts in consideration, participants were then asked which types of programs they thought would effectively address those needs of the TAY population. The questions are based on major themes that PEI programs aim at addressing when developing TAY specific events and programs.

Analysis

Analysis of the focus group questions are divided into the three Focus Group populations: Community, PEI, and FSP. Responses are grouped by the most common themes that were found among participant feedback. Each theme is followed by examples of specific comments that the participants had stated. Since participant responses were scattered when answering questions, responses were grouped to the most suiting questions.

1. What is the biggest unmet need among TAY?

[redacted]		
Building Self Esteem		
» "Youth don't feel like they deserve anything" » "Not being taught a way to express feelings"	» "Self-determination- how to set goals and achieve your goals"	TAY Participants: » "Having a life coach that helps with positive self-talk" » "Learning to get out of their comfort zone" TAY Providers: » "Being comfortable— for those who are LGBT"
Family/Parental Support		
» "To be able to learn how to manage my stress about family struggles"	» "More time with our parents— especially for young adults that do not have that type of support" » "I want my parents to be in control and provide supervision/guidance" » "For those of us without family support, to have big brother/sister mentors"	TAY Participants: » "Learning how to get along with family/parents/guardians" » "More supervision/guidance and a little bit of structure" » "Accessing comfortable and safe housing"
Building Social Skills / Social Communities		
» "Youth need social acceptance, escape" » "Not having people to talk to" » "Some youth struggle with depression, but don't have people to talk to with similar experiences"	» "Learning to trust people" » "Building connections and having support" » "Learning to build connections with people in the same terms as them"	TAY Participants: » "Help with social skills. How to get along with other groups of people" » "Having extra social support— both group and one-on-one support"
Learning Life Skills		
» "How to find a job and make a career that will make more than minimum wage— it's the highest stress for TAY"	» "Having workshops to teach us how to be adults" » "Learn life skills like how to dress for interviews"	TAY Participants: » "How to find comfortable housing" TAY Providers: » "Helping TAY have knowledge of how to acquire housing for themselves when they turn 18, and handle other adult matters, like money management" » "Being given access to resources on housing, food, clothing, jobs, education"
Mental Health Education		
» "Youth are not understanding their mental health" » "A lot of us are struggling with knowing how to manage stress"	» "Having available therapy that is not expensive and is easy to get to— like having it at school" » "Helping parents understand mental health" » "Learning stress relief for anger"	TAY Participants » "Learning more about mental health conditions one is diagnosed with" » "Wanting to know more about mental illness and wanting to know more about others going through mental illness" TAY Providers: » "Having trauma-focused interventions"

OTHER COMMON RESPONSES, per population, included:

- **Community**: Substance Abuse
- **PEI**: Having counseling; Help with school - because it is common to not have teachers who care; How to improve their attention
- **FSP**: (TAY Participants) - Having somewhere for TAY to go after school
  (TAY Providers) - Support for the LGBT community; Education on sex trafficking/sex exploitation

2. What would a program need to offer for TAY to attend voluntarily?

Community		
Fun, Interactive Events		
» "Bring in topics that kids like to talk about, like music, crafts, sports, etc. Don't be limited to just one thing"	» "More interactive and positive activities that are engaging" » "Make things more visually appealing" » "More things like 'Cup of Happy'— good vibes, having fun, having a space to relate to others"	TAY Participants: » "Youth don't feel like they deserve anything" » "Have fun activities like cooking classes, music, movies, gardening"
Resources / Opportunities to Connect with Organizations		
» "Programs that offer help in wanted areas: offering jobs, driving classes" » "Talk to community centers— in order to get opportunities to volunteer in different programs/parenting classes" » "Participation for high school or college credits"	» "Table at places to get the word out and provide awareness" » "Get more funding in schools" » "Fun field trips and trips to college campuses"	TAY Participants: » "Partnerships with community colleges; in order to provide resources to the TAY population (EX: 'Independent City'- connection with community colleges)"
Positive Environment / Staff		
» "Creating a trusting environment (kids don't go to counselors)" » "Building a relationship/trust" » "An atmosphere that is open to a variety of likes and dislikes— teenagers are all different" » "Have genuine and friendly staff"	» "Enthusiastic Staff" » "Place where people can be outspoken" » "Teach us how to manage skills"	TAY Participants: » "Incorporate spiritual elements to get our spirits right" TAY Providers: » "Fun activities like 'Family Fun Day' for TAY and their families" » "Have music therapy"
Accessibility		
» "After school programs that don't cost money to attend— programs that are available in our location" » "Offering transportation"	» "Events that are easy to get to and are not expensive" » "If programs are at school— easy to get to; no pressure of parents keeping us from attending mental health services" » "Accessibility during the weekend (like at a local recreation center)"	TAY Providers: » "Must be portable and easily accessible to TAY"

OTHER COMMON RESPONSES, per population, included:

- **Community**: Incentives - monetary/goods; Opportunities to make friends; outreach to community TAY centers and hangout spots
- **PEI**: Incentives, like food; Outreach to youth via tabling at events; Increasing public awareness of mental health issues; Help raise funding in schools
- **FSP**: (TAY Participants) - Incentives, like food

3. What is the most important thing for TAY to accomplish?

Independence / Life Skills		
» "Learn how to take care of myself on a day-to-day basis" » "Figure out housing, or have some type of shelter you can go to while you try to figure that out, so that I don't live on the streets" » "Help with how to manage money"	» "Gain self confidence in independence" » "Gain some common-sense thinking" » "Learn how to be an adult" » "Learn about the world/travel"	TAY Participants: » "Getting connected to resources and connection to government income (SSI) information" TAY Providers: » "TAY to learn independent living skills so they can rely on themselves"
Sense of Hope / Motivation		
» "Having [TAY] learn how to love themselves"	» "Finding support groups and making connections" » "For TAY to realize that they're not alone" » "To know that there is always help out there" » "Trying to take on responsibility for addressing your mental health on your own"	TAY Participants: » "Getting advice/coaching that is easy for us to understand" TAY Providers: » "Giving TAY a sense of hope and motivation—some spirituality/recognition of values" » "Improve self-esteem, self-respect—have TAY identify their values and beliefs and find values in the world"
Achieve Future Goals		
» "Trying to get an understanding of what I want to be— feeling like you don't know what to do" » "I want to finish school" » "Get a job and make money"	» "Getting a job and making money; being financially smart" » "Get a high school diploma" » "Figure out what you want to do with your future"	TAY Participants: » "Having individualized attention on education for the job force" TAY Providers: » "Having TAY have knowledge of resources that are geared for them"

No additional comments were made.

4. What are obstacles and barriers TAY have to overcome?

Community		
Transitioning to Adulthood / Responsibilities		
» "Stresses about finding stability in a job/career and finishing school" » "Family responsibilities and caring for younger siblings"	» "How to find a job or how to pay for college" » "Learn about family planning to prevent unplanned pregnancies" » "Learning better time management" » "Having too much responsibilities/family commitments"	TAY Participants: » "Gaining independence and feeling in charge/more secure/able to stand on my own two feet" » "Fears of being alone and dealing with adult life" TAY Providers: » "Not knowing what to do after high school"
Peer Pressure		
» "Being pressured by friends" » "Bullying in school because of my mental illness"	» "It's hard to find good friends" » "Dealing with eating disorders from being pressured to be a certain way"	TAY Participants: » "Having trust issues when it comes to building relationships because I was around the wrong people"
Struggles of Mental Health / Health Management		
» "Help managing stress and overcoming substance abuse that started from stress"	» "Not knowing when something is wrong— not knowing if what they're experiencing is normal" » "Not being educated in mental health challenges— not knowing what to do" » "Drug addiction" » "Knowing how to manage depression" » "How to manage stress from having too much on your plate"	TAY Participants: » "The stress of not being able to trust those around you"
Accessibility to Safe Community Activities		
» "Kids have nothing to do— so it starts as a mean of finding entertainment, trying to make friends, and having too much time on their hands— taking a downward spiral hanging out with bad crowds"	» "There are criminals in the area and corruption that you can easily get pulled into criminal life"	TAY Providers: » "Lack of knowledge of the resources/ programs that are out there"

OTHER COMMON RESPONSES, per population, included:

- **Community**: Learning life skills; Accessibility - transportation, cost; TAY lack of interest in going to counselors and/or therapists
- **PEI**: Accessibility - cost; Motivation
- **FSP**: N/A

6. Based on your opinion, what kinds of programs do you think that there should be available to kids who are TAY age? What would such programs look like?

Community		
Community Engagement / Collaboration		
» "Get kids [TAY] involved in community groups— take them away from stuff going on at home and their environment" » "Collaboration with community centers to give TAY opportunities to volunteer in different programs" » "Community career-type programs to keep people interactive and out of trouble" » "Community events that involve youth in elementary school"	» "Collaborate with local high schools, high school classes, and teachers/staff to provide programs in schools" » "Create a community drop-in center like 'Cup of Happy,' but that it lasts all day, not just at lunch time" » "'Teen Nights' with fun community free events" » "Outreach with faith-based communities"	TAY Participants: » "Creating a community accessible help line" » "Connecting youth with adult programs" TAY Providers: » "Events that target the community and have more focus on TAY from a younger age" » "Community programs focusing on the connection from children to TAY"
Family Programs		
» "Programs that have topics focusing on family circumstances (especially for youth)" » "Programs that teach family members how to help a person with mental illness"	» "Classes with TAY and their families to learn together" » "Parent education—to recognize the signs and symptoms for TAY as they are in their transition state" » "Emphasize quality time with parents"	TAY Providers: » "Focus on family-oriented education" » "Mental health education for parents/ providers" » "Cultural stigma education for parents/ families"
Mental Health Education		
» "Program topics: Hope, Bullying, Anxiety, Depression, Coping Skills, Motivation, Perspective of each person's impact on others' lives" » "Programs that offer resources/education on depression"	» "More information for them to know what they are going through— mental health" » "Awareness of mood and symptoms to know they are having an issue" » "Identifying warning signs/red flags" » "Anger management classes" » "Each week have a different topic in Mental Health— resources, how to get help, diagnoses, symptoms" » "More programs like 'Cup of Happy'"	TAY Providers: » "Create a series on recovery management— teaching TAY about medication, MH management, etc." » "Target early onsets of mental health" » "Trauma-focus intervention programs; giving more support to trauma will impact later courses of other MH disorders" » "More support in early trauma/PTSD— potentially minimize further mental issues"
Coping Skills		
» "Teach kids, at a young age, to think of other ways of expressing feelings" » "Counseling on cyber/bullying for people with mental illness/special education" » "Animal therapy"	» "Safe place to express themselves-- such as an enlightenment center with arts where they can find peers" » "Programs on how to deal with stress" » "Sports activities" » "Rehab-type drop-in coping center"	TAY Participants: » "Incorporation of relaxation techniques like chair yoga" » "Journaling activities" TAY Providers: » "Programs for coping with substance use"
Peer Mentorship		
» "Connecting to youth who have been through similar struggles— get advice" » "Peer mentorship phone follow-ups" » "Mentorship/life coach program— some people hate therapy, so not therapy" » "Mentorship that is friend-like; by someone who has gone through it themselves"	» "Being connected to others who are going through the same thing" » "Big Brother/Big Sister mentoring/life coach" » "Having counselors closer to our age" » "Peer mentorship by older kids studying psychology"	TAY Participants: » "Help from older people in our age range on adult issues— individualized attention"
Independent Living Skills / Life Skills		
» "Life-skills program; learning about finances— credit (having good credit for car/house loans, etc.)" » "Mentorship from people in different professions talking about their process on how they got there"	» "Workshops on teaching life skills" » "Career related workshops" » "A program like 'Thrive' where kids learn about and practice life responsibilities"	TAY Participants: » "Independent living skills, such as early life skills before it's too late" TAY Providers: » "How to become self-sufficient" » "Time/money management, self-care"

Focus Group Overall Conclusions

While considering Prevention and Early Intervention programs that are targeted for the TAY population, the goals of conducting the focus groups were to improve existing TAY programs and develop future programs that are geared at meeting TAY needs. Thus, direct feedback from TAY providers and TAY members within current Prevention and Early Intervention programs, more intensive mental health Full Service Partnership programs, as well as outside of any mental health services, was gathered to collect a well-rounded perspective of the obstacles and barriers that TAY aspire to overcome, as well as the highest priorities that TAY aim to accomplish.

Program recommendations were determined based on common themes from the focus group feedback of what TAY need, what is most useful to them, and what they aspire to accomplish. One of the recommendations was to create more programs that mimic peer mentorships where TAY can connect to others who have shared similar experiences and receive individualized attention, such as life coaching, by people who are closer in their age range. Peer mentorship would allow TAY to improve their self esteem, have a sense of hope to set reachable goals, gain motivation to learn to love themselves, and create their own support groups with people with whom they can relate to, so that they do not feel as though they are alone. By improving their self-esteem, they can further improve their social skills, where focus group participants recommend that there be programs that allow for opportunities to engage and collaborate with community groups - encouraging participation in positive activities and building their interests and connections with others, keeping TAY out of trouble. Focus group participants also recommended programs that allow them to gain independence and learn life skills that would help them boost common-sense thinking and increase the ability to rely on themselves and become self-sufficient.

TAY also recommended having programs that focus on mental health education so that TAY have a better understanding of what they are going through while having an

awareness of moods and symptoms and the ability to recognize triggers and warning signs of early onsets of mental health illnesses. They recommend creating a series of programs that cover various topics on mental health management, coping skills, motivation, diagnoses, resources, medication, and trauma-focus interventions. In doing so, they can learn methods of mental health management using coping skills such as creative self-expression of one's feelings, like journaling, as well as various relaxation techniques to improve their stress management. Focus group participants also collectively recommended family-oriented programs that encourage family bonding/support systems, and programs that would bring TAY and their families together to focus on various family circumstances and collaboratively learn about mental illnesses.

Overall, focus group feedback emphasized the incorporation of programs that would teach ways for TAY to manage stressful environments and circumstances; find helpful methods to learn how to be hopeful and happy in their day to day environments; have a better ability to communicate their feelings and connect with others; be more educated in mental health signs, symptoms, and general management; and above all, make the best of their current situation and make improvements for their future.

Additional Recommendations

Other program recommendations included addressing issues on cyberbullying, online dating, and general online safety since TAY are currently shifting to using more non face-to-face communication. Also, there are recommendations to further LGBT support, build vocational skills, and begin outreach to kids at a younger age while also screening TAY to do needs assessments based on the identification of prominent young adult stressors.

Ranking of Priority Programs for Transitional Aged Youth

Focus group participants were asked to rank the following five activities from highest (1) to lowest (5) priority:

1. Outreach/MH Promotion/Stigma Reducing Activities,
2. One-Time Workshops for Students/College Students,
3. Coping Skills Groups (CAST),
4. One-on-One Peer Mentoring, and
5. Speaker's Bureau Presentations/ Youth Testimonials.

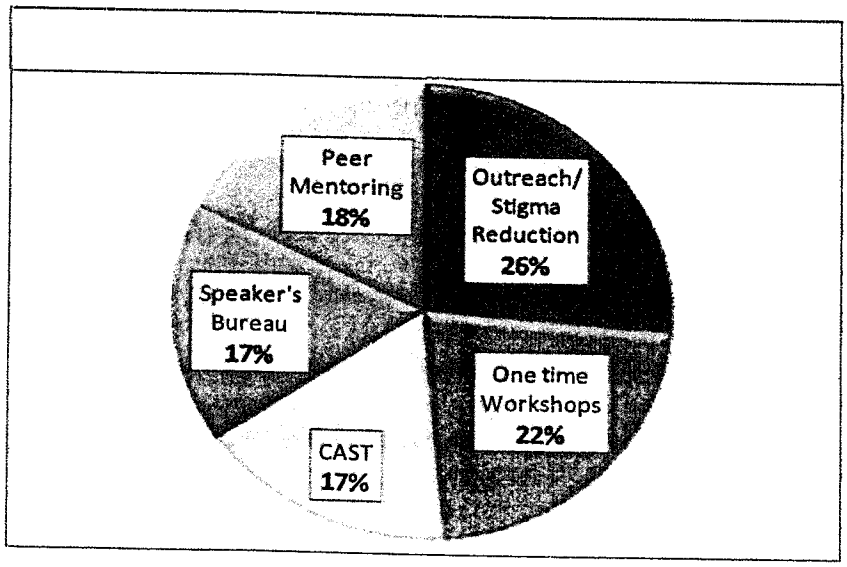
A total of 179 ranking forms were submitted collectively; 78 of which were from those who participated in one of the focus groups (Community, n=23; PEI, n=27; FSP, n=15; CAST, n=13), and 101 from other various community outreach.

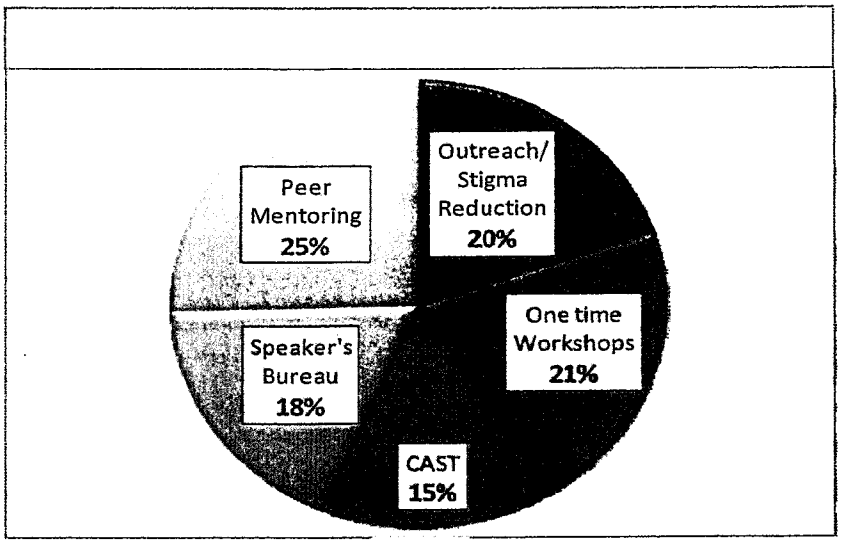
The table below shows the average rank for each program, with lower values representing a higher rank of priority. Overall, on average, participants ranked Outreach/MH Promotion/Stigma Reducing Programs as being of highest priority, while One-on-One Peer Mentoring was ranked as being of least priority. However, within the focus groups: the Community ranked Speaker's Bureau Presentations/Youth Testimonials as being of highest priority; PEI and FSP program participants ranked CAST as highest priority; and CAST participants ranked One-time Workshops and Speaker's Bureau as equally being of highest priority.

Average Ranks of Priority Programs:

Program	Average Overall (n=179)				CAST (n=13)
Outreach/ Stigma Reducing Activities / MH Promotion	2.89	3.13	3.04	2.76	4.07
One-time Workshop for Students / College	2.98	3.5	3.21	3.25	2.2
Coping Skills Groups (CAST)	3.02	3.12	2.82	2.31	2.67
Speaker's Bureau Presentations / Youth Testimonials	3.02	2.42	2.96	3.69	2.2
One-on-One / Peer Mentoring	3.21	3.21	3.53	3.13	3.6

The figures below show the percentage of which programs received the highest average rank in priority and which received the average lowest rank in priority among the total 179 submitted ranking forms.





These percentages reflect the proportion of the counts, per program, that have ranked highest with a score of "1" and the proportion that ranked the lowest with a score of "5." (Please note that programs are listed as both the highest and lowest priority programs as the charts represent the proportion of responses for scores of "1" and "5" for highest and lowest priority, respectively; thus, some participants have ranked a program as "1" while others have ranked the same program as "2, 3, 4, or 5.")

As can be seen in the graphs, no one program suggestion is favored as being of highest priority as there is a somewhat even split of preference for both the highest and lowest priority programs.

CAST— Focus Group Questions: Analysis

Qualitative data was collected from a total of 13 individuals who participated in one of the two focus groups that were held for individuals who had participated in a CAST program within FY15/16. The focus groups were conducted at the sites where their weekly sessions took place. There were ten pre-determined questions that the participants were asked:

1. Approximately how long were your group sessions?
2. Did you use the workbooks/materials provided in the CAST book in your group sessions?
3. How did the staff create a safe and comfortable environment?
4. (a) Which session of the CAST group did you find most helpful (e.g. Anger Management, School Smarts, Drug Control...)?

   (b) What parts of CAST did you find most useful (e.g. activities, homework, STEPS, life cards...)?
5. How has CAST group been helpful to you?
6. In what ways do you think you have changed after completing this program (in process)? How has
7. CAST helped you make these changes, if any?
8. Which skills that you learned from CAST do you use most frequently?
9. If you could change anything about the program, what would it be and why?
10. Did you receive information about resources and referrals after completing this program?
11. If someone were to come up to you and ask you how they can better manage their mood, what would you say?

Additionally, the participants were invited to share any supplemental comments at the conclusion of the focus group questions.

The first two questions were designed to be an extension of the fidelity monitoring process. Research has shown the importance of fidelity in that the programs which have higher rates of model adherence tend to have increased positive outcomes. For this reason, fidelity components were addressed during the focus group to ensure the presentation of CAST, programmatically. The remaining eight questions were designed to measure participant satisfaction, understanding, and application of CAST materials, while also exploring areas for improving the program.

1. **Approximately how long were your group sessions? Where did your sessions take place?**
    - Length: Entire Class Period - "About one hour," "An hour, usually"
    - Location - "The location was good," "I liked that it was held at the school," "It would be hard to get to another location if it was not held at school"
2. **Did you use the workbooks/materials provided in the CAST book in your group sessions?**
    - Yes - ""Everyday"
    - Comments: "We liked the format and found it to be useful"
3. **How did the staff create a safe and comfortable environment?**
    - Staff - "By encouraging self-praise," "The staff was nice," "Their friendly smiles," "They were sweet with participants," "Funny and happy"
    - Environment - "Being in a small space," "Knowing everyone," "I felt welcomed, but it was hard to open up because of the small amount of time—both time per session as well as number of weeks of the program—to get to know each other"

- Free/Safe Space - "Feeling free to talk," "Felt free to express what we wanted"
- Contract - "Having group rules," "Confidentiality, being respected"

4. **A) Which session of the CAST group did you find most helpful? For example: Anger Management, School Smarts, Drug Control, Mood Management, Social Support.**

   - Social Support - "Before the program, I didn't know that there were other people who were going through similar problems as myself, so it was a good support system to have, especially because I felt that I couldn't go to my family and didn't know that you could go to others"
   - Anger Management
   - School Smarts

   B) What parts of CAST did you find most useful (e.g. activities, homework, STEPS, life cards...)?

   - Life Cards - "You can read them whenever," "I found myself using them outside of group"
   - STEPS - "We practice it outside of class"
   - Cast Book

5. **How has CAST group been helpful to you?**

   - Using STEPS
   - Realization - "Knowing that I'm not the only one that struggles"
   - Location - "Having it be at school, and private from my parents and family, ultimately it was my decision to get help, not theirs"

- People to Trust - "Having someone to talk to," "Having someone to trust - there are barely any people that I can trust in my life"

6. **In what ways do you think you have changed after completing this program (in process)? How has CAST helped you make these changes, if any?**

   - More Open-minded - "More willing to trying new ways to change my behaviors," "Realizing the negatives that are holding you back, and changing them"
   - School Improvement - "Went from 43 absences to 2," "Doing more school work," "Having better work ethic"
   - Respect for Authority - "Calmer and able to take directions better," "Doing as I'm told"
   - Relating to Others - "Before I didn't have a lot of people to talk to," "I can't depend on family but I can talk to people in group," "Someone is always there for you"

7. **Which skills that you learned from CAST do you use most frequently?**

   - STEPS - "Stop," "Think before you do"
   - Coping Skills - "Breathing techniques," "Self-Praise (positive self-talk)"
   - Improved Listening Skills

8. **If someone were to come up to you and ask you how they can better manage their mood, what would you say?**

   - Sharing Experiences - "It depends on the situation, but to share positive steps that you went through to show them that they are not alone"
   - Calm Down - "Breathe," "Use a stress ball," "Take a breath and calm down before you decide to say anything," "Walk away from fights"

- Evaluate the situation - "Ask yourself: 'Is it worth getting mad?' and 'What's the outcome of the decision you're about to make?'," "Evaluate the pros and cons"

9. **If you could change anything about the program, what would it be and why?**

   - Time - "Changing the time because since this was held at lunch, some kids could not participate because it didn't work with their demands of class work," "Lunch is kids' only free time and some people don't want to be here during their free time," "Offer CAST at a
   - different time, as a required class," "When you tell your parents that you are attending something after school hours and off of school grounds, they may have a problem with it"
   - Length of Program - "Make the program longer"
   - Detailed - "It is too generalized for everyone and needs to have more specifics for different situations/ people in different situations," "How to use the STEPS better - when telling us to
   - 'Stop and Think' what should we be thinking about? How do we apply it to specific situations?"
   - More Relatable - "Some problems we have weren't in the books," "Some advice in the book didn't correspond to our lives— such as, telling us to go to family when we feel like we can't," "Didn't have resources for a positive habit to respond to the negatives"
   - More Activities - "Field trips to make actual use of the skills we learn when we are in the community," "Less book work," "Roleplays and practice"

10. **Did you receive information about resources and referrals after completing this program?**

11. Yes - "For SafeHouse," "Referred to teachers and counselors"

Additional comments about CAST in general/your experience:

- Helpful - "It is a good program," "I would participate in it again and also recommend others to join," "CAST is perfect for kids when they are young and going through a lot (especially teenagers), it is a good way to guide them to make good choices"
- Location - "Other good settings may be parks, out in the community to allow us to go to the movies, etc."

Appendix C

Adult and Peer Support - Focus Group Report

The Department engaged over 200 consumers, family members, and parents at an Annual Adult Peer Summit, in which a Focus Group was conducted to elicit input from our peer community. In moving forward with the implementation of CSS programs, while considering the overall needs and concerns of the adult population, focus group participants provided common themes in suggestions, such as:

- to make improvements in staff and program training;
- to expand program services, collaborations, and communication;
- to address client complaints; and
- To increase program reach and accessibility.

Participants provided feedback on the degree to which they felt that program collaboration could be improved, such that staff could be better aware of the types of programs and services that are offered countywide. In doing so, clients can receive the proper referrals to meet their specific needs. Therefore, programs could spend more time providing services rather than on outreach attempts to bring in potential clients for screening; thus, reducing the need for program promotion, as referrals would more naturally and accurately come straight to programs. If employees have more extensive training of countywide services that would not only bring better cohesion within the county, but it would also improve the timeliness in emergency response rates. Additional specific examples within the Peer Navigation Line were given for making improvements in the communication between clinicians, in order to reduce repeated initial assessments.

With improvements in program communication and collaboration, efforts can then be focused on staff and client complaints. Clients have made complaints that their needs cannot be met, as services are not easily accessible. Focus group participants suggest that current program space not only be physically expanded so that unused spaces can be utilized for client services and in-house staff trainings, but also so that the programs can expand to different locations to reach unserved areas and reduce transportation issues. To address the client complaints from programs that are being administered by county contractors, participants suggest that county employees periodically check the working conditions and treatments within the program facilities.

Lastly, participants suggested that in order to improve adult programs countywide, efforts should be made to sustain current successful programs, incorporate new innovative programs, and further the reach to high priority target populations. Participants have recognized several programs that have obtained success, such as, various Board and Care facilities and the Youth Advocates United to Succeed (YAUTS) Program, and have suggested providing extra support to those programs so that they can be expanded to further areas. Moreover, other suggestions were made to incorporate new programs based on the needs of the community. For example, participants mentioned that with spirituality being at the center of many people's lives, that there should be a "Spiritual, Healing, and Wellness Center" which would emphasize overall spirituality, rather than religion, to improve mental health. Incorporation and expansion of such new and existing programs would not only offer added services, but also aid in targeting specific populations. Additional high priority target populations are undocumented immigrant families and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI). With extended training of the needs of these populations, staff can secure a better understanding of adult program service delivery and thus, increase program attendance and improve service quality.

Qualitative data was collected from Riverside County staff attendees of the All Peer Summit, held at the J. L. Renck Community Center at Hunt Park in the City of Riverside on October 19, 2016.

The focus group was held during the summit and was designed to last approximately 45 minutes to 1 hour. There were two pre-determined questions that the participants were asked. Although the total number of focus group participants was not collected, all participants were either program/service providers, administrative staff, or peer specialists.

Focus Group Questions

1. Does anyone have any input or concerns about moving forward with implementing these CSS programs in the 3-Year Plan?
2. In general, do you have any input and/or concerns facing adults in Riverside County at this time?

Focus Group Response Themes

More Collaborative Efforts/Training

"More collaboration with the police department and law enforcement to have better timeliness in responses," "A lot of our own officers have not had the proper training to know the services that are available," "We need to better educate our teams on the types of services we offer as a County"

Improved Peer Navigation Line

"Better communication among the team; clinicians are having a hard time doing assessments because previous assessments were already made," "We need a better way of tracking services"

Addressing Client Complaints

"Many clients have complained that their needs are not being met by contracting service providers"

Enhancing/Expanding Space and Staff

"Advocate for better use of unused spaces so that we can work better with our teams," "We would be able to facilitate meetings and trainings better," "Getting services available in areas that don't have them, so clients don't have to travel as far"

Sustaining Successful Programs

"YAUTS has shown to be a really good program in the Desert; have YAUTS expand their service," "Many of our clients do not want to leave Augmented Board and Care facilities, but so many of them are being forced to close down because they cannot afford to make fixes"

Incorporating New Programs/Services

"Starting a Spiritual, Healing, and Wellness Center; although there is taboo around incorporating spirituality, it is at the center of many people's lives"

Serving Hard-to-Reach/Target Populations

"We have great programs, but it's hard for undocumented families to come in due to their lack of citizenship," "Serving the LGBTQI population - if teams were better trained and had better awareness, the LGBTQI population may be more likely to come in for services"

Appendix D

Older Adults Focus Group Report

System of Care Committee Meeting

October 11, 2016

Qualitative data was collected from members and attendees of the Older Adults System of Care Committee Meeting held at the Riverside University Health System – Behavioral Health Rustin site. The Focus Group was held during the meeting and was designed to last approximately 45 minutes to 1 hour. There were four pre-determined questions that the participants were asked. Although the total number of focus group participants was not collected all participants were either program/service providers, contractors, or consumers of Older Adult Programs within the County of Riverside.

Focus Group Questions and Response Summaries

1. **Does the Committee have any input or concerns about moving forward with implementing these CSS programs in the 3-Year Plan?**

- Lack of teams/staff - "It feels as though we cannot reach the unserved missing regions," "For programs like SMART, we need more staff so that we can have a better ability to serve all areas," "We need more staff due to numerous referrals," "Because of not having enough teams, we have insufficient service in all geographic areas, "Allocate more Family Advocates in all regions to improve inadequate service needs for families"
- Improved Network of Care - "Need continued support to have resources available for services," "Reach critical populations - such as expanding veteran services," "Make services better for families," "Incorporate telemedicine to reach hard-to-reach populations"

In moving forward with the implementation of CSS programs, common themes in suggestions were to increase the staffing and reach of services, and to have a betternetwork of care. The lack of teams and staff was found to limit the ability of programs to serve all regions within the County; with particular examples of cases within program referrals where it was not feasible to serve clients in hard-to-reach remote locations. With better allocation of staff, we could improve not only the reach of services, but also the likeliness of consumers to seek services themselves.

Suggestions for an improved network of care included the incorporation of telemedicine, crisis centers, and expansion of veteran services.

2. **Does the committee have any suggestions for any other depression programs, like PEARLS, or any service delivery methods that could produce the service volume needed to sustain the program?**

- Broadening inclusion criteria - "Clients were being ruled out because of physical or medical issues," "Maybe reduce the age criteria to 55 years of age"
- Collaborations with other programs/contractors - "Tap into other programs (like IEHP) to have them incorporate PEARLS screening during their screening process in order to boost the number of referrals," "Link with Office on Aging programs that provide in-home services, where screenings can be made in a non-threatening manner," "Collaborating with Molina clinics, especially as a new office is opening in the Desert region," "Collaborate with medical professionals to train them on being more conscientious with depression screenings
- Modifying the Program - "Begin PEARLS as a new program with a different program approach," "Find out what other PEARLS programs have done and replicate their methods," "Look at other program toolkits to get ideas on how to improve PEARLS approach".

Overall, the committee had largely positive feedback on the quality and effectiveness of

PEARLS, stating that several people have called to seek PEARLS services, to date. However, the committee has recommended that before re-implementing the program, that there be some modifications in terms of broadening inclusion criteria. In their experience, they have felt as though several consumers were being screened out of receiving PEARLS service due to medical/physical issues, or age limitations. To further increase the number of clients that can be served by PEARLS, the committee suggests better collaboration with contractors (with particular suggestions for IEHP and Molina) and other Office on Aging programs, who could incorporate the PEARLS referrals within their own program screenings. In order to get additional ideas, the committee has also suggested researching other counties and programs that have implemented PEARLS, in order to replicate any of their successful methods.

3. **Does the committee have any input or concerns about moving forward with implementing these PEI programs in the 3-Year Plan?**

   - Linking with Programs to Integrate New Components - "Linking with programs like 'Making the Link' to learn how to integrate screening/referral component by primary care physicians," "Implement training to primary care physicians on more extensive recognition of signs and symptoms of depression," "Have the Office on Aging be involved in making the physicians more aware of caregiver issues"
   - Improving Referrals - "Improve the transfer of patients from inpatient to outpatient," "Have a satellite outpatient clinic at the hospital where patients can go directly and get screened for behavioral health services," "Conduct evaluations at a crisis clinic," "Complete evaluations during home visits"

In moving forward with PEI program implementation in the 3-Year Plan, there is an overall consensus in developing a more integrative healthcare approach within the County's mental health system. The committee would like to focus on improving physicians' training of recognizing signs and symptoms of depression and other mental health conditions, as

well as improve the overall dialogue surrounding mental health issues. The committee would also like to integrate a smoother transfer of patients from inpatient to outpatient status where they can receive direct referrals to PEI programs, with particular emphasis on in-home services.

4. **In general, do you have any input or concerns regarding whether these programs are meeting the needs and/or concerns facing older adults in Riverside County at this time?**

   - Re-implement PEARLS - "Attempt implementing PEARLS again after changing and broadening inclusion criteria," "Expand the population on who we let into PEARLS"
   - Expansion of Existing Programs - "Revisit bringing 'Healthy Ideas' in another Desert clinic," "Expand 'Healthy Ideas' to existing Office on Aging programs," "Get more staff to expand the 'Care Pathways' program," "Get additional support and funding to expand caregivers support programs"
   - Increase Staff/Program Training - "Staff capacity is low," "Have more available trainings"
   - Keeping Contractors Updated - "Let contractors, like IEHP and Molina, know which programs are up and running so that they can have service providers who can make referrals to those programs"
   - New Technology - "Looking into neuro-feedback, which has been used for PTSD treatment and treatment with Vets"

In general, the committee agrees that PEARLS and currently existing programs have great effectiveness rates and have proven to be successful; yet, the programs have difficulty meeting the needs of the older adult community by not having adequate funding and staff to serve all regions. Therefore, the majority of the concerns were in finding ways in which to be able to expand the programs to have greater reach and ability to serve larger

populations, while being able to have proper sized staff. Additionally, while attempting to increase staff size, another concern is in being able to properly train them in delivering their respective programs, with suggestions for more frequent trainings that consist of additional booster trainings to check-in on the program effectiveness and delivery. Additional suggestions were to keep in contact with local contract providers.

Additional Comments/Concerns

Improving Early Detection - "Patients are not being asked the appropriate questions by primary care physicians when they go in for medical care," "When primary care physicians ask questions about depression, they do not know who to refer to/how to follow up," "Primary care physicians are prescribing medications for depression and anxiety, but are not seeing the bigger picture and overarching need for additional services - ones that we can provide".

Appendix E

Workforce Education and Training (WET) Feedback Survey 2017

In addition to the WET Steering Committee Stakeholder Process, one of the WET Senior Peer Support Specialist participated in several staff meetings to present and discuss the WET Programs and solicit input and recommendations. The primary questions asked, and responses, are presented below and are a compilation from multiple staff disciplines.

1. **Please provide any comments on how the revised 3-Year MHSA WET Plan is working to meet the education and training needs of Riverside's public mental health workforce?**

   - MHSA WET provides up-to-date informative education to all staff within the department. It works to provide CEU's for most training to ensure the workforce is not only kept apprised of new innovative techniques, but is also able to maintain their licensing and credentialing responsibilities.
   - MHSA WET also provides intense intern training to incoming MFT, MSW, BSW, and PhD Students. This training provides the student with more than adequate training, insight, and exposure to the inner workings of Public Behavioral Health.
   - "...recovery oriented philosophy, cultural competency"-from new employee orientation.
   - Consumer Affairs only gets about 15 minutes to discuss "recovery" during orientation. The real challenge is that when we say "recovery" it is understood and defined differently than the strengths based person centered approach that the county intends. I recently asked a county mental health nurse about recovery. She said that recovery is "when the client is compliant and takes their medications as prescribed".

- I know we offer additional trainings later but many staff members do not voluntarily attend classes like RFSD (Recovery Focused Service Delivery), ARP (Advanced Recovery Practices), Facing Up, or WRAP (Wellness Recovery and Action Plan), where they can better understand person first, strengths based recovery. If it is important enough to the county then making these trainings mandatory may help. This would be especially true for our Substance Abuse teams and metal health affiliated medical staff.
- The CLAS (Clinical Licensure Advancement Support) program has been extremely helpful for unlicensed CTs get prepared for licensure. Many of the therapists are now utilizing the Therapist Development Center to help study for their exams. They have found that is it more helpful than the Grossman Test Banks and asked if WET would consider replacing Grossman with Therapist Development Center. Feedback re: Therapist Development Center is it helps you better apply theories, etc. clinically in real time practice.
- As new employees are on boarded, there was a lot of feedback about getting more "shadowing opportunities". The County is a big system with many acronyms. They wanted more opportunities for site visits and tours to see the "big picture" related to our systems of care. Ideas were to have a new employee spend 1-2 days in each of our programs (inpatient, FSP, outpatient, specialty programs).
- Staff said they got more out of shadowing than basic trainings. They felt that when they were paired with a senior staff, they felt more mentored, were given lots of materials and "tools" they could apply back into practice.
- Training for service delivery such as, RM (Recovery Model), DBT (Dialectical Behavior Therapy) are helpful.
- "I Love My Job, But," helpful when dealing with compassion fatigue
- CLAS and RM (Recovery Model) Reviews every 6 months, extremely helpful in

helping to obtain licensure and make RM service delivery more effective.

2. **Please provide feedback on any gaps in service in the existing WET plan. Are there any gaps in workforce education and training programs?**

- Diversity and Cultural Competency. No training offered really delves into intersectionality or challenging topics such as racism, ablism, or sexism, and power dynamics/privilege and oppression. If a cultural component has ever been included in the trainings I've been to, then it is practically nonexistent.
- Required trainings scheduled more frequently. Training schedules do not always fit into the employee work schedule or classes fill up too quickly.
- Trainings for clerical staff based on clinical settings.
- Training for clerical staff on how to treat a consumer once they walk in the clinic. (i.e. recovery focused and cultural responsiveness centered trainings).
- Trainings provided are not always offered in all three of the Regions. Often times, staff must go off line for extra time to account for the extended travel time from the Desert and Mid-County Regions to attend trainings in the Western Region. This creates gaps in services to our community.
- Cultural Competency Training is not offered as often as it probably could be. More than once a year is needed to accommodate the large workforce within RUHS - Behavioral Health.
- EAS (Employee Assistance Services) sends out periodic announcements about web-based trainings on self care. Work life balance is very important. I believe that additional classes and or web-based trainings should be offered to staff at their respective locations. Supervisors could emphasize participation and lead the discussion.

- In addition to leadership academy I feel strongly that a one-day training for supervisors and program managers on creating an "Organizational WRAP" would really help maintain morale, increase communication and build awareness of how individual actions or inactions impact the entire team. This type of WRAP is briefly explored on our final day of WRAP facilitator training and has the potential of really reminding all of us how important it is to work as a team not a group of individuals.
- The Mayo Clinic uses an employee survey and supervisor evaluation which helps them determine which teams may be headed for job dissatisfaction, burnout, and attrition. We do not currently have any type of surveys for our staff members to evaluate leadership. Most, if not all, professional businesses and organizations conduct these surveys and evaluations. Can we implement?
- More training for OAs to learn about mental illness. Shadowing opportunities for OAs. A structured introduction into behavioral health.
- ADA (Americans with Disabilities Act) - more training to address compassion and care for people with disabilities. Training should be offered more than once.
- Priority given to selected individuals. Specifically, as someone who provides individual DBT to clients I have been told that facilitators take priority over individual service providers. (Over 2 years since I have been able to attend a DBT training)

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

- Would like to see more opportunity for peers and other staff to have trainings available to assist in promoting to other positions, such as SU (Substance Use) Counselors, not just CT.
- Consider offering more of the required training online, so as to free up staff to introduce new training opportunities and/or provide more frequent existing

trainings that may not suitable for online delivery. More online trainings will also provide more flexibility to staff who work in Mid-County and Desert Regions as well as those whose work hours vary from the standard hours of training.

- More "front door" trainings to new staff, prior to reporting to their destination site. Such as, ELMR (Electronic Management of Records), NEO (New Employee Orientation), Codes and Forms trainings, and mock progress notes. As well as, Ethics and Boundaries, New Employee Orientation, etc.
- More program specific training for programs such as AB109 New Life based on Behavioral Health and Criminal Justice, providing CEU's where possible.
- What happened to our new county vision statement? I still see the original vision statement posted in some clinics that says we provide "Service to severely mentally disabled adults, and older adults, children at risk of mental disability and substance abusers..."
- Also, we employ many bi- and multi-lingual staff members who are routinely asked to translate for doctors and other practitioners. In some cases the staff members have not been certified, but want to be helpful so they assist as requested. As a part of cultural competency training for supervisors we may want to consider emphasizing that we want to avoid potential litigation due to an incorrect or insufficient interpretation. I know that we all are aware that we are supposed to enlist the support of paid translators as needed but it does not always happen.
- Staff extremely satisfied with trainings offered through County. Feel like WET works hard to provide diverse, culturally sensitive trainings to all disciplines.
- Licensed CTs request more trainings that offer CEUs.
- Frustration level is great not having sufficient access to trainings that help me serve severely mentally ill.

- Trainings are either sparsely offered or not offered at all.
- More trainings on trauma, complicated grief, psychosis, EMDR (Eye Movement Desensitization and Reprocessing), DBT, etc. these specialized trainings will make long term employment with the county more appealing to CTs

Appendix F

Capital Facilities Project – Crisis Stabilization Campus

Riverside University HEALTH SYSTEM
Behavioral Health

CONSUMERS, FAMILY MEMBERS AND KEY STAKEHOLDERS

The attached
Mental Health Services Act
Capital Facilities/Technology
Crisis Stabilization Campus Proposal

is provided for your review and comment.

The Draft Plan is open for a 30-day Public Review and Comment Period from Wednesday, November 9, 2016 through Monday, December 12, 2016

Please review the Draft Plan and submit your Feedback Forms by 5:00 pm, Monday, December 12, 2016 to:

- **By mail: Riverside University Health System - Behavioral Health, MHSA Administration, 2085 Rustin Avenue, Mail Stop 3810, Riverside, CA 92507**
- **Via e-mail: MHSA@rcmhd.org**
- **By fax: 951-955-7205**

THANK YOU!

For more information, please contact
MHSA Administration at 951-955-7122

This information is available in alternative formats upon request.
If you are in need of a reasonable accommodation, please contact Sharon Lee at 951-955-7122.

Riverside University HEALTH SYSTEM
Behavioral Health

Riverside University Health System – Behavioral Health Mental Health Services Act (MHSA)

DRAFT

CAPITAL FACILITIES/TECHNOLOGY PROJECT PROPOSAL:

CRISIS STABILIZATION CAMPUS

As counties are allowed to provide updates to new or existing MHSA components and programs, Riverside University Health System – Behavioral Health is updating its Capital Facilities/Technology Project and Component Plan. This proposal is for a Crisis Stabilization Campus and continued implementation and expansion of the Behavioral Health Information System.

The Department is seeking feedback on this Capital Facilities/Technology Proposal from all community stakeholders and interested parties. Please review the attached **New and Existing Project Description – Capital Facilities, Exhibit F5** which describes the proposal.

This Project Proposal is available for a 30-day Public Review and Comment period from November 9 through December 12, 2016. To provide comments, please complete and return the **Feedback Form** by 5:00 pm, Monday, December 12, 2016.

MHSA
Riverside County Mental Health Services Act

Component Exhibit 2 | Print Form

COMPONENT PROPOSAL NARRATIVE

County: Riverside

1. Framework and Goal Support

Briefly describe: 1) how the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA, and 2) how you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities	$ 21,382,815	or	84.28	%
Technological Needs	$ 3,988,347	or	15.72	%

1a) Technological Needs:

The primary focus of technology initiatives will be to align the electronic health record with programmatic emphasis on healthcare integration between behavioral health and physical healthcare. This initiative will focus on the analysis, design, and implementation of a shared electronic health record across the County to ensure that consumer's health information can be viewed by all of their service providers. In 2016, the County's hospitals and Federally Qualified Health Centers have implemented a new electronic health record integrating inpatient and ambulatory care. The next steps will focus on integrating behavioral health care into the same overarching health record. In order to make this happen, the electronic health information will need to be linked in such a way to permit Short Doyle Medi-Cal billing.

1b) Capital Facilities:

Crisis Stabilization Campus: With the advent of the newly released Crisis Grants, the Department has expanded a full array of Crisis Services including Crisis Triage and Stabilization services. Since the inception of MHSA in Riverside County the Department has also supported Crisis Residential Treatment programs in its Comprehensive Adult Integrated Services Work Plan. Also included in the Adult Plan are Crisis Stabilization services which, when leveraged with the State Crisis Grants, has allowed the Department to more fully expand their Crisis Service System of Care County wide. The Department is currently proposing to combine all of these services into one integrated Crisis Campus in Western Riverside. This will be achievable through the use of the State Grants and MHSA Capital Facilities opportunities to adequately house the Western Region Crisis Services.

Component Exhibit 2 (continued)

2. Stakeholder Involvement

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

The Department previously submitted an initial Capital Facilities/Technology Component Plan in July 2008. Included in that plan were two previously approved CSS projects: the Behavioral Health Information System (BHIS) for the Technology Component and the Desert Safehaven Drop-In Center for the Capital Facility Component. Both projects originated out of the CSS Planning Process which included a very exhaustive stakeholder process. The details of that process, which included in excess of 1,500 stakeholders, were outlined in the initial Component Plan Proposal dated July 2008.

In preparation for a secondary stakeholder process to determine the use of the remaining component funds, the Department prepared several analyses to share with stakeholders. This included implementation requirements for the proposed BHIS and Learning Management System. Also included was a countywide facility inventory that summarized regional locations, space needs, square footage, costs, and lease expiration dates.

The aforementioned analyses were presented to stakeholders to better inform them of current issues, recommendations and needs in relation to capital facilities and technology. The Department then set forth input opportunities for stakeholders with Open Forums at each regional Mental Health Board (Western, Mid-County, and Desert), the main Mental Health Board, and the Stakeholder Leadership Committee.

The Capital Facility/Technology Component was also presented and input was received through Open Forums conducted through the MHSA Planning Committees which included Children's System of Care, Adult System of Care, and Older Adult. The Department also emphasized the importance of hearing from our consumer community specifically around technology needs. Thus, an additional eight Technology Focus Groups were conducted at the following locations: Riverside Peer Center, Art Works Peer Center, Hemet Clinic, Depression/Bipolar Support Alliance (DBSA), Perris Peer Center, Department Peer Support Specialists, Harmony Peer Center, and the Jefferson Wellness Center.

The aforementioned Community Planning Process allowed the Department to engage consumers, family members, parents, staff, agencies, specialty groups, and general stakeholders. The general feedback lent support to the development of a consolidated service site in the Mid-County Region as a priority for the Capital Facility funds. The intent would be to create a seamless, integrated service location resulting in consolidated leases and a more suitable and functional center for consumers receiving mental health services. There would, in turn, be a positive long-term financial impact by consolidating multiple lease costs into one location.

On the Technology Component there was support for the implementation of the BHIS, especially movement toward Electronic Health Records. There were also technology priorities established through the Community Planning Process that included: (1) Increased access to computers and technical assistance in the Peer-Operated Centers, (2) Basic computer training and tutorials for computer-operated software programs, (3) Basic education software, (4) Increased consumer and family access to computers, (5) Consideration for access to other electronic devices such as fax, copies, and phones for consumers.

The revised Capital Facility/Technology percentage split currently being proposed is supporting initiatives that have previously been approved through the Department's MHSA Annual Plan Update process. This includes the Crisis Residential Stabilization and Outreach Teams outlined and approved in previously approved MHSA Annual Plan Update process, as well as the continuation of implementation of the Behavioral Health Information System. The amended plan will allow for integration of the Department's technology systems with the University Health System to create efficiencies in how health information is shared and improve the delivery of patient care.

The Capital Facilities/Technology Component Plan will post for a 30-day comment period and be made available at County Clinics and local libraries. This plan was also fully vetted through the Riverside County Behavioral Health Commission (formerly Mental Health Board) and following the posting they will conduct a Public Hearing to allow for community input. All written and verbal comments received during the posting and Hearing will be available upon request.

January 4, 2016 **EXHIBIT F5**

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

County: Riverside

Project Number/Name: Crisis Stabilization Campus

Project Address: 9890 County Farm Road, Riverside CA

Date: 11/9/2016 (Draft)

Select one:
☒ New
☐ Existing

Type of Building (Check all that apply)		
☒ New Construction	☐ Acquired with Renovation	☐ Acquired without Renovation
☐ Existing Facility	☐ County owned	☐ Privately owned
☐ Leasing (Rent) to Own Building	☐ Restrictive Setting	☐ Land only

NEW PROJECTS ONLY

1. Describe the type of building(s). Include (as applicable):
   - Prior use and ownership.
   - Scope of renovation.
   - When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
   - When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
   - If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property.

This project involves the demolition of two unusable buildings located on Department owned land. They will be replaced by three new buildings consisting of one 9,058 sf facility which will house a new 16 bed crisis residential treatment program, one 5,678 sf building which will house the crisis walk in center providing 23 hours of crisis stabilization services and one new 7,045 sf building that is anticipated to house additional mental health staff to support the children released from juvenile hall.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

The crisis residential treatment program will have 16 beds with an average length of stay at 14 days. It is estimated that this facility can serve over 400 clients annually. The crisis walk in center is a voluntary crisis stabilization facility with 12 beds and will be open 24 hours per day. It is estimated that over 1,000 clients will receive crisis stabilization services. The third building is anticipated to house mental health treatment staff to provide outpatient services for high risk children exiting or being released from juvenile hall. These children will receive wraparound and functional family services. In addition this facility will house juvenile hall administration and support staff.

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The Crisis Services Campus is located on a cul-de-sac at 9890 County Farm Road, Riverside CA. It is adjacent to Geal Place, a 44 unit affordable housing complex of efficiency apartments for persons with disabilities. Geal Place currently houses 44 RUHS BH Consumers. A second 78 unit multi family affordable housing complex Cedar Glen Phase I, is immediately East of Geal Place. Cedar Glen provides 14 one and two bedroom MHSA units. Phase II of Cedar Glen is currently in the planning phase. Immediately West of the Crisis Services Campus is a private special education school for adolescents. RUHS BHS designated locked psychiatric inpatient facility, and locked crisis stabilization facilities are located in a complex within 300 feet west of the Crisis Service Campus. Across the street are a number of Riverside County Probation Department criminal justice programs for adults and juveniles. The Crisis Services Campus is located within 1000 feet of Harrison Av and the

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

RTA Bus Route 12, it is also within ¼ mile of an RTA Transit Hub at the Galleria at Tyler, with connection to nine (9) bus routes. A public park, public library, grocery store, and medical clinic are within ½ mile east of the facility.
4 Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)
All three of these new buildings will be 100% utilized to provide MHSA programs/services.
5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.
The Department has budgeted ongoing maintenance costs within the individual programs that will be operating within this facility and all maintenance work will be performed by the Riverside County Department of Facilities Management. All services are currently budgeted within our CSS Work Plans.
6. If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.
N/A
7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.
N/A
8 If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)
N/A
9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.
See Enclosure 1, Exhibit 2
EXISTING PROJECTS ONLY
1. Provide a summary of the originally approved CF project.
N/A
2. Explain why the initial funding was insufficient to complete the project.
N/A
3. Explain how the additional funds will be used.
N/A

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

Provide an estimated annual program budget, utilizing the following line items

New/Existing Project Budget					
A. Expenditures					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1	Pre-Development Costs	$ 909,300.00			$ 909,300.00
2	Building/Land Acquisition	$ -			$ -
3	Renovation	$ -			$ -
4	Construction	$ 12,781,225.00			$12,781,225.00
5	Repair/Replacement Reserve	$ -			$ -
6	Other Expenditures	$ 1,976,575.00			$ 1,976,575.00
	Total Proposed Expenditures	**$ 15,667,100.00**			**$15,667,100.00**
B. Revenues					
1	New Revenues				
	a. Medi-Cal (FFP only)	$ -			$ -
	b. State CHFFA Grant Funds	$ 5,881,000.00			$ 5,881,000.00
	c. Other Revenues	$ -			$ -
	Total Revenues	$ 5,881,000.00			$ 5,881,000.00
C. Total Funding Requested		**$ 9,786,100.00**			**$ 9,786,100.00**

D. Budget Narrative

1	Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/replacement reserve, and other expenditures associated with this CF project.
The Pre-Development Cost budget of $909,300 includes costs anticipated to occur during the planning phase of the project. It is comprised of building appraisal, architectural and engineering consultant fees, plan fees and associated permits, required insurance costs, title, and recording. The "Construction" budgeted amount of $12,781,225 includes construction, construction and project management and demolition costs. The "Other Expenditures" consists of major equipment purchases and technology wiring costs of $722,150. Also included under "Other Expenditures" is a project contingency in the amount of $1,254,425.	

Riverside University HEALTH SYSTEM Behavioral Health

Riverside University Health System - Behavioral Health
Mental Health Services Act (MHSA)

Capital Facilities/Technology Project Proposal Crisis Stabilization Campus

30-Day Public Comment Feedback Form

Please submit your feedback on this form by 5:00 pm, Monday, 12/12/2016.
Forms can be mailed to:
Riverside University Health System - Behavioral Health, MHSA Administration,
2085 Rustin Avenue, MS #3810, Riverside, CA 92507;
or via e-mail to: MHSA@rcmhd.org ; or by fax to 951-955-7205

What do you feel are the strengths of the proposed project?

Are there any concerns or recommendations you have about the proposed project?

Demographic Information (Optional)

What region do you live in?
- ☐ Desert (Banning, Indio, Blythe, etc.)
- ☐ Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- ☐ Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?
- ☐ A consumer of mental health services
- ☐ A family member of a consumer
- ☐ County Employee
- ☐ Law Enforcement
- ☐ Education
- ☐ Human Services
- ☐ General Community
- ☐ Other (Please Specify) _____

Demographic Information (Optional)

What is your gender?
- ☐ Female
- ☐ Male

What is your ethnicity?
- ☐ African American/Black
- ☐ American Indian/Native American
- ☐ Asian/Pacific Islander
- ☐ Caucasian/White
- ☐ Hispanic/Latino/Chicano
- ☐ Other. (Please specify): _____

What is your age?
- ☐ 0-17 yrs ☐ 18-24 yrs ☐ 25-59 yrs
- ☐ 60+ yrs

	Very Satisfied	*Somewhat Satisfied*	*Satisfied*	*Unsatisfied*	*Very Unsatisfied*
Overall, how do you feel about the plan?	☐	☐	☐	☐	☐

Riverside County

Behavioral Health Commission (BHC)

Public Hearing

Capital Facilities/Technology Project:

Crisis Stabilization Campus

December 14, 2016

2:00 - 4:00 pm

Rustin Conference Center

2085 Rustin Avenue

Riverside 92507

The MHSA Capital Facilities/Technology Project: Crisis Stabilization Campus Proposal was posted for a 30-day public review and comment period, from November 9 through December 14, 2016. After the 30-day public review and comment period, a Public Hearing was held by the Riverside County Behavioral Health Commission at the Rustin Conference Center in Riverside.

The Public Hearing was held for this Capital Facilities Project as well as well as an Innovation Project for Commercially Sexually Exploited Children. This document addresses only comments received for the Capital Facilities/Technology Project.

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

There were a total of 16 Feedback Forms and Comment Slips with written responses submitted during the Public Hearing: 5 responses were "Very Satisfied", 5 were "Somewhat Satisfied", 2 were "Satisfied", 0 were "Unsatisfied", and 0 were "Very Unsatisfied". (Note: 5 Feedback Forms did not record a 'Satisfaction' Response and 1 noted two different Satisfaction Responses). One Feedback Form provided no comments, only a Satisfaction rating.

WRITTEN COMMENTS:

(1) **Comment: Strengths**: Building the new Facility is a big strength. **Concern**: Need music and art programs.

Response: The new program will have scheduled activities based on consumer/guest preferences.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(2) **Comment: Strengths**: It seems that the proposal has been thoroughly written out and the budget for the project appears to be proportioned out appropriately. These improvements will give RUHS-BH *(a chance)* to address the needs of the community before potential clients have to be 5150'd. I believe this can address gaps in the system for consumers. **Concern**: None that can be seen now however only time will tell how strong and effective this plan will turn out for RUHS-BH.

Response: As part of the grant agreement with the State, Riverside University Health System – Behavioral Health (RUHS-BH) is tracking the number of CSU (Crisis Stabilization Unit) admissions as well as intervention by our grant funded REACH program. Successful interventions will serve as one of the indicators to reflect involuntary hospital diversions.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(3) **Comment: Strengths:** I feel consumers will get the services they truly need rather than being psychiatrically hospitalized. Also, having a Crisis Stabilization Center gives consumers opportunity to engage in mental health treatment and services that will likely reduce future hospitalizations. This program will help save money and have long-term benefits. **Concern:** Is this Crisis Stabilization Center going to differ from Rancho West CRT? I think the location is great for new program. Any thought in opening or developing programs in Mid-County?

Response: Rancho West is Crisis Residential Treatment (CRT) Program. The new CRT program will be similar to Rancho West; however, the primary difference is that it will utilize a robust peer-to-peer approach. Regarding a Crisis Stabilization Unit (CSU) RUHS-BH has been working to establish a similar Crisis Stabilization program in Mid-County. A contract was awarded to Telecare, Inc. to operate a peer-to-peer in 2014. Locating an appropriate facility in that Region contributed to significant delays. A location has been located in Perris and a 24-hour operational Conditional Use Permit (CUP) was approved in early December 2016. Programs are now working to begin operations by the end of April 2017.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(4) **Comment: Strengths:** Anything you can do to expand the CS. It saved my life. Need to use peer support employees. I love that it will accommodate more people. Need better advertisement. **Concern:** Utilize buildings that already exist.

Response: A number of factors influenced the proposal. The grant funded acquisition, or new construction, in order to expand system capacity. It also called for services to be provided in a residential-like environment. Commercial or existing

facilities would not lend themselves to establishing the residential environment desired by the grant. Locating the facility in a residential community would likely not have resulted in obtaining the required Conditional Use Permit. By building a new facility, it could be designed to be more residential in structure and benefit from the ability to design for planned function. Additionally, programs located on County-owned land are currently exempt from obtaining Conditional Use Permits and this greatly facilitated finding a location to create the facility. Finally, the proximity to ITF/ETS will greatly enhance our ability to divert consumers from inpatient admission.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(5) **Comment: Strengths:** I like the idea of having home-like settings with a living room and other amenities.

Response: Comment acknowledged. The Department strongly agrees.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(6) **Comment: Strengths:** Recovery based rather than lock down - awesome. Will help consumers to have hope in their situation. **Concern:** Transportation would help consumers - difficult to utilize bus when in crisis

Response: The Mobile and Triage grants also funded community-based Crisis Response Teams. These programs have been established and are called REACH (Regional Emergency Assessments at Community Hospitals) and CREST (Community Response Evaluation and Support Team). Both of these teams respond into the community, as hospitals, schools, and with police. They are able to provide transportation to the voluntary CSUs and CRTs if the individual is assessed as appropriate and desiring voluntary crisis services.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(7) **Comment: Concern:** Transportation - Meeting people in crisis where they are at. Other than the bus system there are people in crisis that are not getting help because they think it is too far to travel.

Response: See Response to Comment #6 above.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(8) **Comment: Strengths:** The amount of beneficial services offered, quiet zone, home like environment. **Concern:** Finding more research based approach. People that go out and do outreach; transportation services as well.

Response: The grant requires performance outcome measures that are designed to assist in determining whether the services provided are effective in meeting service goals. Peer-to-Peer recovery based services are considered a best practice. CREST, REACH, and street homeless outreach teams are in operation throughout the county and are working to identify individuals that can benefit from CSU/CRT services. These teams, along with our homeless drop-in centers can either provide direct transportation or arrange for voluntary (taxi) transportation to these facilities as appropriate.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(9) **Comment: Strengths:** To reduce hospitalizations and provide a more welcoming treatment experience. ETS is a scary place. I've been there and never want to go back. **Concern:** To make sure the general public is aware of the services being offered. Many people don't know what resources are available.

Response: The CREST and REACH are actively informing hospital emergency departments and law enforcement of these new resources, especially since they frequently encounter individuals in crisis. The contract operators also actively outreach to community stakeholders to inform them of services. RUHS-BH will be adding information about these services to our website, through social media and Guide to Services.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(10) **Comment: Concern:** Use existing buildings rather than build something new and use that saved money to increase services.

Response: The grant can only be used for capital costs (building acquisition and construction). It cannot be used for services, other than the mobile and crisis response programs. RUHS-BH did apply for, and received, grant funds for these services which are now operational.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(11) **Comment: Strengths:** New knowledge and help for early intervention. **Concern:** Use existing buildings to save money for other projects. Should be better outreach for this type of Hearing.

Response: The grant funded only new Crisis Stabilization and Crisis Residential facility acquisition and construction.

A Notice of Public Hearing ran in the Press Enterprise, Unidos (Spanish paper covering the greater Riverside area), the Desert Sun, and The Valley Chronicle newspaper. The Notice (along with the Project Proposals) was posted on the Behavioral Health Department website and as well as the Department's Facebook

page. Flyers were also distributed to each of the county clinics and peer centers for public posting and distributed to the Behavioral Health Commission, Regional Boards, and planning committees.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(12) **Comment: Concern:** RI has filled this role and should be listened to with respect to the CSU aspect of this project. They have valuable insights.

Response: Staff from Recovery Innovations were consulted regarding the design needs of a new facility and did provide valuable insights.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(13) **Comment: Strengths:** This campus does bring together two steps in handling early intervention in the stabilization of people looking for help with mental illness.

Concern: Still need medical detox for dual diagnosis.

Response: MHSA funds may not be used for medical detoxification services.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(14) **Comment: Strengths:** I feel that the project has potential if it is staffed with people that are qualified in life experiences.

Response: New programs are required to have a minimum of 50% peer staff with life experience as providers.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

(15) **Comment:** Because this is a new ground to break, I think working with other similar programs. I believe this is potentially an amazing idea and I'm supportive of it. Peer supports are an essential role in this new potential program. I recommend there being wellness classes and groups that are fun and beneficial like life skills type of thing (example: healthy boundaries, cooking, resources, job building, etc.). I want to see an environment similar to RI's Crisis Stabilization Unit. A welcoming and no force environment somehow incorporated. Please consider giving Art Works Gallery a bigger building.

Response: These comments provide a good description of the planned services. It is anticipated that the contract provider will plan activities based on the needs and choices of consumers being served while they are guests of the facility.

Commission Recommendation: The Behavioral Health Commission recommended no change to the Capital Facilities/Technology Project.

Appendix G

Adult Residential Facility

Riverside University HEALTH SYSTEM Behavioral Health

Riverside University Health System – Behavioral Health

Mental Health Services Act (MHSA)

DRAFT

CAPITAL FACILITIES/TECHNOLOGY PROJECT PROPOSAL:

ADULT RESIDENTIAL FACILITY

Riverside County is proposing an MHSA amendment to its Capital Facilities component plan. Counties are allowed to shift funds from the Community Services and Support (CSS) component to continue to fund Capital Facility projects. Riverside County is planning to convert a homeless shelter (Roy's Place) into a large Adult Residential Facility with a 90-100 bed capacity. The Department is hopeful that this project will provide more cost effective alternative levels of care.

The Department is required to post this plan amendment for 30 days followed by a Public Hearing. This proposal will be posted on the Behavioral Health website from March 21 through April 21, 2017. The Behavioral Health Commission plans to host a Public Hearing on May 3, 2017 to allow review and comment on this plan amendment as well as the MHSA 3-Year Program and Expenditure Plan for FY17/18-19/20. Attached are the project description and CSS transfer and fiscal summary sheets associated with this project.

MHSA

EXHIBIT F5

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

County: Riverside

Project Number/Name: Adult Residential Facility

Project Address: 19531 McLane St, North Palm Springs 92258

Date: 3/15/2017

Select one:
☐ New
☒ Existing

Type of Building (Check all that apply)		
☐ New Construction	☐ Acquired with Renovation	☐ Acquired without Renovation
☒ Existing Facility	☒ County owned	☐ Privately owned
☐ Leasing (Rent) to Own Building	☐ Restrictive Setting	☐ Land only

NEW PROJECTS ONLY

1. Describe the type of building(s). Include (as applicable):
   - Prior use and ownership.
   - Scope of renovation.
   - When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
   - When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
   - If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property.

The facility is 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 would 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.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

To establish a licensed augmented residential care facility. The facility will include 45-50 bedrooms, indoor and outdoor activity areas, common living areas, restroom showers, laundry facility, commercial kitchen and dining room, staff offices and meeting rooms.
It will be serve 90-100 individual adults per day

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The facility is located in North Palm Springs. It is located in a commercial industrial complex that borders the north side of the 10 Freeway. It is approximately 5 miles from downtown Palm Springs and 10 miles from Desert Hot Springs. There is limited access to public transportation lines, however transportation will be provided by the residential care facility operator a part of the condition of their license and contract.

4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

The facility will be used for MHSA funded programs and services. The existing FSP and operation of the homeless drop-in center and permanent housing programs are currently fully or partially funded by MHSA.

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

programs/services for a minimum of twenty (20) years.
The facility is county owned. It is County of Riverside policy that all county owned facilities are maintained by Riverside County EDA Facility Maintenance Division in order to insure that facilities are well maintained to insure facilities can be used on a long term basis. The EDA/Facility Maintenance currently maintains the existing shelter facility, the FSP, and the Homeless Drop-In Housing facilities. While residential program services will be contract provided, services will be under the direction of RUHS BH for the purpose of providing service augmentation to the new MHSA funded Wellness Plus Living Program and the county provided FSP services. Services are required to be re-bid on a regular basis and RUHS-BH contract language insures continued operations during transition to new contract providers.
6. If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.
N/A
7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.
N/A
8 If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)
N/A. The residential facility will be voluntary unrestricted housing.
9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.
N/A
EXISTING PROJECTS ONLY
1. Provide a summary of the originally approved CF project.
2 Explain why the initial funding was insufficient to complete the project.
3 Explain how the additional funds will be used.

EXHIBIT F5

NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities

Provide an estimated annual program budget, utilizing the following line items.

NEW/EXISTING PROJECT BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Pre-Development Costs	926,783			
2.	Building/Land Acquisition				
3.	Renovation	12,974,972			
4.	Construction				
5.	Repair/Replacement Reserve				
6.	Other Expenditures				
	Total Proposed Expenditures	**13,901,755**			
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					

D. Budget Narrative

1 Pre-Development costs are design fees associated with project. 2 Renovation costs are cost associated building out the inside of a 36,200 square foot existing structure.

Community Services and Supports (CSS) Transfers

County: Riverside **Date:** 3/17/2017

Prior Fiscal Year Component Balance

Component: **CAPTECH** **$ 14,916,370**

Enter current amounts in component (Local Prudent Reserve, Capital Facilities and Technological Needs (CAPTECH), and Workforce Education and Training (WET).

Maxium Transfer Amount **14,457,956**

According to the Welfare and Institutions Code Section 5892, subdivision (b), an amount equal to 20 percent (20%) of the average amount of funds allocated to each County for the previous five years may be irrevocably redirected from the CSS Component Allocation to fund the County's Local Prudent Reserve, CAPTECH, and WET.

	Annual MHSA Revenue
FY 11/12	$ 51,159,300
FY 12/13	82,887,429
FY 13/14	64,434,336
FY 14/15	90,193,280
FY 15/16	72,774,551
Average	**$ 72,289,779**

Unexpended CSS Funds as of **6/30/2016** **$ 30,346,973**

The to be Dedicated to the Component **14,000,000**

New Component Balance **$ 28,916,370**

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

County: Riverside County

Date: 3/17/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	30,967,818	13,014,534	14,367,500	5,377,638	12,741,370	
2. Estimated New FY2014/15 Funding	68,546,893	17,136,723	4,509,664			
3. Transfer in FY2014/15[a/]	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	86,514,711	30,151,257	18,877,164	5,377,638	25,741,370	
B. Estimated FY2014/15 MHSA Expenditures	48,850,141	15,362,175	1,970,323	721,924	23,825,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	37,664,570	14,789,082	17,106,841	4,655,714	1,916,370	
2. Estimated New FY2015/16 Funding	55,826,286	13,956,571	3,672,782			
3. Transfer in FY2015/16[a/]	(13,000,000)				13,000,000	
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	80,490,856	28,745,653	20,779,623	4,655,714	14,916,370	
D. Estimated FY2015/16 MHSA Expenditures	51,781,149	16,283,906	2,088,542	765,239	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	28,709,707	12,461,748	18,691,081	3,890,475	14,916,370	
2. Estimated New FY2016/17 Funding	57,501,075	14,375,268	3,782,965			
3. Transfer in FY2016/17[a/]	(14,000,000)				14,000,000	
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	72,210,781	26,837,016	22,474,046	3,890,475	28,916,370	
F. Estimated FY2016/17 MHSA Expenditures	64,013,219	16,298,067	4,930,883	1,552,600	9,600,000	
G. Estimated FY2016/17 Unspent Fund Balance	8,135,562	10,538,949	17,543,163	2,337,875	19,316,370	

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

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

Riverside University HEALTH SYSTEM Behavioral Health

Riverside University Health System - Behavioral Health
Mental Health Services Act (MHSA)

Capital Facilities/Technology Project Proposal
Adult Residential Facility – Desert Region

30-Day Public Comment Feedback Form

Please submit your feedback on this form by 5:00 pm, Friday, 4/21/17
Forms can be mailed to:
Riverside University Health System - Behavioral Health, MHSA Administration,
2085 Rustin Avenue, MS #3810, Riverside, CA 92507;
or via e-mail to: MHSA@rcmhd.org ; or by fax to 951-955-7205

What do you feel are the strengths of the proposed project?

Are there any concerns or recommendations you have about the proposed project?

Demographic Information (Optional)

What region do you live in?
- ☐ Desert (Banning, Indio, Blythe, etc.)
- ☐ Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- ☐ Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?
- ☐ A consumer of mental health services
- ☐ A family member of a consumer
- ☐ County Employee
- ☐ Law Enforcement
- ☐ Education
- ☐ Human Services
- ☐ General Community
- ☐ Other (Please Specify) _____

Demographic Information (Optional)

What is your gender?
- ☐ Female
- ☐ Male

What is your ethnicity?
- ☐ African American/Black
- ☐ American Indian/Native American
- ☐ Asian/Pacific Islander
- ☐ Caucasian/White
- ☐ Hispanic/Latino/Chicano
- ☐ Other. (Please specify) _____

What is your age?
- ☐ 0-17 yrs ☐ 18-24 yrs ☐ 25-59 yrs
- ☐ 60+ yrs

	Very Satisfied	*Somewhat Satisfied*	*Satisfied*	*Unsatisfied*	*Very Unsatisfied*
Overall, how do you feel about the plan?	☐	☐	☐	☐	☐

Riverside University Health System – Behavioral Health
MHSA Administration
2085 Rustin Avenue
Riverside, CA 92507

ENDING HOMELESSNESS IN RIVERSIDE COUNTY

The Riverside County Executive Oversight Committee on Homelessness (EOCH) includes the following partner agencies:

Code Enforcement Department

Department of Animal Services

Department of Public Social Services

Economic Development Agency

Office of County Counsel

Housing Authority

Probation Department

Riverside County Executive Office

Riverside County Sheriff

Riverside University Health System (RUHS)

RUHS-Department of Behavioral Health

RUHS-Population Health

RUHS-Public Health

The 2017 Point-in-Time Homeless County and Survey identified over 2,400 homeless individuals in Riverside County. To more effectively address the needs of the homeless, the Riverside County Executive Oversight Committee on Homelessness (EOCH) developed this action plan to provide a comprehensive set of 23 recommendations to end homelessness through:

- PREVENTION
- COLLABORATION and COORDINATION
- RAPID HOUSING PLACEMENT

Table of Contents

An Action Plan to Address Homelessness in Riverside County

Executive Summary

The 2017 Point-In-Time Homeless Count and Survey (PIT Count) identified a total of 2,406 homeless individuals in Riverside County, an increase of 11% from 2016 (2,165). In addition, the total unsheltered homeless population increased by 21.2% from 2016 (1,351) to 2017 (1,638). According to the 2017 PIT Count, among the unsheltered homeless population counted, 12% (193) were under the age of 24, 6% (91) were Veterans, while 21% (341) were classified as chronically homeless.

The Executive Oversight Committee on Homelessness (EOCH)--with the support of staff from numerous county agencies, cities, and community-based organizations--has developed an action plan to address homelessness by applying evidence-based strategies and best practices to effectively meet the needs of specific geographic areas and sub-populations. The action plan is intended to be a *living document* that requires ongoing development and updates based on the changing environment, community demands, and emerging opportunities.

The action plan focuses on three primary goals for addressing homelessness in the following Riverside County populations: youth, veterans, families, and chronically homeless individuals and families.

- ***Goal 1 – Prevent homelessness among individuals and families at-risk of becoming homeless.***

  Design and implement a coordinated prevention system to provide limited cash assistance, a wide range of free or low-cost supportive services, and/or supplies to those most likely to become homeless.

- ***Goal 2 – End homelessness of single individuals and families who are living on the streets and in shelter and transitional housing programs.***

  Design and implement a coordinated system of evidence-based Housing First, low barrier, and rapid rehousing (RRH) approaches to obtaining and maintaining housing of specified subpopulations in geographic areas with the greatest need.

- ***Goal 3 – Ensure funding for a coordinated system to end and prevent homelessness among individuals and families.***

  Identify a wide range of public and private funding opportunities to carry out the design and implementation of the coordinated system to prevent and end homelessness.

To achieve these three goals, the action plan calls for the implementation of four primary strategies, listed below, and establishes 23 recommendations.

- Strategy 1 - Improve System Coordination
- Strategy 2 - Increase Housing Resources
- Strategy 3 - Increase Outreach & Navigation
- Strategy 4 - Increase Supportive Services

It is acknowledged that additional measures and tracking tools will need to be developed to further measure the effectiveness of this plan toward ending homelessness in Riverside County. As a starting point, the EOCH will partner with the County of Riverside Continuum of Care (CoC) to initially assess the system performance outcomes using existing reporting tools (including dashboards) in the Homeless Management Information System (HMIS), as required by the U.S. Department of Housing and Urban Development.

AN ACTION PLAN TO ADDRESS HOMELESSNESS IN RIVERSIDE COUNTY

GOAL 1
Prevent Homelessness

System Coordination

A1. Design and Implement a Homeless Prevention System

A2. Develop a Coordinated Discharge Planning System

A3. Develop and Implement a Homeless Prevention and Awareness Campaign

Housing Resources

A4. Create a Shelter Diversion System

A5. Develop Affordable Housing and Improve Affordability

GOAL 2
End Homelessness

System Coordination

B1. Create a Fully Functional Home Connect (Coordinated Entry) System

B2. Implement a Community-Wide Housing First and Low Barrier Approach

B3. Establish a Countywide Homeless Court Program

B4. Develop a Protocol Focused on Proactive Strategies to End the Cycle of Homelessness

B5. Develop a First Responders Training Program

Housing Resources

B6. Increase the Supply of Bridge Housing

B7. Increase the Supply of Permanent Supportive Housing

B8. Increase Rapid Rehousing Assistance

Outreach and Navigation

B9. Create a Housing Search and Capacity Building Team

B10. Expand Street Outreach within the Housing Crisis Response System (HCRS)

B11. Expand Housing Navigation within the HCRS

Supportive Services

B12. Increase the Number of Home-Based Care Managers

B13. Increase Supportive Services

B14. Enhance Community Partnerships to Increase Employment Opportunities

B15. Enhance CalWORKs Subsidized Employment Program for Homeless Families

B16. Improve Access to Health Care and Mainstream Benefits

GOAL 3
Ensure Funding for a Coordinated System

System Coordination

C1. Conduct Funding Analysis

C2. Create a Regional Funders' Collaborative

Prevent Homelessness

System Coordination

A1: Design and Implement a Homeless Prevention System (HPS)

Recommendation

Design and implement an effective Homeless Prevention System (HPS) to identify individuals and families who are most likely to become homeless and ensure they receive the necessary resources to prevent homelessness.

Lead Agency

- Department of Public Social Services (DPSS)
- Community Action Partnership (CAP)

Status

- In Development

Target Populations

- Chronically Homeless
- Veterans
- Families
- Youth

Potential Funding Sources

- Emergency Solutions Grant (ESG):
  - Allocations directly to entitlement jurisdictions; Balance of state allocation to non-entitlement jurisdictions
- Emergency Food and Shelter Program (EFSP)
- Community Action Partnership (CAP)

Description

An effective HPS will ensure that individuals and families most likely to become homeless do not become homeless. The approach focuses on early identification of high risk families using existing resources and immediately providing them with assistance to ensure they maintain their current housing whenever possible. The HPS will provide limited cash assistance and a wide range of free and/or low-cost supportive services and supplies to at-risk households.

Households with the *highest risk* of becoming homeless will receive the following types of services:

- Rental and utility assistance directly provided to vendors or providers (utility deposits, security deposits, and move-in costs); legal fee assistance; transportation assistance; credit repair assistance

Households with *moderate risk* of becoming homeless will receive the following types of services as needed:

- Clothing, food, and household equipment, furniture, supplies; utility assistance (energy saving/weatherization improvements); public assistance; educational assistance and school supplies; dispute resolution services; savings match assistance; mental health assistance; employment services; free tax preparation; substance use counseling and treatment; health care assistance; hygienic supplies

Next Steps

- Establish a Homeless Prevention Team to design and implement a countywide HPS to include DPSS, CAP and RUHS-BH (CES), 211 Community Connect, and other key stakeholders to: 1) Conduct an assessment and system mapping of current prevention resources and services in the county; and 2) Develop a system focused on connecting individuals and families at-risk of homelessness to services and resources to ensure they remain stably housed and be assisted in developing an individual plan to prevent future homelessness or housing instability.
- Evaluate key indicators and the availability of data that can accurately identify high or moderate risk characteristics for homelessness (e.g., HMIS, characteristics of local sheltered population).
- Identify or develop a screening and identification tool that accurately identifies individuals and families to benefit from emergency, low-cost assistance to prevent individuals from losing their homes.

Prevent Homelessness

System Coordination

A2: Develop a Coordinated Discharge Planning System

Recommendation

Develop a coordinated discharge planning system between all county departments for persons transitioning from one department's care/case management services into another.

Lead Agency	**Status**
• Riverside University Health System– Population Health (RUHS-PH)	• Ongoing
Target Populations	**Potential Funding Sources**
• Chronically Homeless • Veterans • Families • Youth	• California Department of Health Care Services (DHCS) – Whole Person Care Program

Description

A coordinated discharge planning system will allow for continuity of care and service provision for clients receiving services from multiple service providers. An effective discharge planning process will prepare a homeless person with psychiatric and/or substance abuse disorders for return or re-entry to the community and the linkage of the individual to essential community services as supports. Discharge planning between departments and service providers will seek to encompass all case management transitions, including clients transitioning from:

- RUHS Medical Center (RUHS-MC) to RUHS Clinics
- Foster Care to Adult Programs
- Jail to Probation
- Detention Health (DH) to RUHS-MC (and vice versa)
- DH to Department of Behavioral Health (DBH)
- DH to RUHS Clinics (behavioral health or medical)
- Probation to RUHS Clinics (behavioral health or medical)
- Probation to RUHS-MC (and vice versa)
- RUHS Behavioral Health to RUHS Medical Clinics
- RUHS-MC Arlington Campus to RUHS Behavioral Health
- RUHS Public Health to RUHS-MC or RUHS Clinics

Next Steps

- Review, update, and expand the existing interagency Cooperative Agreement (signed in 2011) between DPSS, RUHS-BH, Sheriff's Department, Department of Veterans' Services, Community Connect, and Hospital Association of Southern California, to support and participate in the CoC Discharge Planning Committee. This committee is to: (1) develop and implement a countywide homeless prevention policy for persons leaving publicly funded institutions or systems of care; and (2) have a key role in coordinating after-care planning and/or directly providing community-based services that serve to prevent homelessness for individuals with severe mental health or substance abuse disorders.
- Identify an electronic database solution to contain the necessary data and information from the relevant departments to assist with discharge planning.
- Assess and expand data sharing agreements between city/county departments and other community-based service providers providing services to common clients being discharged from institutional care, hospitals, and acute or long-term facilities.
- Evaluate and identify best practices, protocols, and staff training for housing-focused discharge planning, including direct linkage to the county's Coordinated Entry System and "zero-tolerance" discharge policies.

Prevent Homelessness

System Coordination

A3: Develop and Implement a Homeless Prevention and Awareness Campaign

Recommendation

Develop and implement a multi-media homeless prevention and awareness campaign focused on homeless prevention resources available to at-risk individuals, at-risk families, and to community groups who seek to help them.

Lead Agency

- Riverside County Executive Office (CEO)
- Department of Public Social Services (DPSS)

Status

- In Development

Target Populations

- Chronically Homeless
- Families
- Veterans
- Youth

Potential Funding Sources

- To be determined

Description

It is important that households and individuals at-risk of becoming homeless are aware of the resources available to help prevent homelessness. Homeless prevention awareness will involve making individuals and families aware of supportive services available in the community and how to access them.

It is also important that community groups including faith-based organizations, local government agencies, and non-profit organizations are engaged in homeless prevention education. When engaged community partners are made aware of the spectrum of services needed, they can be more effective in assisting and linking individuals to community resources that can prevent homelessness.

The homeless prevention and awareness campaign will also develop a "Homeless Prevention Guide" for the public that is electronically available on various community websites, as well as available in hard-copy at various locations across the county including:

- Social Service Agencies
- Community Centers
- Schools
- Libraries
- Hospitals, Clinics
- Municipalities
- Sheriff, Police, and Fire Stations
- Animal Shelters
- Non-profit Organizations

Next Steps

- Identify existing homeless campaigns used by cities, faith-based and business sectors that can be replicated as a countywide campaign.
- Partner with CVAG and WRCOG to implement campaign to cities.
- Identify opportunities to market and distribute the campaign throughout the county, including but not limited to: electronic signs; newspapers and newsletters; community calendars; local cable TV; billboards, bus stops; public service announcements on radio; agency and community websites; social media; movie theatre ads.

Prevent Homelessness

Housing Resources

A4: Create a Shelter Diversion System

Recommendation

Divert households from entering emergency shelter through rapid rehousing assistance and aiding in obtaining and maintaining permanent housing.

Lead Agency

- Department of Public Social Services (DPSS)
- Department of Behavioral Health (DBH)

Status

- In Progress

Target Populations

- Chronically Homeless
- Veterans
- Families
- Youth

Potential Funding Sources

- Emergency Solutions Grant (ESG):
  - Allocations directly to entitlement jurisdictions; Balance of state allocation to non-entitlement jurisdictions
- U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding for rapid rehousing programs
- HUD HOME Investment Partnerships Program (HOME)
- U.S. Department of Veterans Affairs (VA) Supportive Services for Veterans Families (SSVF)

Description

The shelter diversion program consists of the following:

1) *household assessment*
2) *use of bridge housing*
3) *assistance with obtaining permanent and affordable housing*

Once it has been determined that a household will lose their housing, an assessment will be conducted to determine when housing will cease, and the availability of family, friends, or other support network who may be able to shelter the household upon exiting their current housing. Housing search activities will be simultaneously be conducted.

If permanent housing was not obtained prior to the household's loss of housing, bridge housing rather than emergency shelter will be explored next. Bridge housing has no preconditions and provides safe, temporary housing while households await permanent housing placement. While in bridge housing, households work with a housing navigator to secure permanent and affordable housing as soon as possible. Assistance provided by the housing navigator may include:

- Housing location services
- Financial assistance for rent, utilities, and moving costs
- Case management and supportive services

Next Steps

- The CoC Coordinated Entry System Oversight Committee will finalize a diversion screening tool to be used in CES, along with a process and protocols to quickly determine whether a family and/or individual is eligible to be diverted. This screening tool and process will also be used at each county-funded emergency shelter.
- Conduct training for emergency shelter staff on how to implement a diversion program at the "front door" before a family/individual can enter the shelter.

Prevent Homelessness

Housing Resources

A5: Develop Affordable Housing and Improve Affordability

Recommendation

Identify additional funding for subsidized housing, providing developer incentives to create additional affordable housing, along with developing and identifying funding sources for a permanent supportive housing model to address case management, employment services, and other key supportive services households need to maintain and thrive in stable housing.

Lead Agency

- Economic Development Agency (EDA)
- Transportation & Land Management Agency (TMLA)

Status

- In Progress

Target Populations

- Chronically Homeless
- Veterans
- Families
- Youth

Potential Funding Sources

- HOME Tenant-Based Rental Assistance (TBRA) Housing Authority and the City of Riverside have TBRA funding
- Public Housing (Housing Choice Voucher and Section 8) - Housing Authority
- Supportive Services for Veteran Families (SSVF) - offers homeless prevention and rapid-rehousing
- VASH vouchers

Description

The County of Riverside, as with many other California counties, has a shortage of affordable housing. The creation of new affordable housing units and/or rehabilitation of existing units for chronic homeless and those who are under-housed must be prioritized. New affordable housing projects should be required to set aside a minimum of 20% of the units for chronically homeless individuals/families.

The Economic Development Agency (EDA) will lead the effort to create a supply of new affordable housing units through partnerships with developers, by purchasing properties to rehabilitate using federal or state funding, tax subsidies, or tax credits. New affordable housing for homeless individuals and families can be created through new construction, acquisition and rehab, master leasing, set-asides in existing buildings/developments, and through dedicated units in new developments (through inclusionary zoning and other strategies).

Next Steps

- Assess the need for, and feasibility of, new construction, acquisition and rehab, master leasing, set-asides in existing buildings/developments, and dedicated units in new developments (through inclusionary zoning and other strategies).
- Identify properties (land, retail or commercial space, motels, apartments, housing units, mobile home parks) in the county that can be acquired and converted into affordable permanent housing and permanent supportive housing for homeless people.
- Identify additional funding sources, incentives, and partners (e.g., developers) that will improve housing affordability.

End Homelessness

System Coordination

B1: Create a Fully Functional Home Connect (Coordinated Entry) System

Recommendation

Create a fully functional Home Connect System (HCS) that will serve as Riverside County's Coordinated Entry System (CES) to centrally coordinate intake assessment and service referrals.

Lead Agency	**Status**
• Riverside University Health System – Behavioral Health (RUHS-BH)	• In Progress/Ongoing
Target Populations	**Potential Funding Sources**
• Chronically homeless households • Veterans • Families with children under age 18 • Non-chronically homeless youth aged 18-24 • Homeless youth unaccompanied under age 18	• U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding for coordinated entry systems

Description

RUHS-BH, in conjunction with the Riverside County Continuum of Care and other community partners, will develop a plan to create a fully functional Home Connect System that will serve as Riverside County's Coordinated Entry System (CES).

system will include:

- As many community access points as possible
- A strong data entry component for reporting, tracking, and housing linkage
- A comprehensive and standardized assessment tool to aid in determining those homeless individuals with the most severe needs, prioritizing them for appropriate housing and supportive services

Next Steps

- Ensure full utilization and widespread county access to the Home Connect System (HCS).
- Stabilize HCS data completeness and accuracy.
- Ensure countywide monitoring and access to housing and resource referrals.
- Coordinate assignment of housing navigation staff to those determined most at-risk.
- Provide a system education/training plan.
- Include a system advertising campaign.
- Provide landlord supports and inclusions.
- Ensure linkage and connection through outreach efforts with the Homeless Prevention Specialist Program.

American Red Cross

Menu

Mission & Principles

Mission & Values

Red Cross Mission, Vision, and Fundamental Principles

Mission Statement

The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.

Vision Statement

The American Red Cross, through its strong network of volunteers, donors and partners, is always there in times of need. We aspire to turn compassion into action so that...

...all people affected by disaster across the country and around the world receive care, shelter and hope;

...our communities are ready and prepared for disasters;

...everyone in our country has access to safe, lifesaving blood and blood products;

...all members of our armed services and their families find support and comfort whenever needed; and

...in an emergency, there are always trained individuals nearby, ready to use their Red Cross skills to save lives.

Fundamental Principles of the Global Red Cross Network

Humanity

The Red Cross, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavors—in its international and national capacity—to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavors to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the Red Cross may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Red Cross is independent. The national societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with Red Cross principles.

Voluntary Service

The Red Cross is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The Red Cross is a worldwide institution in which all societies have equal status and share equal responsibilities and duties in helping each other.

American Red Cross

Family Disaster Plan

Family Last Name(s) or Household Address: **Date:**

Family Member/Household Contact Info (If needed, additional space is provided in #10 below):

Name	Home Phone	Cell Phone	Email:

Pet(s) Info:

Name:	Type:	Color:	Registration #:

Plan of Action

1. The disasters most likely to affect our household are:

2. What are the escape routes from our home?

3. If separated during an emergency, what is our meeting place near our home?