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

ITEM: 3.60
(ID # 19790)
MEETING DATE:
Tuesday, August 30, 2022

FROM : RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Mental Health Services Act Annual Plan Update for Fiscal Year 2022/2023, All Districts. [$0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt the Mental Health Services Act (MHSA) Annual Plan Update for Fiscal Year 2022/2023.

ACTION:Policy

Matthew Chang
Matthew Chang, Director 8/9/2022

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:	Jeffries, Spiegel, Washington, Perez and Hewitt
Nays:	None
Absent:	None
Date:	August 30, 2022
xc:	Behavioral Health

Kecia R. Harper
Clerk of the Board
By: Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	$ 0	$ 0	$ 0	$ 0
NET COUNTY COST	$ 0	$ 0	$ 0	$ 0
SOURCE OF FUNDS:			Budget Adjustment: No	
			For Fiscal Year: 22/23	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposed 1% taxation on personal income exceeding $1 million. These funds were designed to transform, expand, and enhance mental health services to individuals of California. Counties are required to conduct an extensive community planning process and submit a new MHSA plan every three years to the State. MHSA Regulations require an Annual Plan Update for each year following submittal of the Three-Year Plan. The County Behavioral Health Director and the County Auditor Controller sign a certification before the County Board of Supervisors adopts the plan. There are several significant MHSA requirements that must be met before the Annual Plan Update is submitted to both the California Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC). The Annual Plan Update requires:

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

A total of 23,728 people (in Spanish and in English) saw the public hearing video presentation promoted on social media feeds countywide, and 901 people engaged with the post over a 14-day period. There were 642 Video Thruplays, and 254 people clicked on the links to learn more about the plan or to provide feedback. In addition, 44 DVD MHSA Kits were requested by clinics to play in their lobbies, as well as by community based organizations for education. An ad hoc committee of the Behavioral Health Commission met on May 26, 2022 and reviewed all public comments and developed responses. Those comments and responses serve as a chapter in

this annual update. The Behavioral Health Commission approved the final plan on June 01, 2022.

Impact on Residents and Businesses

The services described in the Mental Health Services Act (MHSA) Annual Plan Update for Fiscal Year 2022/2023 are components of Riverside University Health System-Behavioral Health (RUHS-BH) System of Care, aimed at improving the health and safety of consumers and the community.

MHSA programs are developed and tailored to the behavioral health needs of Riverside County communities and are organized into the regulatory components of MHSA: 1) Community Services and Supports (CSS); 2) Prevention and Early Intervention (PEI); 3) Innovation (INN); 4) Capital Facilities and Technology (CFTN); and, 5) Workforce Education and Training (WET).

RUHS-BH saw the expansion of the Mobile Crisis Management Teams (MCMT). MCMT is a multi-disciplinary team consisting of specialists in crisis response, homelessness, and substance use designed to engaged people with the most complex needs, to not only address an immediate crisis, but also the long-standing issues that challenge their recovery.

RUHS-BH saw partnerships with law enforcement agencies grow countywide. There are now 11 Community Behavioral Assessment Teams (CBAT) that partner a law enforcement officer with a Clinical Therapist to respond to law-enforcement dispatched calls related to behavioral health. Cities that have a CBAT evaluate them as effective and as positive additions to community response.

RUHS-BH opened the Arlington Recovery Community (ARC) and Sobering Center, which allows those entering into care under the influence of substances to receive additional treatment and to safely transition them into rehabilitation. The 54-bed facility is frequently filled to capacity, keeping those in need of recovery services out of hospitals and jails, and instead provides them with the appropriate level of care.

RUHS-BH increased collaboration with school districts to expand school-based behavioral health services on campus. By braiding mental health block grant with MHSA funds, RUHS-BH developed Transforming Our Partnership for Student Success (TOPSS). This program consists of four teams of RUHS-BH practitioners embedded at each of the high schools in Hemet Unified School District. Using the Whole Person Health Score screening tool, the team identifies students and families who need outreach, resource navigation, and direct clinical services. The program will also provide training to school staff, as well as, parents and caregivers.

MHSA

Mental Health Services Act

Annual Plan Update

FY 22/23

Table of Contents

Contents

Introduction

This year's artist for the MHSA Annual Update cover

Manuel F. Monguia is a Cahuilla Artist. He is an enrolled tribal member of the Cahuilla Band of Indians in California and a descendant of the Natcuta clan. He grew up in the San Jacinto Mountains and was shaped by the natural and cultural elements that surrounded him. He has a BS in Anthropology-Archaeology from the University of Riverside, California. Monguia connects with numerous tribal people and various reservations in California, Arizona, and New Mexico traveling, learning, and selling his arts.

Land Acknowledgement

MHSA Administration and Riverside University Health System-Behavioral Health (RUHS-BH) acknowledge the traditional, ancestral, and contemporary homelands of the Indigenous Peoples of Southern California whose land it occupies. The Cahuilla (Iviatem), Cupeño (Kúpangaxwichem), Luiseño (Payómkowichum), Serrano (Marra'yam), and Chemehuevi (Nuwuvi) Peoples, and their ancestors have been here since time immemorial. They have cared for the land and all peoples with great integrity. The Cahuilla, Cupeño, Luiseño, Serrano, and Chemehuevi Peoples honored the earth, animal and plant beings, the water, and all peoples that lived here. RUHS-BH acknowledges the reciprocal relationship and wants to continue and extend this value of caring, wellness, and behavioral health to all Indigenous Peoples, Native Americans, and all residents of Riverside County. RUHS-BH wants to create relationships and built on trust and accountability with community members. With this land acknowledgement, RUHS-BH will be respectful and mindful to tribal sovereignty, culture, and beliefs of the Indigenous Peoples of this land.

Disclaimer Regarding Family/Client Stories

The MHSA Annual Plan Update FY 2022/2023 contains consumer and family stories of recovery and hope. The stories are from actual partners in care regarding their service experience in a MHSA funded program. All stories were voluntary. Participants signed authorizations explaining the purpose of the story request and publishing it in this document, their right to withdraw the story before publishing, and confidentiality and if they would like their name associated with the story. Some names have been changed at the request of the storyteller.

Message from the Director

When the rest of the world seemed to stop, we kept going.

These are unprecedented times for most of us. The management of COVID in our communities brought new challenges that emphasized the need for good personal wellness, protective factors against stress and loss, and the importance of resilient mental health. It additionally brought new challenges to RUHS-BH and our commitment to serving a community in need, while keeping employees safe and managing service delivery in both physical and virtual spaces.

Services never stopped.

Following the guidance provided by our partner in wellness, RUHS – Public Health, we remained open and even continued to develop services to better reach the community.

We saw the expansion of the Mobile Crisis Management Teams (MCMT). MCMT is a multi-disciplinary team consisting of specialists in crisis response, homelessness, and substance use designed to engaged people with the most complex needs, to not only address an immediate crisis, but also the long-standing issues that challenge their recovery.

We saw our partnership with law enforcement agencies grow countywide. There are now 11 Community Behavioral Assessment Teams (CBAT) that partner a law enforcement officer with a clinical therapist to respond to law-enforcement dispatched calls related to behavioral health. Cities that have a CBAT evaluate them as effective and as positive additions to community response.

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We increased our collaboration with school districts to expand our school-based behavioral health services on campus. By braiding a mental health block grant with MHSA funds, we developed Transforming Our Partnership for Student Success (TOPSS). This program consists of 4 teams of RUHS – BH practitioners embedded at each of the high schools in Hemet Unified School District. Using the Whole Person Health Score screening tool, the team identifies students and families who need outreach, resource navigation, and direct clinical services. The program will also provide training to school staff, as well as, parents and caregivers.

New obstacles will come and go. I look forward to the continued commitment of Riverside County to creatively adapt, partner, and provide quality behavioral care to those in need regardless of what we must overcome.

I have every confidence that no matter the uncertainty, we will optimize Riverside's wellness and resiliency.

Matthew Chang, MD
Director
RUHS – Behavioral Health

MHSA County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Riverside County

Local Mental Health Director	Program Lead
Name: Matthew Chang, MD.	Name: David Schoelen
Telephone Number: 951-358-4501	Telephone Number: 951-955-7106
E-mail: Matthew.chang@ruhealth.org	E-mail: DSchoelen@ruhealth.org
County 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 mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This 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 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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

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

Matthew Chang, MD. — Local Mental Health Director/Designee (PRINT)

Signature

5/24/2022 — Date

County: Riverside

Date: 5/24/2022

MHSA Quick Look

What is the Mental Health Services Act (MHSA)?

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

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

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

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

The primary components of MHSA are the CSS and PEI. These two components receive active funding allocations based on State distribution formulas. INN funds are derived from a portion of the CSS and PEI allocations and require additional State approval to access. WET funds were a one-time allocation that could last for 10 years; those funds have exhausted, and on-going WET Plan funding is derived from the CSS allocation. The last CF/TN funds were allocated in Fiscal Year (FY)13/14, but a portion of CSS funds can be used to address any new related plans.

Where does MHSA fit in Funding Riverside University Health System – Behavioral Health (RUHS-BH)?

MHSA is only one of the funding streams for RUHS-BH. The MHSA Plan does not represent all public behavioral health services in Riverside County and it is not meant to function as a guide to all service options. Not all services can be funded under the MHSA.

What is the Purpose of MHSA 3-year Program and Expenditure Plan (3YPE)?

The 3YPE serves like a consumer's care plan in a clinic program. It describes goals, objectives and interventions based on the stakeholder feedback and the possibilities and limits defined in State regulations.

Every three years, Riverside County is required to develop a new Program and Expenditure Plan for MHSA. The 3YPE outlines and updates the programs and services to be funded by MHSA and allows for a new three-year budget plan to be created. It also allows the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The current 3YPE plan was approved last year and covers Fiscal Years 2020/21-22/23. A single fiscal year begins July 1st and ends the following calendar year on June 30th. This year's plan is an Annual Update.

What is an Annual Update?

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

Mental Health Services Act Annual Plan Update FY 2022-23

Riverside University Health System
Behavioral Health

What is MHSA?

- 2004 CA voter approved ballot proposition (Prop 63)
- 1% income tax on incomes over $1 million
  - Volatile funding stream
- Funds are divided across counties and used to "transform" public MH services
- MHSA has rules (regulations) about the limits and possibilities of how the money can be used
- CANNOT pay for involuntary programs, supplant existing funds (November 2004), or SAPT programs (unless COD, and some prevention and early assessment)
- Essential Element: Community Collaboration

Riverside University HEALTH SYSTEM Behavioral Health

Introduction

Community Collaboration: MHSA Stakeholder Process

- Community Program Planning Process
- Feedback accepted all year round
  - Participate in advisory groups and boards (Directory available!)
  - Collaboratives (PEI, TAY)
  - Directly to MHSA (phone, email, website)
- Formalized at start of calendar year
  - Presentations at our network of community groups
- Two types of MHSA plans
  - 3-Year-Plan
  - Annual Update

Riverside University HEALTH SYSTEM Behavioral Health

Plan Development

- MHSA legislation is nearing 20 years old
  - Though each year has a plan update process, the majority of programs are rolled over into the next plan to avoid service disruption
  - Programs are sustained via stakeholder feedback and program outcome data
  - Funds are largely encumbered/budgeted
- Large plan additions would mean current programs would also need to eliminated

Riverside University HEALTH SYSTEM Behavioral Health

MHSA Frame

- 5 Components:

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

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CSS

- Largest Component
- Integrated mental health and support services to children/TAY and adults/older adults whose needs not met by other funds
- Full Service Partnerships (FSP) – Over 50%
- Clinic expansion – includes adding Peer Support, specialized evidence based treatments
- Also includes Housing/HHOPE, Crisis System of Care, and Collaborative Courts
- Riverside Workplans: 01-Full Service Partnership; 02-General Service Development; 03-Outreach & Engagement and Housing

Riverside University HEALTH SYSTEM Behavioral Health

Introduction

PEI

- Next largest component
- Reduce stigma related to seeking services, reduce discrimination against people with a diagnosis, prevent onset of a SMI
- Early intervention for people with symptoms for one year or less or do not meet criteria for a diagnosis; low intensity, short term intervention
- Services for youth under age 25 – 51%
- Riverside Workplans: 1) MH Outreach, Awareness, & Stigma Reduction; 2) Parent Education & Support; 3) Early Intervention for Families in Schools; 4) TAY Project; 5) First Onset for Older Adults; 6) Trauma Exposed Services; 7) Underserved Cultural Populations

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INN

- Funded out of CSS and PEI
- Used to create "research projects" that advance knowledge in the field; not fill service gaps
- Time limited: 3-5 years.
- Requires additional State approval to access funds
- Current Riverside Workplans: CSEC Mobile Team; Tech Suite (Help @ Hand)
- Starting process for new plan proposals

Riverside University HEALTH SYSTEM Behavioral Health

WET

- Original WET funds were 1-time funds that lasted 10 years. Expired 2018.
- Continued plans funded through a portion of CSS dollars
  - Grant: CA Dept of Health Care Access & Information (formerly OSHPD)
- Recruit, retain, and develop the public mental health workforce
- Riverside Workplans: 1) Workforce Staffing Support; 2) Training & TA; 3) Mental Health Career Pathways; 4) Residency & Internship; 5) Financial Incentives for Workforce Development

Riverside University HEALTH SYSTEM Behavioral Health

CF/TN

- The last CF/TN funds were allocated in 2013-2014, but a portion of CSS funds can be used to address new workplans
- Improve the infrastructure of public mental health services: buildings and electronic programs.

- Projects in the 3-Year Plan (FY 20/21-22/23):
  - Roy's Desert Oasis – NOW open!
  - Arlington Recovery Community – NOW open!
  - Riverside Safehaven Renovation – Starting in spring 2022!
  - MH Rehabilitation Center Expansion – 21 more beds in 2022!
  - Restorative Transformation Center – Opens summer 2022!

- Plan addition: Hemet Recovery Village

Riverside University HEALTH SYSTEM Behavioral Health

Introduction

What's Next: Public Posting & Hearing

- April: 30-day posting. May: Public Hearing
- All comments are documented: Both the verbal and written comments
- Public Hearing comments are reviewed by the Behavioral Health Commission
- The original comment and the response are added to the plan

Riverside University HEALTH SYSTEM Behavioral Health

COVID-19 and Public Hearing

- Due to gathering restrictions, there was no in-person public hearing in 2020 or 2021.
- Instead, videos of the MHSA Plan Presentation were posted on all RUHS-BH social media; one in English (included ASL) and one in Spanish.
  - Also available on DVDs
  - Included a MHSA Plan Feedback voice mail number
- Same model as last 2 years - Very Successful!
  - 2020 3-Year-Plan: Seen by over 16,000 county-wide
  - 2021 Annual Update: Seen by over 12,000 county-wide
- Future Hybrids!

Riverside University HEALTH SYSTEM Behavioral Health

On-going Participation

- Attend a community advisory group or board meeting
- Make discussions about behavioral health needs and solutions an item on the group's agenda
- Engage with Department program leadership about existing services. Give support to programs you want to sustain and areas you'd like changed
- Assign group members to review sections of the MHSA plan and report back to the group
- Invite MHSA Admin to your meeting to address outstanding questions about regulation limits and possibilities
- Encourage community members to participate in advisory groups and provide feedback via the Public Hearing

Riverside University HEALTH SYSTEM Behavioral Health

RCDMH.org

Riverside University HEALTH SYSTEM Behavioral Health

Contact Info

- MHSA@ruhealth.org
- MHSA Admin: 951-955-7198

- MHSA Admin: David Schoelen
  - DSchoelen@ruhealth.org
- PEI: Diana Gutierrez
  - DAGutierrez@ruhealth.org
- WET: Vacant (in recruitment)
- INN: Toni Robinson
  - TonicaRobinson@ruhealth.org

Riverside University HEALTH SYSTEM Behavioral Health

Riverside University HEALTH SYSTEM Behavioral Health

Highlights and Things to Come

Community Services and Supports (CSS)

Full Service Partnership (FSP)

- **Outpatient FSP Tracks**: In addition to the already existing FSP programs in the outpatient system, FSP services have expanded county-wide to clinics across age groups. As a result, some FSP bridge programs that assisted clients with transitioning into less intensive programs were eliminated as this service was integrated into the FSP outpatient tracks.

- **First Episode Psychosis Coordinated Specialty Care FSP**: There are two programs that are currently designed to provide specialty care to youth experiencing the onset of psychosis, the regional TAY centers, and the Youth Hospital Intervention Program (YHIP). The number of youth requiring service has grown. This specialty FSP program will wraparound the youth and their families. This FSP team will have specialized training in Early Psychosis Intervention Programs. MHSA funds will initially be braided with a Mental Health Block Grant.

Crisis System of Care

- **Mobile Crisis Management Team (MCMT)** Expansion: MCMT are specialty crisis management teams that incorporate crisis, substance use, and homeless outreach expertise on one multi-disciplinary team. The number of teams has expanded from one in Lake Elsinore to additional teams in Perris, Desert Hot Springs, and Jurupa Valley

- **Community Behavioral Assessment Teams (CBAT)** Expansion: CBAT are police officer and clinical therapist partnership teams that respond to law enforcement dispatched, behavioral health calls in the community. These teams have expanded to include all the following law enforcement agencies:

    - Riverside
    - Menifee PD
    - Corona PD

- Beaumont PD sharing with Cabazon Sheriff
- Cathedral City PD
- Palm Desert Sheriff
- Hemet Sheriff
- Jurupa Sheriff
- Perris Sheriff
- Thermal Sheriff
- Lake Elsinore

- **Adult Residential Treatment (ART):** A new ART opened in Indio, January 2021. ART is a Social Rehabilitation Program with an average length of stay between 4-12 months with a goal to enhance independence and decision-making skills.

Outreach and Engagement: Peer Services

- New **Peer Support Oversight Administrator (PSOA):** A PSOA with lived experience as a consumer, a family member, and as a parent of child who carries a diagnosis has been hired to oversee all 3 of our lived experience practitioner programs: Consumer Affairs; Family Advocate; Parent Support and Training. The managerial positions that lead each of these programs remain and they report directly to the PSOA.

- **Peer Support and Resource Centers** Developments:
  - Four locations for the Peer Support & Resource Centers have been determined

    Riverside (Now Open!)
    2085 Rustin Avenue, Riverside
    Temecula (Now Open!)
    40925 County Center Drive, Suite 120, Temecula,
    Perris
    450 E. San Jacinto Blvd., Building 2, Perris,
    Indio
    44199 Monroe Street, Indio, CA

- **Building Peer Leaders Classes** (Formerly Peer Employment Training)
    - Peer Support Specialist Certification Training proposal plan was completed, and was approved by the State of California, now authorizing Riverside Peer Programming to certify Peer Support Specialists (PSS).
    - "Building Peer Leaders" was revitalized and re-developed to meet all domains of learning as defined under California regulations for the certification of PSS.

Prevention and Early Intervention (PEI):

• PEI is largely outreach based. Programs and providers are typically in the community at natural gathering spaces. The impacts of COVID severely limited access to community locations and schools for nearly all of the fiscal year.

• Outcome data demonstrates positive impacts in the lives of participants, however, there was a sharp decline in the numbers served due to limited access related to COVID.

PEI Workplan 1: Outreach, Awareness, and Stigma Reduction

• Cultural Outreach Expanded and new Cultural Liaisons were contracted to help bridge disparities. Populations include: Latino/Latina; African American; Asian/PI; Native American; LGBTQ+; Deaf/Hard of Hearing; Middle Eastern/North African (MENA); Spirituality and Faith Based Communities; US Military Veterans; and People with Disabilities.

- Each Liaison will co-chair a community advisory committee for their cultural group.
- The Cultural Liaisons provide outreach activities to educate their respective cultural community about behavioral health, reduce stigma

related to behavioral health, and increase help seeking for behavioral health services.

- In addition, the Liaisons will educate our own service system to improve cultural responsiveness.
- 2 Senior-level Peer positions have been added to the Cultural Competency Unit to ensure the peer perspective in our Cultural Competency planning and activities.

• May is Mental Health Month and Suicide Prevention Awareness Month offered a calendar of virtual activities. Also, new this year, on our Up2Riverside.org webpage, we offered mental wellness kits to the first 250 Riverside County residents who visit the site and filled out the request form. These kits were met with enthusiasm and "sold out" by the second week of May. The Up2Riverside webpage saw 30,647 website visits and had 27,954 unique visitors in May 2021. For FY20/21, the Up2Riverside webpage saw 178,686 website visits and had 156,158 unique visitors.

• PEI Administration developed virtual trainings in response to COVID available to the general community focusing on mental health awareness, self-care and wellness, trauma and resiliency, and suicide prevention. Trainings were free and available every month. Over 3,000 participants attended the 96 virtual trainings that were offered.

• In June 2020, PEI released the Riverside County Suicide Prevention Strategic Plan: Building Hope and Resiliency. The Riverside County Suicide Prevention Coalition – a county and community partnership -- was kicked off on October 29, 2020. The Coalition is made up of 6 sub-committees. The inaugural year includes many accomplishments.

- **Effective Messaging & Communications** developed social media images supporting suicide effective messaging. Hosted a webinar during suicide prevention week to provide tips and tools for working with the news media.
- **Measuring and Sharing Outcomes** developed data briefs and a data dashboard to effectively share information on the status of suicide and attempts utilizing multiple sources.

- **Upstream** addressed isolation which is a big risk factor for suicide. The sub-committee curated a series of short video clips provided by local youth that include messages of hope and encouragement targeting older adults.
- **Prevention** developed trainings focused on strategic outreach to encourage more Riverside County residents to become trained helpers in suicide prevention. School engagement included standardizing policies across school districts to create collaboration and consistency, as well as, to transform schools into resources for the community to foster social-emotional growth and connection.
- **Intervention** worked to improve care transitions for individuals being discharged from inpatient hospitalization following a suicide attempt to encourage follow-up with outpatient services, and educate their support system.
- **Postvention** partnered with the Trauma Intervention Program (TIP) of Riverside County to develop LOSS kits for survivors, and enhance TIP's current volunteer training with specific suicide postvention curriculum.

Work plan 3: Early Intervention for Families in Schools

• PEACE4Kids Program: Due to COVID, RUHS-BH staff access to students in virtual schools was extremely challenging. The PEACE4Kids staff were re-directed to support larger community need in the outpatient clinics while schools adjusted to meeting student needs during the pandemic. This provided the opportunity to re-evaluate this project. The PEACE4Kids program will no longer be provided by RUHS-BH staff, and instead the program will go out to competitive bid specifically for school districts. The goal is to have PEACE4Kids programs in at least one school district per region.

Work plan 4: Transition Age Youth

• The Teen Suicide Awareness and Prevention Program (TSAPP) includes three components: Student Component; Staff Development; and, Parent/Community Education. Ninety-two percent of participating students reported they were able to use the information they learned to help a friend or peer in need. In FY20/21, TSAPP established Suicide Prevention Outreach groups at 65 school sites throughout

Riverside County, conducted 61 Teen Suicide Prevention trainings to over 1,581 high/middle school students, conducted 31 suicide intervention trainings to 1,650 community and school personnel, and reached approximately 582 parents. TSAPP distributed a total of 11,436 resources and incentives, and coordinated 130 Suicide Prevention campaigns involving 103,611 students across Riverside County.

Work plan 7: Underserved Cultural Populations

• This year, the Building Resilience in African American Families (BRAAF) for girls' pilot program was expanded after a competitive bid process. The BRAAF project, which long included a boys' program, now includes a girls' program in both the Desert and Mid-County regions. We anticipate expanding the girls' program into the Western region soon.

• The long anticipated Native American Project: Strengthening the Circle has begun implementation after a competitive bid process. The project included a culturally tailored family program called Wellbriety Celebrating Families, a large community gathering called GONA (Gathering of Native Americans) that reflects cultural values, traditions, and spiritual practices, as well as the offering of cognitive-behavioral based therapy.

• The Mamás y Bebés program has expanded to the Desert region, making this program now available to pregnant and newly parenting Latina and African American women countywide. The program is a mood management perinatal group intervention for women at risk of post-partum depression.

• FY20/21 demonstrated continued success for KITE (Keeping Intergenerational Ties in Immigrant Families). KITE is a research-supported, 10-week parenting class for Asian/Pacific Islander (A/PI) families with children ages 6-17. Nine KITE parenting program series were offered (6 in Chinese, 1 in Korean, and 2 in a combination of Tagalog/English). Due to COVID-19 restrictions, all KITE parenting classes were completed 100% virtually. Seventy-three parent participants successfully completed the program, which is an 86% completion rate of all who enrolled. There was a total of

33 KITE workshops offered with a total of 380 attendees, as well as a total of 179 KITE outreach activities that reached a total of 36,239 people.

Innovation (INN)

- **Resilient Brave Youth** (formerly known as CSEC): Resilient Brave Youth provided mobile trauma-informed services targeting youth who have been or are currently commercially, sexually exploited. This 5-year plan expires at the end of FY 21-22. Results developing from the end of this learning project have led to this specialty being fully integrated into the greater Children's System of Care instead of remaining as a stand-alone program. This will create more access points and support, as well as, an opportunity for more employees to be trained in working with this particular population.

- **Help@Hand** (formerly known as the Tech Suite):
    - The TakemyHand™ Live Peer Chat was a recipient of the California State Association of Counties Challenge Award.
    - Kiosks have been installed in waiting areas throughout the department to engage the community, introduce the technology, serve as an access point, and collect surveys. MHSA education and stakeholder participation has a featured link.
    - App for Independence (A4i) is a smart phone application that serves as digital support for the emotional wellness of people who experience psychosis. A pilot program using this app is currently underway. App tools include helping the user discern between auditory hallucinations and environmental sounds.

- New Innovation Plan proposals are being developed in concert with community stakeholders in order to secure State approvals for new plans by the end of 2022.

Workforce Education and Training (WET)

- **California Department of Health Care Access and Information (HCAI) Grant**: Riverside collaborated with the Southern Counties Regional Partnership (a collaborative of county WET Coordinators) to secure and define the use of a multi-million-dollar grant for the region. This grant allowed for the return and revitalization of some popular State administered recruitment and retention programs that ended due to the termination of WET funds in 2018. Some financial incentive programs and advanced training have already been implemented and include:
    - Graduate Student Stipends: Students who choose Riverside County behavioral health programs for their graduate level internships are eligible for a stipend.
    - Loan Repayment Awards: Current Department employees in hard to retain positions can apply for loan repayment awards in exchange for remaining in Riverside's behavioral health system for 1 year.
    - Advanced Training: Workforce training in evidenced-based practices for trauma and suicide intervention have already been provided.

Capital Facilities and Technology (CFTN)

- **The Place Safehaven Renovation**

"The Place" is a 25-bed permanent supportive housing property for chronically homeless consumers with 24/7 onsite supportive services in Riverside. Major renovation of this property is planned for spring 2022, with anticipated completion in late 2022. Renovation will increase bed capacity from 25 beds in shared rooms to 33 beds in single rooms, increase group space and common areas, and provide much needed upgrades to building infrastructure and living spaces.

- **Recovery Villages (planning stages)**

A community of care that will include supportive housing, residential services, and outpatient services all on one campus in key regional locations.

- **MH Rehabilitation Center (MHRC) Expansion – 21 more beds!**

The Riverside County Telecare MHRC went from a 38 to a 59-bed sub-acute residential program located in Riverside. The program provides longer-term mental health recovery services within a supportive, structured, and secure inpatient environment designed to help clients prepare to move into the community and/or into lower levels of care.

- **Restorative Transformation Center – Opens summer 2022!**

This is a residential facility for social rehabilitation that will serve justice-involved consumers who require long-term psychiatric stabilization and are awaiting completion of a Restoration Diversion Program, as well as, adult consumers who are challenged to live independently due to their mental illness but can be cared for in a home-like social rehabilitation program.

Regional Grid

Regional Key Program Grid FY 2022/2023

Community Services & Supports (CSS) Full Service Partnership (FSP)

	Western Region	Mid-County Region	Desert Region
FSP Track in outpatient clinics	X	X	X
Children's FSP			
Multi Dimentinal Family Therapy	X	X	X
Wraparound	X	X	X
Youth Hospital Intervention Program (YHIP)	X	X	X
TAY (Transitional Age Youth):			
TAY FSP Program	X	X	X
Adult:			
Adult FSP Program	X	X	X
Older Adult FSP:			
SMART Program	X	X	X

Community Services & Supports (CSS): General Service Development (GSD)

General			
BH Care at Community Health Center	X	X	X
Parent Child Interaction Therapy/Preschool 0-5	X	X	X
DBT, Eating Disorder, NCI, MI, TF-CBT, other EBP	X	X	X
TAY Centers	X	X	X
Crisis System of Care:			
Mobile Crisis Teams (MCRT and MCMT)	X	X	X
Mental Health Urgent Care (MHUC)	X	X	X
Crisis Residential Treatment (CRT)	X	X	X
Adult Residential Treatment (ART)			X
Clinician/Police Partner Teams (CBAT)	X	X	X
Mental Health Court & Justice Related:			
Mental Health Court/Veterans Court	X	X	X
Homeless Court	X		X
Law Enforcement Education Collaboration (CIT)	X	X	X
Youth Treatment Education Center	X		
Juvenile Justice EBP	X	X	X
Adult Detention BH Discharge Preparedness	X	X	X

CSS: Outreach and Engagement

Lived Experience Programs:			
Consumer Affairs: Peer Support			
Peer Support and Resource Centers	X	X	X
Building Peer Leaders Classes	X	X	X
WRAP/Facing Up/WELL	X	X	X
Parent Support & Training: Parent Partners			
Educate, Equip & Support	X	X	X
Triple P/Triple P Teen	X	X	X
Nurturing Parenting	X	X	X
Parent Partner Training	X	X	X
Family Advocates:			
Family WRAP (English & Spanish)	X	X	X
Family to Family Classes (English & Spanish)	X	X	X

DBT for Family (English & Spanish)	X	X	X
Housing & Housing Programs:			
HHOPE Programs	X	X	X
Homeless Outreach Teams	X	X	X
SafeHaven	X		X
Permanent Supportive Housing Units	X	X	X

Prevention and Early Intervention (PEI)

	Western Region	Mid-County Region	Desert Region
Mental Health Outreach, Awareness & Stigma Reduction:			
Stand Against Stigma (formerly Contact for Change)	X	X	X
Promotores de Salud Mental y Bienestar	X		X
Community Mental Health Promotion Program	X	X	X
Integrated Outreach & Screening	X	X	X
Asian/PI Mental Health Resource Center	X	X	
Helpline	X	X	X
Parent Education & Support:			
Triple P - Positive Parenting Program	X	X	X
Mobile MH Clinics & Preschool 0-5 Program	X	X	X
Strengthening Families	X	X	X
Early Intervention for Families in Schools:			
Peace4Kids			X
Trasistion Age Youth (TAY) Project:			
Stress and Your Mood	X	X	X
TAY Peer-to-Peer Services	X	X	X
Active Minds Chapters (Send Silence Packing)	X	X	X
Outreach to Runaway Youth/Safe Places	X	X	X
Teen Suicide Awareness & Prevention Program	X	X	X
First Onset for Older Adults:			
Cognitive Behavioral Therapy for Late-Life Depression			X
Program to Encourage Active Rewarding Lives (PEARLS)	X	X	X
Care Pathways - Caregiver Support Groups	X	X	X
Mental Health Liaisons to Office on Aging	X		X
Carelink/Healthy IDEAS	X	X	X
Trauma-Exposed Services:			
Cognitive Behavioral Intervention for Trauma in Schools	X	X	X
Seeking Safety TAY	X	X	X
Seeking Safety Adult	X	X	X
Underserved Cultural Populations:			
Mamas y Bebes (Mothers & Babies)	X	X	X
Building Resilience in African American Families -Boys	X	X	X
Building Resilience in African American Families -Girls		X	X
Native American Project	X	X	X
Asian American Project/KITE	X	X	

Stress and Your Mood	X	X	X
TAY Peer-to-Peer Services	X	X	X
Active Minds Chapters (Send Silence Packing)	X	X	X
Outreach to Runaway Youth/Safe Places	X	X	X
Teen Suicide Awareness & Prevention Program	X	X	X
First Onset for Older Adults:			
Cognitive Behavioral Therapy for Late-Life Depression			X
Program to Encourage Active Rewarding Lives (PEARLS)	X	X	X
Care Pathways - Caregiver Support Groups	X	X	X
Mental Health Liaisons to Office on Aging	X		X
Carelink/Healthy IDEAS	X	X	X
Trauma-Exposed Services:			
Cognitive Behavioral Intervention for Trauma in Schools	X	X	X
Seeking Safety TAY	X	X	X
Seeking Safety Adult	X	X	X
Underserved Cultural Populations:			
Mamas y Bebes (Mothers & Babies)	X	X	X
Building Resilience in African American Families -Boys	X	X	X
Building Resilience in African American Families -Girls		X	X
Native American Project	X	X	X
Asian American Project/KITE	X	X	

Innovations (INN) Components

	Western Region	Mid-County Region	Desert Region
Resilient Brave Youth - CESC Project:	X	X	X
Tech-Suite (Help @ Hand) Project:	X	X	X

MHSA Community Planning and Local Review

Understanding the Stakeholder Process

Who Is a Stakeholder?

Stakeholders are people who have a vested interest in Public Behavioral Health care in Riverside County. A stakeholder can be anyone: a consumer or family member; a care or protection services professional; other private or public service agencies and officials; community based organizations; community advocates; cultural community leaders; faith based organizations; schools; neighbors; parents and parent organizations – anyone who cares about behavioral health and the programs developed to meet Riverside County's behavioral health needs and wellness.

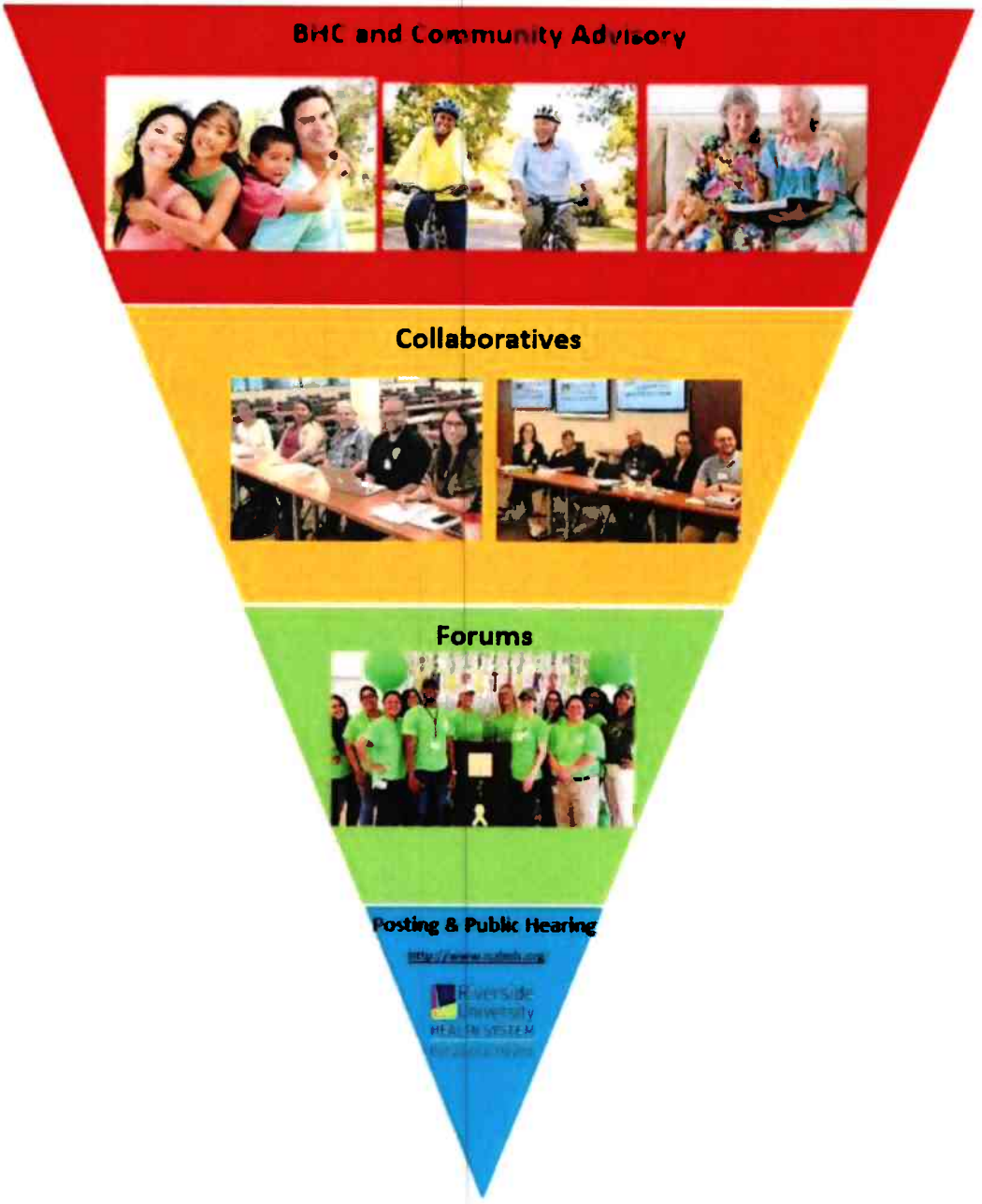
Local Stakeholder Process

Mental Health Services Act operates under rules and regulations that were originally established by Proposition 63, the 2004 voter approval ballot measure that created the legislation. At the heart of that legislation is a regulation requiring a "community stakeholder process." Essentially, the people of Riverside County who have a vested interest in public behavioral health care need a guaranteed voice in the planning and review of MHSA programs.

Stakeholder feedback is sought and accepted all year round and can be provided in person, over the phone, in writing, or electronically. MHSA has its own page on the RUHS-BH website, where the MHSA Plan and feedback forms are available. All MHSA Administration employees are trained to seek, listen for, and recognize community feedback regardless of when or how they interact with a Riverside County stakeholders. They are directed to integrate that feedback into all related planning and advocacy.

Stakeholder Partner and Participation Directory

Stakeholder Partnership and Participation Structure



Introduction

MHSA Stakeholder Partnership and Participation Structure:
"How Can My Voice Be Heard?"

Riverside University HEALTH SYSTEM
Behavioral Health

BHC & Community Advisory	[redacted]	Forums	Posting and Public Hearing
Behavioral Health Commission Commission Meetings • Central • Regional (Desert, Mid-County, Western)	**Prevention and Early Intervention** • Steering Committee* • Quarterly Collaborative Meetings (Sign up at DAGutierrez@ruhealth.org)	**Focus Groups** Focus Groups are coordinated meetings designed to get specific feedback on community needs. They [redacted] to initiate planning, sustain planning, or to concentrate feedback from a particular population or group.	**Plan Draft Distribution** • RUHS-BH Clinics/Programs • Residential Housing • Peer Centers • Public Libraries • Requested by community organizations
Behavioral Health Commission Standing Committees • Adult System of Care • Children's Committee • Criminal Justice • Housing • Legislative • Older Adult System of Care • Veteran's Committee	**Workforce Education and Training** • Steering Committee* • Workforce survey, training evaluations, and feedback forms • Academic and community pipeline committees	**MHSA Forums** MHSA Forums are held at community events or prior to an in-person public hearing. They are dedicated to education and feedback on the MHSA plan. [redacted] • May is Mental Health Month • Recovery Happens	**Public Hearing** Public Hearing provides the community to give feedback on a proposed MHSA plan • Typically scheduled in May for annual update • Virtual and/or in-person • Sometimes scheduled at other times of the year based on plan amendments • MHSA Feedback Voicemail at 951-289-3605
Cultural Competency Committees • Reducing Disparities • African American • Asian American • Community Advisory on Gender and Sexuality Issues Now Developing! – Latino; Native American; Middle Eastern/North African; Deaf and Hard of Hearing; Faith Based Communities; People with Disabilities	**Central MHSA Steering** • Steering Committee* (Developing) • Plan related development, monitoring, and support a. TAY [redacted] b. CSEC Program Meeting c. [redacted] Program meeting		**www.RCDMH.org** **MHSA Tab** • Most recent annual update and latest 3-Year plan • Includes electronic feedback forms • MHSA@ruhealth.org • 951-955-7198

* Closed Meeting

(Rev 2022)

Riverside University HEALTH SYSTEM Behavioral Health

2022 MEETING SCHEDULE

BEHAVIORAL HEALTH COMMISSION & REGIONAL ADVISORY BOARD

BEHAVIORAL HEALTH COMMISSION

1st Wednesday of the month at 12:00 noon at the following location: Riverside University Health System – Behavioral Health, 2085 Rustin Avenue, Conference Room 1051, Riverside, 92507 on the following dates: *(Note: Due to COVID-19, meetings are currently held via Zoom. Please contact Liaison to receive details by email.)*

January 5, 2022	February 2, 2022	March 2, 2022	April 6, 2022
May 4, 2022	June 1, 2022	July 6, 2022	August – DARK
September 7, 2022	October 5, 2022	November 2, 2022	December - DARK

For further information, please contact Maria Roman, BHC Liaison at (951) 955-7141.

DESERT REGIONAL BOARD

2nd Tuesday of the month at 12:00 noon at the following location: Indio Mental Health Clinic, 47-825 Oasis, Indio 92201 on the following dates: *(Note: Due to COVID-19, meetings are currently held via Zoom. Please contact Secretary toreceive details by email.)*

January 11, 2022	February 8, 2022	March 8, 2022	April 12, 2022
May 10, 2022	June 7, 2022	July 12, 2022	August – DARK
September 7, 2022	October 11, 2022	November 8, 2022	December - DARK

For further information, please contact Amber Jordan at (760) 863-8586.

MID-COUNTY REGIONAL BOARD

1st Thursday of the month at 3:00 p.m. at varying locations within the Mid-County Region on the following dates: *(Note: Due to COVID-19, meetings are currently held via Zoom. Please contact Secretary to receive details by email.)*

January 6, 2022	February 3, 2022	March 2, 2022	April 7, 2022
May 5, 2022	June 2, 2022	July 7, 2022	August – DARK
September 8, 2022	October 6, 2022	November 3, 2022	December – DARK

For further information and to confirm location, please contact Hilda Galiegos at (951) 943-8015 x235.

WESTERN REGIONAL BOARD

1st Wednesday of the month at 4:00 p.m. at 2085 Rustin Avenue, Riverside 92507 on the following dates: *(Note: Due to COVID-19, meetings are currently held via Zoom. Please contact Secretary to receive details by email.)*

January 5, 2022	February 2, 2022	March 2, 2022	April 6, 2022
May 4, 2022	June 1, 2022	July 6, 2022	August – DARK
September 7, 2022	October 5, 2022	November 2, 2022	December - DARK

For further information, please contact Norma MacKay at (951) 358-4523

Introduction

Riverside University HEALTH SYSTEM Behavioral Health

BEHAVIORAL HEALTH COMMISSION - STANDING COMMITTEES 2022 MEETING SCHEDULE

ADULT SYSTEM OF CARE COMMITTEE	CHILDREN'S COMMITTEE	CRIMINAL JUSTICE COMMITTEE	HOUSING COMMITTEE	LEGISLATIVE COMMITTEE	OLDER ADULT SYSTEM OF CARE COMMITTEE	VETERAN'S COMMITTEE
Last Thursday @ 12pm 2085 Rustin Avenue Riverside, CA 92507	*4th Tuesday @ 12:15pm 3125 Myers Street Riverside, CA 92503*	*2nd Wednesday @ 12pm 3525 14th Street Riverside, CA 92501*	*2nd Tuesday @ 11 am 2085 Rustin Avenue Riverside, CA 92507*	*1st Wednesday @ 10:30 am 2085 Rustin Avenue Riverside, CA 92507*	*2nd Tuesday @ 12pm 2085 Rustin Avenue Riverside, CA 92507*	*1st Wednesday @ 10:30 am 2085 Rustin Avenue Riverside, CA 92507*
January 27, 2022	January 25, 2022	January 12, 2022	January 11, 2022	January 5, 2022	January 11, 2022	January 5, 2022
February 24, 2022	February 22, 2022	NA	February 8, 2022	February 2, 2022	February 8, 2022	February 2, 2022
March 31, 2022	March 22, 2022	March 9, 2022	March 8, 2022	March 2, 2022	March 8, 2022	March 2, 2022
April 28, 2022	April 26, 2022	NA	April 12, 2022	April 6, 2022	April 12, 2022	April 6, 2022
May 26, 2022	May 24, 2022	May 11, 2022	May 10, 2022	May 4, 2022	May 10, 2022	May 4, 2022
June 30, 2022	June 28, 2022	NA	June 14, 2022	June 1, 2022	June 14, 2022	June 1, 2022
July 28, 2022	July 26, 2022	July 26, 2022	July 12, 2022	July 6, 2022	July 12, 2022	July 6, 2022
August – DARK	August – DARK	NA	August – DARK	August – DARK	August – DARK	August – DARK
September 29, 2022	September 27, 2022	September 14, 2022	September 13, 2022	September 7, 2022	September 12, 2022	September 7, 2022
October 27, 2022	October 25, 2022	NA	October 11, 2022	October 5, 2022	October 11, 2022	October 5, 2022
November - TBD	November 22, 2022	November 9, 2022	November 8, 2022	November 2, 2022	November 8, 2022	November 2, 2022
December – DARK	December - DARK	NA	December - DARK	December – DARK	December - DARK	December – DARK
Committee Secretary Elizabeth Lagunas (951) 940-6215	**Committee Secretary Saida Spencer (951) 358-7348**	**Committee Secretary Jared Buckley (951) 955-1530**	**Committee Secretary Michelle Barrera (951) 715-5049**	**Committee Secretary Manny Pondivida (951) 955-7198**	**Committee Secretary Raethea Harris (951) 509-2422**	**Committee Secretary Miriam Resendiz (951) 955-7138**

Meetings are subject to change. For further information, please contact the Committee Secretary.
Thank you!

Revised 11/2021

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention

Quarterly Collaborative Lunch Meeting

Riverside University Health System – Behavioral Health, Prevention and Early Intervention (PEI) invites you to join us in our quarterly collaborative meetings. Building upon our community planning process we will have meetings throughout the year to keep you informed about PEI programming and services, build partnerships and collaborate, and work together to meet the prevention and early intervention needs for the individuals, children, families, and communities of Riverside County.

This meeting is open for anyone who works with those who are impacted by PEI programming, agencies and organizations seeking to partner with PEI programs and providers, anyone interested in learning more about PEI services and their impact on the community, as well as anyone interested in having a voice regarding PEI programs.

2021 Schedule

All meetings take place at the Rustin Conference Center located at;
2085 Rustin Ave. Riverside, CA 92507 Rm. # 1055

In the event that the meetings are not permitted to be held in-person, they will be held via Zoom.

Wednesday, March 30, 2022 12PM-2PM

Wednesday, June 29, 2022 12PM-2PM

Wednesday, September 28, 2022 12PM-2PM

Wednesday, December (Dark)

Lunch will be served! Please RSVP to ensure we have enough food for all.

For more information or to RSVP, please email: PEI@ruhealth.org or call

This information is available in alternative formats upon request. If you are in need of a reasonable accommodation, please contact PEI at 951-955-3448.

Riverside University HEALTH SYSTEM Behavioral Health

THE ARENA

TAY RESOURCE & SUPPORT CENTER

Mid-County Collaborative 2022 Meeting Schedule

Takes place every **4th Wednesday** of each month via **Microsoft Teams**

From 3pm-4:30pm

The Arena is located at:

2560 N. Perris Blvd. Ste. N – 1 Perris, CA 92571

(951) 940-6755

The TAY Collaborative is a meeting comprised of community partners, Transitional Age Youth, and Riverside County departments and programs to discuss the needs of TAY in Mid-County. Networking, collaboration, and discussion all take place at this monthly meeting. We look forward to seeing you there.

Next meeting will be December 22!

2022 dates below:

January 22th	July 27th
February 26th	August 24th
March 23rd	September 28th
April 27th	October 26th
May 25th	November 25rd
June 22nd	December 28

Riverside University HEALTH SYSTEM Behavioral Health

TAY FLOW

TAY RESOURCE & SUPPORT CENTER

TAY DESERT FLOW Collaborative 2022 Meeting

Takes place every **1st Wednesday** of each month via **Zoom**

From 3pm-4:30pm

Schedule

TAY FLOW is located at:

78140 CALLE TAMPICO

La Quinta, CA 92253

(760)863-7970

The TAY Collaborative is a meeting comprised of community partners, Transitional Age Youth, and Riverside County departments and programs to discuss the needs of TAY in Mid-County. Networking, collaboration, and discussion all take place at this monthly meeting. We look forward to seeing you there.

January 5th	July 6th
February 2nd	August 3rd
March 2nd	September 7th
April 6th	October 5th
May 4th	November 2nd
June 1st	December 7th

Riverside University HEALTH SYSTEM Behavioral Health

STEPPING STONES

TAY Resource & Support Center

Western Region Collaborative 2022 Meeting Schedule

Takes place every **2nd Wednesday** of each month via **Microsoft Teams**

From 2pm-3:30pm

Stepping Stones is located at:

1820 N. University Ave., Ste. 102 – Riverside, CA 92507

(951) 955-9800

The TAY Collaborative is a meeting comprised of community partners, Transitional Age Youth, and Riverside County departments and programs to discuss the needs of TAY in the Western Region. Networking, collaboration, and discussion all take place at this monthly meeting. We look forward to seeing you there.

Due to COVID restrictions, we are hosting these meetings virtually. Anyone interested in participating may email Maria Arnold at MArnold@ruhealth.org

Next meeting will be February 9th, 2022

January 12th	July 13th
February 9th	August 10th
March 9th	September 14th
April 13th	October 12th
May 11th	November 9th
June 8th	December 14th

Introduction

Additionally, MHSA Administration collaborates with existing community advisory and oversight groups. MHSA Administration employees attend these committees, and the committees were included in the MHSA 3-year planning and annual update process. These committees often advocate for the needs of a particular at-risk population or advocate for the needs of the underserved. The following are the groups that serve as key advisors in Riverside's stakeholder process:

- **Riverside County Behavioral Health Commission (BHC) and Regional Mental Health Boards:** The BHC acts as a community focal point for behavioral health issues by reviewing & evaluating the community's mental health needs, services, facilities, & special problems. Members are appointed by the Riverside County Board of Supervisors (BOS) and represent each of the Supervisorial Districts. Each region of Riverside County (Western, Mid-County, Desert) has a local Mental Health Board that serves in a similar capacity and helps to inform the greater BHC. The BHC advises the Board of Supervisors & the Behavioral Health Director regarding any aspect of local behavioral health programs. BHC meetings are held monthly and are open to the community.

    - The BHC also hosts subcommittees designed to seek community feedback and recommendation on specific service populations or higher-risk communities. These committees meet monthly and are open to the community and welcome community participation. A member of the BHC chairs the subcommittees. MHSA Administration relies on these subcommittees to advise on program areas related to the committees' special attention:
        - **Adult System of Care**
        - **Children's System of Care** (includes Children, Parents/Families, and TAY)
        - **Older Adult System of Care** (includes caregivers)
        - **Criminal Justice** (includes consumers who are justice involved, and the needs of law enforcement to intervene with consumers in the justice system)
        - **Housing** (addresses homelessness and housing development)

- **Veteran's Committee** (includes the behavioral health needs of US Veterans and their families)

- **RUHS Cultural Competency Program**: The Cultural Competency Program provides overall direction, focus, and organization in the implementation of the system-wide Cultural Competency Plan addressing enhancements of service delivery and workforce development. The plan focuses on the ability to incorporate languages, cultures, beliefs, and practices of consumers into Behavioral Health Care service delivery. Cultural Competency includes underserved ethnic populations, the LGBTQ community, Deaf and Hard of Hearing and the physically disabled communities, and Faith-based communities.

  - **Cultural Community Liaisons**: Contracted ethnic and cultural leaders that represent identified underserved populations within Riverside County. Consultants provide linkage to those identified populations. The primary goals of the consultant are: (1) to create a welcoming and transparent partnership with community based organizations and community representatives with the purpose of eliminating barriers to service, and (2) educate and inform the community about behavioral health and behavioral health services to reduce disparity in access to services, recovery, and wellness.

    - **Cultural Populations Advisory Groups**: The Cultural Community Consultants chair or co-chair a related committee that is respective of each of the underserved communities they represent. The advisory groups counsel RUHS-BH on culturally informed engagement and service delivery. These advisory groups meet every on a regular schedule and welcome community participation:

      - **Community Advocacy for Gender and Sexuality Issues (CAGSI)**
      - **African American Family Wellness Advisory Group (AAFWAG)**
      - **Asian American Task Force (AATF)**

- **LatinX**
- **Middle Eastern North African (MENA)**

- Cultural Population Expansion! Based on stakeholder feedback, we have added outreach to additional underserved populations. RUHS-BH has had an existing **Veteran's Services Liaison** who has now been reorganized under Cultural Competency. Expansion has also included a dedicated liaison and developing community advisory group for the following populations: **Native American, Deaf and Hard of Hearing; Varying Abilities (people with other physical health challenges); and Faith Based Communities.**

- **Cultural Competency Reducing Disparities Committee (CCRD)**: A collaboration of community leaders representing Riverside's diverse cultural communities, united in a collective strategy to better meet the behavioral health care needs of traditionally underserved communities. CCRD is chaired by a mental health professional from the Cultural Competency Program and has oversight by the RUHS-BH Cultural Competency Manager. CCRD meets monthly and is open to the public.

- **RUHS-BH Lived Experience Programs**: RUHS-BH is recognized for our peer programing. We have programs based on lived experience across care populations: consumer peer; family member; and parent. A Peer Planning and Policy Specialist, a Department manager with the same respective lived experience, heads each program. As part of our developing peer management, a Peer Support Oversight and Accountability Administrator was hired, who has lived experience in all 3 areas, and the managerial positions now report to her. Not only are peer staff integrated into clinic programs throughout each region of Riverside County, but they also coordinate and participated in outreach and engagement activities to help educate on recovery, reduce stigma, and support wellness. They have an important role in our planning process, not only for their

peer perspective, but because they have daily involvement in the community with people whose lives are affected by behavioral health challenges.

- **Steering Committees, Collaboratives and Community Consortiums:** Steering Committee members are subject matter experts or community representatives who have committed to developing their knowledge on a MHSA component in order to give an informed perspective on plan development. Collaboratives are regularly scheduled mini-conferences where MHSA component stakeholders meet to learn regulatory updates and provide progress reports. Community Consortiums are community or partner agency hosted meetings that bring together similar stakeholders to collectively address, collaborate, and plan for community needs. MHSA Administration currently coordinates steering committees for Workforce Education and Training (WET) and for Prevention and Early Intervention (PEI), and hosts a PEI Collaborative. MHSA admin staff participate in the RUHS-BH TAY Collaborative, and consortiums that include members from academic institutions, community based organizations, sister county MHSA programs, school districts, public health and allied county departments, and justice involved agencies.

MHSA Annual Plan Update Stakeholder Education and Feedback

Representatives from MHSA Administration provide annual MHSA education and plan updates to our network of community advisory groups during the beginning of the calendar year. The representative used a PowerPoint curriculum that became part of the "MHSA Toolkit" that is also attached to the email distribution announcing the community participation process. The PowerPoint curriculum can also be found on the landing page of the MHSA Annual Update on the Department's website. A copy of the PowerPoint is included in the introduction of this document under "MHSA Quick Look." The dates of the MHSA Education and Feedback Presentations for the Annual Update FY 22-23 are as follows:

All meetings took place in 2022

Criminal Justice Committee	January 12
Cultural Competency Reducing Disparities	January 12
Community Advocacy on Gender and Sexuality Issues	January 18
Children's System of Care Committee	January 25

Adult System of Care Committee	January 27
Veterans' Committee	February 02
Western Regional Mental Health Board	February 02
Mid-County Regional Mental Health Board	February 03
Children's Coordinators Meeting	February 08
Older Adult System of Care Committee	February 08
Transitional Age Youth Collaborative Western	February 09
Transitional Age Youth Collaborative Mid-County	February 23
Behavioral Health Commission	March 02
Transitional Age Youth Collaborative Desert	March 02
Asian American Task Force	March 08
African American Family Wellness Advisory Group	March 16
Prevention and Early Intervention Collaborative	March 30
Housing Continuum of Care	April 14

In addition, MHSA regularly attends or has a standing point on agenda for feedback, education, and program updates at the following meetings:

Behavioral Health Commission
Cultural Competency Reducing Disparities
Asian American Task Force
African American Family Wellness Advisory Group
Community Advisory on Gender and Sexuality Issues
LatinX Advisory Group (newly formed)
Middle Eastern North African Advisory Group (newly formed)
Children's System of Care
Adult System of Care
Older Adult System of Care
Transitional Age Youth Collaborative
Veterans' Committee

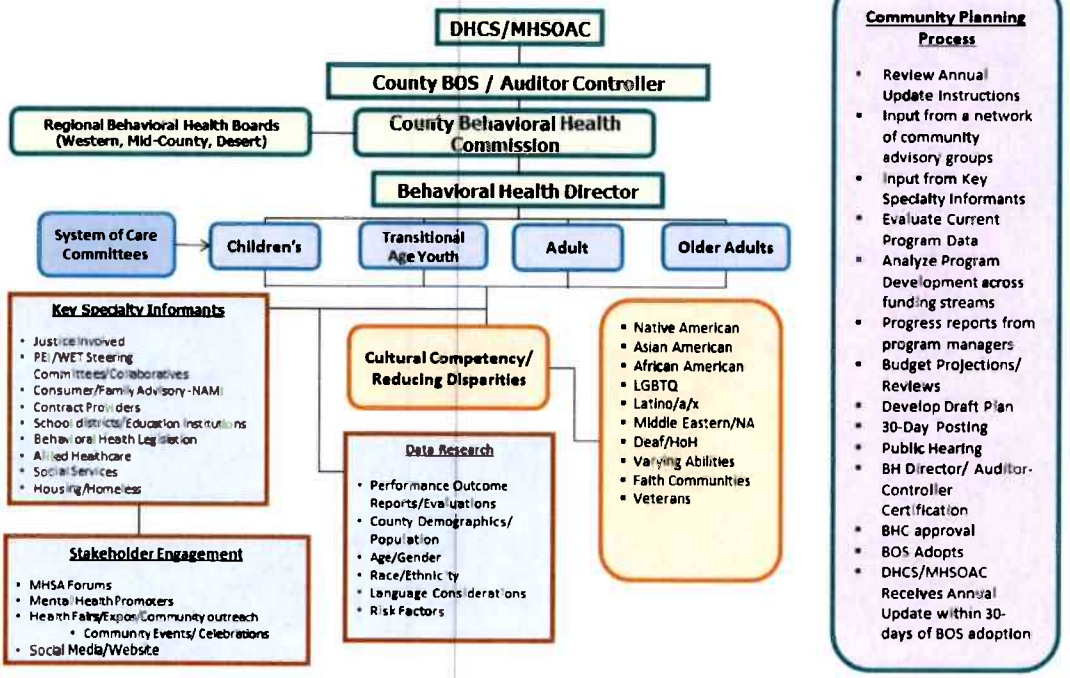
Meeting dates and time are included in this Introduction under the Stakeholder Partner and Participation Directory

MHSA Annual Update and 3 year Plan Planning Structure

Mental Health Services Act (MHSA) Annual Update FY22/23 Time Line

August – September 2021	October – December 2021	January – March 2022	April – June 2022
• Develop Community Planning Process Infrastructure • Identify and confirm Stakeholders and Key Informant Groups • Organize and update changes based on last year's process • Build MHSA education materials	• Provide Annual Update Instructions, Timeline, Data Review, Program Analysis, and Survey/Feedback Tools/Forms to Key Informants, Stakeholders, and Planning Committees • Identify MHSA program highlights and plan changes, create summary documents, prepare plan authors, organize stakeholder promotion campaign	• Continue Stakeholder Input, MHSA education, promote participation • Consensus Building • Develop and Write Draft Annual Update for FY21/22	• Post Draft Annual Update for 30-Day Review and Comment (April) • Public Hearing (May) • Adoption by BOS (June) • Final Annual Update sent to MHSOAC 30-Days after BOS adopts

Mental Health Services Act (MHSA) Annual Update FY22/23 Planning Structure



30-Day Public Comment

The Draft MHSA Annual Update FY 22-23 was posted for a 30-day public review and comment period, from April 11 – May 09, 2022.

30-Day Public Review and Public Hearing

MHSA regulations require that Riverside County post our draft plan for a 30-day public review and comment period followed by a Public Hearing conducted by the Riverside County Behavioral Health Commission. This process typically begins months before and involves coordinating plan updates with RUHS-BH program managers, the Riverside County Behavioral Health Commission, our research department, program support and fiscal units, and meeting with the stakeholder groups that comprise our primary advisory voices.

Due to the success of prior years' COVID-adaptation for the public hearing process, and universal support from our stakeholders, a similar adaptation was planned for this annual update as well. At this stage of the annual update planning, COVID gathering restrictions were still in place.

A virtual public hearing was considered using electronic meeting technologies. But those we examined also included some limits that would restrict some of our most vulnerable stakeholders from participating:

- Access to related hardware that allowed for application download
- Costs to the stakeholder associated with data usage
- Limitations of remote access in some rural and frontier areas of Riverside County

Implementation of telehealth technologies to provide clinic services also provided us with some anecdotal information:

- People's lives had been disrupted, and limiting the public hearing to a single event would need to fit into people's regularly shifting schedules, demands, and stressors
- Households were sheltering together and privacy was a challenge. Some individuals want their participation in behavioral health care to be confidential but could be easily overheard in their household.

- Some people were frustrated by their own limits on understanding the use of the technology and required significant orientation and coaching to be successful in their use

We wanted as many stakeholders to participate who wanted to participate.

The intent and spirit of the public hearing is to provide a mechanism for transparency and give the community a visible access point to express concern, provide feedback, and advocate for the programs that were needed in their communities throughout Riverside County. An alternative was developed based on increasing accessibility but also using media that was already familiar to the general community.

This plan was reviewed with the Behavioral Health Commission and was unanimously accepted as the most viable to reach and inform stakeholders.

Public Posting and Public Hearing During COVID Adaptations

1. Announce the 30-day Public Posting Period and the COVID Adapted Public Hearing process via repeated email distribution, our Department Webpage, and through our social media accounts: Twitter, Facebook, and Instagram. Announcements provided in both English and Spanish, and include a link to the full plan and an electronic feedback form.
2. Attached to the email is a Riverside County MHSA "Toolkit," quick reference documents requested by our stakeholders that summarized plan changes, highlights, and goals, as well as, a grid organizing the service components by region, an orientation to MHSA, and a success story from a MHSA funded program.
3. After 30-day review period, a video presentation ("Public Hearing in Your Pocket") of the MHSA Plan overview, similar to the introduction of a standard public hearing, posted daily on all our social media accounts including YouTube for 14 days and include a link to the full plan, the electronic feedback form, and a voice mail telephone number. Presentation conducted in both English and Spanish. English video included picture in picture American Sign Language interpretation.

4. DVDs of the presentation were also available for mail or pick up, and included copy of the MHSA toolkit and a stamped envelope to mail completed feedback forms. DVDs can be closed captions in a variety of Riverside languages.
5. All community feedback provided to the Ad Hoc BHC Executive Committee for review and to determine if changes to the Workplans are necessary. All input, comments, and Commission recommendations from this Public Hearing documented and included in final MHSA Plan.

Results of Virtual Public Hearing Process

A total of 23,728 people (in Spanish and in English) saw the MHSA Annual Update FY 22-23 video presentation promoted on their Facebook or Instagram news feeds countywide, and 901 people engaged with the post over a 14-day period.

A "ThruPlay" is measured as someone watching at least 92% of the full video. The video included closed captioning and picture-in-picture American Sign Language interpretation. There were 642 Thruplays of the MHSA Annual Update FY 22-23 Public Hearing videos, and 254 people clicked on the links to learn more about the plan or to provide feedback.

In addition, 44 DVD MHSA Kits were requested by clinics to play in their lobbies, as well as by community based organizations for education. Some of the DVDs included closed caption translation in Chinese or Korean at the requestor's invitation. The Kits contained: 1) A DVD of the Public Hearing Videos in English and Spanish; 2) A set of corresponding MHSA Plan summary documents; and, 3) A feedback form with a self-address stamped envelope for mailing.

An ad hoc committee of the Behavioral Health Commission met on May 26, 2022 and reviewed all public comments and developed responses. Those comments and responses serve as a chapter in this annual update.

The final plan was approved by the Behavioral Health Commission on June 01, 2022.

Section II

Community Services and Supports

MHSA Annual Plan Update

FY 22/23

Community Services and Supports

What is Community Services and Supports (CSS)?

CSS is the largest of the MHSA components. It is designed to provide all necessary mental health services to children, TAY, adults, and older adults with the most serious emotional, behavioral, or mental health challenges and for whom services under any other public or private insurance or other mental health or entitlement program is inadequate or unavailable. CSS contains provision for Full Service Partnership (FSP), Outreach and Engagement & Housing, and General System Development (GSD), which includes specialized programing for the Crisis System of Care, Justice Involved programs, and expansion and enhancement of the outpatient service system.

CSS

Children's System of Care

Western Region

FSP Programs: MDFT Expansion (Multi-Dimensional Family Therapy); Wraparound, Youth Hospital Intervention Program (YHIP)

Clinic Expansion/Enhancements: Riverside Family Wellness Center, Children's Treatment Services (CTS), Moreno Valley Children's Interagency Program (MVCIP), Corona Wellness and Recovery Center

Other Program Expansions: TRAC, ACT, Youth and Family Community Services Preschool 0-5, Pathways to Wellness, Integrated BH Care at the Community Health Centers, EBPs

Contract Providers

Mid-County Region

FSP Programs: MDFT Lake Elsinore, Wraparound, Youth Hospital Intervention Program (YHIP)

Clinic Expansion/Enhancements: Lake Elsinore Children's Clinic, Temecula Children's Clinic, San Jacinto Children's Clinic

Other Program Expansions: TRAC, ACT, Youth and Family Community Services, Preschool 0-5, Pathways to Wellness, Integrated BH Care at the Community Health Centers. EBPs. TOPSS Team

Contract Providers

Desert Region

FSP Programs: MDFT Desert, Wraparound, Youth Hospital Intervention Program (YHIP)

Clinic Expansion/Enhancements: Indio Children's Clinic, Banning Children's, Blythe Children's Clinic.

Other Program Expansions: TRAC, ACT, Youth and Family Community Services, Preschool 0-5, Pathways to Wellness, Integrated BH Care at the Community Health Centers, EBPs,

Contract Providers

TAY System of Care

Western Region

FSP Programs: The Journey; FEP FSP

TAY Center: Stepping Stones, FEP

Mid-County Region

FSP Programs: TAY FSP (Victor Community Support Services – VCSS)

TAY Center: The Arena, FEP

Desert Region

FSP Programs: TAY FSP (operated by Oasis)

TAY Center: Flow, FEP

Adult System of Care

Western Region

FSP Programs: Jefferson Wellness Center

Clinic Expansion/Enhancements: Blaine Street Clinic, Corona Wellness, Rubidoux Family Care Center Integration, Pathways to Success, ARC, EBPs

Mid-County Region

FSP Program: Adult FSP

Clinic Expansion/Enhancements: Lake Elsinore Adult Clinic, Temecula Adult Clinic, Hemet Adult Clinic, Perris Family Room, Pathways to Success, EBPs

Desert Region

FSP Program: Adult FSP

Clinic Expansion/Enhancement: Indio Adult Clinic, Blythe Adult Clinic, Banning Adult Clinic, EBPs

Older Adult System of Care

Western Region

FSP Programs: SMART (Specialty Multi-Disciplinary Aggressive Response Treatment) Team – West

Clinic Expansion/Enhancements: Wellness and Recovery Center for Mature Adults – Riverside/Rustin

Mid-County Region

FSP Program: SMART Team – Mid-County

Clinic Expansion/Enhancements: Wellness and Recovery Center for Mature Adults – Lake Elsinore, San Jacinto, and Temecula

Desert Region

FSP Programs: SMART Team – Desert

Clinic Expansion/Enhancements: Wellness and Recovery Center for Mature Adults – Desert Hot Springs

Satellite Older Adult Clinics: Indio and Banning

EBPs

CSS-01 Full Service Partnerships

What is Full Service Partnership (FSP)?

Consumers, or youth and their families, enroll in a voluntary, intensive program that provides a broad range of supports to accelerate recovery or support alignment with healthy development. FSP includes a "whatever-it-takes" commitment to progress on concrete behavioral health goals. FSP serves clients with a serious behavioral health diagnosis, AND are un- or underserved and at risk of homelessness, incarceration, or hospitalization.

Children

Multidimensional Family Therapy Program

Western Region: MDFT Expansion

Western Region MDFT Expansion serves the cities of Riverside, Moreno Valley, Corona, Norco, Eastvale, and the unincorporated areas of Jurupa Valley, Lake Matthews, Home Gardens, and parts of Mead Valley. MDFT Western Region Expansion team consists of two Clinical Therapists, one half-time Supervisor, and one Office Assistant II that is currently vacant. The Behavioral Health Specialist II position is currently vacant and in recruitment. Western MDFT Expansion no longer has the Community Service Assistant (CSA) position. As a cost saving move, an outpatient program housed at the same location is supporting MDFT West Expansion CSA duties. The program is currently in recruitment to fill its last open Clinical Therapist position. The Behavioral Health Services Supervisor (BHSS) for MDFT Western Expansion is also the department's MDFT trainer as well as supervising a large outpatient program with FSP service track.

Noted trends in the Western Region service area includes increase referrals for teens being raised by their grandparents, challenge of COVID-19 on team's ability to do home visits or bring family to clinic for live supervision, youth being released from probation terms prior to completing MDFT program which impacts the youth's motivation to remain involve and active in treatment, a desensitization of drug use and family's attitude shift towards legalized marijuana.

Goals through FY 23/24 include the following:

1) Increase in person session including individual and family sessions. Because of COVID-19, staff had to cancel home visits and family sessions. This affected the program's ability to video tape or conduct live supervision resulting in fewer opportunities for staff development.
2) Recruit and backfill vacant positions. Challenges rose from staff turnover and candidate shortages. Active recruitment is under way. This will bring the program to full strength and will result in more youth and family being serve.
3) Plan and develop a MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes. However, Covid-19 pandemic prevented staff from holding an in person summit. This coming year, MDFT will look to do the summit using TEAM or Zoom platform.

Mid County MDFT Program

Mid County region currently has three Clinical Therapists, two Behavioral Health Specialist II, one Community Services Assistant, one Certified Medical Assistant performing the role of a Community Services Assistant, one Office Assistant II, and one Supervisor. Mid County MDFT has an opening for Clinical Therapist position. The program is currently in recruitment to fill the vacancy. Mid County MDFT team serves the cities of Perris, Murrieta, Temecula, Wildomar, Lake Elsinore, Hemet, San Jacinto and unincorporated area of Anza.

Noted trends in Mid County is increase of referrals where teen or family live in poverty/homeless, increase fentanyl overdose by consumers, and youth being released from probation terms prior to completing the MDFT program.

Goals through FY 23/24 include the following:

1) Maintain fidelity to model by having clinical therapists do live supervision and taping of session for review on regular basis. Vast majority of services were done through telehealth where in person meeting was prohibited due to Covid-19 guidelines.
2) Plan and develop MDFT semi-annual summit with MDFT teams in other regions to allow for continue training and support purposes. Will look to accomplish this by utilizing telehealth platforms if covid-19 continues to impact in person meetings.

Desert Region MDFT Program

MDFT Desert Region currently has a full staff consisting of three Clinical Therapists, one Behavioral Health Specialist II, one Community Service Assistant, one half-time Office Assistant II and one half-time Supervisor. The MDFT supervisor also supervises the TAY Desert Flow Drop In Center. The program has one Clinical Therapist vacancy. MDFT Desert Region serves the Coachella Valley areas including Indio, Desert Hot Springs, Palm Springs, La Quinta, Palm Desert, and the Salton Sea community.

Noted trends for Desert Region MDFT saw increase in referrals for consumers on the autistic spectrum, and youth release from probation terms before completing MDFT program. In the desert, there has been a reduction of cases with multigenerational gang involvement.

Goals through FY 23/24 include the following:

1) Conduct more drug testing. Due to Covid-19 impact, program did fewer in person visit resulting in fewer drug tests.
2) When Covid-19 subsides, staff are to do more in person sessions and tape more individual and family sessions to get back to fidelity. Covid-19 resulted in cancelations and sessions conducted via telehealth format.
3) Increased supervision time with clinical staff. Increase case reviews, live family sessions, and video review with clinical therapists. More supervision time will lead to increased skills resulting in enhanced outcomes for youth and families.
4) Plan and develop MDFT semi-annual summit with MDFT teams in other regions to allow for continue training and support purposes. Will look to do summit via telehealth platform if in person meeting is prohibited due to covid-19 restriction.

MHSA is Action!

MDFT

MDFT helped me a lot with probation and my substance use.

My MDFT therapist helped me to maintain my attitude. I don't get as mad and shut down like I used to do. She helped me to get closer to my mom and she helped me with my substance use and staying sober. "I learned to be more cautious with my thinking". "I learned to think before I do things". I learned to be more responsible. I learned to take care of my school and my responsibilities before having free time. I don't hang out in the streets anymore. I listen to my mom more and I don't leave without permission.

MDFT also helped me to learn how to interview, apply for jobs and to get comfortable talking to people which was one of my main struggles when interviewing.

In MDFT I learned to stay away from smoking marijuana, to be successful with probation and get off of probation after I finished MDFT. I started getting good grades in school so I was able to get a workers permit so I could get a job. Now I have a job and I am working on getting my driver's license.

My son and I were able to successfully complete the MDFT program. My relationship with my son has grown stronger. He is now more eager to talk to me about some of the problems he faces. He is working on getting a driver's license and just got a new job.

Wraparound Program

Wraparound provides eligible youth and their families with an alternative to congregate or higher levels of care (such as STRTP's and out of state placement). The intent of

Wraparound

Wraparound is for children and adolescents to remain/return to a lover level of care in a family setting. In Riverside County, Wraparound began in 2003 with the Riverside University Health System- Behavioral Health (RUHS-BH) serving children at risk for high level placement. Wraparound was provided to youth on probation, who voluntarily participated, and were diagnosed with a Severe Emotional Disturbance (SED).

The foundation of Wraparound is based on partnering with families to provide individualized support based on their unique strengths and needs in order to promote success, safety and permanence within the home, school and community. Program staff work with the family to develop a Wraparound team, which is comprised of a Facilitator, Behavioral Health Specialist, Parent Partner, and in some cases, a TAY Peer and a Therapist from RUHS-BH, a Public Health Nurse, and a Probation Officer. The team also includes anyone the family sees as important in their lives such as extended family members, friends or other community members. As part of the Wraparound process, the team develops a family plan based upon "family voice and choice", to guide the process focusing on ten life domains:

1. Family
2. Housing
3. Safety
4. Social Recreational
5. Medical/Health
6. Financial
7. Spiritual
8. Legal
9. Emotional/Psychological
10. School/Work

Wraparound has operated as an FSP Since October 2018 and provides a majority of services to the families and youth in the community (schools, home, other locations) with 3-5 services a week. In the past year, Wraparound programs have expanded to increase SED service to Medi-CAL recipients, clinical Therapists received training in Trauma-Focused Cognitive Behavioral Therapy and added Substance Abuse intervention support with BHS III positions. Also, the team is preparing for upcoming training in High-fidelity Wraparound from the Heroes Initiative with a three day "Wrap Camp" to meet regulatory expectations and enhance fidelity across regions.

- Overall/ County wide accomplishments for 20/21
    - After completing the "Spirit of Wraparound" training with the Heroes Network, there have been a series of basic trainings focused on adapting the Principles of Wraparound and encouraging team togetherness. This has been well attended with positive review form participants.
    - Implemented bi- monthly virtual training series. Each of the Principles of Wraparound were covered in depth at each training and the teams were able to share ideas and resources across the county. After the Principles were completed the training focused on trauma and engagement of families that had been traumatized.

- Supervisors and administrators attended "Train the Trainer" with the Heroes Network to keep informed and provide in department training as the teams move toward state mandated "High Fidelity Wraparound".
- Supervisors attended the Wraparound Coaching training with the Heroes Network to learn key concepts for coaching to and evaluating fidelity for the High Fidelity Wraparound model.
- Across county teams have been able to slowly increase the face to face services being provided while keeping families and staff safe.

Desert Wraparound: The Desert Wraparound team is the most geographically diverse, providing services from Banning to Blythe. The "team" is actually comprised of four teams located in Banning, Blythe, Desert Hot Springs and Indio. The Desert teams are comprised of a Behavioral Health Services Supervisor, an Office Assistant , 4 Clinical Therapists, 4 Behavioral Health Specialist II, a Behavioral Health Specialist III, 7 Peer Support Specialists (Parent Partners and TAY), a Community Services Assistant, a Public Health Nurse and two Probation Officers. The team is supported by a Supervising Probation Officer as well. Approximately 80% of services are provided in the community.

Noted trends in the Desert Service area are increased gang affiliation and activity, including the shootings/deaths of several youth in services, challenges of increasing safety for families and staff in services and navigating changes to the juvenile justices system. The positive impact is seen with BHS III providing substance abuse education and interventions in the team service, increased recreational and group outings encouraged youth to remain in services, and improved interface between Behavioral Health staff and Probation cohabiting in office sites.

3-Year Plan Goal Progress:

- Increase staffing through the expansion via SB funds to address the needs of siblings, grandparents and other family members without disruption to relationships with identified youth and caregivers. This also allows for flexibility when addressing issues such as personal relationships with family members, transference and cultural needs.
    - While expansion of staffing has not been established, more vacancies have been filled due to the increased need in the

community. The impact of the on-going pandemic is significantly noted in services.

- Incorporate more groups, such as;
    - Parent Project
    - Al-anon type groups for parents
    - Parent support groups
    - Transitioning groups
        - This goal remains the same as last year's progress, largely due to COVID-19 restrictions.
          Due to the COVID Pandemic gathering restrictions, this goal remains in process, as groups were not held. However, Parent Partners have been building up knowledge in Triple P, Educate Equip and Support (EES) and Nurtured Parenting and attending quarterly meetings for continued skill development. As a result Parent Partners in the Desert Region have been providing these classes and Nurtured parenting, Educate Equip and Support on an individual basis when parents agree to incorporate them into services. Al-anon services are being offered individually to parents when identified as a strategy.

- Develop and strengthen community partners to increase mentorship of probation youth. Mentors would have similar backgrounds and/or cultural identities to the youth, model recovery, or serve as role models for personal and vocational development.
    - After serious gang violence and the death of a consumer, the community of North Palm Springs reached out in the desert region for additional support. The team participated in a series of meetings focused on supporting families of color. Out of this came a relationship with the Palm Springs Recreation Center and some mentorship opportunities.

MHSA is Action!

Blythe Clinic

We have a success story! This young man started with Wraparound last July, a referral from Probation. In the beginning, youth and Mother were unsure of Wraparound services. It took them time to trust the team and process of Wraparound. Youth was able to complete his community service hours within the first month of participating in Wraparound. Family showed resiliency. Youth showed maturity by improving his school grades, assisting Mother more around the home and with his siblings. The youth and family strived to become stronger as a family, having healthy family bonding activities and getting along as a whole, which has been successful. Throughout these last 6 months, youth has done well with continuing to meet with BHS weekly and completing any legal goals that needed to be completed for probation. Mother shared in a recent meeting how she is so thankful for Wraparound and with youth graduating; she didn't realize how much she relied upon Wraparound as she would reach out to any of the team members as needed when having struggles with youth or family. Youth will be having a successful court graduation with Wraparound and Probation. In-court room graduations are a "Big Deal."

MHSA is Action!

Indio Clinic

"A" was really excelled while in Wraparound! She overcame many challenges that included avoiding associations with negative peers, stopped running away from home, and stopped drinking alcohol and smoking weed. She recognized her need for substance use treatment. "A" successfully completed 90 days of inpatient rehab! During treatment, "A" and her family continued to meet with her Wraparound team and maintained excellent behavior while in treatment. Every week, she would share to the team and her family what she had learned the previous week in rehab, and shared how she was learning to express her thoughts. She became more self-confident and began advocating for herself. While in rehab, she completed her high school education and received her diploma! She was removed from probation and is now over age eighteen. She said *"it feels weird to be able to sign things without my mother"* and *"I'm going to register to vote"*.

Interagency Services for Families (ISF) Wraparound: The ISF team serves Western Region youth and families. The ISF teams are comprised of a Behavioral Health Services Supervisor, two Office Assistant, 3 Clinical Therapists, 4 Behavioral Health Specialist II, a Behavioral Health Specialist III, 6 Peer Support Specialists (Parent Partners and TAY), a Community Services Assistant, a Public Health Nurse and two Probation Officers. The team is supported by a Supervising Probation Officer as well. The ISF team provides approximately 80% of services in the community.

Noted trends in ISF services include positive outcomes from Multidimensional Family Therapy (MDFT) and Trauma Focused-CBT trained therapists imbedded into services.

3-Year Plan Goal Progress:

- Expand service volume to Medi-CAL recipients who are not on formal probation.
    - On-going staff shortages for most of the year in the program required the team to be flexible in roles to facilitate services allowing for more families to be served and reduced/eliminated wait times for Probation youth.

- Filing staff vacancies to support complete teams in fidelity with the model and support increased service provision.
    - Following Wraparound Coaching Training, new coaching strategies were implemented with newly hired staff including Objective and Principle Shadowing. Established in-service trainings with new Facilitators on topics such as safety planning, engagement via Family Story and development of Family Care Plan using rubric system.

- Staff participation in Moral Recognition Therapy and Anger Replacement Training (ART) to resume groups.
    - Goal continued as COVID gathering restrictions halted trainings. Training restructuring is currently in progress.

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- Motivational Interviewing training for initial and advanced skills.
    - Goal continued as COVID gathering restrictions halted trainings. Training restructuring is currently in progress.

- Continued participation in the Wraparound Training Collaborative to expand regularly scheduled Wraparound basic and advanced trainings.
    - Please refer to County wide information earlier in report.

Mid-County Wraparound: The Mid-County Wraparound Team has expanded and been re-structured to increase services to non-SB clients. Some of the positions were moved to Blythe to address the underserved community in that area. The Mid-County team is comprised of one Behavioral Services Supervisor, two Office Assistants, one Senior Clinical Therapist, 4 Clinical Therapists, one Behavioral Health Specialist III, 4 Behavioral Health Specialist II, 5 Peer Support Specialists (Parent Partners), 1 Community Services Assistant, one Public Health Nurse and two Probation Officers. The Mid-County team provides 90% of their services in community settings such as the family home, schools and other community options (local clinics, libraries, etc.).

Notable trends in Mid-County services include positive outcomes and engagement with the addition of Substance Abuse interventions from the BHS III position. Trauma

Focused-CBT was added into services. Services increased to non-SB children, providing early intervention to these families.

Progress on 3-Year Plan Goals:

- Improve collaboration with local clinics and providers for Non-SB referrals and services.
    - Previous year's referral level was maintained for this group of youth. Volume of referrals created some delays to service consistently.
- All staff attain proficiency in high fidelity Wraparound.
    - Please refer to County wide training information earlier in report. Bi-weekly meeting with Youth Partners were implemented to provide round table discussion and skill building activities. Similar meetings began for Facilitators. Meetings for Parent Partners are pending.
- Increase direct contact with local Probation offices to improve collaboration and services.
    - Staff traveled to local Probation office to provide in-service trainings on Wraparound and referral process. This helped increase communication and collaboration with local officers, which was needed in light of 'de-centralized" Probation assignments.

- Collaborate with school districts for direct referrals, as available.
    - On hold due to high level of referrals from BH clinics and other community partners.
- Build community partnerships via contact with Churches and community centers.
    - COVID restrictions on business operations halted further development.

Youth Hospital Intervention Program (YHIP)

Mid-County YHIP Program

Mid-County YHIP provides services to children and youth who have been hospitalized or are at high risk for hospitalization. We also support children and youth who are

stepping down from residential placement and need a full service partnership (FSP) level of support as they transition. This service is provided by Riverside University Health System-Behavioral Health.

Mid-County YHIP is one of 3 YHIP programs throughout the County purposed with providing crisis stabilization for children and youth. YHIP's main purpose and goal is to decrease children's return or cycling in and out of hospitalization. YHIP seeks to support the child or youth until they are able to step down into an appropriate lower level of support (i.e. a County clinic, SAPT services, other specialty services, or a community provider).

The following are the goals for Mid-County YHIP and updates associated with those goals:

1) More training and collaboration from other agencies such as DPSS, Probation, other County & contract providers

Update: RUHS-BH has been taking steps to address this agency collaboration across the whole department. Partnering with DPSS, Probation and other County and contract providers is a practice that is in effect. By necessity that collaborative relationship supports the greater goals of supporting our partners. YHIP has benefited from working to support Child Family Teams through Child Family Team Meetings. YHIP has also worked to develop and nurture relationships with contracted providers and local schools, streamlining services and the coordination of care.

2) Increase collaboration with SAPT

Update: RUHS-BH has taken steps to support the move into a more integrated support model by having all clinical therapist (CT) staff trained in the level of care tool for SAPT services. The ASAM use is now a tool that CT staff are familiar with and can enter into the conversation with partners to more appropriately understand levels of care. The further collaboration with SAPT will be a focus over this next year.

3) Increase parent & youth groups

Update: Due to our staffing impacts (noted below) and the continued restrictions of COVID-19, accomplishing parent and youth groups was frustrated. During this next reporting period we will be developing a virtual group for parents and will also be assessing feasibility for a youth group.

CSS

4) Add Aggression Replacement Training (ART) group

Update: With the change/loss of staff Mid-County YHIP also lost several ART-trained people. Mid-County YHIP will be exploring ART training opportunities in order to equip enough staff for an ART group over this next reporting period.

5) Add Social Media Health group

Update: As of yet, Mid-County YHIP has not developed a social media health group. Our team will be assessing feasibility and also re-assess need of such a group.

6) Increase school attendance & school success

Update: Please see data and research portion of this update for details related to school attendance and school success.

7) Provide ongoing support & trainings to First Episode Psychosis staff embedded in YHIP.

Update: Much like ART, our staffing changes resulted in a loss of several First Episode Psychosis (FEP) trained staff. Mid-County YHIP will be working to build on FEP support over this next reporting period.

- During this this last year of the Pandemic, YHIP had encountered some challenges to staffing. This brought about some strain on the program because many of the teammates had to share tasks. This also resulted in an increase of children and youth per provider. Much like many programs, YHIP also experienced challenges related to providing effective field-based services, due to COVID restrictions and also intermittent quarantining of both staff and of families of those who YHIP serves. In total, the following changes took place:
    - The supervisor for YHIP moved into a new role supervising a different program
    - 2 CT staff left the program
    - 1 Parent Partner left the program
    - 1 TAY Peer promoted to a Senior TAY Peer role
    - 1 OA III left the program

- With change comes good opportunities to look at current processes and program setup and implement changes to better meet the need of those we serve. Along with YHIP working to rebuild the team, the location of YHIP also changed. This location change made regional sense, given that Mid-County YHIP many parts from Mid-County, and the new location centralizes the team.

- There were also several movements within the Mid-County region that helped support the broad need in Mid-County services, including a layer of support that can meet a YHIP level of need in the Hemet, San Jacinto, and Perris areas. Contracted providers were able to move in and expand services in some parts of Mid-County, allowing Mid-County YHIP to provide more targeted services in Menifee, Lake Elsinore, Wildomar, Murrieta, Temecula, Winchester, and Aguanga.

- Riverside University Health System-Behavioral Health also began a grant-funded resource and linkages support for those who have been hospitalized called Youth Connect. Youth Connect has been effective in getting children and youth linked to services. This has enabled YHIP to focus on the treatment and services our families need and less on outreach.

Notable Data Points:

- Served during this reporting time was a total of 133 partnership enrollments
- A predominant number of those served were female (81)
- Hispanic/Latino partners out of that group made up 40% and 36% were Caucasian
- 36% of the partners has a diagnosis of a mood disorder, other than Major Depression
- Of those partners where recidivism was impacted, there was 58% of change or decrease in re-hospitalization
- Crisis intervention change was more subtle at 6.5%
- There was 100% change when it came to repeat arrests and other physical health emergencies.
- Expulsions rates were effected positively at a 72.9% change rate
- Suspension change was nearly 100% at 96.1%

- 35% of partners' school attendance improved
- Of those partners who did not have a PCP assigned at intake, each partner had an assigned PCP at follow up
- 38% of the partners served met their goals entirely
- 66.17% of the partners who entered into services stayed in services longer than 90 days
- Mid-County YHIP provided 4,891 service during this reporting period.

Desert YHIP Program

Desert YHIP consists of four Clinical Therapists, two Parent Partners, two TAY Peer Specialist, one Behavioral Health Specialist III, and one Office Assistant III. Desert YHIP currently serves the following areas: Banning, Palm Springs, Desert Hot Springs, Palm Desert, La Quinta, Indio, Coachella, Thermal, and other surrounding Desert Cities. Services are currently being offered in person, field based, clinic setting, and/or telehealth for individual, family, collaterals, and/or group services. Parent partners are providing individual services for parents, in both English and Spanish as supportive services and an introduction to the program. Our TAY Peer is currently providing individual therapy using the WRAP Model (Wellness Recovery Action Plan). Services are provided on a weekly basis with 2-3 contact sessions per week, by one of the staff members using evidence-based models such as Cognitive Behavioral Therapy, Trauma Focus Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy. The program continues to work with individuals and their families in decreasing hospitalizations by providing them with the knowledge and skills to decrease at risk behavior and understanding mental health challenges.
Goals are continued to be as followed:

1) Adding additional groups such as a SAFE group, LGBTQI+ group, Anger Management, DBT group, and Spanish speaking parenting groups. Current barrier to this goal has been a recent turnover in staff, only having 2 Clinical Therapists, 1 Parent Partner, 1 TAY Peer, and 1 BHS III mostly throughout this reporting period. Groups that had been previously offered were discontinued and stopped due to lack of support staff, as well as COVID challenges. We are

optimistic that once we are fully staffed again, we can begin to implement and offer groups to consumers and parents served.

2) Increased utilization of the CANS (Child Adolescent Needs & Strengths) tool in Child and Family Team Meetings, as well as using the CANS to help navigate the course of treatment. Barriers surrounding the CANS platform and access to reports have challenged staff in fully implementing this goal. Goal will continue to be implemented and explored, with additional staff trainings and in-vivo learning experiences.
3) More integration of substance abuse services and groups for youth that struggle with co-occurring disorders. We currently have a BHS III that has been implementing DBT skills with consumers, we hope to add groups in the near future to target this population.
4) Increased integration of TAY Peers into treatment team. Team has been working on providing this resource and support to all clients and will continue to do so. Current Barrier to this goal is only having one TAY Peer it has been a challenge, but we continue to use this support and hope to gain an additional staff member to be able to grow and enhance services.
5) Provide ongoing support & trainings to First Episode Psychosis staff embedded in YHIP. Current barrier to this goal is losing the only staff member that had been trained in the FEP model, and more training and staff members would be needed to assist in enhancing support and knowledge with working with this population.
6) TF-CBT and DBT training for all staff. This continues to be a goal and identified staff will begin trainings as they are offered.

Notable Data Points:

- Served during this reporting time was a total of 86 youth enrollments
- A predominant number of those served were female (71%)
- 51% were Hispanic/Latino, 28% were Caucasian and 7% were Black/African American
- 42% of consumers were 11-14 years old
- 44% of the youth has a diagnosis Major Depression
- Of those youth where recidivism was impacted, there was 35.1% of change or decrease in re-hospitalization
- Expulsions rates were effected positively at a 78.1% change rate

- Suspension decreased by 96.8%
- 59% of youth's school attendance improved and 36% grades improved
- 42% of the youth served met their goals entirely

Western Region YHIP:

Due to the COVID-19 lockdown, which contributed to isolation and loss of routine, there has been an increase in anxiety, depression and suicide attempt among youth. Western YHIP focuses on providing stabilization to reduce re-hospitalization of at risk youth ages from 8 to 17 years old. Since YHIP moved from a grant program to a FSP, we continue to remain diligent in rendering intensive case management and providing parents with psycho education to promote protective factors and incorporating family therapy sessions to restore healthy support/communication strategies. YHIP provides Evidence Base Practice such as Trauma Focused Cognitive Behavioral Therapy, Cognitive Behavior Therapy, Dialectical Behavior Therapy, Eating Disorder treatment and other therapeutic modalities to address barriers and challenges to mental health. Recently, Western YHIP welcomed two new clinical therapists. The new therapists are currently in training and shadowing to provide an opportunity for them to observe from experienced staff. Along with the clinicians, YHIP consists of one Behavior Health Specialist, one Parent Partner, one Office Assistant III, and one Supervisor. Western YHIP serves the following cities: Riverside, Moreno Valley, Corona, Eastvale, and at times Banning area. The BHSS currently carries a caseload of 24 youth. The Western team provides approximately 65% of their services in home and school setting. The program currently is in the process of hiring a Spanish Speaking Parent Partner and TAY Peer.

Lessons Learned/Good outcomes:

-Increasing family therapy led to strengthening support and a decrease in high risk behavior for clients and a reduction in hospitalization.

-Maintaining a supportive collaborative rapport with school staff (with clients' consent) promote and reinforce support in school setting.

-Accommodating families with late sessions (due to school and work schedule) have increased consistent attendance and positive outcome.

-Clients with YHIP Staff support are able to increase daily pro-social activities such as increased hygiene, school attendance and extracurricular activities.

Lessons Learned/Challenges of engagement, implementation, and intervention:

-Addressing no show and re-occurring cancellation have been challenging especially with COVID-19.

-With the increase in Spanish speaking families, there is a need for Spanish speaking providers to promote cultural competency.

-Current barrier with FEP service is that only one of staff is trained in the model

Notable Data Points:

- Served during this reporting time was a total of 93 youth enrollments
- A predominant number of those served were female (66%)
- 63% were Hispanic/Latino, 18% identified as Other and 11% were Caucasian
- 38% of youth were 11-14 years old
- 58% of the youth has a diagnosis of Major Depression
- Of those youth where recidivism was impacted, there was 48.7% decrease in re-hospitalization and 36.8% decrease in crisis services
- Expulsions rates were effected positively at a 64.5% change rate
- Suspensions decreased by 94.8%
- 43% of youth's school attendance improved and 55% grades improved

Mid-County FSP Tracks

In 2020-2021 Children's and The Arena TAY programs in the region added FSP "tracks" of service. This intended to serve those children and youth requiring a high intensity of service, in numbers of services per week, as well as comprehensive multi-disciplinary teams. Previously, FSP level services for this population were specialty services and did not always capture the youth in need. FSP services included; MDFT, Wraparound, YHIP- Youth Hospital Intervention program and the VCSS TAY FSP. Many children and youth did not necessarily meet the specialty criteria and yet, still would benefit for more intense level of services. FSP tracks were added to Temecula Children's Clinic, Lake Elsinore Children's Clinic and The Arena TAY program.

Due to the timing of this addition and the end of fiscal year, data outcome measures are not yet available for the 2021-2022 period.

Desert Region FSP Tracks:

New Children's and Transitional Age Youth Tracks were added to our County Behavioral Health Outpatient Clinics in FY20/21. Previously, the only FSP programs in the Desert Region to serve youth/families/TAY were the Desert MDFT Program, Desert Wraparound Program, Desert YHIP Program, and contract provider Oasis TAY FSP. These are very specialized programs that have very small caseloads and are meant to serve a specific population (e.g. juvenile justice involved, psychiatric hospital discharge). Several of these programs only had one location (Indio) but were meant to serve all Desert Region Consumers. Based on the large geographic coverage area of the Desert Region and high needs of our Full Service Partnership consumers, it was advantageous to open FSP tracks in each of our County Clinics in order to better serve these members on a geographic basis. That said, the clinics that opened new FSP tracks are the Indio Children's Clinic, Banning Children's Clinic, Blythe Children's Clinic and TAY Desert Flow program in La Quinta. Outcome measures are too early to determine as programs just began seeing consumers through the FSP track during this fiscal year. The next MHSA plan should have data outcome measures. For FY20/21, the newly expanded Desert Region Children's and TAY FSP tracks enrolled 48 new FSP members. Plans are in development for the 24/7 after hours support line for the FSP members. All staff who work in the outpatient clinics are also respectively carrying FSP clients as well. There are not dedicated staff for each track, so staff have a mixture of both FSP and non-FSP clients in the programs they serve.

Traditional Age Youth (TAY)

Western Region- Journey TAY FSP

The Journey TAY Program is a Full Service partnership program that provides intensive wellness and recovery based services for previously unserved or underserved individuals who carry a serious mental health diagnosis and who are also homeless, at risk of homelessness, and/or have experienced numerous psychiatric hospitalizations or incarceration related to their mental health disorder. The Journey TAY Program outreaches to youth transitioning from adolescent services to adulthood ages 18 – 25. Areas served include: Norco, Corona, Riverside, Moreno Valley and adjacent unincorporated areas.

When fully staffed, the Journey TAY FSP team consists of (1) Behavioral Health Service Supervisor, (1) Office Assistant, (3) Behavioral Health Specialists, (1) Licensed Vocational Nurse, (1) Community Services Assistant, (1) Mental Health Peer Specialist, and (3) Clinical Therapists.

Services provided include clinical assessments, crisis intervention, case management, rehabilitation, collateral, individual therapy, family therapy, group therapy, medication management, in home behavioral services, intensive care coordination and peer services.

Challenges:

- 40% of consumers presented with a co-occurring disorder and were not receiving substance use treatment services at time of intake, at follow-up 22% with an identified co-occurring disorder were engaged in treatment. Ideally, substance use services should accompany mental health services provided within the same program.
- There is a lack of physical housing for TAY age youth, especially for those who age out of the Child Welfare system or have a previous foster care history.
- TAY youth are often lacking in independent skills needed to care for themselves. They don't know how to be a good roommate or tenant to prevent getting kicked out of their living situation.
- The majority of TAY youth haven't graduated from high school. This makes it more difficult to secure the employment needed to maintain housing.

Lessons Learned:

- It is important for staff to be educated on and have an awareness of the developmental level of the TAY youth. Their identity evolves and shifts, including their sexual orientation, gender identity, and other. Staff must be accepting of whatever version of identity is presented at time of contact and be equally accepting when it changes.
- Staff must be flexible in order to work with the TAY population.
- It is important for staff to develop positive relationships with consumers, so if in crisis, the consumer remembers he or she can return to Journey TAY for services and is willing to re-engage when in crisis.
- Engagement takes concerted, consistent effort over time.

- Staff must be willing to keep trying and refrain from viewing a previous failure as reason not to re-engage/try again.

Successes:

- A total of 118 unduplicated consumers were served in fiscal year 19/20.
- 48% of consumers received an average of 8 plus services per month for fiscal year 19/20.
- 36% of consumers obtained a primary care physician while in the program.
- The percentage of TAY consumers living on their own increased by 8%.
- The percentage of consumers living in an emergency shelter decreased from 12% to 6%.
- The number of days that TAY reported living on their own increased by 57%.
- The number of days they reported spending in supervised placement increased by 354%.
- The number of days spent homeless decreased by 15%.
- The number of days spent in acute medical hospital decreased by 58%.
- The number of days spent in justice placement decreased by 100%.
- Arrests decreased 94%.
- Mental Health emergency CSU use decreased 4%.
- Physical health emergencies decreased 82%.
- Acute hospitalizations decreased 29%

Progress on 3YPE Plan FY20/21-22/23 Goals:

- Integrate a substance use counselor into the treatment team to facilitate coordinated care/treatment since half of consumers have substance issues.

A Substance Use Counselor position has not been added to Journey TAY. Journey TAY utilizes SU CARES and/or the Substance Use program to provide substance services for Journey TAY consumers who are interested, willing, and able to participate. The external substance use counselor is invited to participate in Journey TAY Multidisciplinary Treatment Team meetings for mutual consumers. Of note, Journey TAY FSP serves some consumers with significant substance use issues; however, many clients are in a pre-contemplative state of change in this area. Journey TAY continues efforts to engage these consumers in substance services on an ongoing basis with varying levels of success.

- Increase partnership with the Family Advocate program to increase support and incorporate family advocate services into the program.

Journey TAY staff have been making referrals to the Family Advocate program; however, many family members decline the additional support and services. Journey TAY has a primary point of contact for referrals to the Family Advocate program and refers as needed. However, there has not been a lot of ongoing participation from families. Journey TAY staff also connect with the Senior Family Advocate from the Mental Health Program when Journey TAY consumers are in jail. Journey TAY will increase efforts to incorporate family advocate services into the program in the upcoming fiscal year.

Mid- County Region- Victor Community Support Services TAY FSP

The Victor Community Support Services (VCSS) TAY FSP is located in Perris and provides primarily community/home based services throughout the region, including intensive case management and 24/7 phone support. Groups, some individual services and medication support is provided at the program site. Youth served are ages 16-25 with long standing histories of mental health issues, risk of ongoing acute hospitalization, homelessness or incarceration.

Multi- disciplinary teams provide supports and services, which may include, but not be limited to mental health services such as individual therapy, medication support, behavioral support, group therapy, skill building, vocational support, housing assistance, Peer support services and family support. Substance abuse referral and linkage, as well as recovery supports are also provided.

Progress on goals:

1) Increase census average to contract maximum of 90
    - Growth was steady through the year on the goal. Notably census for last quarter of the year is as follows; April 90; May 89; June 89.
2) Treatment goals met, increase from 59% to 70%
    - Goals met 82%.

Notable Data

- VCSS TAY FSP served 121 youth in the year.

- 45% of consumers were male; 55% were female. 21% were Caucasian, 15% were Black/African American, 50% were Latinx
- 57% of consumers were 18-21 years old.

Desert Region - Oasis TAY FSP MHSA

The Oasis TAY FSP is located in Indio and provides an array of services that include a mixture of field-based services as well as on site services to youth ages 16-25. Oasis provides intensive case management services that offer support and crisis response that is available 24/7. The program serves consumers who have a history of cycling through acute or long-term institutional treatment settings, consumers who are unengaged, and/or homeless (or at risk of homelessness).

Services are provided by a multi-disciplinary team that embraces the principles of recovery and resilience. The services & supports that are available through Oasis TAY FSP include but are not limited to psychiatric services, individual and group therapy, skill building, vocational services, housing assistance, substance abuse recovery services, peer support and mentorship, family advocacy, educational support, benefits assistance, and family education.

MHSA is Action!

I had been hospitalized for a suicide attempt for the umpteenth time and put myself in substance use rehab at Casa Cecelia when I met Colleen from Oasis FSP TAY. I had two thoughts when we first met. The first was "who the hell is this white woman," and "here we go again!" It was another white person that I didn't think could even relate to me or be able to help me like everybody else who said they would help me and then they would leave.

I started receiving mental health services when I was 4 due to being molested when I was 3 and taken away from my Mom and put into Foster Care. I had to go to therapy 3 times a week. As I got older, I continued experiencing more trauma, including more molestation, rape, physical abuse, verbal abuse, and mental abuse, and now I'm still here. I was hospitalized every year and had tried drug rehab twice.

I started the program because Colleen invited me to come. I eventually tried a group and I literally lasted like two minutes. I called my counselor to come pick me up. I didn't like it. When COVID started, it was easier for me to adjust because there wasn't a lot of people in groups, like 2-3 people max, and I was able to meet people slowly. As COVID was easing up and there were more groups and activities and outings, I already knew a lot of people, so I was able to cope.

I, initially, started meeting with Leo, my drug and alcohol counselor. He was more relatable because he had been through what I had been through, mentally, and he's not just someone talking out of their ass because they read books and stuff. He actually went through what I went through, so we clicked right away.

I have a love and hate relationship with my therapist, Yvette. I love her as my therapist, but sometimes I just shut down. I don't like to be vulnerable. I don't like to admit that there is anything wrong. When I first met her, I thought, if she forgets my name, if she calls me somebody else's name, I'm leaving, because every other therapist I had always forgot my name. I was just looking for any excuse to not meet with her, even falling asleep in her office, like falling asleep, snoring, falling asleep. That's my shut down process.

Today, I am a member of N.A., I'm clean and sober for a while now. I go to therapy every week, and I attend all the classes I can. I live with my boyfriend, which is my first stable place ever, and he is my #1 supporter. I love my life right now. When Colleen first met me, I hated myself, I hated the world, I hated everything. I felt hopeless, I felt worthless, and I didn't know how to deal with anything other than self-harming. I'm no where I was two years ago. I haven't had any hospitalizations for two years. I know I have gotten better. I'm able to let my guard down, I'm able to be more truthful, and trusting instead of just shutting you guys out. I'm wanting to work on myself.

CSS

Progress on goals:

Increase average monthly census from 70 to 85: Update: There has been no increase in the monthly census. It continues to hold at 70 which appears to be related to the COVID pandemic and challenges related to engagement.

-Increase average length of stay from 1-1/2 years to 2 years: Update: The length of stay continue to remain the same at 1-1/2 years, but in reviewing other TAY FSP program outcomes, it looks like that is the average length of stay.

-Increase monthly encounters per person served from 7 to 8-13. Update: Monthly encounters averaged around 7, but this seems average compared to other TAY FSP programs.

Notable Data Points:

- In FY20/21 the Oasis TAY FSP served in total 100 youth.
- 58% of consumers were male; 59% were Hispanic/Latino, 29% were Caucasian and 6% were Black/African American.
- 55% of consumers were 18-21 years old.
- Regarding outcomes, there was a 61.3% decrease in hospitalizations, a 54.1% decrease in crisis services, a 73.8% decrease in arrests and a 65.8% decrease in physical health emergencies.
- At intake, most consumers did not have a Primary Care Physician. At follow up, 77% had obtained a PCP while in the program.

Goals for FY 21/22:

- Continue to reach for an increase in the average monthly census from 70 to 85
- Increase monthly encounters to 8-13
- Increase percentage of clients receiving Substance Abuse Disorder Treatment and link to co-occurring disorders programs when needed.

Developments: FSP services are expanding to include a First Episode Psychosis (FEP) Coordinated Specialty Care FSP: There are two programs that are currently designed to provide specialty care to youth experiencing the onset of psychosis, the regional TAY centers, and the Youth Hospital Intervention Program (YHIP). The

number of youth requiring service has grown. This specialty FSP program will wraparound the youth and their families. This FSP team will have specialized training in Early Psychosis Intervention Programs. MHSA funds will initially be braided with a Mental Health Block Grant.

Adult

Adult Clinic Tracks

Mid-County Adult Full Service Partnership

1) **Program Narrative:**

- Mid-County Behavioral Health Adult Clinics and FSP Tracks
    - Hemet Behavioral Health Adult Clinic/ FSP Track
    - Lake Elsinore Behavioral Health Adult Clinic / FSP Track
    - Perris Family Room / FSP Track
    - Temecula Behavioral Health Adult Clinic/ FSP Track

- Mid-County Behavioral Health Adult clinics have approximately 3,200 consumers, and 144 FSP consumers.
- We have 4 locations for FSP level services thereby reducing barriers to treatment for individuals that did not live in close proximity to the one contracted site. By adding FSP "tracks" to all the clinic sites in Mid-County, transportation as a barrier to service was removed, increasing accessibility for individuals and their family members that needed the higher level of care provided by the Full Service Partnership.
- All FSP consumers have full access to clinic services, which include clinical and medication assessments, medication management, individual therapy, group therapy, psychoeducational groups, and care coordination.
- Some of the theoretical models include: Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family Room Model, Motivational Interviewing and WRAP Around.
- Anticipated Changes-Each clinic will be adapting to the new CalAIM initiatives and incorporating new workflows and documentation to enable consumers to enter the mental health system in the most seamless and accessible way. We hope to increase provider time at the Temecula and Adult Clinics.

- Lessons Learned-Throughout the region, we have experienced amazing outcomes as patients learn to become committed to their recovery and consistent in their treatment appointments. The relationship with the treating provider serves as a powerful tool of influence and change toward the consumer's success and functioning.
- Challenges-outreach and engagement is an ongoing challenge with the FSP population, but staff continue to stay determined to connect with consumers for purposes of stability. Staff turnover also presents a challenge and disrupts consistency of staff and operations. The Department continues to prioritize staff retention and training in order to achieve the highest quality of intervention for our consumers.

Groups offered to FSP Consumers include:

Hemet Behavioral Health Adult Clinic / FSP Track

- From Crisis to Stability
- Facing Up
- Grief Group
- Dialectical Behavioral Therapy Group
- CORE
- Creative Recovery
- Recovery Management
- Self-Esteem
- WRAP

Lake Elsinore Behavioral Health Adult Clinic / FSP Track

- Alternative Perceptions group
- Women's Empowerment group
- Peer Support group
- Family Support group (English & Spanish)
- Family Empowerment

Perris Family Room / FSP Track

- CORE I
- CORE II

- Family Support - Spanish
- Whole Health
- (zoom group) Family Support

Temecula Behavioral Health Adult Clinic / FSP Track

- Group Resuming Soon-Parent/Family FSP Group

2) Progress Data:

- Data collection is an ongoing aspect of evaluating the operation and efficiency of each FSP track. Priorities include staff responsiveness to consumers in crisis and stabilizing clients in the community. Staff retention is also critical for the continuity of care and to preserve the consistency of the FSP team. The designated case managers are trained and experienced in entering and tracking information in Imagine Net. Each FSP track has a weekly meeting related to the consultation and monitoring of consumers.
- Collected data in ImagineNet will prove valuable at directing future services. Incoming staff continue to be trained, and are learning to enter required data. The Behavioral Health Services Supervisors are highly engaged and involved in overseeing FSP operations as it represents a huge component of clinical care.

CLINIC	RU	CASELOAD
HEMET	3377NA	1,402
HEMET FSP	3377FA	52
LAKE ELSINORE	33MUNA	501
LAKE ELSINORE FSP	33MUFA	41
PERRIS	3383NA	724
PERRIS FSP	3383FA	39
TEMECULA	33MTNA	538
TEMECULA FSP	33MTFA	12

CSS

FSP Adult demographics and Outcomes for: 3377FA
Served by this reporting unit: 101 Enrollment: 101

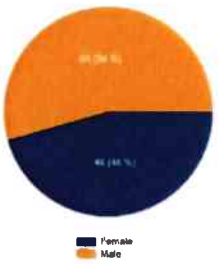
Demographics

54% of consumers were male and 46% were female

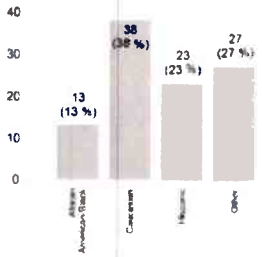
38% of consumers were Caucasian, 23% of consumers were Hispanic/Latino and 13% of consumers were Black/African American.

25% of consumers were 40 to 49 years old.

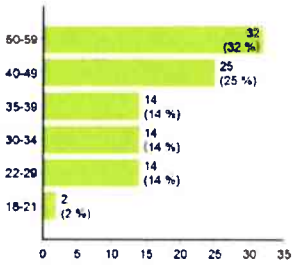
Gender



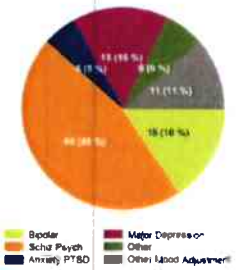
Race/Ethnicity



Age



Diagnosis



FSP Adult demographics and Outcomes for: 33MTFA
Served by this reporting unit: 31 Enrollment: 31

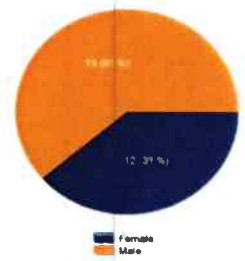
Demographics

61% of consumers were male and 39% were female.

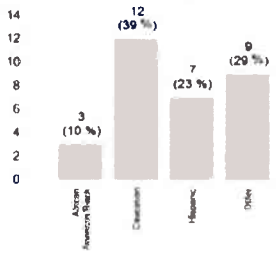
39% of consumers were Caucasian, 23% of consumers were Hispanic/Latino and 10% of consumers were Black/African American.

23% of consumers were 40 to 49 years old.

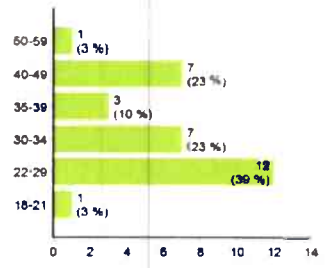
Gender



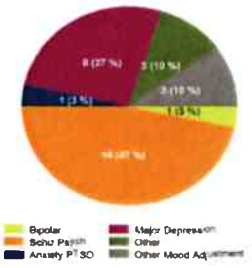
Race/Ethnicity



Age



Diagnosis



FSP Adult demographics and Outcomes for: 33MUFA
Served by this reporting unit: 51 Enrollment: 52

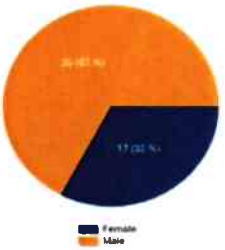
Demographics

67% of consumers were male and 33% were female.

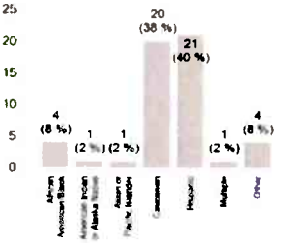
38% of consumers were Caucasian, 40% of consumers were Hispanic/Latino and 8% of consumers were Black/African American.

35% of consumers were 40 to 49 years old.

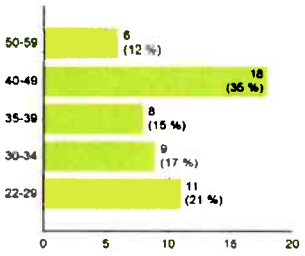
Gender



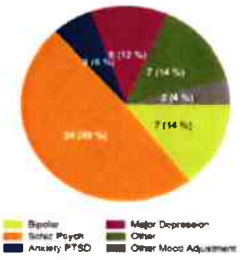
Race/Ethnicity



Age



Diagnosis



FSP Adult demographics and Outcomes for: 3383FA
Served by this reporting unit: 33 Enrollment: 36

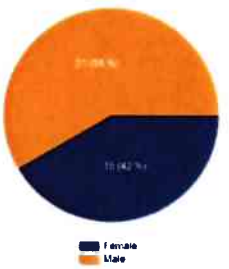
Demographics

58% of consumers were male and 42% were female.

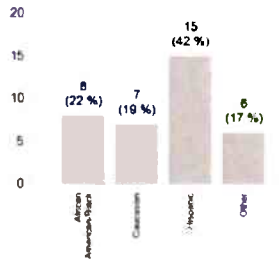
19% of consumers were Caucasian, 42% of consumers were Hispanic/Latino and 22% of consumers were Black/African American.

19% of consumers were 40 to 49 years old.

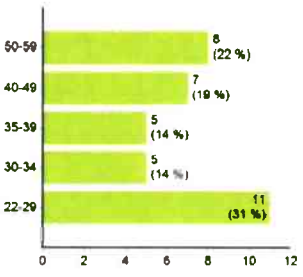
Gender



Race/Ethnicity



Age



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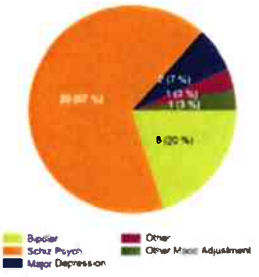


3) **Continue 3 Year Plan Goal:**

- Increase FSP numbers regionally by 10%, each year.

Desert Region- Adult Full Service Partnership – Windy Springs Wellness Center

Currently located at Windy Springs, 19531 McLane Street, Suite B, Palm Springs, CA 92262.

The Windy Springs Program, or Desert Adult Full Service Partnership (DAFSP), is an intensive psychiatric case management program for Desert Region Riverside County residents with severe persistent mental illness, a history of chronic homelessness, and multiple psychiatric hospitalizations. Full Services Partnership (FSP) programs were designed in the Mental Health Service Act to serve consumers who are in chronic need of stabilization. The FSP also addresses the needs of consumers who have not responded to traditional outpatient behavioral health programs. These services remain a priority for Riverside University Health System – Behavioral Health. Services include: psychiatric care, medication management, intensive case management, crisis services, 24/7 after-hours hotline, housing assistance, Dialectical Behavioral Therapy (individual and group), substance abuse treatment and relapse prevention, peer support care, and family advocacy. Intensive treatment and after-hours care is focused on symptom reduction, coping skill identification, wellness support, relapse prevention, and reduction of emergency services intervention. The goal of the FSP is to assist the consumer in learning new ways to manage behavioral health crisis, maintain current residency, stop jail recidivism, stop psychiatric hospitalization, as well as sustaining current level of recovery. Another key component of care with this population is comorbid medical issues. A success this year is the collaboration with local Community Health Agency to partner with FSP care team to address the physical health needs of these consumers. The Windy Springs FSP treats about 200 plus consumers a month. Approximately, 92 of these consumers reside at Roy's Augmented Board and Care that is located in the suite next to the Windy Springs FSP.

Assisting consumers with complex issues and multiple behavioral health and substance abuse challenges involves engaging consumers, addressing consumer set-backs, re-engaging into care, and rediscovering of wellness goals. This process is often not linear. Thus, staff are empowered to role model self-care and allow for mercy while holding the hope that consumers will make strong wellness choices. Staff work hard to identify

consumer needs and meet them where they are at in their recovery journey. A key aspect of care in these settings is for direct care providers to hold the hope of recovery and to show compassion and acceptance as consumers reengage in care.

The extreme weather conditions of the Desert Region climate create significant risk for this population, especially during the summer months. For FSP consumers who are homeless or at risk for homelessness, symptom management and the ability to be successful in supportive housing programs or board and care programs is an essential element in maintaining wellness and safety in their daily life. These housing programs rely on the assistance of FSP staff to successfully support their residents. This FSP support occurs 24 hours a day, 7 days a week. This care can be rewarding when consumers are able to make sustained lifestyle changes, but also can be challenging when consumers experience a return of symptoms.

The data from these programs show improvement in several key life indicators including: decrease in hospitalizations, decrease in interactions with law enforcement, improvement in housing stability, decrease in behavioral health crisis, improved follow through with medical care, and decrease in the use of non-prescribed medication or recreational drug use. Some individuals are able to return to work and/or engage in educational programs such as college coursework or Peer Support Training.

The successes in the FSP programs have led to the creation of FSP service tracks in outpatient clinics within the Desert Region. These FSP tracks are currently in operation in Children's, Transitional Age Youth, Adult, and Mature Adult programs. The following are current clinics that have transitioned appropriate current and future consumers into FSP programing within their services: The process of transitioning consumers who meet the criteria for this higher level of need is based on current staffing levels as well as consumer challenges and their ability to benefit from this higher level of care. The consumers who have transitioned to this level of care have verbalized that this level of service has been beneficial to their wellness and recovery. Also, the staff who have been able to provide this level of care have verbalized their enjoyment in working more intensively with this consumer population.

WESTERN REGION ADULT

JEFFERSON WELLNESS CENTER ADULT FULL SERVICE PARTNERSHIP PROGRAM

For the FY 20-21, Jefferson Wellness Center included two programs: the Full Service Partnership program and the step down program, Bridges.

Full Service Partnership:

The Full Service Partnership (FSP) is a Riverside University Health Systems - Behavioral Health Clinic. It is a program that provides a wide array of services and supports to adults ages 26-59 who are living in the Western Region of Riverside County. The program serves individuals who are diagnosed with a severe and persistent mental illness. The FSP provides intensive case management services and supports to eligible members who are identified as struggling with homelessness and recidivism within the justice system and inpatient psychiatric facilities. The target populations are those that are experiencing chronic homelessness or are cycling in and out of jail or prison as well as cycling in and out of psychiatric hospitals or long-term care facilities due to mental health impairments. Some of the service strategies and goals include providing high quality care that is member driven using an intensive case management approach to services and supports, having members choose goals to work on in partnership with an assigned staff member. These goals may include behavioral health treatment, living arrangement, social relationships/communication, financial/money management, activities of daily living educational/vocational, legal issues, substance abuse issues, physical health and psychiatric medications. The agency provides a variety of services and supports, through group and individual methods, to assist each member in finding their path to recovery. Staff also link members with other departmental programs and community resources. The agency provides crisis support seven days a week, twenty-four hours a day. The target populations are those that are experiencing chronic homelessness or are cycling in and out of jail or prison as well as cycling in and out of psychiatric hospitals or long-term care facilities due to mental health impairments. Some of the service strategies and goals include providing high quality care that is member driven using an intensive case management approach to services and supports, having members choose goals to work on in partnership with an assigned staff member.

The FSP uses a multidisciplinary team approach when providing services and supports. The FSP team consists of a Behavioral Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists II, Licensed Vocational Nurse, Peer Support Specialists, a Family Advocate, and Community Services Assistant. The team also consistently collaborates with other community-based agencies that include: local shelters, Probation, Vocation programs, Urgent Cares, CRT's and hospitals. Examples of multi-disciplinary services that are provided that includes, but are not limited to: Outreach and Engagement, Case Management, that includes linkage to community resources, Assessment, Crisis Intervention, Behavioral Health Services (Individual, family and group therapies), Medication support (Psychiatric Assessment, Medication services and Nursing support), Dialectical Behavior Therapy (DBT), Seeking Safety, Care Coordination Plan development, Peer Support Services, that includes WRAP and Wellness groups, Women's and Men's Support groups, a Substance Use group utilizing a Native American lens co-facilitated by Cultural Competency, a Virtual Coping Skills group, and Adjunctive and Collateral services, such as Probation, family, and other outside supports.

MHSA is Action!

Donna

In 2015, I became homeless. I went to the shelter and spent the night. The next day, I went to the place and Dylan and another staff that worked at The Place had told me to go to Jefferson Wellness Center at the old building. I got accepted. I kept going to Jefferson and in 2017 I got my housing. I had a mini-stroke and they got me out of the shelter and put me into a motel for three months, then finally they got me into an apartment. When my youngest son came from Tennessee and started working for me as my In Home Support Services worker, HHOPE was able to move me to a 2-bedroom so that he could stay with me. I have had eight mini-strokes and have gone from using a cane to using a mobility scooter, but with support I am now able to be an ambassador for the Department of Mental Health.

Bridges - Step Down:

Bridges is a program within the Full Service Partnership. The purpose of the Bridges program is to provide supports and behavioral health services to members who have successfully completed the Full Service Partnership intensive case management program or who are identified as individuals that no longer need intensive case management services and supports to continue the journey of recovery. These individuals are identified as members who would benefit from ongoing behavioral health services and supports in order to continue to progress in their identified recovery goals. Program members are offered case management services and behavioral health services less frequently than traditional FSP program members are. The target population for Bridges are members who have achieved a level of recovery through the intensive FSP program, or through another avenue, suggesting they no longer require the intensive level of service and are not yet in a position to receive medication only services or community-based services only. Referrals come from all resources, however, the majority of the referrals come from an FSP. Eligible members have a stable living environment, preferably a stable income, and no recent psychiatric hospitalizations.

On June 1, 2021, the Bridges program was phased out and this paved the way for an increase in the FSP program capacity, with the step down consumers being referred to the outpatient clinics and community health care programs, for further ongoing services and supports, as needed.

Health Home Program (HHP):

Health Homes Program (HHP) was a pilot project implemented at FSP in June 2021 with the purpose of integrating physical health, substance use services, and mental health services with long-term services and supports for high-need, high cost Medi-Cal consumers. The program was implemented with the goal to improve health care quality services and reduction in cost.

HHP was a pilot implemented program and transitioned into **Enhanced Case Management (ECM)** at FSP on January 1, 2022, in order to continue to provide an intensive, collaborative and interdisciplinary approach to providing intensive and comprehensive case management services to the target population of high utilizers of

care, those at risk for institutionalization, those with frequent hospitalizations or emergency room admissions, those transitioning from being incarcerated, those who are transitioning from a nursing care facility back to the community, and those experiencing chronic homelessness or who are at risk for homelessness.

The HHP/ECM program also uses a multidisciplinary team approach when providing services and supports. A case management team is comprised of a Behavioral Health Services Supervisor, Office Assistant III, Clinical Therapist, Behavioral Health Specialist II, Behavioral Health Specialist III, Registered Nurse, Peer Support Specialist, and a Community Services Assistant.

Progress Data

Below are highlights of data for Jefferson Wellness Center and Bridges for the FY 20-21. This data is from The Full Service Partnership Adult Outcomes Report for fiscal year 2020 - 2021.

Jefferson Wellness Center FSP:

- The program served 319 clients in FY 20/21.
- The majority of clients received 8 or more services per month.
- The highest number of services provided were Individual Mental Health Services followed by Client Support Services, Case Management, and Group Services.
- Arrests were down 95% for Jefferson Wellness Center clients.
- Acute hospitalizations were down 24% for Jefferson Wellness Center clients, and crisis emergency room use decreased by 36%.
- The percent of clients living on their own increased from 20% to 27% percent.
- Homelessness decreased from 23% to 17%.

CSS

Bridges Step Down:

- The program served 54 clients.
- The majority of clients received either 4-7 or 8-13 services per month
- The highest number of service hours was Individual Mental Health services followed by Client Support services and Case Management.
- Arrests were down 98% for Bridges clients.
- Acute hospitalizations were down 98% for Bridges clients.
- The percent of clients living on their own increased to 61%.
- Homelessness decreased to only 4% of the total Bridges clients.

Three-year plan goal:

- Increase the average number of services provided to enrolled FSP clients so that 85 percent of enrolled FSP clients receive an average of 5-8 or more services a month, to improve member outcomes. This target for the fiscal year referenced.
- Reduce health care costs through direct provision of services by decreasing psychiatric hospitalizations and crisis emergency room use. Outcomes data showed that both hospitalization and crisis emergency room decreased which can ultimately reduce costs.
- Provide increased supervision and support to decrease staff turnover, which will positively influence clients with regard to more consistent service delivery.
- Provision of ongoing training to the multidisciplinary team to ensure that the employees are always up to the current standards and changes in FSP and ECM collaborative service delivery, in addition to keeping employees satisfied, knowledgeable, building awareness, refreshing vital skills, and benefiting the consumers.
- Increase quality of life goal outcomes by focusing on supports for community based services, employment, volunteer, and school.

- Transition of pilot project Health Home Program to the Implementation of Enhanced Case Management on January 1, 2022 and continued focus on ECM service delivery and collaboration with FSP service delivery.
- Care Management to increase care coordination at the closest point of care of delivery as possible in the community with no wrong door at point of entry and in future provision of services via collaboration with community partners.

WESTERN REGION ADULT

BLAINE STREET CLINIC FULL SERVICE PARTNERSHIP EXPANSION PROGRAM

Blaine Street Clinic is an integrated adult outpatient program that provides access to a wide range of recovery and rehabilitation services and supports to adults ages 26 – 59 diagnosed with a severe and persistent mental illness who are living in the Western Region of Riverside County. Services are provided by a multidisciplinary staff of mental health professionals that include: Psychiatrists, Nurses, Clinical Therapists, Behavioral Health Specialists, Peer support Specialists, Family Support Specialists and Community Services Assistants.

Providers collaborate with consumers to develop individualized plans to address each person's goals for recovery. Integrated behavioral health outpatient and urgent care services are provided to meet medical needs. Services provided include: Peer to peer education and support, Evaluation and Assessment by psychiatrists with ongoing medication support, as needed, Short-term therapy, Support and Education regarding behavioral health recovery, Specialized groups for consumers recovering from both behavioral health and substance use challenges, building support networks through the inclusion of family and support givers in planning and recovery process, and Case Management to facilitate linkage to community resources, services, programs and other agencies as needed, peer and family support services, medical care and health education.

Full Service Partnership Expansion Program:

In March of 2021, Blaine Street Clinic implemented a Full Service Partnership (FSP) Expansion track to add to their existing array of behavioral health services. This FSP Expansion of services adds an additional level of care with regards to services that includes more intensive case management services and supports to eligible members who are identified as struggling with homelessness and recidivism within the justice

system and inpatient psychiatric facilities. The target populations are those that are experiencing chronic homelessness or are cycling in and out of jail or prison as well as cycling in and out of psychiatric hospitals or long-term care facilities due to mental health impairments.

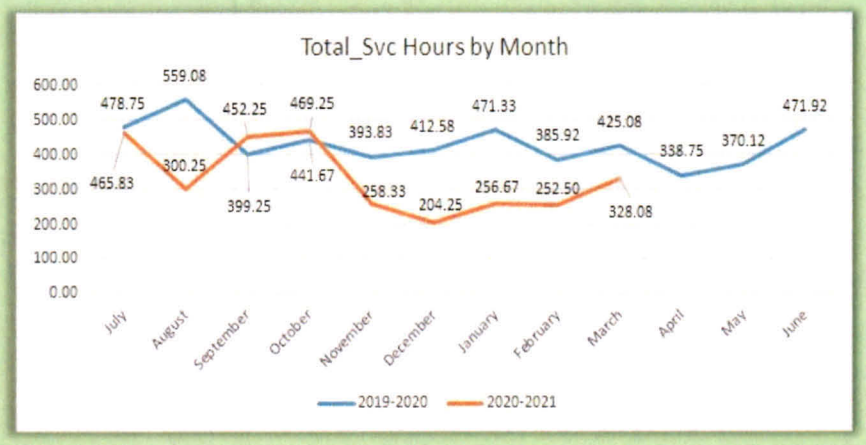
Some of the service strategies and goals include providing high quality care that is member driven using an intensive case management approach to services and supports, having members choose goals to work on in partnership with an assigned staff member and team. These goals may include behavioral health treatment, living arrangement, social relationships/communication, financial/money management, activities of daily living educational/vocational, legal issues, substance abuse issues, physical health and psychiatric medications. The expansion program also provides crisis support services with the eventual goal to provide 24 after hour crisis services. In the last quarter of FY 2020-2021, the new Blaine FSP served 25 consumers.

Program Goals:

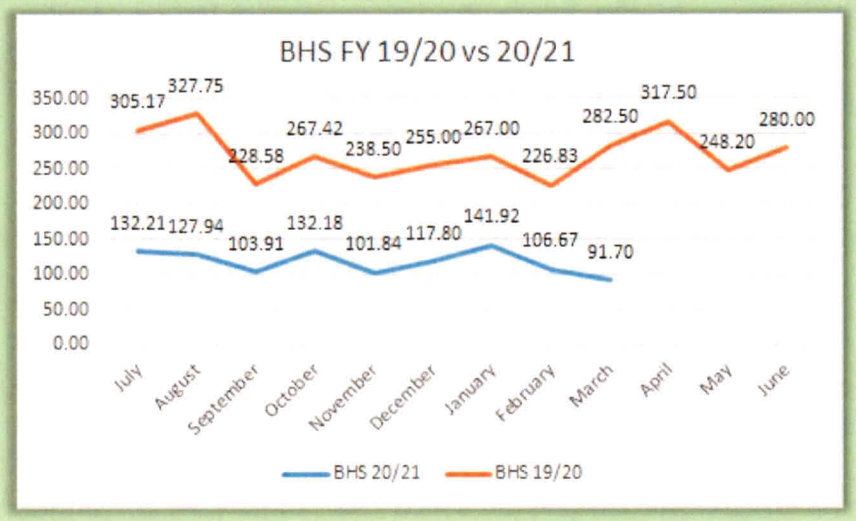
- Increase the average number of services provided to enrolled FSP clients so that 80% of enrolled FSP clients receive an average of 5-8 or more services a month, to improve member outcomes.
- Provide increased supervision and support to decrease staff turnover, which will positively influence clients with regard to more consistent service delivery.
- Provision of ongoing training to the multidisciplinary team to ensure that the employees are always up to the current standards and changes in FSP and collaborative service delivery, in addition to keeping employees satisfied, knowledgeable, building awareness, refreshing vital skills, and benefiting the consumers.
- Increase quality of life goal outcomes by focusing on supports for community based services, employment, volunteer, and school.
- Care Management to increase care coordination at the closest point of care of delivery as possible in the community with no wrong door at point of entry and in future provision of services via collaboration with community partners.

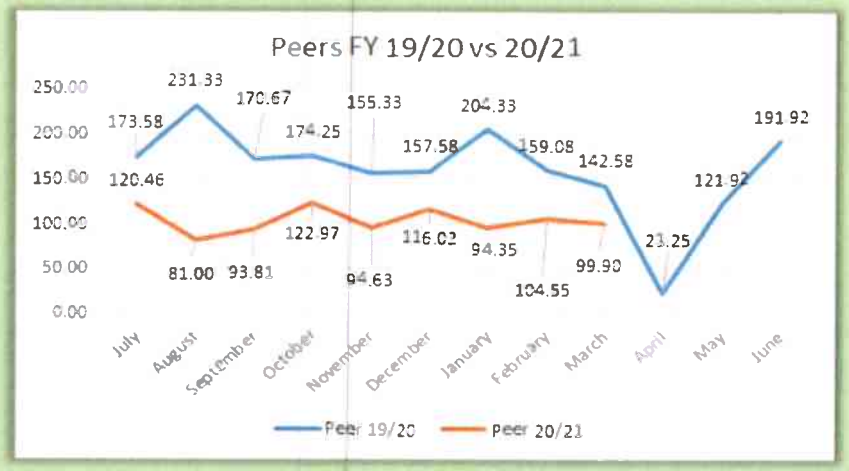
Justice Outreach Teams (JOT)

Examining JOT service codes (904GEN, SA711, SA712, and SA981) for the JOT staff it was found that, on average, teams spent 331.94 hours per month interacting with clients in the fiscal year 2020-2021 July 2020 until March 2021. The month with the highest client service time was October 2020 with 469.25 hours of client interaction. Looking at the data for 2021 the highest hours per month as of March 31st, 2021 is March with 328.08 hours of client interaction. The following service codes are the codes and activity that outreach teams were to use. SA711=SUD Screening- SA712=Case Management - SA981=General Client Support (Peers Only) 904GEN –Non-Client Support



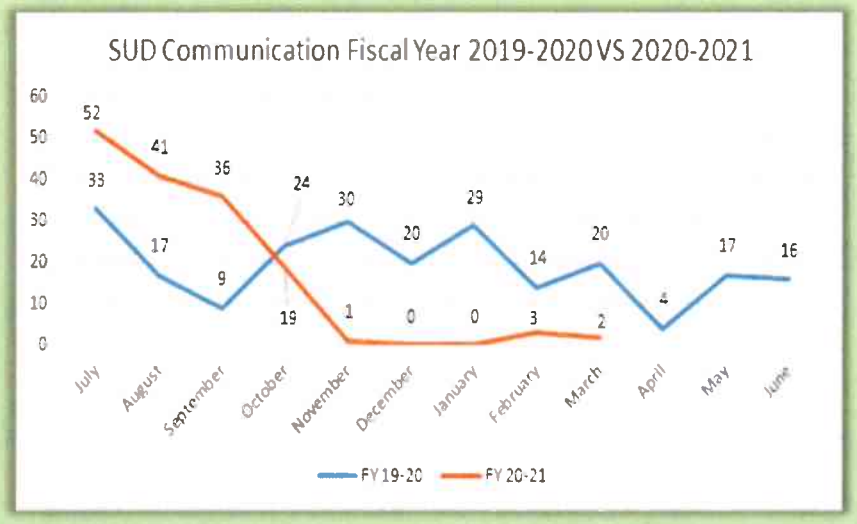
Looking at the teams individually, JOT BHS staff had an average of 117.35 hours of client service per month in the fiscal year 2020-2021 through March 2021. While JOT peers recorded an average of 103.08 hours per month of client service in the fiscal year fiscal year 2020-2021 through March 2021. For the most recent months of January 2021 through March 2021, it was found that JOT BHS staff averaged 113.43 hours and JOT peers averaged 99.60 hours.





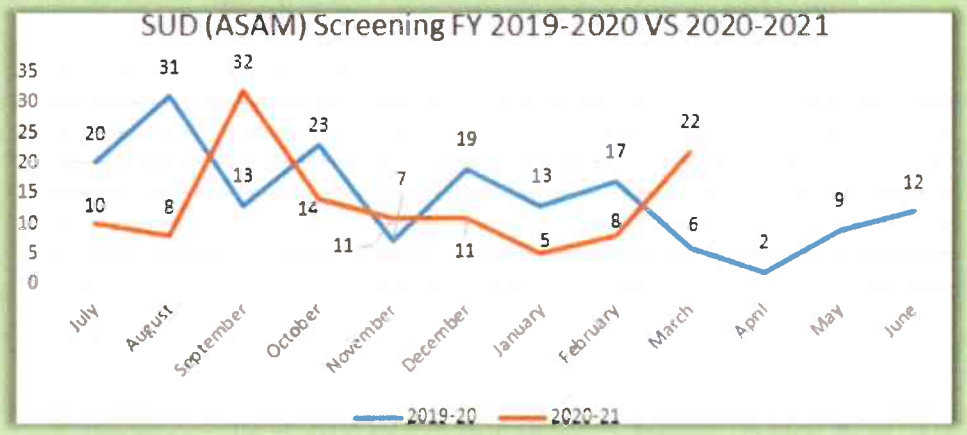
The table below shows the breakdown of services by hours per month for the fiscal year 2020-2021 through March 2021. No instances of the service code 904GEN were recorded. The general client support activity code, SA981 (162.31 hours per month), had the most time out of all the service codes. This was followed by case management, SA712 (148.94 hours per month).

Month	904GEN	SA711	SA712	SA981
July 2020	0.00	25.00	223.00	217.83
August 2020	0.00	13.00	132.00	155.25
September 2020	0.00	42.83	218.67	190.75
October 2020	0.00	27.50	265.50	176.25
November 2020	0.00	19.00	110.00	129.33
December 2020	0.00	13.50	67.00	123.75
January 2021	0.00	13.00	110.00	133.67
February 2021	0.00	8.00	72.00	172.50
March 2021	0.00	24.33	142.25	161.50
April 2021				
May 2021				
June 2021				



Examining communication logs for the fiscal year 2020-2021 through March 2021, it was found that the teams performed an average of 17.11 communications log entries a month with July as the busiest month with 52 communications. A total of 154 log records were recorded for 44 individual clients. For the months of January 2021 through March 2021, it was found that teams performed an average of 1.67 communications logs with February being the busiest month with 3 communication logs.

Looking at JOT SUD Screening (ASAM), it was found that on average the teams completed and av- erage 13.44 screening forms each month during the fiscal year 2020-2021 through March 2021. The month with the most SUD Screenings was September with 32 screenings. For the months Janu- ary 2021 through March 2021, it was found that teams completed an average of 11.67 screenings per month with the highest being March 2021 with 22 screenings.



Finally, for BH screening forms, JOT completed 4 screenings in July and 2 screenings in September for the fiscal year 2020-2021 through March 2021.

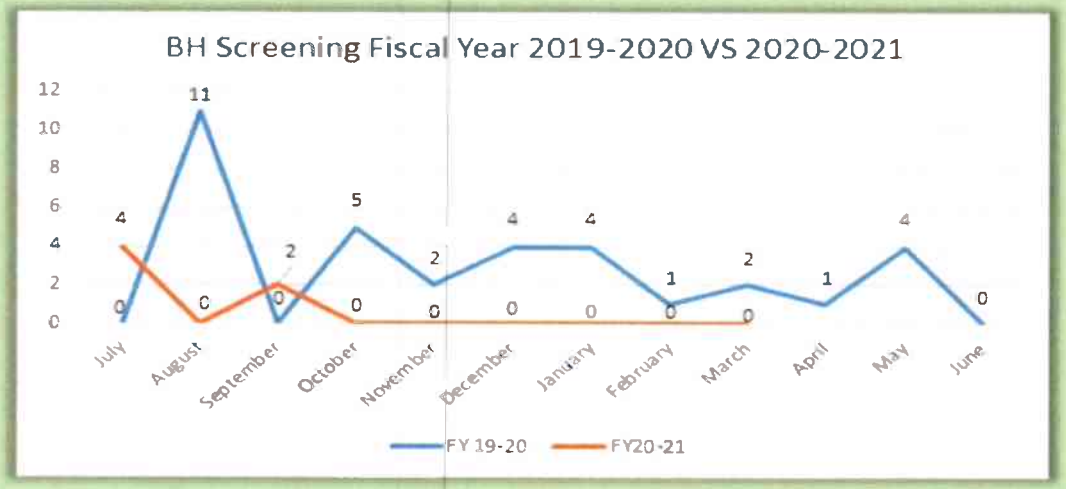
The above graph represents the newer BH Screening form. On the following page, a few records each month were recorded on the integrated referral form in ELMR.

Older Adults

All Regions research data (FSP SMART)

Older Adult FSP and merged Bridge programs served 474 older adults across 557 enrollments from July 1, 2020 to June 30, 2021.

In FY 20/21, SMART FSP teams served 155 in the Western Region, 237 served in the Mid-County Region, and 165 served in the Desert Region including both the FSP and the merged step down programs which were successfully combined into one FSP program per region.



Staff from the FSP and Wellness & Recovery Teams consult during weekly interdisciplinary team meetings for needed behavioral services and supports for mature adults with extraordinary challenges, in order to provide effective treatment and services. Overall, the effectiveness of the FSP programs resulted in a decrease in arrests, psychiatric hospitalizations, and emergency room visits. Follow-up data for all older adult programs combined showed a decrease in hospitalization (45.73%), arrests (97.45%), physical health emergency (88.49%) and mental health emergency department visits (17.77%).

Programs had 66 to 100 percent decrease in arrests between intake and follow-up. Most programs had decreases in reported hospitalizations. Emergency department visits for mental health services declined by 20% or more for consumers in most programs. Most consumers did not have a primary care physician at the beginning of the program (31.58%), however, nearly three quarters of those (61.49%) obtained one while in the FSP program. The majority of those with a co-occurring substance use disorder were not receiving treatment at intake, many (22.08%) participated in substance use services while in partnership; of the remaining identified members, (37.40%) were reported to be participating in substance use treatment services while in the FSP program.

Comparisons of intake status and most recent residential status showed that the percentage of consumers reported as homeless or emergency sheltered decreased, and the proportion living on their own increased.

Overall demographics revealed that 21% of older adults were Hispanic/Latino, 50.2% were Caucasian and 13.1% were Black/African American. Regional comparisons made on race/ethnicity showed that West, Mid-County, and Desert SMART FSP programs served a greater proportion of Caucasian participants than any other ethnic group. Compared to other regions, the West had the highest percentage of African American/Black (19%), while Mid-County had the highest percentage of Hispanic/Latino (23%) participants. The percentage of Unknown race/ethnicity, at 11%, was the highest for Western and Mid-County regions compared to the Desert region.

Across each region and county wide, older adult consumers were mostly between the ages of 60 and 69.

Western Region Older Adult Full Service Partnership (SMART)

The Full Service Partnership (FSP) program, otherwise known as Specialty Multidisciplinary Aggressive Response Treatment (SMART), is a behavioral health clinic that provides a wide array of services and supports older adults living in the Western Region of Riverside County who have been diagnosed with a severe and persistent mental illness. The FSP program provides intensive case management services and supports to eligible members who have been identified as struggling with homelessness and recidivism within the justice system and inpatient psychiatric

facilities. The target populations are those that are currently homeless or at imminent risk of homelessness and are cycling in and out of jail or prison, as well as cycling in and out of psychiatric hospitals or long term care facilities, due to mental health impairments.

The FSP goal is to provide high quality integrative care that is member driven using an intensive case management approach to services and supports. The treatment goals that members may choose to work on in partnership with an assigned staff member include mental health treatment, living arrangement, social relationships/communication, financial/money management, activities of daily living, educational/vocational, legal issues, substance abuse issues, physical health and psychiatric medications treatments. The clinic provides a variety of services and supports through group and individual methods to assist each member in finding their path to recovery. Staff also link members with other departmental programs and community resources. The clinic provides crisis support seven days a week, twenty-four hours a day.

The FSP program uses a multidisciplinary team approach when providing services and supports. The FSP team consists of Mental Health Services Supervisor, Psychiatrists, Clinical Therapists, an Occupational Therapist, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, a Family Advocate, and Community Service Assistants. The team also consistently collaborates with other community-based agencies including community health care clinics, local shelters, probation, vocation programs and hospitals.

Examples of the multi-disciplined services provided include, but are not limited to: Outreach Services, Assessments, Crisis Intervention, Case Management, Peer Support, Family Advocacy and Wrap around services. Mental Health Services include individual and group therapies, Medication Support with psychiatric assessment, medication management, physical health screenings, and comprehensive nursing support. Further, programs include Rehabilitation Support with recovery-based interventions such as Seeking Safety, SAMSHA recovery wellness model, care coordination, and Collateral Services with probation. Additionally, programs provide ongoing treatment plan development and linkage to community resources, adjunctive services, family, primary care, and other outside supports.

The Western Region FSP programs served 155 older adult consumers in FY 20/21. Most were between 60 and 69 years old. In the 20/21 fiscal year, more than half the FSP consumers received 4 to 7, or 8 or more services per month, which surpasses expectations. Mental health, physical health emergencies, and hospitalization decreased for the FSP program. Arrests decreased, but were low upon intake into the program.

Plans for FY20/21-22/23 are to continue the 3-Year Plan goal to increase the number of FSP consumers regionally by 10%, each year.

Mid-County Region Older Adult Full Service Partnership (SMART)

The Mid-County Older Adult FSP programs, also known as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in Mid-County, and Southwest Mid-County FSP served 237 FSP in FY 20/21 with some discharging and re-enrolling. Overall, outcomes in arrest and mental/physical health emergencies, as well as acute psychiatric hospitalizations were reduced. FSP programs for the Mid-County region mirrors the services provided in the western region Older Adult FSP SMART program. The target populations are those that are currently homeless or at risk of being homeless, and are cycling in and out of jail or prison, as well as cycling in and out of psychiatric hospitals or long term care facilities, due to mental health impairments. Services are provided by a multidisciplinary treatment team including: Mental Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, a Family Advocate, and Community Service Assistants. The Southwest Mid-County FSP team covers the Temecula, Lake Elsinore and surrounding Southwest areas bringing geographically accessible FSP services to the community. A new resource center has enhanced the core services, adding a member computer library with full mature adult benefit specialization supportive staff.

For FY20/21-22/23 the goal is to increase the number of FSP consumers regionally by 10%, each year.

Desert Older Adult Full Service Partnership (SMART)

The Desert Older Adult Full Service Partnership (FSP), also referred to as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in the Desert region, is a program that serves consumers who have a history of difficulty engaging in or

sustaining treatment in a traditional outpatient behavioral health setting. This program addresses the needs of older adult consumers who are homeless or at risk of homelessness, and suffer from a severe and persistent mental illness. Another focus of service is addressing the complicated needs of community members who have a history of intermittent stays in acute and/or longer term care institutions. The Desert SMART team utilized a "whatever it takes approach" to meet the consumers where they are in their recovery, whether it is contemplation, acceptance, readiness, etc. The team collaborates with community resources to meet the social, emotional, vocational, educational, and housing needs of the consumer and/or their support system. Services are provided by a multidisciplinary treatment team that includes Mental Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, Family Advocates and Community Service Assistants. Consumers are assigned to their specific wellness partners and are encouraged to be a coauthor of their recovery plan. When facing the reality of the vicissitudes of pursuing wellness, consumers are both supported and encouraged during their journey in attempts to assist them with identifying healthier ways of responding to life's ongoing challenges.

The extreme weather in the Desert areas also complicates the dangers of not maintaining shelter, not complying with medication regimes, not following through with recommended medical care, and other risk behaviors. The collaboration with housing resources and the supportive aspect of re-engagement are essential elements of this program. Another key feature of this program is that staff are trained to be culturally aware of the unique needs of the older adult population, and possess an understanding of this population's perception of medical and behavioral health care. Fostering autonomy of decision-making is essential in establishing and maintaining consumer trust in the therapeutic relationship.

The Desert FSP program served 111 FSP consumers with some discharging and re-enrolling. The total enrollment was 165. The current census has remained consistent for most of the year, despite the desert's summer heat. It is evident that consumers make consistent attendance in the program a priority in their recovery. Consumers who participate in this program experience significant reduction in arrests, mental health emergencies, physical health emergencies, and acute hospitalizations. Additionally, these FSP participants exhibit an impressive willingness to begin addressing substance abuse issues, and about half initiate medical care with a primary physician.

A very significant gain is that these consumers show a decrease in living in emergency shelters or homeless settings, and many are able to regain stable housing.

Plans for FY 20/21 - 22/23 are to continue the 3-Year Plan goal to increase the number of FSP consumers regionally by 10% each year, as with the Western and Mid-County regional FSP programs.

CSS-02 General System Development

What is General System Development (GSD)?

The expansion or enhancement of the public mental health services system to meet specialized service goals or to increase the number of people served. GSD is the development and operation of programs that provide mental health services to: 1) Children and TAY who experience severe emotional or behavioral challenges; 2) Adults and Older Adults who carry a serious mental health diagnosis; 3) Adults or Older Adults who require or are at risk of requiring acute psychiatric hospitalization, residential treatment, or outpatient crisis intervention because of a serious mental health diagnosis.

General System Development: Clinic Expansion/Enhancements:
Children & TAY System of Care

The expansion of clinic staff to include Parent Partners and Peer Support Specialists as part of the clinical team has become a standard of care in RUHS-BH service delivery. Though our Lived Experience Programs have essential roles in Outreach and Engagement, they are also integral to general clinic operations.

Parent Partners welcome new families to the mental health system through an orientation process that informs parents about clinic services and offer support/advocacy in a welcoming setting. Parent Partners are advocates assisting with system navigation and education. Parent Partner services are invaluable in promoting engagement from the first family contact, providing support and education to families, and supporting the parent voice and full involvement in all aspects of their child's service planning and provision of services. Parent Partners provide parenting trainings such as Nurturing Parenting, Triple P and Triple P Teen, EES (Educate, Equip, Support), and the parent portion of IY Dinosaur School.

In total, Children's Integrated Service programs served 10,562 (7,557 youth; and 3,005 parents and community members) in FY19/20. Across the entire Children's Work Plan, the demographic profile of youth served was 50% Hispanic/Latino, 9% Black /African American, and 16% Caucasian. A large proportion (23%) of youth served was reported as "Other" race/ethnicity. Asian/Pacific Islander youth represented less than 1% served.

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

Team Decision Making (TDM) began as an interagency collaborative service component that supported the Family-to-Family approach adopted in Riverside County as part of Social Services Re-Design. TDMs with Department of Behavioral Health clinical staff and Department of Public Social Service (DPSS) staff were utilized to problem-solve around the safety and placement of the child when at-home risk resulted in removal from their family.

The Department has increased collaboration with DPSS through Pathways to Wellness which is the name given to the program to screen and provide mental health services to DPSS dependents to meet the conditions of the Katie A. vs Bonita class action settlement. RUHS-BH clinical staff supported the Department's implementation of Pathways to Wellness through both the TDM process and Child and Family Teaming collaborative team meetings. RUHS - BH staff collaborated with DPSS staff at TDM meetings serving 989 youth in FY19/20.

In addition, Department staff participated in several hundred Child and Family Team (CFT) meetings with DPSS staff and families to support the creation of a family plan through a collaborative process.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal, and a number of youth without Medi-Cal, through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of

hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 625 youth in FY19/20. Contract providers include: Charlee Family Care; ChildHelp, Inc.; ChildNet Youth and Family Services; Community Access Network; Mountain Valley Child and Family Services; New Haven Youth and Families; and Victor Community Support Services.
Additionally, the State of California has mandated that youth receive specialty mental health services such as ICC (Intensive Care Coordination) and IHBS (Intensive Home Based Services) services. All programs who provide Children and TAY services also must provide these services to youth that meet criteria as well as participate in the CFT's required by the State.

Clinic expansion programs also included the use of Behavioral Health Specialists in each region of the county to provide groups and other services addressing the needs of youth with co-occurring disorders. Mentorship Program offers youth who are receiving services from our County clinics/programs who are under the age of 18 an opportunity to connect with a mentor for 6 – 8 months. The mentors are varied in their life experience and education. Several of the mentors have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the mentor program objectives is to link youth to an interest in the community. Parents of participating youth have commented that this program helped their child with school and has improved their confidence.

A standalone First Episode Psychosis (FEP) Program is in development to serve youth and young adult who are experiencing their first psychotic episodes. The Department has developed some focus efforts to serve this population in the past, however, it because clear, that a dedicated program that will implement the evidence based Coordinated Specialty Care Model is needed to best serve. The program will include Clinical Therapists, Transition Age Youth Peers, Parent Partners, Behavioral health Specialists and a Psychiatrist. The teams will be provided training in the evidence based practice as well as receive technical assistance from UC Davis. The program will serve youth and young adults across the County.

Evidence-based practices (EBP) expanded in the children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). CBT continued to expand with

the availability of Trauma-Focused (TF) CBT for youth who experience symptoms related to significant trauma. The number of staff trained to provide TF-CBT increased in FY 19/20, increasing program capacity, yielding a total of 300 being enrolled in TF-CBT.

PCIT was reclassified from an FSP to a standard outpatient model due to attrition of trained clinicians, and FSP services being offered in other intervention models. PCIT will continue as a general system development program with an emphasis on developing capacity within the clinics with PCIT rooms. PCIT has been provided across the children's clinics, but is primarily concentrated in the children preschool 0-5 program.

Preschool 0-5 Programs is made up of multiple components including SET-4-School, Prevention and Early Intervention Mobile Services (PEIMS), and the Growing Healthy Minds Initiative. Program is operated using leveraged funds including Medi-Cal, MHSA/PEI, and First 5. All program components are implemented through relationships with selected school districts and community based organization partners. Evidence based and evidence informed services are accessible at clinic sites, on mobile units out in the community, and at school sites across Riverside County. Services include a comprehensive continuum of early identification (screening), early intervention, and treatment services designed to promote social competence and decrease the development of disruptive behavior disorders among children 0 through 6 years of age. Services offered within the program are all intended to be time limited and include the following: Parent-Child Interaction Therapy (PCIT); Parent Child Interaction Therapy with Toddlers (PCIT-T); Trauma Focused Cognitive Behavioral Therapy (TF-CBT); Incredible Years (IY); Positive Parenting Program (Triple P); Nurturing Parenting; Education Equip and Support (EES); psychiatric consultation and medication evaluation; classroom support for early care providers and educators; community presentations; and participation in outreach events.

Growing Healthy Minds is the newest component of Preschool 0-5 Programs. The mission of the Growing Healthy Minds Initiative is to work in partnership with the community to increase opportunities for young children across Riverside County to develop skills and abilities that will prepare them for school and life.

Program Challenges

The profound level of the measures taken over the past year to contain the spread of COVID-19 has significantly affected the implementation of Preschool 0-5 Programs activities. In March of 2020, school campuses were closed. All school-based activities were paused, as staff were no longer allowed on school campuses. Additionally, outreach and training events through the Growing Healthy Minds Initiative were cancelled and/or postponed.

Preschool 0-5 Programs and subcontracted partners have faced challenges related to technology, outreach, consumer engagement, and service provision all of which have impacted billing and progress towards program goals. The Preschool 0-5 Programs team continues to provide support to staff and makes ongoing efforts to brainstorm, problem solve, and encourage continued and effective service provision.

While all services were able to shift to a virtual platform, referrals for services typically provided on school campuses reduced significantly. School district partners have been focused on priority activities including distance learning, planning for future return to in person instruction, and COVID-19 safety concerns rather than readily referring to prevention, early intervention, and mental health services as they had prior to the pandemic.

Program Highlights

In January of 2020 RUHS-BH hosted a kickoff event for the Growing Healthy Minds Collaborative. The purpose of the collaborative is to join 0-5 champions to inform the further development of services across Riverside County. Monthly meetings held virtually include opportunities for program updates, training and networking. The collaborative has proven to be a successful effort that includes an average of 40 multidisciplinary participants per month from locations across Riverside County.

While the COVID-19 pandemic brought with it many challenges, there have also surfaced many successes. Preschool 0-5 Programs and subcontracted partner staff quickly worked to effectively transition from face to face to virtual services. The program goal is to ensure that school partners, teachers, and early care providers are aware of available support and are able to access as needed. This goal has been successfully achieved. Through the provision of virtual services, children already enrolled in services were able to continue and families who may have otherwise not been able to access support, received needed intervention.

Additional successful endeavors include the launch of a website (growinghealhtyminds.org) Which includes information & resources for parents & caregivers, providers & community members and a video resource library with important topics related to early childhood; the establishment of pilot contracts with school districts to fund 0-5 mental health therapists; and work towards implementing a Mental Health Consultation model to support early care providers. The current First 5 funding cycle was scheduled to end June 30, 2021. First 5 recently announced the intention to extend funding to RUHS-BH Preschool 0-5 Programs for an additional two years allowing opportunity to continue SET-4-School and Growing Healthy Minds activities.

Future Plans

Currently Preschool 0-5 Programs PEIMS utilizes three RV mobile units to provide services at school locations across Riverside County. The PEIMS RV units have been in use since 2011. As the vehicles age, expenses related to program implementation continue to increase. A plan is in process to replace the current mobile RV units with a more sustainable, cost effective vehicle, while continuing to provide valuable services to consumers across Riverside County. Steps are being taken to purchase and convert three cargo vans into Mobile Treatment Units (MTU). Each MTU will continue to provide early identification, prevention, early intervention and treatment services to children ages 0 through 6 and their families in targeted communities across Riverside County. The benefits of utilizing an alternative to the current PEIMS RV units include decreasing current program expenses, decreasing the amount of additional non clinical duties staff are required to engage in order to operate RV units, and the opportunity to increase staff focus on consumer services and productivity.

Preschool 0-5 Programs staff have historically been assigned to specific components within the program. As Preschool 0-5 Programs has evolved over the past 20 plus years, there has been an increased need for cross coverage and an operational need to cross train staff has developed. Moving forward, staff will be provided the opportunity for training to work across program components. Staff having the opportunity for variety in their practice is expected to increase productivity, improve morale, and decrease burnout. The latter is also in line with RUHS-BH Trauma Informed System (TIS) efforts.

Efforts regarding long term sustainability to maintain services and supports for young children and their families will continue. Successful efforts within the Growing Healthy Minds Initiative are also expected to advance. Preschool 0-5 Programs is eager to

move efforts forward to ensure that children across Riverside County are given the most favorable opportunity to develop and thrive.

Additionally, expansion of services to youth and families included treatment of youth with Eating Disorders using a team approach to provide intensive treatment. An internal infrastructure has been developed to additionally support consumers with Eating Disorders. This includes additional training for regional Champions who provide consumers specific support to staff providing the direct services to consumers. In addition to treatment for Eating Disorders, children's clinic staff were also trained to provide the IY Dinosaur School Program in small groups in the clinics. This program helps children develop positive coping strategies around behaviors related to anger and other intense feelings. Traditionally, this program was only offered in a school setting, but there was an increased service need for children ages 4-8 y.o. who have difficulty with managing behavior, attention, and other internalizing problems.

Adding to more school embedded services is the TOPSS (Transforming Our Partnership for Student Success) Team. The program consists of 4 teams of RUHS – BH staff with each team having a CT, TAY Peer and 2 Parent Partners. Each team is embedded at each of the high schools in Hemet Unified School District. They work with students and families who are identified as needing supports through the Whole Person Health Score screening tool. They are providing outreach and engagement, resource navigation and direct clinical services. The program will also provide training to school staff including Youth Mental Health First Aid, ASIST and SafeTALK. In addition, training will be provided to parents and caregivers. Those trainings include Youth Mental Health First Aid, SafeTALK, Triple P, EES and Nurturing Parenting.

RUHS – BH has continued to experience increased demand for services and continued expansion of contracted providers has occurred in order to expand these services throughout the County of Riverside. Contract providers who service the youth and TAY are as follows: ; Charlee Family Care; Aspiranet; ChildHelp Inc.; ChildNet Youth and Family Services; Community Access Network; Creative Solutions for Kids and Family; McKinley Children's Center; ; New Haven Youth and Families; Oak Grove; Trinity Youth Services; Victor Community Support Services; Walden Family Services; Alma Family Services; Cal Mentor; Family Services Association; Jurupa Unified School District; MFI Recovery Services; Olive Crest Treatment Center; Special Service for Groups; Tessie Cleveland Community Services Corporation; Carolyn E. Wylie Center; Desert Sands Unified School District and Palm Springs Unified School District.

FSP care is also expanding. We are developing a **First Episode Psychosis (FEP) Coordinated Specialty Care FSP**. There are two programs that are currently designed to provide specialty care to youth experiencing the onset of psychosis, the regional TAY centers, and the Youth Hospital Intervention Program (YHIP). The number of youth requiring service has grown. This specialty FSP program will wraparound the youth and their families. This FSP team will have specialized training in Early Psychosis Intervention Programs. MHSA funds will initially be braided with a Mental Health Block Grant.

All children's and TAY staff are in the process of being trained in Trauma Informed Services (TIS) to assure that all staff are providing services in a trauma informed approach. This is being implemented throughout Riverside University Health System-Behavioral Health.

Services to youth involved in the Juvenile Justice system have continued even as the County probation department has changed its approach to incarcerating youth. The Juvenile Halls have dramatically reduced their census over the last few years, choosing instead to serve youth in the community. Behavioral Health programming for justice-involved youth was adapted by increasing Wraparound services and converting the Wraparound Program into a FSP. In addition, RUHS-BH has expanded aftercare services to youth released from the Youth Detention Facility when sentences were completed. Both Wraparound and Functional Family Therapy have been offered to youth upon release. Within the juvenile justice facilities, a number of groups were offered including Aggression Replacement Therapy and substance abuse treatment. IN FY 19/20, Wraparound FSP served 233 youth.

Adult System of Care

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a recovery focused supportive system of care for adults with serious behavioral health challenges.

Stakeholders' priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies included a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. The Department has made a commitment to expanding crisis and intensive services which included

expansion of full-service partnership tracts in every clinic County Wide. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices.

In response to lack of 24/7 beds for law enforcement and ambulances who encounter individuals in mental health crisis combined with addiction and homelessness the Department created the Arlington Recovery Community (ARC). The ARC provides a fully integrated approach to treating community members with co-occurring substance use and mental health disorders. With 24/7 access to services and stabilization it encompasses a diversionary approach and belief. The services offered are as follows; clinically managed medium and high intensity residential services, residential SUD detoxification, incidental medical services, mental health stabilization and induction, and a sobering center.

Recovery-focused support is a key component in the outpatient clinic system. All System Development programs have enhanced services with the integration of Peer Support Specialists and Family Advocates into clinics and programs. Peer Support Specialists have continued to serve as an important part of the clinic treatment team by providing outreach, peer support, recovery education, and advocacy. Planning for Success (Formally known as Wellness Action Recovery Plan) groups have become well established in our adult clinic system due to the work of Peer Support Specialists. Peer Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery. See page 116 for more information about all the activities and services that Consumer Affairs and Peer Support Specialists provide.

Family Advocates have been an important component of enhanced clinic services. Family Advocates provide families with resources and information on mental health, diagnosis, the legal system, recovery, and health care system navigation. Any family with questions about the mental health care of their adult loved one can consult with Family Advocates when needed. See page 150 for more information about the Family Advocate Program and all the services that they provide in Adult System of Care.

Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Seeking Safety, and Co-Occurring Disorder groups are evidence-based practices offered in the adult clinics and supported through the Adult Work Plan. Additional treatment for adults with Eating Disorders is offered using a team approach with behavioral health

care staff trained to work and treat Eating Disorders. Quality assurance mechanisms were also developed to coordinate updated training and staff support to ensure program fidelity.

Recovery Management was being provided as a part of the clinic enhancements but was discontinued as an evidence based practice used with adults in FY 18/19 due to trained staff attrition and inconsistent consumer participation. Other evidence-based practices are being explored in conjunction with consultation from Consumer Affairs and the peer community.

In total 14,881 consumers have benefitted from the programs operated due to clinic expansion and enhancements.

All adult services staff are in the process of being trained in Trauma Informed Services (TIS) to assure that all staff are providing services in a trauma informed approach. This is being implemented throughout Riverside University Health System-Behavioral Health.

Older Adult System of Care

Riverside University Health System-Behavioral Health is dedicated to supporting the programs of the Older Adult Integrated System of Care (OAISC) serving individuals with severe behavioral health challenges. The Department is committed to sustaining all other programs listed in the Older Adult Integrated work plan including Peer and Family Supports, Family Advocates, and Clinic Enhancements.

The OAISC Work Plan includes strategies to enhance services by providing staffing to serve older adult consumers and their families at regionally based older adult clinics (Wellness and Recovery Centers for Mature Adults), and through designated staff expansion located at adult clinics. Older Adult Clinics are located in Desert Hot Springs, San Jacinto, Riverside, Lake Elsinore and Temecula, and expansion staff are located at adult clinics in Perris, Banning and Indio. The Wellness and Recovery Centers have continued to innovate with the development of enhanced psychological services as part of assessment and evaluation. Older Adult clinic programs and expansion staff combined served 4,487 older adult consumers.

The clinic Wellness program is designed to empower mature adults who are experiencing severe, persistent mental health challenges to access treatment and services in order to maintain the daily rhythm of their lives. The Wellness and Recovery

Centers for Mature Adults provide a full menu of behavioral health services including psychiatric services, medication management, case management, individual therapy and group therapy, psycho-educational groups, peer support services and animal assisted therapy. Older Adult Clinics currently offer over 25 therapy and psychoeducational groups including Wellness, SAMSHA Wellness Curriculum, Facing Up, Cognitive Behavioral Therapy for Depression, Anger Management, Cognitive Behavioral Therapy for Psychotic Symptoms, Seeking Safety, Dialectical Behavioral Therapy, Bridges, Grief and Loss, Brain Disorders and Mental Health, Creative Arts, Art Therapy, Computers, Chronic Medical Conditions, and Co-Occurring Disorders. In addition, we have developed Spanish psychoeducational groups, SAMSHA Wellness Curriculum, for monolingual older adults. Moreover, at three of our Wellness and Recovery Centers (Rustin, Lake Elsinore and Temecula), we have implemented a Drop-in Mindfulness Center, utilizing the family room model for the older adults we serve. Peer support Specialist work hand in hand with clinicians and other staff to provide the full array of groups. A resource center has been added to the Temecula Wellness and Recovery Center. A member computer library with benefit specialization staff who support mature adults with skills training, and improved access to technology based resources. The center increases access to other agencies that specialize in Older Adult related services such as RUHS Medical Center, Community Health Centers, The Office on Aging, and APS. Further, it improves access and maintenance of Older Adult benefits, entitlements and resources such as Social Security, Medicare, Medi-Cal and assistance agencies such as HICAP, California Healthcare Advocates, and other essential community partners.

All mature adult services staff are in the process of being trained in Trauma Informed Services (TIS) to assure that all staff are providing services in a trauma informed approach. This is being implemented throughout Riverside University Health System-Behavioral Health.

The proportion of older adults served across the county is close to the county population with 23% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 24.7%. The Caucasian group served was 45% and the Black/African American group served was 11%. The Asian/Pacific Islander group served at 3% which is less than the county population of 7% Asian/Pacific Islander.

Finally, RUHS-BH is committed to sustainable and ongoing efforts to address the unmet needs of the Older Adults in the county of Riverside. The Older Adults

population remains one of the fastest growing and most vulnerable populations in Riverside County; therefore we will continue to place much emphasis on expanding services and improving access throughout all regions of the County.

Crisis System of Care

BEHAVIORAL HEALTH-MOBILE CRISIS RESPONSE TEAMS

CREST= Crisis Response Evaluation Screening and Triage

ROCKY= Resilient Outcomes in the Community for Kids and Youth

CREST + ROCKY = Mobile Crisis Response Teams (MCRT)

Each of the Mobile Crisis Teams were created using leveraged funds from MHSA and other funding sources. This allowed the program to not only maximize the funding, but it also gave specific target populations to be served based on risk and focus of the funding source. Since some grant funding for has sun-stetted. The teams have now been combined and are referred to simply as the Mobile Crisis Response Team (MCRT). The ROCKY program was active through the end of FY 20/21.
Mobile Crisis Teams reduce the burden on Law Enforcement, Hospital ED's, Psychiatric Hospitals, and the Behavioral Health System as a whole. These teams meet the need of the community by successfully diverting consumers in crisis away from emergency departments, law enforcement, incarceration, and psychiatric hospitalization. Stakeholders had also expressed wanting to integrate behavioral health approaches to law enforcement interventions when encountering someone in mental health crisis. Through a stakeholder process with consumer and family focus groups, and collaborative meetings with law enforcement agencies and hospitals, the idea of behavioral health mobile crisis teams evolved. These teams have been extremely successful in reducing the number of admissions at our County Emergency Treatment Services (ETS) by hundreds of consumers per month, saving approximately 20 million dollars annually by treating consumers in crisis in less restrictive, lower levels of care. Strong partnerships with Law Enforcement and Hospital Emergency Departments is the key to successful implementation of these mobile crisis teams.

MHSA instructs counties to leverage funds from other sources in order to maximize the benefit of MHSA dollars. MHSA leveraged grant funding from SB-82 and CHFFA (California Health Facilities Financing Authority) for the development and expansion of

these crisis teams. CREST teams were designed to serve Law Enforcement; With increased need identified by community and stakeholders, the addition of the ROCKY team was established to serve children, adolescents, and youth up to age 21 in a variety of locations including schools, group homes, foster homes, hospital EDs, and law enforcement agencies. The CREST CHAFFA funding ended prior to the FY 20/21, thus the name for these teams has been updated to Mobile Crisis Response Team (MCRT) and is comprised of two individuals, a master level Clinical Therapist and a Peer with lived experience. A few teams also include a bachelor level Behavioral Health Specialist.

MCRT teams responded to 2,418 requests for mobile crisis response in FY 20/21, averaging 202 request per month. Fifty-three percent of the MCRT requests were to hospital emergency rooms. Response times were an hour or less for 53% of responses. Overall 17% of legal holds were discontinued by MCRT teams. A total of 54% of the 2,418 requests for mobile crisis response were diverted from an inpatient admission, or crisis emergency room use. After MCRT contact 93% of those served did not show any inpatient psychiatric admissions within 60 days of MCRT team contact. Forty-five percent (45%) of the consumers MCRT teams served were linked with outpatient care and 83% of those linked received 3 or more services.

Continue goals of the 3-Year Plan:

1. Increase the number of Children, Adolescent, and TAY age youth the Mobile Crisis teams serve.
2. Serve an increased number of schools, foster homes, group homes, and community College students.
3. Increase utilization of Mental Health Urgent Cares for youth (13 to 17 years) who are experiencing a behavioral health crisis.

MCMT = Mobile Crisis Management Teams

An expansion of mobile crisis services is planned for the next FY. The Mobile Crisis Management Teams will be teams comprised of four multidisciplinary staff including Clinical Therapists, Peer Support Specialist, Behavioral Specialists III (substance use counselors) and Behavioral Health Specialists II. These staff will have specialty training in crisis intervention and risk assessment, peer support, intensive case

management services to include homeless outreach and housing as well as substance abuse assessment, counseling and linkage to residential treatment. The MCMT teams will respond to crisis calls in the community and provide short term treatment while assisting consumers in establishing connections to longer term treatment services. MCMT staff will also engage in outreach activities and events in an effort to engage homeless and unengaged individuals into services. In the new Fiscal Year 21/22 Mobile Crisis Management Teams will begin services with three MCMTs under the Crisis System of Care. These teams will be located in Perris, Jurupa Valley and Desert Hot Springs. These teams support will support the communities and surrounding areas. The Perris MCMT is also leveraged by grant funding and will primarily serve the 21 and under population.

Goal:

The goals of MCMTs are to be responsive, person centered and use recovery tools to prevent crisis, support individuals in crisis and divert unnecessary psychiatric hospitalization whenever possible. Additional goals include engaging and linking individuals and families into behavioral health services and substance use services as well as reducing law enforcement and emergency department demands from consumers needing behavioral health and substance use services.

MPS = Mobile Psychiatric Services

The Mobile Psychiatric Services (MPS) program provides integrated behavioral health (BH) services for consumers with serious and persistent mental illness who are high utilizers of crisis services and frequent hospitalizations with little to no connection to outpatient services. The MPS program strives to provide an accessible, culturally responsive, integrated, and best practice based system of behavioral health services to support consumers in their recovery.

OVERVIEW

Mobile Psychiatric Services (MPS) provides field based services to engage and treat high utilizers of crisis services, including hospital based services, and who also have little to no connection to standard outpatient services. MPS initiates intensive case management services while connecting consumers to appropriate, and existing outpatient services for continuity of care and link them to appropriate resources after

initially engaging and stabilizing them by the provision of street based services wherever they may be.

This MPS program provides services including mobile response; psychiatric assessment; medication consultation, assessment, and medication management; behavioral management services; substance abuse screening and referral to outpatient services for any consumer that who is a high utilizer of crisis services but not current engaged in more traditional outpatient BH services.

Goal:

The goal is to provide a collaborative, cooperative, consumer-driven process for the provision of quality behavioral health support services through the effective and efficient use of resources by the MPS team. The goal is to empower consumers through case management, and street-based medication services, and draw on their strengths, capabilities, and to promote an improved quality of life by facilitating access to necessary supports to eventually and effectively engage in the variety of outpatient services that are offered throughout the county, thus reducing the risk of hospitalization.

TARGET POPULATION

High utilizer consumers could be short term or long term. Consumers can be seen in a motel, home, room and board and/or board and care facilities, sober living facilities, or homeless encampments.

MPS program served 162 consumers in the FY20/21.

Mental Health Urgent Cares (MHUC)

Mental Health Urgent Care (MHUC) is a 24/7 voluntary crisis stabilization unit. The consumers can participate in the program for up to 23 hours and 59 minutes. The average length of stay is 8-14 hours. The consumer and their family receive peer navigation, peer support, counseling, nursing, medications and other behavioral health services. The goal is to stabilize the immediate crisis and return the consumer to their home or to the Crisis Residential Treatment Program. The secondary goal is to reduce law enforcement involvement, incarceration, or psychiatric hospitalization.

MHUCs serve individuals identified, engaged, and referred by Mobile Crisis Teams, Law Enforcement and other community based agencies. MHUCs also serve as crisis support for walk-in self/family referrals. While the facilities serve primarily consumers age 18 and older, the capacity to serve adolescents (ages13-17) was added in the Desert and Mid-County MHUCs. This results in a more recovery oriented service delivery and a cost savings from unnecessary higher levels of care. During the 2020/2021 fiscal year MHUCs had a total of 10,499 admissions and served 6,136 individual consumers (July 1, 2020-June 30, 2021.

The MHUCs assist consumers at discharge with linkage to outpatient services. The percentage of consumers linked to outpatient services after a MHUC admission varied by MHUC region. The Mid-County MHUC had the highest percentage of consumers linked to outpatient mental health or substance use treatment following their admission to the MHUC (34%), followed by the Desert MHUC (33%). Some individuals (5%), following the MHUC admission, were placed in a County short-term Crisis Residential program (CRT). Participation in outpatient services following the MHUC could have been impacted by COVID and a reluctance to participate in outpatient services.

Satisfaction data collected from Riverside and Palm Springs MHUC shows that 90% of consumers who received service during the 2020/2021 fiscal year agreed or strongly agreed with related items on a service satisfaction questionnaire (including items; I was encouraged to set goals and focus on my strengths; I feel better equipped to achieve wellness and recovery; I was connected to community resources).

Continue 3-year Plan Goals:

1. 1 year: Increase Consumer Satisfaction strongly agree scores above 88%
2. 3 year: at least 70% of consumers successfully discharge with referral to mental health or substance use services
3. 3 year: 60% of consumers successfully attended at least one mental health or substance use service post discharge.

Crisis Residential Treatment (CRT)

Located in each of the three county regions, Adult CRT facilities are licensed by

Community Care Licensing as a Social Rehabilitation Program (SRP). Average length of stay 14 days, with extensions to 30 days. The CRT can serve 15 Adults ages 18-59+ who are in need of Crisis stabilization. Nearly 100% of the consumers are Medi-Cal recipients. Emergency Departments, Mental Health Urgent Cares, Crisis Stabilization Units, Emergency Treatment services, and Psychiatric Hospitals refer the consumers. This program is utilized to prevent Psychiatric Hospitalization or to step down from psychiatric hospitalization. Designed to provide a home-like service environment, the CRT has a living room set up with smaller activity/conversation areas, private interview rooms, a family/group room, eight (8) bedrooms, laundry and cooking facilities, and a separate garden area. The goal is to assist the consumer with the circumstances leading to crisis, return the consumer to a pre-crisis state of wellness, and link to peer and other behavioral health services.

The Crisis Residential Treatment (CRT) facilities had 883 admissions and served 596 consumers during the 2020/2021 Fiscal Year. The CRTs assist consumers at discharge with linkage to outpatient services. The percentage of consumers linked to outpatient services after admission to a CRT was slightly higher in the Desert region (61%), than the West region at 54%.

Re-Admission rates to the CRTs within 15 days or less were relatively low. The West region had slightly higher (12%) re-admissions at 15 days or less than did the Western region at (12%).

3 Year Plan Goal Progress

1. 75% of consumers successfully discharge with referral to mental health or substance use services

Adult Residential Treatment (ART):

The ART is an Adult Residential Treatment facility licensed by Community Care Licensing as a Social Rehabilitation Program (SRP). Average length of stay is 4-12 months. The typical consumer is an adult who is LPS Conserved for Grave disability. Many of these consumers are admitted to the ART after discharge from a higher level of care such as IMDs, Skilled Nursing Facilities, Psychiatric Hospitals, Board and Cares, and State Hospitals. The program model is to assist the consumer by providing peer navigation and support, mental health services, medications, medical services, co-occurring groups and services, and daily living skills. The overall goal is

independent decision making skill development or graduating off LPS Conservatorship, while developing relationships in a residential style living environment with family, friends, or roommates. The Desert Sage ART served 68 consumers in FY20/21.

3 Year Plan Goal progress:

1. Open new program in Indio by June 2020
    a. The new ART opened in Indio in January 2021 and is operated by Recovery Innovations, and served 18 consumers from January 2021 to the end of the June 2021.

Community Behavioral Assessment Team (CBAT)

The Community Behavioral Assessment Team (CBAT) is a co-responder team comprised of a clinical therapist and a law enforcement officer (Sheriff or PD). Recognizing the role of law enforcement and the mental health needs of community members, this particular crisis response model was first implemented over 6 years ago with Riverside Police Department, followed by Hemet Police Department in 2017. CBAT functions as a special unit that responds to 911 behavioral health related crisis calls, mental health emergencies/5150, substance abuse and homeless related crisis. CBAT serves all populations. CBAT provides rapid response field based risk assessment, crisis intervention and de-escalation, linkage and referrals. One of the goals of CBAT is to provide field officers a resource for calls that require more time and specialized attention. In addition, the goal of CBAT is to divert and decrease psychiatric inpatient hospitalizations whenever possible, decrease incarceration, decrease ED admissions, reduce repeated patrol calls, make appropriate linkages to care and resources and strengthen partnerships between the community, law enforcement and behavioral health.

CBAT locations expanded from two teams: Riverside Police Department and Hemet Police Department, to three additional sites in FY18/19: Indio Police Department, Southwest Sheriff and Moreno Valley Sheriff. FY 19/20, Riverside Police Department acquired a second CBAT unit and Murrieta Police Department with their first.

FY20/21 brought continued CBAT program growth with the approval of 9 additional CBAT units countywide. RUHS BH will expand their collaboration and partnership with

the Sheriff's Office (to include) – Perris, Jurupa, Hemet, Palm Desert, Cabazon, and Thermal stations In addition, 4 Police Departments will be adopting the CBAT program – Corona, Menifee, Cathedral City, and Beaumont Police Departments.

The expansion of the CBAT program speaks to its success. The co-responder model has demonstrated the value in emergency response with regards to timeliness to a crisis, the value of two professions working together to address the clinical and legal ramifications, diversion, stigma reduction and linkage to continued care when possible.

The data below includes teams that were operational in the FY2020-2021. This data includes records on new data collection forms and some records from and older data collection forms. Additional teams when added will be included in subsequent FY reports. During the 2020/2021 fiscal year CBAT teams responded to 1. 394 requests, see Figure below.

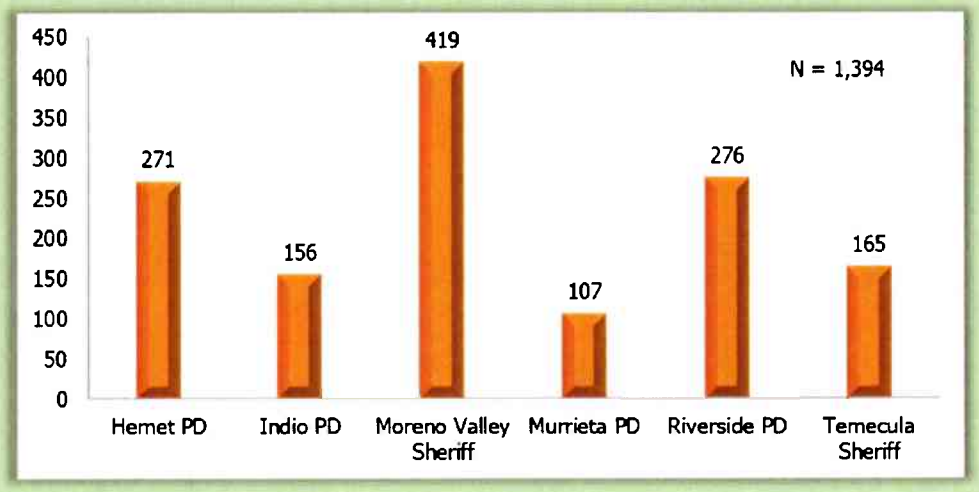
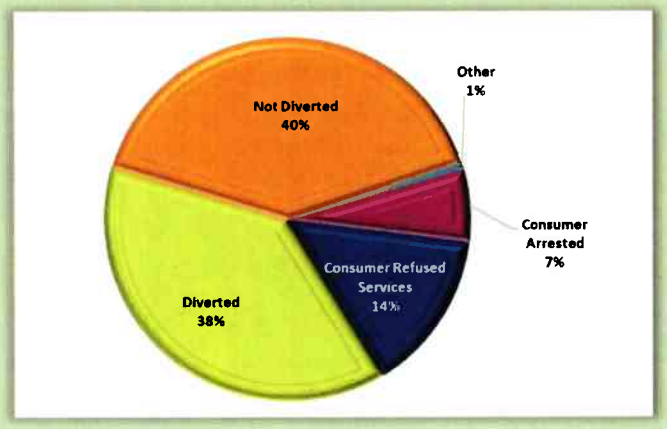


Figure 2 shows the percentage of crisis requests diverted from an inpatient admission. Requests were excluded if the requests were for homeless outreach or welfare checks. Overall, 38% of the individuals experiencing a mental health crisis were diverted by CBAT. Individuals are considered diverted if they were diverted with a safety plan or were diverted to the Mental Health Urgent Care.



Involuntary Crisis Stabilization Unit (CSU) with FSP Peer Outreach

During the transition of Peer Navigation Center services to area Full Service Partnerships, the establishment of a Peer Navigation Team (PNT) was necessary to create a continuum of navigation-specific services for consumers and family members. The in-the-moment circumstances surrounding the release from an inpatient setting can impact the consumer and the family member in many ways. The PNT members assist with care coordination by meeting with people being discharged from ETS/ITF to assist and support them to their next steps in the community. Often times, basic needs for food, clothing, transportation and housing are a priority for those leaving the hospital. The PNT includes Family Advocate staff, who can meet with family members and caregivers who come to the ETF/ITS complex in search of answers regarding the disposition of their loved ones. The PNT assists and supports those caregivers with important education and resources, so they, too, can get immediate needs met, as they come to terms with having a loved one, newly in the care of RUHS-BH.

Effective October 2020, to best communicate expectations of the Peer Support Specialists (PSS), Family Advocate (FA) and Senior PSS (SPSS) assigned to assist and support care coordination efforts with the CARES line team and ETS/ITF, the following are the processes of which the Peer Navigation Team (PNT) will be involved:

Supervision and Staff Direction: Elizabeth Del Rio

Peer Navigation Team:

Anthony Richmond
Denise Leeper
Yasmin Velasco
Francisco Huerta
CARES Line Staff
Consumer Affairs Staff (on-call)

Peer Navigation Line 888-768-4968 (4YOU) will now ring to the CARES line. It is open to the public and to staff needing assistance from the Peer Navigation Team 8:00am – 5:00 pm Monday through Friday. CARES line staff, receiving these calls, will

make referrals. CARES line staff will outreach to members of the PNT as needed to meet the needs of our consumers during and immediately after their hospital stays.

Peer Navigation Team (PNT) will report for duty to the former Navigation Center site at their current arrival times. Anthony, the SPSS will arrive each day at 8:00am, except for his Friday RDO.

Daily Check-in with CARES Line Supervisor: 8:30am

- Supervisor will provide priority level guidance and direction for daily activities
- PNT staff will note and discuss a plan for the day
- PNT will clarify priorities and adjourn to daily activities as assigned

PNT Visits to the Units

- PNT members needing to follow up with consumers from the previous day's activities will arrive on the units at 10:00am to make client contact and clarify progress.
- PNT members will utilize the ETS/ITF Navigation Form (attached) to note details of interaction with the person visited on the unit. Information on this form will be used to complete MH Admitted Contact Log. Visits to consumers should take no more than 15 minutes. PNT members will be expected to utilize appropriate professional boundaries for the people they visit, as to mitigate potential for long, drawn out conversations. When a specific conversation warrants a longer visit, PNT members will check in with the CARES line Supervisor to advise of high need engagement potential going forward.
- PNT members will document for Peer Support services they provide on the units utilizing code 369NB when writing progress notes.
- PNT members will document and bill for all incremental Peer Support services provided to open-episode clients who have been released from the hospital and receive transitional Peer Support and assistance from the PNT member. PNT members are required to add RUs as needed to allow for billing of Peer Support Services to active CCP goals.
- Between 9:00-11:00am, Anthony will distribute the daily census to all supervisors in Mid-County and contact other area supervisors as warranted throughout the day

- Two members of the PNT will return to the units at 11:30am as needed to address new folks on the units, check in with the Social Worker on duty for specific concerns to be addressed, and report back to the team to communicate needs as they arise. **One team member must remain at the former Nav Center site to assist and support visitors to the site, at all times.**
- From 1:00pm-3:00pm, PNT will be on-call to assist CARES line staff to coordinate transports to area clinics. PNT will contact area clinic supervisors to request the assignment of a clinic-specific CSA, PSS or BHS to provide transport. PNT members will offer to support consumers by way of bus passes or linkage to IEHP transportation services, if the situation warrants the use of that benefit. Only when clinic-specific staff cannot be secured for transport, will a member of the PNT provide transportation. **PNT transporting is a last resort**. Due to limited staffing, these PNT members need to be present at the former Nav Center site as much as possible, in case a member of the public arrives in crisis needing assistance.
- PNT members are expected to work independently of one another. The purpose of these roles is to divide and conquer, so moving throughout the day in pairs or groups is not permitted, unless directed by CARES line Supervisor.
- Warm hand-offs it the goal. Make every effort to introduce and include staff from the clinic or program to which the consumer is navigated.
- Appointments requested for individuals coming out of the hospital will be secured by CARES line staff.
- PNT will support navigation activities supporting CARE line direction for ETS/ITF, Lagos and the CSU as needed.

End of Day

- One PNT member will collect all completed referrals from the door box outside the social workers office to address the next business day. These referrals will be addressed in the morning check-in.
- All PNT members will document interactions on the units into the MH Admitted Contact Log for tracking and document Peer Support services appropriately and in a timely manner.

Important open items to shake out

- Cars are being added to this program and the location to park them is still undetermined.
- Anthony will need a Mid-County stored vehicle. He will transport folks to Mid-County when they are released near the end of the business day.
- PSS line staff will receive all direction and supervision from Elizabeth Del Rio at CARES line.
- SPSS will receive all day-to-day activity direction from Cares line Supervisor and bi-weekly supervision from the Consumer Affairs & Family Advocate Program Manager, Shannon McCleerey-Hooper
- PNT will need additional training – possibly 5150 (observe role only) and update NCI
- Anthony has a County cell, the PSS and FA will need access to a County cell.
- CARES line has expressed the desire to utilize Rustin-based Consumer Affairs/Family Advocate staff for referrals daily. Those staff members are:
    - Willard Wynn micro 51230
    - Pedro Arciniega micro 54148
    - Maria "Angi" Rodrigues 57166

Mental Health Court and Justice Involved

Mental Health Court Program: Riverside County's first Mental Health Court program came into existence in November 2006, under MHSA funding and is located in the Downtown Riverside area. Mental Health Court program expanded its service area to include the Desert Region in 2007 and the Mid-County Region in 2009. The Mental Health Court program is a collaborative effort between Riverside University Health System-Behavioral Health (RUHS-BH) and our partners in the Riverside Superior Court, Riverside County Public Defender and District Attorneys' offices, local private attorneys, Probation Department, Family Advocate, RUHS-BH community services, as well as private insurance services. Together with our partners we work to develop a comprehensive 12-month program for each participant (must be at least 18 years of age), consisting of, a stable place for the person to live, linkage to outpatient/community services to address their mental health/substance use treatment needs, as well as frequent oversight by the Probation Department and the Court. During FY 20/21 there was a total of two hundred and eleven (211) referrals received across all three regions,

of which twenty-four (24) were accepted into the program and a total of thirty-seven (37) successfully "promoted" from the program. In order for the court to consider a participant ready to "promote" from the Mental Health Court program, certain criteria must be met. The criteria requires the participant to have a stable place to live, that they have been actively engaged in their outpatient treatment for at least ninety (90) consecutive days, have not produced a positive urinalysis over the last ninety days, and have never been charged with a new crime during their time in the program.

Additional programs, which fall under Mental Health Court, include Mental Health Diversion, Veterans Treatment Court, Military Diversion, Misdemeanant Alternative Placement and Homeless Court – West.

Mental Health Diversion Program: On July 1, 2018, Penal Code 1001.36, also known as Mental Health Diversion, came into effect as Governor Brown signed the budget into law. With the passage of this new pretrial diversion law, individuals who are accused of committing a crime may now be eligible to postpone any further action from taking place in their case(s), in lieu of receiving mental health treatment. During FY 20/21 Mental Health Diversion received one hundred and forty-seven (147) referrals, across all regions, from the Riverside County Superior Court to assess individuals and assist the court in determining whether the person met the necessary criteria to be considered eligible for Mental Health Diversion. As part of the assessment process, Mental Health Diversion staff will provide the court with a detailed treatment plan for their consideration, which outlines recommended services for the individual as well as available housing options. Of the one hundred and forty-seven (147) referrals received, the court granted Mental Health Diversion in fifteen (15) of those cases. Because the Mental Health Diversion program may last anywhere from twelve (12) to twenty-four (24) months, the treatment plan prepared by Mental Health Diversion staff must also take this length of time into consideration when being developed. Should the court find the person to be eligible for the program and adopt the recommended treatment plan, Mental Health Diversion staff then work towards implementing said treatment plan and provide follow up case management services while the person is in the program. While in the program, participants are expected to be actively engaged in their treatment, remain abstinent from all illicit substances and alcohol, as well as report to the court at least every thirty (30) to ninety (90) days for a progress hearing. Successful completion of the Mental Health Diversion program will allow the person to have their charges dismissed and the record of their arrest sealed. During the course of FY 20/21, the Mental Health Diversion

program saw thirty-eight (38) participants receive this benefit when they successfully completed the program.

Veterans Treatment Court/Military Diversion: Veterans Treatment Court continues to have a positive impact in the lives of the men and women who so valiantly served our country, along with those closest to them and the communities in which they live. From July 1, 2020 through June 30, 2021, the Veterans Treatment Court program received seventy-seven (77) new referrals, in addition, eighty-five (85) referrals received to assess Active Duty, Reserve, and Veterans who were interested in the Military Diversion, also offered through Veterans Treatment Court. Unlike Veterans Treatment Court, Military Diversion offers participants the opportunity to enter the program without having to plead guilty, which is a unique benefit, as it will allow those on Active Duty and in the Reserves to remain serving while they are also receiving treatment. During this period Veterans Treatment Court saw nineteen (19) participants graduate from the program, as well as twenty-six (26) from the Military Diversion program.

Misdemeanant Alternative Program (MAP): The Misdemeanant Alternative Program provides the court with treatment plans designed to assist those in the criminal justice system, who have been charged with a misdemeanor and found by the court to be incompetent to stand trial, obtain mental health services. The overall purpose for doing so is to link these individuals with the appropriate level of treatment, in hopes that by doing so, their overarching symptoms which are preventing them from working with their legal counsel will be reduced so that they can be found competent and can move forward with their case. For FY 20/21, the Misdemeanant Alternative Program received forty-seven (47) referrals.

Incompetent to Stand Trial (IST) Diversion: The Incompetent to Stand Trial program was developed to address the extensive list of individuals who have been found incompetent to stand trial and remain in a county jail awaiting a bed at one of California's state hospitals. This program provides an opportunity for those individuals who are on this list, and who also have a diagnosis of either Schizophrenia, Schizoaffective or Bipolar, to receive community-based services in lieu of going to a state hospital. While in the program, participants receive tailored services that will address a person's mental health/substance use, benefits as well as housing needs. For those who successfully complete this two-year program, they will also receive the added benefit of having their charges dismissed. For FY 20/21, the IST Diversion program received three (3) referrals, one (1) of whom was accepted into the program.

Challenges: Obtaining housing for our consumers participating in the various Mental Health Court programs continues to be challenge, as we are often times presented with individuals who are coming directly out of our community jails, who have no benefits to their name and/or have criminal charges, which cause concern amongst our free/low cost housing providers.

Another challenge we have come across concerns the frequency in which the Court is able to determine whether someone is appropriate for any of our court collaborative programs. This is most readily noticeable in the Veterans Treatment Court and Military Diversion program, where the Court may be required to continue a case for eight to ten (8-10) weeks out due to the Court's impacted calendar. RUHS-BH is working with the Court to determine whether additional days can be made available for these programs, as this will reduce the amount of time between when the Court orders an evaluation and treatment plan, and when the Court orders said treatment plan to take effect.

Three-year goal: Develop and implement a mechanism to track recidivism for program participants.

Juvenile Justice Fiscal Year 2021/2022

In Fiscal Year (FY) 19/20, Juvenile Justice developed a plan for MHSA-funded programs. Program goals were as follows:

1. To significantly increase the volume of individual and group behavioral health services available to youth in the juvenile halls and YTEC, as nine additional clinical therapists were hired during 2019 and the first quarter of 2020.
2. Substance Use Treatment and Prevention (SAPT) services will begin in earnest throughout the three juvenile halls and YTEC, as two substance use counselors were hired and two more are currently being recruited.

In Fiscal Year 21/22, Juvenile Justice continues to make progress in both of these goals, as described below.

Goal 1: Significantly Increase the volume of individual and group behavioral health services available to youth in the juvenile halls and YTEC.

Update: In FY20/21, Juvenile Justice (JJ) was providing twenty-four weekly groups, utilizing four Evidence-Based Practices [Aggression Replacement Training (ART) and

Moral Resonation Therapy (MRT), Dialectical Behavioral Therapy, and A New Direction], in the three juvenile justice facilities. In the twelve months following, JJ increased weekly groups from twenty-four to forty-four, and increased the utilization of Evidence-Based Practices from four to five [adding Living in Balance].

Additionally, JJ in collaboration with Riverside County Probation, Correctional Healthcare Services, and Riverside County Office of Education, were state mandated

Locations	Fiscal Year 20/21		Fiscal Year 21/22	
	Number of Weekly Groups	Number of EBP's Utilized in Group Format	Number of Weekly Groups	Number of EBP's Utilized in Group Format
Indio JH (IJH)	4	2 (MRT, A New Direction)	5	2 (MRT, A New Direction)
Southwest JH (SJH)	7	3 (Seeking Safety, A New Direction, DBT)	7	3 (Seeking Safety, A New Direction, DBT)
YTEC-Treatment at AMC-YTEC	13	4 (ART, MRT, DBT, A New Direction)	21	5 (ART, MRT, DBT, A New Direction, Living in Balance)
Pathways to Success at AMC-YTEC and IJH	0	N/A	11	4 (ART, MRT, DBT, Living in Balance)
All Facilities	24	4	44	5

per Senate Bill 823 to start a new program for youth with the most severe offenses, who otherwise would have been court-committed to the Juvenile Justice (JJ). Our new program is Pathways to Success, which started July 2021. To address the needs of youth with more severe offenses, JJ is hiring additional staff and has started eleven new groups with four evidence-based practices, including enhancing ART and MRT with additional content and sessions. Please refer to the Table below for details on the numbers and types of weekly groups at each of the three facilities:

While JJ significantly increased the number of groups in the juvenile detention facilities, the groups were not consistent throughout the fiscal year due to staff attrition and COVID-related factors (i.e., increased staff leave time and in-person restrictions). However, eight months into the current fiscal year, overall in the three facilities the average number of group sessions per month increased by 30 and the total group

sessions eight months into the 21/22 fiscal year is approximately the same as the total twelve months of the 20/21 fiscal year. The average number of group sessions and the projected total groups in fiscal year 21/22, compared to 20/21, is shown below:

Locations	Group Sessions Per Month Fiscal Year 20/21		Average Group Sessions Per Month Fiscal Year 21/22	
	Average Sessions Per Month	Total Sessions	Average Sessions Per Month	Total Sessions
All Facilities	71	854	101	1211

Goal 2: Substance Use Treatment and Prevention (SAPT) services will begin in earnest throughout the three juvenile halls and YTEC, as two substance use counselors were hired and two more are currently being recruited.

Update: In FY 21/22, Juvenile Justice's objective was to hire a substance use counselor for Southwest Juvenile Hall and an additional substance use counselor at YTEC. While JJ has not yet hired a substance use counselor for Southwest Juvenile Hall, JJ did hire an additional substance use counselor (BHS III) at YTEC. With two BHS III's there, JJ's substance use counseling services have significantly expanded, including groups increasing from 6 sessions a week to 19 sessions a week.

In addition to increased substance use groups, Juvenile Justice has also expanded the variety of Evidence-Based Practices offered to the youth according to their specific needs. In FY 20/21, youth with moderate to severe substance use histories primarily received A New Direction for group therapy. In FY 21/22, JJ added Living in Balance, which is better suited for youth who are not contemplating a clean and sober lifestyle, and continued providing A New Direction, with more written assignments, specifically for youth are contemplating a clean and sober lifestyle.

Adult Detention

Program Goal Progress for Behavioral Health (BH):

Goal: To Increase Participation of Incarcerated Consumers in Evidence- Based Behavioral Health Groups

Offering various treatment modalities to its consumers continues to be an ongoing goal of BH. Our clinical team has worked closely with Riverside Sheriff's Department to

identify space and equipment needs, create Group Schedules and develop methods to systematically enroll consumers at each site into an appropriate therapeutic Group.

For this reporting period, BH successfully serviced 9,955 unique consumers and provided at its peak month of January 2021, 30,873 clinical encounters between all five detention sites.

Beginning in March 2020, Therapeutic Groups were largely reduced or temporarily discontinued as a consequence of the Covid19 Pandemic. However, some Groups, specifically New Directions- a substance abuse treatment-focused module, Anger Management, Seeking Safety, WRAP, and Recreational Therapy were offered to individual consumers as well.

Like so many Programs, Behavioral Health was also challenged to find creative ways to provide needed treatment services during the height of the pandemic. When much of the detention population endured recreational restrictions due to social distancing protocols, BH increased its services to provide daily individual Wellness Checks to our most seriously mentally ill consumers. Activity worksheets and other materials were distributed to provide in cell activities for mental stimulation and support for symptom management. Summarily, BH successfully provided Individual and Group Therapy for

WELLNESS AND RECOVERY ACTION PLAN (WRAP)	18
ANGER MANAGMENT	29
RECREATIONAL THERAPY	18
NEW DIRECTIONS	29
SEEKING SAFETY	14
WELLNESS CHECKS /OTHER	2,463

2571 participants (see Attachment 1).

Attachment 1.

Update: Behavioral Health Services has since received authorization to resume Group Therapy treatment services for its consumer at normal capacity. To date, Group Therapy is now provided at four of five detention sites and continues to be an essential service to our consumers. In the detention environment, Group Therapy is particularly valuable as it also helps to foster support and hope. As one consumer participating in New Directions- Socialization Skills wrote, "This class is helping me to learn the correct

way to deal with me and others. Also, why I do the things I do, about relationship to others, boundaries, and hopefully to learn the skills I will need to stay clean and sober." In regards to its value, another consumer wrote, "This Program has created a safe environment for me to deal with and accept my disabilities."

Goal: To Increase the Success Rate of Linking Consumers to Community-Based Behavioral Health Services Following Release from Custody

BH successfully continues to provide discharge-planning services consisting of post-release medication services, linkage to outpatient clinics, residential substance abuse treatment services, Medication Assisted Treatment referrals, Narcan education and distribution, transportation, and benefit coordination, to over 90% of its population. Of the 2,053 consumers released from custody, approximately 16% (N=332) of BH consumers continued to receive behavioral health services in the community within three months post release. As of today, this number has increased to 25% (N=517). Further, of those who were connected to treatment services in the community, 65% (N=1,329) were identified as belonging to our Severe Mental Illness population. Thus, indicating BH was successfully linking those consumers with the highest treatment needs to community- based programs.

CSS-03 Outreach, Engagement, Housing

Consumer Affairs

Evidence-based/informed Programs/Classes

Wellness Recovery Action Plan - WRAP

WRAP Facilitation Training

My Wellness My Doctor & Me

Wellness & Empowerment in Life & Living – WELL

Advanced Peer Practices

Recovery Coaching

Seeking Safety

Taking Action to Manage Anger

Special Projects

Take My Hand Live Peer Chat

Recovery Happen Virtual Event

May is Mental Health Month Virtual Event

Virtual NAMI Walk

The Longest Night

County-wide Services and Activities

Peer Navigation Line

Peer Navigation Team

Peer Support Groups in Supportive Housing

Community Outreach & Engagement

Peer Opportunities Workshop

Peer Support Volunteer Program

Peer Support Internship Program

Stakeholder Forums

Conference Workshop Presentations

Statewide Transformational Advocacy

SB803 Peer Support Certification Advocacy Forums

MHSA Innovations Tech Suite Program

DHCS Advisory Committee for Statewide Peer Certification

Mentorship and Training to Other Counties in the State

CSS

Consumer Peer Services – Adult Consumers, Ages 18 & Up

Consumer Peer Services Vision Statement:

"We create doors, where walls and windows separated people from their promise of a life worth living. We usher in the whole person, their families, and their loved ones, recognizing their value, uniqueness and the contributions they can make to their community. We promote an affirming environment that recognizes the gifts that all people possess, by stepping away from old ways of thinking. Our knowledge and experience are sought after to provide support to the entire system to develop and sustain an environment that welcomes and inspires all who pass our threshold."

Program Narrative

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

During this fiscal year, the COVID-19 pandemic created a myriad of challenges to the Peer Support Specialists working in the service system. With great resiliency and critical thinking, the Peer Support team rose to the challenges, creating new ways to meet the needs of the people they serve. In the Summer of 2020, the Consumer Peer Services division began implementation of virtual Peer Support programming. The following are examples of how the PSS worked with the behavioral health system to meet those needs one-on-one, and in group settings:

Take My Hand Live Peer Chat Rapid Deployment

In partnership with MHSA Administration and Research & Technology, the Peer Support Team assigned to the Innovations Technology Suite Project, worked to reach all community members through the rapid deployment of a pilot of a new live chat

platform for Peer Support. This rapid deployment involved the acceleration by the tech team to make the website usable and accessible and for the Peer Support team to create training materials and peer support strategies that would keep them working within the scope of SAMHSA core competencies and sustain the integrity of the peer support practice. A 24/7 operation was made possible by "borrowing" PSS line staff from clinics that were closed to in-person services, keeping them gainfully employed and in service to their community by manning the website and answering chats.

Take My Hand (TMH) Learning Brief:

Rapid Deployment Process

- Executive Team Approval and directives were made to have the TMH up and running during the height of the pandemic.

  Compliance:
  - Terms of Service – Approved by Riverside Help@Hand (HAH) Team (Technical lead, Clinical lead, Peer lead, Senior Peer, Evaluation Supervisor), HIPAA Compliance Officer and County Counsel
  - Chat engine software (LiveChatInc) approved by County IT, Department IT, HIPAA Compliance Officer, and Executive Team
- With that directive came discussions with the CalMHSA Collaborative Team to define the website's Terms of Service. Discussions also focused on determining conditions under which the deployment would not undermine HAH Collaborative goals and understandings of processes in place. UCI Project Evaluation Team assisted the process to consider negative effects of deploying the site too soon. The evaluation process required specific mechanisms in place to create an environment where necessary research was ongoing throughout the process. Concerns that a "flood gate" of chats may undermine the process and potentially create poor outcomes with unforeseen negative consequences. These concerns where brought forth to the Executive Team as serious considerations to be weighed, prior to deployment.
  - **Evaluation**: Developed internal evaluation plan (Evaluation Plan Tech Suite; Surveys (User Survey – post chat survey for participants in English/Spanish, After X number of chats – User Survey (Usability) in English/Spanish, Peer User Operator Survey, Clinician Operator Survey, Innovation Demographics in English/Spanish).

- RUHS-BH worked with the Collaborative and the Evaluation Team to conclude that the initial deployment would be used as a "Test Phase" to determine accessibility, ease of use, peer-to-peer engagement, effectiveness of outreach and PSS line staff experience using peer support skills in a chat format, among other areas of research.
- Test Phase would be 10 weeks long and RUHS-BH would limit marketing to email blasts and social media advertising to keep the chat numbers local and not too widespread as to overwhelm the system or the employees working the TMH.
- Consumer Affairs Program Manager sent email blast "All Hands on Deck" to all clinic and program supervisors that, due to the 24/7 nature to the TMH test phase, PSS line staff would be needed to man the TMH.
- 11 PSS line staff were identified to be "borrowed" from other programs and timeframes for a 10-week temporary assignment to each employee.
- Due to County staff union-affiliation, the TMH assignment would require that it be voluntary
- HR and the LIUNA 777 were contacted by Riverside County's Employee Relations Department to negotiate the conditions of the temporary assignment to the TMH
- Employees working from home due to telecommuting orders, because of the COVID-19 State Stay-at-Home Order, were excited to participate and utilize their peer support skills to assist community members experiencing anxieties of the pandemic.
- MHSA Coordinator, an LCSW, was temporarily assigned as the Clinical Supervisor for the TMH Test Phase. Senior PSS was the Supervising Peer Mentor.
- The Clinical Supervisor negotiated the use of 8 Clinical Therapists to work the TMH on all shifts to provide support and assistance in the event of a chat with an individual moved into a state of crisis. Protocols for monitoring, assisting and transferring crisis chats were developed and implemented.
- Upon HR approval, the first TMH 24/7 schedule was assigned, initially, in 4 shifts, quickly augmented to 3 shifts to optimize resources and coverage during the test phase.

Training PSS and Clinical Staff to "Man the Chat"

- The Peer Support Team (PST) had been working since the NorCal All Peer Summit in San Mateo County to identify and collect resources necessary to add training components to existing Peer Support Training strategies, specifically focused on the TakeMyHand Peer Operators and clinical staff assisting in the event of a crisis-level interaction.
- Developed training materials for Peer Operators (Peer Operator training checklist, training for COVID-19, facilitator's manual for COVID-19, Peer Operator, training PPT script only, and print-up manual for Peer Operator COVID-19). This includes a module on strategies to deal with "trolls", inappropriate language and situational challenges from malicious participants.
- Scenario role-plays and a brainstorming solution session is included
- Provided protocols for risk assessment and crisis protocols (Risk assessment, Questions-to-Assess-Suicide-Risk Handout, Essential Workers Support Line Protocol and Procedure)
- TMH-specific training materials:
    - *One-on-One Virtual Peer Chat: A Training Manual for Peer Operators*
    - *Creating a Conversation: Addressing Distress in Peer Support*
    - *Open-ended Questions Quick Reference Handout*
    - *TMH Facilitator's Manual for Peer Ops COVID*
    - *TMH Peer Operator CheckList*
- Clinical Staff adopted existing protocols utilized for Crisis Services System of Care, applied to the chat environment
    - Clinical staff trained with Peer Support materials:
        - *Crisis Services System of Care Protocols - Community Response Triage TMH*
        - *Essential Workers Support Line Protocol and Procedure TMH*

The Ten Week Test Phase Begins

- TMH goes live
    - Week One: Limited staff initially, due to the chaotic pandemic environment and communication of ever-changing working conditions for employees
        - Social media and in-house marketing only to mitigate "the flood gate"

- Week Two: Fully staffed with 4 shifts to cover 24/7
- Week Three: PST introduces the first informational newsletter "All Hand On Deck" on the TMH for all County Blast to increase visitor traffic to the website – 3 editions distributed in the test phase
  - Sample "All Hand On Deck" attached to this report
- Weeks Four - Six: TMH Operation is running smoothly
  - **Senior PSS, Tech Lead and Supervising Clinical Therapist report on implementation and operational discoveries during the testing period:**
    - SPSS Discoveries:
      - PSS Crisis Transfer – need to define Crisis (urgency based on visitor identification of immediate urge to harm self or other, in immediate danger of harm from another)
      - PSS Crisis Transfer – train to comfort in exploring a visitors expression of harm ideations to determine passive thoughts vs. active harm (is it a crisis or someone wanting to chat through what they are feeling without judgement and being handed off to the next person as a "problem to be solved"?)
      - Crisis Transfer – reminder training on transfer process, due to low need for crisis transfers it came to our awareness that PSS operators forgot steps in the transfer process that ended up appearing to be system glitches
      - PSS Basic Training – via archive exploration identifying PSS tendency to jump to "fixing", rather than supporting the visitor while prompting the visitor in the exploration process
      - PSS Basic Training – exploration and training for services provided via chat vs. in person (taking time to allow visitor to share completely, "listening", slowing down, open ended questions)

- Resource Support – challenges with crisis transfers highlighted that we have an effective back up system by accessing resources and "canned responses" where we have MHUC and HelpLine information readily available
- Working Remotely – Take My Hand provided an effective resource to provide services from remote workstations (home) during COVID, with the potential for higher usage with active marketing
- Working Remotely – allowed services to be provided 24/7, with the potential for higher usage with active marketing

The Take My Hand Live Peer Chat is slated to launched in June 2021 as part of a Statewide technology based intervention, part of the portfolio of applications in the Help@Hand Collaborative to reach some of the most difficult to engage population groups in the State. To date, San Francisco and Santa Barbara Counties are considering utilizing the TMH in their counties as a Peer Support option for their communities.

Peer Support Skill-Building Groups via Zoom – COVID-19 Response

TAY Services:

- Adulting 101 – Life skills
- Café el Alma
- ActiviTAYS – music art, creative written word
- Men's Empowerment
- Women's Empowerment
- Let's sTAY in Control – Anger Management
- COLOR – Co-occurring Life of Recovery
- Food Talk
- Movie Monday
- CommuniTAYtion – Communicating Effectively
- sTAY @ Home – Supporting Youth in Isolation
- YOGA Mind Body Flow

- Let's Bake
- Color & Connect
- Speak Music
- Family DBT
- Sibling Support
- Relationships
- Seeking Safety
- Game Time
- TAY Talk
- Coming Out

Adult Services:

- Wellness Recovery Action Plan (WRAP)
- Planning for Success
- Seeking Safety
- Reel Talk
- Peer Support from Home
- Good Neighbor Strategies
- DBT (in partnership with clinical therapist)
- Peer-to-Peer Support (English & Spanish)
- Recovery Management
- Women's Group
- The Voice Inside
- Expressive Recovery (Arts Group)
- Co-Occurring Recovery
- Keep Calm & Carry On
- Stepping Stones
- Urgent Care
- Taking Action to Manage Anger

Substance Abuse Prevention & Treatment:

- Hazelton's MORE
- WRAP for Substance Abuse

Peer Support Telehealth

During the height of the pandemic, PSS line staff outreached and engaged hundreds of BH consumers via telephone on a regular basis. Consumer feedback indicates a preference for telephone engagement vs. virtual environments. There was expressed discomfort by many of our consumers about being seen in their own living space, fear around confidentiality and general nervousness about using technology before "being with" a PSS to obtain support and guidance. This has been a subject of deep exploration and discussion in PSS staff meetings and coaching sessions.

Peer Support, Supporting the System During a Pandemic

The Consumer Peer Services Unit worked with agency partners to deploy staff and peer-to-peer support services to anyone working on the front lines of the pandemic. Those supports were not limited to the BH system. Peer Support Specialists were central points of contact for the following services offered to staff working in BH, at the FQHC clinics and at the Regional Medical Center:

211 COVID-19 Nurse Support After-Hours Line

Peer Support Specialists manned cell phones overnight and on weekends to provide support to community members and staff struggling with ever-changing public health notifications released locally and by national news outlets. 211 is our local information and resource line, much like 411. 211 had excessive increases in call volume and the 211 after-hours coverage was not yet contracted with an outside agency to answer questions about the virus, health and safety protocols and accessing services during a pandemic. Initially, Peer Support Specialists were there to take calls and make referrals, but discovered very early on in the process, that most callers were experiencing generalized anxieties relating to so many unknown factors of the virus and how it can impact a person's wellbeing. The PSS employed their supportive listening and coaching skills to assist and support thousands of community member calling at all hours to get information and calming presence on the line. This community support went on for several months.

Operation Uplift

Consumer Peer Services, working with the Crisis Services System of Care to support front line staff to find wellness strategies, while working to treat patients at the Medical

Center and in our FQHC Clinics, created "Operation Uplift". Operation Uplift was a presence of SPSS and PSS line staff at the FQHC clinics and the RUHS Medical Center, offering "on the fly" supportive listening and coaching, giveaway items and inspirational signs to express community appreciation for the hard work of front line staff, as they meet the needs of the community under extremely stressful circumstances. This service started out small, with just a few PSS and some giveaway items. Over time Operation Uplift has grown. It currently includes a 7 day a week Essential Workers Support line, manned by clinical therapists to provide "on-the fly" telehealth and a Peer Support presence at the RUHS Medical Center, to assist medical staff to support family members and loved ones of people at the end of life, due to COVID-19, with Compassionate Family Visitation. In most communities across the country, family visitation of COVID patients in hospitals has been forbidden, leaving most families to lose a loved one without the ability to say goodbye. RUHS Medical Center Executive Management devised a plan to allow families to say goodbye, when a patient's death was imminent. BH Medical Director asked Consumer Peer Services to participate in the way of providing support to medical staff in the process. This supportive service has been made a regular part of the COVID response at the RUHS Medical Center. Due to the high praise of hospital staff and the positive feedback received by the families allowed to visit dying loved ones, with the assistance of a PSS, there has been inter-departmental discussion of creating this role in the hospital as a permanent function going forward. Consumer Peer Services was recently approved to hire 3 line staff PSS to meet the needs of RUHS Medical Center, we currently in the hiring process of these positions.

Virtual Outreach Events

Consumer Peer Services and the Peer Support Specialists worked to employ new ways to outreach the community during the pandemic. Outreach events are a large part of how peers engage new community members in behavioral health services and reduce stigma around mental health and substance use challenges. The following were event planned and executed virtually, via Zoom, Skype and MS Teams:

TAY Collaborative Meetings – Community Partnership Event

The Longest Night – Homeless Memorial Event

Recovery Happens Virtual Event

May is Mental Health Virtual Event

Don't Just Survive – THRIVE

Peers Write & Share – Written Word Recovery Event

National Coming Out Day – LGBTQAI+ Event

Hemet Pride Virtual Event

TAY Friendsgiving – A Food-focused Social Event in November

HoliTAY – Holiday Social Gathering Event

Staff Training

Consumer Peer Services continued to provide training to all Behavioral Health Supervisors. The training, **The Supervisors' Guide to Peer Support**, was offered 5 times in this fiscal cycle. It is a 4-hour educational course for clinic and program Supervisors to clarify roles and responsibilities for Peer Support Specialists on treatment teams and the role of the Senior Peer Support Specialist as their partner at the clinic level. The course reviews County policies and procedures for all employees and assists Supervisors to clarify understanding of their role with their peer employee, how they can appropriately integrate consumer providers in their workflow, reduce stigma and troubleshoot challenges that may arise at the clinic level. This process has allowed space for even greater growth in recovery model practice and supervisory acuity of the PSS roles in clinics. The Supervisors' Guide to Peer Support was also trained to 2 other Counties, Santa Barbara and Merced, during this fiscal cycle, to support and mentor other counties in their process to build their own peer provided programs.

The Supervisors' Guide to Peer Support training activities opened doors to opportunities for SPSS staff to provide all-staff trainings that included the following:

- **Personal Wellness Recovery Action Planning Seminar (Personal WRAP©)** not facilitated this fiscal cycle (PSS, BHS, CT, Supervisors, and Administrators)
- **Five-Day WRAP© Facilitator Training**, not facilitated this fiscal cycle
- **Recovery Focused Service Delivery**, not facilitated this fiscal cycle

CSS

- **The Senior Peer Support Orientation & Training Manual** is a training available to all Senior Peer Support Specialists in the Peer Services Program and Clinic Supervisors. It is a manualized training curriculum that includes specific Peer Support Leadership policies, coaching resources and Peer Services-specific procedural expectations for staff working within the Peer Services Programs.
- **Advanced Peer Practices** is an advanced-level peer support course that focuses on transformation advocacy and the responsibilities to remain peer in systems that are traditionally structured for clinical practice. This course is offered to all RUHS-BH Peer Support Specialists, who have passed probation as full-time employees.

Peer Support & Recovery Model Concepts Training to Behavioral Health Stakeholders

- **CAST – Coping And Support Training** was a collaboration with Operation Safehouse and Cup of Happy to provide education to TAY consumers to develop healthy coping skills and build social and familial supports.
- **Clarifying the Peer Support Role vs. Clinical Roles** was a training provided at the Countywide All Supervisors Collaborative and the Desert Children's Coordinator's Meeting to introduce new Supervisors to the recovery model practices embraced by RUHS-BH and to clarify roles and responsibilities of Consumer Peer Support Specialists working in the behavioral health system. A total of 62 RUHS-BH Supervisors and 9 Supervisors from contracted service providers attended and received the SAMHSA Core Competencies of Peer Support and information about SB803, the CA State Senate bill to create a Peer Support Certification process in California.
- **20/20 Gift Program Peer Panel** is an opportunity for Peer Support staff to share their experiences working full time in a public health care service system with MFT and MSW students, whose internships have them working in RUHS-BH clinics, alongside peer providers, while being part of the selection panel of students accepted into RUHS-BH GIFT Program.
- **Transgender Foundations Training** is a peer-written, developed and presented curricula in a 3-part series of trainings available to RUHS staff, Department of Corrections Officers, Inmate Populations (Chino Women's

Prison), Public Health, Inpatient Treatment Facilities, City of Riverside and other area community partners to introduce transgender community awareness, cultural sensitivity and inclusion for transgender consumers, their family members and supporters. It sets the foundation for additional clinical best practices trainings to address gaps in health care, specific to transgender community members, and understanding gender identity and LGBTQIA+ social justice concerns. A booklet, "Know Your Colours" was also peer-written, developed and distributed at these trainings and at community outreach events. It outlines various gender identity and sexual orientation flags and provides a glossary of important LGBTQIA+ terms, to better inform providers and community members.

- **Peer Opportunities Workshop** (via Zoom) is a 4-hour course for Peer Employment Training graduates, designed to orient newly Certified Peer Support Specialists to the many ways a Peer Support Specialist can be of service to their community. The course lays out the job opportunities, not only within the RUHS service system but also with agency partners and other community peer-run organizations. Senior Peer Support staff provide detailed step-by-step instruction to apply for County jobs on the PeopleSoft website, to submit a volunteer application and to pursue possible internship opportunities in behavioral health.
- **Supervisors Guide to Peer Support** provided as a workshop for Merced, San Mateo Ventura and Santa Barbara Counties.
- **Building Peer Leaders in Youth Services** was operationalized and presented at all TAY Drop-in Centers Countywide as the official Peer Employment Training for all youth consumers ages 18-25, who were interested in becoming certified in the practice of peer support. This is the finalized version of the TAY Peer Support Pre-employment Training curriculum pilot executed in the last fiscal cycle.
- **Building Peer Leaders in Adult Service** was delivered to RUHS-BH PSS line staff and contract service providers. This training is the first offering of the RUHS-BH produced peer support training that employs the SAMHSA Core Competencies and Peer Support Practice Guidelines, in line with upcoming state standards under SB803. RUHS has graduated 76 Training participants, and has scheduled trainings throughout all three regions of the County bi-monthly.

- **Building Peer Leaders in Substance Use Treatment**– Substance Abuse Prevention & Treatment (SAPT) and Forensics programs Peer Leadership staff provided SAPT Presentation at Peer Employment Training for contracted service provider, RI International. This training is an overview of SAPT Programs and a "How to" when utilizing PSS in County SAPT programs.
- **Out of the Life** is a lived experience and recovery journey from experiences in commercial exploitation, presented to Riverside County Sheriff's Department, RCAHT training at the Ben Clark Training Center.
- **Human Trafficking – Lived Experience** is a peer-led workshop delivered to MSW students at California Baptist University.
- **Each Mind Matters - Directing Change** – Peer Services provided media coverage in partnership with Prevention & Early Intervention for the Each Mind Matters Statewide Outreach activities and event, this virtual event was held at California Theater of Performing Arts in San Bernardino. Senior Peer Leadership were asked by Each Mind Matters Leadership to adjudicate all film submissions in all categories.

Peer Support Advocacy for Change

Peer Services leadership worked with local County and State organizations to promote Peer Support services, recovery model practices and role modeled advocacy for person-centered care. During this fiscal cycle, the Peer Support Oversight & Accountability Administrator, Shannon McCleerey-Hooper provided training and mentorship to other California Counties, preparing to grow their own Peer Support Specialist programs. The following are advocacy –centered projects aimed at reducing the stigma of peer provided services, educating decision-makers nationally to influence transformational advocacy for peer provider integration to health care systems:

- Participated in SB803 Community Advocacy Forum held in a virtual format, hosted by CAMHPRO
- Provided Peer Support Leadership assistance and support to NAMI California for Southern Regional Advocacy Forum held virtually.
- Provided leadership and advocacy to the MHSOAC (Mental Health Services Oversight & Accountability Commission) at a public hearing advocating the

passage of the Peer Support Certification Senate Bill 803 that passed on September 25, 2020

- Provided mentorship and training to the leadership of Santa Barbara, Los Angeles and Merced Counties as they grow their peer support programs locally
- Was interviewed by University of California Berkley for a peer subject matter study
- Was interviewed by CCJBH (California Council on Justice and Behavioral Health) as a peer support subject matter expert
- Was added to the RUHS-BH Executive Team as a permanent member to bring the peer voice to the highest level of leadership in Riverside County
- Provided training and support to Emergency Operation Committee personnel regarding mental health and substance use self-care for EOC member during the height of the Covid-19 pandemic
- Was interviewed by Boston University as a peer support subject matter expert for a study, with follow-up survey
- Provided feedback and training materials to DHCS (Department of Health Care Services) for Peer Support Certification planning and roll-out
- Worked with RUHS-Medical Center to establish "Operation Uplift", a peer provided service for staff at the Medical Center. Peer Support Specialists provided peer support to front line workers experiencing high levels of anxiety, depression and compassion fatigue on site 24/7 during the height of the pandemic. This service was expanded later in the fiscal cycle to include support to the team at the Psychiatric Emergency Treatment Services Center (ETS) providing Peer Support Specialists to work after hours and weekends to provide peer support in the COVID-19 screening tent to people entering the hospital during the pandemic. Both the Medical Center and ETS Peer Support have been added to ongoing development projects to become permanent positions in both systems.
- Participated in a stakeholder panel at the DHCS Conference on Peer Certification Training Criteria
- Provided feedback to the California Behavioral Health Directors Association (CBHDA) on proposed California State Peer Certification criteria
- Peer Services Team participated in the Trauma Transformed: Trauma-Informed Systems Transformation Leadership Initiative, by assigning Senior Peer

Support Staff and Program Manager to participate in the initiative's preliminary leadership activities.

The Rustin Gym

Peer Services provides staffing and administrative support for all activities that take place in the Gym @ Rustin, which is a fitness center located at the Rustin Behavioral Health Conference Center. It is staffed by Consumer Peer Support Specialists who have lived experiences with behavioral and physical health recovery. The Peer Support Lead is a certified fitness instructor as well as certified in the practice of Peer Support. These peer staff assist all local outpatient programs to provide the space and equipment at the Gym, as well as technical support to any staff member who brings their consumers to the Gym to explore the use of physical fitness as a wellness and recovery tool. Due to conditions of the COVID-19 pandemic, services were limited and the following activities were not offered at the Gym in this fiscal cycle:

- **Chair Yoga for Seniors** – In partnership with the Mature Adult Program's Certified Physical Therapist
- **Mindfulness, Calming and Composure** – a series of meditative processes to assist the consumer to create in-the-moment grounding techniques as wellness and recovery tools.

Statewide Collaboration Efforts

- Peer Services leadership and line staff continued participation in the CalMHSA Innovations Technology Suite Project Cohort, in partnership with RUHS-BH MHSA Administration and Research & Technology to bring experienced Peer Support leadership to the collaborative process at the State level.
- Participated in SB803 Community Advocacy Forum held in a virtual format, hosted by CAMHPRO
- Provided Peer Support Leadership assistance and support to NAMI California for Southern Regional Advocacy Forum held virtually.
- Provided leadership and advocacy to the MHSOAC (Mental Health Services Oversight & Accountability Commission) at a public hearing advocating the

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- Provided training and support to Emergency Operation Committee personnel regarding mental health and substance use self-care for EOC member during the height of the Covid-19 pandemic
- Was interviewed by Boston University as a peer support subject matter expert for a study, with follow-up survey
- Provided feedback and training materials to DHCS (Department of Health Care Services) for Peer Support Certification planning and roll-out
- Peer Services Leadership provided a one-day mentorship in-service training to Merced County Peer Support Leadership and Program Management Team. Subjects covered in the training included HR Processes for Peer Providers, Supervision of Peer Providers on Treatment Teams, Senior Peer Support Mentorship, Training Clinical Supervisors working with Peer Support Specialists, Advocacy for Peer Support Career Ladders, The Importance of the Peer Role, SAMHSA Core Competencies for Peer Supporters and The Importance of Certification. This mentorship process is meant to transform systems Statewide in preparation for CA State Peer Support Certification Senate Bill 803.

Supporting the Peer Workforce

In its sixteen-year history, the Consumer Peer Support Program has been steadfast in the pursuit to provide monthly training and support to the people, whose job class is the only class in the RUHS-BH System to have self-disclosure as part of the job duties and expectations. In this pursuit, Consumer Peer Support Leadership has successfully

sustained monthly one-on-one supervision with Senior Peer Support Specialists and Monthly Group Training Supervision for all peer providers.

Peer Support Line Staff Monthly Training & Support Meetings occur on the third Wednesday of each month. Each is a 2.5-hour meeting to explore challenges, provide moral support, practice team building, provide recovery-oriented education and staff development, geared to drive full-time Peer Support Specialist staff to their core competencies of practice on treatment teams. The structured agenda has a recovery theme each month, and the training is oriented to the monthly theme. Since the pandemic hit, Senior Peer Specialists have increased this monthly training & support meetings to weekly or bi-weekly to increase skill set and competencies of SAMHSA Core Competencies of Peer Support, National Practice Guidelines for Peer Supporters and the Medi-Cal code of ethics for Peer Support Specialist in California as adapted by DHCS in July of 2021, in preparation of State Certification of Peer Support Specialists.

Senior Peer Support Group Supervision Meetings occur each month in a 2-hour session, specifically for Senior Peer Leadership to share learning opportunities, resources, strategize approaches to mentoring line staff Peer Support Specialists and to receive coaching and supervision in a group setting.

Senior Peer Support Supervision occurs one time each month or as needed. This is a one-hour structured private supervision for the Senior Peer Support Specialist to receive individualized peer support leadership mentoring from the Consumer & Family Peer Support Programs Manager. Each session includes updates on program-specific progress and addresses areas of concern. SPSS staff have this opportunity to ventilate challenges, brainstorm solutions, identify areas of growth, give and receive feedback, set goals and plan for future activities. This supervision is focused to assist the Senior Peer Leader to mentor Peer Support Specialist line staff, utilizing the SAMHSA Core Competencies for Peer Supporters.

Annual Peer Services Activities

- Peer Volunteer and Internship Programs is year-round, in 6-month rotations. In the FY20/21, Consumer Affairs had 2 Certified PSS Volunteers and, due to COVID-19, 0 PSS Interns, due social distancing regulations and facilities occupancy limitations.

- SPSS provided six (6) of Peer Opportunities Workshops for Peer Employment Training and Building Peer Leaders graduates. These take place year-round, they have been on a virtual platform the last 2 years.
- SPSS Support RI, International Staff at all 4 Wellness City locations until June of 2021, The Place Homeless Shelter in downtown Riverside, The Path Homeless Shelter in Palm Springs, as well as RII and Telecare Peer Support Specialist Staff at the Crisis Stabilization Units year-round.
- Through July of 2021 SPSS and PSS staff attended to support each Peer Employment Training Graduation County wide eight (8) times per year to provide material support, moral support to graduates and provide the keynote address to the graduates and attendees. They now attend Building Peer Leaders Graduations, when social distance requirements permits.
- Consumer Peer Services Communications Senior Peer Leadership provides approximately 70% of all social media postings for RUHS-BH, in efforts to have a constant flow of outreach presence on Facebook, Instagram, and Twitter. Annual social media presence has continued to.
  As follows, fan or follower numbers:
  Twitter 233
  Instagram 1,319
  Facebook 2,700
  YouTube 91 subscribers.

MHSA in Action!

Peer Support

I guess I always had a sense of not fitting in. My childhood and family life was far from perfect. Drugs and alcohol ran in my family. My parents fought a lot in my younger years and this led to a lot of childhood trauma and moving around a lot. This only increased my feelings of not fitting in as I was having to make new friends whenever we would move to a new place. This would lead to a lot of anxiety and depression.

In my younger years, I did decent in school on and off. I could get good grades when I truly applied myself but I soon learned that if I acted out that I got more attention from some of the kids I was seeking attention from. Therefore, I soon became the bad kid in school and I enjoyed it because it took me away from myself.

My rebellious attitude and blatant disrespect towards authority figures became really apparent in my middle school years. I was constantly in the principal's office for something and at times would be brought home by the police. I did not care I continued on with what I was doing. My parents would try to get me into counseling or therapy and I would fight going to that and never took it seriously.

During my high school years I began to use alcohol as a means for escape from my home life, from school but most of all from myself and the way I felt inside. I continued with my rebellious attitude and would constantly ditch school. In high school I began to use drugs as another means to cope with everything. About halfway through High School both my parents passed away and this only fueled my alcohol and drug use.

By the end of high school I was in a continuation school program on a youth probation program and still continuing to use drugs and alcohol with no plans of ever stopping or getting my life together. I ended up just dropping out of high school.

When I became an adult—if you could even call it that— I was just the same way but with a lot more problems. I could never keep a job even though I had a lot of skills, I would just constantly burn opportunities and people. I would avoid a lot of the people that I had burned because of the shame that I felt for the way that I was. I would go through phases of isolation and progressive alcohol and drug use.

I was at my rock bottom when I was offered behavioral health services through the Indio recovery opportunity center program at Indio SAP-T. It was there I met the peer support specialist with whom I had a lot of similarities.

He made me feel welcome to the program the first day I met him, sharing a little bit of his story with me. This made me feel not so alone like I had always felt. Through behavioral health therapy and group sessions I gained a sense of belonging to that I had always longed for in my life. I no longer had to avoid people or places out of shame for the way I was.

I began to make changes in my life step by step being introduced to a life of recovery and living without drugs and alcohol as a means to fill the void in me.

Through slow and steady work on myself I was able to get to a point where I was able to get back into my career. I'm now working on being more self-sufficient and things are truly getting better.

3-Year Plan Goals Continued

- To create an Anger Management Group Curriculum that adheres to the Peer Support Recovery Model to be delivered to consumers in all clinic and detention environments – **This goal was met. Taking Action to Manage Anger was launched during this fiscal cycle.**
- To create an Eating Disorders Group Curriculum that adheres to the Peer Support Recovery Model to be delivered to consumers in all clinic and detention environments – **still pending**
- To build upon Peer Support workforce numbers to increase peer provider presence in TAY, specifically in Children's Services System and Detention Environments – **still pending**
- To create a new Peer Support Specialist category for individuals from the Deaf & Hard of Hearing Community. To meet the needs of DHH individuals, RUHS-BH Consumer Peer Services is striving to penetrate this hard to engage community through peer support. Adding a specific Peer Employment Training for DHH consumers to bolster representation of this community to the peer workforce – **still pending**
- To create and launch a "Real Peer Chat" technology, instead of leaning on existing Artificial Intelligence programming in smartphone applications and websites. In that creation, the bigger goal is to influence statewide peer support program growth, influencing other Counties to grow peer support programs that assist peer providers to adhere to SAMHSA Core Competencies for Peer Supporters – **This goal was met with the deployment of the Take My Hand Live Peer Chat under the Innovations Tech Suite Program. A Take My Hand Live Peer Chat smartphone application is currently in production, to be released to the community in the next fiscal cycle.**
- As a carry-over from FY 18/19 Bilingual Spanish PSS Services. With the addition of our new Spanish Language Senior Peer, we will be moving forward to focus energies to the Spanish speaking community to support and provide more recovery-oriented services in Spanish – **This goal was partially met with the hiring of 2 new Senior Peer Support Specialists who are Spanish speaking and will be working to convert all group curricula county wide to Spanish.**

- Add a new level of Executive Leadership to the Consumer Peer Services Program by creating an Administrative Management position that oversees all Peer Support Services County wide, to create a structure of training and support for all areas of peer work. This role would provide full oversight of training and compliance of peer support practice for all Adult Consumer Peer Support Specialist and Family Advocates, TAY Peer Specialists and Parent Partners. – **This goal was met with the hiring of the first Peer Support Oversight & Accountability Administrator.**

Contracted Peer Operated Programs

Peer Opportunities

Lived Experience as a behavioral health consumer is a gift to be given back to the communities we live in. People with lived experience can, and do, get better. With coordinated support and training, a person who struggles with mental illness can learn to be with people one-on-one or in a group setting, providing Peer Support. Any person with lived experience in treatment and recovery for a mental health and/or substance use challenge can take a pre-employment training course, provided free of charge to residents of Riverside County, with RI, International. **These services were brought in-house with RUHS-BH, this fiscal cycle with Building Peer Leaders Trainings in preparation for Peer Certification Program implementation during the next fiscal year.**

Peer-Run Centers Summary: Wellness Cities

Peer Support and Resource Centers operated by Recovery Innovation, Inc., are referred to as "Wellness Cities". The Wellness Cities are operating in all three regions of the County that provides an open recovery environment for adults and transitional aged youth (TAY) where they can explore a wide range of mental health and recovery based services. The centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. Each location offers a variety of support services including vocational, educational, housing, benefit resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. Wellness Cities, a "step-down" from the more intensive programs, or levels of care, as consumers work towards self-sufficiency and full community integration. This program

works to engage individuals to take the next steps in their recovery process. Utilizing the Wellness Cities assist consumers to become less reliant on more costly core Riverside County Behavioral Health services.

Consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. They also provide alternative levels of care in order to increase capacity and allow for a lower level in the continuum of care for the Integrated Service Recovery Center's Full Service Partnership (FSP) clients. Peer-to-peer support continues to be a priority need identified by Stakeholders. Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. There are three regionally located centers, operated by RII. This program works to engage individuals to take the next steps in their recovery process and increase the utilization of the peer.

As costs for the Wellness Cities continued to rise, but the numbers of consumers served did not, peer and program leadership re-imagined the Peer Center concept to address growing trends, contemporary engagement methods, and stronger community integration. As a result, it was decided to end these centers as a contracted service at the close of FY 20/21, and to continue the Peer Centers under Consumer Peer Services direct management. **These services were brought in-house with RUHS-BH, this fiscal cycle with the development of four planned Peer Resource & Support Centers located in Downtown Riverside, Temecula, Perris and Indio.**

Artworks Summary

Through the on-going Mental Health Services Act (MHSA) Community Planning Process, creative arts programming and peer-to-peer supports continues to surface as a priority need identified through the stakeholder process. Recovery Innovations, Inc. (RII) operates Peer Support Resource Centers through another contract with RUHS-BH.

Since 2013, RII has successfully built a peer-run arts program based on the unique needs of Riverside County communities. The "Art Works Program" combines four essential elements to improve the lives of the people it serves; 1) creative art therapies, 2) vocational training, 3) peer-driven wellness and recovery, and 4) anti-stigma outreach. The Art Works team has built relationships throughout the county to bring relevant programming to each location it serves. In addition to the local gallery programs in the City of Riverside, the team travels to various locations to provide a series of on-site classes. These classes focus on the unique blend of art that has a recovery theme or represents one's journey. A variety of peer support specialists, peer artists, local artists and professional educators are a part of Recovery Innovation's Art Works programs.

Peer Employment Training (PET)

Peer Employment Training, provided under contract with RI, International, is engaging and fun, challenging and transformative, holding the high expectation that people with significant challenges can overcome them and succeed at the highest level. 72-hour interactive training focuses on:

1) Developing peer support skills for use in the workplace

2) The exploration and development of personal recovery

3) Supporting individuals in recognizing their strengths, responsibilities and accountability as certified peers.

A certificate is issued upon completion of the course. Training prerequisites include a High School Diploma or GED equivalent and lived experience with recovery.

This service will be replaced by the Building Peer Leaders training course under the new California State Peer Certification implementation plan in the next fiscal cycle

PET Summary

Recovery Innovations. Inc. (RII) provides services and training to identify, develop and certify consumers into Peer Support Specialists – consumers trained to assist other consumers to successfully navigate Riverside University Health System-Behavioral Health (RUHS-BH) services and care programs. RII is the local pioneer creating, managing, and teaching curriculum for Mental Health Peer Development and

Employment. They were instrumental in guiding RUHS-BH through the process of introduction, orientation, and integration for the training of Mental Health Peer Specialist positions. RII was involved in the development of the programs that enabled the department to operationalize the Mental Health Services Act (MHSA) Plan, which has become the standard of practice and successfully collaborated with RUHS-BH to become a peer development leader in the State of California. These activities promote and advance the recovery vision for Riverside County. RII has provided these services while continually improving the program as the needs of the consumers and community evolve. RII is instrumental in coordinating the Intern Program for Consumers, Family Members and Parent Partner Peer Support volunteers. Additionally, the Peer Employment training provided through this contract is the first step that sets the groundwork for a well-prepared pool of Mental Health Peer Specialist candidates from which to hire. Several graduates participate in an Intern Program that provides detailed, on-the-job training to ensure they build the same skills as those already employed and providing direct services in the clinics and programs. RUHS-BH has over 200 peer positions and leads the state in peer employment.

PET will also transition from a contracted service to a program managed under Consumer Affairs at the start of FY 21/22. **During this fiscal cycle, these services were brought in-house with RUHS-BH, with the Building Peer Leaders Training that RUHS-BH is currently providing to all new peer providers, with a refresher course in development to assist existing peer employees to best prepare for the coming state exam requirements.**

Family Advocate Program

Evidence Based Programs/ Classes:

Family WRAP
WRAP for Substance Use
DBT Group
MHFA – Mental Health First Aid

Community Education

Taking Action to Manage Anger for Families"
"Empowering Families to Participate"
"Holiday Stress Management"
"Coronavirus & Mental Health"
"Advocacy Overview: Education, Support, Resources and Information"
"Crisis Support Systems"
"Families, Mental Illness and the Justice System"
"Meet the Doctor
"Meet the Pharmacist"
"Meet the Clinical Therapist"
"In's & Out of Conservatorship"

Special Projects

May is Mental Health – A Virtual Event
Virtual NAMI Walk

Countywide Services

Toll Free Family Advocate Line

Family Support Groups

Sibling Support Groups

Free Community Educational Activities

Resourcing & Navigation

Substance Abuse Prevention & Treatment Family Support

Justice System-Involvement Support

TAY Services

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

Currently, FAP employs six (6) Senior Behavioral Health Peer Specialist – Family Advocates (Senior Family Advocate - SFA) and fourteen (14) Behavioral Health Peer Specialist – Family Advocates (Family Advocate - FA) providing services throughout the three Regions in Riverside County (Western, Mid-County and Desert). Peer Support is an evidence-based practice for individuals with mental health conditions or challenges. Family Advocate peer support is provided by individuals who self-identify as a family member/caregiver of adults engaged in behavioral health services or community family member/caregivers who seek assistance in support and navigation prior to having their loved one introduced to available services.

The 6 SFAs are assigned regionally, to specific sites and countywide. Regionally: one in the Western region, one in the Mid-County region, one in the Desert region. Specific sites: one to the Family Rooms located in Lake Elsinore and Perris. Countywide SFAs provide services with one each assigned to specialized areas: Forensics, Substance Abuse Prevention & Treatment (SAPT), TAY Centers (3 locations) and Outreach & Engagement. The SFA works in collaboration with clinical staff and provides leadership, mentorship and guidance to FA line staff. The 14 FA line staff work directly with family members of consumers in several clinics, programs and community sites within Riverside County.

The Family Advocate Program offers support, education and resources in the forms of:

Support Groups

During the height of the pandemic, the FAP responded by fortifying family support through virtual group offerings County wide. FAP expanded group accessibility by over 100% by allowing the community to access a support group via Zoom 4 times a week, regardless of any clinic affiliation. Each group is formatted to provide a safe space for family members and caregivers to share their experiences, connect to resource information, and receive guidance through an educational process to assist family member, to build skills, promoting higher levels of wellness and recovery to the entire family unit.

- Sibling Support Group
- Taking Action to Manage Anger
- Coffee for the Soul / Café para el Alma
- Substance Abuse Family Support
- Family DBT

- Grupo de Apoyo Familiar
- Crisis Support for Families

Community Presentations

During this fiscal cycle the FAP hosted numerous informational presentations to family members and the community on topics, including but not limited to:

- "Taking Action to Manage Anger for Families"
- "Empowering Families to Participate"
- "Holiday Stress Management"
- "Coronavirus & Mental Health"
- "Advocacy Overview: Education, Support, Resources and Information"
- "Crisis Support Systems"
- "Families, Mental Illness and the Justice System"
- "Meet the Doctor". Through our "Meet the Doctor" series, the FAP collaborates with Riverside University Health System – Behavioral Health (RUHS – BH) psychiatrists to inform and educate families from a provider's perspective on topic's such as medication adherence, sleep difficulties, the diagnosis of schizophrenia and bi-polar, among other topics.
- "Meet the Pharmacist"
- "Meet the Clinical Therapist"
- "The In's & Out of Conservatorship"

Training

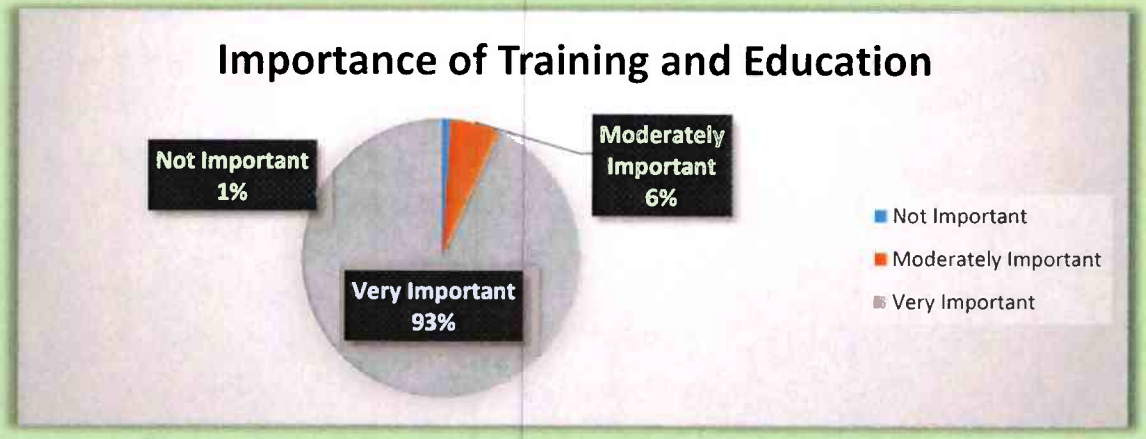
FAP facilitates the following training courses to family members/ caregivers:

- Family WRAP (English and Spanish). Family WRAP is recognized by the Federal Substance Abuse and Mental Health Service Administration (SAMHSA) as an evidence based practice.
- Family-to-Family (English and Spanish). The National Registry of Evidence Based Practice (NREPP) listed Family-to-Family as an evidence based practice.
- DBT for Families (English and Spanish)
- Crisis to Stability
- Real Recovery

- Mental Health First Aid. MHFA is a public education program that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and overviews common treatments and supports.

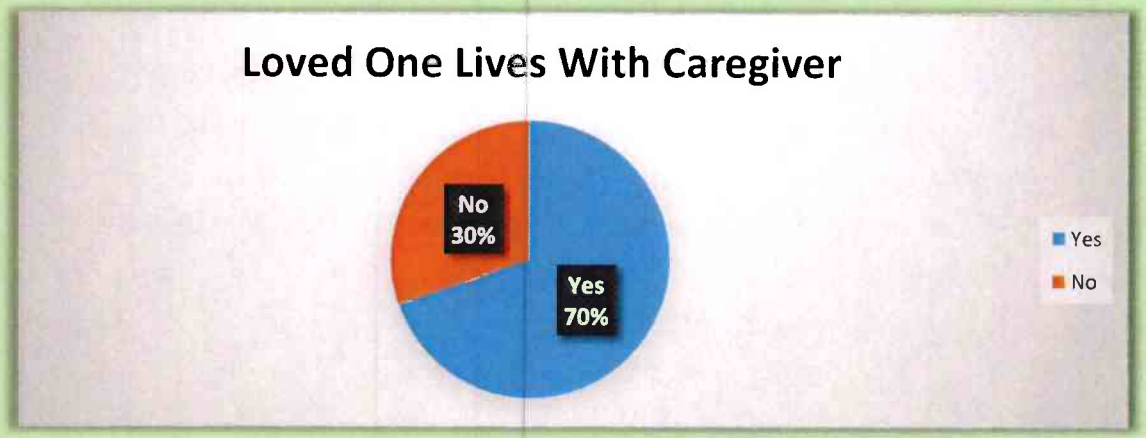
Outreach

FAP networks with community agencies through outreaching at local universities, colleges, high schools and middle schools, providing educational materials resources to staff and students on mental health and stigma reduction. FAP attends health fairs, and shares information on trainings to culturally diverse populations. Outreach and engagement includes May is Mental Health Month for the past three years, NAMI Walk, Recovery Happens, and numerous public engagements. The Outreach and Engagement Countywide SFA organizes all-inclusive community mental health events for families to make interpersonal connections to the Mental Health System in Riverside County. FAP hosted its fifth annual "Family Wellness Holiday Celebration" (formerly known as "Posada") attended by approximately 100 family members from diverse communities in a virtual environment. Per community suggestion, the FAP in collaboration with NAMI will explore the implementation of other cultural adaptations of NAMI programs such as "Compartiendo Esperanza" for the Spanish speaking community, as well as "Sharing Hope" modeled for the African American community. FAP assists in various anti-stigma campaigns where behavioral health outreach is not traditionally given, such as community centers and faith-based organizations. Outreach takes place in Veteran clinics and hospitals to provide information on NAMI Home Front, an educational program designed to assist military families care for a family member diagnosed with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other diagnoses.

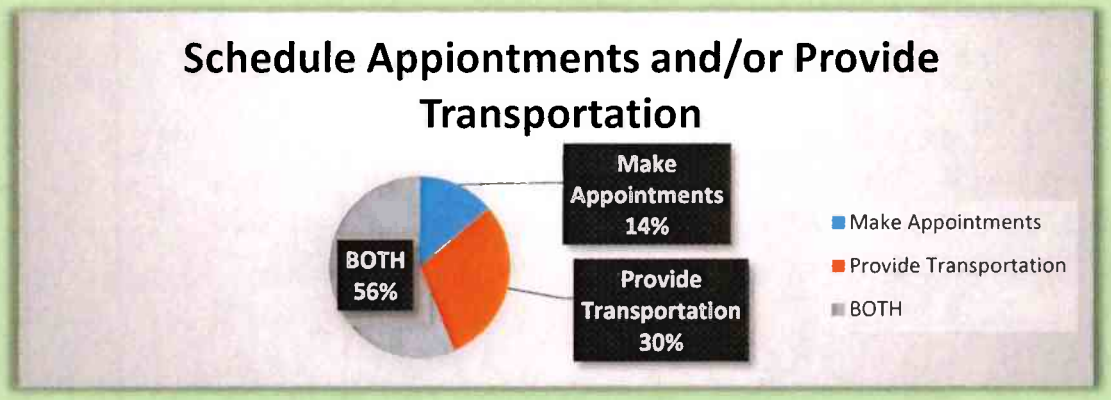


Through our presentations, trainings, and outreach efforts, we learned the importance families place on information and education. **Feedback surveys collected from family members/ caregivers show an overwhelming amount of request for information and education.**

Many of the families we serve find information and education important because of the role they play in caring for their loved ones.



Seventy percent of the families served live with their loved one diagnosed with a mental health diagnosis.



Families shared their involvement in their loved one's care. Fifty-six percent reported scheduling and providing transportation to their appointments.

Clinics/Sites

The FA line staff members work directly with family members of consumers within their clinics, sites and programs. FA line staff members are located in various clinic settings as well as our crisis teams throughout the County. FA staff assist to enhance family support services within the outpatient clinics and work directly with clinical staff to advocate for families' integration into treatment. FA staff provide support at the Blaine, Hemet, Corona Wellness, Lake Elsinore, Perris, Temecula and Indio Adult Behavioral Health Clinics. By promoting the empowerment of family members, they are better able to assist in their loved one's road through recovery, as well as their own. FAs assigned to the Family Rooms emphasize the engagement of families into treatment by offering support, education and resources to enhance the family member's knowledge and skills and expand their participation and active role in their loved one's treatment. The FAP continuously implements its commitment to providing support, education, and resources to families in the TAY Centers. Education, information and engagement of parent, family members and other supportive persons are included in the services and are able to receive supportive service from Family Advocates. Throughout Riverside County, FAs hold weekly family support groups, TAY family support groups and a sibling support group. This includes providing individual family support to family members within the behavioral health system, as well as, in the community.

CSS

Substance Use

FAP assists families to understand the Substance Abuse Prevention & Treatment (SAPT) programs within the behavioral health system. The SFAs provide support to families through education and skills needed to build healthy boundaries for their loved ones with co-occurring challenges. The countywide SFA position acts as a liaison between SAPT programs, behavioral health providers and families. Substance Abuse Family Support Groups occur on a weekly basis, an increase of frequency, due to the unique challenges faced by family members and caregivers during the COVID-19 pandemic. The SFA collaborates with SAPT program and other RUHS – BH departments to offer support, education and resources to families throughout Riverside County. In addition, this position provides direct linkage to community based supports such as NAMI, DBSA, RI, International, Nar-Anon, Al-Anon, CODA, regional Family Advocates and their area support groups. The FA Program was recently approved to add an additional SFA staff member to the SAPT team to further the efforts within Riverside County.

Forensics

FAP works with the office of Public Guardian (PG) and Long Term Care (LTC) programs to assist families within the judicial system, Diversion Court and Mental Health Court. Families experience increased struggles with understanding the complexities within the criminal justice system, such as incarceration, criminal court proceedings, MH Court, Long Term Care and Public Guardianship. The Forensics SFA is able to assist families to navigate these programs, offering support, providing a better understanding of the system and offering hope to their loved ones. This SFA provides support, resources, and education to families whose loved one has been placed on conservatorship and/or are at a Long Term Care Facility. This SFA also acts as a liaison between families and the programs to offer additional support and an understanding of the LTC and PG processes, Veterans Mental Health Court and Detention. The State of California, Council on Criminal Justice and Behavioral Health (CCJBH), recognized the FAP for the support offered to families in the judicial system and its continued contribution to reduce recidivism rates. The FAP developed several family educational series, such as "Families, Mental Illness, and the Justice System", "My Family Member Has Been Arrested" and "The Conservatorship Process," in both English and Spanish to the library of presentations offered countywide to family members, providers, and the community. Family Advocates Program was recently

approved to hire 3 line staff Family Advocates to assist in the Forensics Programs to meet the increased needs of the community.

Collaboration

FAP attends and participates in several Behavioral Health Department Committees. Such as TAY Collaborative, Criminal Justice, Behavioral Health Regional Advisory Boards, Adult System of Care, Veterans Committee, and Cultural Competency Committees, to ensure that the needs of family members are heard and included within our system. FAP is part of the Family Perspective Panel Presentations with several RUHS – BH programs and agencies such as the Graduate Intern Field and Trainee (GIFT) program, Workforce Education and Training (WET) and the Crisis Intervention Team (CIT) training to Law Enforcement. The CIT training includes the family perspective when called upon to de-escalate a mental health crisis. The FAP remains the liaison between RUHS – BH and the National Alliance on Mental Illness (NAMI) to assist the four local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program and will facilitate classes in both English and Spanish as needed. FAP assisted the Riverside and Hemet NAMI affiliates to start the first two Spanish-speaking NAMI meetings in Riverside County. In partnership with the local affiliates, the Spanish NAMI meetings successfully provide much needed support to our Spanish-speaking communities. Most recently, FAP in partnership with the Filipino American Mental Health Resource Center to engage, support, and educate family members on mental health services. FAP works in collaboration with the Cultural Competency Program outreach and engagement efforts in all three regions. The FA Program was recently approved to add an SFA to the Cultural Competency team to further the efforts within Riverside County.

Volunteers continue to be an essential part of the FAP. SFA mentor volunteers in the day-to-day activities of a FA line staff. Their activities include attending the NAMI Family-to-Family Education Program and family support groups. Under the direction of the SFA, volunteers and interns are active in outreach and engagement of the underserved populations, as well as co-facilitating the NAMI Family-to-Family classes and family support groups. The FAP continues to join forces with Consumer Affairs and Parent Support and Training programs to promote collaboration and the understanding of family and peer perspectives.

Parent Support and Training Program

Evidence-Based Programs/ Classes

- Educate, Equip, Support (EES)
- Triple P/Triple P Teen
- Facing Up
- SafeTALK
- Nurturing Parenting
- Strengthening Families
- Mental Health First Aid-Youth
- Parent Partner Training

Special Projects

- Back to School Backpacks
- Thanksgiving Meals
- Snowman Banner Gifts
- Donations
- Drive Through Events

County-Wide Services/Activities

- Parent-to-Parent Telephone Support Line
- Open Doors Support Groups
- Resource Library
- Outreach and Community Engagement
- Volunteer Services
- Workshops/Trainings
- Multi-Agency Collaboration
- Presentations

The Riverside University Health System – Behavioral Health, Parent Support and Training (PS&T) program was established in 1994 to develop and promote client and family directed nontraditional supportive mental health services for children and their families. PS&T programs across the country have been developed in response to the many obstacles confronting families seeking mental health care for their children and to ensure treatment and support be comprehensive, coordinated, strength-based, culturally appropriate, and individualized. PS&T ensures parents/caregivers are engaged and respected from the first point of contact. Parents want to be recognized as part of the solution instead of the problem. Parents and staff embrace the concept of meaningful partnership and shared decision-making at all levels and services benefit from a constant integration of the parent perspective into the system.

Parent Support and Training Administration

Parent Partners are hired as County employees for their unique expertise in raising their own child with special needs. The Mental Health Peer, Policy, and Planning Specialist (PS&T Manager) for Children's Services is intended to implement parent/professional partnership activities at the policy and program development level. This position works in partnership with the Children's Services Administrators and the RUHS-BH Executive team to ensure the parent/family perspective is incorporated into all policy and administrative decisions. The Manager provides oversight to eight (8) Senior Parent Partners, ten (10) Parent Partners, one (1) Volunteer Services Coordinator, one (1) Secretary, and one (1) Office Assistant. Each Senior/Lead Parent Partner is assigned to a different region of the County (Western, Mid-County, Desert) to collaborate with the regional Children's Administrator, Children's Supervisors, and regional Parent Partners (who are designated to work in a specific clinic/program). They provide coaching and guidance to the regional Parent Partners to ensure best practices in working with families. There are also Senior/Lead Parent Partners for identified populations. A Senior/Lead Parent Partner is assigned to Pathways and works closely with our Child Welfare Partners to identify the needs of the families and to be a continued family/parent voice at the table. A Senior/Lead Parent Partner is a part of Resilient Brave Youth Program that works with our children/youth that are being commercially exploited. A Senior/Lead Parent Partner is housed at one of our Transitional Aged Youth (TAY) Drop-in Centers to work collaboratively with the specific needs of both parents of the TAY, as well as the TAY who are parents themselves. A Senior/Lead Parent Partner is assigned to the Housing Program with our homeless family population. This fiscal year 20/21, Parent Partners worked to link 172 families with our housing partners. Parent Partners within the Administration unit provide supports to the broader community as well. In FY20/21 PS&T reached out to over 700 parents, young people, community members and staff with needed information and resources to better advocate for their children and family members. Services provided include:

Parent-to-Parent Telephone Support Line

This support line is available countywide and open to parents/caregivers who live in Riverside County and are seeking parent-to-parent support through a non-crisis telephone support line. This is an 800 number phone line for parents to access information at no charge. This phone service supports and educates parents who are

unable, or choose not to attend a parent support group. Support is provided in both English and Spanish.

Open Doors Support Group

This group is open to the community and provides parents and caregivers, raising a child/young person with mental health/emotional/behavioral challenges, a safe place to share support, resources and information and brainstorm solutions. Groups are provided countywide in English and Spanish. For F/Y 20/21 due to the Covid-19 pandemic, PS&T created the Open Doors Virtual Support Groups.

Current Group locations:

- Open Doors Riverside (Community Parent Support)
- Open Doors Murrieta (Community Parent Support)
- Open Doors Riverside – Spanish (Community Parent Support)
- Open Doors San Jacinto (Clinic-Specific Parent Support)
- Open Doors San Jacinto - Spanish (Clinic-Specific Parent Support)
- Open Doors Banning (Clinic-specific Parent Support)
- Open Doors Perris (Community Youth and Parent Support)

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

Outreach and Community Engagement - Community networking/outreach reduces stigma and builds relationships by providing educational material, presentations, and other resources. It focuses on access for culturally diverse populations to engage, educate and reduce disparities in access for these communities. This fiscal year 20/21, PS&T participated countywide in fewer Outreach Events, due to the conditions surrounding pandemic. Parent Partners routinely attend a variety of community health fairs, cultural events, school-based events and other community-based events to share information and available resources/services within Behavioral Health. Due to Covid-19, the majority of these events are conducted virtually.

Outreach Events:

Hope D/T Event
Boys & Girls Club Palm Springs
MVUSD Back Vaccine Fair
Food Bank Cathedral City
Employee Appreciation Month
Wellness Wednesday
MH Awareness Month

Evidence-Based Programs/Classes - The Parent Support & Training program continues to provide the following classes/trainings in the community at a variety of sites in both English and Spanish. In FY 20/21, 1,540 parents in the community participated in parenting classes. 23 parents in the community participated in parent workshops, and 346 community members attended educational presentations. During F/Y 20/21, PS&T staff receive Nurturing Fathers Parenting Class training. This parenting class for fathers was added to our class offerings.

- **Educate, Equip, and Support (EES): Building Hope** - The EES education program consists of 13 sessions; each session is two hours and offered only to parents/caregivers raising a child/young person with mental health and/or emotional challenges. Classes are designed to provide parents/caregivers with general education about childhood mental health conditions, advocacy, parent-to-parent support and community resources.
- **Triple P (Positive Parenting Program)** - Triple P is an evidence-based parenting program for parents raising children 0-12 years-old who are starting to exhibit challenging behaviors.
- **Triple P Teen** – Triple P Teen is an evidence-based parenting program for parents raising young people that are 12 years and older.
- **Facing Up** - This is a non-traditional approach for overall wellness for families to encompass physical, emotional and spiritual health.
- **SafeTALK** - Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed or avoided, leaving people feeling more alone and at greater risk. SafeTALK training prepares participants to help by using TALK (Tell, Ask, Listen, and Keep safe) to identify and

engage people with thoughts of suicide and to connect them with further help and care.

- **Nurturing Parenting** - An interactive 10-week course that helps parents better understand their role. It helps to strengthen relationship and bonding with their child, learn new strategies and skills to improve the child's concerning behavior, as well as develop self-care, empathy and self-awareness.
- **Strengthening Families** – A 6-week interactive course that focuses on the Five Protective Factors. The Five Protective Factors skill-building helps to increase family strengths, enhance child development and manage stress.
- **Mental Health First Aid Youth** – Teaches participants to offer initial help to young people with the signs and symptoms of a mental health condition or in a crisis, reviews the unique risk factors and warning signs of mental health challenges in adolescents ages 12-18. It emphasizes the importance of early intervention and help to adolescents in crisis or experiencing a mental health challenge, and connects them with the appropriate professional, peer, social or self-help supports.
- **Parent Partner Training** - This is a course for parents/caregivers of minor children to navigate mental health, and other systems, in order to better advocate for their children. It includes parent-specific peer support practices to prepare parents for possible employment opportunities as Parent Partners in the RUHS-BH system.

Special Projects - Donated goods and services benefit children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates, as well as cultural and social events. In FY 20/21 the following projects provided resources to families:

- 20th Annual Back to School Backpack Project: 393 backpacks were distributed to young people at clinics/programs.
- 20th Annual Thanksgiving Food Basket Project:137 food baskets were distributed to families. An additional 22 Holiday meals were distributed as well.
- 20th Annual Holiday Snowman Banner Project: 1369 snowflake gifts were distributed to young people in clinics/programs.

Volunteer Services – PS&T recruits, supports and trains volunteers from the community, including family members that are engaged in services, giving both the parents and the young person an opportunity to "give back" to their community through volunteerism. The PS&T Volunteer Coordinator is Bilingual/Spanish and coordinates special projects that focus on culturally diverse populations, training and mentoring volunteers to be of service.

Workshops/Trainings provide staff, parents and the community information on the parent/professional partnerships. The trainings include engagement and a parent's perspective to the barriers they encounter when advocating for services and supports for their child. These workshops provide a parent's perspective in the provision of mental health services to children and families.

Clinic/Program Parent Partners Support

Leadership/Coaching - Newly hired Parent Partners are provided training and orientation that includes: How to Facilitate a Support Group; Orienting Parents to the Behavioral Health System; Educate, Equip and Support Facilitator Training; and Nurturing Parenting Facilitator Training. The training is also made available to Parent Partners employed by partner agencies, such as the Department of Social Services, contract service providers, and other community-based agency partners. All trainings/meetings are open to all Parent Partners working within a multitude of systems. Training topics include: Recovery Skills; Telling The Family Story; and Working within the County System as an Employee/Volunteer.

There is a monthly county-wide meeting for all Parent Partners (Peer Support Specialists). There is also a weekly regional Parent Partner meeting to discuss region-specific concerns and to offer additional support. The meeting generally includes a roundtable discussion and updates from each clinic as well as training and presentations on specific topics. Presentations are provided by both County and contracted providers with topics such as: Community Care Reform (CCR) Implementation, Crest/Reach crisis services, Operation SafeHouse, HHOPE, Confidentiality, Mandated Reporting, Team Building, Boundaries, Strengthening Families, CANS and Documentation for Parent Partners. Parent Partners countywide participated in the UACF and UC Davis Parent Partner trainings.

Clinic/Program Parent Partners - Parent Partners are hired as County employees for their unique expertise in raising their own child with special needs. At clinic/program

sites, in coordination with clinicians, the Parent Partner will work directly with assigned parents, families, and child caregivers whose children receive behavioral health services through the Riverside University Health System – Behavioral Healthcare system. Activities include parent-to-parent support, education, training, information and advocacy. This enhances parents' knowledge and builds confidence to actively participate in the process of treatment planning at all levels. Evidence-Based programs/classes (listed above) are also provided by Parent Partners at clinic sites. The current number of Parent Partners countywide is 51 (26 of whom are bilingual English/Spanish).

Partnerships/Collaboration

PS&T program has continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways trainings for new staff. PS&T along with DPSS have incorporated the changes in both systems to ensure that all children entering the child welfare system are receiving mental health services as needed. This is the avenue, though which, parent and family voices continue to be heard in both systems. PS&T continues to attend Team Decision Making (TDM) and Child Family Team (CFTM) meetings to be a part of the process and a support to the families. PS&T attended 83 CFTM meetings for families. In F/Y 20/21, PS&T also was the Provider for DPSS Parent Referrals' of 2,139 parents that were referred through DPSS/ACT.

In FY 20/21, PS&T collaborated with Substance Use, Probation and Detention programs to provide Triple P parenting classes. 215 parents participated in Triple P through our continued partnership with the Family Preservation Program. 46 parents at the Day Reporting Center (Probation) participated in parenting classes. At this time, due to pandemic conditions, PS&T has not been able to provide services to Smith Correctional Facility.

PS&T will continue to be a part of the Crisis Intervention Training (CIT) for law enforcement, as a part of the panel presentation, to provide the parent perspective when a child is experiencing a mental health related crisis response from law enforcement.

Community Committees/Boards – PS&T Program Manager and Senior Parent Partners participate in a variety committees and collaborations throughout the County.

- Southwestern and Western Regional Child Care Consortium (Committee)
- HOPE Prevent Child Abuse Board
- United Neighbors Involving Youth (UNITY)
- IECHI Task Force
- QPI
- Growing Healthy Minds
- Perinatal Collaborative
- Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs)
- SELPA Interagency Meeting
- Riverside County Department of Mental Health Committees/Boards
- Cultural Competency Committee
- Translation and Interpretation Committee
- Cultural Awareness Celebration Committee
- Pathways to Wellness/CCR - Collaboration with DPSS
- TAY Collaborative Committee
- Pathways to Wellness/CCR - Family Perspective Presentation
- Mental Health Children's Committee
- Western Region Supervisors Meeting
- Central Region Supervisors Meeting
- Mid-County Region Supervisors Meeting
- Desert Region Supervisors Meeting
- Pathways to Wellness (CSOC) CORE Meeting
- Pathways to Wellness (CSOC) Steering Committee
- Pathways to Wellness (CSOC) Work Groups Leader Orientation

- TAY Collaborative
- AAFWAG
- Coalition Youth Experiencing Homelessness
- DPSS FSS/HSP
- Youth Homelessness Committee
- CES Navigation Council
- Healthy Jurupa Valley
- Latino Commission
- IEHP/BH
- Suicide Prevention Coalition
- WRAB Meeting
- Trauma Informed System Champions
- MCAH Community Advisory Board
- DRC
- QSRC Consortium
- Housing Support Section 8 Meeting
- PEI Steering Committee
- Children's Coordinator

COVID-19

With COVID-19, the Fiscal Year 20/21, PS&T has looked differently, then in previous years. In order to best support the parents/families with whom we engage, as well as the community, adaptations to our services were developed. PS&T was able to continue to reach out and adapt services virtually, via MS Teams, Zoom and Webex. PS&T collaborated in a variety of ways to ensure that parents/families were heard and helped. The Parenting Classes facilitated through PS&T were conducted in person when space allowed for physical distancing, virtually and a hybrid model. This involved both one-on-one parenting classes with individual parents, as well as group workshops. Parents were mailed course materials to ensure their ability to fully participate in the parenting classes.

PS&T Outreach Projects also looked differently during this fiscal cycle. PS&T integrated a Drive-Thru Engagement Open Doors Event to involve families. PS&T had four of these events during F/Y 20/21. There was a Halloween/Fall Event, 2 Holiday Events for Open Doors Groups, and a May Is Mental Health Children's "Baseball" Event. These Events invited families to "Drive-Thru" our different "booths" to obtain information materials, PPE, food, activities and seasonal goodies for the entire family. Each event had approximately 33-35 cars that drove through with 42-46 parents and 93-101 children that attended each of the events. These events were very creative, fun and engaging, with staff participating in costume as Santa Claus, Disney characters and provided ambient music to create a festive atmosphere.

Additional support for staff during the pandemic has been essential. Weekly regional Parent Partner meetings were conducted to support and address the needs of Parent Partners working remotely and how best to outreach to parents/families under pandemic-era conditions. In addition, monthly countywide parent partner meetings were also implemented to ensure that all Parent Partners had necessary information, resources and support during the pandemic.

MHSA in Action!

Parent Support

In February of last year, I asked Lorena Molina, my Parent Partner, for resources that would help my family and I have better communication with my son that was in the YHIP program. She provided me a flyer for the Triple P parenting classes that would help me with this. So I enrolled in the Triple P parenting classes in Spanish because I am bilingual and morning classes worked best for me. Artie Gutierrez the Parent Partner and Facilitator is awesome!

In the first class, I was an emotional wreck and was asked to share why I decided to take the class and what I wanted to take away from it. With tears in my eyes I explained that I wanted my son back. He was diagnosed with PTSD, Anxiety and Depression that led to several psychiatric hospitalizations due to several suicide attempts. He was also struggling with substance abuse problems and adding to the stress he was in Special Education due to having a learning disability. At Dr. Halamandaris's recommendation, he was assigned to Home Hospital so that he could get caught up with school. Thank you Dr. H! My son was always depressed, annoyed, disquiet, in pain, afraid, and disconnected from everyone. Artie explained that the skills that we were going to learn would work only if we **PUT THE TIME AND EFFORT INTO IT BUT THAT THEY WORKED.**

In June I graduated from Triple P and IT DOES WORK! I'm a success story. My relationship with my son improved dramatically, even my relationship with my husband changed for the better with the skills I learned in Triple P. I am happy to report that now my son hugs me, talks and shares his feelings with both my husband and I. **I'M HAPPY TO REPORT THAT I TRULY HAVE MY SON BACK**! At this my son is in Independent Studies and continues to catch up at his own pace and is on track to graduate from High School. He is now going to therapy at the TAY FSP Program in Indio and has now decided to take his medication to deal with his mental health illness. It has been an emotional rollercoaster of ups and downs but I'm happy to report that he has been free from hospitalizations and has been drug free for several months now almost a full year and doing great. My whole family dynamic changed—thanks to the services my family received from the Parent Partner Program in Indio.

This is my success story and I hope other parents would take Triple P because it does work and it really is life changing.

Sincerely,

LQ

Parent Support and Training Program Plan Goals

The PS&T program's ongoing goal for the 3YPE plan is to continue providing the services and supports listed above to parents, young people and families within Riverside County.

Homeless families are a continued and very important area of identified need in the community. Families and young people are more successful when housing stabilization is addressed for the entire family. There is Senior/Lead Parent Partner assigned as a point person to homeless families, assisting to connect them to available housing. Laundry assistance has been a useful engagement strategy. PS&T has a contract with a laundromat to facilitate the ability for families to have continued access to clean clothing. PS&T has also implemented a "Boutique" that families are able to access a variety of clothing, essential items, and hygiene products when needed.

One of the main barriers that continue to impact parents/caregivers is the transportation system in our County. PS&T provides classes/trainings to parents in their local area to overcome this barrier. Because of Covid-19 adaptations, we now have virtual capability and are able to offer a variety of classes/groups remotely.

The children of parents who are incarcerated are often left out of services and not recognized as being in need. As the parents are released from jail, they transition to the Day Reporting Center (DRC). PS&T provides services on site (both in person and virtually) at all three of the DRCs in Riverside, Temecula and Indio. This allows for continuity in their services and facilitate the completion of the Triple P course. Additional services offered at the DRCs include: EES classes and Nurturing Parenting classes in partnership with several agencies that support the AB109 population.

PS&T will continue collaborative efforts with Department of Public Social Services and Probation in regards to the Pathways to Wellness (Katie A.) and Continuum of Care Reform (CCR) for transformation of mental health services to families within systems. PS&T will continue to collaborate on committees, provide ongoing trainings to staff, community, parents and young people that are involved with that system. PS&T continues to have a key role in upcoming Child, Family, Team Meetings, and providing Intensive Home-Based Services to those families. An ongoing need that we are seeing with families, due to Covid-19, is an increase in anxiety, grief and depression in the children in the community. This is an area of continued awareness and collaboration within the community and school districts for support to families.

RUHS-BH PS&T is intended to assist families, regardless of whether or not they are receiving any type of formal mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family unit. Focused outreach to specific underserved groups is key. Focus given to African American families, homeless families, and prison-release parents will facilitate increased engagement through outreach, community events and needed classes or programs (e.g.: anger management classes, building parental advocacy skills on behalf of their children as they navigate multiple public systems, etc.). The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will help to avoid homelessness, hospitalization, incarceration, out of home placement and/or dependence on the State for years to come.

Veteran Services Liaison
MHSA Annual Update Report

1. Program Narrative

- Riverside University Health System – Behavioral Health (RUHS-BH) offers Veteran specific service through our Veteran Services Liaison (VSL). The VSL provides outreach, engagement, case management, therapy sessions, and a commonality as a veteran to those who are in need of services and supports. Motivated by the words of President Lincoln's second Inaugural Address, RUHS-BH is dedicated "to care for him who shall have borne battle, and for his widow, and his orphan." The VSL is a journey level Clinical Therapist that serves as a portal to behavioral health care.

- Lessons Learned: In meeting the needs of the Veteran population, the VSL has found most of his efforts in supporting Veterans and their families has been in the area of building trust/rapport and case management. This has been true, particularly with homeless Veterans or Veterans at risk of homelessness. To assist in these efforts, the VSL has brought onboard an Air Force Veteran volunteer. This VSL Volunteer will provide additional support in the form of weekly "buddy checks" and coordinating supportive services through a variety of non-profit organizations as well as local, county and state agencies.

Moreover, this will allow the VSL to address therapeutic needs and approaches in a more meaningful way.

2. Progress Data:

In the past year, the VSL has:

- Traveled nearly 15,000 miles in order to provide adequate and equitable behavioral health services to Riverside County's veteran community.
- Provided direct mental health services to 256 veterans.
- Held 25 group therapy sessions.
- Participated in 120 events of veteran advocacy, consultation, and research.
- Created and maintained relationships with local non-profit entities and organizations to reduce veteran suicide and improve veteran access to mental health care throughout Riverside County.
- Co-Chaired the VA Ambulatory Care Center Veteran Community Outreach Team.
- Continued active member of the Riverside County Behavioral Health Commission Veterans Subcommittee, San Bernardino Department of Behavioral Health Veterans Awareness Subcommittee, Temecula Murrieta Interagency Council, and VA ACC Mental Health Summit Committee.
- Maintained continuous collaboration and coordination efforts with more than 65 organizations throughout Riverside County.
- Received and connected with referrals from a host of entities including various county clinics, Community Based Assessment Teams, Office on Aging, Department of Social Services, and New Life Forensic Full Supportive Partnerships.

CSS

MHSA in Action!

John's Story
February 2022

As an introduction; I am a Vietnam US Air Force veteran and an immigrant from WW2 Europe. My childhood was peppered with the residual experience and environment from that era. My mother was one of the leaders of the Dutch underground. She maintained a hostel where she housed the German high command in the upper floors while "railroading" the Jews out of town to safety in the lower floors. (sidenote: Her bravery is commendable and serves as an example for all us to help our fellow "man") Currently, the house she (we) resided in is now the residence of the Gideon Bible organization. The trauma endured during these times had an enduring lifelong impact on me. Another story all by itself.

During this last year, I have suffered from the loss of my 20+ years of marriage to my wife, the necessity to declare bankruptcy (which is still ongoing), the dealing with CA DMV in order to transfer auto title (still ongoing), the loss of my wife's retirement incomes, the impact of the COVID epidemic and the shutdown of all resources where help can be found, and the helplessness/loneliness that comes as a result of this traumatic situation. All this was exacerbated by the uncompassionate attitudes of those who you think you could turn to. This was especially true with the local clergy (who you would think you could turn to) and the VA who in effect shut down all avenues for seeking help. The lack of compassion from clergy was especially unnerving. All this led to a severe case of depression. Needless to say, one could imagine what the outcome would have been had Aurelio Sanchez, Veteran Services Liaison (VSL), not stepped in to help.

Fortunately, an individual at the VA (Ted Peterson) who was instrumental in facilitating a guitar program for mental health, recognized my situation. On his own, he contacted the VSL and explained my need for help and that the VA was under unwavering guidelines to not see anyone in person. My history and personal needs dictated that I would not subjugate myself to someone I am not familiar with. I understand the need to be inoculated and made sure I was an early recipient of the appropriate drugs for COVID. I am well educated so I needed someone who was capable of understanding who I was at my level and was willing to understand my needs.

Because of Ted Peterson (VA) compassion and willingness to get involved, he contacted the VSL who in turn contacted me. What a blessing! The VSL was not only willing to help me and he was willing to see me in person. My housing needs was urgent since I was living in a motorhome where all the furniture was built in leaving me with absolutely no furniture. The VSL arranged to find me affordable housing and the basic furniture necessities that I needed. In addition, he arranged to transport all my necessary items to my new residence. It is amazing to me the number of organizations that say they are willing to help but place a great deal of "road blocks" in the way making them in essence ineffective. These hurdles, the Aurelio seem to leap over with the effort of a "superman".

MHSA In Action Continued

Aurelio's style of help (at least for me) was constructive and appropriate. He clearly recognizes the differences between help and co-dependencies. He navigates this chicane with tack and skill. My needs were to see that I needed to help myself via his guidance and encouragement to start tackling my everyday issues, one at a time. To recognize that overwhelming issues can be addressed in smaller more manageable segments. Those issues that were stumbling blocks for me, he was willing to go the "extra mile". The VSL's ability to deal with at all the varied educational levels is great talent to have and in itself was reassuring to me. A talent that is clearly an asset to have.

The key to all this is for someone to be available and to recognize that we all can help ourselves but at the time of extreme crisis, we all need a helping hand. The blessings and help lie within someone who is willing to take the time and effort to provide help. The net results creates a situation that is less burdensome of society. When crises are ignored and allowed to fester, the societal impact can be devastating. Look at history to show this. People like my mother and Aurelio and Ted are an absolute must. Unfortunately, it also takes an organization to recognize the value of the Aurelio's in this world and be willing to support them in their endeavors.

Housing

Homeless Housing Opportunities Partnership and Education (HHOPE)

Riverside University Health System – Behavioral Health continues to provide housing and homeless services to our department and the community at large through our Homeless Housing Opportunities, Partnership, and Education (HHOPE) program. HHOPE provides a full continuum of housing and homeless services. These include but are not limited to:

- Coordinated Entry System (CES): a 24/7 hotline and staff to assess and refer those in a housing crisis
- Street Outreach & Case Management
- Emergency Housing
- Rental Assistance
- Transitional / Bridge Housing
- Permanent Supportive Housing
- Augmented Adult Residential Facilities

HHOPE staff support all elements of these programs including street-based and home-based case management, clinical therapy, peer support, and all administrative, compliance, fiscal, accounting and oversight activities required for program operations.

One critical aspect of the program is the HHOPE Housing Resource Specialists who are funded through various State and Federal funds, including but not limited to MHSA. This position provides ongoing support to scattered site housing managers and residents. HHOPE Program provides property management and resident supportive services to consumers residing in nearly 300 supportive housing apartments/units across Riverside County, which incorporate various funding streams including, U.S Department of Housing and Urban Development (HUD), State California Department of Housing and Community Development (HCD), and MHSA funds. HHOPE staff also support various landlords in the MHSA-funded apartments and our emergency shelter motel vendors to ensure safe and available housing options are secured. Our staff also support residents residing in our senior housing developments by providing transportation to and from medical appointments as needed, at no cost to the consumer.

In our designed workflow to prepare and respond to the global COVID-19 pandemic, our staff take proper precautions when supporting consumers. Including, but not limited to, wearing a facial covering, utilizing hand sanitizer and disinfectants, and wearing gloves when in close contact. We encourage consumers to wear their facial coverings as well as the use of hand sanitizers and gloves when being transported to and from medical appointments.

Another critical staff resource is our use of Peer Support Specialists (PSS). These staff have a lived experience of accessing the behavioral health system for their own need and have been homeless or have experienced a mental health condition and/or substance use disorder at some point in their lives. HHOPE employs PSS staff throughout all our various programs. Additionally, we have a Senior Peer Support Specialist who oversees multiple responsibilities and mentors our Peer Support Specialists. The PSS role is unique from our other staff as they provide a lived experience, promote recovery from behavioral health challenges, provide resources to navigate the many systems of the County, and have an inside perspective of consumer struggles. Each of our peers, including our senior peer, go above and beyond providing efficient services to ensure the needs of the community are met.

HHOPE serves as the County's lead for Coordinated Entry System known as, HomeConnect. The Coordinated Entry system (CES) provides a crisis response system, coordinates supportive services, and housing resources across Riverside County, to form a collaborative, no-wrong-door system, which connects households experiencing a housing crisis to services and housing. HHOPE continues to be very active in the development and operations of the CES program and works to ensure that individuals with disabilities are protected and treated equitably. HHOPE staff provides ongoing supports and education to the community regarding the CES system capabilities and works to continually improve their operating system. From 19/20 to current year, CES has fielded over 40,000 calls for homeless assistance and has referred over 1,000 households for housing assistance/vouchers. Additionally, HHOPE CES staff continues to provide training on the County's homeless assessment, known and referred to as, VISPDAT, and has trained assessors who collected more than 15,000 assessments of homeless individuals/households to date.

The HHOPE program currently has 10 dedicated mobile homeless outreach teams, composed of a Behavioral Health Specialist II and a Peer Support Specialist on each team. These teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to our MHSA services. These teams continue to be integral and are key players in the housing of homeless Veterans initiatives in our community as well as the chronically homeless. The Veterans initiatives resulted in Riverside County being awarded as the first large community in the nation to achieve functional zero for Veteran homelessness.

Recognized as innovative in our Housing Crisis program development and street engagement programs, RUHS-BH HHOPE continues to work in collaboration with city government and law enforcement to provide contractual street engagement in targeted areas for the Cities of Palm Desert and Menifee. The City of Menifee project which began in 2021 and has also experienced significant success, resulting in an extension to provide outreach and engagement services through the end of June 2023. Utilizing an innovative Housing Crisis approach and housing plan development initiatives, these teams play a key role in linking those on the streets into our behavioral health services and system. HHOPE has also worked with local agencies to provide ongoing trainings to staff on homeless response program development and is working collaboratively

with law enforcement agencies as they develop new homeless specific services in their programs.

MHSA funding for temporary emergency housing and rental assistance was continued and further supplemented with grant funds from EFSP (Emergency Food and Shelter Program) and ESG (Emergency Solutions Grant) in order to provide access to emergency motel housing and/or rental assistance. These funds also help support our Housing crisis program which includes homeless prevention services which are also informed by a Housing First philosophy. Combined EFSP and ESG funds have provided over 24,500 bed nights of emergency housing for consumers in need.

HHOPE began a collaboration with the Family Advocate program to develop a Housing Resource specialist role with the Family Advocate program, to support and navigate our families through the challenges of a Housing Crisis, which can be overwhelming. This continues to be a valuable resource for the HHOPE program.

The HHOPE Program continues to support two unique community based very-low demand permanent supportive housing projects. The projects, known as The Place and The Path follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. These residences operate through a contract nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing at either location must have a diagnosed behavioral health challenge and be chronically homeless. These contractors employ a diverse staff including Peer Support Specialist staff who may have received mental health services themselves and many also have experienced prolonged periods of homelessness. The Path and The Place are partially funded by HUD permanent supportive housing grants. All individuals referred to these housing programs for housing, must be referred through the County's Coordinated Entry System, Home Connect. The RUHS-BH HUD grants have been successfully renewed in order to support these programs through FY21/22.

The Place, located in Riverside, opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry, shower facilities, meals, referrals, and fellowship for drop-in center guests. The permanent housing component operated at 91% occupancy over the course of the year. Nearly 88% of the individuals who have resided in The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, opened in 2009 and provides permanent supportive housing for 25 adults. It is located immediately adjacent to a Full Service Partnership clinic operated by RUHS-BH. Nearly 80% of the individuals who have resided in The Path maintain stable housing for one year or longer and the PATH maintained 93% occupancy rates across the year.

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

RUHS-BH remains committed to serving the extremely high-barrier individuals including youth, adults and older adults who were formerly chronically homeless with severe and persistent mental health challenges. Many of those we serve are individuals who were high-utilizers of hospitals, jails, and Emergency Medical Services. By continuing to use the Housing First approach without precondition and coordinating matching care with our Full Service Partnership Behavioral Health Clinics. As well as proving on-site 24 hr. peer support staff, and 24 hr. on call support to our residents and landlords and a 24 hr. drop in center accessible to those on the streets and law enforcement to avoid incarceration, we were able to assist many residents who were previously some of the highest utilizers in our CoC to maintain stable housing.
For 20/21, two hundred and seventy-two (272) residents graduated to living in their own apartments of which one hundred and twenty-seven (127) received no ongoing housing subsidy and the remaining one hundred and twenty-three (123) received housing subsidy to assist with a portion of their rent.

The Shelter Plus Care Team of the HHOPE Program assists residents with Supportive Housing to maintain stable housing through case management services, including regular home visits, life skills support, referral to community resources, and linkage to appropriate services.

The HHOPE Program's Mainstream Housing team assists qualified consumers in locating & maintaining housing. Consumers must be between 18-60 years of age with a documentable disability, transitioning out of institutional or separated settings, or at serious risk of institutionalization, or homeless, or at risk of homelessness, low to no income, and currently receiving services through RUHS- BH clinics.

Both HHOPE Program teams, Shelter Plus Care and Mainstream are leveraging MHSA dollars to fund the staff that serve their clients with housing. The use of MHSA funding enables clients to benefit additionally from a Section 8 Mainstream 811 or Shelter Plus Care voucher. This produces a greater benefit for clients' housing for each MHSA dollar spent.

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

Region	Project Name and Population Served	Number of affordable housing units in the community	Number of MHSA units embedded in the community
Desert	Legacy Apartments – All consumers	80	15
Desert	Verbena Crossing Apartments – All consumers	96	15
Mid-County	The Vineyards at Menifee Apartments – Older Adults	80	15
Mid-County	Perris Family Apartments – All Consumers	75	15
Western	Cedar Glen Apartments – All consumers	153	15
Western	Rancho Dorado Apartments – All consumers	145	15
Western	Vintage at Snowberry Apartments – Older Adults	224	15

The MHSA permanent supportive housing program continues to maintain stable housing for over 105 at risk participants with each MHSA-funded project consisting of

15 integrated supportive housing units within the larger 75-unit complex. Each apartment community includes a full-time onsite RUHS-BH funded support staff with a dedicated office. Additionally, the HHOPE program staff support the tenants as well as wrapping supports around the landlord to help support them around any complications they may experience. The MHSA apartment units operate at 100% occupancy and experience very little turnover, with an ongoing waiting list of more than 100 eligible consumers for housing of this kind. Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

HHOPE has been identified as one of the leading providers of supportive housing in our community and as such has provided ongoing consultation services and specialized training to other Behavioral Health staff and community agencies on landlord services and Supportive Housing best practices. HHOPE has provided additional program specific training provided to new PSH agencies. Our HHOPE administrator has been a presenter at the National Alliance on Ending Homelessness, the nation's premier homelessness conference in both FY 18/19 and 19/20. This allows what HHOPE has learned in the past years to be shared and educate others on the best services for our individuals

Looking Ahead

The HHOPE staff will continue to provide a unique Housing Crisis Response program with ongoing landlord and supportive housing supports throughout the community.

There are now a total of 105 units of MHSA permanent supportive housing delivered to mental health consumers in Riverside County with more than 200 in other supportive housing, yet there are more than 60 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County.

Permanent supportive housing, for people with a behavioral health challenge, remains an integral part of the solution to homelessness in Riverside County. The need for this housing continues to outpace the supply. While there remains much community uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program due to the loss of various state and federal funding, such as Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, we continue to press forward and seek every

opportunity to provide needed housing opportunities. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing which includes units of permanent supportive housing for MHSA-eligible consumers. One such effort is the No Place Like Home Program.

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA).

Key features of the program include:

• Counties will be eligible applicants (either solely or with a housing development sponsor).

• Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.

• Counties must commit to provide mental health services and help coordinate access to other community-based supportive services."

The HHOPE program in collaboration with Riverside County Housing Authority submitted five separate applications to California Housing and Community Development in the amount of $27,688,025 for No Place Like Home (NPLH) Round 1 funding. RUHS-BH was funded for four of these projects for a total award of 23.6M dollars. Round 1 of funding created 162 new units of permanent supportive housing within a total of 419 extremely affordable apartment units. Two of the four projects are now complete and open for occupancy. Construction of the final two projects are underway and are expected to open by Fall 2023. RUHS-BH also applied for Round 3 of NPLH funds and was awarded 25.5M dollars for the development of 4 additional permanent supportive housing projects expected to open by Summer 2024. HHOPE will continue to apply in all future rounds of NPLH funding.

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

Section III

Prevention and Early Intervention

MHSA Annual Plan Update

FY 22/23

PEI

Prevention and Early Intervention

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

Cultural Competency Outreach and Engagement Activities

Filipino American Mental Health Resource Center

Toll Free 24/7 "HELPLINE"

Network of Care

Peer Navigation Line*

"Dare to Be Aware" Youth Conference

Stand Against Stigma (Formerly known as Contact for Change)

Up2Riverside Media Campaign

Promotores de Salud Mental y Bienestar

Community Mental Health Promotion Program

Suicide Prevention Activities

Integrated Outreach and Screening

PEI-02 Parent Education and Support

Triple P - Positive Parenting Program

Strengthening Families Program

Mobile Mental Health Clinics

Inland Empire Maternal MH Collaborative

PEI-03 Early Intervention for Families in Schools

Peace 4 Kids Program

PEI-04 Transition Age Youth (TAY) Project

TAY Resiliency Project

Stress and Your Mood Program (SAYM)

Peer-to-Peer Services

Outreach and Reunification Services to Runaway Youth/ Safe Places

Active Minds

Directing Change Program and Film Contest

Teen Suicide Awareness and Prevention Program

PEI-05 First Onset for Older Adults

Cognitive-Behavioral Therapy for Late-Life Depression

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

Care Pathways - Caregiver Support Groups

Mental Health Liaisons to the Office on Aging

CareLink/Healthy IDEAS

PEI-06 Trauma-Exposed Services

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Seeking Safety

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)*

Trauma-Informed Systems

PEI-07 – Underserved Cultural Populations

Hispanic/Latinx

- Mamás y Bebés (Mothers and Babies)

African American

- Building Resilience in African American Families (BRAAF) – Boys Program; Girls Program
  - Africentric Youth and Family Rites of Passage Program (RoP)
  - Guiding Good Choices (GGC)
  - Cognitive-Behavioral Therapy (CBT)

Native American

- Strengthening the Circle
  - Wellbriety Celebrating Families
  - Gathering of Native American Families (GONA)

Asian American/Pacific Islander (AA/PI)

- KITE: Keeping Intergenerational Ties in Ethnic Families; formerly known as Strengthening Intergenerational /Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families

*programs will be removed from the plan

PEI

PEI Overview

Prevention and Early Intervention (PEI) aims to prevent the development of mental illness or intervene early when symptoms first appear. Our goals are to:

- Increase community outreach and awareness regarding mental health within unserved and underserved populations.
- Increase awareness of mental health topics and reduce discrimination.
- Prevent the development of mental health issues by building protective factors and skills, increasing support, and reducing risk factors or stressors.
- Address a condition early in its manifestation that is of relatively low intensity and is of relatively short duration (less than one year).
- Increase education and awareness of Suicide Prevention; implement strategies to eliminate suicide in Riverside County; train helpers for a suicide-safer community.

Programs need to be provided in places where mental health services are not traditionally given, such as schools, community centers, faith-based organizations, etc. PEI programs intend to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment.

The PEI unit includes an Administrative Services Manager, five Staff Development Officers (SDOs), two Clinical Therapists (CT), two Social Service Planners (SSPs), one Behavioral Health Specialist (BHS), five Peer Support Specialists (PSS), one Secretary, and two Office Assistants (OA). The SDOs have completed the process of becoming trained trainers in many of the funded programs, which allows for local expertise as well as cost savings. Each SDO works with their assigned PEI providers to offer training and any needed problem solving and

technical assistance, as well as monitoring of model fidelity. The SSP/CTs also offer ongoing support to the PEI providers through technical assistance including, but not limited to, support surrounding outcome measures. The PEI unit was built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community. In FY20/21 five Requests for Proposals (RFP) were released and four new contracts were awarded for PEI programs.

In addition to training and technical assistance to PEI providers, the PEI unit coordinates and implements a variety of community-wide activities including: suicide prevention training and coordination including co-leadership of the Riverside County Suicide Prevention Coalition, education and awareness events such as the local Directing Change Screening and Recognition ceremony, the Dare to be Aware Youth Conference, Send Silence Packing exhibits and community presentations, May is Mental Health month activities, Suicide Prevention Awareness week activities: mini-grants, awareness walk, and more. PEI staff carry out outreach activities focusing on mental health awareness and suicide prevention. Additionally, PEI staff educate the community about mental health and reduce stigma while encouraging help-seeking behavior throughout the year.

In Riverside County, PEI programs have been in place since September of 2009. The annual update and community planning process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate programs and services that have not yet been implemented and look at new and expanded programs and services. Stakeholder feedback is a critical element in the success of PEI programming. We take the voice of the community seriously and look for ways to improve our communication. To this end, quarterly PEI Collaborative meetings are held to share program highlights and outcomes, current and upcoming PEI activities, receive feedback from the community, and provide a space for provider networking and partnership development to improve the delivery of services. Additionally, a quarterly newsletter, the PEI Pulse, is disseminated electronically and available on our website.

Each year MHSA Administration, including PEI, meets with many stakeholder groups, RUHS-BH committees, and the community to share the MHSA plan, mental health

outcomes, and plans for the upcoming year during the community planning process. These diverse groups review the outcomes of programs currently being implemented to make informed decisions about programs and services for the upcoming fiscal year. This input is then shared with the Prevention and Early Intervention Steering Committee. The PEI Steering Committee is made up of subject matter experts who utilize their knowledge to provide feedback, oversight, and recommendation for the PEI plan. The PEI Steering Committee approved the PEI plan as described below.

PEI is largely outreach-based. Programs and providers are typically in the community at natural gathering spaces. The impacts of COVID severely limited access to community locations and students for nearly all of the fiscal year. In-person community trainings were unable to be offered due to COVID restrictions. However, outcome data demonstrate positive impacts in the lives of participants as in years past but, with some reduction in numbers served, in particular, school-based programs saw a sharp decline in numbers served. This will be further detailed below in each work plan. Larger community mental health awareness, stigma reduction, and suicide prevention activities were adapted to a virtual platform.

In fiscal year 20/21 program implementation continued serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster trainings related to those models and other PEI topic-specific trainings. In FY20/21 there were 111 training days with 3,472 people trained. Staff Development Officers worked closely with PEI contract providers to adapt evidence-based programming into virtual formats while maintaining fidelity to the model ensuring continued quality of service to Riverside community members. Additionally, a virtual training menu was developed and offered to anyone who lives and/or works in Riverside County at no cost. This increased access for the community to mental health and suicide prevention education and tools during the pandemic. The trainings were created and facilitated by PEI Admin staff. Trainings have been available since the fall 2020 and include: Mental Health 101, Self-Care and Wellness, Know the Signs, and Building Resiliency and Understanding Trauma.

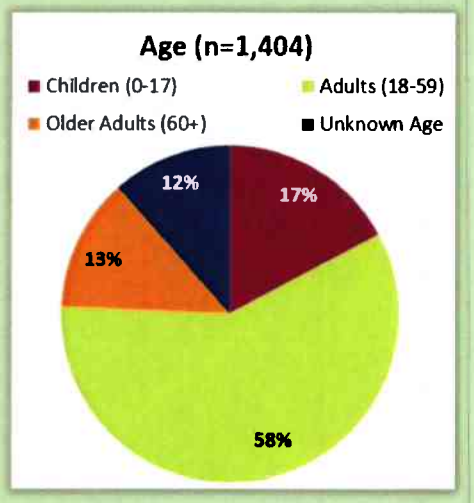
The Annual Prevention and Early Intervention Summit is also provided. The overall purpose of the Summit is to (1) address any challenges PEI providers have been facing in the past year and provide skills they can directly apply to their work in PEI, (2) educate providers about all PEI programs and increase their understanding of how their program fits into the PEI plan, (3) to increase collaboration, partnership, and referrals between PEI providers, and (4) recognize the contributions of PEI providers in Riverside County and motivate providers to continue the work in the year to come. The FY20/21 Summit was canceled due to COVID gathering restrictions.

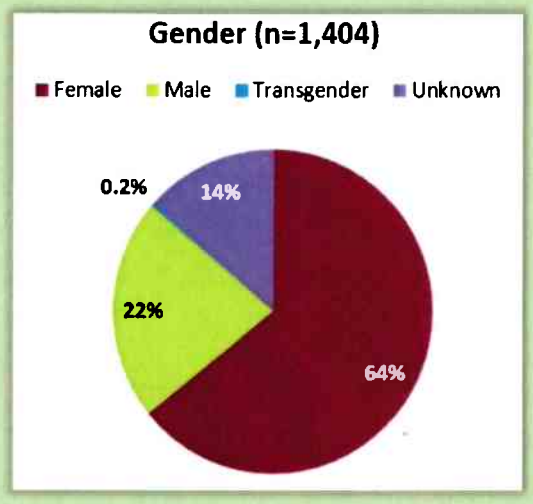
Local school districts described concerns regarding student mental health and engaging students in mental wellness discussions and activities both in virtual school settings and when students return to campus. In response, PEI developed a virtual Back to School Mental Health Toolkit. The toolkit includes lesson plans and presentations, grouped by grade level, designed to be used by school staff/teachers or anyone who works with youth groups to engage in brief activities to open the conversation about mental health, support youth, and connect youth to resources when needed. The toolkit is available for free and can be found here: https://up2riverside.org/resources/mental-health-back-to-school-toolkit/

Who We Serve – Prevention and Early Intervention

In FY20/21 84,059 Riverside County residents were engaged by Prevention and Early Intervention outreach and service programs. Of those, 1,404 individuals and families participated in PEI programs (excluding outreach). An additional 1,581 middle school and high school age youth and 2,232 school staff, parents, and community members participated in suicide prevention training on school sites. The following details the demographics of the PEI program participants.

Race/Ethnicity	PEI Participants (n=1,404)	County Census (n=2,447,971)
Caucasian	15%	37.39%
Hispanic/Latinx	49%	47.47%
Black/African American	10%	6.02%
Asian/Pacific Islander	7%	6.34%
Native American	0.2%	0.49%
Other/Unknown /Multi-Racial	17%	2%





PEI programs are intended to engage underserved cultural populations. In Riverside County, the target ethnic groups are Hispanic/Latinx, Black/African American, Asian/Pacific Islander, and American Indian/Native American. The table above lists each of the groups and the percentage of PEI participants from each in comparison to the County census for Riverside. The table demonstrates that PEI services are reaching the intended un/underserved ethnic groups at appropriate rates. Outcome data demonstrates consistent outcomes as in years past, however, with some reduction in numbers served due to the impacts of COVID. This is further explained throughout the document.

The full annual outcome report by program with detailed data outcomes can be found in the addendum to this document.

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

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

Cultural Competency Program - Outreach and Engagement Activities:

The Cultural Competency Program (CCP) is dedicated to eliminating barriers and increasing access for underserved and underrepresented populations, through the values of:

1. Equal Access for Diverse populations
2. Wellness, Recovery & Resilience
3. Client/Consumer and Family driven
4. Strength-Based and Evidence-Based Practices
5. Community-Driven Based Practices
6. Prevention and Early Intervention
7. Innovative and Outcome-Driven
8. Cultural Humility and Inclusivity

In addition to finding new ways of outreaching the community, CCP also works to ensure the internal operations of RUHS-BH are culturally humble and informed.

CCP is critical to promoting equity, reducing health disparities, and improving access to high-quality integrated behavioral health services that are respectful of and responsive to the needs of the diverse communities in Riverside County. The collective efforts of the CCP Staff, Cultural Consultants, and Cultural Advisory Committees bring a breadth of diversity, knowledge, and expertise which strengthens our capacity to reduce disparities throughout our behavioral health system of care.

Cultural Competency Reducing Disparities Advisory Committee

The Cultural Competency Reducing Disparities (CCRD) Advisory Committee is a committee including RUHS-BH staff, members of the cultural subcommittees, community-based organizations, community leaders, and consumers.

CCRD works to identify cultural barriers and unmet needs with underrepresented populations. Partnering with Workforce Education and Training, CCRD promotes and hosts workforce training.

The CCRD committee prioritized the recommendations as follows:

1. Hiring Bilingual Staff
2. Cultural Competence Staff Training
3. Sustainability
4. Dissemination of Information
5. Availability of Resources

CCRD reviews the updated Cultural Competency Plan on an annual basis. The plan addresses adherence to CLAS Standards, commitment to Cultural Competence, strategies and efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities, assessment of service needs and adaptation of services, culturally competent training activities, hiring and retaining culturally and linguistically competent staff, and language capacity.

The Cultural Competency Program Manager continually seeks opportunities for Cultural Learning and Cultural Humility. The CCRD Advisory Committee places a high value on continual learning, mutual acceptance, and honoring cultural traditions, and enlists the support of local diverse communities to offer and share their stories of mental health adversity, recovery, and healing. CCRD and all its subcommittees are committed to being inclusive and respectful of each other.

FY 2020/2021 started amid COVID-19 lockdown. However, the Cultural Competency Program was still able to accomplish some goals and achieve some progress. In FY 2020/2021, the Cultural Competency Program was able to:

- Hire a new Cultural Competency Manager, 90 days into the year.
- Reorganize outreach from a regional approach to a county-wide understanding and engagement based on each cultural population.
- Recognize additional populations to include as cultural groups (e.g. Veterans)
- Restructure the Cultural Competency Program under MHSA to better integrate it into the service delivery system
- Work collaboratively with Workforce Education & Training to:

- Review and select a Cultural Competency foundational eLearning training program.
- Secure executive management approval for mandated Cultural Competency training for the workforce.
- Plan and develop training for addressing trauma in the Black/African American community.
- Support AAPI community mental health awareness forums.

- Collaborate with Quality Management in developing a cultural competency contract monitoring tool.
- Participate in Quality Assurance/Quality Improvement (QI) Committee.
- Cultural Competency Reducing Disparities Committee (CCRD) Committee participates in the review and provides feedback on MHSA planning and stakeholder process.

In FY 2021/2022, the Cultural Competency Program is working to:

- Actively engage community representation which includes transitional age youth.
- Promote and recruit a workforce and leadership that is culturally and linguistically diverse.
- Establish and promote culturally appropriate policies and infuse them throughout RUHS- BH.
- Coordinate departmental activities which promote quality improvement.
- Provide RUHS-BH workforce trainings related to at least three underserved populations.
- Actively recruit ethnically diverse members for all program committees.
- Create new Cultural Consultant contracts to have a greater reach throughout the community.
- Prepare a list of community-based, culturally and linguistically appropriate, nontraditional behavioral health and substance use providers.
- Create a resource list of consumer-operated programs that are cultural, ethnic, and linguistically specific for distribution in the community. Cultural Competency will work with Consumer Affairs, Family Advocate, and Parent Partner programs

to list their programs/activities available for cultural and linguistic specific populations.

- Report the CCRD recommendations to the QI committee.
- Actively participates in PEI Steering Committee.
- Build newly identified Cultural Subcommittees (e.g. Latinx, Middle Eastern North African, Deaf and Hard of Hearing, People with Disabilities).
- Hire Cultural Community Liaisons and provide training and technical assistance.
- Meet every quarter with RUHS-BH Research and Evaluation program to determine outcomes and progress.
- Review Client Satisfaction Survey Results and Client Grievance Summary.

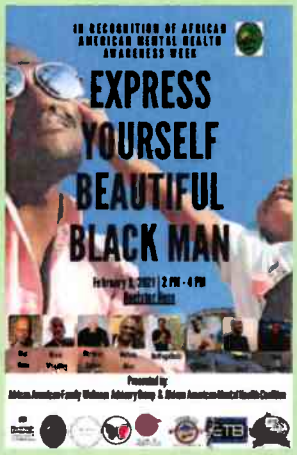
Cultural Groups Activity Report for 2020-2021

Due to COVID-19 restrictions, outreach was limited; however, Cultural Competency was able to host the following activities:

Latinx Outreach and Engagement

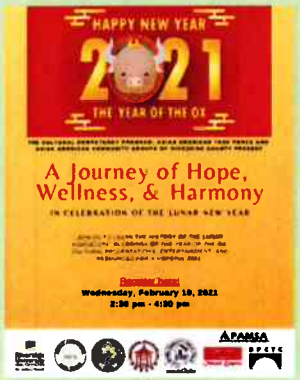
Provided monthly bilingual mental health education through KERU Radio station's La Cultura Cura show in Blythe. Up to 300 listeners tuned in to the segments each month. Carlos Lamadrid, Outreach and Engagement Coordinator, covered a variety of behavioral health and substance use topics.

African American Family Wellness Advisory Group (AAFWAG)



Express Yourself Beautiful Black Man was a two-part virtual event to reduce stigma and encourage active wellness for Black men.

Asian American Task Force (AATF):

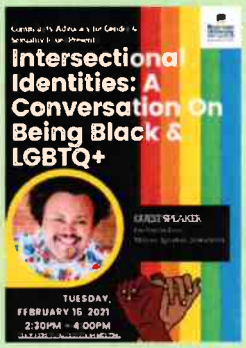


The annual Suicide Awareness and Prevention social media outreach was in September 2020 and featured personal stories in various languages, from elected officials and the Asian American Task Force network.

The Lunar New Year celebration focused on A Journey of Hope, Wellness, and Harmony.

This year's HOPE event was focused on Hope, Resilience, Solidarity: a Response to Anti-Asian Hate.

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



Doctor Jon Paul presented on Intersectional Identities: A Conversation on Being Black and LGBTQ+

Filipino American Mental Health Resource Center: The primary functions of the Mental Health Resource Center are to provide outreach to the Asian American/PI (Filipino) community, host events, and connect community members to resources. The COVID-19 pandemic and stay-at-home orders required the physical location of the resource center to close. Without a meeting place, events were conducted virtually. Outreach in the community continued to be a challenge and recruitment in virtual education workshops was difficult. Continued partnership with a community-based mental health agency that specifically serves the Asian/PI population assisted with community connection and shared virtual events.

PEI

Virtual outreach included 34 community activities, reaching a total of 1,705 people. 16 presentations were offered through the MH Resource Center, reaching 155 participants. Satisfaction surveys after presentations demonstrated a positive impact in the Asian/PI community. About 97% of participants felt they "strongly agreed" or "agreed" that after the presentation they were better able to talk about mental health with their family and friends. 72% of participants did not view mental illness as something to be ashamed of. About 72% of participants felt they "strongly agreed" or "agreed" that mental illness can be managed and treated. Without the ability to provide grassroots outreach in the community, the resource center continued to engage in a virtual format. In addition, the church site where the resource center is co-located was inaccessible to the program staff for the majority of the year. Staff worked from home with often spotty internet connections which added complications to engagement with the community. The program increased its presence on social media platforms and saw an increase in engagement with new community members. Some comments from participants include:

- "I learned about how discrimination and racism affect the Asian American society, as well as what we can do to prevent it."
- "I loved learning about CRM! It helped me to analyze and find ways on how to treat different types of toxic stress in my life. This is definitely a tool I will use in the future since I get quite stressed a lot!"
- "I thought that this presentation rally helped me in not seeing suicide as such a taboo topic. It also provided me with resources and the knowledge necessary to support my loved ones in a time of crisis."
- "It's a difficult topic that is painful (because of how real it is) to speak about but so important & necessary. Today's presentation & stats reminds us that there are real issues that directly affect the Asian community, families, generations & our mental health as a result of that. The discussion portion helps make us feel less alone when we have shared experiences & also the importance of making changes!! Thank you again."

A new contract was awarded for FY21/22. The focus expanded to include all groups within the Asian American/Pacific Islander community. Next year's plan will identify this program as the Asian American/PI Mental Health Resource Center.

ToToll-Free24/7 "HELPline": 951-686-HELP is a program of Inland SoCal United Way and Inland SoCal 211+. It receives partial funding from the Riverside University Health System Behavioral Health – Prevention and Early Intervention (PEI). 951-686-HELP is one of the oldest suicide hotlines in California, and it is also a modern 21st-century Virtual Contact Center. The technology facilitates an agile program to meet community needs during and after the pandemic. HELPline is a hybrid program supported by both staff and volunteers. We are also one of only two centers in California with a crisis line embedded into a 2-1-1 Contact Center. This is a model used effectively in all 211 Contact Centers in Florida. Across the United States, some crisis lines are answered by all staff and some by all volunteers. In the past, the Inland SoCal 211+ Crisis and Suicide Helpline leveraged support from trained interns from several professional fields on an as-needed basis. In the last year, Helpline built a large undergraduate and graduate social work internship program with three universities to provide extraordinary emotional support for clients. The greatest challenge was the time to create and launch this infrastructure to support a large internship program. Several years ago, the Crisis Line Supervisor wrote a new training curriculum aligned with standards from the National Suicide Lifeline and the American Association of Suicidology. This replaced an outdated curriculum written in 1983. During this reporting period, the curriculum was updated to align with The Council on Social Work Education's Core Competencies. Examples of the core competencies are Ethical and Professional Behavior, Engaging in Diversity, Advancing Human Rights, and Research-Informed Practice. This aligns with supporting graduate interns, undergraduate interns, staff, volunteers, and crisis clients. In addition to updating the core curriculum, Helpline implemented best practices to screen interns for suitability to serve crisis clients and suicidal clients. Multiple layers of support were put in place for the interns. This included peer debriefing sessions, assigned peer coaches, reflective practice reports, and group supervision. Helpline had 43 social work interns during the reporting period. These social work interns were obtaining either a Bachelor's in Social Work or Master of Social Work degree from California Baptist University, La Sierra University, or Brandman University (UMass Global). Each intern pledged to serve a one-school-year commitment. The

return rate for these interns was 95%, demonstrating the efficacy of our internship model. This is in comparison to a 25% percent rate of return for volunteers. The 25% rate for volunteers at the Inland SoCal Crisis Helpline is not unusual. The National Crisis Text Line reports that only 30% of volunteers even complete their training. In addition, the interns served an average of four times as many hours as volunteers. Lastly, the quality of service to clients was much greater with interns, and fewer interns reported emotional distress from exposure to crisis clients and suicidal clients. These talented interns have enhanced the program and services for community members.

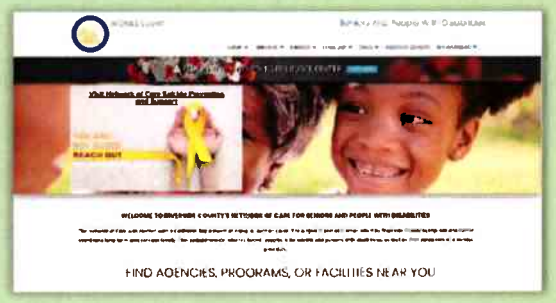
In the year ahead, the Inland SoCal Crisis and Suicide Helpline will make many improvements to prepare for the National Suicide Hotline Designation Act which will launch "9-8-8" as the national suicide hotline number. These changes may include launching text-based services and utilizing new web-based services. HELPline will also adopt new procedures and policies to align with 988 implementation guidelines. For the seamless implementation of 988-related changes, we will use recent change management experience. Per a report from Reuters in January 2022, only four states have the funding and infrastructure to launch 988. Unfortunately, California is not one of those states. With limited funding, an intern program provides high-quality services for a lesser cost than all paid staff.

FY20/21 4,103 calls were received by HELPLine

In this reporting period, there were spikes in calls related to the pandemic and financial despair, especially around the issue of housing inequity. As we enter the third year of the pandemic, around-the-clock crisis services are needed now more than ever. In total, Helpline provided 4,103 telephonic crisis counseling sessions from July 2020 to June 2021, of which 55 resulted in a lifesaving intervention in collaboration with first responders. In addition, Helpline provided the 16-Hour ASIST Training (Suicide First Aid) to 90+ school district employees in Riverside County as well as provided Suicide Alertness Training (safeTALK) to 20+ university employees.

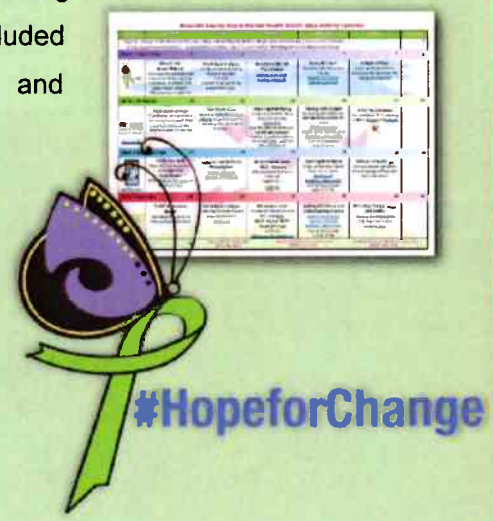
HELPline Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
6,239	4,359	4,103

Network of Care: Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In FY20/21 the website had 243,111 visits and 464,203 page views.



Peer Navigation Line: The Peer Navigation Line (PNL) is a toll-free number to assist the public in navigating the Behavioral Health System and connect them to resources based on their individual need. When the Peer Navigation Center (funded through CSS) closed, the PNL was removed from the PEI plan, and the services and supports offered through the PNL were consolidated under the CARESline (funded by CSS), which is the central Behavioral Health access line for RUHS-BH. This creates more visible accessibility for the community. This program will be removed from the PEI plan.

May is Mental Health Matters Month: In FY20/21, RUHS-BH PEI built upon the success of the virtual campaign developed in the previous fiscal year. The Each Mind Matters Toolkit activities were incorporated into a month-long virtual calendar that included activities organizations and community members could do at home, with social distancing, while still connecting to their friends, family, and neighbors via social media and posting on their home or around the neighborhood. PEI staff developed an activity calendar and guide focused on the theme, "Hope for Change".



PEI

In May RUHS-BH PEI released a weekly video to highlight the themes and activities for each week. The videos were also offered in multiple languages and shared on social media pages and linked to YouTube and Vimeo. In total, all videos posted/shared received 1,882 views. We encouraged participation in the virtual activities and the sharing of these on social media, we had a total of 74 posts shared using the hashtag #PEIMAY2021 *[*special note: if someone shared the hashtag on their social media but did not change their post setting to "public" we were not able to capture it].* We also offered our virtual trainings (Mental Health 101, Self-Care and Wellness, Building Resiliency and Understanding Trauma, and Know the Signs) in English and Spanish throughout the month and had a total of 388 people attend the offered virtual trainings. PEI Providers and community members also offered free virtual presentations to recognize this important month:

- Operation Safehouse engaged our TAY population with a virtual game night.
- Inland Caregiver Resource Center engaged our Older Adult population with a wellness presentation on the importance of movement and our mental health. Between their presentations in English and Spanish, they received a total of 50 views.

- Stand Against Stigma offered virtual speaker's bureau presentations throughout the month and had 56 individuals attend.

- James Woods (aka "Dat Yoga Dude") provided a Zoom yoga session on wellness and mental health – 20 attended the live event and the recording was shared on YouTube as well where it continues to gain views.

In addition to the virtual activities we created and distributed, with the help of our planning committee and Behavioral Health Commission, starter activation toolkits for schools, local businesses, and our community providers/partners. These kits were equipped

with a special Activation Guide with ideas on how to implement the MiMHM activities at their sites. It also included some materials to help them get started, as well as some swag (i.e., lime green ribbons). In total, we distributed 50 school toolkits, 30 business toolkits, and 100 community toolkits throughout all regions of the county.

RUHS-BH PEI partnered with the Lake Elsinore Storm Baseball Team for the #strikeoutstigma mental health awareness activities that included outreach at four (4) home games. The stadium hosted mental health awareness nights that included all of the players showing their support with special lime green jerseys and video testimonials from players that played on the jumbotron in between innings about what mental health means to them.

"Dare to Be Aware" Youth Conference: This is a full-day conference for middle and high school students. The day includes presentations on mental health-related topics along with activities. The 2021 event was canceled due to COVID restrictions. We will bring the event back once gathering restrictions are lifted.

Stand Against Stigma (Formerly known as Contact for Change): The program goals of this project are to reduce stigma regarding mental illness and to increase community awareness within target populations regarding mental health information and resources. This is an interactive public education program in which consumer speakers share their personal stories about living with mental illness and achieving recovery. The target audiences and goals are:

- Employers: to increase hiring and reasonable accommodations
- Landlords/Housing officials: to increase rentals and reasonable accommodations
- Health care providers: for provision of the full range of health services
- Legislators and other government-related: for support of greater resources for mental health
- Faith-based communities: for greater inclusion in all aspects of the community
- Media: to promote positive images and to stop negative portrayals
- Community (e.g., students, older adults, service clubs, etc.): to increase social acceptance of mental illness

- Ethnic/Cultural groups: to promote access to mental health services

During the 2020/2021 fiscal year there was a change in provider. The original provider, offered Speaker's Bureau presentations from July to September 2020, at which time their contract expired. RUHS-BH PEI Peer Support Specialists were hired to implement the program and re-named it "Stand Against Stigma". Despite the change in providers and impacts of COVID, there were a total of 26 presentations held in the fiscal year 2020/2021, which reached a total of 638 people. The most frequently reported race/ethnicity for all regions was Hispanic/Latinx (43.5%). Post-test results revealed a statistically significant reduction in participants' stigmatizing attitudes, and statistically significant increases in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Speaker's Bureau attendees reported strong satisfaction with the enthusiasm and knowledge of the Speaker's Bureau presenters, and a high likelihood to recommend the program to others. RUHS-BH staff was enlisted to assist at the RUHS Medical Center during the height of the pandemic (September 2020-April 2021) with Operation Uplift which was focused on providing support to families experiencing the stress of illness, grief, and loss. Operation Uplift also supported RUHS medical center staff that were experiencing the stress, emotional exhaustion, and job burnout related to COVID. Therefore, Stand Against Stigma presentations in the community were put on hold until the need for Operation Uplift and the restrictions involved with COVID eased. In May and June 2021, Stand Against Stigma presentations resumed. The team learned how to enhance the sharing of their lived experiences when sharing on the virtual platform by creating PowerPoints to accompany the telling of their recovery journey. They have learned ways to engage the audience moreover this platform, and have had to learn how to conduct outreach to community locations during the pandemic. Feedback from participants included:

- "Love that the diagnosis does not define the person, it is a part of the person."
- "Thanks for an amazing presentation. All speakers were wonderful!"

- "Melissa and Annette – you both did a wonderful job. I was in tears! Thank you so much for sharing and being vulnerable and showing that recovery is possible! Keep doing what you are doing – both of you truly make a difference!"
- "I really enjoyed the speakers' stories! It's nice to see how their journey progressed and what helped them to get there."
- "Both speakers were incredibly elegant and moving. Thank you so much for sharing your life experiences with us; it will positively affect how we interact with parents."
- "The personal stories were amazing. There's nothing like hearing a first-hand account that effectively dismantles a lot of the stigma and misinformation surrounding mental illness. I hope these presentations are not only available for people working in health but also for the community because these presentations have the power to change lives."
- "The Speakers were vulnerable, open, and honest. They shared terrible things from their lives and to hear about them conquering those circumstances and committing to a life of recovery was inspiring. Although I do not personally struggle with a mental illness at this time, hearing the speakers made me feel hope for everyone out there who is struggling. It makes me so happy to know that there is help out there and that we have a place to direct those who are struggling. Thank you for the work that you do!"

Stand Against Stigma (formerly Contact for Change) Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
223	883	638

Up2Riverside Media Campaign: RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting

various cultural populations and ages as well as individuals, couples, and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result, there was a total of 256,722 page views and 166,630 new users. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members. In addition, the campaign utilizes a variety of media to reach Riverside County, community members.

Cable TV spots totaled 80,167 and radio totaled 976. Over-the-top TV, which is advertising delivered directly to viewers over the internet through streaming video services/apps (ex: ESPN, AMC, etc.) or devices (ex: Roku, Apple TV, etc.) yielded more than 1.2 million video completions and a 97% video completion rate. While the It's Up to Us campaign runs throughout the year, outreach efforts were significantly increased during May is Mental Health Month to leverage the heightened awareness, interest, and discussion surrounding the topic. Media Metrics for May included:

- 7,289 spots were aired across 44 Cable TV networks.
- 98 radio spots were aired across KFRG-FM (95.1) and CHANNEL Q (103.1).
- It's Up to Us videos were viewed to completion over 229,000 times in May.
- Two email blasts were delivered during May; one promoting free mental wellness kits for Riverside County residents and one promoting May Is Mental Health Matters Month.
    - Open rates (percent of emails opened relative to total emails delivered) for these email blasts improved from 15% in 2020 to 17% in 2021.
- Sponsored posts on Facebook delivered 623,000 impressions (ad exposures), 9,000 clicks, and 2,300 engagements (post comments, reactions, shares, and saves).

Also, new this year, our Up2Riverside webpage offered mental wellness kits to 251 Riverside County residents who visited the site and filled out the request form. Kits included (1)

journal, (3) tip cards, and (1) pen. The wellness kit, as well as tip cards, continue to be available as a digital download from the website when you visit "Mental Wellness Tips" under Resources. In May, the website received 279 journal downloads and 219 tip card downloads. Additionally, Up2Riverside.org published articles on three local Patch pages throughout Riverside County: Temecula, Murrieta, and Lake Elsinore-Wildomar.

In May 2021, we conducted a community-based survey to assess the impact of the campaign as it relates to knowledge and attitudes about mental illness and suicide prevention. 85% of Riverside residents are aware of the It's Up to Us campaign. Results from the campaign are listed here:

Knowledge

- 85% of campaign-aware respondents agreed the campaign helped them recognize warning signs of suicide
- 88% of campaign-aware respondents agreed:
    - the campaign gave them information on how to get help if someone they know is showing symptoms of mental health problems or warning signs of suicide
    - the campaign encouraged them to talk about mental health problems with a friend or family member
    - the campaign helped them recognize symptoms of mental health problems

Attitudes

Survey respondents who remembered any campaign ads or messages were asked to rate their likelihood of supporting these goals:

- 89% were likely to recognize that people with mental illness have normal intelligence, quality relationships and can work, go to school, or otherwise thrive in their communities
- 88% were likely to encourage a family member or friend to get help
- 85% were likely to make a personal effort to find out more about mental illness, such as from a website

Promotores de Salud Mental y Bienestar Program: Promotores(as) de Salud Mental y Bienestar Program is an outreach and education approach to build a relationship with the Latinx community and increase access to mental health services while reducing the stigma associated with mental illness. Because Promotores(as) come from the communities they serve, they can address access barriers that arise from cultural and linguistic differences, stigma, and mistrust of the system. Furthermore, since they usually provide services in the community when and where it is convenient to community members, they help decrease barriers due to limited resources, lack of transportation, and limited availability. In addition to coming from the communities they serve, Promotores(as) can be characterized by three Ps: Presence in the community, Persistence, and Patience – this builds trust in the community. Relationship with the community is one of the key factors that distinguish Promotores(as) from other health workers. The program includes a series of 10 mental health topics that are offered to the Latinx community in 1-hour presentations. The topics include anxiety, depression, mental health, schizophrenia, self-care, substance abuse, suicide prevention, trauma, bipolar disorder, and grief & loss. Resources are also provided.

From July 1, 2020, to June 30, 2021, the Promotores(as) de Salud Mental y Bienestar program provided a total of 1,637 1-hour mental health presentations across the Western and Desert regions of Riverside, reaching a total of 6,500 participants. Due to the pandemic, most presentations overall were provided via Zoom, however presentations were also provided via phone, community preferred communication apps such as WhatsApp, social media (Facebook live), one-on-one at a consumer's residence, or a public location such as parks, churches, and local shopping centers.

In addition to moving to a hybrid (virtual/in-person) model, keeping the community members engaged in presentations, as well as collecting the required data, the creativity of the staff (raffles, incentives, Lotería) was a fundamental element in the program's success. Access to technology continues to be a challenge, as many members of the community do not have the technology, do not feel comfortable talking to the camera, or are not knowledgeable on how to log into meetings. Collecting data using a virtual format continues to be a struggle, as some community members are hesitant to provide their personal information due to immigration concerns. Many participants are not proficient in reading and writing, and others do not have the necessary understanding of

technology to fill out electronic surveys or other alternative methods. Many of the surveys are collected orally by the promotors at the end of the presentation. This system has allowed them to collect some of the data. However, the feedback may not be as accurate as if the participants were to fill out the satisfaction survey privately.

Promotores Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
N/A	1,855	6,500

Collaboration with the local community and stakeholders (churches, schools, libraries, and community centers) continued to be key in connecting the community with information and resources. The provider identified the need to promote strategies for achieving balance in the lives of the community members, as well as their staff to manage the general anxiety and uncertainty in the community and to help build resilience. Leadership expressed how additional support from RUHS-BH was fundamental to explore strategies to support their staff in implementing the program. In addition, the ability to review the identified presentation topics to add additional curricula addressing needs identified in the community due to the COVID-19 pandemic was critical. According to the data collected, most participants expressed feeling confident in seeking help and finding resources in the community and stated feeling confident about sharing the information with family and friends, as well as gaining a better understanding of mental health issues in their community. The promotores(as) were able to expand their reach in the community by providing services to the field workers in the Eastern Coachella Valley through Líderes Campesinas.

Feedback from participants includes:

- "Now I understand better what mental health is. I thought it was people with problems. Mental health and mental disorders are different."
- "I learned that instead of judging it is good to inform yourself to put yourself in the other person's shoes."
- "How good it is to know that we are not the only ones who have problems and to know that there is someone who understands us."

Community Mental Health Promotion Program: The Community Mental Health Promotion Program (CMHPP) is an ethnically and culturally specific mental health

promotion program that targets: Native Americans, African Americans, LGBTQIA, Asian Americans/Pacific Islanders, and Deaf and Hard of Hearing. A similar approach to the Promotores model, the program focuses on reaching un/underserved cultural groups who would not have received mental health information and access to support and services. A Request for Proposal was developed and was released in March 2018. Promoter programs for the following populations were awarded: Black/African American, Asian/Pacific Islander, Native American/American Indian, and LGBTQIA. No bids were received for the Deaf and Hard of Hearing population. Program implementation began in mid FY19/20. The promotors received a 40-hour training in which they are educated on topics in mental health, given a list of culturally competent local resources, and are empowered to create a plan of action as a group to address the unique mental health needs of their community. They provide 1-hour presentations on 10 different mental health topics in non-stigmatizing community locations such as local churches, community centers, schools, and parks. The topics include anxiety, depression, mental health, schizophrenia, self-care, substance abuse, suicide prevention, trauma, bipolar disorder, and grief & loss. Resources are also provided. The promoters reached the West, Mid-County, and Desert regions of Riverside County, and especially focused on neighborhoods and communities identified by the MHSA PEI planning committee as areas of high need. Outreach and education are provided to a range of age groups from middle/high school students, transitional age youth (TAY), adults, and older adults.

CMHPP – African American/Black Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
N/A	255	1,426

From July 1, 2020, to June 30, 2021, promoters for the four Community Mental Health Promotion Program (CMHPP) provided a total of 1,167 1-hour mental health presentations countywide, with a total of 3,752

CMHPP – LGBTQ Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
N/A	N/A	324

participants. Due to the pandemic, most presentations overall were provided via Zoom, however presentations were also provided via phone, community preferred communication apps such as WeChat, social media (Facebook and Instagram live), one-on-one at a consumer's residence, or a public location such as parks, churches, and local shopping centers.

The LGBTQIA+ program reported success among the HIV and Trans communities by using the virtual mode since this allowed them to receive the information in a safe environment. The Native American Program strengthened its collaboration with local tribes, joining efforts in vaccination clinics, where their promotors became part-time front-line staff. In general, collaboration with the local community and stakeholders (churches, schools, libraries, and community centers) continued to be key in connecting with the community with information and resources.

In addition to moving to a hybrid (virtual/in-person) model, keeping the community members engaged in presentations, as well as collecting the required data, the creativity of the staff (raffles, incentives, electronic forms) was a fundamental element in the program's success.

CMHPP- Native American Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
N/A	222	1,036

Access to technology continues to be a challenge, as many members of the community do not have the technology, do not feel comfortable talking to the camera, or are not knowledgeable on how to log into meetings. Collecting data using a virtual format continues to be a struggle, as some community members are hesitant to provide their personal information due to mistrust of county-funded programs. Many participants are not proficient in reading and writing, and others do not have the necessary understanding of technology to fill out electronic surveys or other alternative methods. Many of the surveys are collected orally by the promotors at the end of the presentation. This system has allowed them to collect some of the data. However, the feedback may not be as accurate as if

CMHPP – Asian American/Pacific Islander Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
N/A	242	894

the participants were to fill out the satisfaction survey privately. Staffing issues created challenges for at least one of the programs, resulting in low participation for two regions in the county.

The providers identified the need to promote strategies for achieving balance in the lives of the community members, as well as their staff to manage the general anxiety and uncertainty in the community and to help build resilience. Flexibility was identified as the most significant lesson learned. Provider leadership expressed how additional support from RUHS-BH was fundamental to explore strategies to support their staff in implementing the program. In addition, the ability to review the presentation topics to add additional curricula addressing needs identified in the community due to the COVID-19 pandemic was critical. According to the data collected, most participants expressed feeling confident in seeking help and finding resources in the community and stated feeling confident about sharing the information with family and friends, as well as gaining a better understanding of mental health issues in their community.

Feedback from the community includes:

- "Great for you to come out to the basketball court and talk to African American young men about mental health because I go through it."
- "As a police officer this is very informative and helps me to understand more of the importance of trauma on the community I serve."
- "Learning about clinics and hotlines. I didn't know there were texting hotlines"
- "I liked how Frances talked about how Asians are not the model minority, rather, we also experience issues like suicide because we also encounter hardships like any other group, if not more than some others."
- "I learned about ways to discuss mental health without stigma"
- "Having a safe space to talk about mental health issues, with the insight and perspective of a fellow Trans-person."

RUHS-BH will be releasing an RFP soon that will include the continued focus on African American, Native American, LGBTQ+, and Asian/PI communities. Additional target underserved groups included in the upcoming RFP are Deaf/Hard of Hearing, Veterans, Spirituality/Faith-Based, Middle-Eastern/North African, and Individuals with Disabilities.

Integrated Outreach and Screening: This expansion of outreach at Riverside University

Health System – Community Health Centers (CHC) integrates mental health and physical health care and allows greater opportunity to identify early signs of mental illness while also educating healthcare colleagues. Integration of services will reduce the stigma associated with mental health and help-seeking while also increasing access to mental health services as individuals and families who regularly attend to their physical health needs will also get screened for mental health needs where it is convenient for them. The focus of this expansion is psychoeducation for healthcare staff, stigma reduction, screening, assessment, and referral with linkage to needed resources that will reduce delay in receiving help. Screening within a physical health location reduces stigma related to help-seeking and increases access to services. Once identified, linkage to appropriate resources and services will be done with support in place to ensure connection. Integrated care is a currently evolving best practice model. Expanding PEI efforts into the CHCs will increase our reach into and throughout Riverside County. This is in line with PEI's time-limited partnership to leverage Whole Person Care funding which focuses on coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved health and wellbeing through more efficient and effective use of resources. Support focuses on integrated care for a particularly vulnerable group of Medi-Cal beneficiaries who have been identified as high users of multiple systems and continue to have poor health outcomes. Efforts include shared data between systems, coordinated care in real-time, and evaluation of individual and population progress – all to provide comprehensive coordinated care for the beneficiary resulting in better health outcomes. The expansion has the added benefit of increasing penetration rates for RUHS-BH and further developing the breadth and spectrum of the full-service delivery system.

Integrated Outreach and Screening Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
56,858	49,681	27,018

This will be a comprehensive approach throughout Riverside County. The CHCs are located in the following cities: Banning, Corona, Hemet, Indio, Jurupa, Lake Elsinore, Moreno Valley, Palm Springs, Perris, Riverside, and Rubidoux.

Year to year there has been an increase in the number of PHQ-2 and PHQ-9 screeners administered through primary care. FY2020/2021 completed 175,603 screeners. Identification provides an opportunity to improve earlier access to needed services.

FY20/21 moved into phase 2 of the integrated outreach at the CHCs which includes staffing with a focus on psychoeducation for healthcare staff, stigma reduction, screening, access, and linkage, as well as coordination and provision of a variety of prevention services. Phase 2 will include expansion to the RUHS Medical Center with Behavioral Health staff to provide psychoeducation for healthcare staff, stigma reduction, support for staff and families dealing with end of life grief and loss, access and linkage to mental health services, as well as coordination and provision of a variety of prevention services and supports.

Some successes for FY20/21 include:

- Established positive working relationships with staff members, including providers, medical teams, BH Integration, and BH Specialty staff, leading to an increasing number of consultations with medical staff for patients presenting with mental health symptoms.
- Began follow-up for referrals made to Behavioral Health Integration therapists from primary care providers to ensure connection.
- Established referral process allowing Behavioral Health Specialty staff to refer SMI consumers for primary care, which many have not had medical treatment for a great deal of time.

Integration takes time as it involves changing a long-standing culture of medical care. Some challenges included: Time - busy schedules and productivity requirements restrict access to medical staff and impede the ability to engage in meaningful trainings/psychoeducation. COVID - continued COVID safety measures restrict access to staff for trainings and eliminate the ability to engage in in-person outreach activities with patients in the clinic. Also, restrictions didn't allow outside PEI contractors to be in the clinic for classes/groups.

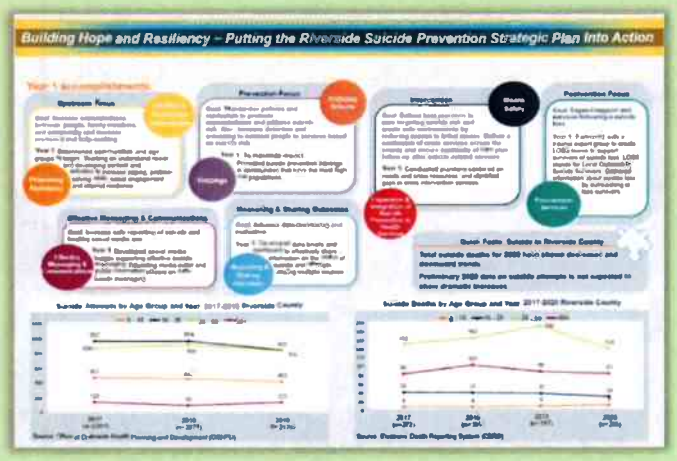
Suicide Prevention Activities: The past several years have included a larger focus on suicide prevention in Riverside County. A local strategic plan was developed and the goals/objectives of the plan are being addressed through the Riverside County Suicide Prevention Coalition. Our local efforts are designed to align with and enhance the statewide goals for suicide prevention.

- **Building Hope and Resiliency: A Collaborative Approach to Suicide Prevention in Riverside County** is the Riverside County suicide

prevention strategic plan. As part of our statewide partnership, PEI participated in a suicide prevention learning collaborative. The plan was created through a data-driven process with community stakeholder feedback. In June 2020, the strategic plan was released. The plan identifies specific goals and objectives to address suicide in Riverside County and is in line with the California statewide strategic plan, *Striving for Zero*. In September 2020, the Riverside County Board of Supervisors passed a resolution adopting this strategic plan as a countywide initiative.

- **Riverside County Suicide Prevention Coalition:** To bring the strategic plan to life, a Suicide Prevention Coalition was established. The Coalition kicked off in October 2020. Currently, the Coalition is led in partnership by RUHS Behavioral Health (PEI) and Public Health and includes six (6) sub-committees: Effective Messaging & Communications, Measuring & Sharing Outcomes, Upstream, Prevention, Intervention, and Postvention. The Coalition meets quarterly and offers learning opportunities in suicide prevention best practices and is where sub-committees share ongoing progress. Sub-committees meet monthly. To view the webinar overview of the strategic plan please visit https://youtu.be/PTPBi4QIGw8.

  The inaugural year included many accomplishments.



  - Effective Messaging & Communications developed social media images supporting suicide effective messaging. Hosted a webinar during suicide prevention week to provide tips and tools for working with the news media. The webinar was intended for Public Information/Communication Officers and individuals who might

respond to a media interview (in response to a suicide death or regarding suicide prevention).

- Measuring and Sharing Outcomes developed data briefs and a data dashboard to effectively share information on the status of suicide and attempts utilizing multiple sources.
- Upstream addressed isolation which is the biggest risk factor for suicide. The sub-committee curated a series of short video clips provided by local youth that include messages of hope and encouragement targeting older adults as well as a short survey aimed at helping better understand the current needs of our older adults and connect them to services and community support.
- Prevention includes 2 workgroups; Trainings focused on strategic outreach to encourage more Riverside County residents to become trained helpers in suicide prevention and Engaging Schools worked to promote the standardization of policies across school districts to improve communication, collaboration, and consistency of suicide prevention, intervention, and Postvention efforts. As well as create an environment in which schools can serve as a resource to the community and foster social-emotional growth and connection.
- Intervention conducted planning centered on needs and crisis resources and identified gaps in crisis intervention services. Working to improve care transitions for individuals being discharged from inpatient hospitalization to encourage follow-up with outpatient services and educate their support system to assist with this.
- Postvention partnered with the Trauma Intervention Program (TIP) of Riverside County to develop LOSS kits and enhance their current volunteer training with specific suicide postvention training and response and hosted a webinar in September for survivors of suicide loss.

- **Suicide Prevention Training**

The training teams were expanded through a Training for Trainers (T4T) process in all three models: safeTALK, Applied Suicide Intervention Strategies Training (ASIST), and Mental Health First Aid (MHFA) Adult and Youth. Both RUHS-BH staff as well as community partners were trained in the models and agreed to provide trainings throughout the County annually and adhere to data protocols. A coordinated effort has been organized through the PEI team to ensure trainings are available countywide and often to meet the needs of the community. Quarterly trainer meetings are held to provide support to trainers and maintain fidelity to the training model. Trainings are typically offered throughout the year at the RUHS-BH Rustin Conference Center as well as at other community locations throughout the County including: schools, community centers, places of worship, community-based organizations, other county departments, and businesses. In the interest of the well-being of Riverside County's entire community, MHSA PEI followed state health guidelines regarding COVID-19. ASIST, MHFA, and safeTALK trainings stopped in February 2020. These 3 pieces of training are required to be in person, virtual formats are not available. Therefore, we were unable to provide these trainings for the entire FY20/21. We have begun to offer in-person trainings at some stakeholder locations, i.e.: schools and other partner CBOs, in FY21/22 as COVID restrictions allow.

Suicide Prevention Trainings Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
1,406	2,411	776

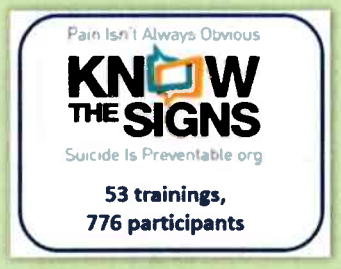
- **In-Person Trainings**

  - **safeTALK** – is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. In FY20/21 no trainings were offered due to COVID restrictions. Trainings were offered at partner locations in FY21/22. Data will be available in next year's report.

- **Applied Skills Intervention Training (ASIST)** - is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. In FY20/21 no trainings were offered due to COVID restrictions. Trainings were offered at partner locations in FY21/22. Data will be available in next year's report.
- **Mental Health First Aid (MHFA) training** – Adult and Youth is an 8-hour course, , that teaches the public to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward the appropriate treatments and other supportive help. The MHFA training program was designed to teach members of the public how to support someone who might be developing a mental health problem or experiencing a mental health-related crisis, and to assist them to receive professional help and other support. The Adult course is designed to learn how to help an adult person who may be experiencing a mental health-related crisis or problem. The Youth course is primarily designed for adults who regularly interact with young people. It teaches parents, family members, caregivers, teachers, school staff, peers, neighbors, and other caring citizens how to help an adolescent (ages 12-18) who is experiencing mental health and/or substance abuse addiction or challenge. In FY20/21 no trainings were offered due to COVID restrictions. Trainings were offered at partner locations in FY21/22. Data will be available in next year's report.

- **Virtual Trainings**

The PEI Administration team developed a series of four virtual trainings that were offered each month throughout the fiscal year. All four trainings are available in English and Spanish. The trainings were received well and had great participation from our community and surrounding communities.



- **Know the Signs** helps attendees learn the basics of suicide prevention: knowing the signs, finding the words, reaching out for support, and connecting to resources. This training is adapted from the statewide campaign on suicideispreventable.org. In FY20/21, 53 trainings were conducted reaching 776 participants.

- **Mental Health 101** includes understanding mental health vs. mental illness, understanding the mental health spectrum, stigma reduction, and understanding risk and protective factors. In FY20/21, 23 trainings were conducted reaching 1,025 participants.

- **Building Resiliency and Understanding Trauma** teach about trauma and the impact trauma has on an individual. We also discuss Adverse Childhood Experiences (ACES) and discuss the lifelong impacts that ACES can have on an individual. In FY20/21, 24 trainings were conducted reaching 926 participants.

- **Self-Care and Wellness** teaches how to understand and meet your self-care needs, why this is important, and how it impacts our mental health and well-being. In FY20/21, 21 trainings were conducted reaching 714 participants.

Some lessons learned include:

- The importance of making the virtual trainings more interactive with the attendees. Utilizing the polls feature on Zoom (we didn't have the polls in the very beginning) was helpful. We reviewed participant feedback after each training to see how we could improve the presentations to provide the best experience to the community.
- Accessibility of the trainings and the scheduled time offerings to reach attendees – we had offered different time slots each quarter to provide variety (trying some evenings to see how the community may have increased access to trainings).

- We Learned that "Zoom fatigue" is a real thing – people have been spending so much time on Zoom this past year, it can be difficult to entice people to sign up for more Zoom trainings/presentations. This has been even more difficult for some of our underserved cultural populations who connect better in person or may have difficulty with access to the internet.
- Training registration platforms like Eventbrite allowed for easy access and streamlined the registration process for staff, however, this platform allowed our trainings to be seen worldwide. We began to receive registrations from all over the world. We had to adjust and find other platforms to better focus our outreach to Riverside County residents specifically. We now utilize Google forms and registrations are reflective of Riverside County community members. Training people from all over the world was fun and interesting, added cultural layers, and was also well received. Many stated they didn't have access to this kind of training closer to home and benefitted from the experience.
- PEI Admin staff collaborated with contract providers in the community to co-host these virtual trainings to increase access and comfort for community members to register. This was done specifically with the BRAAF programs. The BRAAF program learned how to leverage the opportunities in the crisis of the pandemic to build urgency into their parent support component. Additional impacts noted were: conducting program activities that benefit their local communities and neighborhoods is a good way to build goodwill and engage the community, and expanding private and public partnerships to aid with enhancing program experience (i.e. offering incentives, meeting spaces, and recruiting) has resulted in more meaningful relationships in the community, particularly with the program participants. We plan to continue collaborations like this one with other PEI contracted providers in the future.

Some comments from participants include:

- "This course was personal for me. I found it hopeful to know how people are resilient."
- "It was all so useful, especially in the holistic view of a person and community."
- "The videos and additional information provided with the course were great! Very helpful."
- "The whole course was great. I really enjoyed the videos and the polls. Very informative and educational presentation."

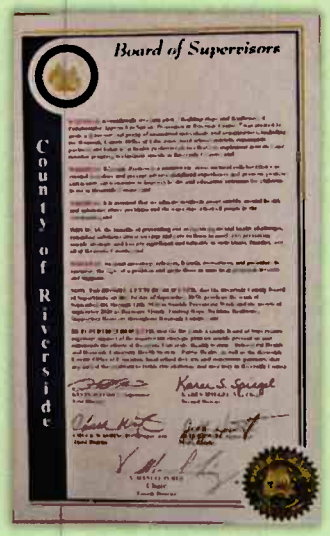
- "I think overall this presentation went really well. It was very well planned out given it was all online. I think the best part was the part discussing the differences between empathy and sympathy."
- "There were a variety of resources that were shared that anybody would find helpful. They were geared towards different roles and purposes. In addition, the presentation was very interactive utilizing the poll feature, chatbox, and sharing short and helpful videos. Both trainers were knowledgeable and communicated effectively. The pdfs and links were also helpful."
- "The video about being judgmental when helping someone was an eye-opener."
- "Very helpful and clear info. Feel it can be easily applied."
- "Great content. Presented in a manner that is easy to understand. Thank you."
- "Love that it was interactive and that we were able to practice."
- "I thought the material was well thought out, the presentation was detailed and informative, and the hosts really knew their stuff."
- "The emphasis on these ideas: trauma is not destiny, resiliency can be nurtured, the importance of a supportive person in a traumatized child's life."

Suicide Prevention Community Activities

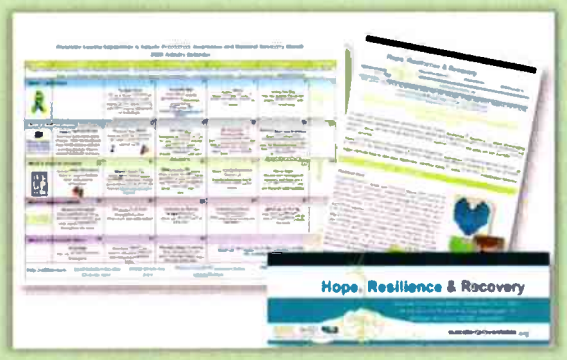
- **Suicide Prevention Week Mini-Grants:** Every year Each Mind Matters, through CalMHSA, develops and disseminates a toolkit for suicide prevention week. In FY20/21, RUHS-BH offered mini-grants to community-based organizations and schools to implement the toolkit. Seventeen (17) organizations were awarded to increase Riverside County's capacity to prevent suicide by encouraging individuals to know the signs, find the words to talk to someone they are concerned about, and reach out to resources. CBOs awarded chose from options that included hosting virtual events, creating a heart wall installation, engaging in partnerships with local restaurants to spread the word on the coffee sleeves and coasters provided, hosting a self-care activity, hosting a game night, or choosing a school focused campaign. Awardees received technical assistance and support from a PEI Staff Development Officer.

- **Suicide Prevention Week Proclamation:** RUHS-Behavioral Health partnered with Public Health & Substance Abuse Prevention and Treatment (SAPT) to recognize Suicide Prevention Week and National Recovery Month. We received a proclamation from the Riverside County Board of Supervisors recognizing these two events in support of the Riverside County Suicide Prevention Plan. Continued support through the Board of Supervisors has helped to move suicide prevention collaboration forward with a wide variety of partner agencies. A variety of activities were held throughout the County by RUHS-BH as well community-based providers for not only suicide prevention week but the entire month of September.


Board of Supervisors
County of Riverside


Board of Supervisors
County of Riverside

- **Suicide Prevention Month Virtual Activities:** In September, we focus on Suicide Prevention – so we can decrease the stigma related to the topic of suicide and increase awareness about suicide prevention. The month of September also recognizes National Recovery Month – to increase awareness and understanding of mental and substance use disorders and celebrate recovery. Starting conversations that encourage help-seeking can build resiliency in our communities. In FY20/21 we launched a social media campaign that included activities community members could do in their homes and communities while still keeping physical distance and staying safe. The theme for September 2020 was "Hope, Resilience, and Recovery." PEI Administration developed a calendar with lots of activities that could be done safely, and virtually, to spread the message about suicide prevention, emotional resiliency, recovery, and hope. Each week had a theme and highlighted activities such as color for calmness, listening to music, lighting a candle for World Suicide Prevention Day, heart installation wall, fortune teller affirmations, gratitude jar activity, and a directing change screening.



- **Social Media:** RUHS-BH Facebook, Instagram, Twitter, and Up2Riverside Facebook were used to increase awareness and educate the community about Suicide Prevention Week, Know the Signs, and resources available.

- **Public Service Announcements:** In addition to the use of RUHS-BH social media, the Up2Riverside.org campaign maintains a strong presence on television, radio, internet, and other media formats spreading awareness of suicide prevention and directing community members to the suicide prevention awareness week landing page on the up2riverside.org website. Additionally, In FY20/21 RUHS-BH PEI alongside HELPline worked with local news outlets to share information about mental health and suicide prevention on Good Day LA, KESQ, and a feature in the Desert Sun.

Send Silence Packing: Since 2011 RUHS-BH has been partnering with Active Minds and local college and university campuses to bring the Send Silence Packing exhibit to Riverside County with the goal of inspiring and empowering a new generation to change the conversation about mental health. The exhibit displays 1,100 backpacks that represent the number of college students lost to suicide each year. Unfortunately, in FY20/21 the springtime exhibit was not held due to COVID-19. We plan to bring the exhibit back to Riverside County when we are permitted to gather.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program): The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. In FY20/21 RUHS - BH continued to contract with one well-established provider to deliver the Level 4 parenting program for both parents of children 2-12 as well as parents of teens 12-17 in targeted communities in the West, Mid-County, and Desert regions of Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through

observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 351 parents were served through the Triple P classes with a 78% completion rate. Parents who completed the Triple P program (for children ages 2-12) demonstrated positive impacts on their parenting and the parent-child relationship. Analysis of the Alabama Parenting Questionnaire (APQ) measure indicated that overall, by the end of the program, participants had shown increases in positive parenting practices, and decreases in the inconsistent discipline. Analysis of the DASS-21 showed that parents experienced a decrease in their depression, anxiety, and stress levels. Outcomes from the Eyeberg Child Behavior Inventory (ECBI) measures showed overall decreases in the frequency of children's disruptive behaviors. ECBI Intensity Scale scores decreased significantly from pre to post-measure. ECBI Problem Scale scores also decreased significantly indicating that parents reported fewer behaviors as problematic.

Parents in the Triple P Teen program also demonstrated positive impacts. Outcomes of the Strengths and Difficulties Questionnaire (SDQ) indicated that teen total problems of emotional, conduct, hyperactivity, and peer problems decreased significantly upon parent completion of Teen Triple P. Teen prosocial behaviors increased pre to post. Analysis of the APQ measure indicated that overall, parents had a significant increase in involvement with their teen and positive parenting practices, as well as a significant decrease in poor monitoring practices. Analysis of the Conflict Behavior Questionnaire (CBQ) indicated a statistically significant decrease in parents' reports of a general conflict between parents and teens.

The COVID-19 pandemic had a slight effect on program enrollment and delivery methods. Once social distancing measures were implemented countywide in mid-March 2020, a majority of classes were held virtually on a virtual meeting platform such as Zoom, and measures were completed one-on-one by phone. Some classes initially had been meeting in person and transitioned onto a virtual platform later on. Completion rates and enrollment rates may have slightly been affected if parents did not feel comfortable attending classes in person or did not have the means of completing the classes virtually. The provider continued to learn ways to adapt during COVID. They have been able to hold group sessions with parents over their virtual platform, and have found creative

ways in which to conduct more outreach to parents, such as by joining social media groups and advertising the parenting classes.

Feedback from participants included:

- "I felt like I could say anything and not be judged about my parenting. "
- "That there were other parents with a similar problem as me. I liked that I felt confident and that it was a good experience. I learned many things and I am trying to practice with my family."
- "Zoom class made it so easy to attend class."
- "Being able to connect with the other parents, you don't feel alone."
- "That we were able to attend class from home. I'm very busy and that worked great for me."

- "Discussing issues and strategies with other parents."
- "I really loved the facilitator. She made me very comfortable."

Triple P Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
270	199	263

Teen Triple P Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
71	125	88

Mobile Mental Health Clinics: Three mobile units travel to unserved and underserved areas of the county to reach populations to increase access. The mobile units allow children, parents, and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors and appropriate interventions, training for school staff, parent consultations regarding specific problem behaviors, and small groups for children whose parents are incarcerated as well as a school readiness group (Dinosaur school).

The COVID-19 pandemic had an impact on the total number of services and type of services that were provided by the PEI mobile staff. Many school campuses remained closed during the majority of the FY20/21 due to the COVID-19 pandemic and mobile therapy units were no longer allowed on school campuses. PEI mobile staff primarily provided services via telehealth, but also offered family voice and choice to provide face-to-face services at an alternative clinic location and/or community setting outdoors pending COVID protocols. Due to school campuses being closed or limited access, there were fewer provider consultations and decreased parent consultations compared to previous fiscal years. Once school campuses re-opened for student services, mobile clinic staff were not allowed back on campus due to COVID protocols which continued to hinder the opportunities for provider consultations, outreach on school campuses, prosocial skills groups in the classroom, parent consultations, and parenting classes.

The COVID-19 pandemic brought many challenges to the community and implementation of services across all of Riverside County. PEI mobile staff continued to reach out to school districts to offer mental health, prevention, and early intervention services. School districts reported attending to COVID-19 safety concerns, distant learning changes, challenges and demands, basic needs for children and families, and transitions within their school sites/districts with teachers and educational instruction rather than readily referring to mental health services as they had before the COVID-19 pandemic. As a result, FY20/21 total number of referrals decreased resulting in PCIT therapy rates declining slightly compared to other fiscal years as well as light touch services.

A total of 2,965 mental health services were provided totaling 2,489 hours to children and/or their families during FY20/21. A total of 91 children received mental health services in the West, Desert, and Mid-County Regions. For clients who completed PCIT treatment, there was a statistically significant decrease in the frequency of child problem behaviors and in the extent to which the caregivers perceived their child's behavior to be a problem. Parents overall reported feeling more confident in their parenting skills and ability to discipline their children and parents reported feeling their relationship with their child and their child's behavior improved. In FY20/21, 23 parent consultations serviced 19 caregivers in elementary schools and early head starts in 7 different school districts. In addition, consultations were conducted with 5 providers.

Mobile PEI Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
380	308	206

Although significant challenges continued to occur related to the COVID-19 pandemic during FY20/21 several successes were also achieved related to telehealth services and the availability of continued mental health, early intervention, and prevention services to children and families. PEI mobile staff were able to navigate technology with families to provide continuity of care to achieve treatment goals and address family needs to achieve successful outcomes. PEI staff were also able to be creative in service delivery providing face-to-face services at alternative clinics or community locations while following COVID-19 protocols. Some alternative community locations included sessions at the park or in the family's backyard. The staff was able to adhere to families' treatment goals and meet their needs accordingly.

Over the years of implementation, several lessons have been learned. It is essential to maintain regular communication with school administration and staff. When new administrators or staff are on board, meet and greet meetings are held allowing staff to tour the mobile clinics, meet the clinical team, and learn about the program. Program materials and referral forms are regularly provided to staff. Participation in back-to-school activities and school in-service days have proven effective to increase program support and awareness; whether in person or virtually. The hiring process now includes a site visit to observe the mobile clinics "in action" to ensure a full understanding of what the position entails before employment commencement. The staff has become adept at troubleshooting issues related to the operation of the mobile units. Memorandum of Understanding (MOUs) between RUHS - BH and partner school districts are now kept on mobile units to have as a reference should any questions arise regarding presence on campus and services provided and now include language regarding specific health screens as frequently requested by school districts. Current exploration regarding the transition from the larger 38-foot RV units to smaller 25-foot Sprinter Cargo Vans allows for additional options for the mobile therapy units to park and support school behavioral health needs. Communication and regular updates regarding needs related to the new mobile therapy units such as staff having access to breakrooms and staff and family's

access to restrooms on school campuses. Concerns regarding school safety have been on the rise within society and our staff have navigated and learned the various school systems/districts and steps needed to provide classroom consultation, classroom observations, and services for children on campus within their school setting. It is essential to have adequate technology resources available to staff and families to address the closure of school campuses and access to telehealth services due to the COVID-19 pandemic. It is also imperative that staff and families are trained or educated properly in utilizing platforms such as Zoom, MS Teams, etc. to provide necessary mental health treatment services and light touch interventions. Regular communication regarding RUHS-BH and school district COVID-19 protocols to ensure safety for children, families, and staff.

The PEI Mobile Clinic has been instrumental in delivering services to families with limited resources, including transportation and geographical barriers. Families have been able to access services easier as well as learn techniques and a new way of positive parenting that have changed lives and family dynamics in an encouraging way.

Although this past fiscal year has brought great challenges related to the COVID-19 pandemic and the mobile therapy units not physically on the road or on school campuses, PEI staff continued to provide high-quality behavioral health services while meeting the needs of children and families within the community. Our PEI Mobile teams are fortunate to have several successes from children and families. One excellent example is a 3-year-old Caucasian male, Anthony. Anthony and his family were referred for services by his pediatrician to the PEI Western Mobile therapy unit. Below is a direct testimonial from Anthony's mother regarding their experience and success with Preschool 0-5 PEI Programs, PCIT services. (Please note the name has been changed for confidentiality purposes).

"I cannot begin to describe the immeasurable impact that the PCIT program has had on our child and family.

Before joining the program, every day was a struggle for our 3-year-old, Anthony; and, it had been for over a year and a half. He was aggressive at school, defiant at home, and was a tantrum waiting to happen at any moment. He would scream, kick, bite, pull hair, push, hit, and anything else to get his way. We tried so many strategies, struggling to find peace in our home and family; but, nothing seemed to be helping.

We reached out to our pediatrician who referred us to their behavioral health department, who in turn, referred us to the PCIT program. We were so fortunate and blessed to quickly begin working through the process with our AMAZING therapist.

Once we started the program, the strategies we learned led to consistency between both parents, which made an enormous impact and helped us align and strengthen our parenting skills. The guidance provided was easy to follow and apply to our family's daily schedule. In time, our relationship with our little boy was strengthened and healed and he is now a completely different kid. We're no longer left waiting on pins and needles for his next tantrum. He is doing extremely well in school! We enjoy spending time together and on the rare occasion that defiant moments happen, we have a solid plan to follow THAT WORKS!

This program was truly a "God-send" and an answer to our prayers. Our son grew so much through the PCIT process and we would not be where we are today, as a family, without this unbelievable program.

We have and will continue to recommend this program to friends, family, and anyone else looking to strengthen their parenting and help their relationship with their child grow."

Strengthening Families Program (6-11) (SFP): SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. Countywide, parents showed statistically significant improvements on the Alabama Parenting Questionnaire (APQ) in the areas of parental involvement, positive parenting, and inconsistent discipline. The APQ also showed parental involvement increased and suggested that parents were more involved in their SFP child's school success at the end of the program. The Strength and Difficulties Questionnaire showed statistically significant improvement in child risk factors. Parents reported statistically significant improvements with their children regarding emotional problems, conduct problems, hyperactivity, peer problems, and prosocial skills. Parents reported statistically significant improvements with their children concerning emotional problems, conduct problems, and total difficulties. Family Strengths also showed improvement. Despite the pandemic, the majority of participants were satisfied with 100% reporting overall

Enrolled 179 families with 211 parents/guardians 83% completed

satisfaction with the program and 96% were satisfied with the group leaders. Ninety-eight percent (98%) of the participants reported they would recommend this course to others. A major success was that the SFP virtual program continued to be an effective way of reaching families. SFP staff continued to work helping families understand how to use Zoom. Staff continued with innovative ways to keep SFP participants engaged. The staff received positive feedback for the videos, incentives, and activities that helped all participants to benefit from the lessons. Countywide, 179 families enrolled in the program with 211 individual parents or guardians.

The biggest challenge to the program was the impact of the COVID-19 pandemic. SFP is intended to be accessible and made available to families in non-stigmatizing community locations. COVID restrictions and closures of schools and community centers made securing a location to hold the program very difficult. Many agencies and community partners were skeptical about holding in-person meetings which made it hard to recruit in traditional ways. Some community partners were willing to refer participants to the virtual SFP format. Families were skeptical of participating in an in-person program and were open to the virtual format. Connectivity issues made it difficult for families to log on to Zoom and participate. Many families did not have internet access at all. The team followed the guidelines of the Riverside County Public Health Information Officer to maintain safety during the pandemic. The program was converted to a 100% virtual format. The providers worked together to adapt the model while maintaining fidelity to the evidence-based practice. The virtual program was reviewed by the Master Trainer of the model and recognized as the only program across the country to transition to a virtual platform while maintaining fidelity. The teams were asked to present to the other SFP programs across the Country.

Children's conduct and Emotional Problems Improved

Feedback from participants includes:

- "Thank you so much for all the teachings given to me and my family. I really appreciate all your help and support to be not only a happier family but also to be better people. We will really miss all of you. We wish you all as well as all your loved ones Happy Holidays,

and I hope that one day I can give back to the Latino Commission for all your kindness."

- "The program has helped me to be more firm with [Son]. I have seen that when I am more firm, they become easier and the child's game has helped me to become more docile."
- "All good, I just wish the activities continued to be in person. But I really like the program, thank you."
- "I am grateful for the positive changes in my child and myself."
- "This program helped me to recognize and see where I was making mistakes and also to seek help to solve my problems together with my family."
- "I really appreciate the teaching that they gave us in this class I started to live more with my children and to have family activities."
- "Thank you. I learned many new and important activities as a mother and for my family. It has helped improve communication, coexistence, participation of everyone in our family."

- "I would take this class again and again. There is really good information and a lot to learn. "
- "This class is greatly needed. It is always just a matter of putting into practice what we learned. Thank you for everything. I hope you can bring this program to middle schools!"

Strengthening Families Program Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
267	135	211

Inland Empire Maternal Mental Health Collaborative (IEMMHC): This Riverside and San Bernardino collaborative works to educate and bring awareness to the issue of maternal mental health. Activities include an annual conference, film screenings with panel discussions, and other activities that support these efforts. One of the goals of the

collaborative is to provide an annual conference on a topic related to maternal mental health. RUHS – BH supports the conference every other year. In FY20/21, there were no activities due to the impacts of COVID-19 and the inability to gather.

PEI-03 Early Intervention for Families in Schools

Peace4Kids: Peace 4 Kids is based on five (5) components (Moral Reasoning, Empathy, Anger Management, Character Education, and Essential Social Skills). The program goals include: helping students master social skills, improving school performance, controlling anger, decreasing the frequency of acting out behaviors, and increasing the frequency of constructive behaviors. There is also a parent component, which strives to create social bonding among families and within families while teaching social skills within the family unit.

Peace4Kids Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
404	N/A	N/A

Due to COVID, RUHS-BH staff access to students in the virtual school was extremely challenging. As the schools were adjusting it was requested that the PEI team pause programming. The school was navigating distance learning and wanted distance learning time focused on academics versus non-academic programming. Statewide and school district stay-at-home orders made it difficult for the program to be implemented despite team efforts to meet with school staff to find a way forward to deliver the program. The PEACE4Kids staff was re-directed to support larger community needs in the outpatient clinics while schools adjusted to meeting student needs during the pandemic. The interruption of services provided the opportunity to re-evaluate this project. School systems know their systems best. The PEACE4Kids program will no longer be provided by RUHS-BH staff, instead the program will go out to competitive bid specifically for school districts so they can implement the program within their campus communities. Over the past 7 years, Peace 4 Kids has been a successful program demonstrated by a decrease in behavioral difficulties and an increase in pro-social skills in program participants. The department is responding to increased community interest for Peace 4 Kids services throughout all regions of Riverside County. The goal is to have the PEACE4Kids program in at least one school district per region.

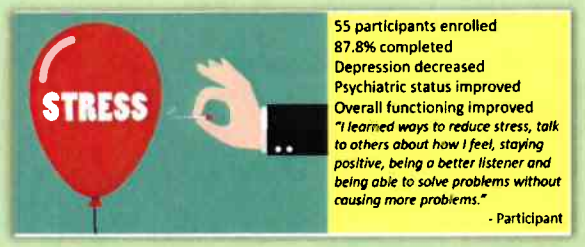
PEI-04 Transition Age Youth (TAY) Project

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

The **TAY Resiliency Project** includes the delivery of Stress and Your Mood as well as Peer-to-Peer services. These two programs have been in the PEI plan since implementation began. However, through service delivery and lessons learned, the two programs have been packaged into one project which allows for better coordination. The two programs often work hand-in-hand and creating a seamless workflow between the two will enhance communication and access for TAY. These two programs were re-released for Request for Proposal under the TAY Resiliency Project and began services delivery under this new project name in FY20/21.

Stress and Your Mood (SAYM): SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. In FY20/21, 55 youth enrolled in the program with 49 youth completing the program, which was offered in both individual and group formats. Of the youth served, the majority of participants were 16-17 years of age (80%), and 20.1% identified as LGBTQI. COVID provided the biggest implementation challenge. Virtual learning made engagement with students more challenging. Many students did not want to engage in the service virtually after spending their entire school day on Zoom. Some reported feeling uncomfortable doing Stress & Your Mood in a group setting online because they couldn't be sure others weren't recording things on their phones or other devices. Even though this was addressed in group rules/confidentiality, there was no way for the clinician to guarantee that would not happen. Program recruitment was more challenging. Teachers were very protective of their online teaching/learning time with students. Clinicians are used to doing presentations to classes in person, but online, teachers were less willing to give clinicians time to recruit for the program. Counselors and school contacts were incredibly overwhelmed, especially at the beginning of COVID. As a result, some of the schools that had received SAYM did not offer it to their students this year.

The youth receiving the services were given pre and post-measures to assess their depressive symptoms and level of functioning. Youth who participated in the SAYM program showed decreases in the frequency of depression symptoms. Each youth was also given a measure of overall functioning and these measures indicated statistically significant improvements in interpersonal distress, interpersonal relationships, social problems, and behavioral dysfunction. The satisfaction surveys were also very positive.



Some students wanted to participate in the program, either in a group or individually. Clinicians were able to offer flexibility in their schedules to meet the needs of the students. The participants that completed the program did show improvement in their overall mood and their willingness to engage in mental health services again if needed. Program staff also worked together well to adapt the service to virtual implementation. They used their creativity to create visual aids for each session. They also created an outline for the new curriculum to help in explaining the model to teachers, counselors, and students to show that this is a skills-based program and that it fits well in a school environment. The students who participated in a group format openly shared about the sense of connection and community that was created in the program. This offered a significant source of support for many students during the often isolating time during virtual learning. While engaging counselors was difficult at the beginning of the school year, program staff were persistent in maintaining the relationship with schools that had received service pre-COVID.

Stress and Your Mood Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
265	282	55

Through implementing this program, clinicians have learned how to manage a group on a virtual service platform effectively. They learned ways to create a balance between being the role of the therapist and the role of the group leader, which takes implementing assertive leadership skills while maintaining a safe and nonjudgmental therapeutic environment. It was also a lesson learned with organizational skills in managing a schedule with so many absences. Students benefitted from the program virtually based on assessments, however, it was not the same experience without that in-person bond that they create

with the other students in their group. That bond goes a long way toward destigmatizing mental health conversations and symptoms as well as their sense of feeling part of a community and their ability to trust in others and share with them.

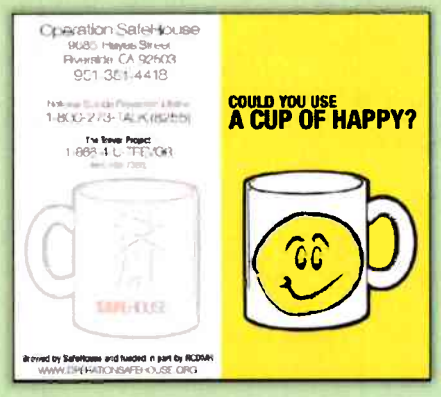
An example of the success of the program is that students expressed positive feelings towards the program after the completion of the program. Most students continued to participate in other PEI programming through the Peer to Peer/Cup of Happy services.

There were two female students during the spring semester that had difficult relationships and a lack of trust with their respective mothers. It was nice to see both throughout the program gain the communication skills, problem-solving skills, and courage to have the more difficult conversations with their parents, to become understanding each other better, and work towards improving their trust level.

A female client came out as bisexual to friends and she discussed the relief she felt that she could openly discuss those issues with the therapist during sessions. She said the timing was perfect for her to learn more skills about how to manage the situation and her expectations when she comes out to her parents soon.

Students who completed the program also said the following:

- "I learned how to effectively listen, how to problem solve, and how to cope with anxiety and depression. I learned how activities can affect my mood. I learned how to handle negative thoughts. I also learned how to negotiate with my family."
- "I learned how to have better control of my thoughts. I am able to get myself going again, and waking up in the morning isn't so bad anymore."
- "It taught me how to separate thoughts and my feelings. I was able to physically see my mood each day and figure out ways to improve it. I like that we would talk about my mood and how to better solve my problems. I also like how we met once a week."
- "During the program what I enjoyed the most was having someone to talk to every week. I loved being able to tell my therapist how I was feeling instead of holding it in. She helped me realize that I'm not alone in this journey of overcoming my depression and anxiety."



Peer to Peer Services: This program utilizes Transition Age Youth (TAY) Peers to provide formal outreach, informal counseling, and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. The components of this program include Speakers' Bureau Honest, Open, Proud presentations, Coping and Support Training (CAST), Directing Change workshops, Peer Mentorship, and general outreach activities. In FY20/21 there were a total of 223 various Peer-to-Peer events throughout the county with a total attendance of 3,215. There were 65 Speaker's Bureau Honest, Open, Proud presentations by the TAY peers reaching 1,878 individuals. Pre- and post-tests were collected from 870 individuals and statistically significant increases were found in participants' cognitive, affective, and behavioral reactions to people with mental illness; participants' attitudes toward people with mental health conditions' capabilities to overcome psychological challenges; participants' attitudes about people with mental illness relative to people without; and participants' willingness to seek out mental health services if they were experiencing anxiety and/or depression.

CULTIVATING Resilient Teens

The Coping and Support Training (CAST) program served 25 students, 75% completed. Outcomes showed improved self-esteem, personal control of moods, personal control of school, and decision-making.

Peer to Peer CAST Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
248	170	16

The Peer Mentorship program enrolled 9 TAY. Session attendance varied. Twenty-two percent (22%) of the youth completed the 32 sessions that were a part of the program design, and 33% completed between 17 to 32 sessions. Twenty-two percent attended between 9-16 sessions. Improvements were found in

mentees' ratings of goal achievement with 100% reporting a positive change in goals related to coping/mood, 100% showed positive changes with the goals set. All mentees were satisfied with the mentorship program. Improvements for goals set included a high increase in Improvement in School Work/Activities from pre to post, with 94% improvement.

In FY20/21 Peer to Peer held several LGBT support groups utilizing the My Identity My Self curriculum to support TAY youth. They held 24 support groups with 23 TAY youth. Satisfaction surveys were collected and indicated the activity and topics discussed gave them a better understanding of the early signs of mental health challenges in youth and young adults. 67% of participants reported they would feel comfortable seeking help regarding mental health challenges for themselves, family members, or friends.

Peer to Peer Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
6,307	6,675	3,200

The Peers have also been integrated into other PEI community activities and events. They support the Directing Change local event by offering the Directing Change workshops and educating youth on how to enter the film contest. There were a total of 77 Directing Change workshops in FY20/21 with 1,245 participants. The Peers are a part of the planning committee for the Dare 2 Be Aware Youth Conference and present topics in breakout sessions or offer their testimony of recovery. The Peers and their outreach efforts are incorporated into the suicide prevention and mental health awareness activities throughout the year as well.

The biggest implementation challenge was distance learning for all schools during the 20/21 fiscal year. When some schools did allow for limited in-person learning opportunities toward the end of the school year, they did not allow outside service providers to be on campus, therefore, access to students remained limited. School staff that normally would serve as contacts for starting services were overwhelmed and not able to serve that role in the same capacity as they have in pre-COVID years. Students were really difficult to engage. They were experiencing "Zoom fatigue", particularly at the end of the school year. The majority did not want to do anything additional/extra online, even if they expressed interest in programs/services. Gaps in access to technology and stable internet connections also proved a challenge for some students engaging in service, especially in more rural areas of the County. There were students that, despite

everything going on, still wanted to participate in services. TAY participants would even refer their classmates and friends to service, they proved to be a great referral source. Peer to Peer staff was creative in using technology and programs/apps to make the material more visually appealing. "Nearpod" was one of those programs that allowed the P2P program to create polls, have a bulletin board during virtual sessions and use different engagement tools in the program to help engage students in the sessions and material. The provider learned that to increase program success, staff should be able to discuss and cross-refer among programs. The provider also realized that staff needed official agency identification, e.g. company email addresses. This has helped with increasing more consistent communication and helping school personnel recognize staff are part of a legitimate program. The provider also realized collaborating with other parts of the provider's organization would allow for more referrals and increased advocacy for the TAY population within the county.

Participants in Peer to Peer made the following comments:

- "One of the most helpful things about the mentoring service was just having someone to talk to about my problems and what's stressing me out."
- "Participating in the LGBTQ+ support group changed how I think about myself in a positive way."

Outreach and Reunification Services to Runaway Youth (Safe Place): This program includes targeted outreach and engagement to the TAY population to provide needed services to return them to a home environment. Outreach includes training and education for business owners, bus drivers, and other community agencies to become aware of at-risk youth who may be homeless or runaway and seeking support. Trained individuals assist youth in connecting them to safety and additional resources. Outreach includes going to schools to provide students with information on available resources, including crisis shelters; going to places where youth naturally congregate, such as malls; and working with organizations most likely to come in contact with the youth. Crisis intervention and counseling strategies are used to facilitate the reunification of the youth with an identified family member. In FY20/21, there were a total of 18 organizations trained to be Safe Place locations, attended by 60 participants. Trainings took

place in the 4th quarter of the fiscal year due to limitations with COVID restrictions. In addition, 45 educational presentations were provided to a total audience of 1,247 people. Over 4,000 youth received outreach support through Operation Safehouse's street outreach team. The street outreach team provides homeless and runaway youth with referrals to services, hygiene products, gift cards, and transportation to homeless shelters or transitional living programs.

Youth Outreach (Operation Safehouse) Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
N/A	N/A	4,075

The impacts of COVID-19 have limited outreach efforts and youth are harder to find. Since schools were virtual for the majority of the year, the youth did not have mandated reporters to assist if there was a crisis in the home. Another major drawback is encountering youth becoming homeless due to problems in the home, including physical and sexual abuse, mental health disorders of a family member, substance abuse and addiction of a family member, and parental neglect. In some cases, youth are asked to leave the home because the family does not know how to care for their specific mental health or disability needs. Lastly, some youth are pushed out of their homes because their parents cannot afford to house them. This makes it challenging for outreach staff to engage and assist youth in our community due to distrust of adult service providers. Another barrier encountered includes youth who avoid services and shelters due to their drug addictions or the drug use of others, making it harder to find them and provide support. Since many locations have signs stating they are drug-free zones, some users will avoid them. However, many users make some of these locations hot spots for drug activity, and those frightened by drug-related activity may come to avoid assistance because of this. Others are trying to get off drugs and being around other users makes it very difficult for them to do so, so they avoid staying there while trying not to use.

A notable achievement for the Street Outreach Team, amidst the pandemic, the team discovered new ways to interact with clients as well as house youth in need. Outreach is focused on bringing community awareness about the Safe Place program. This will ensure youth can go to many different locations and get the services they need. Outreach also focused on maintaining partnerships within the community despite COVID-19. The team assists homeless individuals by providing meals to them every Wednesday night through the First Congregational Church. The program also started a desert outreach

team in the Coachella Valley. Outreach is also helping with the distribution of food to all homeless throughout the county of Riverside. The Outreach team conducted a total of 45 educational presentations, with a total attendance of 1,247 people.

A common and major barrier encountered by Outreach Staff is youth becoming homeless when their families fall into difficult financial situations that result in the loss of housing, difficulty obtaining or maintaining a job, or lack of other benefits. The COVID-19 pandemic has had a serious impact on employment and families cannot afford to pay their rent or keep their homes. These youth become homeless with their families, but become separated from them and end up living on the streets alone, often due to shelter rules and policies that do not allow youth over a certain age to stay at their location, particularly male children. Additionally, while some cities have family shelters, the number of beds is limited.

Some examples of success:

This self-referred client is a transgender male (transitioning from female to male) and was homeless because he left his house as he was not being treated well due to his gender identity. The client's preferred pronouns are he/him/his. Street Outreach advocated on the client's behalf for acceptance into the Main STAY emergency shelter. The client is receiving life skill trainings and actively looking for long-term housing options while at the Main STAY.

This client was referred to the Street Outreach Team. The client stated she has been kicked out of her parent's house and had no other housing options other than living on the streets. The client stated she is facing mental health challenges such as depression and anxiety. She is actively seeking treatment and taking medication for her mental health. The client was referred to and accepted by the Main STAY and was housed. The client was later accepted into the Main Street Transitional Living Program.

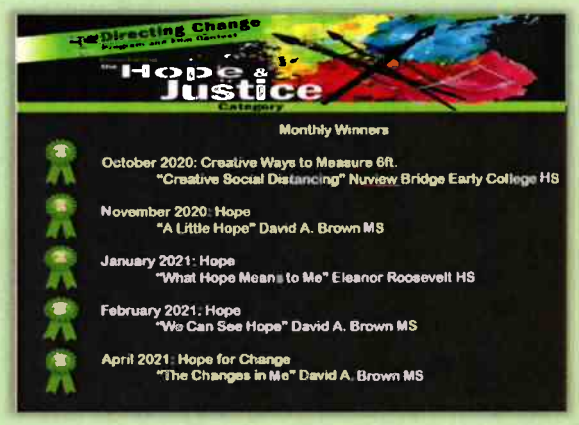
This 16-year-old female client was referred to the Street Outreach Team by Valley View High School in the city of Moreno Valley. The client opened up to her school counselors that she had been experiencing emotional abuse from her parents and had engaged in self-harm behavior. She was evaluated by the community behavioral assessment team and was taken to the Moreno Valley police station where the Street Outreach Team was ready to transport the client to the SafeHouse of the Desert youth shelter.

Active Minds: Active Minds is a student-run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11, FY11/12, and FY13/14 RUHS - BH provided seed funding for four campuses in Riverside County to start up chapters on campus. The college and university campuses that now continue to have Active Minds chapters are the University of California Riverside, College of the Desert, Riverside City College, Mount San Jacinto College, and Moreno Valley College. Student activities include providing information to students and faculty regarding mental health topics and promoting self-care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and state level. Maintaining student participation in the club, particularly at the community college level, has been a challenge. The RUHS-BH PEI team has been working closely with advisors and club presidents to provide technical assistance, outreach materials, and ongoing support to assist them with club activities and planning for the future. Additionally, suicide prevention trainings have been offered on their campuses for both faculty and students.

Send Silence Packing (SSP) is an exhibit of 1,100 backpacks that represent the number of college-age students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. At each exhibit, 1,100 backpacks are displayed in a high-traffic area of campus, giving a visual representation of the scope of the problem and the number of victims. RUHS-BH continues to support these efforts by sponsoring the Send Silence Packing traveling exhibit. In FY20/21 exhibits were unable to be held due to COVID-19 restrictions. This exhibit will return when we are permitted to gather.

Directing Change Program and Film Contest: The Directing Change Program and Student Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. To support the contest and to acknowledge those local students who submitted videos, RUHS – BH and the San Bernardino Department of Behavioral Health have partnered to host a local Directing Change Screening and Recognition Ceremony. In FY20/21, due to COVID, the in-person local event was unable to be held. However, PEI staff in conjunction with PEI program providers, conducted outreach and awareness at high schools throughout the county to raise awareness about the contest and encourage students to make videos. Although submissions were lower than typical, Riverside County students participated in the statewide program. FY20/21 included 40 Riverside County film submissions from 13 schools with 97 Participants. Riverside County youth won 1st place in the Mental Health Matters, Through the Lens of Culture, and Sanamente categories; 2nd place in A Walk in Our Shoes (The Superhero in each of us) category; and 3rd place in the Sanamente category.

Directing Change
Program & Film Contest
www.DirectingChange.org



Statewide	Riverside County
974 films submitted	40 films submitted
136 schools & CBOs	13 schools & CBOs
23 counties	97 youth
1,817 youth	

PEI

Directing Change Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
691	562	97

New this year, the Hope & Justice category is an opportunity for youth living through history to express their feelings and inspire others through art. There is also a Monthly Prompt youth can choose to highlight that theme through a variety of media options. Riverside County youth won 1st place in October 2020, November 2020, and April 2021; 2nd place in January 2021; and 3rd place in February 2021. You can find out more on how to participate here: www.directingchangeca.org.

Teen Suicide Awareness and Prevention Program (TSAPP): Riverside University Health System – Public Health, Injury Prevention Services (IPS) continued to implement the teen suicide prevention and awareness program in sixteen school districts throughout Riverside County in FY20/21. The 16 districts served were Arlanza, Banning, Beaumont, Coachella Valley, Corona-Norco, Hemet, Menifee, Moreno Valley, Murrieta Valley, Nuview, Palm Springs, Perris Elementary, Riverside, San Jacinto, Temecula Valley, and Val Verde. IPS continued its approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. TSAPP provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school and middle school within the selected school district will be required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. It is imperative to create buy-in from the students on each campus, and focusing on a peer-to-peer approach with the SP program helps to bridge the trust among students and utilize the program to its full potential. Individuals in each service group will be identified as SP outreach providers, with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers will have training on topics such as:

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

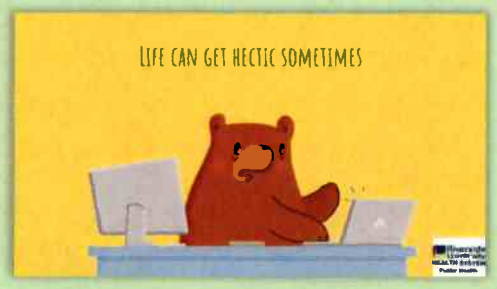
In addition, TSAPP assists each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. The students are highly encouraged to participate in the annual Directing Change video contest. The remaining activities include handing out SP cards at open house events, school events, and making PSA announcements. This helps to build momentum around suicide prevention and reduce the stigma associated with seeking mental health care services. As a way to provide additional services that target the staff and parents of students at the selected school sites, training opportunities are offered.

Program staff provided a total of 8 suicide prevention presentations to elementary school personnel reaching approximately 192 people, passing the target goal of 7 presentations. We provided the Know the Signs and Question, Persuade, and Refer (QPR) training.

Suicide prevention trainings were also offered to high school and middle school counselors, psychologists, teachers, administrators, advisors, and other campus staff. Due to the COVID-19 Pandemic, in-person gatekeeper trainings like ASIST, safeTALK, and Youth Mental Health First Aid (Youth MHFA) had to be put on standby since all schools/organizations met virtually. However, the Question, Persuade and Refer (QPR) suicide prevention gatekeeper training was available for the TSAPP team to facilitate virtually for school staff and community members. A total of 31 gatekeeper trainings were conducted countywide for this project period thus giving us a total of 1,650 people trained in QPR.

A total of 22 bilingual parent/community suicide prevention workshop trainings were conducted virtually countywide for this project period, passing the target goal of 20. The Know the Signs (KTS) training was offered virtually to all 22 school districts and community organizations.

Program staff revised the current middle and high school curriculum to include virtual information and resources on the importance of taking care of oneself. The goal of the updated curriculum was to raise mental health awareness. The curriculum recommended using effective tools to promote safe and healthy coping strategies and self-care behaviors. Program staff tied the importance of mental health to the four steps of helping oneself and others who may be experiencing a crisis or having thoughts of suicide: Be Alert, Find the Words, Active Listening, and Reach Out. In addition, there were 3 videos included in the updated curriculum: the self-care TSAPP bear, a 5-minute meditation activity, and the third-place winning video for the 2020 Directing Change Program and Video contest. State and countrywide resources were also made available as a downloadable copies for easy accessibility. Lastly, program staff introduced virtual campaigns to maintain COVID-19 safety guidelines. The campaign options included guidance through the Directing Change Program and Video Contest, a variety of social media posts, self-care and wellness videos to review and reflect on, a peer-to-peer PowerPoint presentation training, and Grab-N-Go wellness kits. Program staff did not limit the virtual campaigns to only the options above. Advisors and students had a full range to be as creative as they would have liked.



Due to the COVID-19 pandemic, TSAPP program staff facilitated virtual Suicide Prevention Week (SP week) activities for school. Program staff created 4 animated videos. At the end of each video, a reflection challenge question was presented. The videos were prepared before SP week and distributed via email to TSAPP school advisors with the purpose to share them with staff and students. The reflection challenge questions were given to students in the form of a Google link. As a result of all 4 videos and reflection challenge questions, we received a total of 12,887 responses from students county-wide. By providing the video activities and resources for SP week, we were able to support and assist 30 school sites countywide, passing the target goal of 12 school sites.

Program staff conducted sixty-one (61) virtual suicide prevention trainings at contracted school sites countywide. A virtual training was also conducted at 5 non-contracted school sites that requested training. Altogether, the TSAPP program provided 66 virtual school trainings. Program staff utilized both Zoom and Google Meet applications for all virtual

student trainings conducted. Mostly all virtual student trainings were scheduled during class time, except only a few being after school. The virtual presentation consisted of strategies to build healthy and safe coping and self-care behaviors. It also consisted of the four steps of helping oneself and others during times of crisis or having thoughts of suicide: Be Alert, Find the Words, Active Listening, and Reach Out. Program staff provided informative videos and resources that are county, state, and nationwide. Program staff utilized the Survey Monkey site, to create a retrospective evaluation and be able to provide a designated school link to all of the trained students. Mostly all students completed the survey and submitted their form at the end of each training.

Teen Suicide Awareness Prevention Program Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
2,775	5,304	3,813

Sixty of the contracted school sites and 4 of the pilot schools completed suicide prevention outreach campaigns during this project period. Due to the unforeseen circumstances of COVID-19, most campaigns were completed virtually, except a few that were done on campus. This resulted in 128 suicide prevention activities.

Despite our continuous partnerships with the districts and efforts to provide training/resources to the student population, some challenges did arise during this school year. The greatest challenge was navigating through the COVID-19 pandemic and moving to virtual-only trainings and campaigns. In addition, other challenges faced included, school advisors on the occasion were difficult to keep in contact with, and it was a challenge for program staff to receive all required documentation from the school sites. Despite these hurdles, the program staff was able to complete the required objectives.

During this project period, many of the participating school districts requested additional support due to the impacts of COVID-19. Many school counselors, faculty, and support staff expressed an increased need to support students as they struggled with distance learning. So, staff worked closely with BH and other organizations to provide resource information around mental health support, crisis services, COVID-related resources, and where families could access basic needs. In addition, we recognized that the school staff was as overwhelmed as their students. To address this, we revamped some of our

documentation requirements to lessen the burden on staff when submitting program documents. This was done by providing virtual options and providing extended time periods for submittal.

Based on the goals of the program, an evaluation process was established for the students that participated in the training component. A total of 1,072 evaluations were returned to IPS after the student's trainings were completed. The results were as follows:

- 93% answered that the liaisons were great during the presentation.
- 97% answered that the student campaigns helped spread the message about suicide prevention
- 97% thought the videos and activities covered in the presentation were effective

Upon completion of the program, a retrospective survey was conducted and disseminated to the students who were trained and participated in the campaigns. Due to COVID-19 restrictions, the survey was disseminated virtually and received a total of 593 responses. The results were as follows:

- 88% of students had a positive memorable moment during the TSAPP training or campaigns.
  - "The most memorable part was learning so much about how we can help others and I loved being able to actually put that to use and help a really close friend of mine!"- Student from James L. Day Middle School in Temecula
  - "The most memorable moment of participating in the Teen Suicide Awareness and Prevention Program is that we should never handle a situation of knowing someone has suicidal thoughts on our own. We should always tell a trustworthy adult so they can help."- Student from Vista Murrieta High School in Murrieta
- 92% of students were able to use the information they learned in the TSAPP program to help a friend or peer in need.
  - "Yes, over the last school year I noticed a few close friends were very down. So I asked if they wanted to talk about it whether with me or a counselor."- Student from Palm Springs High School in Palm Springs
  - "Yes, I was able to recognize information when talking to a friend making sure they are doing okay. When they told me they were struggling, I talked to their guardian to ask how we could help them. I did everything I could to help them, along with their guardian."- Student from Dorothy McElhanney Middle School in Murrieta

- 92% of students believed the campaigns positively impacted the campus community.
    - "Yes, I think they do positively impact the campus. I think that it provides information for people, and it inspires people to help others and themselves."- Student from Citrus Hills High School in Corona
    - "Yes I do think campaigns have a huge positive impact in communities because many people may not know warning signs or where to get help, etc. but by having campaigns there is awareness being spread."- Student from West Valley High School in Hemet

In addition, through the coordinated effort of all school sites, student groups, and community partners, the program accomplished the following this school year:

- Established Suicide Prevention Outreach groups at sixty-five (65) school sites throughout Riverside County
- Conducted sixty-one (61) Teen Suicide Prevention trainings to over (1,581) high/middle school students
- Conducted thirty-one (31) QPR trainings, impacting (1,650) community and school personnel
- Conducted twenty-three (23) Parent/ Community workshops reaching approximately (582) parents/ community member
- Distributed a total of 11,436 resources and incentives. The majority of resources were provided virtually due to the COVID-19 pandemic. In addition, all campaigns and outreach efforts were completed virtually.
- Coordinated 130 Suicide Prevention campaigns impacting 103,611 students across Riverside County.
- Cost ratio average of approximately $4.28 spent on each student impacted by the program.

PEI-05 First Onset for Older Adults

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

Cognitive-Behavioral Therapy for Late-Life Depression: This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. While transitioning to virtual services took some adjustment for both clinicians and clients, and despite the resistance to technology from some clientele, the provider was able to engage 21 clients in the CBT-LLD program. That is about half of the typical number served. The biggest challenge for the program provider was convincing clients, and potential clients, that virtual therapy was better than no therapy. Because of the demographics of this program, many of our potential clients were lost due to a lack of knowledge and comfort with using technology. The LGBTQ Community Center of the Desert has historically been a place where people show up for connection in a safe space with others like themselves. The isolation led many to deeper depression and a sense of hopelessness. Although our clinicians did all they could to engage the clients, we saw many more folks drop out due to not being able to be in person for therapy. The majority of the participants reported their gender as male (76%). Most participants fell between the ages of 61 and 69 (62%). Participants were all English-speaking (100%) Caucasians (76%), who identified with a 'Gay' sexual orientation (76%). Statistically, a significant change was observed between the pre-test and post-test Beck Depression Inventory-II (BDI-II) measures, with participant scores decreasing from moderate symptoms of depression to minimal symptoms of depression. All of the items on the Quality of Life survey showed improvement, with nearly half of the total 13 items showing statistically significant positive change, indicating that participants were engaging in more social

CBT for Late Life Depression Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
73	47	21

behavior and pleasurable activities. The satisfaction surveys that were administered show positive ratings across all items— the highest ratings being that they know how to receive help for depression as a result of the program, their learned coping strategies, and the quality of the service that the participants' received from their practitioner.

This program also has a lot of worksheets and weekly forms that need to be completed and it seemed to be too much for some of the older adults to do virtually. Relevant forms were made available in a digital fillable format making it easier for clients to complete and return. New staff was hired during the fiscal year and training for staff was able to happen quickly.

The provider learned that they had to advertise on a much more regular basis during the pandemic. Once they recognized things they needed to do differently, they got many more inquiries about the program. The provider also learned how to accommodate those who were not comfortable with the technology necessary. The Center recently hired two Community Health Workers who will be able to help clients learn to use Zoom, Doxy, etc. during their limited business hours.

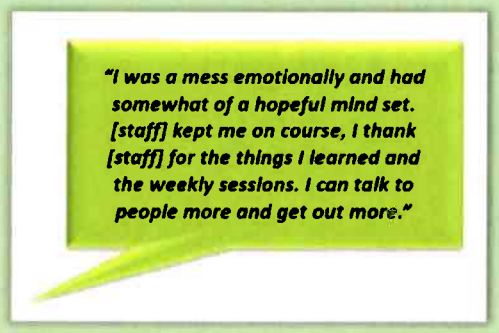
The Provider gave the following success story of a client that completed services in FY20/21.

"Self-proclaimed Grumpy Old Man Wants to Change." *"I'm the grumpy old man that everyone stays away from and I want to change. Can you help me?"*

Over six months, the client attended a total of 25 CBT-LLD therapy sessions. The focus of initial therapy was on behavioral activation. Client gains were immediate. The client progressed onto the main part of therapy embracing the concepts of cognitive distortions. The client also explored unhelpful core beliefs and attitudes. A major stressor in the client's life was his high level of ongoing anger and his high level of emotional reactivity. The client was able to examine the sources of his anger and learn new skills to temper his emotional reactivity. This was an area of high satisfaction for the client in particular. In the final CBT-LLD session, the client's weekly assessment measuring overall mood

was tallied, compared, analyzed, and celebrated. The client was able to improve his overall mood by over 10 points and consistently maintain that for over a month. Similar impressive gains were also noted in the quality of life assessment comparing before and end of therapy scores. The client proclaimed, "I achieved my therapeutic goal. I am no longer that grumpy old man that started therapy."

An RFP was released in October 2020 to expand to all three regions. A new contractor was awarded to provide services in all 3 regions of the county, services began in FY21/22. The Desert region provider will continue to serve the LGBTQ+ community with this program.



Program to Encourage Active, Rewarding Lives for Seniors (PEARLS): This program is a home-based program designed to reduce symptoms of minor depression and improve health-related quality of life for people who are 60 or older. This program is provided by one contract provider countywide. In FY20/21 61 participants were served. The participants were predominantly female (82%). The data on race and ethnicity for those enrolled in the program showed a pattern similar to the race/ethnic proportions represented in the Riverside County older adult population: 43% Caucasian, 16% African American, 31% Hispanic, and 3% Native American. The COVID pandemic had a significant impact on the provider's ability to enroll and maintain clients in the program.

61 participants were served within the PEARLS program

Countywide, depression symptoms decreased for PEARLS participants overall. Data were inconclusive in demonstrating a reduction in anxiety levels, mostly due to missing post-test scores for several participants. Ratings related to emotional well-being and quality of spare time activities improved with statistical significance. Participation in social activities and the frequency of pleasant activities are integral components of the PEARLS model; yet, average ratings on both of these items did not show a statistically significant increase. This could be a result of the small sample size, rendering the statistical tests inconclusive, in addition, the conditions of social distancing during the COVID pandemic presented unique difficulties with participation in social activities. Despite limitations in

50% of the participants successfully completed the program.

programming due to COVID many participants showed satisfaction with the program and provided positive comments on their experience.

PEARLS Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
36	66	61

Clients were able to engage in virtual service pretty easily. Many clients preferred to do sessions via phone vs doing video conferencing sessions. PEARLS Counselors mailed hard copy documents to participants that needed them rather than the client needing to receive them via email, downloading, and printing everything on their own. The flexibility of PEARLS Counselors to meet clients at times that were more convenient based on changing doctor appointments or illnesses was also a success. The name "PEARLS Counselor" has given some challenges. When participants hear "counselor" they expect more of a therapy-style program, even after the program is explained to the participant during screening. As a result, the provider has workshopped together how to explain their role more carefully and shifted to using "PEARLS Coach" to help the participants understand the role of the service provider.

The provider completed a useful research project that identified each target area and each target population within that area for a more thorough vision of how to market and outreach PEARLS. The provider learned that outreach to the public was being done but not reaching specific target populations as hoped. For example, the Western region target: Casablanca has a population of 4,489, and 389 of those (8.6%) are seniors 60+. The Hispanic/Latinx community is 82.3% of the population. Initially, the provider was using bilingual (English/Spanish) marketing materials. After more research and using outreach plans, the provider focused on getting more monolingual Spanish marketing material into the Casablanca community. There has been a great success in targeted outreach efforts. It has been a great change to focus on "outreach plans" and meet as a group to problem solve and work on ways to implement these plans. These outreach plans are designed to plan and track RUHS-BH target areas and target populations, make modifications as needed, and reach out/network with other community members as we identify holes or missing components in outreach plans.

PEI

PEARLS has also had another great success in recording sessions. Sessions are recorded for fidelity monitoring purposes to ensure quality service delivery in line with the standards of the evidence-based practice. PEARLS Counselors were experiencing an influx of clients declining to be recorded. The team brainstormed and put into practice the phrase "this call is being monitored and recorded for quality and training purposes." Since implementing this practice there have not been any client issues or client dissatisfaction in continuing with the session. Through problem identification, the PEARLS staff identified how it has become so common to hear this message when calling any company, clients are more at ease with it than the idea of asking permission to record their PEARLS session. This has been a success in this area of meeting this fidelity component.

Depression and anxiety symptoms significantly decreased.

Feedback from PEARLS participants included:

- "PEARLS opened up so many doors. I know how to feel & what to say. I learned so much, like how to deal with rejection. All the thoughts in my head were like cobwebs but through this program, I have learned to do the Problem List, write them down on paper, name the problem, and learned to dissect every problem, one by one."
- "It benefited me because I was able to see that there are different ways to change things and improve"
- "It showed me I can do things for myself. It showed me how to improve my situation and the way I feel."
- "Yes, I benefit because it made me alter my life, motivate myself more, and gave me energy after the sessions. It also gave me something to look forward to & got me excited. I love the motivation I got after we talked."
- "Yes, I received information to seek help and it was up to me to do the work. When I say doing the work, I'm saying it motivated me to reach out to people, sit in a calm state, meditate, and got me out of my shell. That's a big deal."
- "I benefited because it helped me understand that when there's an action there will be a reaction, consequences, pros, and cons of that decision, to think more logically, break down problems into one thing at a time and categorize them to see what the big things are and separate them. Having my practitioner help identify things that I

don't see and reinforce things. I'm problem-solving and doing things and hear good feedback it's very endorsing."

Care Pathways - Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called "Care Pathways", consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions, and stress reduction techniques.

During the 2020/2021 fiscal year, 92 individuals participated in the Care Pathways program support groups. A majority (87%) of participants enrolled completed the program. The caregiver's relationship to the person being cared for was often a parent (60%) or a spouse (22%). Caregivers' average AMA-Caregiver Self-Assessment Questionnaire scores did decrease from pre to post; however, this decrease was not statistically significant. Caregivers reported high levels of satisfaction, 75% of participants who completed a satisfaction survey reported that the support groups helped them in reducing the stress associated with being a caregiver and 94.4% of participants reported that they would recommend the support group to friends in need of similar help. At follow-up, countywide Care Pathways participants' depression scores decreased based on average CESD-20 scores. This decrease was statistically significant. On average, countywide scores decreased by 17%.

92 people enrolled
87% completed program

Depression scores and Feelings of distress decreased

In July 2020, the curriculum for Care Pathways transitioned to 100% online classes. Understanding the intricacies of teaching 100% online was new and challenging. Securing a platform on which to reach participants countywide was a process that was untested in this agency. Going to an online platform required some dedicated 1:1 training with participants to establish a comfort level regarding using the technology. The usual outreach efforts halted as all the focal points for seniors were closed due to the pandemic; referrals plummeted. Care Pathways online has been able to reach some caregivers that normally would not have been able to participate in person. We had an increase in

sibling sets that participated (some from out of county and even out of state.) The participation from those out of the area brought support to the primary caregiver and also to the care recipient, by increased communication within the families involved and the emphasis on long-term planning was the focus. Additionally, caregivers who were balancing work and eldercare benefitted from the online version of classes; some reported that they could not have attended if they had to go to a brick and mortar building for the information following a long workday. The need to provide an online version of Care Pathways led to the opportunity to provide tablets to seniors in need of this technology and resulted in the seniors not only getting the online caregiver support but also providing them a tool for tele-med and to stay in touch with family and friends. Some lessons learned include dispelling the myth that seniors don't /can't use technology; give them the tools and if they are motivated, they can do it! The option to continue to host some classes online after the pandemic should be considered, as we can reach others we normally couldn't. Pandemics can go on far longer than you expect. Change can be good. Care Pathways participants thrive when they can bond with others (better results in person, but also can occur online when they find commonalities).

Feedback from participants included:

- "It's has been very useful being able to talk with others who are going through similar situations and have the same concerns."
- "I enjoyed the support group very much, I did learn a lot from the group and how to better deal with my mom having Alzheimer's. I have recommended a friend to take the class. Thank you for support."
- "We learned more about caring for my father than we ever expected. Excellent class."
- "I feel so much more relaxed and better about my situation now than when I first started."
- "Thank you for the opportunity to participate. It has been a great help for me and for my sister."

Mental Health Liaisons to the Office on Aging: There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including screening for depression, providing the CBT for Late-Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff and other

organizations serving older adults about mental health-related topics, as well as providing mental health consultations for Office on Aging participants. In FY20/21 two Clinical Therapists staffed this program.

The global pandemic affected services and data collection for FY2020/2021. There were continued restrictions on in-person gatherings, as well as the closing of public places, especially in the first half of the fiscal year. For the safety of staff and community members, Mental Health Liaisons (MH Liaisons) engaged in appropriate socially distant outreach activities such as social media, e-mails, phone, and virtual platforms such as Zoom for conducting presentations. At the beginning of this fiscal year, there was a high reluctance from participants to receive care over virtual platforms. The older adults population experienced a technology gap in receiving mental health services virtually. During this transition, the community slowly acclimated to virtual forms of services and resources. The MH Liaisons participated in 124 outreach events with the majority identified as either community meetings (49%) or phone (27%). For FY2021/2022, it is expected that MH Liaisons will transition back into doing more in-person community outreach and presentations, as per the contract guidelines, in combination with virtual sessions.

The MH Liaisons participated in 124 outreach events, engaging 4,377 individuals, and processed 160 referrals. 11% of those were referred to CBTLLD. 69% of CBTLLD clients completed their treatment goals. Outcome data showed a statistically significant decrease in depression and anxiety symptoms. The Quality of Life survey results showed that participants felt better in all items about life, with statistically significant improvements reported in how participants felt about the amount of relaxation in their lives and the quality of their emotional well-being.

MH Liaisons Outreach Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
3,843	3,372	4,377

MH Liaisons CBTLLD Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
19	24	27

When clients have chosen to conduct sessions via telephone (vs using Zoom or in-person) it becomes more challenging to follow the CBT structure or re-direct clients because it seems less structured. There are more distractions (on their end) and some clients are less prepared for the session, i.e.: don't have their materials handy. Sometimes it has felt more like a "check-in" rather than a

formal session. For those clients that have been seen in person, there have been many cancellations due to illness or illness of family members, where the "flow" of the continuous sessions became disrupted. Home practice doesn't get done or is forgotten about and with more time between sessions due to cancellations, more session time is spent reviewing, limiting progress.

Some lessons learned are listed here. Follow up with the client is essential after they have been connected to additional resources to ensure they have done their part to follow up or to discuss any barriers. This also makes them feel more supported and encouraged, especially when feelings of isolation are high. Flexibility was also key to adapting as changes come throughout the year and as clients needed to cancel or reschedule due to illness. Collaboration with Office on Aging continues to be successful. When there are mutual clients they have been able to work on very specific problems (filling out IHSS applications, medical applications, HEAP applications, 1-time payments for high utility bills) allowing the client to fully focus on therapy and work on skills to decrease symptoms related to other behavioral health concerns. Service was still available for those clients that are homebound and would normally have been seen in their homes. Those clients were eager to engage in service virtually.

Feedback from participants include:

- "I really learned from the program and I wish it would be longer. I will miss these sessions."
- "The program helped me understand things that I did not understand. It helped me to be there for my husband. It helped me with patience."
- "I appreciate all the help I received from [my therapist] during the program and will surely miss her. She led me to other people who also helped me with getting the support I needed. Thank you so much!"
- "We built a great relationship, and I felt comfortable discussing my personal needs. I have learned strategies that help me to cope with what I am going through now."

CareLink/Healthy IDEAS Program: CareLink is a care management program for older adults who are at risk of losing placement in their homes due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and

30 Older Adults enrolled in Healthy Ideas

assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. During FY2020/2021, 30 out of 92 CareLink clients were identified as at risk for depression and were enrolled in Healthy IDEAS. In total, 73% of Healthy IDEAS participants were between the ages of 50 and 79. The Healthy IDEAS participants were mostly Caucasian (40%) and Hispanic (40%). Of the 30 clients in the program, 37% completed the program. COVID-19 restrictions implemented in March 2020, impacted all of FY2020/2021, as in-home visits were not possible. Services had to shift to a virtual format with only phone services available.

Healthy IDEAS continues to face enrollment challenges as clients are cautious due to the pandemic. Clients are reluctant to open their doors to welcome staff to provide Healthy IDEAS because they may have underlying health conditions and are at high-risk during the pandemic. It may take more than one attempt to provide depression education as well as COVID education over the phone. Phone contact versus face-to-face contact creates challenges in building rapport. An additional challenge this past year with meeting our Healthy IDEAS target population is due to an increase in clients being referred to Carelink who already have existing behavioral health diagnoses, which require a higher level of behavioral health services, making them not eligible to receive a PEI program. Practitioners learned the importance of listening and learning from the client to adapt to new ways of interacting during a pandemic to build rapport and trust. This pandemic has affected many clients and made it challenging for the client to reach out for behavioral health services, as they are anxious about face-to-face contact. This is where phone contact became crucial, and practitioners had to be creative in gaining the client's trust to then engage in Healthy IDEAS.

Participants' depression symptoms significantly decreased.

Depression symptoms for Healthy IDEAS participants showed a statistically significant decrease. Pre and post data for the Quality of Life Survey was only available for one participant; therefore, results were not included in the analysis. CareLink participants reported they were satisfied with many aspects of the program, with 100% reporting they were helped the most by telephone contacts and by coordinating with insurance or doctors (75%).

CareLink participants reported that the CareLink staff were courteous, efficient, caring, knowledgeable, respectful, accessible, and helpful. Satisfaction items were collected for those participants enrolled in Healthy IDEAS and closed from the program. Participants reported that the most helpful aspects of the program were the home visits, phone contacts, respite, referrals, and coordinating with insurance or doctors. Most of those participating in the CareLink/Healthy IDEAS program reported the program helped to reduce their depression symptoms and helped them to function better. All of the participants said they would recommend Healthy IDEAS to friends.

CareLink Healthy IDEAS Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
85	52	30

A client who received Healthy IDEAS this year was a 55-year-old, divorced female who was independent until she suffered a stroke. The client was living her best life and growing in her hospitality career. But one day, everything changed completely when she became dependent on others. The stroke affected her gait, grip, memory, and ability to work. These challenges overwhelmed her causing depression symptoms. The client was willing to participate in Healthy IDEAS with home visits which included providing depression education, behavior activity, and self-empowerment. Her behavior activity was to engage in coloring by herself or with her grandchildren. The client's strength was her religious belief, and she found a way to blend both activities with prayer and coloring. As time passed, her depression symptoms lessened, and she saw the positive side of her new "normal." She decreased her symptoms significantly from 28 down to 13 on the CESD and now reports that she has several tools to use when feeling down about her changed life to turn her mood around.

PEI-06 Trauma-Exposed Services

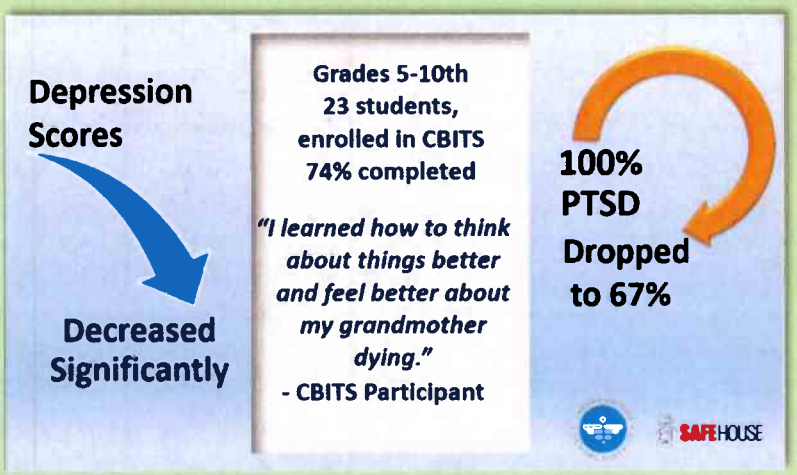
Cognitive Behavioral Intervention for Trauma in Schools (CBITS): This is a group intervention designed to reduce symptoms of Post-Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with school districts to provide the program on school campuses. A total of 23 youth participated in CBITS during the 2020/2021 fiscal year with 73.9% completing the CBITS program (17 of the 23 participants attended 8+ sessions). The impact of the COVID pandemic on the delivery of CBITS was severe. Usually, the program is delivered on school campuses while youth are attending school. Since schools were closed in FY20/21 the program could not be provided in person. Virtual programming was

implemented but was very difficult with youth participating in zoom school as youth struggled to have sufficient time and tolerance for virtual school and CBITS programming.

The biggest implementation challenge faced during FY20/21 was distance learning in schools. It made it difficult to get referrals from school personnel since they did not have "eyes" on students in the same way. It was also challenging to connect with personnel at the schools. At the beginning of the year, there was a scramble to adjust to 100% virtual learning. Then as things settled in, school partners did not seem to be as responsive to provider outreach. As the end of the school year neared, many schools allowed for some part-time socialization/instruction time, however, that time was very protected and access to students was limited. Another challenge was participants not wanting to engage in online/virtual services. They were showing less and less engagement as service continued and often expressed "Zoom fatigue". Caregiver engagement, including consent for services, was a challenge even pre-COVID, and virtual implementation made it even more challenging.

CBITS Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
252	201	23

Despite the challenges of virtual school & virtual implementation, providers were able to enroll some students into the program. Providers used technology and their creativity to make the material of the program more interactive over Zoom. They utilized Google Classroom, the whiteboard feature in Zoom, PowerPoint, Near Pod, and Kahoot to achieve this. Once students engaged in service, they were dedicated to staying in the program. One provider was able to launch a series of educational presentations to school staff & administrators to help them understand more about trauma and mental health. Follow-up with school contacts was vital during the 20/21 school year. Being able to adapt as things changed throughout the school year was also really important and helped the continuing collaborative



relationships with established school partners. Increased communication with caregivers was also really important during virtual implementation. Caregivers were the primary holders of information related to behavioral changes in students.

Students that completed the program did see a decrease in PTSD symptoms, despite virtual implementation. The average score on the PTSD screening measure was 23.5 at intake. At the completion of services, the average score on the same screener was 11.5, which shows a statistically significant change.

Students that completed the program made the following comments about their time in the group:

- "I learned how to deal with negative thoughts and how to have other thoughts besides negative ones."
- "I learned how to think about my options when dealing with situations."
- "I learned how to think about things better and feel better about my grandmother dying."

PEI

Seeking Safety: This is an evidence-based present-focused coping skills program designed for individuals with a history of trauma and substance abuse. It can be conducted in group or individual format, for female, male or mixed-gender groups, for people with both substance abuse and dependence issues, for people with PTSD, and for individuals with a history of trauma but do not meet the criteria for PTSD. The program addresses both the TAY and adult populations in Riverside County.

The TAY contract provider started services in FY20/21, during the height of COVID. They struggled with enrolling clients. They were unable to do any campus outreach for enrollment as schools were closed, and even after school administrative staff returned, the school staff were not able to support the Seeking Safety program as they would have in other years, due to continued COVID restrictions and COVID related priorities. Additionally, the Seeking Safety TAY program was short-staffed and did not have a facilitator in the Desert and Western regions for the majority of the fiscal year.

Seeking Safety Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
177	N/A	13

RUHS-BH staff provides Seeking Safety to the Adult population 26-59 years. The program is known in the community as "Seeking Strength". RUHS-BH staff was enlisted to assist

at the RUHS Medical Center during the height of the pandemic (September 2020- April 2021) with Operation Uplift which was focused on providing support to families experiencing the stress of illness, grief, and loss. Operation Uplift also supported RUHS medical center staff that were experiencing the stress, emotional exhaustion, and job burnout related to COVID. Therefore, Seeking Safety for adults in the community was put on hold until the need for Operation Uplift and the restrictions involved with COVID eased.

The largest challenge was the impact of the COVID pandemic. Due to social distancing requirements, it was difficult to hold Seeking Safety groups relying only on a virtual platform. With the impacts of COVID on the teams' ability to outreach to recruit participants, the teams had to get creative in their efforts. They hosted virtual information sessions for counselors and students at the local high schools. This was the primary way the provider was able to gain participants – through referrals from counselors. The teams are continuing to approach outreach in novel ways to reach and screen potential participants.

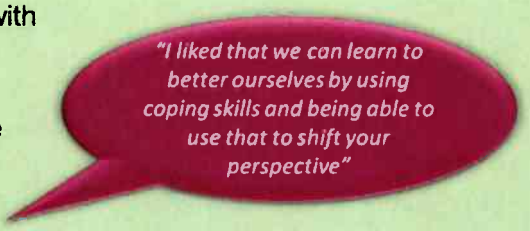
Enrollment in Seeking Safety includes a screening process to determine program eligibility. A total of 28 individuals were screened for the Seeking Safety program. Most were screened using the PCL-5 (n=21). The average score was 35.8. Of all the individuals screened, 85.7% (n = 18) scored at or above a 20 on the PCL-5. Participants with a score of 20 or above are eligible for the program.

A comparison of pre to post-scores showed a decrease in trauma-related symptoms following participation in the program. Participants' scores showed a statistically significant decrease across the total score and all subscales of the Trauma Symptom Checklist. Overall, total trauma symptomatology showed a 52.2% decrease (improvement). Coping skills also improved after participation in the program. A comparison of pre to post-scores showed an improvement in positive coping response subscales and a decrease in negative coping responses to life stressors. Countywide, participants reported increases across all the positive coping skills with a 22.9% increase in the total positive coping skills score and a 16.7% decrease in total negative coping skills.

Most participants identified as Hispanic/Latinx at 38.5% and 15.4% identified as LGBTQ, both are target underserved cultural populations to be served by this program.

Some comments from participants include:

- "I like how I was able to connect with [my facilitator] and be able to be myself and fully understand the concept of how to cope with issues and learning new methods."
- "I liked the planned/structured setup of the program. Objectives and expectations were clear."



- "I liked that we can learn to better ourselves by using coping skills and being able to use that to shift your perspective"

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. This model has been implemented successfully within RUHS – BH children's clinics. The focus of this work is with RUHS-BH clinical staff, as a result, training, and implementation of this model have been moved into the Workforce, Education, and Training component of the MHSA plan. The program will be removed from the PEI plan.

Trauma-Informed Systems: The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered on focusing efforts to develop a trauma-informed system and communities rather than direct service for adults who have experienced trauma. There is currently a countywide effort focusing on trauma and resiliency known as the Resiliency Initiative. RUHS-BH continues to partner in these efforts to maximize benefits to the community. RUHS-BH received training and consultation in Trauma-Informed Systems. This effort is implemented and supported in partnership between the PEI and WET Administration teams. Implementation kicked off in April 2019 with leadership training in Trauma 101. 10 RUHS-BH staff (2 of whom are now master trainers) have completed training to be trainers in this workshop and roll out the Trauma Informed Systems 101 (TIS101) training for all department staff, which is now mandatory training.

The largest challenge faced over the training year was getting staff to register for training. Low enrollment led to trainings being canceled in the first half of the fiscal year. Support from supervisors to attend training was a challenge due to the many competing demands that staff, particularly direct service staff, face day-to-day. There was also a belief that the training was primarily aimed at clinicians and not relevant or applicable to administrative staff across our service system.


RUHS-Behavioral Health TIS Chronicles: January 2022 | Issue 7

"What's wrong with you?" to "What happened to you?"

TIS Principle #1 Collaboration & Empowerment

The training was converted into a virtual platform, allowing training to continue during COVID restrictions. The TIS Champions team continued to meet regularly and strategize ways to continue moving TIS through our service system. The Champions Team came up with the idea to create a monthly newsletter for staff with ideas on how to use the TIS Principle of the Month at their worksite. Registration for trainings began to increase during the 2nd half of FY20/21. There was a lot of outreach done to clinic supervisors to stress the importance of staff attending the TIS 101 training. After each training, attendees are reaching out asking to become involved in the Champions group or in becoming a trainer.


Mindfulness Practice

How Laughs and Love

Additional Resources

How Can I get more involved?

Riverside University HEALTH SYSTEM Behavioral Health

We learned that just making training mandatory is not enough to get people to register and attend. Outreaching to supervisors and gaining their buy-in was the most helpful thing in getting staff to register for and attend the required training.

Since TIS 101 started, we have trained a total of 974 staff. In FY 20/21, we trained 595. The Champions groups have grown to include representation from across the county and service system.

PEI

PEI-07 Underserved Cultural Populations

This Work Plan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based and evidence-informed practices that are effective with the populations identified for implementation. In addition to the programs identified below it is important to note that each of the populations was identified as priority populations in all of the PEI programs being implemented. Demographic information, including ethnicity and culture, is gathered for PEI programs to ensure that the priority populations are receiving the programs. The mental health awareness and stigma reduction activities also include a focus on the unserved and underserved populations throughout the county.

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

Mamás y Bebés (Mothers and Babies) Program: This is a manualized 9-week mood management course for pregnant and newly parenting women that includes three post-partum booster sessions to decrease the risk of development of depression during the perinatal period as well as post-partum depression. With increased awareness of the persistent and dire maternal health needs of African American women, this program was expanded to include African American women as a target group to serve. Additionally, the program was awarded to a new contract provider increasing services to all three regions of the county. A total of 105 women were screened by the program in FY20/21. Of the 105 screened, 86 were enrolled and 81 fully graduated from the program. Most of the women (78%) identified as Hispanic/Latinx and 22% identified as Black/African American; and 47% reported Spanish as their primary language, while 53% reported English. Continued impacts of the COVID pandemic made implementing the

Mamás y Bebés Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
25	42	81

program virtually challenging to connect with participants, many participants did not want to turn on their cameras. Outreach was challenging because providers were not able to do in-person outreach due to COVID restrictions, which significantly contributed to decreased screening and enrollment for one provider. Delivery of incentives and receiving documents from participants was also challenging as we had to rely on the mail instead of in-person contact. Technology gaps in the service areas also proved to be a challenge. Not every participant had stable internet or devices to access online platforms. Resources and referrals for maternal mental health care after completion of the program, or for moms that do not qualify for the program, are very hard to find and are often very expensive, making them inaccessible. However, individual support for mothers who are not familiar with using virtual platforms helped increase participation and engagement. The individualized support consists of phone calls and using "WhatsApp" to follow up with mothers after the classes. This practice has helped participants to feel supported by the facilitators. New and continued partnerships with local school districts were a great success. School districts have proven to be a good referral source. Both providers used social media digital campaigns to help with outreach since in-person outreach was not happening much (if at all). One provider started to use a program called "Ever Sign" which allows participants to sign documents digitally so now documents are received faster.

In-person outreach is the best strategy to reach the target community even during the pandemic. Potential participants do not feel comfortable sharing personal information online without having established some kind of personal relationship with someone associated with the program. Flexibility with schedule changes was key. Many moms had older kids at home doing virtual school and only one form of technology. Facilitators needed to make themselves available at times other than standard group time to help moms that had fluctuating schedules and demands on their time.

Pre and post-scores were available for 79 women. 49% (n=39) scored between 16 and 24 at intake, which indicates clinically meaningful depression symptoms; 18% (n=14) scored above 24, which may be an indicator of major depression. From pre-test to post-test, outcomes data indicated that depression symptoms decreased and it was a statistically significant decrease. At intake, the average CES-D score was 19.05 and after completing Mamás y Bebés the score decreased to 15.61.

Depression significantly Decreased

One of the mothers who completed the program mentioned that the classes had helped her to realize that she needed additional help. As a result, she sought out more support for herself in individual therapy and for her family in family therapy. Continuing to provide the program incentives, particularly diapers, offered a sense of security/stability and provided a bit of relief, one less thing they needed to worry about while they attended the program. Many participants commented that attending sessions became one of their pleasant activities each week, especially when restrictions would change.

Participants that completed the Mamás y Bebés program shared the following statements.

- "All content was interesting, like how our babies perceive our energy, the exercises of relationship, and how to manage positive thinking."
- "I find myself using the techniques taught in class daily. The class was a huge help. Excellent."
- "The bonding and relationship building with facilitators and other moms was incredible while learning coping techniques."

"I was extremely happy with the tools that I learned in this class, because it taught me to be a more playful mother, and a more attentive mother to the things my children need."

- "This program helped me that I need to take care of my wellbeing as I do for others. It helped me understand the importance of emotional health and its effect on my baby".

African American Communities:

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

Africentric Youth and Family Rites of Passage Program (ROP): This is a nine-month after-school program for 11–14-year-old males with a focus on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill-building. The program includes caregivers and family members who participate in family enhancement dinners. The providers focused their

efforts on outreach to faith-based organizations, community providers, schools, and health fairs.

A major success was that BRAAF converted to an online program despite the pandemic and family connectivity issues serving a total of 30 Boys. A total of 53 participants were enrolled in the Rites of Passage Program with 57% of Boys completing the 9-month program. Pre/Post measures showed overall positive changes in the youth. With regards to resiliency, of the 24 individuals who completed both pre and post-test surveys, there was a nearly significant increase of relatedness indicating that the youth increased their perception of trust, social support, levels of comfort, and levels of tolerance. All three regions demonstrated a positive increase in the Multigroup Ethnic Identity Measure. Moreover, countywide, there was a statistically significant positive increase in the ethnic identity scale, as well as the affirmation, belonging, and commitment scale. These significant results indicated positive ethnic identity development in the ROP youth. Countywide scores on the Cohesion subscale showed a significant increase from pre to post. Likewise, each region exhibited increases in family cohesion. Regionally, on average, the families initially felt disconnected by the end of Rites of Passage they felt as though they were connected. Overall the average satisfaction scores for the youth or parents indicated the program met or exceeded their expectations.

BRAAF ROP Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
59	45	53

Providers learned it is important to outreach to the community year-round to effectively recruit to the program. The team has learned conducting program activities that benefit their local communities and neighborhoods is a good way to build goodwill and engage the community. The team has learned to expand private and public partnerships to aid with enhancing program experience (i.e. offering incentives, meeting spaces, and recruiting). The payoff has been more meaningful relationships in the community particularly with the program participants. The team learned how to leverage the opportunities in the crisis of the pandemic to build urgency into the parent support component. The program embraced the challenges of pandemic restrictions as an opportunity for families to work on their relationships and strengthen each other. This has led to an increase in building family bonds and a positive increase in ethnic identity. The team continues to address response bias using early relationship building that

includes a building of non-judgmental relationships during recruitment for the program. Parents have responded to the challenges of the pandemic by engaging in more dialogue and listening to their children.

Participant statements about the program include:

- "I got the information I needed and more...Sometimes I feel like I get treated differently because I am black. Learning about the ancestors helped me see how they handle that."
- "Responsibility, respect, and sharing have helped me. I started sharing a lot more after I went to the program. I started showing respect to people. With responsibility, I started keeping up with more things." (Ujima) "Having something to do after school with other kids."
- "Normally, my dad won't say, 'I love you.' I know that my dad loves me. Right now, I was caught off guard. I said, 'I love you pops' and he said, 'I love you.' That caught me off guard; I was grinning."
- "My parents are a lot more open with me about more subjects."
- "I noticed my parents talk more often to me. I feel that my parents are a lot more open towards me."
- "This program has helped me express myself and be more open-minded and have more conversations with people, with my brothers and my family. I try not to keep my emotions and thoughts deep inside and try to express myself more."

Guiding Good Choices (GGC) - This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family and teach skills that allow children to resist drug use successfully. A total of 35 parents completed the five-class parenting course. Before and after the course, the parents completed the Alabama Parenting Questionnaire (APQ). Twenty-five parents completed the APQ measure. There were statistically significant positive changes from pre to post in the following scales: use of positive reinforcement and decreased use of

BRAAF GGC Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
58	39	44

inconsistent discipline. Overall, the parents reported high satisfaction with the program.

Parent comments include:

- "I am not so quick to take things personally and to watch not what I say but how I say it."
- "Being a part of this program has taught me to listen for understanding. I have always listened to my children but it taught me to listen for understanding."
- "I like to talk to them about our faith and some of the advantages and disadvantages that come with being a young black man in America."

Parent Support Groups (PSG): Collectively, about 29 parents attended at minimum two support groups throughout the program. Parent comments in the satisfaction survey indicated that they enjoyed the program and the parenting skills obtained from PSG. The primary factor that the parents did not like was that PSG had to take place via Zoom due to the COVID pandemic. One theme that arose during the PSG was the normalization of their experiences. For example, one parent mentioned that he/she was "Able to vent...knowing that I wasn't the only one going through things." Parents also stated that they were able to gain communication skills. For example, one parent mentioned that they increased in the area of "talking to [my] young King and just listen[ing] to what he has to say before reacting."

Parents report a sense of camaraderie and mutual benefit from the parent support groups.

- "Being able to meet with the other parents even though it was via Zoom. I did not take COVID well. It was a major struggle for me and having other parents and other women being able to say "hey we're here." It became part of my village. I know there were days when my son checks out but it was something that we remained committed to. The village helped me get through the very tough days. Some days I had a hard time getting out of bed. I looked forward to my Saturday meeting. It was nice to have people give me the support that I needed. It was tough not being in person. We would have been able to laugh and help more."
- "They kept us connected to everything; even things most of us probably did not want to be aware of, but it was important. We were always engaged with each other since

it was pretty much the same group of women. It was literally about parents being there to support each other about anything."

- "Being able to see others' opinions with how they dealt with things or if you had your opinion with how to do something and someone else gives you a new perspective. It has not just helped us in the group but my family member who I have spoken to."

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

Twenty-eight youth enrolled for one-on-one CBT sessions this fiscal year. Forty-three percent of the enrolled participants received 8 or more of the required CBT sessions. CBT effectiveness was measured with the Strengths and Difficulties Questionnaire (SDQ) and Children's Depression Inventory-II (CDI-II). Higher scores in the SDQ's four behavioral subscales and total scores suggest higher risks of mental health disorders. Ten parents of youth who completed CBT completed the pre and post SDQ survey for their youth. The total scores before and after CBT indicated that the youths decreased from a slightly raised risk of developing a mental health disorder to closer to an average risk of developing a mental health disorder. Additionally, the youths' hyperactivity subscale and peer subscale significantly decreased following CBT. The significant decrease indicated that the youth exhibited fewer behaviors related to inattention-hyperactivity and fewer peer-related problems.

Overall satisfaction with the program as a whole was reported by both youth and parents. Youth reported that they got along better with their family and noticed an increase in effective communication with their parents. The youth reported feeling more positive about their culture and reported learning more about their culture.

- "The program helped me to know more about my culture. I feel more proud to be Black."
- "After this program, I respect my elders and what they did for us. It helped me realize what our ancestors went through."

- "The program has taught me to show respect and not be ashamed of my skin tone."
- "This program has helped me have more confidence in myself and how I describe myself. It has helped me unite with my own culture and be more confident."

COVID-19 has continued to be a challenge, despite stay-home orders being relaxed. Programs have needed to quickly adapt programming to include social distance for in-person meetings. Some families have hesitated to participate in an in-person format. The Parent Support component of BRAAF has gone to a hybrid version including both online and in-person options. Throughout this challenge, the team continues to follow the guidelines of the Riverside County Public Health Information Officer to maintain safety during the pandemic. Families still experience internet connectivity issues with Zoom. Not all families could log on because they did not have internet access. BRAAF staff worked to help families understand how to use Zoom. In addition to converting the program online and keeping the BRAAF participants engaged, the creativity of the staff to make online sessions engaging with creative videos, incentives, and activities helped all participants to benefit from the lessons.

The Executive Directors for each of the providers continue to meet as a Leadership Team along with RUHS - BH staff. This includes the leadership of the BRAAF Girls program as well. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. An annual project collaboratively planned and implemented is the primary goal of the leadership meetings. Program Administrators also coordinate outside of the leadership meetings to complete the annual Unity Day project. The event includes family-style activities, outreach/community service activities, food, and traditional Africentric rituals. The project also includes elements that serve as evidence and historical reference that Unity Day took place in the selected community. The event is usually held in the spring. Traditionally, Unity Day brings together each BRAAF regional program (Boys & Girls) in a one-day community-based event. During the pandemic, however, the BRAAF teams held local Unity Day events and projects in their respective communities that focused on health, advocacy, and resilience to limit larger gatherings and maintain safety protocols.

Desert region held an outdoor meeting at their facility in Palm Springs. They invited speaker Umar Johnson who talked about academic excellence, getting a quality education, and parent involvement. The Kings and Queens recited the creed and both kings and queens performed a stomp (kings) and dance (queens). There was a robust

turnout from BRAAF families, including community members (around 350 total) with 9 vendors.

The western region had a successful Unity Day with Bobby Seals of the Black Panthers who talked about building a healthy black community, increased housing, and what we need to do to get there. He addressed community health and the need to get vaccinated and how it differs from the Tuskegee experiment. Many BRAAF Families felt hopeful for the future after attending Unity Day and the need for themselves to take ownership in transforming their community. Locally the parents created the Financial Literacy Project of Black Empowerment to address community concerns.

Mid-County region held a local event/activity with BRAAF Families and other community partners, reaching out to serve the homeless in the community by providing essential items (blankets, toothpaste, soap, etc...) drive for those less fortunate. The BRAAF participants were successful in reaching out to their neighbors to get them involved in contributing items to the project.

Comments from program participants included:

- "Unity day was spot on. We stayed until the end. It was represented really well. I invited neighbors, sisters. It was well planned."
- "I loved the fact that unity day brought together the community. Showing the community that they can feel belonging."
- "After unity day, my daughter was able to show her doctor, my manager, etc. what happened."
- "I would love to see unity day grow in the future. There was a keynote speaker, vendor booths, etc. Because the facility is big now, I would like to see more workshops on topics such as wellness, etc. The dance was great. Next time have the parents dance. Extend it and help it grow. Community is important. Because desert everyone is scattered and this the community came together."

Building Resilience in African American Families (BRAAF) Girls Program: The pilot BRAAF Girls project, was released for bid through the Request for Proposal process during FY16/17. It is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. Implementation began in January of FY17/18 as a pilot program in the Desert region. Due to the success of this pilot, the program will be expanded to all three regions. An RFP was released in FY19/20

and services began in FY21/22. The BRAAF girls program is now available in the Desert and Mid-County region. We hope to expand to the Western region soon. Services were adapted to a virtual format beginning in the 4th quarter of FY19/20 and continued to be offered virtually in FY20/21 with some in-person when appropriate in the Desert region only.

Afrocentric Rites of Passage Program - is an evidence-informed, comprehensive prevention program for African-American girls in middle school and their caregivers/families. The project is designed to wrap families with services to address the needs of middle school-aged African-American girls, build positive parenting practices, and address symptoms of trauma, depression, and anxiety. The goal of BRAAF is the empowerment of African American girls ages 11-13 through a nine-month Rites of Passage Program. The BRAAF Girls ROP serves girls enrolled in middle school, who meet the criteria, in an after-school program three days per week for 3 hours after school on Mondays, Wednesdays, Fridays, and every Saturday. The Saturday sessions focus on dance, martial arts, and educational/cultural excursions. Sixteen youth completed the program. The BRAAF Girls ROP program stresses parent and caretaker involvement to promote healthy relationships with their girls. Family enhancement and empowerment buffet dinners are held monthly for a minimum of 2 hours each meeting, over 9 months of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Community guest speakers/experts are included in the monthly presentations.

A total of 17 youth between10-13 years of age enrolled in the Girls BRAAF program this fiscal year. Of those enrolled, 9 fully completed over 85 sessions of ROP. The youth demonstrated a positive change from beginning the program to the 9 months of participation. The youth had a positive increase from pre to post outcomes in the ethnic identity development subsection of the MEIM, indicating an increase in ethnic identity development. The FACES III cohesion scale measures the strength of family members' attachment to one another. The families increased family cohesion from the beginning of the program.

PEI

Some of the girls commented that their perceptions of their parents have changed and likewise their parents' perception of them has changed. The girls now have more responsibilities.

- "Understanding has helped me. I can see from two perspectives; a child's perspective and adults. That helped me understand them and understand my responsibilities. They give me more responsibilities"
- "Ten virtues have helped me, especially controlling my thoughts and actions. I haven't had too much of a yelling problem."
- Most of the girls commented that they felt more confident and were happy to learn the truth about their culture.
- "I feel more confident because I know more history, more knowledge about it."
- "I think the program helped me life-wise, changing perspective of things, seeing both sides of the story. With culture, I got to learn the true loyalty that we have."
- "Sisterhood taught me that you are not alone when you need somebody."
- Parents saw changes in their daughters as well:
- "The cultural component is huge and has helped my daughter build confidence; being around other people she can identify and learn about the positive things about her culture and history has really helped. I appreciate that."
- "My daughter has become more self-aware. She is learning to accept her skin and the body that she is in. She did not like her skin and just being around more culture and the program being more culture-based, she began loving herself more. The program has definitely helped."

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

successfully. Nine parents completed the 5 class parenting course. The Alabama Parenting Questionnaire is a 42-item parent self-report measure assessing five parenting constructs: parental involvement (10 items), use of positive reinforcement (6 items), poor parental monitoring and supervision (10 items), use of the inconsistent discipline (6 items), and corporal punishment (3 items). Three parents completed both the pre and post-outcome measures. The data showed average scores on APQ for all subscales improved (involvement and positive reinforcement improved whereas inconsistent parenting and poor monitoring declined); while not statistically significant. This is perhaps due to the small sample size (N = 3). Although the APQ did not capture statistical significance, in the focus groups, the parents were able to share the impact GGC had on their families. Overall, the parents agreed with the satisfactory statements in regards to the program.

Parents reported improvements in communication especially to enable their daughters to use their voice was a strong theme. Some comments include:

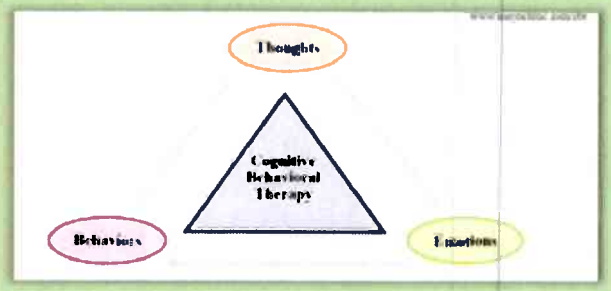
- "More communicating and having those conversations where I am asking my daughter, 'How does that make you feel?' I also hold her accountable."
- "Allowing her to have more input and holding her accountable to that. It does not always go the way we plan but it is getting better."
- "There were a lot of bad habits since my grandmother raised me. I can change the trajectory with my children."
- "Now when I speak, I know sometimes I need to walk away, and then come back to it."
- "I want to make sure I don't pass bad tactics of parenting. I want to show them what good parenting looks like."

Parent Support Groups (PSG): From the focus groups, the parent support groups facilitated stronger relationships with the group members as well as their children. Parents mentioned they felt comfortable sharing their troubles about their daughter with other parents in the group for additional help and advice. The parent support groups allowed the opportunity for parents to build their support network. Eleven sessions were held with 1-8 parents at each session. Overall, participants leaned toward somewhat satisfied with the program. Suggestions included increasing the group structure and

participating face to face instead of Zoom. Parents reported that the support groups were very helpful. The parents were able to normalize their parenting struggles and grow in their parenting strategies due to the support groups. Some comments include:

- "I would say the support of the program and the knowledge and the ability to challenge the parents to look at things from a different parenting perspective. The coming together of other parents. A lot of times when you are parenting you feel like you are alone. But, then you realize that this is normal and hearing that other parents were going through the same things and how they handled it as well."
- "Just knowing that you are not the only parent going through certain things with your child. Having mock situations to help us practice and then applying them with our children in the family meetings. That was a big part that I learned, how to express things to our kids. How you come at them and understand where they are coming from as well."

Cognitive Behavioral Therapy (CBT) - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address the emotional crisis, and provide coping skills. CBT intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer. Fifteen youth benefited from one-on-one CBT sessions this fiscal year. Results from the SDQ indicated positive improvements in the scores. The four behavioral subscales decreased, as expected from before CBT to after CBT. Likewise, the prosocial subscale increased, as expected. The data followed the expected decrease and increase with the relevant subscales. Overall, in the satisfaction survey, the youth emphasized they were pleased with CBT and benefited from having additional support. Parent comments include:



- "The meeting that we had helped me to figure out how to handle things with my daughter. We did a session with a therapist and the session was very beneficial and the meetings that we had where we talked about different situations. I did not feel alone since other people were having similar issues."

Native American Communities:

Celebrating Families! Strengthening the Circle: A comprehensive program for Native American families; it includes a 16-week family-based program (Celebrating Families!) that teaches families healthy living and healthy relationships and works to break the cycle of addiction while also including cultural teachings. CBT is also offered to participants or community members who are screened and qualify for PEI services. Annually, there will be a large community event, a Gathering of Native Americans (GONA). In this community-driven planning process, a theme or topic is selected and the community comes together to learn about historical trauma and heal through cultural ceremonies and traditions.

This contract was awarded in the last quarter of FY20/21. Training and staff development was the focus. Outcomes will be available for FY21/22

Asian American/Pacific Islander Communities:

Keeping Intergenerational Ties in Ethnic Families (KITE): Formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families; the name of the program was changed to a more culturally appealing name. This was done by the newly contracted provider in FY19/20 who has expertise in serving this population.

During the fiscal year 2020/2021, there were a total of 85 parent participants within Riverside County who enrolled in a total of 9 KITE parenting program series (6 class series were offered in Chinese, 1 class series was offered in Korean, and 2 class series were offered in a combination of Tagalog/English), and 73 parent participants completed the program. Due to COVID-19 restrictions, all KITE parenting classes were completed 100% virtually via Zoom. Even though some of the participants were unable to complete the program due to COVID-19 or other personal reasons, the total completion percentage for the KITE program during the fiscal year 2020/2021 is still relatively high, at 86%.

Additionally, program outreach activities were also conducted. Due to COVID-19 restrictions, all workshops and program outreach activities were also completed 100% virtually via Facebook groups and WeChat. There was a total of 33 KITE workshops

offered with a total of 380 attendees, as well as a total of 179 KITE outreach activities that reached out to a total of 36,239 people.

This program seeks to serve the diverse underserved community of Asian-American/Pacific Islander (AAPI). Accessing this population was more challenging in the Mid-County region, where there is less of this population located/concentrated. The provider worked to provide outreach workshops to help decrease stigma around mental health and programs to improve parenting skills. Additionally, the emergence of the COVID-19 pandemic caused an unexpected end to in-person service delivery of parenting classes and outreach workshops. The provider had to find new ways of engaging with parents and the AAPI community virtually.

The program continued to adapt the modality of service delivery to a virtual format, accommodating the safety issues created by the global pandemic, and addressing the preference of the participants who favored to receive the classes in the comfort of their home, without much disruption for their family needs. The provider continued using different platforms to engage with the AAPI community (e.g., WeChat to engage the Chinese community, Associations of different Filipino churches, etc.) and utilized incentives for continued engagement of parent participants in the parenting classes and community members attending outreach workshops.

Parents who have completed the KITE parenting program shared the following statements about how the program has influenced their lives:

- "Before, I was easy to be irritable for my child's bad behaviors. Through classes, I calmly understand my child's situation first, then analyze why my child does it."
- "After attending this class, I learned to understand more about myself as a parent and learned about ways to connect the intergenerational and interracial gaps of parenting."
- "Learned the Chinese and American cultures are different, the attitude to my children has changed."

- "My previous parenting style was more dictatorship education, after this course, I understand cultures are different, I can emphasize and realize the importance of learning."
- "I learned to listen more to my child and understand her feelings. I also learned about different ways to teach my child and let her understand my culture and my upbringing."
- "After attending this program, I learned how to be calm, self-control, and showing understanding to improve our issues because of immigration, cultural difference, adolescents, etc."
- "Now I spend more time with my child. My child has become more cheerful than before, and more willing to communicate with me. I'm also more aware of the importance of mental health."
- "I always have a tight relationship with my grandkid, but I have learned to have more empathy and let go without watching over her shoulder all time."

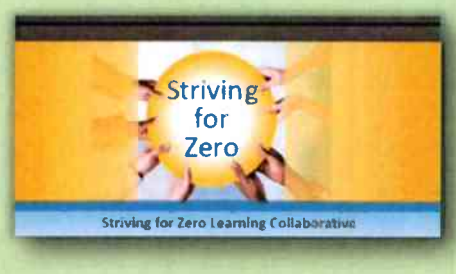
KITE Three-Year Program Summary Unduplicated Participants Served		
FY18/19	FY19/20	FY20/21
N/A	94	85

PEI

Other PEI Activities

Prevention and Early Intervention Statewide Activities: In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired on June 30, 2014. Through the community planning process for 2014/2017, 2017/2020, and 2020/2023 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This allows support of ongoing statewide activities including the awareness campaigns. The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide

Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know the Signs (a suicide prevention campaign) as well as some local activities. The Directing Change Program and Film Contest are also funded through CalMHSA. This program is described in greater detail in workplan 4. Additional benefits this year of the statewide efforts include suicide prevention and mental health education materials with cultural and linguistic adaptations.



In FY20/21, Riverside County continued participation in the Suicide Prevention Learning Collaborative through CalMHSA. This opportunity provided subject matter experts in the area of suicide prevention to give guidance and support to our local efforts in the development of a suicide prevention strategic plan and coalition. The Collaborative includes many other counties throughout the state and supports increased partnership across county lines and assists us in ensuring our local plan is in line with the California statewide strategic plan. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these activities.

In October 2021, CalMHSA launched an update to the Each Mind Matters campaign. Moving to a more action-oriented approach, Take Action for Mental Health or Toma Acción, is the new name of California's mental health movement and comes with a new look. You can find out more here: www.takeaction4mh.com.

Section IV

Innovation

MHSA Annual Plan Update

FY 22/23

Innovation

INN

MHSA INNOVATION Component Plans History				
Plan #	**Project Name**	**Years of the Plan**	**Description**	**Status**
INN-01	Recovery Arts Core Project	01/2009 - 06/2012	Mobile, community-based, peer delivered art education and services to consumers that includes presentations on recovery, art classes and peer education to increase quality of services and recovery for consumers.	*Expired*
INN-02	Recovery Learning Center (RLC)	*Western* 04/2011 - 04/2016 *Desert* 05/2012 - 04/2017	Peer recovery coaches who provide WRAP, recovery coaching, and other peer support services for consumers to develop wellness skills and empower personal responsibility to achieve goals.	*Expired*
INN-03	Family Room Project	04/2012 - 05/2017	Family Advocates and Peer Specialists facilitate the engagement of family members in the consumer's recovery, identify barriers to family involvement, model effective communication between the family members, facilitate referrals to services and supports in the community for the family, and respond to the on-going needs of the family as they progress in recovery.	*Expired*
INN-04	Older Adult Self Management Health Team Project	04/2012 - 04/2016	A team approach for intensive collaboration and coordination of treatment with primary care providers and other agencies to provide support services to the older adults with both mental health and physical health needs.	*Expired*
INN-05	TAY Drop-In Center	08/2015 - 08/2020	Drop-In Centers that focus on the engagement and skill development of TAY youth, provide TAY PSS training, and expand behavioral health care including treatment for first episode psychosis as well as other specialized services.	*Expired*
INN-06	Resilient Brave Youth (approved as Commercially Sexually Exploited Children)	02/2017 - 02/2022	Field based coordinated care teams that provide adapted TF-CBT, parent support, peer support, and any other assistance needed to engage and treat CESC youth.	*Active*
INN-07	Help@Hand (approved as Technology Suite Collaborative)	02/2019 - 02/2024	Collaboration between 14 counties to bring interactive technology tools into the public mental health system through a "suite" of applications designed to educate and improve identification and early detection of signs and symptoms of mental illness, connect individuals seeking help in real time via peer chat app, and increase access to mental health services no matter where people are located in their county.	*Active*

What is a Mental Health Services Act Innovation Project?

- An Innovation Project is essentially a research project to determine if a particular mental health need can be solved using a practice that was not previously used to solve that same need anywhere in the world.
- Research measurement tools and data collecting are part of the plan design. The data collected is based on the hoped or expected outcome of the project.
- The focus of Innovation Projects should not to be about filling in the gaps of missing services. Instead, each Innovation Project must have significant learning goals. There must be something new learned by the introduction of the project. The results should add knowledge to the mental health field and should be generalizable to other programs or counties.
- Each Innovation Project has a designated end date for evaluation purposes. Funding for the project is limited to 3-5 years. If a project is considered successful, other funding sources to sustain it must be explored and accessed.

An Innovation Project must have one of the four following primary purposes:

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency collaboration related to mental health services, supports, or outcomes
- Increase access to mental health services

An Innovation Project must also be defined by one of the three following project definitions:

- Introduces a new mental health practice or approach
- Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community
- Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

INNI

TAY Centers Innovation Plan Final Report FY 2019-2020

Below is a personal testimony from a TAY participant who began receiving services from Mid-County TAY Center in early 2018:

A Place I Didn't Think Existed

"I find it difficult to write about what led me to get to the point in my life that defined whether I was going to keep living or end it all. Not because I have repressed those memories, or because it triggers me in some way, but because I am overwhelmed by the sheer amount of positive change that I experienced after I encountered *The Arena* (Mid-County TAY Center).

When I first walked into this place, I was greeted with such genuine happiness that made me feel comfortable and secure. That warm welcome set the tone for what was to come in the future. The therapist I was assigned made me feel even more comfortable and it did not take long before I could truly trust her with things that I had never told anyone in my life. I was diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, and Obsessive Compulsive Personality Disorder. I

was very grateful for my accurate diagnosis because it felt great to finally put a name to the things that had been holding me back in life. I was also assigned a young man, who was supposed to be my peer support but I ended up seeing him as the other brother that I always wanted to have. At the same time, I began attending support groups where I would surround myself with other amazing people that made me remember that I am not the only one struggling with my mental health.

All in all, The Arena was able to help me find enough motivation to keep living my life, and I was more than satisfied with that. However, it is almost as if *The Arena* said, "Sit down. You've got a long way to go in your recovery." So I took a seat and went along for the ride. My path to

recovery never felt like an arduous task with the support of *The Arena*. I was prescribed medicine that truly works and lacks any form of side effects to this day. It provided a support group for my parents which made them much more empathetic and supportive towards me. *The Arena* helped me put together a bountiful amount of coping skills that I now resort to whenever I find myself in an anxiety-inducing situation. I was able to gather some of these coping skills from the trainings offered at *The Arena* such as WRAP and the Peer Employment Training. With those coping skills, my panic attacks slowly ceased to exist, my depressive episodes were slowly reduced from weeks to days at a time, the space that suicidal thoughts would take up in my mind began to be replaced by goals I set for myself in the near future." -TAY participant

Now towards the end of 2020, the same TAY participant has successfully exited from services as "completed- with no further treatment recommended" and below shared their follow-up story:

"After having benefited from the incredible mental health services at The Arena, I made it my goal to help others that live with mental illnesses and require emotional support. Once I transferred to the University of California, Irvine, to pursue a degree in Psychological Sciences, I found various opportunities to be a mental health advocate. I became the vice president of an on-campus club called Active Minds, where we would host mental health events and create safe spaces for students struggling with their undergraduate experience. I am also very grateful to NAMI-OC (National Alliance on Mental Illness-Orange County) for having provided me an internship that later turned into a part-time job as a "Family Mentor." This new job required me to use my lived experience to provide support and resources to participants that signed up for our "Peer Connector Program." NAMI-OC also provided me with outreach opportunities such as being a takeover host for their mental health podcast and being a guest speaker at multiple mental health events. I gained a considerable amount of experience throughout the year and three months that I worked at NAMI-OC. The knowledge that I gained from my undergraduate experience at UCI has also proved incredibly useful, and now that I have graduated, I want to make sure that I can make a difference in the Latinx community. I have found that pursuing a Master's Degree in Social Work may help me achieve this goal. I have applied to multiple programs and should be hearing

back from them at the end of April 2021. If everything goes according to plan, in a few years I will be using my experience as an LCSW (Licensed Clinical Social Worker) to pursue a Doctorate in Clinical Psychology.

I am proud of the progress I have made in my career, but I also have other achievements that I thought would have been impossible about five years ago. I had made wonderfully supportive friends. I can live on my own without having to be around family. I have let go of any physical and mental ties that I had with the cult that I was raised in. My latest psychiatrist concluded that I am in full remission from my mental disorders. In response to this, we found it fitting to reduce the dose of my medication by 75% over two months. The reduction of this medication has caused no changes in my physical or mental health, and I continue to live a comfortable and happy life. On top of that, I challenged myself to overcome some of my biggest fears, one of which was skydiving. After that unbelievable experience, I proved to myself that I have hardly any barriers in my life to hold me back anymore.

I could go on endlessly about how much better my life is now compared to how it was before I encountered The Arena. Thanks to the amazing people in this behavioral health center along with the services the county provides, I have been living that life that used to sound like a fairytale in my head. I can now socialize properly, travel to places outside of my comfort zone, pursue higher education, and I can see a beautiful future for myself. Most importantly, however, I can use my life experience to provide hope for others.

"Thank you all for being a crucial part of my mental health recovery. I wish I could repay you for helping me continue my life.

-TAY participant

Project Description and Goal

The **TAY Center Project** was submitted to the MHSA Oversight and Accountability Commission in July of 2015 as an Innovation Project and was approved in August of 2015. Of the four possible main purposes of MSHA Innovation projects, this project is intended to a). Increase the quality of services, including better outcomes, and to b). Promote interagency collaboration. Significant ramp-up time occurred and involved the securing of locations in each of the three County regions, and the hiring and training of staff for the centers.

The first regional TAY center opened August 2017 in Fiscal Year (FY) 2017-2018. The Mid-County and Desert centers opened about six months later during the 2017-2018 FY. The following report covers the TAY centers operation, during the 2019 and 2020 (FY).

INN

MHSA Innovation Project Learning Goals

Each INN project includes a set of learning goals. The INN goals for this project focus on the following key areas:

1. To determine if training and practicing peer work skills in a dedicated TAY Center results in the development of effective TAY PSS work skills, and a high percentage of TAY PSS becoming employed or volunteering within the social service arena including mental health systems, probation, or public social services.

2. To determine if implementing TAY PSS workforce development within a dedicated training hub results in increased knowledge for TAY PSS and high completion rates for training.

3. To determine the effectiveness of training TAY PSS to work as part of an integrated interdisciplinary team in an adapted evidence-based practice for FEP. Also to determine the impact of these services to TAY and their families.

4. To determine any impacts on system changes among the interagency partners at the center with regards to working with TAY PSS and/or hiring TAY PSS in their own agencies.

To compare challenges and outcomes in regional implementations of this multidimensional approach with a center in each of the RUHS-BH geographic regions.

National Emergency Impact

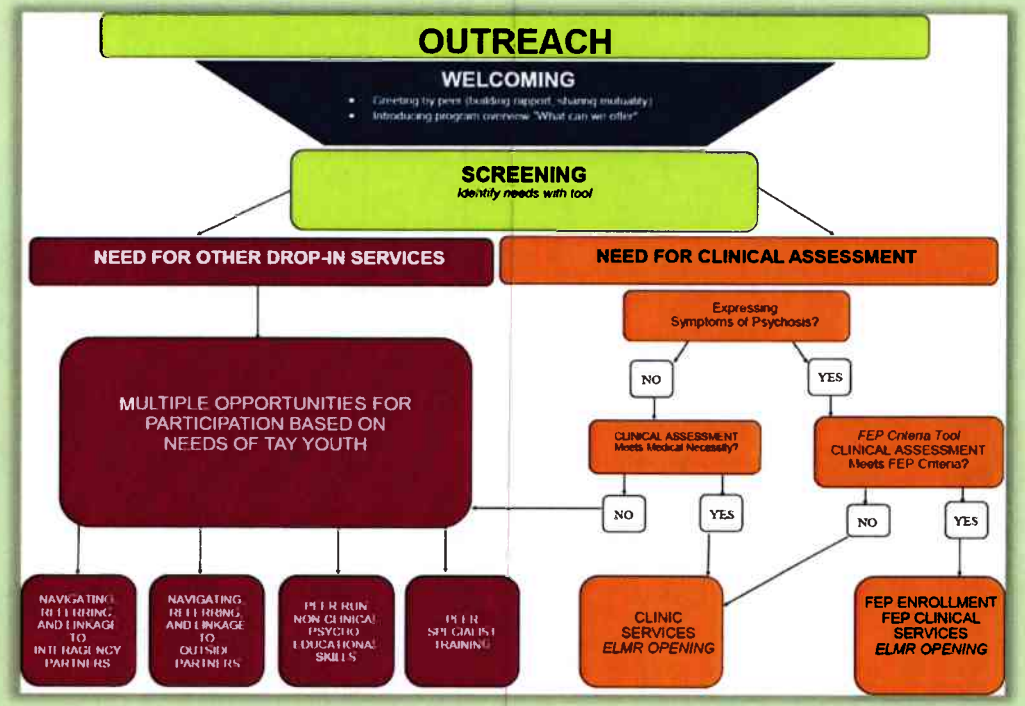
The innovation was designed to develop a TAY peer training curriculum and provide a unique location within the TAY centers for TAY peer staff to provide services in an integrated way with other clinical staff within a youth centered space. The Centers are intended to be a place for engagement into mental health services, access resources, and the implementation of an early intervention model for TAY experiencing first episode psychosis. Due to the national health emergency, the centers closed March 2020 for in-person service. Data for outreach & events, peer training, and in-house group services were impacted. Staff at each center excelled in continuing MH services and

transitioned to virtual support groups and youth engagement.

Workflow Vision

The following figure illustrates a broad overview of the TAY Center in each of the three regions. This workflow was developed with the TAY Center supervisors and manager prior to the Center's opening. TAY coming to the Center are welcomed and introduced to what the Center has to offer.

Peer Specialists usually welcome these TAY, then TAY have an initial screening. The Peers work with them to complete an Identify Needs tool to assess their interests and needs. Demographic characteristics are also collected. Centers also conduct screenings for urgent mental health needs. Following an initial screening, TAY may access either clinical services or other drop in services or both. TAY who are directly referred for clinical services may skip this welcoming orientation process and instead first see a clinician. For any TAY to access clinical services, a clinician completes an assessment. Further, some are assessed for eligibility for First Episode Psychosis (FEP) services. Both those in FEP and non-FEP clinical services are opened in the RUHS-BH Electronic Health Records (ELMR). Each Center offers a calendar of activities which includes a host of peer-run activities and other social events. These activities can provide an avenue to assist and engage TAY that may have clinically significant mental health problems but who may not participate in treatment. There are also groups intended for the family of TAY. In addition, TAY can be referred to train as Peer Support Specialists and attend the TAY peer-support training.



Location and Environment

The TAY Centers first opened during FY 17-18. It considerable time to find spaces for the Centers in each region. The objective was for each Center to be in a location with ample space for group activity rooms and individual therapy. After obtaining each location, furnishings and the environment were designed to be more welcoming to TAY than a typical clinic. For example, Centers do not have a main check-in desk. Rather each has a space that appears more like a living room. A Peer or other staff greet new TAY who enter the Center. Bright colors, comfortable furnishing, and artwork enhance the settings. Staff and Peers at each regional Center created a meaningful name, each of which reflects a wellness and resiliency orientation. Staff at the centers shared that the youth themselves had input into the creation of the center's name, the decorations, and the art on the walls to help create a welcoming place.

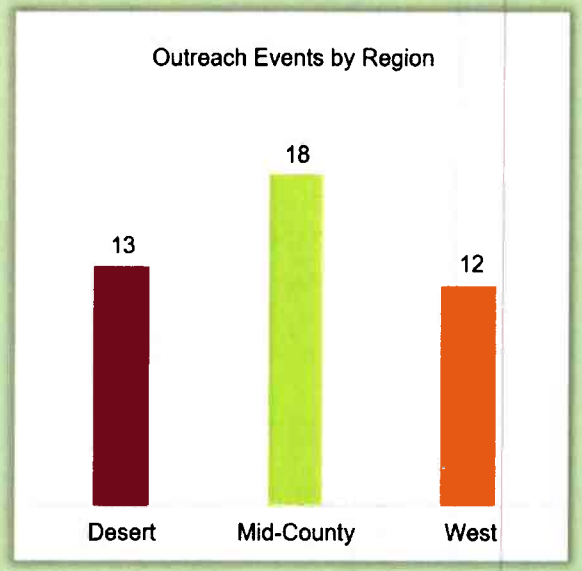
- "Surprised at how kind everyone was and everyone was listening to me. Last place I did not feel heard." -TAY
- "My son and I have been to many places, but none like this. This is home." -TAY Parent
- "They had the flags of LGBT and it made me feel like they accept us and that was very important to me." -TAY

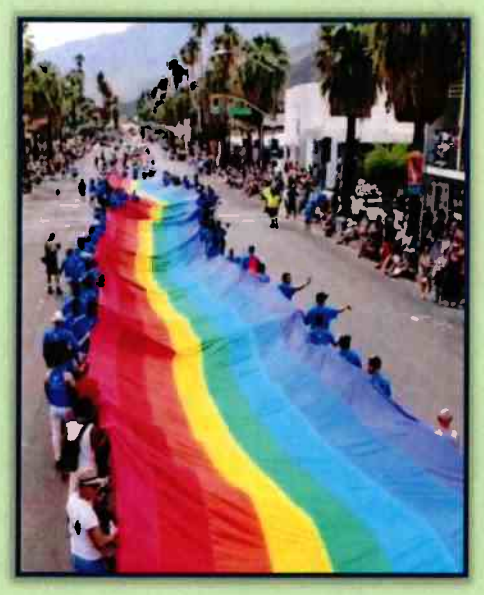
- "Diversity of the staff, people of different races and cultures. In the past I felt like I wasn't seen. Now my therapist is Hispanic and she understands my culture and I can connect." -TAY
- "Not having a lobby or receptionist, the youth like it and it doesn't bring them down. Very destigmatizing." –Staff

Outreach Efforts & Events

All TAY Centers participated in community outreach by conducting local public awareness activities to target TAY age youth and their families. Together the centers reached over **202,452** community members. One large event for the public to highlight was the Palm Springs Pride Parade, which attracted over 100k people. In addition, the TAY fest detailed on the following page provided a specific outreach event targeted to TAY in the community.

Some locations where the TAY centers presented tabling or hosting a resource event were public locations such as high schools, colleges, libraries, community centers, and health fairs. Each center also used its location to host outreach activities and invited the community to learn more about the resources each center can provide for their TAY youth and family.

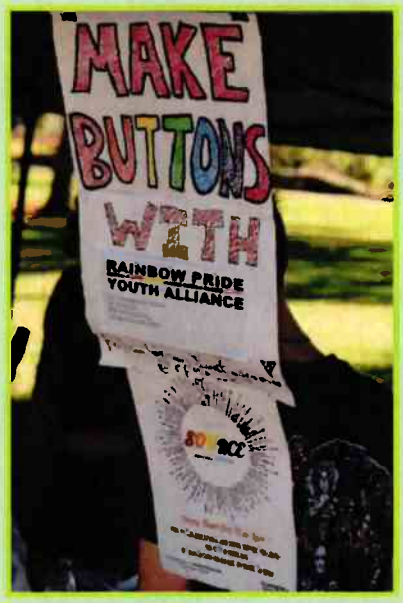




Additionally, each region hosted a TAY Collaborative to share resources and collaborate with other programs and/or agencies to better serve TAY youth and their families. Examples of organizations attending the monthly TAY Collaborative include faith-based organizations, Inland Empire Health Plan, NCHS, WRAP, MHSA Prevention Early Intervention, Department of Public Social Services, HHOPE housing, Victor Community Support Services, and Neighborhood Clinics.

Outreach Efforts & Events

In November 2019, the West TAY center hosted a TAY Fest event in a local Riverside park. The goal of this event was to bring the community and TAY together in a fun venue and share what the TAY centers offer. The TAY Fest had live entertainment, self-care stations, interactive activities, displays, and 14 exhibitor tables. The TAY Fest event attracted an estimated 250 people, of which 120 were TAY age youth.



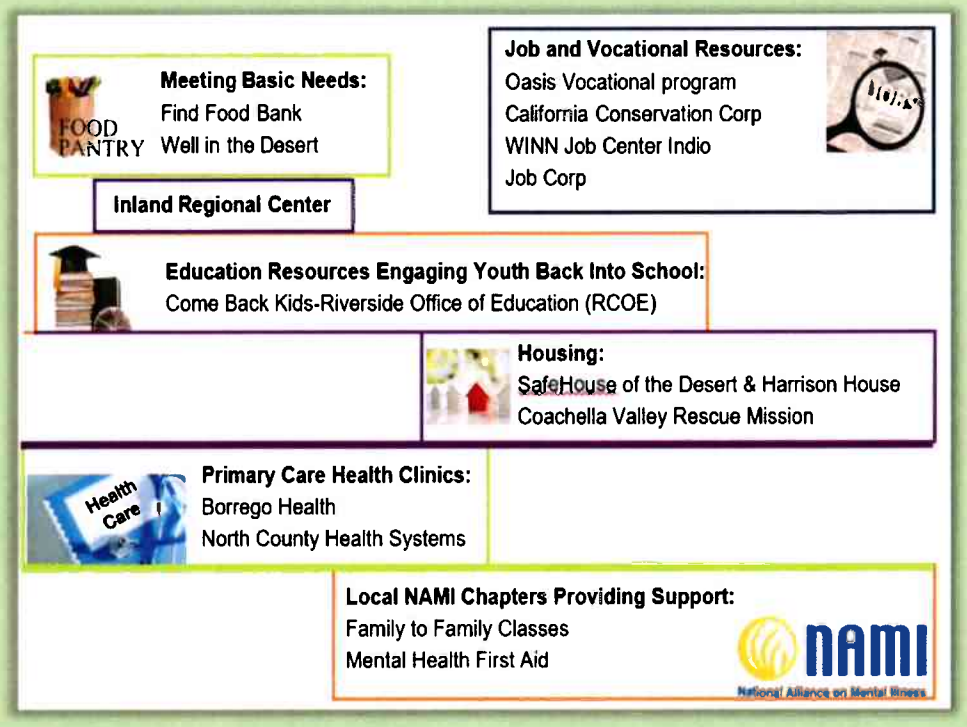
Interagency Partnerships

Establishing interagency partnerships was the focus of Innovation learning goal #4. In addition to establishing TAY Collaboratives with a broad array of providers, the TAY centers developed unique approaches to developing and maintaining interagency partnerships. Initially, the centers were designed to have some space to invite other providers and agencies into their space. What the TAY centers found is that established organizations did not necessarily have the resources to completely permanently collocate their staff. Rather the other agencies came into the TAY centers at scheduled times to support TAY youth on site.

For example, the Mid-County TAY center established a relationship with the North County Health Systems (NCHS), which is a local health clinic one block from the Mid-County TAY center. NCHS provides physical health, dental, and other medical services including benefits enrollment and a sliding fee scale. NCHS regularly sets up a table at the TAY center lobby to offer resources and educate youth on the health services they can offer. In addition when a youth has a need the TAY centers have been able to send the youth to the NCHCS for health services and assistance with Medi-Cal and other benefit enrollment.

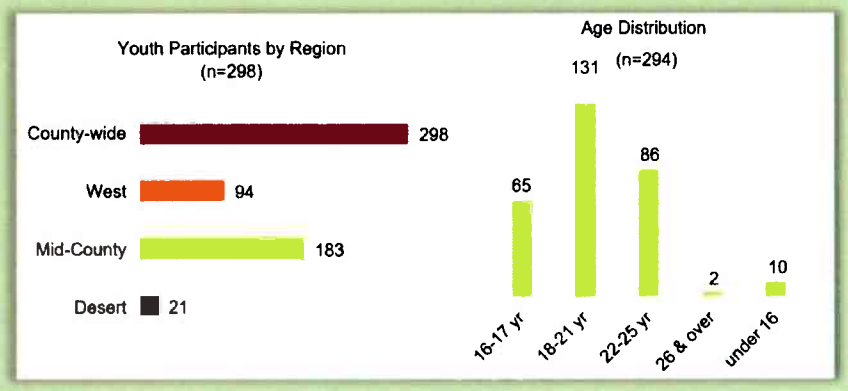
In addition, the TAY Peer Support Specialist took another approach, supported TAY youth with finding resources, and taught them how to navigate the system of resources available in the community. One staff shared that they take the youth out into the community to learn how to access resources, promoting independence and empowerment. TAY peer support specialists were very creative in finding resources, which included a wide variety of community supports.

Some examples include:

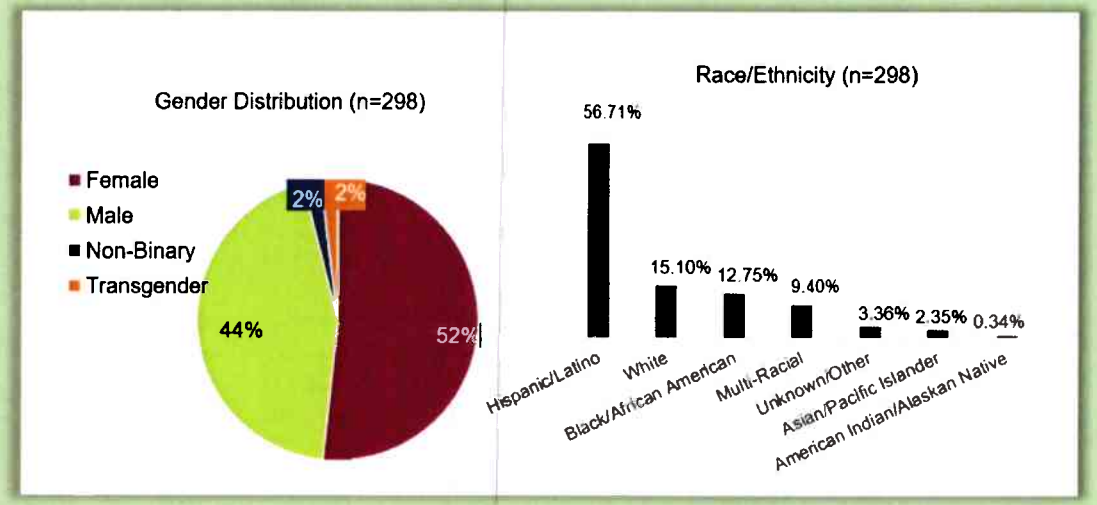


Center Visitors: Identifying Needs and Engaging Youth into Services

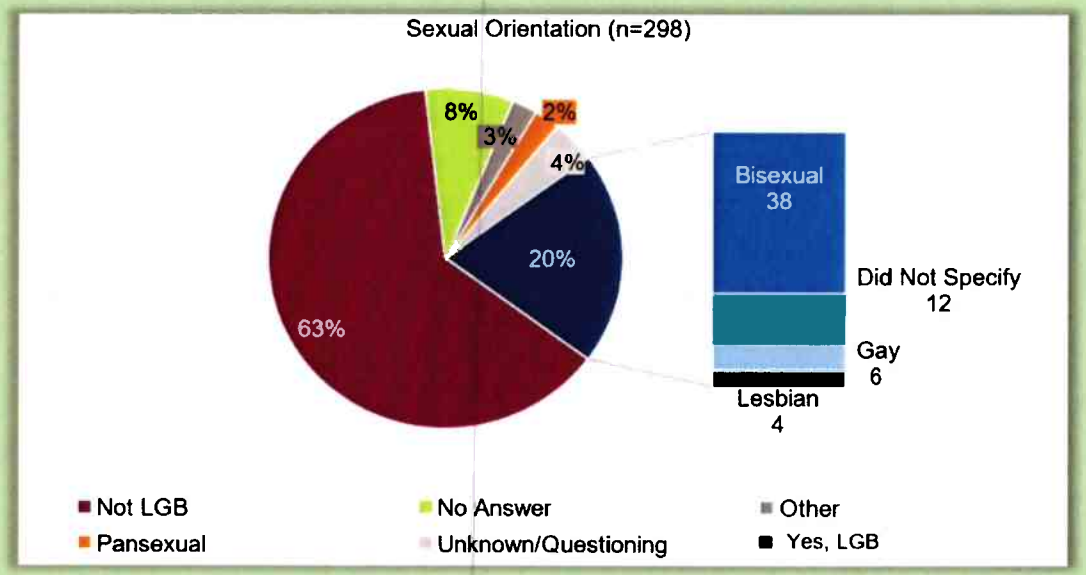
A total of 298 Identifying Needs Tools (IN Tools) were collected from youth that attended centers during the 19/20 fiscal year; mostly as walk-ins to the center. The TAY center Peer Specialists complete this form with the youth as they introduce them to the center. Some TAY that may have entered the centers seeking direct referrals or that had come in crisis may not have completed a form. TAY with IN Tools showed a majority of participants coming from the Mid-County (183), while the second largest group of youth was served in West (94). The majority of the youth that completed IN Tools were between the ages of 17 and 19 (42%) and 20-26 (41%).



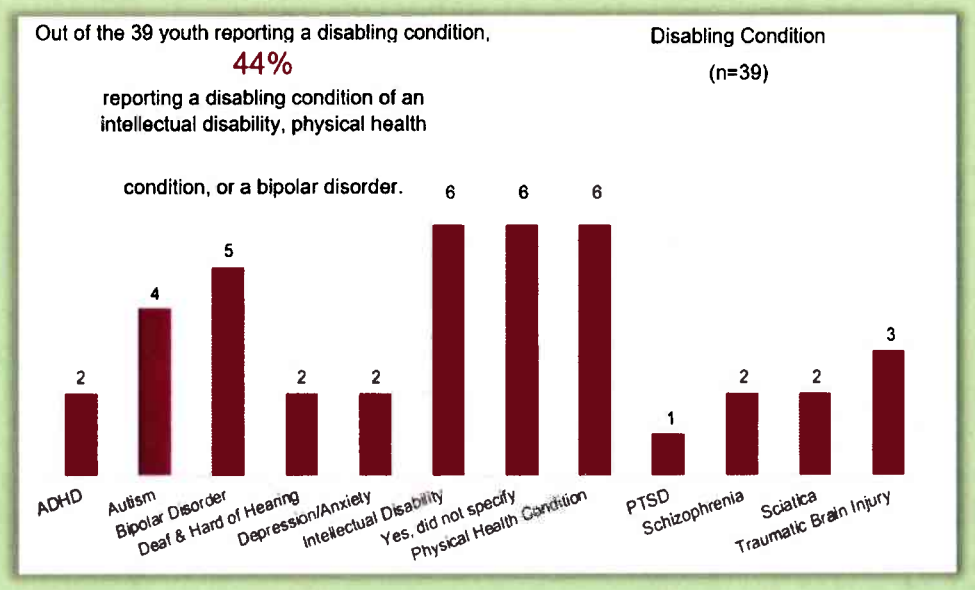
Over half of the TAY with IN Tools were female (52%) and close to half male (44%) with some of the other TAY identifying as either Non-Binary (2%) or Transgender (2%). Of those that identified as transgender, all 6 transitioned from female to male. For race and ethnicity, Hispanic/Latino was the most self-reported ethnicity (56.71%), followed by White (15.10%), then African American (12.75%).



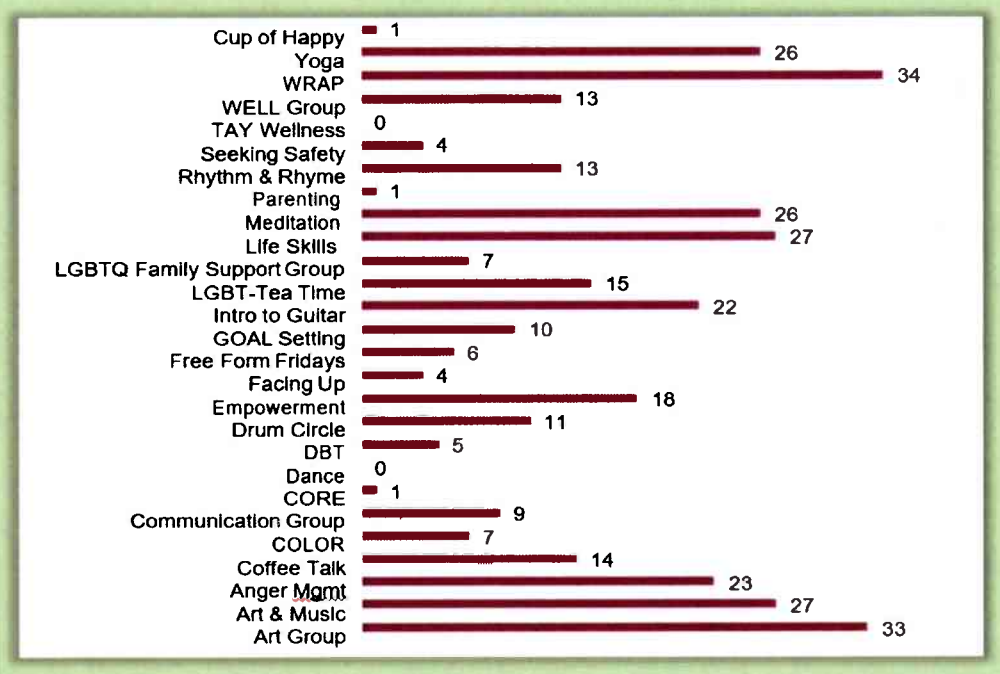
Center Visitors: Identifying Needs and Engaging Youth into Services



One target population for the TAY Centers is the LGB+ Community. About 63% of the youth answered "no" to the LGB+ question regarding their sexual orientation. 20% answered yes LGB+, 4% answered unknown/questioning, 2% answered pansexual, 3% answered Other category, and 8% did not answer the LGB+ question.



Center Visitors: Identifying Needs and Engaging Youth into Services



The table above depicts the variety of Wellness Groups that the TAY were interested in. A large majority of the youth were interested in WRAP (34), Art Group (33), and Meditation (27).

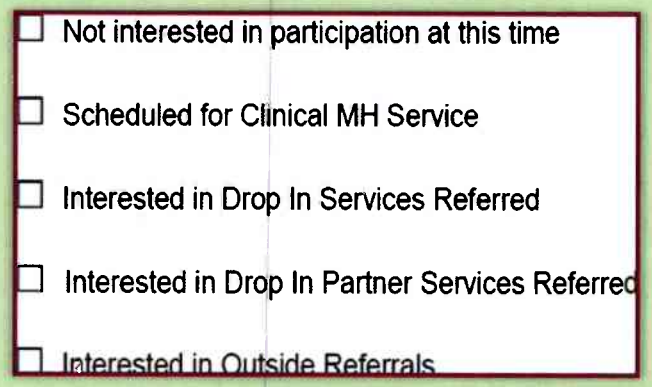
Some youth expressed an interest in or needed linkage with Center Partners or Other Resources.

Center Visitors: Identifying Needs and Engaging Youth into Services

At the conclusion of the Identifying Needs tool, along with the introduction and tourof the TAY Center, the Peer Specialist determined the direction that would lead to the most positive outcome for the youth.

86% of the youth were scheduled for Clinical Mental Health Services as their first disposition while 8% showed interested in being referred to the center's Drop-In Services. The second choice for most of the youth was to participate in the centers' Drop-In services (88%).

	Disposition Choice 1	Disposition Choice 2	Disposition Choice 3	Disposition Choice 4
Not interested in participating at this time	4		1	
Scheduled for Clinical MH Service	113	1		
Interested in Drop-In Services Referred	10	27	7	
Interested in Drop-In Partner Services Referred	0	1		
Interested in Outside Referrals	5	2	2	2
Total	132	31	10	2



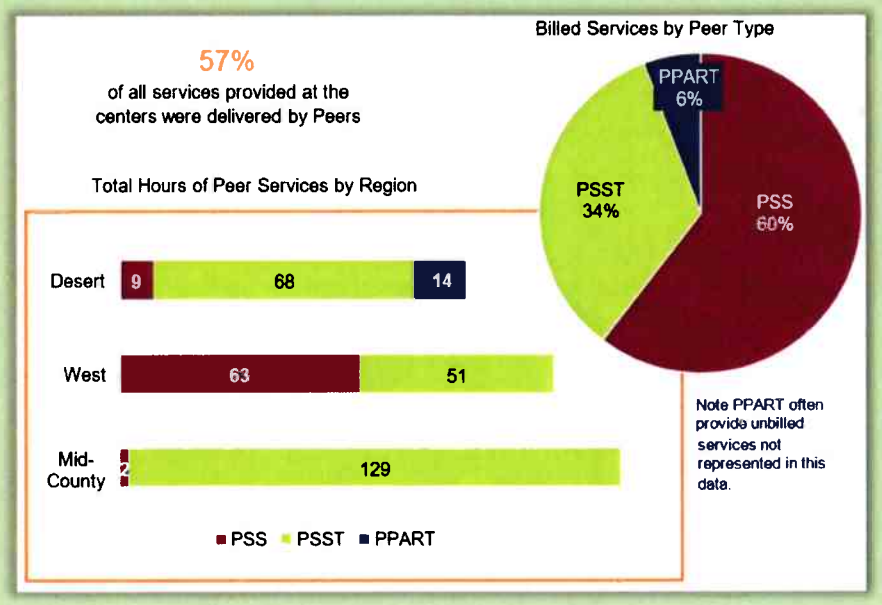
Mental Health Services in TAY Centers

Each TAY center provides a variety of services, activities, and events. Youth have access to Mental Health (MH) Assessments, Individual Therapy, MH Groups, Psychiatry, MH Rehabilitative services, Case Management, Collateral services with family members, and evidenced-based practices, such as EPPIC first-episode psychosis, Family-Based Treatment (FBT) for eating disorders, and Trauma-Focused CBT. Various recovery-centered Mental Health groups are provided with focuses ranging from women and men's empowerment to TAY Recovery support groups. Center staff shared that peer staff and youth had input into the development of groups and activities. Staff worked with the center's

Learning goal #3: Utilizing TAY peer-supports within an interdisciplinary team.

supervisor to propose a group topic. Once the supervisor reviewed the therapeutic content and assured criteria are met, staff were able to implement a variety of creative mental health groups attractive to TAY age youth. Each center developed groups, activities, and events that are a part of their regularly scheduled activity calendars.

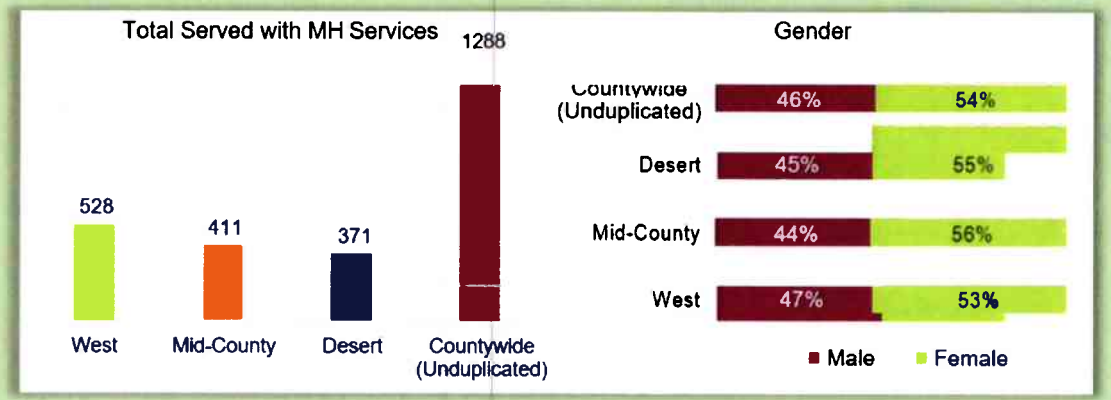
The following demonstrates how Peer services are a key component of this project. Services provided by peers included client support, case management, mental health services, and transportation. The figures below are a summary of all peer service data collected in the mental health electronic medical records. PPART are peer support specialists that are parent partners with experience as a family



member caring for someone with a mental health condition, PSS are Peer Support Specialists with lived experience of a mental health condition and recovery or are a family advocate with experience of a family member with a mental health condition. PSST, are Trainee Peer Support Specialists.

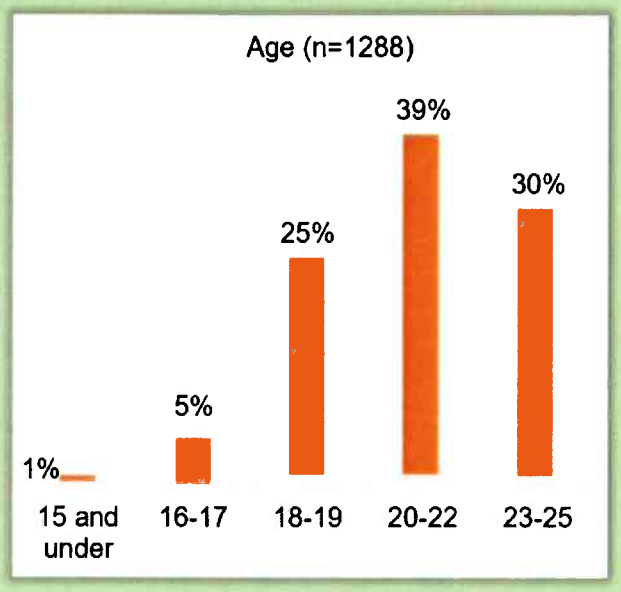
Mental Health Services in TAY Centers

A total of 1,288 unduplicated youth received services at the TAY Centers in FY 19-20. This fiscal year, 11 youth were served by more than one TAY Center.



The West region TAY center served the most youth followed by m Mid-County and Desert regions.

Across all regions, there was no difference by gender in demographic comparisons. By age range, the majority of the TAY youth served were between 20-22 years of age (39%), followed by 23-25 year-olds (30%). All three regions resemble this countywide distribution.



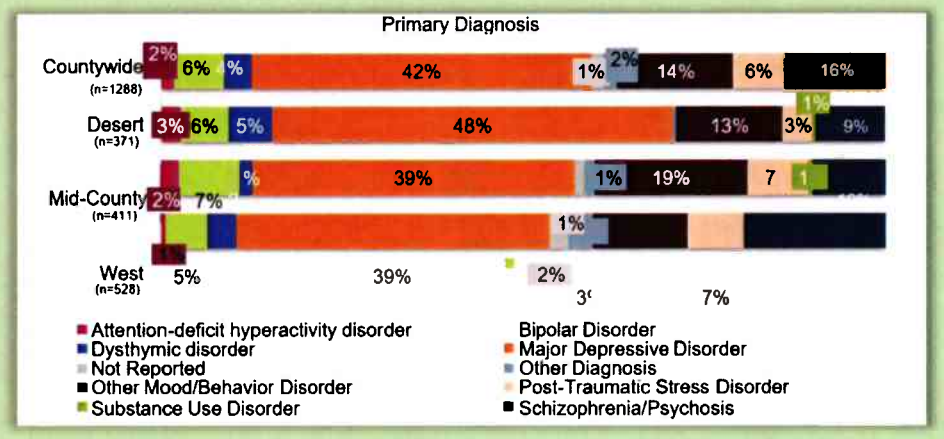
When comparing race/ethnicity, Hispanic (43%) were the highest race/ethnic group served followed by other

races/ethnicity than Caucasian (14%). Race/ethnic groups served are fairly reflective of the County youth population.

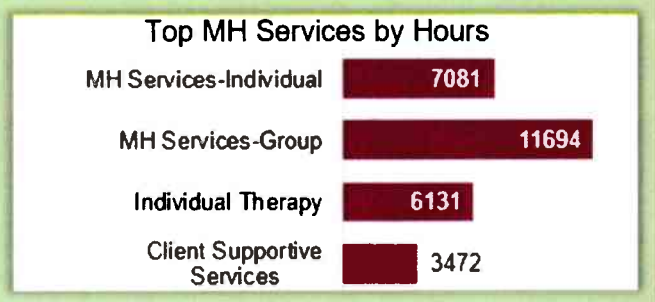
Race/Ethnicity									
	Hispanic	Caucasian	African American	Asian American or Pacific Islander	Native American or Alaskan Native	Other	Not Reported	Multi	Total
West	27%	14%	7%	1%	1%	45%	1%	3%	528
Mid-County	47%	12%	7%	1%	0%	29%	1%	2%	411
Desert	58%	15%	3%	1%	0%	23%	0%	1%	371
Countywide	43%	14%	6%	1%	0%	34%	1%	2%	1288

Primary Diagnosis & Type of MH Services Provided

TAY youth received a variety of mental health services. The primary diagnosis throughout all three centers was major depressive disorder, followed by an anxiety disorder, then schizophrenia/psychosis.



The figure displays the most frequent services provided and the following table on the right shows all services provided to clients at TAY Centers in FY 19-20. The number of clients receiving each type of service is shown along with the average number of services as well as the average duration of the services (in hours).



Mental Health Services (N=1235)							
	Clients		Service Count	Services per Client Served	Hours of Service for Clients Served		
	N	%	N	Average N	Total Hours	Min. (hh:mm)	Max. (hh:mm)
Assessment Services	464	36%	507	1.09	1027.83	0:00	5:00
Case Management	661	51%	2505	3.79	1400.78	0:00	5:10
Client Supportive Services	1082	84%	10968	10.14	3471.51	0:00	6:00
Clinician Group	56	4%	128	2.29	227.92	0:00	5:35
Collateral Services	144	11%	341	2.37	167.75	0:05	1:55
Crisis	55	4%	168	3.05	122.45	0:01	2:15
Family Therapy	105	8%	228	2.17	247.70	0:15	2:30
Individual Therapy	733	57%	6437	8.78	6130.75	0:05	3:00
Intensive Care Coordination Services	4	0%	6	1.50	4.50	0:25	1:45
Medication MD Services	428	33%	1640	3.83	1013.03	0:00	2:00
Medication Therapeutic Services	494	38%	2857	5.78	1281.18	0:10	2:00
Mental Health Services-Group	385	30%	5591	14.52	11693.73	0:00	9:20
Mental Health Services-Individual	838	65%	10508	12.54	7080.73	0:00	11:40
Non Face to Face MD	318	25%	793	2.49	451.03	0:05	2:00
Non-Family Collateral	214	17%	820	3.83	299.48	0:05	1:30
Non-Family Therapy	36	3%	62	1.72	22.25	0:10	1:30
Psychiatric Assessment	276	21%	293	1.06	499.25	0:10	3:00

MH Services Feedback from TAY, their Families, and Staff

TAY Centers Activities

At the centers, TAY youth and their families have the opportunity to participate in TAY exclusive activities and create a safe open environment. Peers are actively asking the youth what type of activities and groups they would like to see happen.

Peers create activity calendars each month to advertise events and groups happening at each center. This is an example of an activity calendar and Peer Support Group led by the West Region for this 2019-2020 fiscal year.

TAY Centers Groups

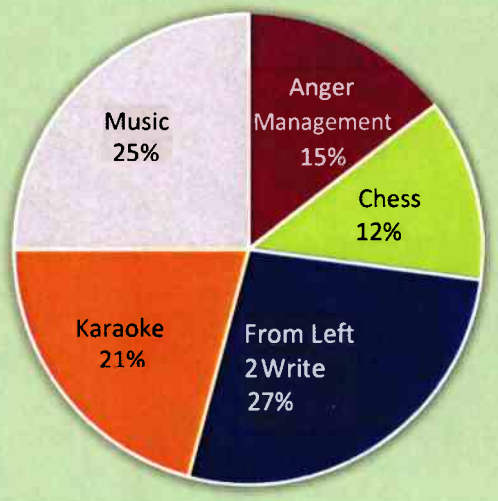
All staff, including peers, spent more time in the second year providing direct services. The TAY centers found that more youth participated in mental health services than drop-in youth attending just wellness activities. Based on the data that was collected from the INN Tools, each region had the opportunity to create wellness groups that met the needs of their TAY community. Some examples of groups were meditation, yoga, painting, creating music, dance, writing, and women empowerment groups. This fiscal year, the West region shared insight with their TAY groups.

Program Highlight: West Region "Stepping Stones"

In their wellness activity groups, "Stepping Stones" hosted a total of **85** TAY groups aside from the 528 TAY represented in the mental health service data from the west center. West region had 19 different groups for the youth to choose from.

	Group Name	No. of Groups	Group Range
West Region	100 Mile Club	2	1-2
	Adulting	4	1-2
	Anger Management	7	1-2
	ART	1	1
	Black History Celebration	1	1
	CBT	3	1
	Chess	6	1
	Fitness Club	1	2
	From Left 2 Write	13	1-2
	Fun Group	1	2
	Karaoke	10	1-2
	Meditation	2	1-2
	Men's group	4	1-3
	Music	12	1-3
	Reel Talk	4	1-2
	Self-Love Club	2	1-3
	Well Group	3	1-2
	Woman to Woman	3	1
	Yoga	5	1
	Total No. of Groups	85	

Top 5 Groups based on Participation



For parents, there were family support groups offered both in English and Spanish for all three regions. The TAY Centers are designed to help the family as a whole for the benefit of the TAY youth. This fiscal year, both Mid-County and Desert regions shared insight into their TAY family support groups dedicated to the parents. The most frequent groups are below

Program Highlight: West Region Desert "FLOW"

Desert Region		
Group Name	No. of Groups	Group Range
Spanish Parent Support	3	1-4
TAY Mix It Up	2	22-25

The parent support groups are focused on strengthening the relationship and communication between the caregiver and the TAY-age youth. These support groups were offered in Spanish to serve the Desert population.

Program Highlight: Mid-County "The Arena"

Mid-County Region		
Group Name	No. of Groups	Group Range
Café para el Alma	48	1-38

Average group size: 13

"Café para el Alma /Coffee for the Soul", provides a safe place for families and caretakers to come and share their experiences, strengths, and hope. Through the use of "I" statements, members are encouraged to share their story of recovery as it pertains to the material given during the group. Members find support and encouragement through the act of listening to the experiences of the group members." -The Arena

TAY Peer Support Specialist Training

Like the previous year, the TAY Peer Specialist Training continued throughout this fiscal year. The first training this fiscal year began in October 2019 and the application process for the TAY youth who were interested remained the same. Due to the national emergency, the trainings only happened once this year.

Eligibility and qualifications for training were:

a.) a minimum of a high school diploma, GED, or Certificate of Completion and
b.) having had "lived experience" in one or more of the following systems:

- Department of Social Services/Foster Care
- Juvenile Hall
- Probation
- Special Education
- Mental Health Systems
- Substance Use Systems

Applicants were advised that a Peer Support Specialist Candidate should be able to do the following:

- Model and mentor a healthy lifestyle
- Discuss his or her journey in wellness, triggers, and other lived experiences.
- Be flexible
- Be Self Motivated

A willingness to share their story is critical to being a Peer Specialist to provide hope and be a role model for resiliency.

Although the specific schedule varied depending on the training session, trainings are a total of 80 hours and attendance is mandatory.

The availability of trainings is promoted throughout RUHS-BH including through emails to all staff.

As shown, this fiscal year there was one training held by the Mid-County region. The training was completed and all five participants who enrolled finished all 80 hours to successfully graduate and become a peer support specialist.

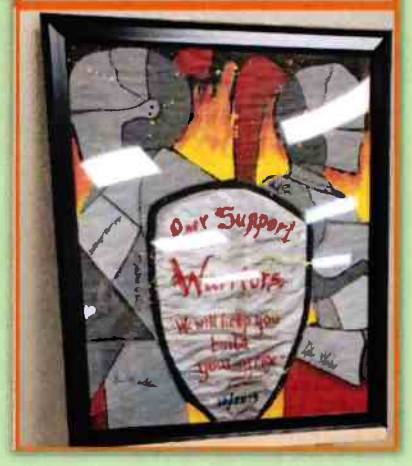
First date of Training Series	Location (Region)	Enrolled (n)	Graduated (n)	Graduation Rate (%)
10/1/2019	Mid-County	5	5	100%

Session Completion Rates

Trainings were 80 hours in total and the Mid-County region divided the hours into 15 sessions. All five participants completed all 15 sessions and successfully graduated.

Each year the training peers assign a unique name to the group. For this training group, their name was the "Peer Support Warriors". Their clever slogan from the TAY Center was "We will help you build your armor". When the TAY trainees finish their 80 hours, they are eligible for employment as peer support specialists.

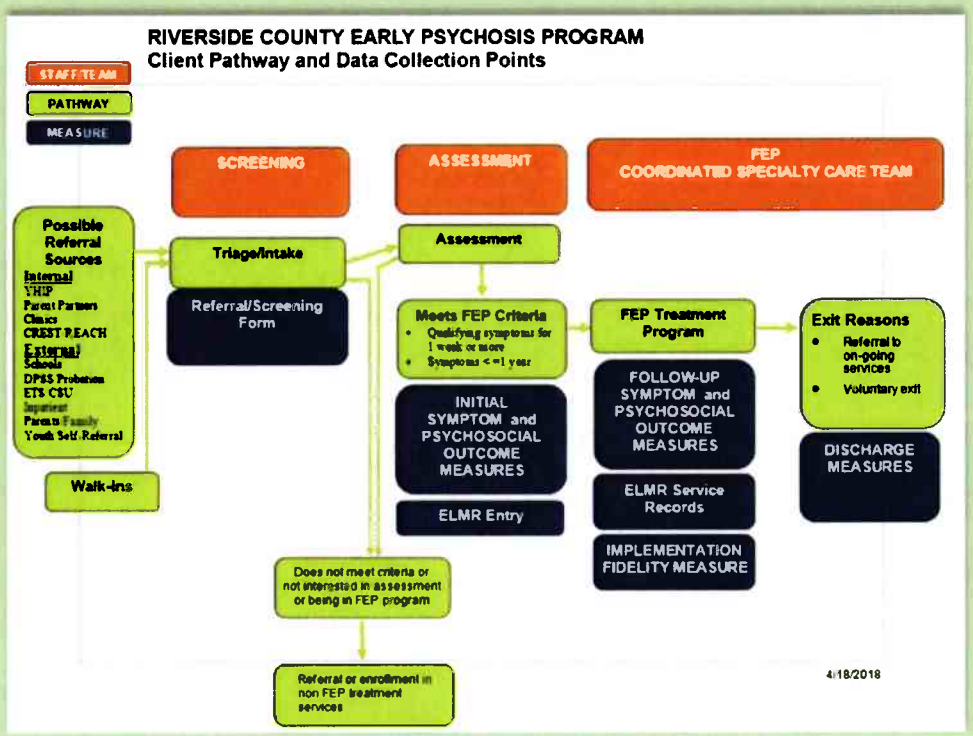
Graduating Class October 2019



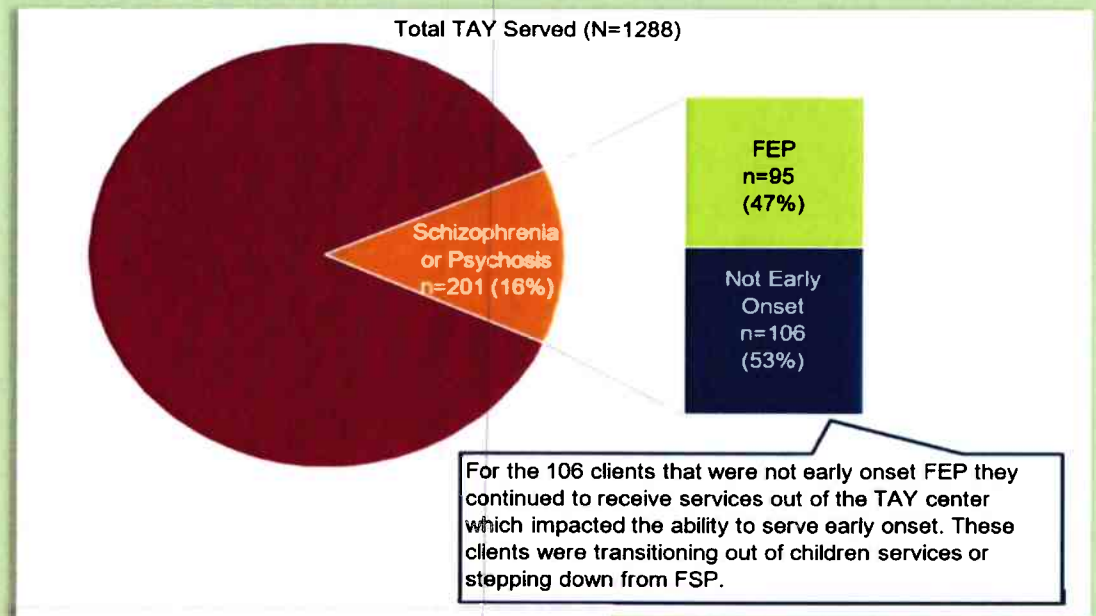
First Episode Psychosis – Implementation at Centers

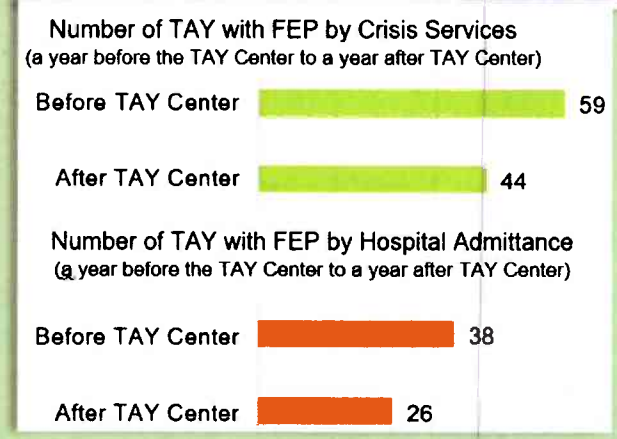
In 2018, RUHS-BH contracted with Orygen, The National Centre of Excellence in Youth Mental Health, from Australia to consult on youth mental health and support the implementation of the FEP program. Orygen is a world leader in youth mental health policy and research translation. They were chosen as consultants because their work has focused on developing and disseminating new models of care for youth with emerging disorders, and the organization has a long history of working with youth experiencing their first episode of psychosis. Their Early Psychosis Prevention and Intervention Center (EPPIC) dates from 1992.

In consultation with experts from Orygen, key aspects of implementing the FEP program were discussed by TAY Center supervisors, the primary TAY psychiatrist, and the TAY manager. The schematic below was developed to allow visualization of the program and framed discussions about how clients screen, enter and complete the program. A major initial deciding point was the criteria for inclusion into the FEP program. These conversations continued into the beginning of FY 18- 19, with criteria and accompanying forms finalized in October. Another program within RUHS-BH was also invited to participate in the Orygen training to maximize the benefits of bringing an internationally renowned consultation team to RUHS-BH.



Based on the MH Service data, approximately 16% of all unduplicated youth served this fiscal year had a schizophrenia or psychosis diagnosis. For these 201 youth, additional analysis was completed to examine diagnosis and service history to better understand if these youth were experiencing their first episode of psychosis. A high proportion of these youth may not have been enrolled in FEP because they had prior mental health treatment history and may not have fit the criteria for early psychosis with symptoms for a year or less (53%).





Of the 201 youth diagnosed with schizophrenia or psychosis, 95 of those youth were served as first-episode psychosis. When comparing their hospitalizations from a year before being served at the TAY center to a year after being served, we can see the number of individual TAY in the hospital decreased. For crisis services, there is also a decrease in the number of unduplicated TAY having crises admissions a year before to a year after the TAY.

First Episode Psychosis – Evaluation Measures

TAY centers were provided with a data protocol including

1). Referral forms to distribute screen and receive FEP consumers

2). Enrollment baseline outcome and psychosocial packets that had symptoms and psychosocial measures

3) Follow-up packets for the continuous outcome and psychosocial measurement or discharge data.

Referral forms and Enrollment forms are included in Appendix D. Details on the Measures included in the enrollment packet are as follows:

Baseline Enrollment Packet

Screening Factors

Initial Living Situation- Last four weeks primary living situation, whom the consumer was living with, and homelessness

Education Participation- Enrolled, Studying, or in a training program (High school, Vocational Training Community or 4-year college, Graduate school)

Employment in competitive employment or internship- Full-time job (30+ hours week), Part-time job (< 30 hours week), Competitive internship (30+ hours week), Competitive internship (< 30 hours week), Don't know)

Legal Involvement- Number of times arrested in last year; Number of days in Jail/Prison/Detention in last year

Suicidality- Number of suicide attempts in the last year

Treatment and Symptom History- Before the symptoms that brought the TAY to treatment currently, has TAY had any previous psychotic episodes? (No previous episodes, Yes prior untreated episode (s), Yes, prior treated episode (s))

First Onset- When was the first onset of psychotic symptoms? Best estimated date (Guidance provided-the first point at which psychotic symptoms (such as hallucinations, delusions, and or disorganization) are present on average for at least once a week for an hour at a time, are experienced with full conviction, cause significant distress or are dangerous, impair the person's ability to engage in standard daily tasks, and are not better accounted for by another cause.)

Outcome Measures

Antipsychotics- Date first prescribed best-estimated date, the date began taking anti-psychotics as prescribed at least 75% of the time.

Social and Occupational Functioning Assessment Scale (SOFAS) Clinician completed measure used to assess social and occupational functioning.

Brief Psychiatric Rating Scale (BPRS)- The clinician completed 24 item measure used to rate psychiatric symptoms such as depression, anxiety, hallucinations, and unusual behavior. Each symptom is rated 1-7.

Kessler Psychological Distress Scale (K10) Plus- The consumer completed the K10 scale involves 10 questions about emotional states each with a five-level response scale, an additional 4 items measuring how feelings of distress have impacted functioning.

Personal Well-Being Index (PWI)- The Personal Wellbeing Index (PWI) is a seven-item, self-administered scale that measures satisfaction with the following life domains: standard of living, health, life and achievement, personal relationships, personal safety, community connectedness, and future security. Each item is rated on a 0-to-10 scale (0 = No satisfaction at all; 10 = Very satisfied).

First Episode Psychosis – Screening Factors

TAY centers experienced various challenges with the implementation of the First Episode Psychosis (FEP) evidenced-based practice. The centers received consumers with Psychosis disorders before training when the centers opened. In total, the West TAY center and the Mid-County TAY completed FEP enrollment forms on 19 TAY youth (11 West and 8 Mid-County). In addition to the 19 with enrollment forms, the centers had a considerable caseload of other consumers with psychosis disorders.

Living Situation:

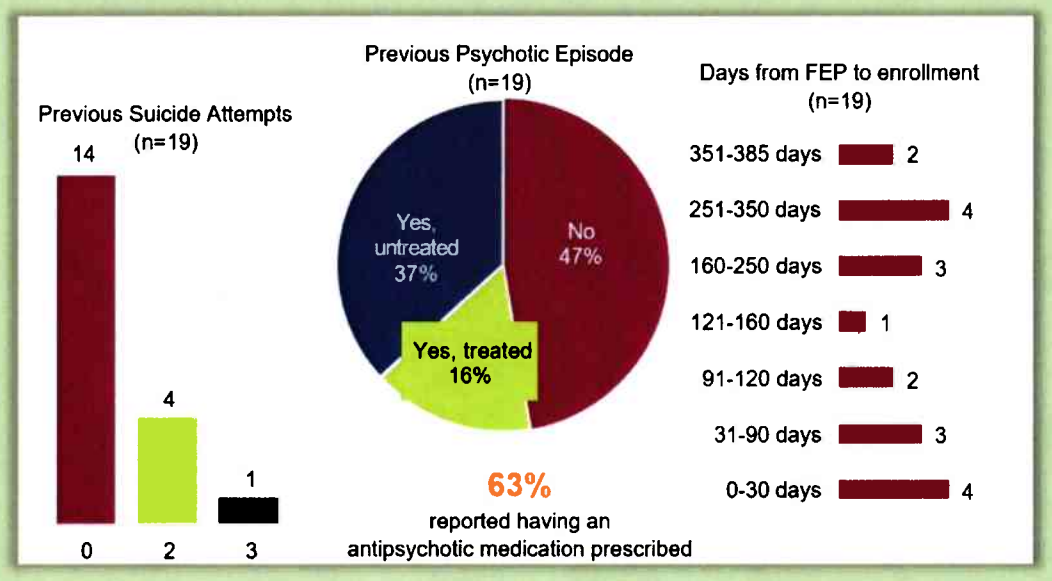
- None of the youth reported experiencing homelessness
- 18 of the 19 youth reported living in a private residence with family
- One youth reported living in a college dorm apartment with a roommate

Education and Employment:

- 63% of the youth are enrolled in high school (n=12)
- 5% currently enrolled in college (n=1)
- 5% currently employed in a part-time job (n=1)
- Education status was not reported for 6 youth and employment status was not reported for 18 youth

Intake Legal Involvement:

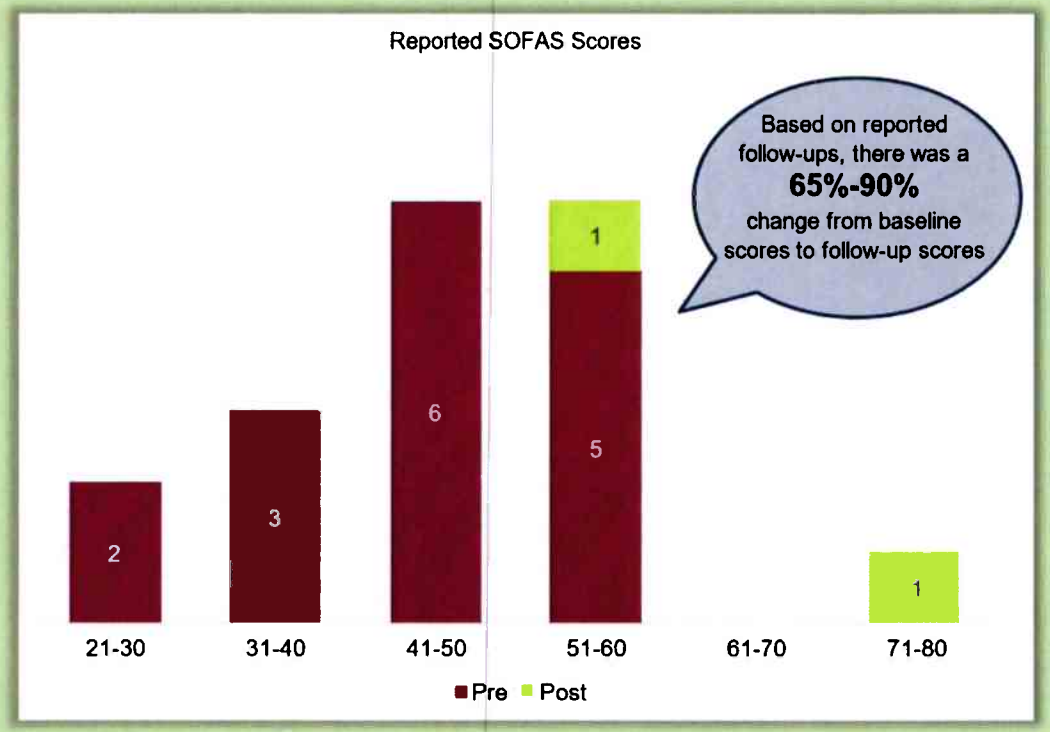
- In the last year, 0% of the youth reported having been arrested
- In the last year, 0% of the youth reported having spent days in jail, prison, or detention



First Episode Psychosis – Evaluation Measures

The Social and Occupational Functioning Assessment Scale (SOFAS) is a measure exclusively focused on the individual's level of social and occupational functioning and is not directly influenced by the overall severity of the individual's psychological symptoms. When making a SOFAS rating, the clinician takes into account impairments that are caused by both physical and mental disorders, thereby making it a useful assessment tool for traumatic brain injury and other neurological disorders. The SOFAS is a global rating of current functioning ranging from 0 to 100 by increments of 10, with lower scores representing lower functioning.

A score of 0 represents "inadequate information", a score of 1-10 represents "persistent hygiene problems", a score of 11-20 represents "occasional hygiene problems, a score of 21-30 represents "inability to function socially or occupationally in almost all areas, a score of 31-40 represent "major impairment in several areas such as work or school and family relations, a score of 41-50 represents "serious impairment", a score of 51-60 represents "moderate difficulty", a score of 61-70 represents "some difficulty", a score of 71-80 represents "slight impairment", a score of 81-90 represents "good functioning", and a score of 91-100 represents "superior functioning". A total of 16 pre-SOFAS scores were recorded and a total of 3 post scores were recorded from the 18 youth in FEP. The scores below are initial SOFAS scores with the percentage of improvement based on the last follow-up data.

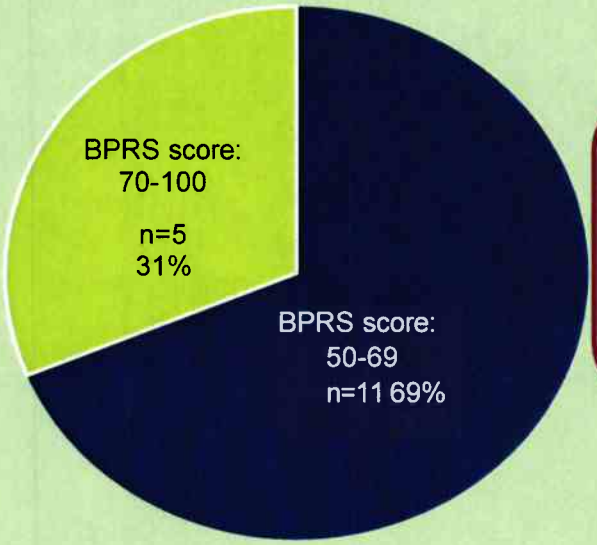


First Episode Psychosis – Brief Psychiatric Rating Scores (BPRS)

The BPRS-24 is a 24 item rating scale used to measure psychiatric symptoms such as depression, anxiety, hallucinations, and unusual behaviors. The scale is one of the oldest, most widely used scales to measure psychiatric symptoms. Items are rated on a 7-point Likert with 1 indicating Not Present and a 7 indicating Very Severe. A 0 is

used for items not rated. The scores can range from 24 to the highest score of 168. A score of 53 or greater is considered markedly ill. Scores less than 31 are considered mildly ill. Higher scores reflect greater psychiatric illness. All the clients enrolled had scores greater than 53 at intake.

The rating range and frequency of initial scores are shown in the following figures.



Overall BPRS Intake Total Scores

Average Score: 71.19 **StdDev:**13.14

Min: 54

Max: 100

From the total 16 intake BPRS scores, 13 of those had follow-up data collected during FY 18-19. All of those 13 matched pairs demonstrated an improvement from pre to post. For this fiscal year, follow-up data were available for 2 consumers. A comparison of Intake to the most recent follow-up score is shown below.

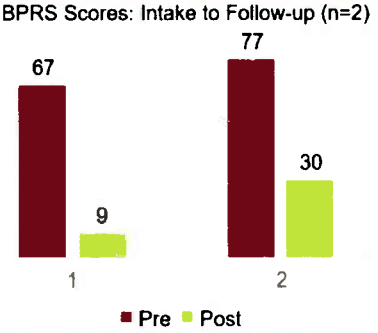
A percent change of scores was calculated for each of the paired scores. The first pair demonstrates:

87% of improvement

in BPRS score from pre to post with one year of a difference between the two scores. The second match pair also demonstrated:

61% of improvement

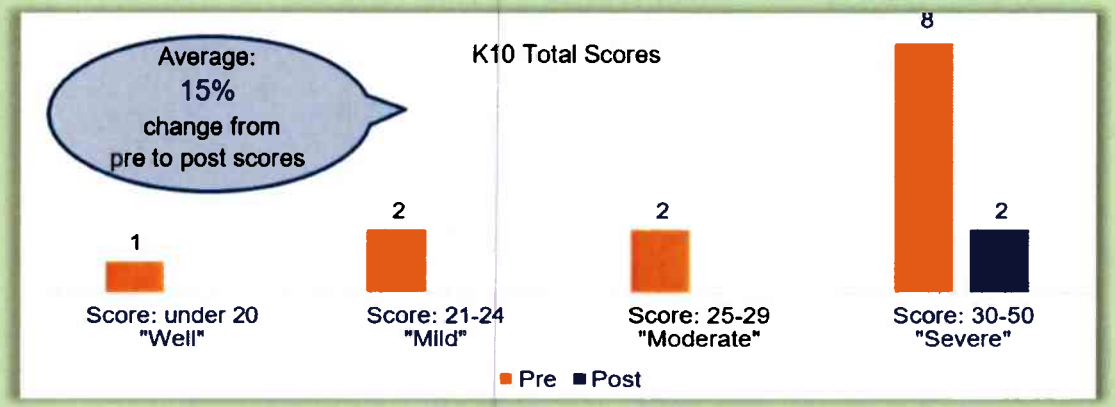
in BPRS score from pre to post with one year of difference between the two scores.



First Episode Psychosis – K10 Plus & PWI

The consumer completed **Kessler Psychological Distress Scale (K10) Plus** scale involves 10 questions about emotional states each with a five-level response scale and four additional questions. The numbers attached to the patient's 10 responses are summed for a total score. Scores will range from 10 to 50. Scores under 20 are "well", scores 20-24 are "mild mental disorder", scores 25-29 are "moderate mental disorder", and scores 30 and over are likely to have a "severe mental disorder". Initial scores were available for 13 youth and post scores were available for 2 youth.

Based on the analysis, the sample size is too small to perform a statistical test; therefore, a percentage change is displayed below.



The **Personal Wellbeing Index (PWI)** is a seven-item with an independently asked question regarding general life satisfaction. It is a self-administered scale that measures satisfaction with the following seven life domains: standard of living, health, life achievement, personal relationships, personal safety, community connectedness, and future security. Each item is rated on a 0-to-10 scale (0 = No satisfaction at all; 10 = Very satisfied). The average scores within general life satisfaction and each of the seven domains are displayed below. A total score is calculated by summing all seven domains.

PWI Questions	PRE	POST	% Change
"Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?"	4.39	6.17	29%
"How satisfied are you with....."			
1. your standard of living?	6.85	7.67	11%
2. your health?	5.92	8.33	29%
3. what you are achieving in life?	4.62	5.83	21%
4. your personal relationships?	3.92	5.67	31%
5. how safe do you feel?	6.00	7.67	22%
6. feeling part of your community?	4.23	5.00	15%
7. your future security?	4.23	7.00	40%
Total Score	28.67	40.43	29%

First Episode Psychosis Challenges and Recommendations

Challenges:

- The depth of training needed and adequate time for staff to benefit from training and consultation was challenging. Staff were also providing other services in the new TAY centers and had many competing interests on their time.
- Consultation to support moving forward elements of FEP implementation was challenging. There was an ongoing need for regular continued consultation on CBT for psychosis, outreach to screen for individuals with early signs of psychosis, psychoeducation groups for psychosis, supported employment and vocation, and administration of outcome measures. Initial consultation was with Orygen in Australia and it was not possible to maintain local hands-on consultation.
- Staffing challenges, in particular, sufficient staffing to dedicate a team to first-episode psychosis intensive services, community education, screening identification, and referrals.
- Staff had existing schizophrenia/psychosis diagnosed youth and early onset youth needing services, which challenged their staff capacity.
- Limited resources to implement high-quality IPS employment or supported education.
- Volume of TAY youth seeking services at each TAY center impacted the

ability to provide intensive FEP team coordinated specialty care for those with psychosis disorders. Many schizophrenia/psychosis consumers who were symptomatic for a significant period were transferred to the TAY centers, limiting the ability to seek out and add those with early-onset.

- Regional differences in FEP implementation with minimal collaboration between the regions.

Recommendations:

- Staff noted in a focus group that they felt they did not have sufficient time to implement FEP plus keep up with their current caseloads and the new implementation of CANS and new productivity standards. Since staff caseloads are comprised of both FEP and other cases, additional staffing with a dedicated team to provide FEP services may facilitate a more robust implementation of coordinated specialty care.
- Training and consultation that is more specific to the therapeutic interventions available are needed.
- Training in tracking measures of BPRS and other FEP outcome measures would provide a better picture of the symptom pattern, severity of consumers receiving FEP services, and outcomes.
- A more concerted outreach efforts with education on screening early identification and referral with a staff lead to get the word out and catch youth early in the course of symptoms is needed.
- A specific FEP team for the County as a stand-alone program is needed. Consolidating the focus on early on-set youth with a specific team would mean less diffusion of services and would increase fidelity to a CSC model.

INN-06 Resilient Brave Youth – previously known as Commercially Sexually Exploited Children

Commercially Sexually Exploited Children (CSEC) approved by the MHSA Oversight and Accountability Committee in February 2017. The project was proposed because CSEC youth are at a high risk for experiencing symptoms of traumatic distress including PTSD, anxiety, and depression which suggests trauma-informed

treatment would be effective with this population. Despite the risks faced by this population, specific data on outcomes and therapeutic approaches to meet their needs are sparse in the research literature. This project was proposed to bridge this gap in knowledge. The CSEC INN project combines an adapted Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model to effectively treat trauma with a field-based coordinated Specialty Care Team approach designed to meet the challenges of engagement and coordination of multiple agencies. This project was designed to improve the quality of services, promote trauma informed care, and increase interagency collaboration ultimately resulting in better outcomes for CSEC youth and families. The developers of TF-CBT have reported a need to adapt the current evidence-based practice to meet the needs of CSEC youth. This adaptation involves integrating motivational interviewing and the stages of change model in order to optimize engagement and treatment completion of TF-CBT. The adaptation utilizes TAY Peers and Parent Partners to provide services to families/caregivers to enhance engagement and provide support. These TAY Peers and Parent Partners are an integral part of the CSEC Specialty Care Team working to identify barriers and support all phases of TF-CBT treatment. It was proposed that about 100 youth a year could benefit from the program. When implemented, the program was called Resilient Brave Youth (RBY) to recognize positive assets of participants.

INN Learning Goals

Each INN project must have learning goals. The INN goals for this project will focus on the following key areas:

1. Effectiveness of adapting TF-CBT for a commercially sexually exploited youth population to understand if this adapted approach delivered in a Specialty Care Team model increases engagement, retention, and outcomes.

2. Effectiveness of a coordinated Specialty Care Team approach with a CSEC team including the use of TAY Peer Specialist and Parent Partners to increase engagement and retention in services and improve outcomes.

Evaluation

Project measurement focused on gathering data to inform the two innovation learning goals. To gauge the effectiveness of adapting TF-CBT: Service data from the County electronic health record was used to document participation in services, retention, and completion of mental health therapy. The types, frequency, and length of service was

examined. The outcome of TF-CBT was measured using a pre and post Child and Adolescent Trauma Screen (CATS).

To examine the effectiveness of a coordinated Specialty Care Team approach: In future fiscal years, the CSEC youth and their families will be surveyed regarding their experiences with the CSEC Field Response Project. Additionally, improvements in family/caregiver relationships will be assessed utilizing a structured interview approach. Significant TAY Peer and Parent Partner input and collaboration will be solicited to formulate structured interview questions and survey items. Because the coordinated team will be focused on the overall well-being of the youth, functional outcomes will also be collected such as participation in school or work, reduced AWOL and placement challenges. Recidivism rates for youth returning to trafficking will also be measured. Data was collected for these functional outcomes at screening, every 90 days, and at discharge.

Outreach Activities

The RBY staff started outreach efforts in August of 2018. Outreach efforts continued throughout the years, and involved multiple county departments and agencies over that time. Through these activities, RBY staff educated others about the unique needs of this population as well as describing what the RBY program could offer. There were a range of outreach activities each month during the fiscal year 20/21.

During the 20/21 fiscal year, RBY staff engaged in 8 different outreach efforts. Seventy-five percent of the activities were virtual presentations with the Department of Public Social Services (DPSS) . About 25% of the outreach was with Riverside County Anti-Human Trafficking Task Force (RCAHT). One outreach event with RCAHT was at the Ben Clark Training Center, and the other was with Palm Desert RCAHT.

A total of 68 referrals were received between July 2020 and June 30, 2021. Those referred were assessed for appropriateness for the program.

INN-07 Help@Hand - previously known as Technology Suite (TechSuite)

RUHS-BH had the opportunity to join a 14 county INN collaborative previously known as the Technology Suite (or TechSuite). Due to inconsistencies, TechSuite was

renamed as Help@Hand, so that all counties participating could refer to it the same way. Through the collaborative, and the CalMHSA project management team, 93 technologies were approved for use in the Help@Hand project. RUHS-BH has continued to work with CalMHSA on getting demonstrations from many of the application choices, such as Headspace, myStrength, A4i, and Focus – just to name a few.

RUHS-BH and our collaborative county partners intend to utilize the Help@Hand suite of technology-based mental health services and solutions, to collect passive data that identifies early signs and signals of mental health symptoms. From this data, RUHS-BH developed a peer support website to introduce online service resources across Riverside County to provide access and linkage to intervention. This web-based, live peer chat assists people with wellness and mental health recovery. The Help@Hand applications will serve as an enhancement to current MHSA Plan activities from prevention and early intervention to an additional care plan tool designed to decrease the need for psychiatric hospital and emergency care service.

This INN Plan was approved by the MHSA Accountability and Oversight Commission in September 2018 and was approved by Riverside County Board of Supervisors in January 2019. RUHS-BH began working within the county INN collaborative Cohort #2 in March 2019.

The primary focus areas of this project are:

- Early Detection and Suicide Prevention
- Improve Outcomes for High Risk Populations
- Improve Service Access for Rural Regions and Underserved Communities

This project, implemented in multiple counties across California will bring interactive technology tools into the public mental health system through a highly innovative set of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed.

The targeted populations include:

1) Hearing and Visually Impaired Communities
   Riverside County is home to one of the two schools for the deaf in California, and as a result, Riverside County has one of the largest populations of deaf and hard of hearing individuals in the State.

2) Higher Risk Populations: first onset; re-entry; FSP consumers; eating disorders; and, suicide prevention
   The State is prioritizing the detection and treatment of first onset psychosis as a State-wide standard in Prevention and Early Intervention.

   The criminal justice reentry population is at high risk of failing to connect with behavioral health services upon discharge from jail in addition to being at high risk for homelessness.

   Full Service Partnership (FSP) programs are designed to serve consumers who have the highest service utilization and the greatest risk for relapse.

   Suicide Prevention to High Risk Populations: In Riverside County, males died at greater rates than females due to self-inflicted injury. Caucasians have the highest rate of deaths in Riverside County and California. In Riverside County, people between the ages of 45 to 84 years old die at the highest rates by suicide than other age groups. Overall, California shows the same trends for adult suicide rates.

   Consumers with Eating Disorders: Though the therapeutic professions have grown more sophisticated in serving people with eating disorders, the disorders remain challenging to treat due to the co-morbid physical health problems that result from the disorder, as well as the addictive dynamics that often fuel the disorder in secrecy. Additional self-monitoring tools that can be used in conjunction with our existing Eating Disorder program could enhance outcomes and reduce risk.

3) Traditionally Underserved Communities
   Riverside identifies the following populations as underserved:

   - Hispanic/Latino
   - American Indian
   - African American

- Asian-Pacific Islander
- LGBTQ
- Deaf and Hard of Hearing.
- With the addition of Disabled, Middle Eastern American/North African American (MENA), and Spirituality/Faith-Based communities in next fiscal year.

The goal is to improve access to these underserved communities, especially in the rural areas. To make sure technology is available to our programs that currently provide service to members in our Mid-County and Desert regions. RUHS-BH will market to those consumers who have barriers to accessing services provided in clinics, and provide outreach to current consumers to utilize this technology in addition to their existing services.

Implementation Progress

RUHS-BH Help@Hand worked on the deployment of kiosk technology and a Needs Assessment Survey for the Deaf and Hard of Hearing (DHoH) community. The county also planned and launched a pilot for A4i with some of their consumers, while continuing to implement TakemyHand™ Live Peer Chat and expand it to other counties/cities. RUHS-BH Help@Hand plans to continue internal conversations about piloting Bambu and myStrength applications, as well as several other projects focused on eating disorder recovery, digital literacy, mental health support for men, Whole Person Health Score (WPHS), and the second phase of kiosk installations.

DHoH NEEDS ASSESSMENT SURVEY

In 2020, RUHS-BH Help@Hand began to adapt a Digital Mental Health Literacy (DMHL) video series for the Deaf and Hard of Hearing Community. Sorenson Communications, a company specialized in Deaf-communication products was contracted to update the DMHL video series and completed the videos in March 2021. The DMHL video series was uploaded to Vimeo and is currently available on Riverside's Help@Hand landing page. DMHL videos in American Sign Language (ASL) cover a variety of important digital literacy topics including Safer Website Browsing, Identifying Phishing Emails, Using Public Wi-Fi, and Managing Passwords.

RUHS- BH Help@Hand also partnered with the Center on Deafness Inland Empire (CODIE) and the Help@Hand Evaluation team to conduct a needs assessment survey of the Deaf and Hard of Hearing community in Fall 2020. The needs assessment

survey aims to learn about the population and how to meet their needs. Eleven community advocates who identified as members of the Deaf and Hard of Hearing Community and were members of CODIE were invited to participate in a focus group and survey in September 2020.

Due to the small sample of the focus group and survey, RUHS- BH expanded the needs assessment survey to the larger Riverside Deaf and Hard of Hearing Community. RUHS-BH Help@Hand worked with the Help@Hand Evaluation team to create the expanded needs assessment. Sorenson Communications, the same company that updated the DMHL video series was contracted to create one video for each question in the DHoH Needs Assessment Survey. The needs assessment includes 9 videos that will be desktop and mobile compatible. In addition, contracts with Qualtrics, RedPepper and TangoCard were established to meet the goals of securely developing and building the survey with TangoCard system integration to automatically send e-card incentive to survey participants. Consultation with Qualtrics and Red Pepper took place to learn about established best practices about fraud detection.

The needs assessment survey is expected to launch in 2022. CODIE has a list of survey recipients ready for when the needs assessment is ready to be shared with the broader community. Needs assessment survey participants will be compensated by RUHS –BH Help@Hand for their participation. The plan for the first phase of the survey is to open the survey for a period of three-months with a maximum of 100 participants. Special marketing for this survey and a second implementation phase may be needed at a future time.

Other cities/counties have expressed interest in using an adapted version of the Deaf and Hard of Hearing needs assessment survey with their respective communities.

Pilot Planning

In 2020, RUHS - BH Help@Hand decided to pilot A4i, a platform supporting the schizophrenia and psychosis recovery process, in three clinics.

Testing A4i

The RUSH BH Help@Hand Team recommended several customizations, which included removing ads from the introduction, incorporating EHR medical record number (MR#), demographic data elements at app enrollment and changing labels of app features such as, "Notes to my Doctor" to "Notes to my Care Team," and in the

sound detector feature; "Incorrect Detection" to "There is Sound in the Environment". Customizations requested aimed for a recovery language approach, ease of use, improved data collection and analysis, and for an enhanced tracking, monitoring and search capabilities within the clinician A4i dashboard. A4i approved these customizations and worked to incorporate them.

Planning Pilot Workflow and Staff Engagement

RUSH-BH Help@Hand plans to have interested clinicians self-select into the pilot. Clinicians will refer A4i to eligible consumers in various clinic sites, including Full-Service Partnership (FSP), an intensive program offering mental health and support services for those experiencing and/or at-risk for institutionalization, homelessness, incarceration, or psychiatric in-patient services. The Riverside Help@Hand Peer team support and assist A4i pilot participants in the enrollment and training process. The Peer team also assists with Care Team member participants and supports the local evaluation unit with the scheduling of participants evaluation measures interviews.

RUSH-BH Help@Hand provided A4i presentations to gather clinician buy-in and recruit staff. The county also developed infographics (to convey materials at-a-glance), informed consent form, Care Team Participant agreement, and in partnership with the vendor, completed the training materials and the evaluation plan. The Peer team completed a comprehensive A4i Product Overview and Consumer User Guide, which along with other training documents, form part of the A4i Welcome Intake Kit package. To assure access to A4i, all pilot participants received an Android phone device. The phones are pre-programmed with A4i and other selected apps.

RUHS-BH Help@Hand contracted Jaguar Computer Systems to configure phone devices in kiosk mode with security features and participants are not able to add any other applications to their phone. These configuration measures ensure the ability to provide a uniform technical support approach on the provided phone device and allow remote access to push application updates as needed. The RUHS- BH Help@Hand Peer team worked diligently to test apps and select a meaningful list of free wellness apps that were ultimately pre-loaded in the phone devices. The pre-loaded apps are: Peggle Blast, PTSD Coach, PuraMente, WYSA, WYSA Sleep, Mindshift, Field Guide to Life, MYHP –IntelliChartPatient Portal, IEHP Smart Care, A4i, Bambu, Recovery Record, Dbt911, Intellect, Yana: Tu acompañante emocional, Headspace, eMoods, MS Teams, CalmHarm, and Happy Color.

The Peer team also created a Quick Guide on these pre-loaded apps, such Apps Quick Guide is also part of the A4i Welcome Intake Kit. The Peer team also assist in the coordination of technology assessment surveys, pilot enrollment appointments, delivery of phone devices and coordination incentive distribution.

In Quarter 4, RUHS-BH Help@Hand launched their A4i pilot at one clinic. Clinic staff have been trained and onboarded and have begun enrolling eligible clients with 17 active participants currently enrolled. Also, RUHS-BH Help@Hand partnered with Dreamsyte to create an A4i animated video. The video was shared in one of the RUHS-BH Management and Administrators meetings and was also sent via email to clinic supervisors to informthem about A4i and to motivate more clinic staff to participate in the pilot. The A4i animated video was alsoposted in the A4i app for client participants to see in the Newsfeed. The URL link to the video is: https://vimeo.com/661305786/80d5eced74

Riverside County's Equitable Device Distribution

To promote the use of technology to connect and engage individuals with the use of wellness tools and digital resources in Riverside County, kiosks and smartphones were distributed across the three geographic county regions. In Quarter 4, 32 Americans with Disabilities Act (ADA) compliant iPad Pro kiosks and seven large 55" Peerless Kiosks were deployed in open to public outpatient clinic facilities (Desert: 11, Mid-County: 11, Western: 17). Additionally, in partnership with a local technology unit, a Kiosk Map locator was developed using ESRI online GIS mapping tools and was promoted during a variety of stakeholder presentations. The Kiosk Map Locator assist community members in locating their nearest kiosk location (https://arcg.is/0qnOuj).

Eligibility for the mobile devices is based on the qualifying criteria to participate in the A4i Pilot (e.g., active department clients at a pilot study site with a schizophrenia spectrum or psychosis diagnosis). Help@Hand Riverside contracted with Verizon, G|M Business Interiors and Jaguar Computer Systems for the purchase, configuration and distribution of these kiosk and mobile phone technologies.

Riverside County will also work on the second phase of kiosk installations.

The A4i pilot is expected to run through mid-2022 and will be piloted at additional clinic sites in RUHS-BH. Informed by pilot outcomes, RUHS-BH Help@Hand will then decide if and how to move forward with A4i.

TakemyHand™ Implementation

This year Riverside County continued to implement TakemyHand™ within the county and look to expand it beyond the county. In December 2021, the California State Association of Counties (CSAC) honored Riverside County with a Challenge Award for Live Peer Chat work on TakemyHand™. The CSAC's annual statewide program honors innovations and best practices in county government. The spotlight on page 95 reports data shared by the county's local evaluation team.

Implementation within Riverside County

In April 2020, RUHS –BH Help@Hand developed and launched a peer-chat app called TakemyHand™. Peer Support Specialists operate chats and on-call clinicians are available to support individuals in crisis. In 2021, RUHS –BH Help@Hand expanded their TakemyHand™ services by initiating a new marketing campaign and expanding operations.

Marketing

RUHS –BH Help@Hand partnered with Dreamsyte, a firm that provides email marketing, social media, and online advertising. An ad campaign was created and included billboards, bus wraps, and bus shelters throughout the Riverside County. Dreamsyte also provided support with social media and local radio spot advertisements. TakemyHand™ was advertised on billboards countywide, as well as bus wraps and bus shelters in the cities of Blythe, Desert Hot Springs, Coachella, and Thermal. In mid-2021, updates on TakemyHand™ Live Peer Chat were presented and was well-received during a presentation at a Riverside Behavioral Health Commission meeting. Additionally, in partnership with RUHS-BS' local technology unit, a TakemyHand™ Marketing Story Map was developed using ESRI's StoryMap online tool. The story of the TakemyHand™ marketing and outreach efforts are visually displayed. Billboards, bus wraps, bus shelter images, google analytics reports, and radio audio and more are geographically displayed with this StoryMap tool: https://arcg.is/0OTuvL.

Enhancing Operations

Operations were expanded and staffing was bolstered to prepare for potential increases in chats. Specific improvements included:

- Extending program hours from 8am-5pm to 8am-10pm 7 days a week to support consumers later in the day.
- Operation hours have returned to 8am-5pm.
- Hiring Spanish-speaking Peers to better support Spanish-speaking consumers
- Configuration of chat language translator tool.
- Completed Quick User Guide for Peer Chat Operators on how to use the Chat translator feature.
- Establishing a training plan to certify Deaf and Hard of Hearing Peers as Peer Support Specialists to better support the needs of the Deaf and Hard of Hearing Community
- Offering clinical therapists training in TakemyHand™ and training additional clinical therapists.
- Developing a chatbot to support consumers during non-operating hours.
- Planning to make chatbot resources more robust to provide support for consumers during non-operating hours.
- Completed a Peer Operator participant agreement to empower Peers to shut down inappropriate conversations/chats.
- Added training for managing chats with minors
- Started integration of work with Peer Support Resource Centers to support Peer onboarding and participation in TakemyHand™.

Section V

Workforce Education and Training

MHSA Annual Plan Update

FY 22/23

WET

Workforce Education Training

"Education. Vocation. Transformation."

The Workforce Education and Training (WET) component of the Mental Health Services Act (MHSA) was established to address the ongoing workforce development needs for public behavioral health departments. This includes a specific focus on the recruitment, training and retention of a qualified workforce that is culturally competent and recovery-oriented, that incorporates those with lived-experience, and includes those with language and cultural capacities that help meet the needs of the communities we serve. To achieve these goals, WET established five individual work plans with corresponding strategies/actions.

1. Workforce Staffing Support
2. Training and Technical Assistance
3. Career Pathways
4. Internship and Residency
5. Financial Incentives

All planning is just words on paper without the people necessary to carry out the work, engage those who need care, and provide quality services that inspire recovery. Most of the success of any agency ties directly to the exceptional work being done by front line staff. For this reason, workforce development must remain an ongoing focus for public service agencies if they intend to meet the current and future needs of their evolving communities. The public behavioral health workforce is the greatest asset to the transformation of people's lives.

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

experience – as consumer, parent, or family member – into all levels and programs of public behavioral health service.

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

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

Fiscal year 20-21 brought many opportunities, changes, and challenges for WET programming in Riverside County. Along with most of the nation and the world, WET in Riverside County made significant changes to program delivery due to the COVID-19 pandemic including retooling our social media campaigns to disseminate public health and safety information quickly and effectively and transitioning all of our instruction onto virtual platforms. WET also continued to experience staffing changes that impacted programming and strategy. Despite these variables, WET engaged in efforts to strengthen existing evidenced-based practices for serving some of our most vulnerable consumers, we brought in a variety of advanced trainings addressing culture and trauma, we advanced our technological capabilities through the acquisition of eLearning software, and we invested in culturally responsive care by making cultural competency training a requirement of all staff and contractors.

Finally, Riverside worked alongside other southern region WET coordinators, to secure a multi-million dollar **California Department of Health Care Access and Information (HCAI) Grant** to fund workforce development activities like advanced trainings, creating loan repayment opportunities for hard-to-retain job classifications, developing stipends for graduate students who choose to intern in our agency, and expanding public

behavioral health career pipeline activities in our local K-12 education systems. The grant is funded through 2025. With strong engagement from our stakeholders and strategic leveraging of local and state funding, WET is positioned for continued and sustained success through for the coming years.

WET-01 Workforce Staffing Support

This work plan establishes the basic structure and the staffing necessary to manage and implement Riverside County's WET plan. WET's administrative staffing had enjoyed many years of consistency, with only modest changes to manage the increased demands of program development. However, over the past three fiscal years, WET has experienced ongoing changes to our team that have challenged our abilities to ensure sustainability and integrity of its programs. WET administrative staffing remains critical because WET manages the programs encompassed within the approved plan, and also manages the daily operations of our Department's Conference Center, training plan, and serves as the RUHS-BH designee for the Southern Counties Regional Partnership (SCRP), which is a collaborative of 10 southern county WET programs.

Over the course of the year, several positions became vacant including the Staff Development Officer of Training, several clinical training positions, and Volunteer Services Coordinator, and the WET Manager. WET gained approval to refill these vacant positions and is gradually rebuilding the team necessary for robust planning. Concerted efforts were made to recruit and fill these positions. We gladly welcomed and on boarded new staff. In the interim and during staffing transitions, responsibilities and assignments were shifted toward existing team members.

WET-02 Training and Technical Assistance

This work plan is designed to provide training and technical assistance to meet the centralized and customized training needs of Riverside County's public behavioral health workforce. Annual, global training goals include ensuring that our behavioral health workforce is prepared to serve the consumers of today and tomorrow.

To meet those global training goals, we focus our strategies on the following:

1. Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program
2. Cultural Competency and Diversity Education Development Program
3. Professional Development for Clinical and Administrative Supervisors
4. Community Resource Education
5. Crisis Intervention Training (Law Enforcement Collaborative – See Crisis Intervention Training for more).

<u>1. Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program</u>

Workforce Education & Training (WET) strives to educate, innovate, empower, and transform the learning and lives of our Riverside University Health System – Department of Behavioral Health (RUHS-BH) workforce. A main purpose of our work is to provide necessary training to all staff within our service system.

Training audiences have expanded to included Department employees, employees of partner agencies, partner academic institutions and the community. All instructors, whether contracted or Department staff, are provided with the 5 Essential Elements of the MHSA to ensure training content is relevant:

Community Collaboration

Cultural Competency

Client and Family-Driven

Wellness Focus which includes Recovery and Resilience

Integrated Services

Wherever possible, WET brought back existing, well-received trainings, as well as scheduled new training opportunities. During the initial stages of the COVID-19 public health crisis, many trainings and staff development activities were temporarily

suspended while we evaluated how to resume safely. With most learning and development occurring online, WET revaluated various curriculums to meet the training needs of the staff and community.

Program improvements, changes, updates, growth

WET renewed its three Continuing Education providers in order to provide CE's for Certified Alcohol and of Drug Counselors, Registered Nurses, and Behavior Health Licensed Professionals. WET continues to evaluate the needs of the community in viewing our consumer population profile and our workforce needs consistently. In meeting the virtual needs of our workforce, the department continues to use advanced training software Articulate 360, which enhanced the learning experience. Through this software, our workforce has access to e-learning curriculums to enrich professional development and enhanced custom interactions. The department continues to use ZOOM virtual platform and Microsoft teams to ensure trainers have accessibility to a virtual platform in instructing virtual courses.

Program challenges, barriers, & setbacks etc.

Earlier this year our training offerings decreased as we were facing many community adversities with COVID-19. Due to the change of virtual learning platform, our agency was faced in revaluating content to meet the needs of our workforce and requirements of various CE boards. Training time was reduced, as we no longer could meet in person for trainings. Our learning management system was also impacted, as we had to make several changes to existing training offerings that were traditionally taught in person. Our department did go through a learning phase with the various virtual platforms. In meeting the needs of the pandemic the accessibility of trainers were impacted as many had to attend to the needs of the community and address the crisis. Our unit was impacted with staffing changes of which included several staffing training coverage and retraining onboarding staff.

Evidence Based Practices:

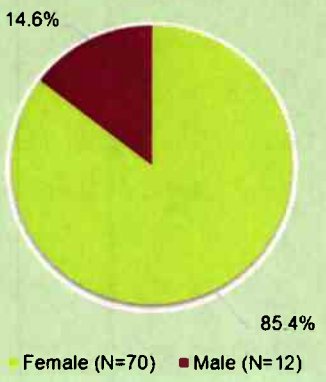
WET has continued to support evidenced-based, advanced treatment practices to best serve the consumers in our communities. Prominent evidenced-based practices the department continues to endorse include Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family Based Therapy, Eating Disorder Practices, Cognitive Behavioral Therapy, Motivational Interviewing, Parent-Child

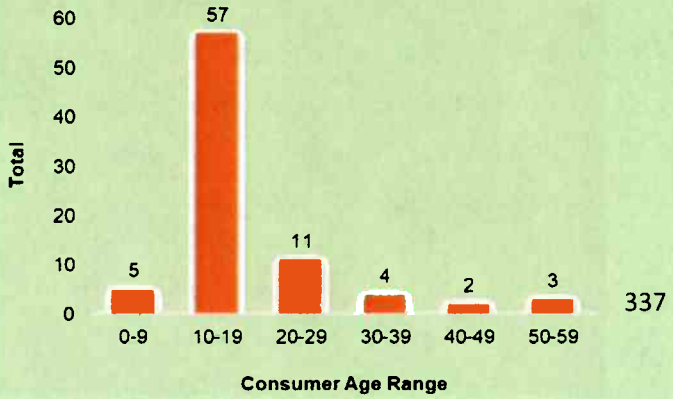
Interaction Therapy, and Multidimensional Family Treatment to name just some. In an effort to respond to the growing need for trauma informed practices, WET continuing to offer Trauma Informed Systems 101 to better serve our consumers. Our efforts included training all department staff (60% of 1762 staff are trained) in Trauma Informed Systems. We continue with the mission of training our workforce under this model. Staff have been supported with various EBP via trainings, boosters, and practitioner meetings regularly. The supportive efforts have assisted implementation and fidelity as intended in the practices. The research and evaluation team have also been part of the training team in ensuring consumer data is captured to better met the community needs.

Eating Disorder Practice

Our evidence-based program to address eating disorders continues to grow and the structure that was established last year has shown to be very effective in strengthening the department's eating disorder program. The structure of bi-monthly micro-trainings established in the previous fiscal year has continued, which enhances the skills and interventions for our practitioners. The bi-weekly consultations with our *Champions*, six identified experts in the program, also remains successful, as it has allowed practitioners throughout the county to consult on their eating disorder cases. We have over 100 practitioners that include psychiatrists, nurses, clinicians, behavioral health specialists, peer support specialists, and parent partners throughout our county, as well as about 30 practitioners from our contracted partners who help provide eating disorder services. The program has been strengthened with the use of the virtual platform, as it has allowed practitioners from throughout the county to participate in the trainings and consultations with our Champions. This has saved on productivity and commute time.

The consumers who received eating related disorders were 85.4% female and 14.6% male. The age group who predominantly received services were ages 10 – 19, which was at 57%.





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Eating disorders cases continue to be a concern for our department with many going to and from higher level of care, likely from the increased isolation from the pandemic and increased use of social media. There are many challenges we faced this year, but are working towards addressing these challenges and moving the program forward. One challenge with eating disorders program continues to be staffing turnover in the county, resulting in the need to train the new practitioners. We plan to have another full multi-day training in early Spring 2022 for our new Eating Disorder practitioners. We have also worked on creating a structure for sharing information and resources so all practitioners have access to training material, resources, and intervention handouts. An additional challenge has been the lack of tools to better measure our progress. We continue to work with research on finalizing pre and post screening tools to improve our ability to measure our progress and plan to implement it into the electronic records system this year. We are looking forward to continuing to build this program with training new practitioners, and improving our ability to assess the strengths and challenges of this program.

Seeking Safety EBP:

Seeking Safety is an evidenced-based practice that focuses on improving the lives of persons with traumatic experiences and co-occurring substance abuse challenges. Trauma is defined by the DSM-5 (American Psychiatric Association, 1994) as the experience, threat, or witnessing of physical harm. This harm includes events such combat, childhood physical or sexual abuse, serious car accident, life-threatening illness, natural disaster, or terrorist attack. Approximately 20-30% of people who experience such trauma go on to develop Post Traumatic Stress Disorder (PTSD; Adshead, 2000). In the United States, among men who develop PTSD, 52% develop alcohol use disorder and 35% develop a drug use disorder; among women these rates are 28% and 27% (Kessler et al., 1995). According to The National Child Traumatic Stress Network: Making the Connection: Trauma and Substance Abuse, studies indicate that up to 59% of young people with PTSD also subsequently develop substance abuse problems. Unfortunately, people with a dual diagnosis of PTSD and SUD, compared to those with either disorder alone, have more legal and medical problems, greater risk of suicidality, and increased rates of future trauma (Najavits, 2007). This program is based on the cognitive-behavioral model of relapse prevention. It teaches present-focused coping skills designed to simultaneously help people with a

history of trauma and substance abuse. It can be conducted in group or individual formats.

COVID-19 negatively impacted our practitioners, clinic sites, and service delivery. Our department staff had to adapt by switching to virtual service delivery; however, this modality was not always accessible to the clients we serve. With this came challenges to internet access, privacy concerns for the clients from having to do services from home (with others in their home situation present), finding ways to get the handouts to clients, etc.

Another challenge has been staffing changes. Clinics shared that they used to have staff who were trained, but that they had left and they now currently do not have anyone to implement Seeking Safety, as well as a staff shortages/losses in the role of the coordinator position for department staff.

Despite the challenges, we have worked at engaging department staff in utilizing the data protocol so that we can more accurately track service delivery and outcomes to consumers. We have also provided quarterly/bi-monthly support meetings to department staff. It has been more convenient for staff to attend the support meetings, as they are now virtual and they do not have to leave their clinic site to attend. In these meetings, we reviewed data protocols as well as implementation and fidelity to the model. There were five meetings held in FY 20-21 for department staff. In our meetings, we have also brought in different learning opportunities, including topics such as: "Living in an Overwhelming World", "Trauma Exposure and Healthy Ways to Cope", "Empowering Those We Serve", and "Understanding Trauma and the Brain and the Power of Grounding." In August 2021 we provided and trained 44 staff members from various sites on Seeking Safety. These sites include, Detention, Southwest Juvenile Hall, HHOPE, CalWorks, Transition Age Youth (TAY) Drop-In (Mid), Corona Wellness, Older Adults, Blaine Street Adult, MV CHIPS, SMART MHS Desert, Blaine Street Adult Clinic, Older Adults, San Jacinto AB109, DHS OAS, CWRC, New Life DRC Temecula, The Journey, JWC, New Life Indo, and clinics located in San Jacinto, Indo, Lake Elsinore, Rustin, Corona, and Hemet.

Non-Violent Crisis Intervention (NCI) EBP:

Crisis Prevention Institute's (CPI) Non-Violent Crisis Intervention is an evidence-based, fully accredited program that provides human service professionals decision making-skills to match the level of response to crisis situations, including de-escalation techniques and restrictive and nonrestrictive interventions. NCI has been shown to improve safety and reduce risk in the workplace, reduce staff burnout, and ensure the well-being of those we serve.

The Non-Violent Crisis Intervention (NCI) program is a mandatory training for our approximately. 1700 staff members in Behavioral Health. NCI EBP lost two of its trainers, and had to come up with creative alternatives to adjust the curriculum to a virtual platform. The biggest challenges faced due to the COVID-19 pandemic have been the inability to certify the hands-on-part of curriculum, and distributing training material to participants.

Despite challenging circumstances, the current trainers' team has come up with creative solutions to continue training our staff. We became familiar with virtual platforms, adjusted activities to increase participation from participants, created handouts to assist participants during the training while their workbooks arrive, and created fillable forms to expedite the process of returning evaluations. WET has come up with strategies to support the current training team documenting the trainings, distributing the Blue Cards, and other cumbersome administrative tasks to reduce the added workload. From July 2020 to July 2021, NCI held 17 trainings and trained 353 staff members.

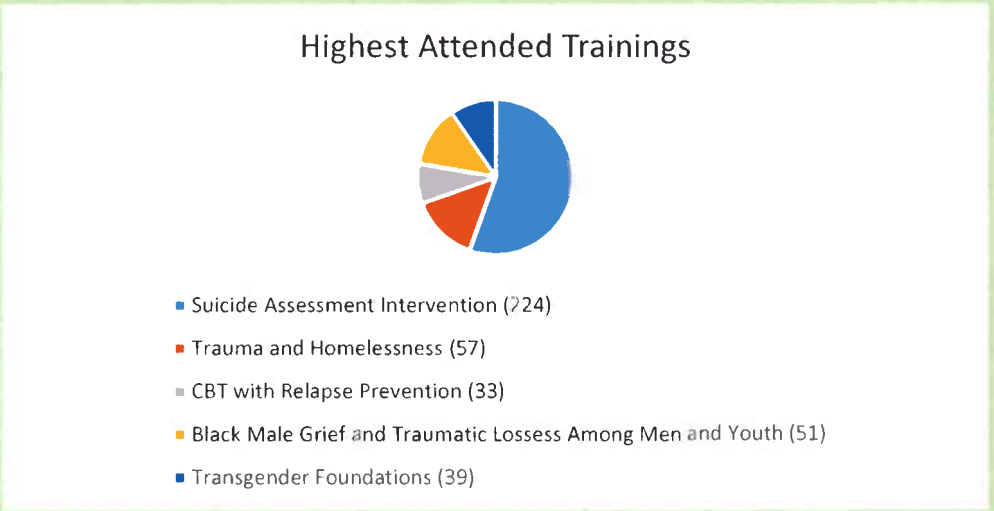
Training Summary and Evaluation

A training calendar for 2022 was completed, providing the training once a month. The training will continue to be delivered virtually. Due to Covid-19 in-person training continues to be on standby. The current team of six trainers are current in their certifications.

WET for fiscal year 20/21 was able to offer Trainings that were offered included Suicide Assessment, Trauma and Homelessness, and CBT with Relapse Prevention

Strategies. Culturally specific trainings offered included Transgender Foundations to better serve our LGBTQ community. In addition, a culturally prevalent training included Understanding Black Male Grief and Traumatic Losses Among African American/Black Men and Youth. Advancing more services for our LGBTQ population and African American Population is priority at they are at higher risks for suicide and

The target audiences for these trainings included RUHS–Behavioral Health clinical and administrative staff, contract providers, community members, and retirees. A total of 34 trainings were held where 127 continuing education (CE) credits were offered. There were 13-advanced topics. Across all trainings, WET hosted a total of 1,912 attendees.



All WET sponsored trainings were assessed via a standard evaluation. Attendees evaluated the overall content of the training, instructor methods, how well the training was delivered, and the training facility. On average, using a standard 5-point scale where five indicates strong agreement, our trainings have produced the following evaluation trends and outcomes:

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Content learned can be applied to my work and professional contexts.	5
This course enhanced my professional expertise.	5
This course was relevant to my professional expertise	4
There was a good balance between theoretical and practical concepts.	4
Diversity/Multi-cultural/Language concepts were addressed.	3
The instructor demonstrated substantial knowledge and expertise of the topic.	3
The instructor kept me engaged.	3
The instructor was responsive to questions, comments, and opinions.	4
The instructor presented course materials in a coherent and logical manner.	4
The instructional materials were well organized.	5
Visual aids, handouts, and oral presentations clarified content.	4
Teaching methods and tools focused on how to apply course content to my work environment.	4
The amount of material presented was appropriate for the amount of time provided.	3
The materials provided are likely to be used as a future reference.	5
Facility was comfortable and adequate for training.	5
All facility needs were met.	5
Facility was accessible.	5

Our workforce shared the benefits of the various advanced trainings offered during the fiscal year 20/21. Some of the highlight trainings include Trauma and Homelessness;

Understanding Black Male Grief and Traumatic Losses among Men and Youth; and Suicide Assessment Intervention training.

Training Comments:

10/14/20 Trauma and Homelessness-Gabrielle Grant, MA

The best part of this course was:

- Review of complex trauma as it pertains to homelessness
- Ms. Grant explained the prevalence and the correlation between trauma and homelessness
- Interactive quiz and discussion of group responses throughout the training

2/4/21 Understanding Black Male Grief and Traumatic Losses Among African American/Black Men and Youth- Allen Lipscomb, DSW

- Dr. Lipscomb was interactive, excellent presenter, and presented relevant research
- Extremely informational, energetic, and passionate presenter who was able to share a great deal of knowledge and experience about an extremely difficult subject
- The instructor was very passionate and engaging which allowed for good discussions

4/6/21 Suicide Assessment and Intervention-Deborah Silveria, PhD

- The statistics shared regarding suicide and the in depth information presented
- The information was clear and the various learning opportunities made a good experience
- Presentation of material in various modes such as PowerPoint, videos, and breakout sessions were helpful

Collaboration continues to bridge Prevention and Early Intervention (PEI) and WET among various trainings that target our workforce and community partners. Shared

goals between units include reducing stigma and increasing mental health awareness. These collaborative efforts have been continued by facilitating various trainings such as safeTALK, Applied Suicide Intervention Training (ASIST), Mental Health First Aid (Adults & Youth Curriculum). These training were offered at no cost to attendees, however, due to restraints of pandemic some models have not been approved in virtual platform.

Cultural Competency and Diversity Education Development Program

The WET Coordinator and the Cultural Competency Coordinator meet regularly to review the status of RUHS-BH's training to assist staff with developing culturally informed practice and service, as well as, the identification and necessity of trainings addressing the unique needs of each cultural community. As recommended WET has prioritized by our internal Cultural Competency and Reducing Disparities (CCRD) workgroup. Cultural Competency plans to continue to expand its expertise in hiring cultural community liaisons. Cultural Community Liaisons will included the following populations: disability, Middle Eastern, Latinx, African American, Asian American, LGBTQ, Spiritualty, Deaf & Hard of hearing, and Veterans. WET attends various workgroups to gather information on needs of community and utilizes information to better inform training plans for the department. The plan is to continue to build the collaboration among cultural competency to best serve the needs of the community.

3. Professional Development for Clinical and Administrative Supervisors

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

Using data gained from an earlier needs assessment, in addition to updated and ongoing consultation with supervisor leadership in the department, WET developed a comprehensive administrative supervisor-training plan. There were initially 5 major components to this training plan, but further consolidation of efforts led to a focus on training, mentorship, and resources. During fiscal year 2019/20, WET conducted 5 special training for supervisors on the following topics: Employee Assistance Programs, Core Competencies for case managers and clinicians, understanding trauma-informed care, effective use of the Learning Management System, and understanding useful

practices within change management. These trainings were well received and positively reviewed by the supervisors.

As with our administrative supervisors, our clinical supervisors are also faced with complicated circumstances. As a public service agency, we often hire high numbers of pre-licensed staff whom must receive weekly, legally and ethically required clinical supervision. Often times, these pre-licensed staff require supervision for 1½ to 6 years! So, providing clinical supervision is both a necessity and a burden, especially when considering that there is little training or support to fulfil this role in our agency. Understanding that ubiquitous responsibility, WET worked closely with two nationally acclaimed clinical supervision experts to develop a training plan for clinical supervisors in public behavioral health. The premise of their training plan is rooted in hard science, which confirms that one is likely to have to serve in the role of clinical supervisor at some point in their career, that clinical supervisors are often ill-prepared to serve in this role, and that clinical supervision is a competency that must be systematically developed and maintained. This is most commonly known as the Competency Based Model of Clinical Supervision.

WET worked with these clinical supervision experts to develop a training plan, which included foundational and advanced training for new and experienced clinical supervisors, a strong focus on skill development and mentorship, along with a Train-the-Trainer element to address sustainability.

Clinical Supervision Supports

Our agency recognizes the value of strong clinical supervision in order to increase the quality of consumer services. In 2019-2020, we collaborated with the Southern California Regional Partnership to provide Competency-Based Clinical Supervision training to strengthen and improve clinical supervision in the region. This past year, we built on this knowledge and training with the Train the Trainers Initiative, and creating a clinical supervision workgroup and clinical supervisor consultation groups.

Train the Trainers Initiative

The next phase of the Competency-Based Clinical Supervision program was a "Train the Trainer" initiative where four of the participants of the nine-month Clinical Supervision participated to become trainers and supervisors of supervisors. The purpose of this project was to address the sustainability of clinical supervision. The

training was lead by two nationally acclaimed clinical supervision experts to develop a training plan for clinical supervisors in public behavioral health. The participants from Riverside County worked on projects to "pay it forward." The projects include a two-day orientation for new clinical supervisors and the structuring of a consultation group for clinical supervisors working in the detention setting.

Clinical Supervision Workgroup

Those who participated in the initial based clinical supervision formed a Clinical Supervisor workgroup, which meets monthly. The workgroup was established to be an advisory board for clinical supervisors in the county, with the goal to standardize clinical supervision, make recommendations to the department, recommend best practices and advise new and current clinical supervisors. Currently, the group is working on finalizing "mini-lessons" of advanced clinical supervision topics based on the nine-month curriculum of the Competency-Based Clinical Supervision training course. The goal is to offer these lessons every other month for one CE credit each, so that supervisors can accrue the necessary six CEs required by the BSS for every licensure renewal. The workgroup is also working to standardize clinical supervision forms, as well as provide BBS updates to clinical supervisors in the agency to keep the department informed and to prepare for the changes in advance.

Clinical Supervisor Consultation Groups

Two clinical supervisor consultation groups were formed for clinical supervisors, which meet monthly. The consult groups were created to provide support and training to clinical supervisors based on the supervisor training program. Clinical supervisors expressed need for more training in clinical supervision, as well as consulting about supervisees and sharing knowledge with each other. One consultation group includes clinical supervisors specifically working in the outpatient setting and the other is for supervisors in the detention setting.

Future goals would be to expand the consultation groups to increase support to clinical supervisors in our agency. We are also looking forward to working on a county collaborative with other Southern California Counties to improve and strengthen clinical supervision practices, identify general best practices, and to share resources and ideas.

4. Community Resource Education (CRE)

The Community Resource Educator serves as a liaison to key community resource organizations, and problem solves resource access issues within the service delivery system, establishes a library of community resource referral applications and promotional materials, and educates both department staff and the community on viable resources to help with consumer family needs. Additionally, the CRE serves to educate staff on academic and career development programs and serves as department historian regarding department accomplishments, awards, and recognition.

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

When engaging the community with our social media, WET has adopted a Business to Human (B2H) marketing strategy and a Human to Human (H2H) marketing strategy. B2H is a form of marketing that targets the human behind the screen and focuses on what each individual needs rather than blanket marketing a specific event or program to the community. We use this strategy to promote our events and programs with a refined traditional marketing approach. Our H2H approach represents the concept that there is a living, breathing human being behind our social media accounts engaging and interacting with our community directly. We use this approach to highlight our employees as they interact in events and the "day-to-day" hard work for the community. These two approaches have helped Behavioral Health grow its social media reach year after year.

The pandemic saw significant changes in our social media strategy that carried into the 20-21 fiscal year. Coronavirus led to more people in isolation, which showed a large increase in social media use. WET helped form a social media partnership between RUHS Behavioral Health and RUHS Public Health to share important information during this unprecedented time. Our social media platforms housed medical information, tips and resources directly related to the COVID-19 virus, while RUHS Public Health featured many of our behavioral health resources during the pandemic.

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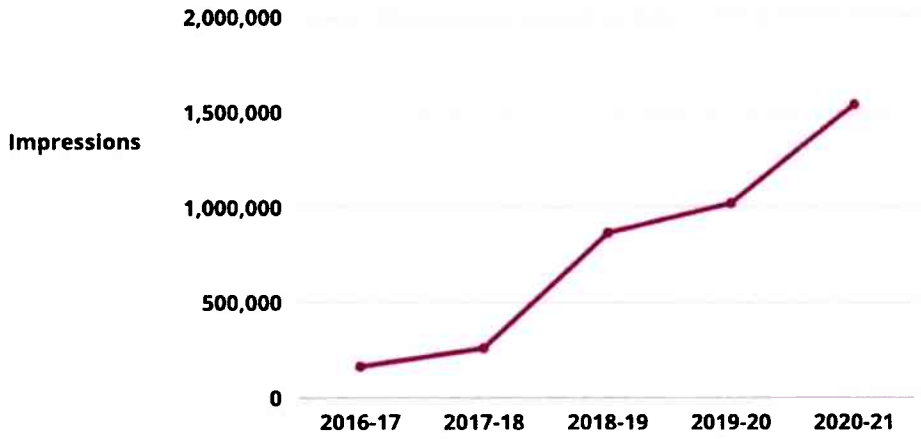
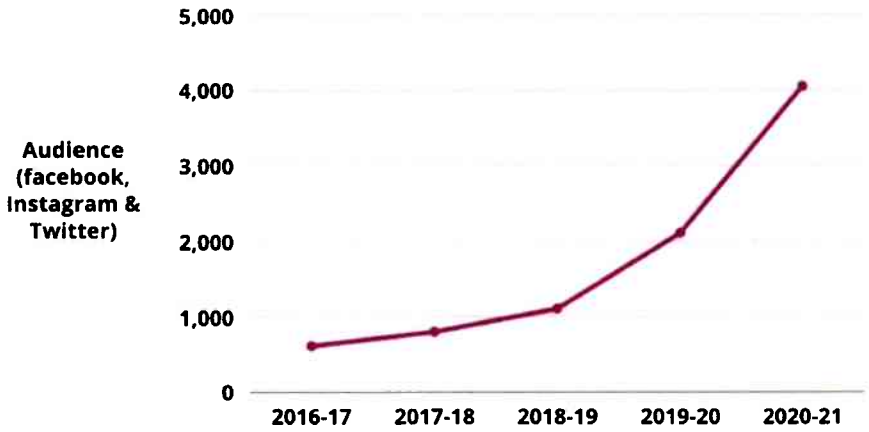
We officially launched Facebook, Twitter, Instagram, and YouTube as our first phase into the social media realm in June of 2016. The results have been extremely positive. As of June 30, 2021, we have seen 1,536,874 impressions across all of our social media applications for FY20/21 compared to 1,018,979 impressions in the prior fiscal year, showing a household reach increase of 66% versus the previous fiscal year. Impressions are the number of times a post from our page is displayed on someone's feed. In particular, Facebook has grown to almost 2700 "fans," a 23% increase over the prior year. The community has viewed our videos over 51,000 times to date. Resource content posted on our feeds (measured as "Engagements") has been "liked," "shared," or commented on over 101,235 times, showing a 20% increase over the prior year.

IMPRESSIONS FACEBOOK AND INSTAGRAM



TOTAL AUDIENCE GROWTH



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WET is in its fifth year of an online collaborative platform called iConnect. Using Microsoft SharePoint technologies, we began cataloging and centralizing a searchable library of resources that can be used across the service delivery system. The platform also allows collaboration among staff by taking advantage of tools such as calendar synchronization, online discussion boards and personalized sections for programs. The result is an electronic hub that staff can utilize to access resources, information, and experiences that were not previously accessible in a timely, efficient manner due to our agency's geography and infrastructure. The software was beta tested at one program and has since been rolled out slowly to other clinics and programs across the service delivery system. Due to the pandemic, our clinics and programs had to find different ways to connect with the existing service delivery system. Because of this, we saw a large increase in the use of our iConnect platform. To date, there are 712 users taking advantage of over 1,500 collected resources.

We are in the fourth year of the first of four phases launching a staff recognition program- where both staff and consumers have the opportunity to recognize good work. Recognition is important because it creates a work environment that helps employees feel good about what they do and about each other. In addition, the program starts and maintains a culture of empowerment. When staffs' strengths and positive attributes are emphasized, developed, and nurtured, this ultimately enhances their performance in a recovery-based service delivery system. This program's features include an ongoing, year-round formal recognition process and options for spotlighting extraordinary stories with department leadership, participation in an organization-wide Employee Appreciation Month, a ritualized formal recognition process coined "Nurturing Hope", and the further development of a Department Historian.

The first phase of this program began in February 2018. The formal recognition process launched with a web portal that allows staff throughout the department to give recognition to another employee that is then shared with the recognized employee's direct manager or supervisor. Each quarter, a recognition committee, comprised of various staff members and leadership, come together to review each submission and select winners based on seven defined guidelines. Selected winners are celebrated throughout the year with various ceremonial acknowledgments. Since the first phase's inauguration, we have seen over 1,000 submissions of employees recognizing their peers.

In 2020, we expanded the employee recognition phase to include 5-minute videos highlighting the recognition winners selected by the recognition committee. The video highlights the individuals who nominated the employees and the winner, retelling the story in a PSA storytelling setting.

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

The Law Enforcement Collaborative is a cooperative relationship between RUHS-BH and Riverside County law enforcement agencies. The collaborative is currently coordinated and maintained under the administration of the RUHS BH, Crisis Support System of Care.

The development of the Crisis Intervention Training (CIT) course is the result of a collaborative effort with RUHS BH and Law Enforcement that began 12 years ago. The collaborative began with the Riverside Sheriff's Department and Riverside Police Department. Both agencies partnered with RUHS BH to develop and facilitate their own CIT course in an effort to role model the collaboration between two professions and increase awareness. The CIT curriculum is designed to enhance law enforcement response to people in mental health crisis. The goal of CIT is to provide mental health education and awareness, empower law enforcement personnel, maintain safety for all, and strengthen de-escalation skills in hopes of diverting consumers from involuntary interventions and instead supporting them to access voluntary care. CIT was created specifically for correctional and patrol officers, but as the need grew, the course has been successfully adapted to meet the training needs of dispatchers, probation officers, school resource and community service officers and other criminal justice professionals throughout Riverside County.

As a result of the ongoing collaborative, CIT has developed into the CIT Program, not only serving the Sheriff Department and Riverside Police Department but all law enforcement agencies County wide. The CIT Program, with the support of an additional instructor, includes POST and STC certified instruction with the Advanced Officer Training unit, Core Correctional Academies, and Juvenile and Adult Probation Departments. The CIT Program works to stay current with the social climate issues, honoring training requests to address perceptions of those diagnosed with mental illnesses, the impact of civil unrest and injustice surrounding policing and the consequences of high profile situations involving mental health issues, public perception

and law enforcement. These training requests can range from brief in-services at all law enforcement shifts to multiple day trainings if needed.

The CIT Program staff are the lead facilitators for the majority of the 16-hour mental health CIT course with Riverside County Sheriff Department. However, law enforcement partners are enlisted whenever possible and will serve as co-facilitators to reinforce the importance of collaboration and working together to provide service to the community. The CIT course also uses guest presenters representing community agencies such as Veteran Affairs, Crisis contract providers and RUHS-BH programs: Parent Partners, Family Advocates, Consumer Affairs, Housing Programs, Transitional Age Youth, and Crisis Response Teams. This content is then enhanced and validated through the testimonies from speakers with lived experience. These presentations offer an opportunity for law enforcement to gain a deeper understanding into mental illness. The CIT course provided at BCTC is state certified by the Commission on Peace Officer Standards and Training (POST) and the Board of State and Community Corrections (BSCC) for continuing education credits for law enforcement.

Any classes for first responders outside the Sherriff's Department are coordinated through the CIT Program Supervisor.

During the 2020/2021 fiscal year and as a result of the pandemic, training courses were limited and/or cancelled. Nevertheless, the CIT Program trained approximately 630 students and instructed 33 law enforcement courses. Several highlights this fiscal period:

- A collaboration with San Bernardino Behavioral Health's CIT Program to bring to the Sheriff's Department a 4 hour training both virtually and live: LEAP – an evidenced based communication program to help create relationships with people who are unable to understand they are ill
- A 4 hour evidenced based trauma training: How Being Trauma-Informed Improves Criminal Justice Professionals
- An on-going commitment with Riverside County Probation Department to provide state certified instruction to new Juvenile and Adult Probation Officers
- Modified CIT courses and suicide prevention courses for agencies/stakeholders who utilize law enforcement services when encountering patrons in crisis including County public libraries, school district professionals and homeless housing programs.

- The introduction of training and in-services to behavioral health staff who often do not understand why law enforcement officials respond as they do. This understanding would further reinforce progressive collaboration
- The CIT Program Supervisor presented at the NAMI Multicultural Virtual Symposium: Behavioral Health and Law Enforcement- Developing An Understanding

Moving forward in the next 3 years, in addition to continuing with the already implemented courses and target audiences, the CIT Program will:

- Provide direction and instruction for standardized training requirements for all Crisis Support System of Care (CSSOC) staff
- Research, design and/or identify SMEs and implement courses related to cultural diversity, self-care for crisis workers and first responders and trauma related topics.
- Provide update trainings, refreshers and multiple levels of learning for criminal justice professionals and LE specifically assigned to working with individuals with severe mental illness, youth, older adults, substance abuse and homeless.
- Recruit for an additional CIT Program instructor

WET-03 Mental Health Career Pathways

This work plan is designed to provide community members with the information and supports necessary to identify educational or professional career pathways into the public behavioral health service system. These actions/strategies help create accessible career pipelines aimed at expanding and diversifying our workforce in ways that better meet our communities' needs. Actions/strategies within this work plan are:

1. Consumer and Family Member Mental Health Workforce Development Program;
2. Clinical Licensure Advancement Support (CLAS) Program; and,
3. Mental Health Career Outreach and Education

1. Consumer and Family Member Mental Health Workforce Development program

Consumer and family member integration into the public mental health service system continued to expand. WET continues to support the administration of the Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment Training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer related duties. See the Consumer Affairs update in this report for more information on those programs.

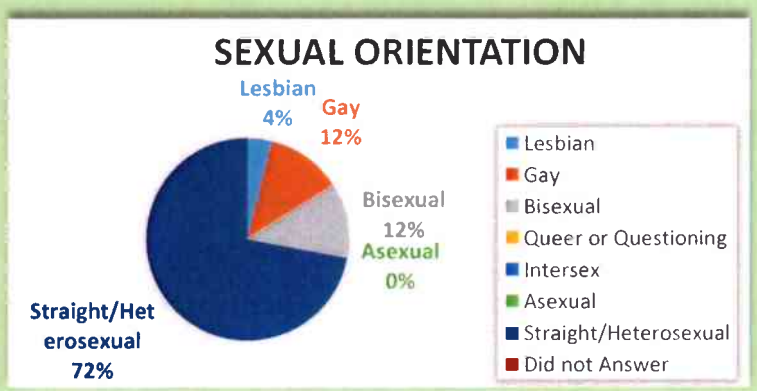
2. Clinical Licensure Advancement Support (CLAS) Program

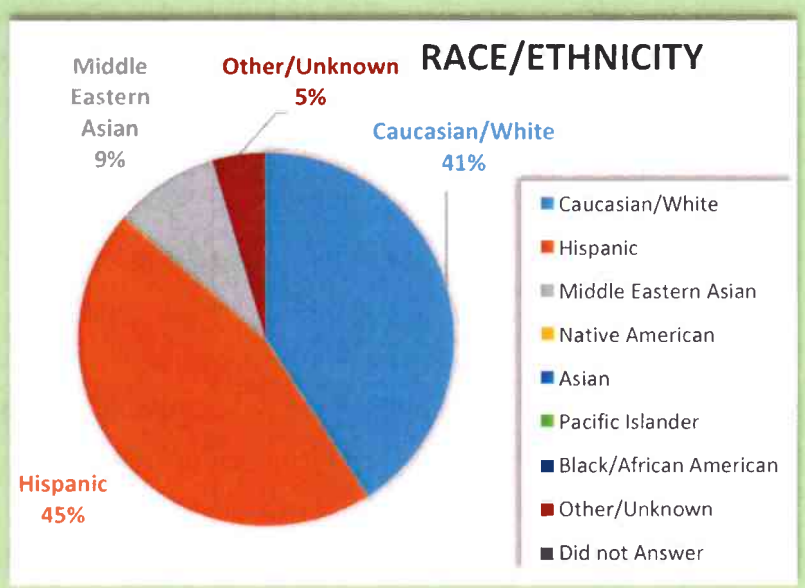
The Clinical Licensure Advancement and Support (CLAS) Program was designed to support the Department's journey level clinical therapist in their professional development and preparation for state licensing. Participants received one online practice test material, one hour weekly study group, and customize mini lessons on critical areas of skill development.

There are two primary reasons that WET focuses specific resources and attention on this part of our workforce. First, this strategy promotes retention of a critical section of our workforce. Nearly 50% of our clinical workforce is comprised of pre-licensed clinical therapists and these employees must complete the licensing process within a certain amount of time in order to remain employed with the agency. This program is also highly desired and well-received by the workforce, which means helping to increase retention through increased employee satisfaction and loyalty. Second, this program helps us diversify our workforce and helps to increase competency of our clinicians.

The CLAS programs continues to be diverse. The new applications for the program that were accepted dropped minimally from 26 in fiscal year 2019-20 to 23 in fiscal year 2020-21. For new applicants, approximately 30% of participants are bilingual, 66% identify as non-Caucasian, and almost 30% identify as LGBT.


LANGUAGE
Bilingual in English and Spanish 28%
Did not Answer 0%
English 72%


SEXUAL ORIENTATION
Lesbian 4%
Gay 12%
Bisexual 12%
Asexual 0%
Straight/Heterosexual 72%
Lesbian
Gay
Bisexual
Queer or Questioning
Intersex
Asexual
Straight/Heterosexual
Did not Answer


RACE/ETHNICITY
Middle Eastern Asian 9%
Other/Unknown 5%
Caucasian/White 41%
Hispanic 45%
Caucasian/White
Hispanic
Middle Eastern Asian
Native American
Asian
Pacific Islander
Black/African American
Other/Unknown
Did not Answer

The virtual platform established in 2020 in response to the COVID pandemic continued to this fiscal year. Because virtual meetings eliminated travel time, it allowed more from the program to participate in virtual mini lessons, individual coaching/mentorship, and study groups. Mini lessons are offered every other month. Many CLAS participants have shared that they find these mini lessons, which target specific topics from the test, the most helpful in preparation for their exams. This year, we are looking forward to outreaching for the program, targeting the highest utilizers to get them to licensure quicker, reduce participant's time in time in the program, and expanding the number of study groups.

3. Mental Health Career Outreach and Education

After a period of vacancy, a new outreach therapist was hired and started in September 2021.

The Covid-19 pandemic continued to affect our work with universities and colleges due to reduced interest in in-person outreach events however as faculty and administrators have established effective virtual learning environments for their students, interest in virtual workshops and presentations to support college and university programs has renewed. In collaboration with Moreno Valley Community College, we provided and presented virtually on Careers in Behavioral Health to interested students and participated in their CTE Advisory Committee Meeting. In addition, we have fostered new relationships with University of Riverside's School of Medicine and Norco Community College to assist and provide future presentations through workshops and guest speaking opportunities. We are scheduled to present on Health Relationships at the University of Riverside's School of Medicine in January 2022.

Support to local high schools and health academies has continued during this period, increasing our presence in the community. We continue to work with Reach Out's Moving in New Direction (MIND) Club to provide psychoeducational presentations to the junior and senior students enrolled in this program at Corona –Noro high schools. This program targets at-risk students interested in the field of behavioral health. Presentations provided to students include, "Careers in Behavioral Health, Introduction to Psychosis, and Healthy Relationships." We have increased the topics presented to students and developed additional curriculum requested by the schools to meet the interest and needs of the students and their programs including such topics as "Stress

Management and Cultural Competency." As of October 2021, we have joined La Sierra High School's health academy steering committee meetings held monthly, in order to support their students interested in the health field. As of November 2021, we have expanded our support to Vista Del Lago High School's Health Academy, providing students who are interested in community health, trainings in Motivational Interviewing and the Stages of Change, in order to prepare them for an internship experience with our Workforce, Education, and Training team. In November 2022, health academy students at Vista Del Lago will also receive a virtual format of our "Get Psyched!" event, which provides students with information about different careers in Behavioral Health.

Other Community Outreach Efforts

During this period, we have continued to engage virtually with our community partners including Reach Out (Western and Mid-County) and OneFuture Coachella (desert) who serve as links for connections with teachers and other community leaders to brainstorm opportunities to support their program. We continue to participate in the Behavioral Health A-Team (desert) monthly virtual outreach meetings to support their efforts in developing programs and providing opportunities of employment in the field of behavioral health for students in the area. We participated in the Inland Health Professional Conference in August and presented on Careers in Behavioral Health. We have also fostered a new relationship with the City of Riverside's Youth Opportunity Center, a space dedicated to the empowerment and advancement of Riverside youth through the promotion of social and personal development, and will be presenting on Careers in Behavioral Health in January 2022.

Volunteer Coordination

Career pipeline activities are not limited to classrooms and students. Our Volunteer Services Program has been a cornerstone of our career pathways programming since 2010. Due to staffing changes and the response to the public health crisis, volunteer programming stalled for most of the 2019/20 fiscal year. In late 2020, WET was able to recruit and hire a new Volunteer Services Coordinator (VSC) to develop and relaunch this natural pipeline for career development. Historically, the Volunteer Services Program thrived, averaging over 120 volunteers each year that served thousands of hours in our clinics and at special community events. Recent data shows that nearly

one third of our volunteers go on to become employed with our agency, further securing the importance and impact of this program. We are excited to welcome the safe return of volunteers in the near future.

Riverside University Health System-Behavioral Health offers volunteers great opportunities for educational growth, network building, improving customer service skills and hands-on training. RUHS-BH encourages volunteerism to support the departments' mission to help clients achieve and maintain their greatest wellness and person recovery.

Some of the benefits of volunteering in the Volunteer Service Program are the ability to give back to the community, improve professional skills, network building, hands-on training, and provides an opportunity to learn about recovery-oriented care.

The greatest challenge faced for this program in FY 2020-2021 was the inception of COVID-19 early in 2020, when the Volunteer Service Program was suspended in an effort to decrease the spread of the COVID-19 virus. Because of this, volunteers were unable to benefit from this program. However, it is anticipated that in FY 2021-2022 WET will work towards re-opening the program in an effort to provide Volunteer services again throughout the County of Riverside.

As we look toward the future and continue our outreach efforts, we are making plans to stabilize our volunteer programming, continue to build more partnerships with community colleges, offer more externship and mentorship options, increase our presence on local advisory committees and customize our trainings to reach greater minority populations. The next five years will also bring greater focus on strengthening local pipeline and career awareness projects that extend into the K-12 education systems and that offer increased financial incentives to promote public behavioral health career choices.

WET-04 Residency and Internship

This work plan is designed to create opportunities for new professionals in our communities to learn and train with local public behavioral health. Well-structured and organized residency and internship programs also serve as effective recruitment and retention strategies. Residency and Internship programs have long been the heart of practitioner development. These programs are structured learning experiences that allow

participants to provide service to our consumers and community while also meeting academic or professional development goals.

RUHS-BH Residency and Internship Actions include:

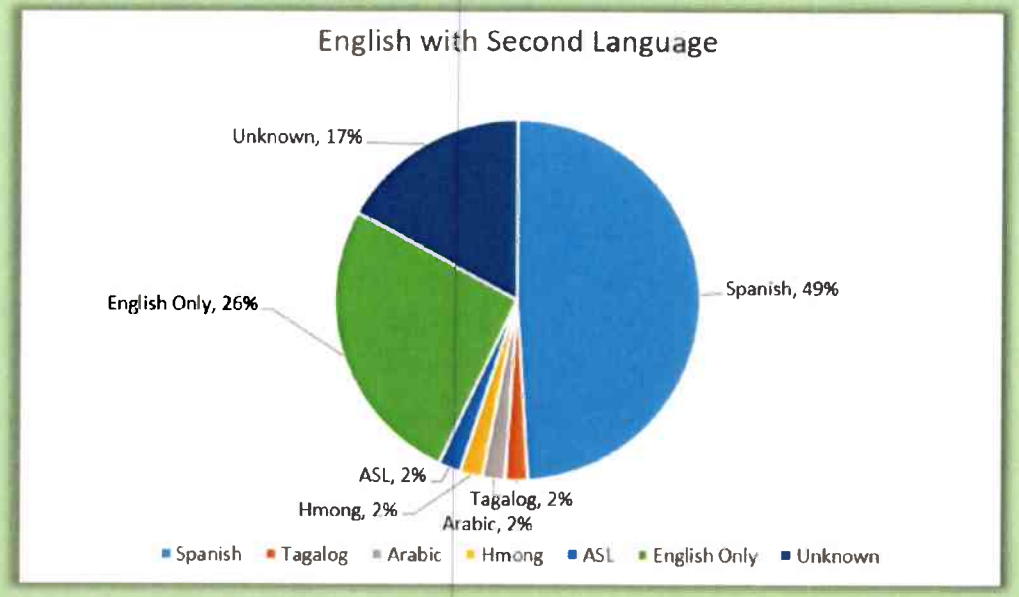
1. Graduate Intern, Field and Traineeship (GIFT) Program
2. Psychiatric Residency Program Support
3. The Lehman Center Teaching Clinic (TLC).

1. Graduate Intern, Field and Traineeship (GIFT) Program

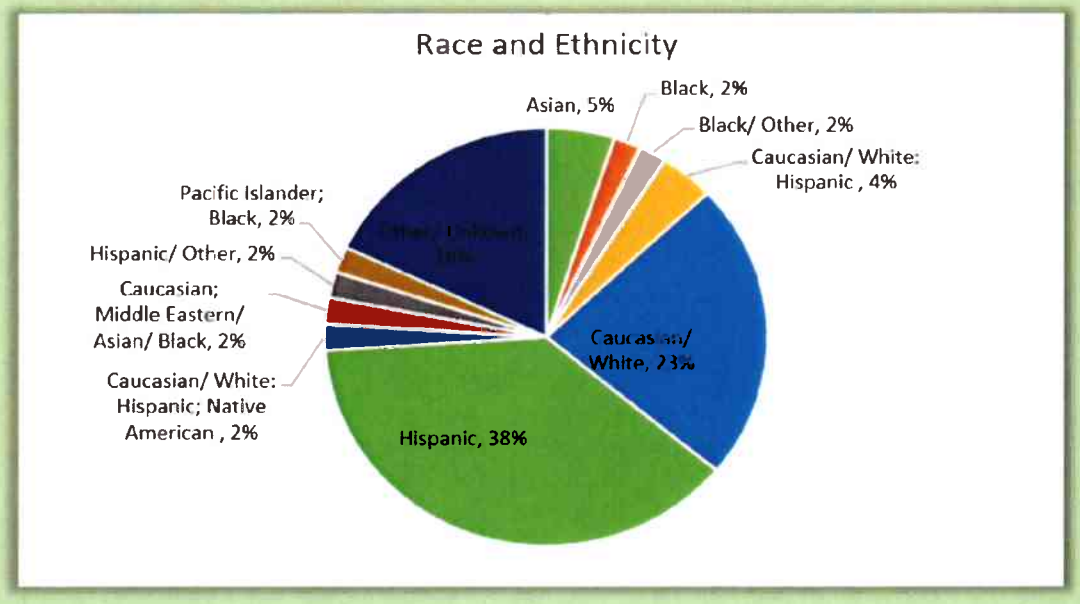
Graduate Social work programs have repeated the same slogan since their inception: Field is at the heart of social work. WET realizes that the practical orientation to working with consumers and families is central to the development of any behavioral science student's education, not only to give them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

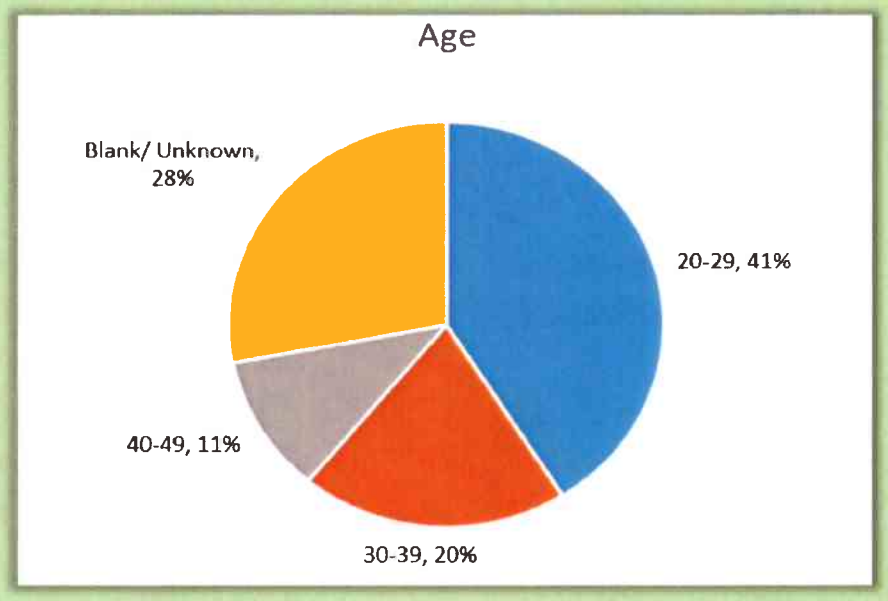
The WET Graduate Intern, Field, and Traineeship (GIFT) program remained one of the most highly sought training programs in the region. The Department is the largest public service, formal internship program in the Inland Empire. The Staff development officer interviewed every applicant, screening to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

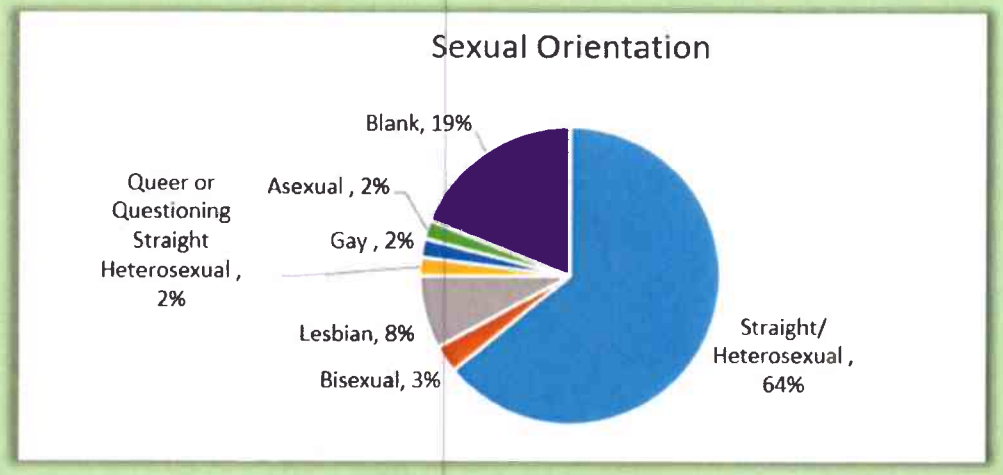
WET had working internship partnerships with 12 educational institutions, including most regional graduate programs that have a specialty in Mental Health. In Academic Year 2020/2021, the GIFT program had over 145 applications and coordinated 53 student internships. Forty-Nine percent of this cohort was bilingual in Spanish and many had lived experience as consumer or family member. Thirty Eight percent of the cohort identified as Hispanic/ Latino, 2% identified as Black, and 5% as Asian.



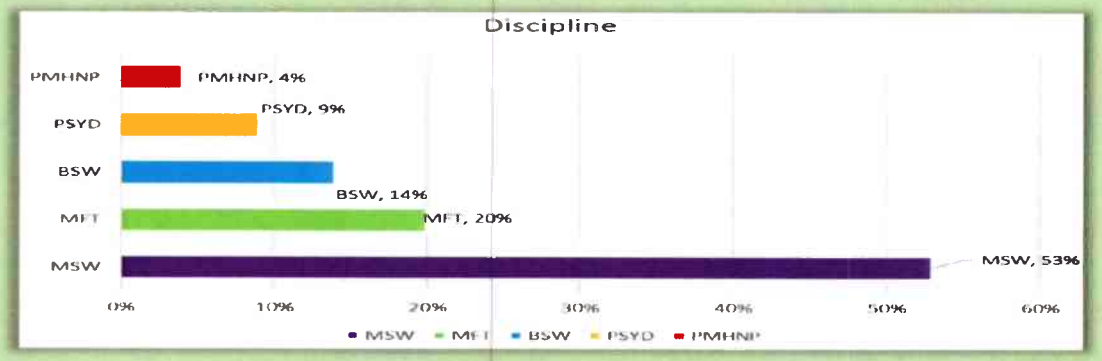
The 2020-2021 cohort consisted of students predominantly falling between the ages of twenty and forty years of age, with 64% identifying the sexual orientation as straight or heterosexual, 19% did not disclose their sexual orientation, and the remaining identified as Lesbian, Bisexual, Gay, Asexual, or Queer or Questioning.


Race and Ethnicity
Asian, 5%
Black, 2%
Black/ Other, 2%
Caucasian/ White: Hispanic , 4%
Pacific Islander; Black, 2%
Hispanic/ Other, 2%
Caucasian; Middle Eastern/ Asian/ Black, 2%
Caucasian/ White: Hispanic; Native American , 2%
Hispanic, 38%


Age
Blank/ Unknown, 28%
20-29, 41%
40-49, 11%
30-39, 20%



Seventy-three percent of the students were Master's level graduate students. Taking a closer look we find that over 50% of the graduate level students were obtaining a Masters in Social Work. Other student disciplines represented were those obtaining a Bachelor's degree in Social work, Psychology doctoral students, and Psychiatric Mental Health Nurse Practitioners.



While in the program, our 2020/2021 student interns received over 100 hours of training throughout their placements to enhance their field experience in behavioral health. Theses trainings were conducted by WET staff; many were in partnership with other behavioral health staff from other clinics or programs such as, Quality Improvement, and PEI staff. The student trainings included trainings in the areas of: Welcoming and Orientation to Department Mission; Recovery and Service Delivery Structure; Psychosocial Assessment and Differential Diagnosis for both Adults and Children, How to thrive in public service, Risk Assessment, and Electronic management of Records (ELMR) and standards of documentation, including Assessments, Client Care Plans and Progress Note instruction. All student interns

were required to complete the federal recognized *Improving Cultural Competency for Behavioral Health Professionals* online training to promote culturally and linguistically responsive care. Students also participated in additional trainings specific to their training in the following areas: The Square Model, Ecomap, Timeline, Solution Focused Brief Therapy, they also participated in the Student Spring meeting which is focused on assisting students in the process of transitioning from student to professional.

In addition to the trainings and orientation, all students received weekly individual supervision and WET staff provided nearly 35% of the field supervision required by the students' universities. WET also served as a central backing for all members of the learning team: the clinic field site, the student, and the university. This allowed for standardized support, monitoring, and oversight. In addition, WET regularly participated in the Inland Empire Clinical Education Collaborative (IECEC) and the Inland Empire Marriage and Family Therapy Consortium, in an effort to foster positive relationships with our University and County Public Behavioral Health partners where we could together identify placement trends and concerns, as well as address current and future student learning opportunities.

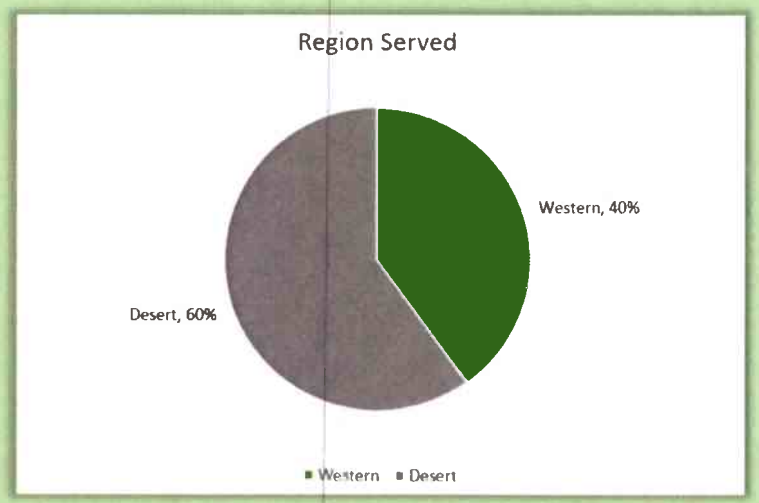
As a GIFT Program intern, prior to beginning in their internship students must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the department. The department continues to hire many of the graduating student cohort each year- not only meeting the workforce development needs for this hard to fill job classification but confirming that the WET GIFT program had prepared them to succeed in public mental health service; 43% of the 2020-21 interns were hired at the end of their internship and currently remain employed by RUHS-BH. Data indicates that the GIFT program students also have a higher retention rate than employees hired outside of this intern experience.

In late March of 2020, with the advent of COVID, our internships were forced to end their program early for the 2019-2020 cohort. During the summer of 2020 the WET team met with partnering Universities to establish the best plans for the incoming students in the Fall of 2020 to best address how COVID was impacting student internships and how we would proceed together to alleviate student fears for working with consumers. At the inception of the 2020-2021 GIFT Program cohort, interns began working in their placement sites with supervision. In an effort to address the effects of COVID, students began providing telehealth services and as the year progressed added individual face-to-face services while following all established COVID safety

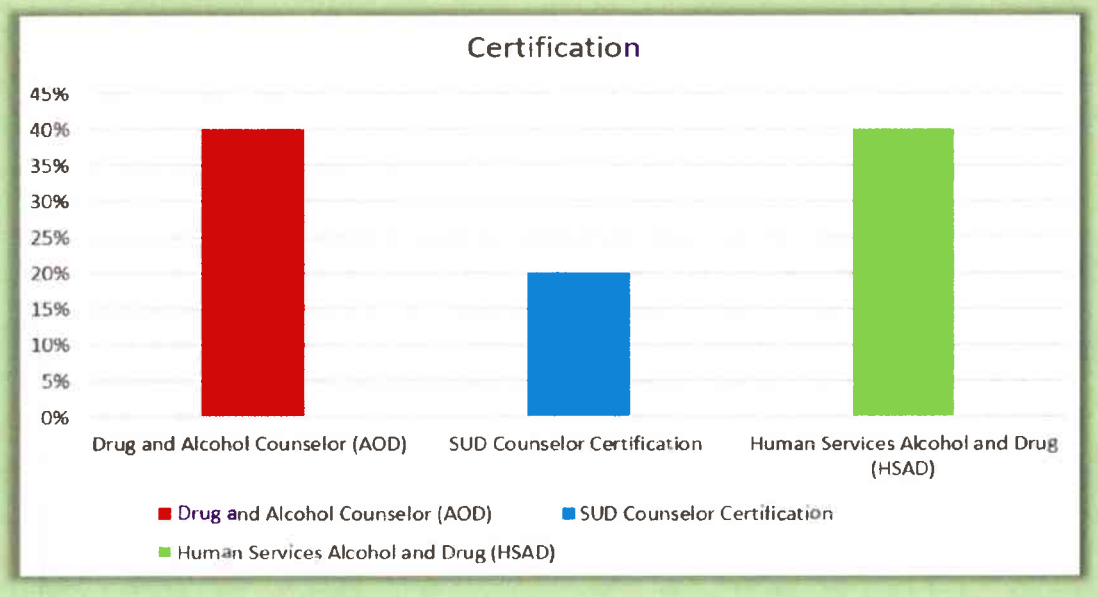
protocols in an effort to provide optimal services to RUHS-BH consumers while in the learning environment.

Alcohol and Other Drugs (AOD) Internships

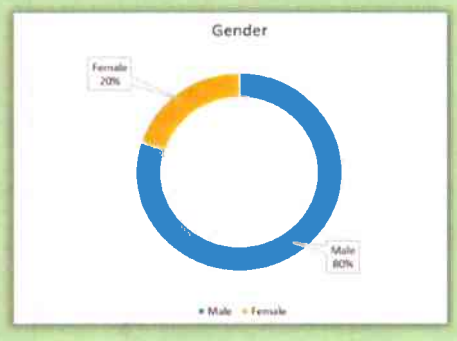
In an effort to streamline the internship process Alcohol and Other Drug students, late in the FY 2020-2021 the Substance Abuse Prevention and Treatment (SAPT) team partnered with WET to create a formalized AOD internship program. WET then began to work on establishing the foundational processes' for the AOD internship and began the recruitment process for a student cohort. As the program began, students were initially placed in three separate clinics within RUHS-BH within the Western and Desert regions in Riverside, Desert Hot Springs and Indio.

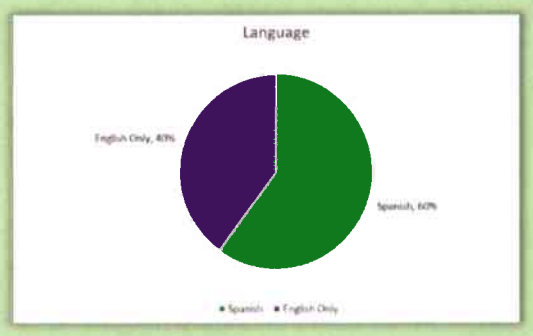


In this early stage of the program, we initially placed five students in the first formalized AOD internship program from three separate schools or colleges from various certification programs found in the Inland Empire and Desert regions. Students accepted into the initial cohort were representative from the following certification programs: Drug and Alcohol Counselor, SUD Counselor, and Human Services Alcohol and Drug certification programs. The length of placement for these internships varied and is based upon the type of certification that each intern is obtaining, however most AOD internships have a length in placement from between three to six months.



The gender representation in this first cohort reflected the students as mostly male, with all students having lived experience either as a consumer or family member. Over 60% of this first cohort were bilingual, speaking Spanish as a second language.





In the next fiscal year it is WET's plan to continue to develop and grow this program by placing students in each of the RUHS-BH regions, refining our processes and training development, adding additional placement opportunities within the SAPT clinics as we continue our working partnership with SAPT and work towards building school and college relationships.

2. Residency Training Program

The Residency Training Program in psychiatry is fully accredited and is a partnership between the UCR School of Medicine and the RUHS-BH. It is administered through the office of the Medical Director and financially supported by WET funding. Though WET does not directly manage this program, our team provides a range of professional supports to the Residency Program in an effort to improve the development of psychiatrists dedicated to public service. Residency programs provide the post-M.D. training required for physicians to become fully independent and board certified in their specialties. Psychiatry training programs are four years long and, during that time, residents provide patient care under the supervision of attending physicians who are faculty of the residency program.

Inland Southern California has a severe shortage of psychiatrists and the goal of this residency training program is not only to train new psychiatrists, but also to recruit quality psychiatrist to have careers with RUHS-BH. Physicians tend to practice in the same geographic region where they completed their residency. Residents train primarily in the inpatient and outpatient facilities of Riverside County, including the psychiatry department of the Riverside County Regional Medical Center and the outpatient clinics of the RUHS-BH. The four-year program enrolls four or more residents each year. A distinctive feature of the training program is the integrated neuroscience research curriculum in collaboration with UCR faculty, where these future psychiatrists learn about advanced technologies.

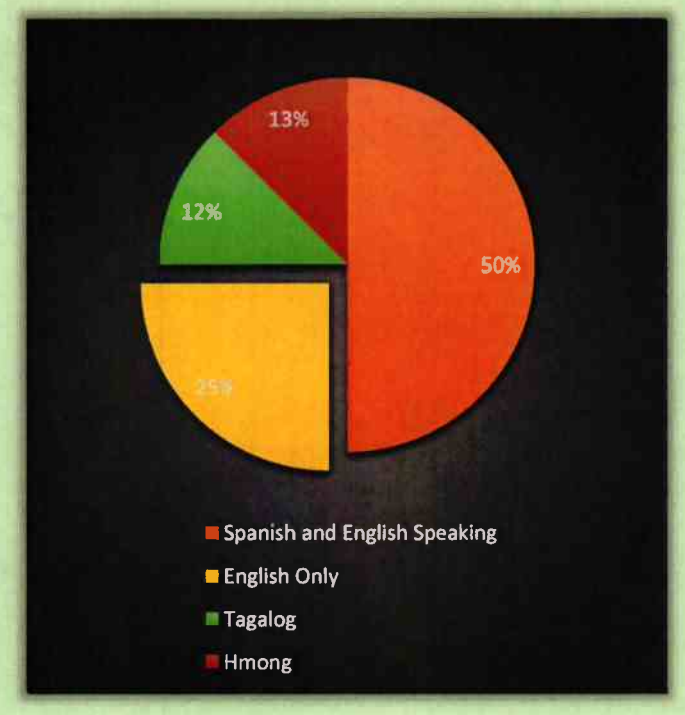
3. The Lehman Center Teaching Clinic (TLC)

The Lehman Center (TLC) recruits student interns from the GIFT students. For the 2020-2021 cohort all the interviews were completed remotely. Universities were concerned about the quality and quantity of experience their students would be able to gain. We offered remote and on site treatment options. This definitely helped in recruiting excellent students. Problems with employee numbers, and access to ELMR created delays in students start time for seeing clients. This eventually contributed to one of our MFT interns leaving with concerns about getting enough hours. However we were able to develop an opportunity to extend time to gather hours which encouraged our other MFT intern to stay at TLC. TLC recruits a diversity of students to represent the clients and the community. TLC has students that spoke Spanish, Hmong, Tagalog and

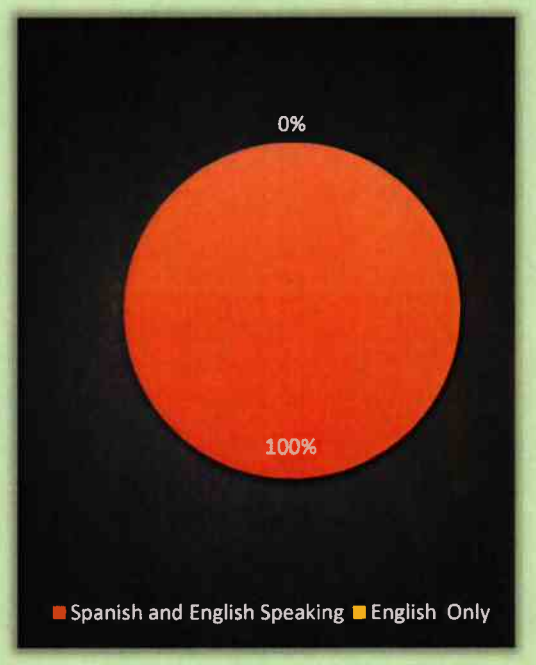
English. TLC had interns from immigrant families and interns from the LGBTQ+ community.

Student Languages

Adult Campus



Children Campus



WET

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Our OA II did not meet expectations and we had a vacant OA II position for more than ½ of the year. Jackie Lemus, our OA III, provided all of the office support for both the Adult and Children's clinic.

TLC provided trainings for the GIFT students, TLC students and the Behavioral Health Clinics at large through Microsoft Teams. TLC's Nina and Adrienne participated in the GIFT orientation as well as mock interviews at the end of the year. TLC provided trainings for GIFT students on the Square model /GET's and on Solution Focus Brief Therapy. TLC student interns received trainings on many topics including Non Suicidal Self Injury, Culture, Equine Therapy, Narrative Therapy, Mindfulness, Legal Ethical Issues and Group Therapy. The TLC staff provided Square Model training for BH clinics.

ALL TLC Student Intern Trainings (24)

Question	Average Score
This training increased my understanding of the subject matter	4.92
Did the instructor(s) present the training materials in a clear and cohesive way?	4.95
Was the instructor attentive to questions?	5

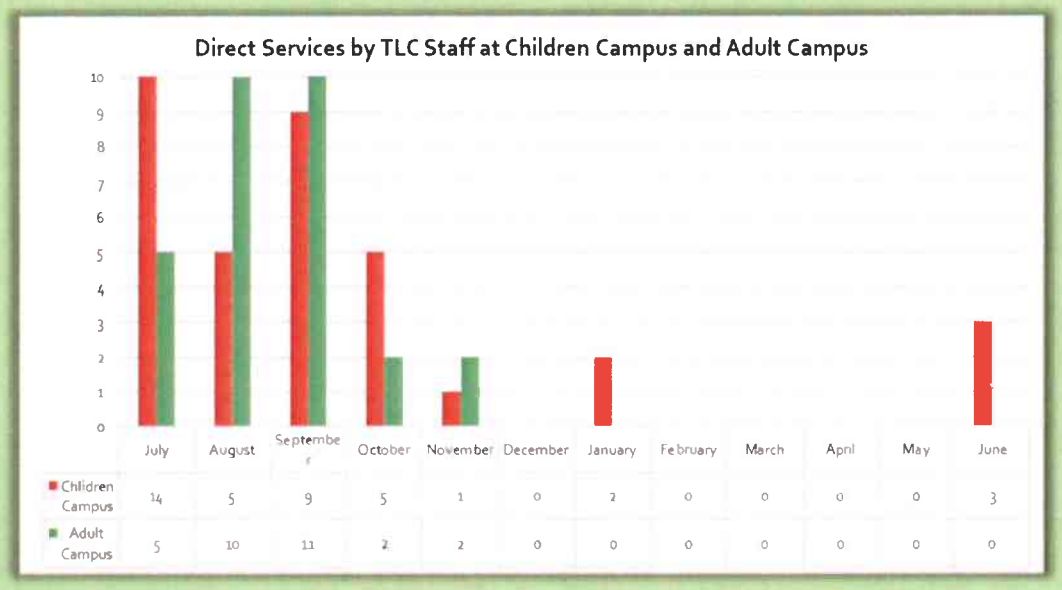
Remote Trainings on Microsoft Teams (23)

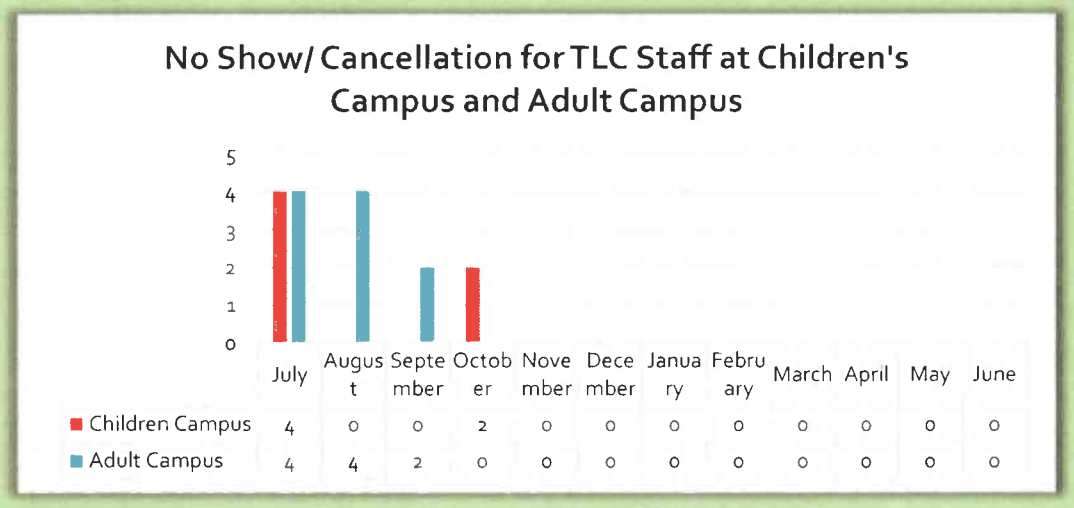
Question	Average Score
This training increased my understanding of the subject matter	4.92
Did the instructor(s) present the training materials in a clear and cohesive way?	4.94
Was the instructor attentive to questions?	5

In Person Training (1)

Question	Average Score
This training increased my understanding of the subject matter	5
Did the instructor(s) present the training materials in a clear and cohesive way?	5
Was the instructor attentive to questions?	5

TLC developed safety protocols for the clinics and was prepared with PPE's for the return of clients to in person services.



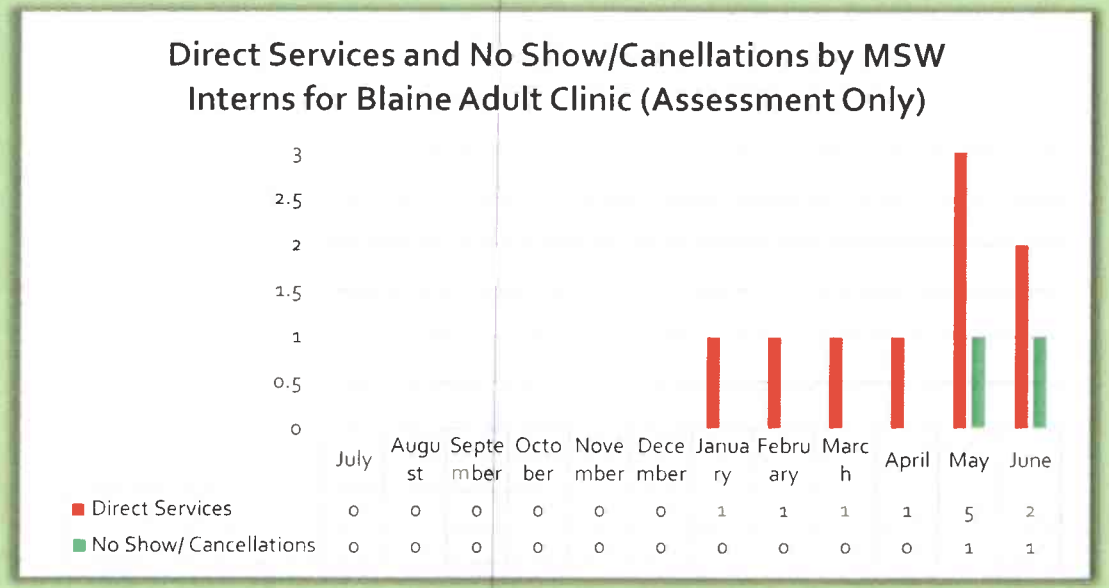


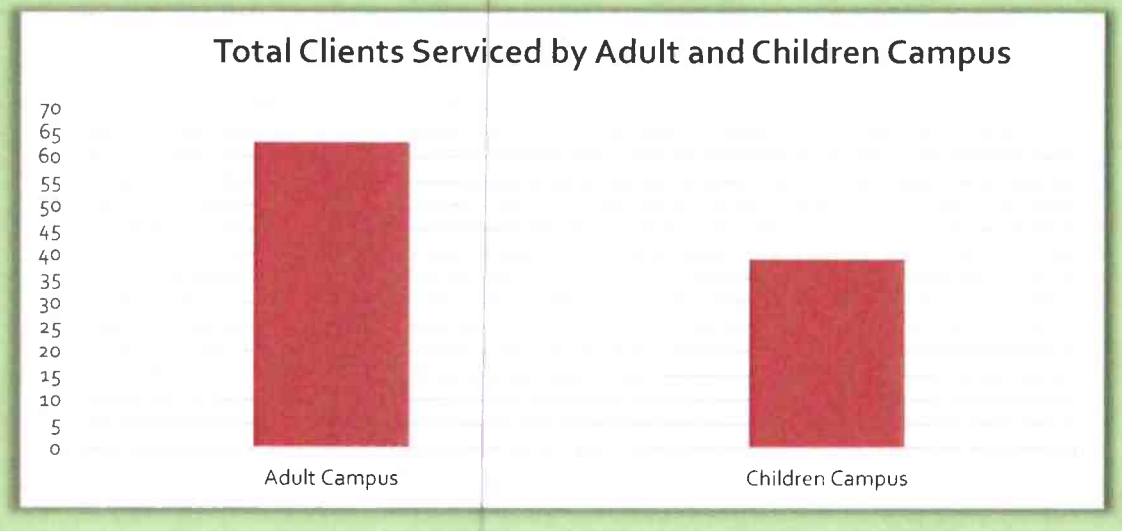
WET

WET

Accomplishments / Successes

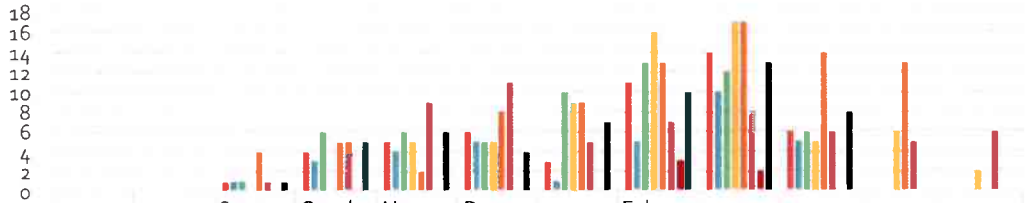
TLC Adults reached out and collaborated with Corona Wellness and Blaine Clinic for referrals. TLC Adults provided services (assessments and individual therapy) for referrals received from Corona Wellness and Blaine Clinic





Accomplishments / Successes

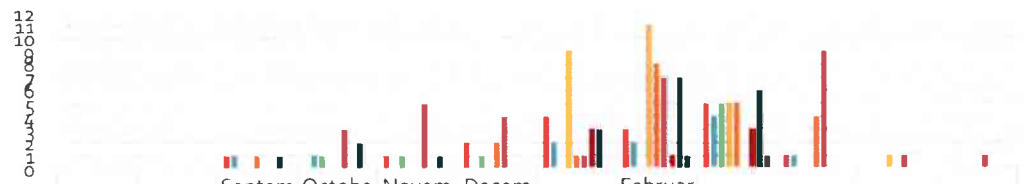
Direct Services by MSW Interns at the Adult Campus



	July	August	September	October	November	December	January	February	March	April	May	June
Justin	0	0	1	4	5	6	3	11	14	6	0	0
Janet	0	0	1	3	4	5	1	5	10	5	0	0
Arlene	0	0	1	6	6	5	10	13	12	6	0	0
Brithany	0	0	0	0	5	5	9	16	17	5	6	2
Erica	0	0	4	5	2	8	9	13	17	14	13	0
Suzanne	0	0	1	5	9	11	5	7	8	6	5	6
Jonathan	0	0	0	0	0	0	0	3	2	0	0	0
Ana	0	0	1	5	6	4	7	10	13	8		

Justin Janet Arlene Brithany Erica Suzanne Jonathan Ana

No Show/ Cancellations for Student Interns at the Adult Campus



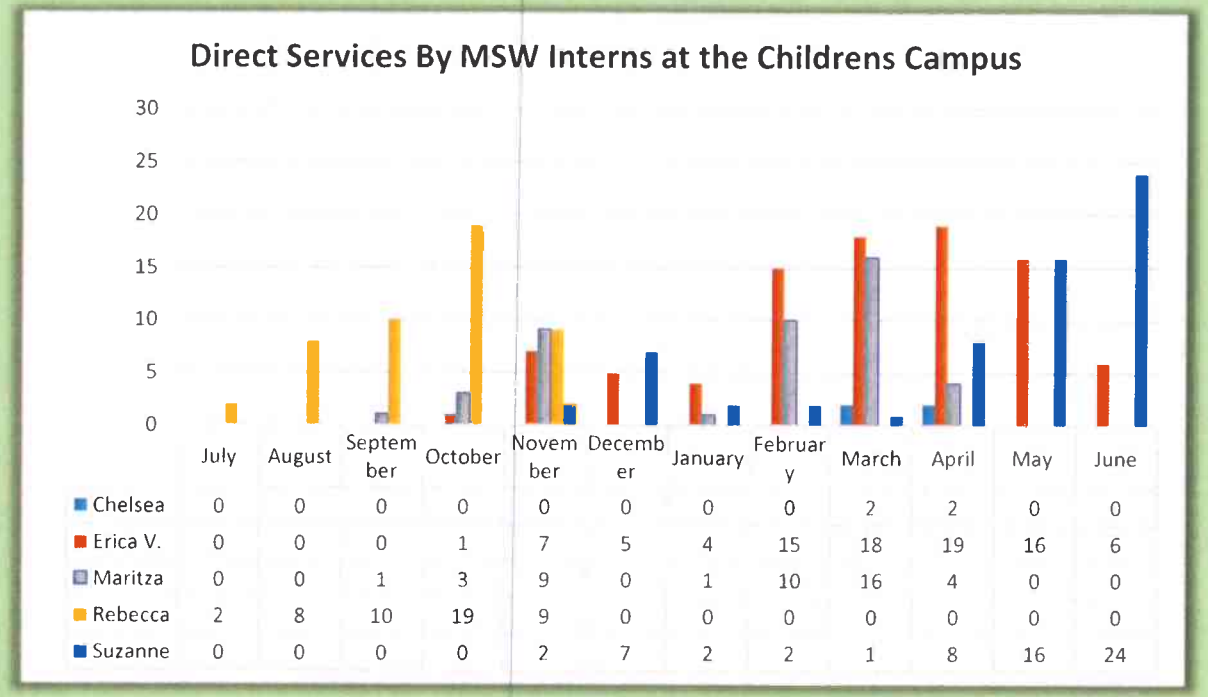
	July	August	September	October	November	December	January	February	March	April	May	June
Justin	0	0	1	0	1	2	4	3	5	1	0	0
Janet	0	0	1	1	0	0	2	2	4	1	0	0
Arlene	0	0	0	1	1	1	0	0	5	0	0	0
Brithany	0	0	0	0	0	0	9	11	5	0	1	0
Erica	0	0	1	0	0	2	1	8	5	4	0	0
Suzanne	0	0	0	3	5	4	1	7	0	9	1	1
Andrea	0	0	0	0	0	0	3	1	3	0	0	0
Ana	0	0	1	2	1	0	3	7	6	0	0	0
Jonathan	0	0	0	0	0	0	0	1	1	0	0	0

WET

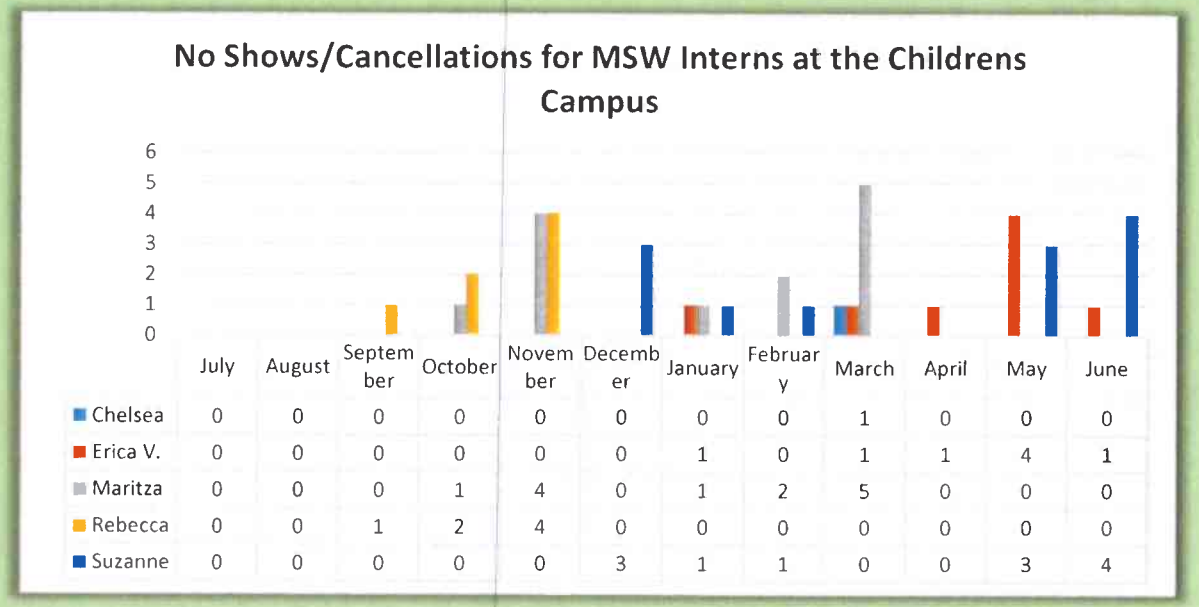
WET

Accomplishments / Successes

TLC children's reached out to other clinics including CTS and Corona Wellness to get referrals for clients. This helped those clinics as well as TLC. TLC conducted Anxiety and Depression therapeutic groups January through March 2021.

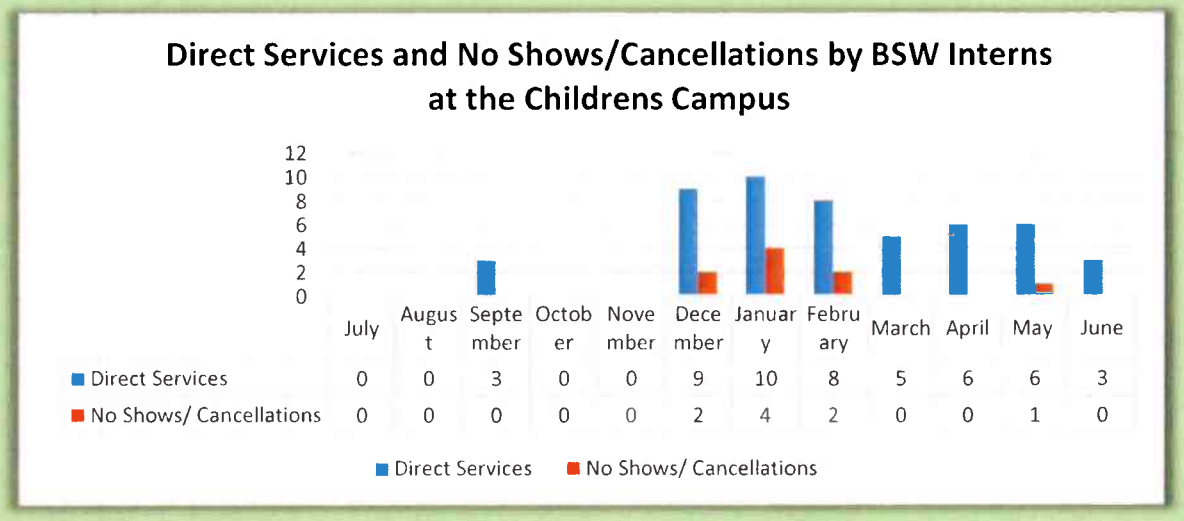


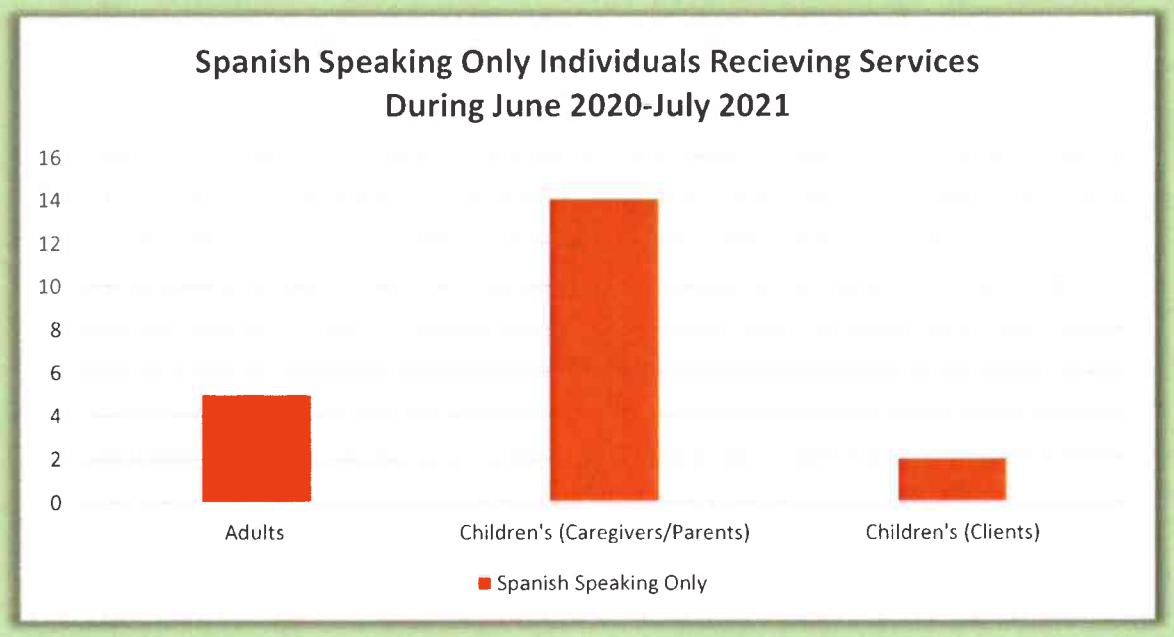
	July	August	September	October	November	December	January	February	March	April	May	June
Chelsea	0	0	0	0	0	0	0	0	2	2	0	0
Erica V.	0	0	0	1	7	5	4	15	18	19	16	6
Maritza	0	0	1	3	9	0	1	10	16	4	0	0
Rebecca	2	8	10	19	9	0	0	0	0	0	0	0
Suzanne	0	0	0	0	2	7	2	2	1	8	16	24



	July	August	September	October	November	December	January	February	March	April	May	June
Chelsea	0	0	0	0	0	0	0	0	1	0	0	0
Erica V.	0	0	0	0	0	0	1	0	1	1	4	1
Maritza	0	0	0	1	4	0	1	2	5	0	0	0
Rebecca	0	0	1	2	4	0	0	0	0	0	0	0
Suzanne	0	0	0	0	0	3	1	1	0	0	3	4

Accomplishments / Successes





WET

WET

Accomplishments / Successes

TLC continues to be the "go to" for interns needing additional hours, observations and training.

During 2020-2021 TLC provided opportunities for macro students to provide micro/mezzo level service.

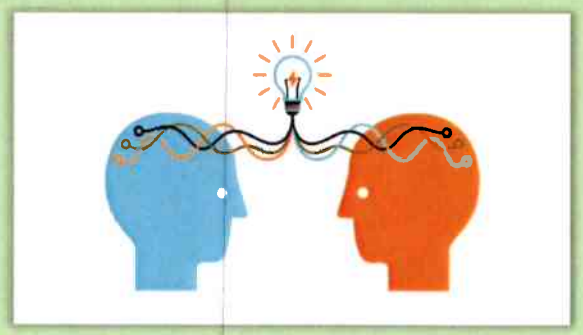
TLC interns provided support for Parent Partners "Candy Cane Lane." Erica Sierra, student intern, was hired by a Behavioral Health Clinic. All other student interns were hired by other agencies after internships.

The SOURCE group was provided remotely from January through March for youths across all county regions. TLC staff revamped and updated the SOURCE curriculum including adding videos and recent events. This training was offered to the entire county.

Training was provided for a macro social worker. Both clinics stayed opened during the pandemic, providing remote and in person services despite all of the COVID related staff absences.

Adrienne Jordan and Nina Le started attending the Clinical Supervisor Work Group in August of 2020, they both took over the group in June of 2021. Adrienne provided supervision for a CT I group starting October 2020. Nina provided supervision for a CT 1 group beginning in July 2021.

TLC staff participated in GIFT interviews, orientation and trainings.



Challenges / Barriers

COVID had a significant effect on services provided at the children's and adult TLC clinics. There were many technological issues around telehealth services. Most services were provided remotely however many clients had problems accessing telehealth. Midyear clinics were instructed to move back to in person services. This provided its own set of issues as clients, staff and interns were fearful. COVID protocols were frequently changing. Jackie Lemus, Nina Le, Adrienne Jordan and Sheri Marquez all missed work for a period of time due to COVID related issues. At the children's clinic one intern was out 2 months. All other students were out for 6 weeks due to COVID. One BSW student who did not have COVID issues covered all clients while the other students were out. At Adults, 2 students were out for 3-4 weeks due to COVID related issues.

All trainings and group supervisions were provided over Teams. This created issues around engagement, connectivity, focus and burn out. This also limited effective team building activities in the clinic. TLC could not do Thanksgiving, Christmas and graduation activities.

At the beginning of the school year interns did not have employee numbers, access to ELMR and therefore could not see clients. Once the interns were set up in ELMR, the county referral system was not sending referrals despite contacting them. TLC took two additional students that needed placements in January. The BBS was very far behind in registering graduating student interns which was very difficult for them.

The closing of the Navigation Center and the subsequent move for the TLC adult clinic to Blaine St. clinic in December 2020 had a major effect on the team. TLC adult clinic's design was to take Navigation Center clients and assessment. The students had just settled in. The move was disruptive. Blaine clinic was welcoming but a system had to be developed in a short period of time so that the interns could provide services. TLC had challenges being integrated and working collaboratively with Blaine Clinic in setting up assessments and receiving referrals.

WET

Plans for the Future

The TLC supervisor has been contributing to the development of a Services in Spanish Track and will continue to expand the current 5 workshop outline. She also is planning a 5 class training for those who provide services for LBGTQ + adolescences track by using the SOURCE curriculum.

Both of these tracks will help the agency staff meet the 3 hour cultural competency requirement for the county. Both would offer a certificate to those who complete all of the classes. The intention is that both would also offer CE's.

The TLC supervisor has begun developing a "coaching model" which she will expand next year. The TLC Senior CTs Nina Le and Adrienne Jordan will expand clinical supervision for student interns in Behavioral health that do not have a LCSWs at their placements. Supervision by an LCSW is required by the universities and the BBS. They will expand supervision for Macro interns that need clinical supervision. They will expand individual and group supervision for CTs in Behavioral Health that need LCSW hours towards licensure. Currently there is a significant shortage of LCSW's that can provide clinical supervision in Behavioral Health.

Proposed Expansion

The senior CTs will expand trainings for interns, CTs and BH staff. The Senior CTs will continue to develop and apply required clinical supervision training for supervisors that meets the BBS requirements. They will continue to chair the clinical supervisor's workgroup. They will expand collaboration with multi county supervisors to create clinical supervision consistency and continuity throughout Southern California.

The TLC Supervisor will help develop and support the aforementioned Senior CT expansions.

The TLC Supervisor will expand consultation for Senior CTs and Administrative Supervisors (BHSS). TLC will expand administrative supervisor training and

mentoring for new BHSS. This will include the development of "Champions" as part of the mentoring process.

The TLC Supervisor will expand opportunities for advance trainings for student interns located at practicums not at TLC. These trainings will include but are not limited to Non Suicidal Self Injury, Treating Groups, Culture: A Shared Meaning, Mindfulness, Termination and Narrative Therapy.

The TLC Supervisor will partner with Cultural Competency to develop trainings and "tracks" to meet the state requirements.

The TLC Supervisor will expand coaching opportunities and develop and advance coaching process. This advanced coaching could be a resource for Supervisors with staff in the pre PIP/ PIP process.

TLC Supervisor

The TLC supervisor provided support for both the adult and children's clinics. This includes supervising staff and as a backup supervisor for the interns. She developed and administered policy, procedures and practices for the everyday functioning of the clinics. She developed and provided relevant trainings for the TLC staff and the interns. She provided opportunity for staff development and growth.

The TLC supervisor is the leader of the Administrative Supervisor Workgroup. She is a member of the CANS workgroup and the TIS workgroup. She represents WET and supports other agency groups such Western Region Adult, Children's Coordinators Meeting and All County Supervisors. She provides consultations and "coaching" for staff as requested by their supervisors.

The TLC Supervisor has provided trainings for specific needs in the agency. The TLC Supervisor has partnered with public health in providing clinical supervision.

WET

Testimonials

My name is Janet Vang Garcia and I graduated from California Baptist University, Riverside CA, in May 2021 with my Master's degree in Social Work. I completed my advanced year placement at Riverside University Health System- Behavioral Health through the GIFT program. I was specifically placed at the Lehman Center- adult campus under the supervision of Nina Le, LCSW and Sheri Marquez, LMFT. In my time as an intern at the Lehman Center, I developed my skills as a student clinical therapist by providing individual and group therapy to clients, completing assessments, formulating treatment plans, diagnosing, and progress notes.

Supervision from Nina Le, LCSW was necessary as she guided me in learning how to complete documentation, diagnosing, and feedback on my performance. In addition, I also had the opportunity to attend multiple trainings and supervision meetings with Sheri Marquez, LMFT which I have been able to apply interventions directly to my work with clients. I have recently been hired by Victor Community Support Services and I feel prepared to begin this new journey as a clinician and utilize the many skills that I have developed in my time at the Lehman Center. I cannot express enough appreciation for the GIFT program and the incredible professionals that have partaken in my experience, all of which exceeded my expectations as an intern.

Janet Vang Garcia, MSW, ASW

My name is Ana Chagolla and I graduated from California State University, San Bernardino in June 2021 with my master's degree in Social Work. During my MSW program, I had the opportunity to take on the role of a Mental Health Intern at The Lehman Center-Adult campus with the 2020-2021 RUHS GIFT Program cohort for my advanced year placement. During my time at TLC and while under the supervision of Nina Le, LCSW I was able to gain a lot of experience in providing individual and group therapy, conducting biopsychosocial and spiritual assessments, creating individualized treatment plans, providing a diagnosis, and completing documentation utilizing the ELMR system. I was also able to attend a numerous of trainings provided by Sheri Marquez, LMFT regarding different theoretical approaches in which I am able to use with clients now in my current employment.

2020 and 2021 were years like no other, with a deadly global pandemic and protests against racial discrimination, the mental health field, along with many others, was affected significantly. However, despite all of the uncertainty, TLC ensured that all interns obtained the experienced we all deserved. TLC assisted with adjusting to daily change and overcoming the challenges that arose daily. From providing services remotely through Zoom or over the phone, to changing locations; change was inevitable, but TLC made the transition and the experience one I will always cherish and learn from.

Because of the experience and knowledge, I obtained from TLC, I am now employed through Jurupa Unified School District as a Behavioral Health Associate working towards obtaining hours for licensure. Because of TLC, I am confident in my abilities to provide therapeutic services to children in the district and their families. TLC shaped me into the clinician that I am today, and for that I will always be thankful for.

Ana Chagolla, ASW

My name is Justin Carreon, I graduated with Master's degree in Social Work from Azusa Pacific University in May 2021. During my final year of internship, I did my placement at Riverside University Health System Behavioral Health GIFT (Graduate Internship, Field, and Traineeship) program, Lehman Center for adults, under the supervision of Nina Le, LCSW. During my time, I learned the basic skills that would transform me to a successful therapist, skills such as completing detailed assessments, diagnosing, writing progress notes, and most importantly, being able to communicate with different type of people.

The placement itself was challenging, but looking back, I am glad I was in an environment that forced me to learn and to think on my own because the program prepared me on what to expect after once I graduate. Many of the skills and interventions I am currently applying at my current job is because of the GIFT's great program. There were times when things were tough but the program had a talented team that were always ready to assist and provided support to interns. Overall, I am thankful for all the supervisors that taught me the skills I needed, pushed me, and most importantly, believed in me because I would not be where I am today if it were not from them, I am grateful.

Justin Carreon, MSW, ASW

My name is Ana Romero and I am a Clinical Therapist I with the Mid-County Wraparound Program through Riverside County. As a CT I, it is extremely important to receive clinical supervision in order to be able to account for clinical hours for licensure. I ran into some challenges in trying to find a supervisor who was available and willing to provide me supervision. Fortunately, the Lehman Center offered to provide clinical supervision for us social workers. I am extremely grateful for this opportunity and for both Adrienne Jordan, LCSW and Nina Le, LCSW for supervising myself and others because if it were not for them, I would have had to continue missing out on accumulating hours for licensure (until I hopefully found someone else) or would've had to seek supervision outside of the county.

In addition, not only am I able to account for clinical hours but the quality of supervision is remarkable. I have learned so much from group supervision and I am always confident that I will receive clinical support when I need it. I hope the Lehman Center continues to help more clinical therapists that are in preparation for licensure and that seek to grow as clinicians like myself and the current group members. I will always be appreciative of the Lehman Center and its supervisors for the support.

Ana Romero, CT I

My experience interning at TLC from August 2020 to July 2021 provided me with the experience I needed to excel in my current position as a clinical therapist at an inpatient psychiatric hospital. TLC standards for client care, documentation, and professionalism are high which provided me with the opportunity to improve my clinical skills and practice. I appreciated the extensive training, the famous student handbook, the supervision and feedback I received, and the opportunity to process my own experience with Adrienne and Sheri. When I began the internship program, I felt overwhelmed, scared, and was not sure if I knew how to provide my clients with the

services they needed and deserved. However, when I exited the program, I felt confident in the skills I developed and a sense of accomplishment for the improvement I observed in the clients I served. Without a doubt, I was blessed to have the best internship placement at TLC and will always be grateful for the growth I made during the short time I was there. Not to mention, it didn't hurt having the most amazing team supporting me the whole way.

Erica Villapando, MSW

WET-05 Financial Incentives for Workforce Development

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

1. 20/20 & PASH Program
2. Tuition and Textbook Reimbursement
3. Mental Health Loan Assumption Program (MHLAP)
4. Licensed Mental Health Services Provider Education Program (LMH)
5. National Health Service Corp (NHSC)

1. 20/20 & PASH Program

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

Due to fiscal constraints, the program was suspended from new applications from 2008 through 2010. The program was reopened in fall 2011. With WET recommendation, the Department expanded the targeted areas of workforce development beyond bilingual/bicultural skills to include certified skills in treating chemical dependency, developmental disabilities, or acute physical health. Additionally, applicants scored higher if they demonstrated a commitment to work in the hard to recruit geographical area of Blythe. WET also developed the Paid Academic Support Hours (PASH) phase of the 20/20 Program in order to support employees who were accepted into part time, graduate school programs.

The program parameters were revised in 2013, 2016 and again in 2019 in order to strengthen the program, to streamline the application process and to enhance quality selection. Significant changes were made to the selection process, number of candidates to be accepted and the payback agreement. WET wanted to increase the years of retention of 20/20 employees and address long-term shortfalls in DBH leadership due to retirement. National research on the public mental health service system reported that turnover was concentrated in the first 2 years of employment. To capture the most vested candidates, employees were required to have a minimum of 2 years of DBH service to qualify for the 20/20 program as opposed to simply passing probation. Applicants also had to complete a quality appraisal interview with WET before progressing to selection interviews with the Assistant Directors. The quality appraisal process included a review of applicants' interests and aptitudes for Behavioral Health leadership. Further, WET increased the level of support and oversight of program candidates to promote success and ensure compliance with program regulations. This led to greater efforts to help employees and in a few cases, it led to a participant being released from the program. In 2018, 2019 and again in 2020, the number of total candidates accepted was capped at 3, and the payback agreement from those accepted was extended to 5 years beginning at the time of their promotion into the hard to fill classification of Clinical Therapist I.

From 2012 to the present, the department has enjoyed an increase in both interest and number of applicants for this program. In general, employees who complete the 20/20 Program remain employed with the department. From 2012 to 2021, 46 employees have been accepted into the program, of those 32 continue to serve in the Department.

Year	Accepted into Program	Currently Working for RUHS-BH
2012/13	03	02
2013/14	05	02
2014/15	06	04
2015/16	06	04
2016/17	10	06
2017/18	07	06
2018/19	03	02
2019/20	03	03
2020/21	03	03

Textbook and Tuition Reimbursement Program

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

In the last three years, our Department has seen a significant increase in employee interest and application to this program. Since its inception in 2013, there have been close to 100 employees who have accessed or benefitted from Tuition and Textbook Reimbursement. Degrees and certificates range in topic from clinical degrees, accounting, business and public administration, computer science as well as substance abuse counselor certifications. The program has two components designed to address separate Department needs.

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

Part B: Authorizes employees to see reimbursement for completing individual coursework and is managed by WET. County policy allows Departments to authorize payment of course up to $500. Employees who seek higher education on RUHS-BH job related subjects can attend the individual courses that will enhance their abilities to serve and perform. PART B also provides the employee that is ambivalent about returning to school to obtain a degree an opportunity to do a "school trial" to ascertain if education advancement is comfortable and manageable. Employees seeking education across technical, administrative, and clinical areas of study are eligible to apply.

The table below outlines amounts awarded each fiscal year since inception of the program.

Year	Awarded
FY 13-14	$47, 418.47
FY 14-15	$49, 389.36
FY 15-16	$42,059.91
FY 16-17	$65,187.05
FY 17-18	$70,197.22
FY 18-19	$113,827.77
FY 19-20	$58,638.96
FY-20-21	$41,855.89

The Textbook and Tuition Reimbursement Program saw a dramatic decrease in the overall amount awarded to applicants in the FY 20-21. This may be in part related to the pandemic affecting our region during this time period.

3. Mental Health Loan Assumption Program (MHLAP)

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

Over the course of this loan repayment program, Riverside County behavioral healthcare staff and contractors were awarded 516 times totaling close to four million dollars in qualified loan repayments.

Year	Applications Received	Applications Reviewed	Awards Provided	Total award money
2009	28	28	13	$135,583
2010	16	16	15	$125,700
2011	61	55	33	$251,400
2012	68	68	57	$500,000
2013	72	68	58	$528,941
2014	101	92	78	$547,996
2015	159	137	92	$612,547
2016	114	99	88	$700,596
2017	136	123	82	$561,128

Though this program was wildly popular and one of the most successful recruitment and retention strategies offered through MHSA, funding for the MHLAP ended in fiscal year 17/18. In 2019/20, the Office of Statewide Healthcare Planning and Development released one-time grant monies to reinvest in public behavioral health workforce development. Part of this funding is reserved for future loan repayment programming.

4. Licensed Mental Health Services Provider Education Program (LMH)

The LMH is another MHSA workforce retention strategy for the public mental health service system. This program is also administered through the Health Professions Education Foundation. It has an annual, competitive application process. Selected applicants could be awarded up to $15,000 in student debt reduction in exchange for two years of direct service in the public mental health service system. Applicants can be awarded up to three times.

To be eligible for the LMH, the applicant must be in a direct service position. Despite the title, both registered and licensed practitioners are eligible, making this loan repayment program one of the most accessible to staff. Like with the MHLAP, WET has made targeted efforts to promote the LMH and to support applicants in the process

of applying with the intention of increasing the number of applicants and the number of awards for Riverside's public behavioral health employees. For FY 2019/20, 37 Riverside County workers were awarded more than $475,000 in eligible loan repayments!

5. National Health Service Corp (NHSC)

The NHSC offers loan repayments for licensed health providers (Licensed Clinicians, Psychologists, Psychiatrists, and Nurses). The NHSC offers between $40,000 and $60,000 in loan forgiveness in exchange for a two or three year service obligation. In 2018/19, the NHSC expanded loan repayment programs to include master-level, licensed or certified substance use practitioners. We continue to work with our NHSC representative to maintain ongoing eligibility for our qualified sites. Currently, we have 6 RUHS-BH staff members benefitting from NHSC programming.

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

Program eligibility has changed over time based on available funding and political philosophy. Throughout the fiscal year 18/19, as RUHS-BH programs began integrating into physical health care sites, we sought collaborate with these sites to leverage our NHSC efforts in order to sustain, improve and expand opportunities for staff serving in these integrated sites. Our agency understands that a partnership with RUHS- Medical Center and Community Health Care clinics will strengthen these agencies' HPSA scores, thus increasing these agencies' ability to serve communities through recruitment and retention of talented medical and behavioral health staff in rural and underserved areas of our county. Working in collaboration with our partner agencies also allows for an increase the number of clinics and staff that are eligible for NHSC loan repayment programs. Our Department is continuing its efforts to collaborate with partner agencies and is currently maintaining certification of existing sites.

Section V

Capital Facilities and Technology

MHSA Annual Plan Update

FY 22/23

Capital Facilities and Technology

What is Capital Facilities?

Funds used to improve the infrastructure of public mental health services. Capital Facilities allows counties to acquire, develop or renovate buildings to house and support MHSA programs. Technology supports counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family members' access to health information and records electronically within a variety and private settings. The last CF/TN funds were allocated in 2013-2014, but a portion of CSS funds can be used to address new workplans or projects.

Recovery Villages

RUHS-BH Recovery Village model will sustain a full service Behavioral Health Campus that serves as a safe, monitored, and therapeutic community and living space while simultaneously delivering high quality, person-first, treatment for Behavioral Health. The goal is to build a Recovery Village in each of the five supervisorial districts. Currently, RUHS-BH has identified locations in the cities of Hemet and Coachella.

Each village would include various programs within the Behavioral Health Continuum of Care model, but could vary within each district to allow focus on individual needs of the surrounding communities. Programs in each campus could include: substance use disorder treatment, crisis residential treatment, mental health rehabilitation, children's mental health urgent care, children's residential mental health care, recovery residences, supportive housing apartments, integrated outpatient clinics to include behavioral health and primary health care, and vocational services. The vision is to enable consumers and their families to move through the campus' continuum of care from intensive oversight and treatment activities, to decreased therapeutic contact enabling consumers to prepare for a self-sustained recovery grounded in their own community. By delivering the right level of care at the right time and expanding service levels this model can save cities and the County millions of dollars annually, making a long lasting impact on the community through complete health, balance, and societal reintegration.

Entry to the campus could be from a variety of intensive short term facilities, Emergency Psychiatric Hospitals, Crisis Stabilization Units (CSU), Social Rehabilitation Programs (SRP), and Institutes for Mental Disease (IMD) to name a few. Consumers may also come from untreated homeless populations who are unable to connect with long-term treatment due to not having safe and sustainable housing while learning how to overcome their behavioral health challenges.

RUHS-BH Recovery Village Programs include:

Substance Use Disorder Treatment –Services include inpatient, clinically managed residential programming with a goal to monitor patients as they safely withdraw from drugs and/or alcohol, while providing motivation for change so that ongoing recovery is possible. Link and provide consumers to services for care and potential step-down to Recovery Residence on site. A Sobering Center consisting of stations or chairs as a safe place for law enforcement and paramedics to bring individuals under the influence, instead of an emergency department or criminal justice facility. Although the Sobering Center is not intended for long-term care, the center will work as a hub to connect consumers to appropriate treatment options within the campus.

Social Rehabilitation Program – Program provides inpatient crisis stabilization, medication monitoring, and evaluation to determine the need for the type and intensity of additional services within a framework of peer support and trauma-informed approaches to recovery planning. The safe, accepting environment nurtures the individual's process of personal growth and is essential to individuals as they work through crises at their own pace. Clients will learn daily living skills and social development using a strength-based approach that supports recovery and wellness in homelike environments.

Mental Health Rehabilitation Center (MHRC) - Program provides inpatient intensive support and rehabilitative services designed to assist individuals with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable of increasing levels of independence and functioning. The current MHRC has rehabilitated and stepped down 40 individuals to a lower level of care or home with their families within the past year.

Children's Mental Health Urgent Care / Respite / Crisis Residential Treatment – Urgent care for children and teens struggling with urgent emotional and/or behavioral concerns that pose a risk to their safety, or the safety of others, or significantly impair their daily

lives. A residential treatment facility providing inpatient crisis stabilization, medication monitoring, and evaluation to determine the need for the type and intensity of additional services for children and teens. The facility will include a separate kitchen, recreation center, and playground. Housing and support will be available for caregivers whose children are receiving treatment.

Adult Residential Facility – this facility will provide room, meals, housekeeping, supervision, storage and distribution of medication, and personal care assistance with basic activities like hygiene, dressing, eating, bathing and transferring. This level of care and supervision is for people with mental illnesses or substance use disorders who are unable to live by themselves. Common amenities include a commercial kitchen/dining area, restrooms/showers, laundry facility, 2 group rooms, game room, living room space, exercise area, and outdoor space.

Note: The ARF program is not graphically represented in the concept design package but should be included in the Proposer's response

Recovery Residence – This community-like setting is for individuals with a substance use disorder (SUD) or a co-occurring disorder. Residents will receive outpatient SUD and/or recovery services on the campus site. Single, double and family units will be available.

Supportive Housing Apartments – Apartment style homes in a community-like setting available in single, double and family units. Surrounding grounds will include playgrounds, barbeque areas and parklike settings. Outpatient services will be provided to assist homeless persons in transitioning from homelessness, and to promote the provision of supportive housing to enable homeless persons to live as independently as possible.

Outpatient Services for Mental Health & Substance Use Disorder and Primary Health Care – All individuals who are in the Recovery Residence and Supportive Housing Apartments will be encouraged to participate in integrated behavioral health and primary care outpatient services during their stay at Recovery Village.

Each campus will also include a recreation area, library and Peer Resource Center, vocational services, laundry facility, animal kennel and market. These amenities will be partially operated by residents of Recovery Village to teach and promote social and employment skills.

RUHS-BH has submitted several grant applications in an effort to leverage and braid various funding sources. Construction is slated to begin at the end of 2022 and anticipated completion is the end of 2026.

RUHS – Behavioral Health Mental Health Rehabilitation Center

In 2020, COVID-19 impacted the entire healthcare system, therefore RUHS-BH initiated Emergency Surge Plans. As a result, RUHS-BH opened a 38-bed Mental Health Rehabilitation Center (MHRC) in an effort to relieve pressure on the RUHS Inpatient Treatment Facility (ITF) and the connected Emergency Treatment (ETS) program for COVID-19 psychiatric patients who would require intensive medical care to allow for distancing within the facilities. Since the opening of the MHRC, the program has had a positive response, and over the first year, successfully graduated 40 clients to a lower level of care. Despite this movement, both ITF and the MHRC remained consistently at capacity, which allowed the department to recognize the need to expand the bed capacity to provide these much-needed services to the clients. As a result, DHCS approved an increase in bed capacity to 59-beds. MHRC expansion is going well and the additional 21 consumer beds will start to be filled from appropriate ITF transfers on 3/28/22.

MHRCs provide a wide range of alternatives to acute psychiatric hospitalization on the principles of residential community-based treatment. The programming provides comprehensive mental health and psychiatric treatment services in a safe, welcoming inpatient environment for adults with serious mental illness and counseling to aid clients in developing the skills to move toward a less structured setting.

Restorative Transformation Center

The Restorative Transformation Center (RTC) will be a 30-bed facility used to deliver Social Rehabilitation Services with two distinct populations. Population one is specific to administer a pre-trial jail mental health diversion program for individuals charged with offenses in Riverside County. The program is anticipated to serve an average of 60 consumers per year. Program participants are individuals with a serious mental illness

(SMI) who have committed certain felony crimes and found by a Court of competent jurisdiction. The mission is to provide intensive community-based psychiatric treatment for these individuals, so that instead of allowing them to remain in custody waiting for a transfer to a State Hospital for competency restoration, they will be transferred to an unlocked residential behavioral health treatment program where they will receive an array of behavioral health services. The ultimate purpose of this program is not competency restoration for adjudication, but rather for long-term psychiatric stabilization (mental health, substance abuse, and trauma-based disorders), such that following completion of the Restoration Diversion Program, criminal charges will be dismissed, and the individual may reside in their community with on-going behavioral health services. The second population is low acuity SMI consumers that need a treatment service programs designed to serve adults who are in need of mental health treatment and are unable to care for themselves in an independent living situation, but can be cared for in a Mental Health Rehabilitation Center (MHRC) that provides psychiatric care in a normal home environment.

The RTC Construction is 80% complete and slated for opening in July of 2022. RUHS BH has done initial pre-final walkthrough in March of 2022 and has asked for some additional changes to the quiet room, restraint room, and bathroom anti-ligature items. RUHS BH also met with DHCS licensing branch on the RTC and they are excited to come for their walkthrough. The Request for Proposals for a contractor to run the site is now routing for release.

"The Place" Safehaven Renovation

"The Place" is a 25-bed permanent supportive housing property for chronically homeless consumers with 24/7 onsite supportive services in Riverside. Major renovation of this property is planned for spring 2022, with anticipated completion in late 2022. Renovation will increase bed capacity from 25 beds in shared rooms to 33 beds in single rooms, increase group space and common areas, and provide much needed upgrades to building infrastructure and living spaces.

Information Technology

Server Infrastructure Upgrade

To better meet the technological infrastructure needs of RUHS-BH, the Information Technology unit is purchasing several new servers that will replace all of our hardware that is currently being used to support our electronic health record, file storage, and network drives. The new servers will create more memory and bandwidth allowing for faster connection speeds and processing of information used in serving our patients and carrying out the day-to-day operations of the department. The servers will be built and hosted at the Riverside County Datacenter (RC3) which will provide the department with a more secure and stable environment for storing sensitive patient information.

Progress

The service contract for the servers was approved by the Board of Supervisors on March 8, 2022. The servers are in the final stages of the ordering process.

CTFN

Section VI

Funding

MHSA Annual Plan Update

FY 22/23

MHSA Funding

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: Matthew Chang, MD	Name: Paul Angulo, CPA, MA-Mgt
Telephone Number: 951-358-4501	Telephone Number: 951-955-3800
E-mail: Matthew.chang@ruhealth.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.

Matthew Chang, MD
Local Mental Health Director (PRINT)

Signature — Date: 5/24/2022

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/03/2021 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, 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 — Date: 5/31/22

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

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Riverside

Date: 4/4/22

	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 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	36,197,751	20,470,773	13,716,204	903,974	23,031,942	
2. Estimated New FY2020/21 Funding	100,019,469	25,004,867	6,580,228			
3. Transfer in FY2020/21[a/]	(14,000,000)			2,000,000	12,000,000	
4. Access Local Prudent Reserve in FY2020/21						0
5. Estimated Available Funding for FY2020/21	122,217,220	45,475,640	20,296,432	2,903,974	35,031,942	
B. Estimated FY2020/21 MHSA Expenditures	87,732,924	24,115,999	9,016,397	2,498,873	13,500,000	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	34,484,296	21,359,641	11,280,035	405,101	21,531,942	
2. Estimated New FY2021/22 Funding	105,184,099	26,296,024	6,920,007			
3. Transfer in FY2021/22[a/]	(14,000,000)			2,500,000	11,500,000	
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	125,668,395	47,655,665	18,200,042	2,905,101	33,031,942	
D. Estimated FY2021/22 MHSA Expenditures	92,848,537	27,748,695	5,839,968	2,540,492	20,500,000	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	32,819,858	19,906,970	12,360,074	364,609	12,531,942	
2. Estimated New FY2022/23 Funding	129,444,280	32,442,558	8,537,515			
3. Transfer in FY2022/23[a/]	(19,000,000)			2,500,000	16,500,000	
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	143,264,138	52,349,528	20,897,589	2,864,609	29,031,942	
F. Estimated FY2022/23 MHSA Expenditures	94,961,192	25,801,371	6,927,994	1,426,551	27,000,000	
G. Estimated FY2022/23 Unspent Fund Balance	48,302,947	26,548,156	13,969,595	1,438,058	2,031,942	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	24,217,189
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	24,217,189
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	24,217,189
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	24,217,189

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.

FUNDING

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Children's	12,887,950	615,567	5,750,377	0	2,727,768	3,794,238
2. CSS-01 Transitional Age Youth	4,352,443	1,993,651	1,966,728	0	390,751	1,311
3. CSS-01 Adults	23,614,132	12,468,216	10,588,142	0	197,682	340,093
4. CSS-01 Older Adult	5,232,378	2,587,552	2,573,655	0	0	71,169
5. CSS-02 Crisis System of Care	5,891,822	3,370,384	1,446,385	0	481,249	593,804
6. CSS-02 Mental Health Courts and Justice In	4,042,468	1,445,484	1,891,540	0	0	705,444
7. CSS-03 Housing and Housing Programs	10,103,176	8,143,954	0	0	0	1,959,221
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-02 Crisis System of Care	16,114,382	8,645,083	6,618,166	0	335,097	516,036
2. CSS-02 Mental Health Courts and Justice In	4,895,937	4,106,537	695,360	0	0	94,040
3. CSS-02 Children's Clinic Expansion and Enha	62,876,746	7,413,992	31,354,970	0	22,453,895	1,653,888
4. CSS-02 Transition Age Youth Clinic Expansio	9,025,940	6,034,911	2,990,910	0	0	119
5. CSS-02 Adults Clinic Expansions and Enhanc	49,333,589	16,778,170	25,406,766	2,684,433	3,377	4,460,843
6. CSS-02 Older Adult Clinic Expansions and En	9,508,612	4,779,999	4,295,816	0	0	432,797
7. CSS-03 Lived Experience Integration of Care	6,184,797	3,925,120	1,618,714	321,529	79,630	239,804
8. CSS-03 Housing and Housing Programs	2,827,929	2,128,270	0	0	0	699,659
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	6,088,730	3,276,034	2,812,704	0	0	0
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	232,981,038	87,732,924	100,010,233	3,005,962	26,669,450	15,562,470
FSP Programs as Percent of Total	75.4%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Children's	13,972,286	630,184	6,504,885	0	2,746,330	4,090,887
2. CSS-01 Transitional Age Youth	4,580,324	1,324,123	2,713,917	0	540,588	1,697
3. CSS-01 Adults	35,128,774	19,645,310	13,804,991	244,129	1,022,452	411,892
4. CSS-01 Older Adult	6,457,134	2,463,007	3,911,106	0	0	83,021
5. CSS-02 Crisis System of Care	8,275,929	4,973,032	1,617,369	0	915,769	769,760
6. CSS-02 Mental Health Courts and Justice Inv	1,385,522	489,583	601,076	0	294,380	484
7. CSS-03 Housing and Housing Programs	12,781,849	10,469,495	0	0	0	2,312,354
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-02 Crisis System of Care	18,342,452	8,771,239	8,519,244	0	314,168	737,801
2. CSS-02 Mental Health Courts and Justice Inv	3,867,140	2,832,182	912,621	0	1,956	120,381
3. CSS-02 Children's Clinic Expansion and Enha	77,637,360	4,377,740	45,656,293	291,883	22,464,817	4,846,626
4. CSS-02 Transition Age Youth Clinic Expansio	8,214,878	4,870,829	3,344,049	0	0	0
5. CSS-02 Adults Clinic Expansions and Enhanc	59,723,281	23,754,733	25,489,257	4,189,582	685,840	5,603,869
6. CSS-02 Older Adult Clinic Expansions and En	10,289,583	4,188,461	5,537,589	0	12,572	550,960
7. CSS-03 Lived Experience Integration of Care	4,612,323	1,301,317	2,236,253	124,630	644,172	305,952
8. CSS-03 Housing and Housing Programs	1,467,151	559,601	0	0	0	907,550
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	5,545,776	2,197,700	3,318,076	0	0	30,000
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	272,281,761	92,848,537	124,166,725	4,850,224	29,643,043	20,773,231
FSP Programs as Percent of Total	88.9%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Children's	14,389,757	617,425	6,672,630	0	2,846,626	4,253,076
2. CSS-01 Transitional Age Youth	4,736,600	1,055,007	2,954,422	0	726,677	2,494
3. CSS-01 Adults	39,378,888	20,489,981	16,576,157	0	1,193,624	1,115,026
4. CSS-01 Older Adult	7,131,463	2,522,055	4,485,779	0	0	123,629
5. CSS-02 Crisis System of Care	14,790,879	2,991,118	4,509,379	0	1,069,838	6,220,543
6. CSS-02 Mental Health Courts and Justice In	1,563,176	491,342	634,993	0	426,033	10,808
7. CSS-03 Housing and Housing Programs	19,885,207	12,766,649	1,624,324	0	277	5,493,957
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-02 Crisis System of Care	19,016,149	7,585,380	10,485,984	0	339,748	607,058
2. CSS-02 Mental Health Courts and Justice In	7,446,999	4,705,127	2,383,823	0	2,701	355,349
3. CSS-02 Children's Clinic Expansion and Enha	71,116,604	9,088,613	32,176,664	0	23,445,443	6,405,883
4. CSS-02 Transition Age Youth Clinic Expansio	7,297,100	1,597,593	5,413,925	0	285,267	315
5. CSS-02 Adults Clinic Expansions and Enhanc	60,950,243	21,637,523	33,673,625	0	0	5,639,095
6. CSS-02 Older Adult Clinic Expansions and En	9,922,022	3,656,764	5,654,869	0	184	606,209
7. CSS-03 Lived Experience Integration of Care	5,744,323	2,119,303	2,475,327	0	181,494	967,699
8. CSS-03 Housing and Housing Programs	2,814,990	1,522,284	6,252	0	0	1,286,455
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	5,366,916	2,109,048	3,227,868	0	0	30,000
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	291,553,316	94,961,192	132,956,617	0	30,515,912	33,119,596
FSP Programs as Percent of Total	107.3%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigma	16,491,091	15,062,041	560,860	0	814	867,377
2. PEI-02 Parent Education and Support	7,040,803	1,668,536	1,764,370	0	1,071,920	2,515,977
3. PEI-03 Early Intervention for Families in Schools	1,511,537	1,511,537	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	536,091	536,091	0	0	0	0
5. PEI-05 First Onset for Older Adults	801,865	790,013	11,852	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	686,672	686,672	0	0	0	0
7. PEI-07 Underserved Cultural Populations	2,052,790	2,052,790	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	531,038	531,038	0	0	0	0
12. PEI-05 First Onset for Older Adults	84,058	84,058	0	0	0	0
13	0					
14	0					
15	0					
16	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,173,224	1,173,224				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	30,909,168	24,115,999	2,337,082	0	1,072,734	3,383,354

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigm	17,067,979	16,318,707	127,506	0	566	641,198
2. PEI-02 Parent Education and Support	7,749,505	2,623,211	2,133,577	0	1,226,741	1,765,977
3. PEI-03 Early Intervention for Families in Schools	220,466	220,466	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,968,012	1,968,012	0	0	0	0
5. PEI-05 First Onset for Older Adults	670,406	670,406	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	873,049	873,049	0	0	0	0
7. PEI-07 Underserved Cultural Populations	3,018,368	3,018,368	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention		0	0	0	0	0
11. PEI-04 Transitional Age Youth (TAY) Project	475,041	475,041	0	0	0	0
12. PEI-05 First Onset for Older Adults	384,964	373,013	11,951	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,208,421	1,208,421				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	33,656,213	27,748,695	2,273,036	0	1,227,307	2,407,175

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigma	16,442,216	15,660,005	147,617	0	0	634,595
2. PEI-02 Parent Education and Support	5,737,958	1,555,013	1,800,483	0	816,465	1,765,977
3. PEI-03 Early Intervention for Families in Schools	568,346	568,346	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	2,017,547	2,009,370	8,177	0	0	0
5. PEI-05 First Onset for Older Adults	481,638	481,638	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	816,231	816,231	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,621,358	2,621,358	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	430,013	430,013	0	0	0	0
12. PEI-05 First Onset for Older Adults	428,012	414,724	13,287	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,244,674	1,244,674				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	30,787,972	23,801,371	1,769,564	0	816,465	2,400,572

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-06 Commercially Sexually Exploited Chi	6,764,191	5,607,837	1,154,302	0	0	2,051
2. INN-07 Tech Suite	3,123,639	3,000,892	0	0	0	122,747
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	407,668	407,668				
Total INN Program Estimated Expenditures	10,295,498	9,016,397	1,154,302	0	0	124,798

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-06 Commercially Sexually Exploited Chi	1,996,105	1,305,167	691,710	0	0	1,229
2. INN-07 Tech Suite	4,314,766	4,114,904	83,178	0	0	116,685
3.	0	0	0	0	0	0
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	419,895	419,893				
Total INN Program Estimated Expenditures	6,732,770	5,839,968	774,887	0	0	117,914

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-06 Commercially Sexually Exploited Ch	246,668	167,252	79,416	0	0	0
2. INN-07 Tech Suite	6,480,856	6,328,247	86,203	0	0	66,406
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	432,495	432,495				
Total INN Program Estimated Expenditures	7,160,039	6,927,994	165,619	0	0	66,406

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1 WET-01 Workforce Staffing Support	1,565,970	827,416	738,554	0	0	0
2. WET-02 Training and Technical Assistance	1,015,749	895,113	105,410	0	10,355	4,871
3. WET-03 Mental Health Career Pathways	256,596	256,596	0	0	0	0
4. WET-04 Residency and Internship	858,635	335,551	382,274	0	135,073	5,737
5 WET-05 Financial Incentives	184,197	184,197	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	3,881,146	2,498,873	1,226,238	0	145,428	10,608

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Workforce Staffing Support	1,562,310	848,144	714,166	0	0	0
2. WET-02 Training and Technical Assistance	1,222,646	906,683	187,543	0	19,328	109,091
3. WET-03 Mental Health Career Pathways	218,620	218,620	0	0	0	0
4. WET-04 Residency and Internship	886,529	387,145	362,845	0	131,207	5,332
5. WET-05 Financial Incentives	179,899	179,899	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	4,070,004	2,540,492	1,264,554	0	150,535	114,423

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Workforce Staffing Support	1,819,124	1,189,172	629,952	0	0	0
2. WET-02 Training and Technical Assistance	34,948	22,846	12,102	0	0	0
3. WET-03 Mental Health Career Pathways	33,422	33,422	0	0	0	0
4. WET-04 Residency and Internship	4,303	4,303	0	0	0	0
5. WET-05 Financial Incentives	176,809	176,809	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,068,606	1,426,551	642,054	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside Date: 4/6/22

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Roy's Place	2,000,000	2,000,000	0	0	0	0
2. ARC	11,500,000	8,500,000				3,000,000
3. IST Diversion	5,000,000	2,000,000				3,000,000
4. Diversion Campus	1,000,000	1,000,000				0
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	19,500,000	13,500,000	0	0	0	6,000,000

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside Date: 4/4/22

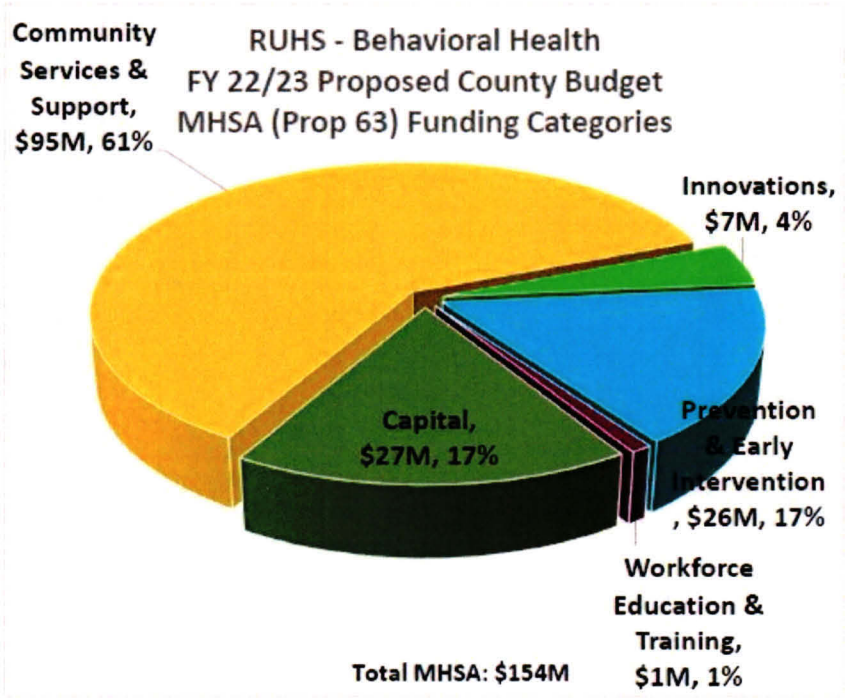
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. ARC	11,500,000	10,500,000	0	0	0	1,000,000
2. IST/Diversion	17,000,000	3,000,000	0	0	0	14,000,000
3. Hulen	2,000,000	2,000,000	0	0	0	0
4. Diversion Campus	5,000,000	5,000,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	35,500,000	20,500,000	0	0	0	15,000,000

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside Date: 4/4/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. IST	23,000,000	22,000,000				1,000,000
2. Diversion Campus	5,000,000	5,000,000				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	28,000,000	27,000,000				

Type	MHSA %	MHSA Funding
Community Services & Support	60.83%	$95M
Innovations	4.44%	$7M
Prevention & Early Intervention	16.53%	$26M
Workforce Education & Training	0.91%	$1M
Capital	17.29%	$27M
		$156M



FUNDING

Cost Per Client

MHSA Cost Per Client
FY 2020/2021

FULL SERVICE PARTNERSHIP

PLAN NAME:	CSS-01 Children's
UNIQUE CLIENTS:	1,647
COST:	$724,075.17
AVERAGE COST:	$439.63

PLAN NAME:	CSS-01 Transitional Age Youth
UNIQUE CLIENTS:	509
COST:	$707,621.05
AVERAGE COST:	$1,390.22

PLAN NAME:	CSS-01 Adults
UNIQUE CLIENTS:	14,744
COST:	$18,622,976.26
AVERAGE COST:	$1,263.09

PLAN NAME:	CSS-01 Older Adult
UNIQUE CLIENTS:	1,291
COST:	$1,819,240.72
AVERAGE COST:	$1,409.17

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	CSS-02 Adults Clinic Expansions and Enhancements
UNIQUE CLIENTS:	17,377
COST:	$11,809,415.81
AVERAGE COST:	$679.60

PLAN NAME:	CSS-02 Children's Clinic Expansions and Enhancements
UNIQUE CLIENTS:	18,962
COST:	$6,479,483.16
AVERAGE COST:	$341.71

PLAN NAME:	CSS-02 Crisis System of Care
UNIQUE CLIENTS:	10,991
COST:	$7,721,738.94
AVERAGE COST:	$702.55

PLAN NAME:	CSS-02 Mental Health Courts and Justice Involve
UNIQUE CLIENTS:	1,095
COST:	$558,874.59
AVERAGE COST:	$510.39

PLAN NAME:	CSS-02 Older Adult Clinic Expansions and Enhancement
UNIQUE CLIENTS:	2,878
COST:	$3,449,044.30
AVERAGE COST:	$1,198.42

PLAN NAME:	CSS-03 Housing and Housing Programs
UNIQUE CLIENTS:	4,909
COST:	$9,270,226.47
AVERAGE COST:	$1,888.41

Cost Per Client

MHSA Cost Per Client-PEI
FY 2020/2021

PEI PROGRAMS- PREVENTION

PLAN NAME:	PEI-01 Mental Health Outreach, Awareness and Stigma Reduction
UNIQUE CLIENTS:	79,539
COST:	$15,569,632.85
AVERAGE COST:	$195.75

PLAN NAME:	PEI-02 Parent Education and Support
UNIQUE CLIENTS:	768
COST:	$2,245,137.45
AVERAGE COST:	$2,923.36

PLAN NAME:	PEI-03 Early Intervention for Families in Schools
UNIQUE CLIENTS:	86
COST:	$306,994.21
AVERAGE COST:	$3,569.70

PLAN NAME:	PEI-04 Transitional Age Youth (TAY) Project
UNIQUE CLIENTS:	7,291
COST:	$1,448,764.66
AVERAGE COST:	$198.71

PLAN NAME:	PEI-05 First Onset for Older Adults
UNIQUE CLIENTS:	4,587
COST:	$1,014,546.33
AVERAGE COST:	$221.18

PLAN NAME:	PEI-06 Trauma Exposed Services For All Ages
UNIQUE CLIENTS:	36
COST:	$412,400.91
AVERAGE COST:	$11,455.58

PLAN NAME:	PEI-07 Underserved Cultural Pelpulations
UNIQUE CLIENTS:	298
COST:	$1,686,509.39
AVERAGE COST:	$5,659.43

PEI PROGRAMS- EARLY INTERVENTION

PLAN NAME:	PEI-04 Transitional Age Youth (TAY) Project
UNIQUE CLIENTS:	55
COST:	$380,356.91
AVERAGE COST:	$6,915.58

PLAN NAME:	PEI-05 First Onset for Older Adults
UNIQUE CLIENTS:	28
COST:	$310,847.80
AVERAGE COST:	$11,101.71

Behavioral Health Commission – Public Hearing

The Riverside County Behavioral Health Commission (BHC) is an advisory body, composed of volunteers appointed by the Board of Supervisors, who work in conjunction with the Riverside University Health System – Behavioral Health to ensure citizen and professional input and involvement in all aspects of Department Services. BHC members serve for a three-year term and are governed by the California Welfare and Institution Code §5604 and the Ralph M. Brown Act.

MHSA requires that the BHC conduct and have oversight of the MHSA Public Hearing process. Each comment received has been reviewed by the BHC and a response has been provided. The BHC does not have the authority to unilaterally make changes to planning, services, or programs, but relies on your feedback to help with service advocacy and on-ongoing oversight. The BHC serves in a liaison capacity between the community and the Department, fostering the partnership that ultimately enhances Riverside County Wellness.

The BHC encourages all Riverside stakeholders to take an active role in partnering with RUHS-BH and to have your voice heard as programs and services develop. You can participate all year round by joining a community advisory committee, some coordinated under the BHC and others under the RUHS-BH Cultural Competency Program. A list and directory of committees and meetings can be found under the "MHSA Community Planning and Local Review" chapter of the MHSA Plan Annual Update FY 22/23 Plan, or you can request a directory by emailing: MHSA@ruhealth.org .

Public Hearing Comments

Riverside County MHSA Annual Update FY 22/23

1. Which behavioral health services have you found helpful and would like to keep?

(1) **Comment**: DBT group, individual therapy, LGBT group, case management

RESPONSE: Dialectical Behavioral Therapy (DBT) is an evidenced based practice that assists people with distress tolerance and mood regulation. Your care plan – mutually agreed upon services and their recovery goals -- appears to be individuated based on your unique needs and supports. Taking all your needs into consideration and developing a tailored plan for your recovery is the blueprint for change. Well done!

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Evidenced Based Practices like DBT, and the variety of mental health recovery services described in the MHSA Annual Update FY 22-23.

(2) **Comment**: Asian American Task Force (AATF): collectively making an impact, providing leadership, advocacy, and engaging community stakeholders

AAPI (Fil-Am) Mental Health Resource Center/PVFAA

(3) Cultural Competency Outreach & Engagement (for example: Riverside Lunar Festival and sponsorships of other agency and community partner's outreach events)

Cultural Community Liaisons/Consultants for 9 diverse population/groups

Asian Pacific Counseling & Treatment Center (APCTC): culturally and linguistically competent community mental health promotion program and parenting classes (Chinese, Korean, Tagalog, Vietnamese): continue KITE program.

RESPONSE: Thank you for your advocacy for underserved cultural populations, and specifically, the behavioral health and wellness needs of the Asian-American Pacific Islander community. Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement.

Prevention and Early Intervention (PEI) services such as the Community Health Promoters provided by Asian Pacific Counseling & Treatment Center (APCTC), the Asian American Pacific Islander Mental Health Resource Center (formerly known as the Filipino American Resource Center) operated by the Perris Valley Filipino American Association (PVFAA), and the Keeping Intergenerational Ties in Ethnic Families (KITE) curriculum have demonstrated successful outcomes.

Our outreach to underserved communities expanded, and we developed a greater role for our cultural community liaisons who assist both the Department and the community at improved inclusion. RUHS-BH has 10 liaisons that support the Department's mission to reduce service disparities: Veterans; Faith Based Communities; Asian/Pacific Islander; African-American; Latino/a/x; Native American; Middle-Eastern/North African; Deaf and Harding of Hearing; Varying Abilities; and LGBTQIA.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(4) **Comment**: - Mental Health Outreach and Stigma Reduction services:

Asian American Task Force (AATF): collectively making an impact, providing leadership, advocacy, and engaging community stakeholders

Cultural Competency Outreach & Engagement (for example: Riverside Lunar Festival and sponsorships of other agency and community partner's outreach events)

Cultural Community Liaisons/Consultants for 9 diverse population/groups

Underserved Populations:
Asian Pacific Counseling & Treatment Center (APCTC): culturally and linguistically competent community mental health promotion program and parenting classes in Chinese & KITE program

Suicide Prevention Program and Services (Youth and Adults) to address the needs of diverse population
- AAPI Mental Health Promotion Programs provided by APCTC
- Wellness Workshops for Filipino American Families provided by FAMHRC
- In-language counseling services provided by APCTC
- Outreach and education services provided by AATF, APCTC and FAMHRC

RESPONSE: Thank you for your advocacy for underserved cultural populations, and specifically, the behavioral health and wellness needs of the Asian-American Pacific Islander community. Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(5) **Comment**: AAPI Mental Health Resource Center. While small, and often overshadowed, the efforts of this organization have helped me to reconnect with my Filipino community during the pandemic and gave me a space to verbalize my concerns about mental health during the pandemic.

RESPONSE: Non-traditional and smaller, grass-roots organizations are the pillar of Prevention and Early Intervention (PEI) Workplans. Riverside intentionally sought to work with smaller, community based organizations that know the community best and have an intimate working relationship with the communities they serve.

The pandemic tested and challenged our greater sense of community and made overall wellness a daily exercise. We are inspired that you were able to find a space of welcoming and support at the AAPI Resource Center.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(6) **Comment**: TAY Resiliency Project, Seeking Safety, Cognitive Behavioral Intervention for Trauma in Schools

RESPONSE: Thank you for your support of these MHSA Prevention and Early Intervention programs:
TAY (Transitional Age Youth) Resiliency Project: Includes the delivery of Stress and Your Mood, an evidence-based early intervention program that addresses depression, and Peer to Peer Services, which utilizes TAY peer support for high risk youth.

Seeking Safety: An evidence-based present-focused coping skills program designed for individuals with a history or trauma who do not meet the criteria for a Post-Traumatic Stress Disorder (PTSD) diagnosis.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): A group intervention designed to reduce symptoms of post-traumatic stress and depression in children who have been exposed to violence.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining these PEI programs and services in the MHSA Annual Update FY 22-23.

(7) **Comment**: AAPI Cultural Competency; Asian American & Pacific Islander Mental Health Resource Center, Asian Pacific Counseling & Treatment Center

RESPONSE: Thank you for your advocacy for underserved cultural populations, and specifically, the behavioral health and wellness needs of the Asian-American Pacific Islander community. Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(8) **Comment**: Peer Support, TAY

RESPONSE: Peer support workers are people who have been successful in the recovery process and now help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

Riverside has one of the most robust peer support systems in the State. With the recent peer support certification process authorized by the State, Riverside applied and was awarded the authorization as a peer training program that can lead to certification.

Transition Age Youth (TAY) identifies as youth between the ages of 16-25 as a distinct population due to the risks inherent in this developing age group. Riverside has an extensive TAY System of Care that includes regional TAY centers, Regional TAY Full Service Partnerships, and specially trained TAY peer support specialists.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Peer Support and TAY programs and services in the MHSA Annual Update FY 22-23.

(9) **Comment**: PEI is an agile program, nimbly updating itself with new research, using non-traditional settings for consumer interaction, and making excellent use of social media and videos. I see evening PSA announcements on TV for the "Stop the Weight Bias" campaign. Can't some of PEI's programs also get free public service announcements? You have all these materials, and who knows to go to the RUHS-BH YouTube page? Can you advertise on streaming services like Hulu?

The suicide education programs are superb. I have heard the media refer to "Died by suicide" which is an improvement. We also need to destigmatize drug users, who only engage more with substances due to shame.

Also, maintain and even enhance the Peer Work Force. Find money for WET. With new research constantly becoming available, the county needs to ensure employees stay informed.

RESPONSE: Marketing and media campaigns can reach larger audiences and encourage them to follow up on getting more information or seeking care.

MHSA programs are outcomes and data informed, and as new research and evaluation data becomes available that information is used to make Riverside's MHSA plan a living document to meet community need.

"MHSA PEI Workplan 1: Outreach, Awareness, and Stigma Reduction" has a specific action for a media campaign. The hallmark of this campaign is the Up2Riverside campaign, which includes targeted media for mental health awareness and suicide prevention, and also has a dedicated website. Annually, over 80,000 spots were aired in Riverside County cable TV networks and nearly 1000 radio spots aired on local radio stations. Streaming videos geared toward internet platforms yielded more than 1.2 million video completions and a 97% completion rate. These spots are typically short, and meant to normalize help seeking or help people recognize symptoms of serious mental illness.

PEI also co-chairs a Board of Supervisors directed Suicide Prevention Coalition – a coming together of multiple county departments and community organizations as part of a comprehensive Suicide Prevention Plan. There are 6 subcommittees of the coalition, and Effective Messaging – how to report on a suicide – is one of them. We are also pleased to see the changes observed in effective messaging language! Though many of us involved in human services are aware of the interface of mental health and substance use, only recently has legislation clarified and permitted the use of MHSA dollars on substance abuse prevention. Historically, MHSA funds could only be used to address co-occurring recovery – recovering from both a primary mental health diagnosis and a simultaneous addiction. PEI and our Substance Abuse Prevention programs have work on joint projects and continue to look at areas of increased collaboration and integration.

Riverside has one of the most robust peer support systems in the State. With the recent peer support certification process authorized by the State, Riverside applied and was awarded the authorization as a peer training program that can lead to peer certification.

Riverside has an active WET Plan that contains 5 Workplans and 19 Actions! Though original WET dollars expired in 2018, MHSA allows for funds to be drawn down from the Community Services and Supports (CSS) component to fund the WET plan. Thank you for supporting he development of the public behavioral health workforce!

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the mental health awareness campaigns, peer support, and workforce development plans and programs in the MHSA Annual Update FY 22-23.

(10) **Comment**: Individual Therapy and Family Therapy

RESPONSE: Psychotherapy as a treatment modality is a standard intervention strategy in behavioral health, even in programs not funded by MHSA. Therapy is a powerful tool of healing and transformation, and therapy is often central to many of our evidence-based practices.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the therapeutic programs in the MHSA Annual Update FY 22-23.

(11) **Comment**: Behavioral health services for AAPI, including counseling services and free parenting classes

RESPONSE: Every member of the community should feel welcomed and appropriately served at any county behavioral health program. Cultural Community education for our employees and targeted recruitment strategies in the WET Plan can increase culturally informed care.

Riverside has included the Cultural Competency Program within our MHSA Administration to continue the hard work necessary to reduce treatment disparities and enhance a culturally informed system.

Some programming is culturally tailored specifically to engage and serve a targeted at-risk or underserved cultural population. In the Prevention and Early Intervention (PEI) Plan, cultural outreach is defined in Workplan 1, and programs for underserved cultural populations are identified in Workplan 7.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(12) **Comment**: As a Filipino-American new to this area and having struggled with mental health. I have found the AAPI Mental Health Outreach and Stigma reduction services very helpful! Like the Fil-Am/AAPI Mental Health Resource Center & AATF, Cultural Competency, and APCTC.
I also believe that adding in the Crisis System of Care where a Mobile Crisis Team partners with Law Enforcement would be helpful! In my area, a lot of neighborhood watch folks are on social media but I believe this does more harm than good as they are not familiar with mental health.

RESPONSE: Thank you for your support of culturally informed services. The Asian American Pacific Islander Mental Health Resource Center is and the Asian American Task Force are outreach and advocacy programs in the Prevention and Early Intervention (PEI) Plan.

The Asian Pacific Counseling and Treatment Center is a community partner that provides Community Mental Health Promoters (PEI Workplan 1) and operates the program, Keeping Intergenerational Ties

in Ethnic Families (KITE), designed toward parenting and Asian/PI families (PEI Workplan 7).

Community Behavioral Assessment Teams (CBAT) are part of the Crisis System of Care in the Community Services and Supports (CSS) component of the plan. CBAT are police officer and clinical therapist partnership teams that respond to law enforcement dispatched calls in the community. These teams include all of the following law enforcement agencies: Riverside, Menifee, Corona, Beaumont, Cathedral City, Palm Desert, Hemet, Jurupa, Perris, Thermal, and Lake Elsinore. These teams continue to expand to other cities and areas as well.

Additionally, under the Workforce Education and Training (WET) Plan, law enforcement agencies throughout Riverside County are trained in Crisis Intervention Training (CIT), a curriculum developed by county and community behavioral health programs designed to orient officers on responding to someone in mental health crisis. During the 2020/21 fiscal year, training availability was abbreviated due to COVID restrictions; the CIT Program trained approximately 630 law enforcement students and instructed 33 law enforcement courses.

Several MHSA program offer community training: The Family Advocate; Parent Support and Training; Consumer Affairs; and, Prevention and Early Intervention. You may be able to access a training on mental health for your Neighborhood Watch group. To inquire further, you can email: PEI@ruhealth.org

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs, and the behavioral health/law enforcement partnerships in the MHSA Annual Update FY 22-23.

(13) **Comment:** Some of the behavioral health services that are helpful are the Asian American Task Force (AATF): collectively making

an impact, providing leadership, advocacy, and engaging community stakeholders, AAPI (Fil-Am) Mental Health Resource Center/PVFAA, Cultural Competency Outreach & Engagement, and Cultural Community Liaisons/Consultants for diverse population/groups.

RESPONSE: Thank you for your advocacy for underserved cultural populations, and specifically, the behavioral health and wellness needs of the Asian-American Pacific Islander community. Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement.

Prevention and Early Intervention services such as the Community Health Promoters provided by APCTC, the Asian American Pacific Islander Mental Health Resource Center (formerly known as the Filipino American Resource Center) operated by the Perris Valley Filipino American Association (PVFAA), and the Keeping Intergenerational Ties in Ethnic Families (KITE) curriculum have demonstrated successful outcomes.

Our outreach to underserved communities expanded, and we developed a greater role for our cultural community liaisons who assist both the Department and the community at improved inclusion. RUHS-BH has 10 liaisons that support the Department's mission to reduce service disparities: Veterans; Faith Based Communities, Asian/Pacific Islander; African-American, Latino/a/x; Native American; Middle-Eastern/North African; Deaf and Harding of Hearing; Varying Abilities; and LGBTQIA.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(14) **Comment:** I have only been introduced recently to the services through colleagues of the Asian American Task Force.

RESPONSE: We welcome your partnership and participation! Thank you!

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(15) **Comment:** Older adult programs, COVID vaccine/testing clinics, mental health services/referrals, supplementary services like resource fairs, yoga, etc.

RESPONSE: The MHSA Plan contains programming for older adults in the Community Services and Supports (CSS) Component which includes older adult Full Service Partnership (FSP) teams called Specialty Multidisciplinary Aggressive Response Treatment (SMART) teams, older adult specific outpatient mental health clinics in each region, as well as, PEI Workplan 5 – First Onset for Older Adults.

Riverside University Health System (RUHS) is integrated health care; we partnered with RUHS-Public Health to bring COVID clinics to behavioral health care sites.

RUHS-Behavioral Health has one centralized telephone line for all mental health and substance abuse treatment inquiries called the CARES Line (800-499-3008). Additionally, there are 3 – one in each county region – Mental Health Urgent Care centers.

Outreach sponsorship and participation is part of community connection. Engagement activities at local events included targeted outreach to underserved cultural communities through our Cultural Competency Program, outreach to family and informal support systems through our Consumer Affairs, Family Advocate, and Parent Support and Training programs, or as part of the mental health awareness and anti-stigma campaigns in our PEI plan.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the older adult, allied health care and integration, access/referral, and outreach programs and services in the MHSA Annual Update FY 22-23.

(16) **Comment:** It's important for the department to continue to support diverse communities with the assistance of the Cultural Community Liaisons.
PEI and Cultural Competency departments support of AAPI organizations, programs and events have been valuable in increasing awareness, education, and outreach to reduce stigma.

RESPONSE: Thank you for your advocacy for underserved cultural populations, and specifically, the behavioral health and wellness needs of the Asian-American Pacific Islander community. Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement.

Our outreach to underserved communities expanded, and we developed a greater role for our cultural community liaisons who serve to assisting both the Department and the community at improved inclusion. RUHS-BH has 10 liaisons that support the Department's mission to reduce service disparities: Veterans; Faith Based Communities, Asian/Pacific Islander; African-American, Latino/a/x; Native American; Middle-Eastern/North African; Deaf and Harding of Hearing; Varying Abilities; and LGBTQIA.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(17) **Comment:** It's good to see that Riverside County Asians are very active in the community in providing resources, information,

education, support, and assistance. I did not know about the different programs until I met outreach workers and staff at the festivals. I am glad they are doing good service for the Asian people.

RESPONSE: Thank you for your advocacy for underserved cultural populations, and specifically, the behavioral health and wellness needs of the Asian-American Pacific Islander community. Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(18) **Comment:** I often tell my children at home how I'm doing with my friends through my presentations about bullying, and if I ever get bullied, I say, "Stop!" I have learned that I have to teach to speak, and I hope to continue the various workshops on mental health.

RESPONSE: Workshops on interpersonal skills and training on healthy relationships can be full of great ideas, and also inspire people to envision what they want in their own lives. Thank you for contributing to a healthier Riverside County!
Though partnership with other county departments, collaboration with community organizations, and specific actions in our CSS, WET and PEI plans, community education is offered regularly and at no cost to the participant.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining community education programs and services in the MHSA Annual Update FY 22-23.

(19) **Comment:** Mental Health Outreach – PVFAA, AATF

RESPONSE: Thank you for your advocacy for underserved cultural populations, and specifically, the behavioral health and wellness needs of the Asian-American Pacific Islander community. Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement.

Prevention and Early Intervention services such as the Community Health Promoters provided by APCTC, the Asian American Pacific Islander Mental Health Resource Center (formerly known as the Filipino American Resource Center) operated by the Perris Valley Filipino American Association (PVFAA), and the Keeping Intergenerational Ties in Ethnic Families (KITE) curriculum have demonstrated successful outcomes.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(20) **Comment:** Cultural Competency Outreach and Engagement, Cultural Community Liaisons-diverse.

RESPONSE: Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement.

Our outreach to underserved communities expanded, and we developed a greater role for our cultural community liaisons who serve to assisting both the Department and the community at improved inclusion. RUHS-BH has 10 liaisons that support the Department's mission to reduce service disparities: Veterans; Faith Based Communities, Asian/Pacific Islander; African-American, Latino/a/x; Native American; Middle-Eastern/North African; Deaf and Harding of Hearing; Varying Abilities; and LGBTQIA.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(21) **Comment:** AATF, AAPI, Outreach & Engagement.

RESPONSE: The MHSA PEI Plan includes Mental Health Promoters – contract providers from underserved cultural communities contracted to provide culturally informed outreach and education to members of their same community. Topics are geared toward mental health awareness, anti-stigma, and related mental health education.

Additional outreach and partnership development is performed by our 10 Cultural Community Liaisons. RUHS-BH has 10 liaisons that support the Department's mission to reduce service disparities: Veterans; Faith Based Communities, Asian/Pacific Islander; African-American, Latino/a/x; Native American; Middle-Eastern/North African; Deaf and Harding of Hearing; Varying Abilities; and LGBTQIA.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(22) **Comment:** TAY – Transitional Age Youth

RESPONSE: Transition Age Youth (TAY) identifies youth between 16-25 as a distinct population due to the risk inherent in this developing age group. Riverside has an extensive TAY System of Care that includes regional TAY centers, Regional TAY Full Service Partnerships, and specially trained TAY peer support.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the TAY programs and services in the MHSA Annual Update FY 22-23.

(23) **Comment:** Suicide Prevention, Mental Health Outreach, Senior Care Services

RESPONSE: Suicide Prevention and Mental Health Outreach are key provisions in the MHSA Prevention and Early Intervention (PEI) plan, and include targeted media campaigns, community mental health promoters, and monthly scheduled training for the community at no cost to the participants. In addition, PEI co-chairs The Suicide Prevention Coalition, a county and community partnership designed to address multiple avenues to prevent Riverside County suicides including effective messaging, intervention, and post-vention supports for families that have experienced suicide.

The MHSA Plan contains programming for Older Adults in the Community Services and Supports (CSS) Component which includes older adult Full Service Partnership (FSP) teams called Specialty Multidisciplinary Aggressive Response Treatment (SMART) teams, older adult specific outpatient mental health clinics in each region, as well as, PEI Workplan 5 – First Onset for Older Adults.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Suicide Prevention, Mental Health Awareness strategies, and the care programs for older adults in the MHSA Annual Update FY 22-23.

(24) **Comment:** Cultural Community Outreach

RESPONSE: Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement. PEI Workplan 1

contains several outreach services to underserved cultural communities including Mental Health Community Promoters programs.

Our outreach to underserved communities expanded, and we developed a greater role for our cultural community liaisons who assist both the Department and the community at improved inclusion. RUHS-BH has 10 liaisons that support the Department's mission to reduce service disparities: Veterans; Faith Based Communities, Asian/Pacific Islander; African-American, Latino/a/x; Native American; Middle-Eastern/North African; Deaf and Harding of Hearing; Varying Abilities; and LGBTQIA.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(25) **Comment:** Mental Health Outreach

RESPONSE: Mental Health Outreach is strongly featured in the two largest MHSA components: CSS and PEI. The lived experience programs – Consumer Affairs, the Family Advocate, and Parent Support and Training – have key outreach activities within their programming. PEI Workplan 1 – Outreach, Awareness, and Stigma Reduction – focus PEI strategies in improving community knowledge around behavioral health.

Additionally, the WET Plan has outreach to youth with the specific goal to support public behavioral health pipeline activities that inspire and support youth to pursue public behavioral health careers.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the outreach and engagement activities in the MHSA Annual Update FY 22-23.

(26) **Comment:** Mental Health Outreach, Suicide Prevention, Substance Abuse Prevention

RESPONSE: Mental Health Outreach is strongly featured in the two largest MHSA components: CSS and PEI. The lived experience programs – Consumer Affairs, the Family Advocate, and Parent Support and Training – have key outreach activities within their programming. PEI Workplan 1 – Outreach, Awareness, and Stigma Reduction – focus PEI strategies in improving community knowledge around behavioral health.

Additionally, the WET Plan has outreach to youth with the specific goal to support public behavioral health pipeline activities that inspire and support youth to pursue public behavioral health careers.

Suicide Prevention is a key provision in the MHSA Prevention and Early Intervention (PEI) plan, and includes targeted media campaigns, community mental health promoters, and monthly scheduled training for the community at no cost to the participants. In addition, PEI co-chairs The Suicide Prevention Coalition, a county and community partnership designed to address multiple avenues to prevent Riverside County suicides including effective messaging, intervention, and post-vention supports for families that have experienced suicide.

Recent legislation has clarified that MHSA PEI funds can be used, at county discretion, for Substance Abuse Prevention activities. The Substance Abuse Prevention program with RUHS-BH, and the MHSA PEI programs have partnered on several projects and continue to look where they can integrate. Substance Abuse Prevention is directly funded by other sources.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Mental Health Outreach, Suicide Prevention, Substance Abuse Prevention programs and services in the MHSA Annual Update FY 22-23.

(27) **Comment:** AATF

RESPONSE: The Asian American Task Force (AATF) is one of the community advisory groups supported by the Cultural Competency Program and chaired by a contracted Cultural Liaison. Advisory Committees connected to the Cultural Competency Unit advise the Department on the behavioral health development needs of a cultural community, assist with addressing unmet service disparities, and sponsor local cultural events to promote positive mental health to a cultural community.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(28) **Comment:** Mental Health Outreach-PVFAA

RESPONSE: The primary functions of the Asian American Mental Health Resource Center are to provide mental health education to the AAPI community, host events, and connect community to resources. COVID pandemic and stay-at-home orders required the physical location of the center to close. Without a meeting place, events were conducted virtually. Outreach in the community continued to be a challenge and recruitment in virtual education workshops were difficult. Continued partnership with a community-based mental health agency that specifically serves AAPI population assisted with community connection and virtual events.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(29) **Comment:** Asian American Task Force, AAPI)(Fil-AM) Mental Health Resources Center PVFAA

RESPONSE: Thank you for your advocacy for underserved cultural populations, and specifically, the behavioral health and wellness needs of the Asian-American Pacific Islander community. Culturally informed practices have shown improved outcomes for recipients from underserved communities. Outreach and behavioral health education can improve engagement.

Prevention and Early Intervention services such as the Community Health Promoters provided by APCTC, the Asian American Pacific Islander Mental Health Resource Center (formerly known as the Filipino American Resource Center) operated by the Perris Valley Filipino American Association (PVFAA), and the Keeping Intergenerational Ties in Ethnic Families (KITE) curriculum have demonstrated successful outcomes.

Our outreach to underserved communities expanded, and we developed a greater role for our cultural community liaisons who assist both the Department and the community with improved inclusion. RUHS-BH has 10 liaisons that support the Department's mission to reduce service disparities: Veterans; Faith Based Communities, Asian/Pacific Islander; African-American, Latino/a/x; Native American; Middle-Eastern/North African; Deaf and Harding of Hearing; Varying Abilities; and LGBTQIA.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(30) **Comment:** Perris Valley Filipino American Association – Mental Health Resource Center

RESPONSE: The primary functions of the Asian American Mental Health Resource Center are to provide outreach and education to the

AAPI community, host events, and connect community to resources. COVID pandemic and stay-at-home orders required the physical location of the center to close. Without a meeting place, events were conducted virtually. Outreach I the community continued to be a challenge and recruitment in virtual education workshops were difficult. Continued partnership with a community-based mental health agency that specifically serves AAPI population assisted with community connection and virtual events.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(31) **Comment:** AATF and AAPI (FILAM) – Mental Health Resource Center

RESPONSE: The Asian American Task Force (AATF) is one of the community advisory groups supported by the Cultural Competency Program and chaired by a contracted Cultural Community Liaison. Advisory Committees connected to the Cultural Competency Unit advise the Department on the behavioral health development needs of a cultural community, assist with addressing unmet service disparities, and sponsor local cultural events to promote positive mental health to a cultural community.

The primary functions of the Asian American Mental Health Resource Center are to provide outreach to the AAPI community, host events, and connect community to resources. COVID pandemic and stay-at-home orders required the physical location of the center to close. Without a meeting place, events were conducted virtually. Outreach in the community continued to be a challenge and recruitment in virtual education workshops were difficult. Continued partnership with a community-based mental health agency that specifically serves AAPI population assisted with community connection and virtual events.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(32) **Comment:** AATF, AAPI

RESPONSE: Please see response to comment number 29.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(33) **Comment:** AATF & AAPI (FIL Am) Mental Health

RESPONSE: Please see response to comment number 29.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(34) **Comment:** AATF, AAPI

RESPONSE: Please see response to comment number 29.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

2. **Which behavioral health services have you not found helpful or would like to see us change? Please also tell us about any service gaps or services that seem missing**

(1) **Comment**: Not always feeling safe at residence Roy's, issues with psychiatrist. (psychiatrist not listening, lack of consistent psychiatrist)

RESPONSE: Safety and feeling valued are the two most important parts of any relationship, and are especially important at your home, and when establishing care with a mental health professional.

There is a shortage of psychiatrists throughout the State which has also impacted the whole inland region, but particularly the cities of the Desert. This can create unwanted turnover for the consumer and the service program.

You can share your ideas and help improved services through participation! Sharing information and problem solving at The Desert Regional Mental Health Board, or the Adult System of Care Meetings under the Behavioral Health Commission (BHC) is a welcoming place to address service concerns. You can find out more about these committees at: https://www.rcdmh.org/Mental-Health-Board

Your concerns have been provided to the Housing and Desert Region Adult Services Program Administrators. You are encouraged to also address any outstanding concerns with the RUHS-BH Quality Improvement Program at: **1-800-413-9990.**

BHC RECOMMENDATION: The Behavioral Health Commission recommends ensuring consumers and families have regular orientation to the problem resolution and grievance process regarding program satisfaction and service delivery, and supports the Workforce Development Programs as described in the MHSA Annual Update FY 22-23.

(2) **Comment**: Crucial for team members of the Crisis System of Care to be culturally competent, be trained in implicit bias and cultural humility. And there's not much information available about the diversity of current RUHS-BH clinical staff/providers – how may any bicultural/bilingual in other ethnic or cultural groups besides Spanish?

RESPONSE: Diversity and Cultural Competency training is crucial for all – but especially for those who work with people at the most vulnerable times

in their lives. All Department employees are mandated to have annual cultural competency training. Implicit Bias training is certainly a great recommendation to add!

Based on Federal and State regulations, information on employee ethnicity can only be provided voluntarily by the employee. Language ability can be reported by an employee, but must also be vetted to ensure the employee has adequate fluency to provide therapy in that language. Previous attempts to survey employees have not proven successful. Cultural Competency is interested in the development of a quantitative list of service employees' linguistic capacity and creating additional supports to ensure their development as bilingual practitioners.

Workforce Education and Training (WET) has targeted recruitment strategies for students from underserved cultural populations, which include prioritizing our internship program, as well as, some stipend and loan assumption programs for students who speak languages necessary to meet the needs of Riverside County consumers.

There is a current therapist shortage that has hit the inland region particularly hard. Recruiting students who speak Asian languages into public behavioral health careers will require a solid partnership with Asian communities to foster interest and support for good candidates in behavioral health careers – Peer Support Specialists, Behavioral Health Specialists, Substance Abuse Counselors, Clinical Therapists, Mental Health Nurses and Psychiatric Technicians, and Psychiatrists, Mental Health Nurse Practitioners, and Mental Health Physician Assistants. We are eager to partner with the Asian community to inspire students with Asian bicultural/bilingual backgrounds into these public behavioral health careers!

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for the expansion of

programming based on progress reports, data findings, and stakeholder feedback.

(3) **Comment**: For Prevention and Early Intervention: Mental Health First Aid classes only available in 2 languages – need to expand to other languages and cultural groups and recruit diverse trainers, esp. Chinese.

RUHS-BH promotional & educational materials and website not accessible to other communities with limited English proficiency and primarily only translated into Spanish language. Please include Chinese.

Expand First Onset Program to youths and adults in underserved Chinese communities regardless of health insurance coverage (with or without Medi-Cal), for example "Stepped Care Approach"

For Community Resources and Help:
No information available about the diversity of current RUHS-BH clinical staff/providers – how may any bicultural/bilingual in other ethnic or cultural groups besides Spanish?

Crucial for team members of the Crisis System of Care to be culturally competent, be trained in implicit bias and cultural humility

RESPONSE: Great ideas! With every strength, there can also be great challenges. Finding solutions will mean active partnerships!

Per the US Census Bureau, in 2019, the most common non-English language spoken in Riverside County was Spanish; **34.5%** of the overall population are native Spanish speakers. The next two most common languages of the overall population are Tagalog (**1.77%**) and Chinese (Mandarin and Cantonese combined totaling **0.8.11%** of the total population).

Currently, the Department's website is in the planning stages of being redesigned, including updating the technology. Your recommendation to

make the website more accessible via multiple language abilities will be provided to our Public Information Officer.

The mental health awareness program known as Mental Health First Aid is a proprietary model that has only been developed in English and Spanish. The proprietor does not permit translation of the material into any other languages in fear that it will compromise fidelity. But, this may provide an opportunity to explore additional models, models that are specifically, culturally informed for Asian communities. Currently, under PEI, the Mental Health Promoters contract is fulfilled by Asian Pacific Counseling and Treatment Centers (APCTC). APCTC provided monthly mental health education and the majority of participants (37.4%) identified as Chinese. APCTC conducted trainings on the following mental health related topics: Anxiety; Bipolar and Psychosis; Children's Mental Health 101; COVID Anxiety and Other Stressors; Depression; Mental Health 101; Substance Use; Suicide Prevention; and, Trauma.

By regulation, MHSA funds are used as "the funds of last resort." This often means that MHSA funds are braided with other funding sources and are geared toward assisting community members with the fewest assets and resources. Though community education, drop-in centers and crisis resources are open to all members of the community, on-going outpatient care and acute levels of care can be restricted to those who have no funding sources or rely on public resources. Care is bridged for those with private insurance to ensure care is not interrupted, but consumers who have private insurance are linked to their primary provider after an initial period of crisis resolution or engagement.

Based on Federal and State regulations, information on employee ethnicity can only be provided voluntarily by the employee. Language ability can be reported by the employee, but must also be vetted to ensure the employee has adequate fluency to provide therapy in that language. Previous attempts to survey employees have not proven successful. Cultural Competency is interested in the development of a quantitative list of our service employees' linguistic capacity and creating additional supports to

ensure their development as bilingual providers. Early planning in this area has started.

WET has targeted recruitment strategies for students from underserved cultural populations, which include prioritizing our internship program, as well as, some stipend and loan assumption programs for students who speak languages necessary to meet the needs of Riverside County consumers. Though bilingual students receive additional selection points for therapist internships with the Department, based on applicants, only 2 Asian languages were represented in FY 20/21: Tagalog (2% of the student cohort) and Hmong (2% of the student cohort).

There is a current therapist shortage that has hit the inland region particularly hard. Recruiting students who speak Asian languages into public behavioral health careers will require a solid partnership with Asian communities to foster interest and support for good candidates in public behavioral health careers – Peer Support Specialists, Behavioral Health Specialists, Substance Abuse Counselors, Clinical Therapists, Mental Health Nurses and Psychiatric Technicians, and Psychiatrists, Mental Health Nurse Practitioners, and Mental Health Physician Assistants. We are eager to partner with the Asian community to inspire students with Asian bicultural/bilingual backgrounds into these public behavioral health careers!

Diversity and Cultural Competency training is crucial for all – but especially for those who work with people at the most vulnerable times in their lives. All Department employees are mandated to have annual culture competency training. Implicit Bias training is certainly a great recommendation to add!

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(4) **Comment**: Some service gaps are promotion and destigmatization of harm reduction and overdose prevention centers/services in our county. Providing training or partnerships with AAPI mental health groups would better equip them to address issues of addiction and substance abuse.

RESPONSE: Traditionally, MHSA funds had a limited scope to address substance abuse and prevention. Services could address co-occurring recovery – having both a mental health and addiction recovery – but could not be used to address just substance use services.

Though MHSA funds had been restricted, Substance Abuse Prevention is a distinct program in the overall RUHS-BH system (funded using another source.) Some recent legislation has expanded the use of PEI dollars to include substance use prevention, and the department's PEI and Substance Abuse Prevention units have collaborated on some projects.

All RUHS-BH contractors are obligated under their contracts to train their staff in cultural competency and to provide culturally competent care, this includes SAPT contractors.

Cultural Competency Program and our Substance Abuse Prevention and Treatment (SAPT) Program have recently met to dialogue on increased inclusion of SAPT programs within the Cultural Competency Plan. Your idea to train PEI cultural providers on addiction related topics will be introduced into those discussions.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(5) **Comment**: All of these services are very helpful. For the TAY [Transitional Age Youth] Resiliency Project I would suggest making the two programs separate. TAY Resiliency Project, Cognitive Behavioral Intervention for Trauma in Schools. One gap that is missing are programs for youth under the age of 10.

RESPONSE: The two programs that comprise the TAY Resiliency Project are Stress and Your Mood (SAYM), an evidenced based early intervention program targeting youth with depression, and Peer-to-Peer Services, a program that utilizes TAY peers to provide outreach and informal counseling. These two programs had existed in the PEI plan separately, but were combined for Request for Proposal (the bidding process) to allow for better coordination. Though they are provided by the same contractor, and work well together, the two programs can provide service independent of the other. The TAY Resiliency Project is in PEI Workplan 4: Transition Age Youth Project.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS), a group intervention to reduce trauma-related symptoms and depression in children who have been exposed to violence, is a stand-alone program as part of PEI Workplan 6: Trauma-Exposed Services.

The programs in PEI Workplan 2, Parent Education and Support, are designed toward the needs of younger children and include: Triple P, a program for families with children from birth to age 12; Mobile Mental Health Units that provide Parent Child Interaction Therapy (designed for children 5 and under), and teacher and parent consultations for students with behavioral health challenges, and small groups for children whose parents are incarcerated; and, Strengthening Families, a family resiliency building program for families with kids ages 6-11.

The Children's System of Care, service provision for youth who require services beyond PEI programs, includes regional service programs specific to children 0-5, outpatient children's programs that include an array of

mental health services to very young children, and the mobile crisis teams that can respond to very young children in emotional or behavioral crisis.

Your request to examine the PEI needs of very young children has been provided to the PEI Manager for review with the PEI Steering Committee.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Prevention and Early intervention programs for youth and children in the MHSA Annual Update FY 22-23, and recommends the exploration of expanding programs to very young children based on research, data, and stakeholder feedback.

(6) **Comment**: Prevention & Early Intervention quarterly workshops -- due being unable to find registration link

RESPONSE: PEI provides monthly training around mental health awareness, self-care and wellness, trauma and resiliency, and suicide prevention. These trainings are free. PEI also hosts a quarterly PEI Collaborative, where PEI contractors, staff, and stakeholders meet to review the progress of the PEI Plan. There is no direct link to sign-up for either the trainings of the collaborative, but interested participants can email PEI directly to register: PEI@ruhealth.org . PEI overview can be found on the PEI page under the MHSA index on the Department's website: https://www.rcdmh.org/MHSA/pei

Your recommendation to create a more visible process to access these resources will be provided to the PEI Manager and the RUHS Marketing Team which operates the Department's website.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to make access and referral resources more visible on RUHS-BH websites and electronic media.

(7) **Comment**: Entheogen services for mental health, such as ketamine & psilocybin & LSD

Qualitative and quantitative data on firearms research: the health effects and risks of arms ownership
Anti-fat bias in the health care system as a social determinant of health

RESPONSE: Expanding medication services to include Entheogen Services would be a Department-wide decision that would go beyond just MHSA funded programs. Your recommendation will be provided to the Medical Director.

The Department's Research and Evaluation Unit is limited to reporting and managing data outcomes for Department programs and services.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the programs and services in the MHSA Annual Update FY 22-23.

(8) **Comment**: Nothing - I think they are all stellar. Take my Hand Peer Chat should have longer hours

RESPONSE: Thank you for your support of the MHSA Plan Annual Update FY 22-23. Your recommendation for longer Peer Chat hours will be provided to the Peer Accountability and Oversight Administrator.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the programs and services in the MHSA Annual Update FY 22-23.

(9) **Comment**: The Eastern Coachella Valley population would benefit from services such as EMDR Therapy

RESPONSE: A plan to bring Eye Movement Desensitization and Reprocessing (EMDR) Therapy, an evidence-based somatic therapy to treat trauma, is currently in final proposal stages. If all goes as planned, training will begin in January, 2023. EMDR will become a service provided by RUHS-BH programs countywide. The proposal was developed by the

Workforce Education and Training (WET) unit based on prior stakeholder feedback.

Successful planning for any new therapeutic practice includes identifying an instructing organization, determining which Department therapists are the best candidates to be trained, and also creating a fidelity and clinical supervision infrastructure for therapist development and quality of care. These elements can take time to establish but ensure a more successful program once implemented.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the WET programs in the MHSA Annual Update FY 22-23, and looks forward to the implementation of EMDR as an additional service provision and the related progress reports on client outcomes.

(10) **Comment**: Currently, many residents in the AAPI communities are more aware of Mental Health and are actually seeking services. However, services that are language- and culture-specific are very limited and/or unavailable. We need more service providers in Chinese, Korean, Vietnamese, Thai, Filipino who can provide services immediately so that when individuals seek services, they are not discouraged by the unavailability or the waitlist.

RESPONSE: Access to service has become more impacted based on an overall shortage of therapists, and increased competition among health care systems and school districts that employ them. This has hit the inland region particularly hard. The Department has many more position vacancies than qualified candidates to fill them. Therapists with bilingual/bicultural backgrounds are in even greater demand. Some strategies to enhance recruitment and retention have been developed by the RUHS-BH Supervisors' group, and their recommendations have been examined at the executive level. Several ideas are moving through the authorization process.

WET has targeted outreach to students from underserved cultural populations, which includes prioritizing our internship program for students with bilingual and bicultural backgrounds, as well as, some stipend and loan assumption programs for practitioners who speak languages necessary to meet the needs of Riverside County consumers.

Recruiting students who speak Asian languages into public behavioral health careers will require a solid partnership with Asian communities to foster interest and support for good candidates across behavioral health careers – Peer Support Specialists, Behavioral Health Specialists, Substance Abuse Counselors, Clinical Therapists, Mental Health Nurses and Psychiatric Technicians, and Psychiatrists, Mental Health Nurse Practitioners, and Mental Health Physician Assistants. We are eager to partner with the Asian community to inspire students with Asian bicultural/bilingual backgrounds into these public behavioral health careers!

In the interim, contractors with cultural expertise have seen their contracts expanded. Providers who have bilingual capabilities and are willing to serve low income consumer and families are encouraged to apply as managed care contractors. Additionally, though not the ideal, all service programs have access to language interpretation services.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(11) **Comment:** I am finding that a lot of programs seem to be missing language accessibility to AAPI communities such as the Mental Health First Aid training program, RUHS-promotional and educational programs, and the substance abuse program. I believe it would also be helpful to add a diverse population of RUHS members to showcase the diverse communities they serve to show underserved populations like the AAPI community. It would

be highly beneficial to also provide training on leadership development for those with diverse backgrounds to grow for more cultural competent leaders.

RESPONSE: Per the US Census Bureau, in 2019, the most common non-English language spoken in Riverside County was Spanish; **34.5%** of the overall population of Riverside County are native Spanish speakers. The next two most common languages spoken are Tagalog **(1.77%)** and Chinese (Incl. Mandarin and Cantonese combined at **0.811%**).

The mental health awareness program known as Mental Health First Aid is a proprietary model that has only been developed in English and Spanish. The proprietor does not permit translation of the material into other languages in fear that it will compromise fidelity. But, this may provide an opportunity to explore additional models, models that are specifically, culturally informed for Asian communities.

Currently, under PEI, the Mental Health Promoters contract is fulfilled by Asian Pacific Counseling and Treatment Centers (APCTC). APCTC provided monthly mental health education and the majority of participants (37.4%) identified as Chinese. APCTC conducted trainings on the following mental health related topics: Anxiety; Bipolar and Psychosis; Children's Mental Health 101; COVID Anxiety and Other Stressors; Depression; Mental Health 101; Substance Use; Suicide Prevention; and, Trauma. In the last fiscal year, APCTC provided a total of 62 presentations.

Access to service has become more impacted based on an overall shortage of therapists, and increased competition among health care systems and school districts that employ them. This has hit the inland region particularly hard. The Department has many more position vacancies than qualified candidates to fill them. Therapists with bilingual/bicultural backgrounds are in even greater demand.

WET has targeted outreach to students from underserved cultural populations, which includes prioritizing our internship program for students

who are bilingual or bicultural, as well as, some stipend and loan assumption programs for practitioners who speak languages necessary to meet the needs of Riverside County consumers.

The great majority of our intern cohort of bilingual students were bilingual Spanish (49%), when compared to English only speaking students (26% of the total student cohort.) Student applicants speaking other languages remains low: ASL (2%); Tagalog (2%); Hmong (2%); and Arabic (2%).

Recruiting students who speak Asian languages into public behavioral health careers will require a solid partnership with Asian communities to foster interest and support for good candidates across behavioral health careers – Peer Support Specialists, Behavioral Health Specialists, Substance Abuse Counselors, Clinical Therapists, Mental Health Nurses and Psychiatric Technicians, and Psychiatrists, Mental Health Nurse Practitioners, and Mental Health Physician Assistants. We are eager to partner with the Asian community to inspire students with Asian bicultural/bilingual backgrounds into these public behavioral health careers!

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(12) **Comment:** I think BH services and trainings such as the mental health first aid, suicide prevention; substance abuse prevention, etc. need to be offered in more languages to be accessible to community members. These trainings need to include a cultural competency component considering the diverse population of Riverside County.

RESPONSE: The mental health awareness program known as Mental Health First Aid is a proprietary model that has only been developed in English and Spanish. The proprietor does not permit translation of the

material into other languages in fear that it will compromise fidelity. But, this may provide an opportunity to explore additional models, models that are specifically, culturally informed for other underserved communities and that provide materials in multiple languages.

Currently, under PEI, the Mental Health Promoters' contract for the AAPI community is fulfilled by Asian Pacific Counseling and Treatment Centers (APCTC). APCTC provided monthly mental health education and the majority of participants (37.4%) identified as Chinese. APCTC conducted trainings on the following mental health related topics: Anxiety; Bipolar and Psychosis; Children's Mental Health 101; COVID Anxiety and Other Stressors; Depression; Mental Health 101; Substance Use; Suicide Prevention; and, Trauma.

Promotores de Salud Mental, the community mental health worker program for Latino and Spanish Speaking communities, is provided by Vision Y Compromiso. All presentations were provided in Spanish and included topics on: Anxiety; Depression; Bipolar Disorder; General Mental Health; Effects of Drugs and Alcohol; Suicide Prevention; Trauma; and, Schizophrenia. Within the last fiscal year, they provided 1,637 one-hour mental health presentations.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(13) **Comment:** Our communities in the Coachella Valley need to be informed and engaged to know what is available and then can truly make any recommendations.

RESPONSE: We agree that an informed opinion is the most powerful opinion! Just like in a classroom, both student and teacher need an active partnership to create the best learning.

The primary reporting document describing MHSA funded programs and their progress outcomes is the MHSA 3-year Plan, and the MHSA Annual Update. The current draft plan, which created this public comment and feedback period, is posted for 30 days, followed by a public hearing. For the past 3 years, due to COVID restrictions, the public hearing process became fully virtual and allowed people countywide to access MHSA Plan highlight videos in either English or Spanish, 24 hours a day, 7 days a week for an additional 2-week period.

The prior MHSA Plans, in English and Spanish, are available on the MHSA webpages of the Department's website. These are important documents because the development of a new plan begins with the current 3-Year Plan and the last Annual Update. Many of these programs roll over into the new plan in order to prevent service disruption and to sustain continuity of care.

Considering that these plans can range over 400 pages long, stakeholders requested summary documents, which we called "The MHSA Toolkit." These summary documents are shared electronically to MHSA distribution lists, and can be located on the MHSA Annual Update landing page under the MHSA index. The Toolkit documents include: a MHSA Plan Highlights and Changes Summary; a PowerPoint curriculum that contains MHSA component and stakeholder education; a Regional Grid that is a quick look at MHSA funded services available in each region; and a Stakeholder Partner and Participation Directory which provides the meeting dates and times of the network of community advisory groups that comprise the core of MHSA stakeholders in Riverside.

MHSA representatives are regular attendees at most of the community advisory meetings listed in the Stakeholder Partner and Participation

Directory, and MHSA has a standard place on agenda at the monthly Behavioral Health Commission meetings. If you are already an active member on any of these community meetings, please encourage your chair to add MHSA education as an item on your meeting agendas.

Additionally, at the beginning of the calendar year, MHSA representatives attend one meeting of each of these advisory committees and provide a formal education and review of the MHSA, as well as updates on plan progress.

Not all Department Services are represented in the MHSA Plan and the Plan is not meant to be a guide of all programs provided. A review of the Department's Guide to Services is on the Department's Website, divided by service population (Adult, Children and Adolescent, Older Adult, and Substance Abuse) on the main landing page: https://www.rcdmh.org/

Community Mental Health Promoters, people from the community who then engage and educate the community on mental health, are available for Latino/a/x, Black/African-American, Native American, Asian/Pacific Islander, and LGBTQ populations.

Additionally, the RUHS-BH operates telephone access and warm lines that can assist residents to better understand the services available to them. These numbers include the RUHS-BH central access line called the CARES Line (800-499-3008), the Family Advocate (800-330-4522), and Parent Support and Training (888-330-4522).

MHSA administration welcomes feedback on additional avenues of engagement and education! Please make your recommendations at MHSA@ruhealth.org .

BHC RECOMMENDATION: The Behavioral Health Commission supports an active community stakeholder and participation process, and welcomes recommendations on additional avenues of engagement an education. The BHC encourages all Riversiders to read the draft

MHSA plan or the related summary documents and to participate in the community advisory committees that meet year round.

(14) **Comment:** Workshops/informational events like classes are helpful, but it seems as if the focus is on numbers rather than building a connection with the community.

RESPONSE: We are sorry that has been your experience. Recommendations on how to improve this engagement are always welcomed!

Evaluations from community presentations and trainings have consistently shown strong satisfaction among participants with the great majority indicating that they would recommend the presentations to others.

BHC RECOMMENDATION: The Behavioral Health Commission supports an active and engaged community, and welcomes recommendations on additional avenues of engagement an education. The BHC encourages all Riversiders to participate in the community advisory committees that meet year round to have new ideas heard.

(15) **Comment:** The restrictions on program eligibility for children, youth, and adults who initially develop symptoms (for example, not Medi-Cal eligible or have private insurance) create additional barriers, especially for those who need culturally congruent services. Other counties offer "no wrong door" or transitional care.

RESPONSE: Restrictions may be dependent on the kind of service being requested.

Most PEI programming, general community engagement and education programs, and crisis response services are typically not restricted. These programs usually are the "doorway" into on-going services that continue and support recovery.

Though community education, drop-in centers, and crisis resources are open to all members of the community, on-going outpatient care and acute levels of care can be restricted to those who have no funding sources or rely on government resources. Care is bridged for those with private insurance to ensure care is not interrupted, but consumers who have private insurance are then linked to a provider authorized by their insurance.

MHSA was designed as a funding of last resort, which often means that people who have private insurance, or other financial resources, are then connected to the care system supported by their insurance carrier. Doing so leaves service availability to those who do not have an additional option for care.

Advocacy can be both empowering and exhausting. Not having culturally informed and linguistically competent care is disheartening. Yet, private insurance and health care systems also need to hear from their members that services need to be culturally-informed and linguistically accessible.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(16) **Comment:** I am worried about drug use, violence, and suicide in my community but I don't have many programs in Riverside that speak different Asian languages. I have insurance and the programs available that I can't go to, but not too many choices for programs that serve and understand Asian culture and our needs.

RESPONSE: Restrictions may be dependent the kind of service being requested. Some PEI programming, general community engagement (like the Asian American Task Force) and education programs, and

crisis response services are typically not restricted by the insurance type of the participant.

MHSA was designed as a funding of last resort, which often means that people who have private insurance or other financial resources are then connected to the care system supported by their insurance carrier or provider. Doing so leaves service availability to those who do not have an additional option for care.

Advocacy can be both empowering and exhausting. Not having culturally informed and linguistically competent care is disheartening. We are also discouraged that RUHS-BH is not able to fund the needs of all people seeking behavioral health care. Yet, private insurance and health care systems also need to hear from their members that services need to be culturally-informed and linguistically accessible.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(17) **Comment:** I love the behavioral health services on-going.

RESPONSE: Thank you for your support of quality behavioral health care.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the programs and services in the MHSA Annual Update FY 22-23.

(18) **Comment:** Substance Abuse Prevention – undetected

RESPONSE: Traditionally, MHSA funds had a limited scope to address substance abuse and prevention. MHSA funding could address co-

occurring recovery – having both a mental health and addiction recovery – but could not be used to address just substance use treatment or prevention.

Though MHSA funds had been restricted, Substance Abuse Prevention is a distinct program in the overall RUHS-BH system (funded using another source.)

Some recent legislation has expanded the use of PEI dollars to include substance use prevention, and the department's PEI and Substance Abuse Prevention units have collaborated on some projects. But, the comprehensive RUHS-BH Substance Abuse Prevention program is not described in the MHSA Plan. To learn more about the RUHS-BH Substance Abuse Treatment and Prevention Program, please contact the CARES Line: (800) 499-3008.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the continued collaboration between PEI and Substance Abuse Prevention programs in the MHSA Annual Update FY 22-23, and encourages greater promotion and visibility of the current Substance Abuse Prevention programs.

(19) **Comment:** Programs to minimize bullying should be easily reachable.

RESPONSE: Though programs geared toward strengthening family bonds have some protective factors that assist with the development of stronger social emotional wellness, there are not specific programs in the MHSA plan geared toward anti-bullying.

The Mobile Clinics in PEI Workplan 2 offer parent and teacher consultation on addressing student behaviors and interventions, which can include perpetrators or victims of bullying.

Many school districts provide their own chosen curriculums on bullying prevention to their students.

BHC RECOMMENDATION: The Behavioral Health Commission recommends research on the number of school districts that offer bullying prevention programs, and to have the PEI Steering Committee examine the data to determine if PEI Planning could augment existing bullying prevention programs.

(20) **Comment:** Promotional Brochures and website of RUHS, Suicide Prevention Programs and Services

RESPONSE: Having downloadable information and directories would make information seeking easier.

The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

Though your concerns regarding Suicide Prevention Programs and Services is not fully clear, PEI Workplan 1 has an extensive menu of suicide prevention activities that includes:

1) The development of a Board of Supervisors' directed Suicide Prevention Strategic Plan that formed the multi-department and community agency partnership called the Suicide Prevention Coalition. The coalition has 6 subcommittees that meet monthly and address different aspects of suicide prevention. Their inaugural year progress can be located in this PEI Plan Annual Update.

2) Suicide Prevention and Mental Health Awareness Trainings like ASIST and safeTALK, Know the Signs, Building Resiliency and Understanding Trauma, and Self-care and Wellness. In last fiscal year, over 3,000 people participated in 96 virtual trainings.

3) Suicide Prevention Community Activities such as providing Each Mind Matters mini-grants to community organizations to develop activities during Suicide Prevention Week, a Riverside County Board of Supervisors' proclamation for Suicide Prevention Week, a social media campaign with activities for Suicide Prevention Month, and public service announcements on local television, radio, and streaming media.

BHC RECOMMENDATION: The Behavioral Health Commission recommends optimizing the development of the RUHS website to be user friendly and designed toward community navigation, and to sustain the Suicide Prevention activities in the MHSA PEI Annual Update FY 22-23, and explore expansion.

(21) **Comment:** TAY only accepts Medi-Cal. My kid was accepted under a grant but when the grant was over, he was unenrolled.

RESPONSE: Transitional Age Youth (TAY) programs comprise a full system of care that has includes prevention activities, standard outpatient care centers, and high-intensity programs like Full Service Partnership.

It is difficult to ascertain which program your child participated in. The TAY Drop in Centers were initially created under the MHSA Innovation component, which are time limited funds. Once an Innovation project concludes, learning outcomes are reviewed, and if a program is sustained, a sustainability plan is then implemented. This may include only providing on-going care to those traditionally served by county mental health programs – people with serious mental illness who do not have private health insurance. In these cases, if the youth does not meet on-going service eligibility, he or she would be connected to a provider under his or her insurance plan.

If you think your child was inappropriately disenrolled, please contact our Quality Improvement unit at (951) 955-7320.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the TAY programs and services in the MHSA Annual Update FY 22-23.

(22) **Comment:** More suicide prevention classes.

RESPONSE: PEI Workplan 1 has an extensive menu of suicide prevention activities that includes:

1) The development of a Board of Supervisors' directed Suicide Prevention Strategic Plan that formed the multi-department and community agency partnership called the Suicide Prevention Coalition. The coalition has 6 subcommittees that meet monthly and address different aspects of suicide prevention. Their inaugural year progress can be located in this PEI Plan Annual Update.

2) Suicide Prevention and Mental Health Awareness Trainings like ASIST and safeTALK, Know the Signs, Building Resiliency and Understanding Trauma, and Self-care and Wellness. In last fiscal year, over 3,000 people participated in 96 virtual trainings.

3) Suicide Prevention Community Activities such as providing Each Mind Matters mini-grants to community organizations to develop activities during Suicide Prevention Week, a Riverside County Board of Supervisors' proclamation for Suicide Prevention Week, a social media campaign with activities for Suicide Prevention Month, and public service announcements on local television, radio, and streaming media.

Due to COVID, classes had been only conducted virtually. With COVID restrictions relaxing, in-person classes have been planned to resume. More information on classes can be learned by emailing PEI Programs at: PEI@ruhealth.org

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Suicide Prevention activities in the MHSA PEI Annual Update FY 22-23, and to explore expansion.

(23) **Comment:** Age Gap, Language Barrier, Denial

RESPONSE: Though it is difficult to ascertain the extent of your concerns based on your feedback, it is important to note that there are services for every age group from very young children to older adults within the MHSA Plan. There are specific systems of care for Children, Transitional Age Youth, Adults, and Older Adults.

Access to service has become more impacted based on an overall shortage of therapists, and increased competition among health care systems and school districts that employ them. This has hit the inland region particularly hard. The Department has many more position vacancies than qualified candidates to fill them. Therapists with bilingual/bicultural backgrounds are in even greater demand. Some strategies to enhance recruitment and retention have been developed by the RUHS-BH Supervisors' group and their recommendations have been examined at the executive level. Several ideas are moving through the authorization process.

WET has targeted outreach to students from underserved cultural populations, which includes prioritizing our internship program for bilingual/bicultural students, as well as, some stipend and loan assumption programs for practitioners who speak languages necessary to meet the needs of Riverside County consumers.

Community providers who have bilingual capabilities and are willing to serve low income consumer and families are encouraged to apply as managed care contractors.

Additionally, though not the ideal, all service programs have access to language interpretation services.

Shame and stigma, and a lack of accurate mental health information can lead to denial as a form of coping when a person or family is challenged by a behavioral health need. PEI programs offer a variety of mental health awareness outreach and stigma reduction education activities that include Community Mental Health Promoters programs that provide engagement and education in a variety of necessary languages.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the programs across life span development and addressing linguistic access needs in the MHSA Annual Update FY 22-23.

(24) **Comment:** Substance Abuse Prevention – undetected - use for pleasure instead of medical use

RESPONSE: Traditionally, MHSA funds had a limited scope to address substance abuse and prevention. MHSA funds could address co-occurring recovery – having both a mental health and an addiction recovery – but could not be used to address just substance use treatment or prevention.

Though MHSA funds were restricted, Substance Abuse Prevention is a distinct program in the overall RUHS-BH system (funded using another source.)

Some recent legislation has expanded the use of PEI dollars to include substance use prevention, and the department's PEI and Substance Abuse Prevention units have collaborated on some projects. But, the comprehensive RUHS-BH Substance Abuse Prevention program is not described in the MHSA Plan.

To learn more about the RUHS-BH Substance Abuse Treatment and Prevention Program, please contact the CARES Line: (800) 499-3008.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the continued collaboration between PEI and Substance Abuse Prevention programs in the MHSA Annual Update FY 22-23, and

encourages greater promotion and visibility of the current Substance Abuse Prevention programs.

(25) **Comment:** Language barrier

RESPONSE: Per the US Census Bureau, in 2019, the most common non-English language spoken in Riverside County was Spanish at **34.5%** of the overall population. The next two most common languages are Tagalog at **1.77%** of the overall population, and Chinese (Mandarin and Cantonese combined at **0.811%** of the overall population. Spanish is the only Riverside County language to meet government threshold.

Access to service has become more impacted based on an overall shortage of therapists, and increased competition among health care systems and school districts that employ them. This has hit the inland region particularly hard. The Department has many more position vacancies than qualified candidates to fill them. Therapists with bilingual/bicultural backgrounds are in even greater demand.

WET has targeted outreach to students from underserved cultural populations, which includes prioritizing our internship program, as well as, some stipend and loan assumption programs for students who speak languages necessary to meet the needs of Riverside County consumers. The great majority of these bilingual students were bilingual Spanish (49%), when compared to English only speaking students (26% of the total student cohort.) Student applicants speaking other languages remains low: ASL (2%); Tagalog (2%); Hmong (2%); and Arabic (2%).

Providers who have bilingual capabilities and that are willing to serve low income consumers and families are encouraged to apply as managed care contractors.

Additionally, though not the ideal, all service programs have access to language interpretation services.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining programs that meet the needs of people who speak the variety of languages within Riverside County and addressing linguistic access needs in the MHSA Annual Update FY 22-23.

(26) **Comment:** RUHS-BH promotional and educational material and website

RESPONSE: Having downloadable information and directories would make information seeking easier.

The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

BHC RECOMMENDATION: The Behavioral Health Commission recommends optimizing the development of the RUHS website to be user friendly and designed toward community navigation.

(27) **Comment:** RUHS-BH Promotional and Educational materials and website

RESPONSE: Having downloadable information and directories would make information seeking easier.

The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

BHC RECOMMENDATION: The Behavioral Health Commission recommends optimizing the development of the RUHS website to be user friendly and designed toward community navigation.

(28) **Comment:** All Suicide Prevention Programs, Address mental health impact on family and intimate partner violence

RESPONSE: Though your concerns regarding Suicide Prevention Programs and Services is not fully clear, PEI Workplan 1 has an extensive menu of suicide prevention activities that includes:

1) The development of a Board of Supervisors' directed Suicide Prevention Strategic Plan that formed the multi-department and community agency partnership called the Suicide Prevention Coalition. The coalition has 6 subcommittees that meet monthly and address different aspects of suicide prevention. Their inaugural year progress can be located in this PEI Plan Annual Update.

2) Suicide Prevention and Mental Health Awareness Trainings like ASIST and safeTALK, Know the Signs, Building Resiliency and Understanding Trauma, and Self-care and Wellness. In last fiscal year, over 3,000 people participated in 96 virtual trainings.

3) Suicide Prevention Community Activities such as providing Each Mind Matters mini-grants to community organizations to develop activities during Suicide Prevention Week, a Riverside County Board of Supervisors' proclamation for Suicide Prevention Week, a social media campaign with activities for Suicide Prevention Month, and public service announcements on local television, radio, and streaming media.

PEI workplans contain several program based on strengthening family resiliency. There are some evidence based family models in the CSS Workplan that include Multidimensional Family Therapy (MDFT), a Full

Service Partnership program for high risk youth, and Family Based Therapy, an evidenced based eating disorder practice designed for youth.
The CSS workplan also provides for the Family Advocate, a peer to peer program comprised of family members assisting family members on system navigation and providing mental health education, and Parent Support and Training, another peer to peer program comprised of parents who have had children in the behavioral health care system supporting parents who currently have children receiving services.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Suicide Prevention activities and the family centered care in the MHSA Annual Update FY 22-23, and to explore expansion.

(29) **Comment:** Suicide Prevention, Mental Health Aid

RESPONSE: Though your concerns regarding Suicide Prevention Programs and Services is not fully clear, PEI Workplan 1 has an extensive menu of suicide prevention activities that includes:

1) The development of a Board of Supervisors' directed Suicide Prevention Strategic Plan that formed the multi-department and community agency partnership called the Suicide Prevention Coalition. The coalition has 6 subcommittees that meet monthly and address different aspects of suicide prevention. Their inaugural year progress can be located in this PEI Plan Annual Update.

2) Suicide Prevention and Mental Health Awareness Trainings like ASIST and safeTALK, Know the Signs, Building Resiliency and Understanding Trauma, and Self-care and Wellness. In last fiscal year, over 3,000 people participated in 96 virtual trainings.

3) Suicide Prevention Community Activities such as providing Each Mind Matters mini-grants to community organizations to develop activities during Suicide Prevention Week, a Riverside County Board

of Supervisors' proclamation for Suicide Prevention Week, a social media campaign with activities for Suicide Prevention Month, and public service announcements on local television, radio, and streaming media.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Suicide Prevention activities in the MHSA PEI Annual Update FY 22-23, and to explore expansion.

(30) **Comment:** Suicide Prevention

RESPONSE: Please see response to Comment #28 above.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the Suicide Prevention activities in the MHSA PEI Annual Update FY 22-23, and to explore expansion.

What other thoughts or comments do you have about behavioral health services or about the MHSA plan?

(1) **Comment**: - Peer Support Programs, Family Advocate Programs, Mental Health crisis care team with law enforcement partnership, Mental Health Urgent Care

RESPONSE: Thank you for your support of these popular programs within the MHSA Plan. Peer Support and Family Advocate Programs are found in CSS 03, and Community Behavioral Assessment Teams (therapist and police officer partners) and the Mental Health Urgent Cares are found in CSS 02.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the CSS Plan services listed above in the MHSA Annual Update FY 22-23.

(2) **Comment**: - Update the RUHS-BH website more frequently and not all the information accessible in other language – Google does not translate all buttons linked to other services and information.

The RUHS-BH MHSA Plan (400+ pages) provides adequate information and voices (stories) of the consumers that offers a good overview of the county's mental health needs, programs, and services. However, it is not available in any other languages.

Increase representation of diverse communities on the leadership team

RESPONSE: Having regularly updated, downloadable information and directories in multiple languages would make information seeking easier.

The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

Per the US Census Bureau, in 2019, the most common non-English language spoken in Riverside County was Spanish at **34.5%** of the overall population. The next two most common languages were Tagalog at **1.77%** of the overall population, and Chinese (Mandarin and Cantonese combined at **0.811%** of the overall population). Spanish is the only Riverside County language to meet government threshold, and the MHSA Plan is translated into Spanish after it has been approved by the Board of Supervisors.

Because a language does not meet threshold, does not prohibit materials in non-threshold languages, but the smaller the number of people that require the materials poses greater challenges in getting them created. The cost associated with the translation of a large document like the MHSA Plan can be tens of thousands of dollars. Unfortunately, the MHSA plan is not typically the most read document by the community at large. Some of that

may be due to its size. MHSA creates annual summary documents of the plan. MHSA will explore having the these summary documents, or "MHSA Toolkit," which includes a program participant success story, translated into Tagalog and Chinese for the new 3-year plan.

Diversity in all teams are important, but the unique perspective and worldview of a fully represented leadership team enriches planning. The RUHS-BH executive office includes a biracial (Asian/Caucasian) Director, and African-American female Assistant Director, a Latino Deputy of Finance, and an African-American Deputy of Research and Evaluation.

The MHSA Management team includes a gay man and two African-American women, and their MHSA administration senior and supervisory staff includes representation from these underserved cultural communities: African-American; Asian-American; Native American; and Latino/a/x.

BHC RECOMMENDATION: The Behavioral Health Commission recommends optimizing the development of the RUHS website to be user friendly and designed toward community navigation, and to exploration of increased accessibility of materials in more than just a threshold language.

(3) **Comment**: Grouping all AA and PI communities together can overshadow the experiences of many smaller groups or harder to reach groups. The change from Filipino American MHRC to AAPI MHRC diminished the power of the org to pull in Filipinos who already feel invisible in the AAPI category despite being one of the most populous AAPI groups in Riverside County

RESPONSE: Inviting more AAPI communities to participate in the Asian American Resource Center was designed to support the provider with meeting the required number of contacts necessary to reach contract goals. Not meeting contractual goals could jeopardize the renewal of the contract.

The COVID pandemic and stay-at-home orders required the physical location of the resource center to close. Without a meeting place, events

were conducted virtually. Outreach in the community continued to be a challenge and recruitment in virtual education workshops was difficult. Continued partnership with a community-based mental health agency that specifically served the full AAPI population assisted with greater community connection and increased the number of people served.

The expansion of the target population does not restrict the Center from tailoring, specializing, or focusing outreach to the Filipino Community.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(4) **Comment**: It is a great plan to get services to underserved populations.

RESPONSE: All Department programs should welcome the diversity of people living in Riverside County, and offer culturally-informed care to any Riverside County resident seeking behavioral health services.

Considering the barriers to this ideal, and effectively addressing them to reach the goal, is a primary mission of the expanded Cultural Liaisons and the related underserved cultural population advisory committees.

Culturally tailored outreach and engagement, and prevention and early intervention services, are designed not only to meet the PEI needs of specific cultural communities, but also to continue to work toward a service delivery system that is fully integrated in meeting the needs of a diverse community.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23.

(5) **Comment**: I would like more improvement on digital access to behavioral health services. It is difficult to find a link that is hidden in a newsletter and is

inaccessible to use. I usually find my access from newsletters released from the API health organizations.

RESPONSE: Having downloadable information and directories in multiple languages would make information seeking easier. Digital information needs to be designed toward the community and user friendly.

The current Department website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

BHC RECOMMENDATION: The Behavioral Health Commission recommends optimizing the development of the RUHS website to be user friendly and designed toward community navigation.

(6) **Comment**: I think the plan is a stroke of genius, is effectively and equitably carried out

RESPONSE: Thank you for your support of the MHSA Annual Update FY 22-23.

It is a work in progress that will continue to evolve in order to best meet the individual and community wellness needs of Riverside County.

We realize that meeting the individual behavioral health care goals for everyone would be unreachable, but RUHS-BH continues to use feedback from all stakeholders – allied health care, elected representatives, school districts, law enforcement, advocacy groups, community based organizations, and individuals like you – to develop behavioral health care planning and service delivery for the most vulnerable members in our community and those with the fewest resources.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the programs and services in the MHSA Annual Update FY 22-23.

(7) **Comment**: What can be done about mass shootings? Is it a mental health issue? What does the data show? There is an unsupported belief that mass shootings are done my the mentally ill. We need to educate the public & media.

Reducing stigma: the county should embrace the "Mad Pride" movement, which takes the civil rights movement as its template. Self-identifying with a group is the best way to fight stigma. Mad Pride is not unilaterally against meds and the psychiatric system, except in the most extreme cases. It's a case of The Person is the Expert on Themselves/ Good emotional wellness is not necessarily ELIMINATING symptoms. It's perfectly fine to MANAGE symptoms.

RESPONSE: Mass shootings, like most unresolved social issues, often have a more complex etiology than a single variable. Mental Health is often looked to first to solve behavior that is incompressible or overwhelming. But, it would be unfair and inaccurate to believe that "mental illness" easily explains such disturbing behavior.

Effective messaging around mental health is a great tool to address stigma. The Riverside PEI plan has specific actions geared toward community education and to combat stigma related to behavioral health and people who carry a diagnosis. This includes media campaigns, as well as, a speakers' bureau that allows people with a mental health challenge to tell their stories of recovery and community contribution to audiences who may not typically get to hear them.

Wellness Management, living a satisfying and productive life even when symptoms remain, is also at the heart of the mental health recovery

movement, the primary philosophy that inspired the original MHSA authors and gave rise to mental health peer support as a profession.

Riverside has one of the most robust peer support systems in the State. Your recommendation regarding Mad Pride will be provided to our Peer Accountability and Oversight Administrator.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the peer and peer recovery programs and services in the MHSA Annual Update FY 22-23.

(8) **Comment**: Please advocate for scholarships, grants, and loan repayment programs for mental health professionals, especially those that come from the underserved communities we serve.

RESPONSE: Investing in recruitment and retention strategies can be effective means to develop the public behavioral workforce. You have just described Workplan 5 in the Workforce Education and Training (WET) Plan! You can read a progress update in this annual update in the WET component chapter.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the WET programing in the MHSA Annual Update FY 22-23.

(9) **Comment**: Continued increase in services for various cultural groups.

RESPONSE: Thank you for supporting and advocating or the diverse community needs of Riverside County.

BHC RECOMMENDATION: The Behavioral Health Commission recommends sustaining the culturally-informed programs and services in the MHSA Annual Update FY 22-23.

(10) **Comment**: I believe that the RUHS-BH and MHSA plan has great information, however again, isn't language accessible to other members throughout our county so translation would be great. Also, the Cultural Competency has great initiatives but would need another liaison with all the work other members are providing within their designated populations. It would be great to have a diverse community on the Commission.

RESPONSE: Per the US Census Bureau, in 2019, the most common non-English language spoken in Riverside County was Spanish at **34.5%** of the overall population. The next two most common languages were Tagalog at **1.77%** of the overall population, and Chinese (Mandarin and Cantonese combined at **0.811%** of the overall population). Spanish is the only Riverside County language to meet government threshold, and the MHSA Plan is translated into Spanish after it has been approved by the Board of Supervisors.

Because a language does not meet threshold, does not prohibit materials in non-threshold languages, but the smaller the number of people that require the materials poses greater challenges in getting them created. The cost associated with the translation of a large document like the MHSA Plan can be tens of thousands of dollars. Unfortunately, the MHSA plan is not typically the most read document by the community at large. Some of that may be due to its size. MHSA creates annual summary documents of the plan. MHSA will explore having the plan summary documents, or the "MHSA Toolkit," which includes a program participant success story, translated into Tagalog and Chinese for the new 3-year plan.

The current 10 Liaisons (averaging 30 hours a week each) are an expansion from the 4 prior liaisons (averaging 10 hours a week each). These positions are still developing their new roles and will reach their annual evaluation period come this fall. Their success and role responsibilities will be assessed to determine the next phase of the program's development.

The volunteers of the Behavioral Health Commission are appointed by each of the elected, district supervisors on the Riverside County Board of Supervisors. Having diverse representation would be great! Almost anyone can apply for consideration! You can find out more here: https://www.rcdmh.org/Mental-Health-Board

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(11) **Comment:** - Update the RUHS-BH website more frequently and not all the information accessible in other language – Google does not translate all buttons linked to other services and information.
- The RUHS-BH MHSA Plan provides adequate information and voices (stories) of the consumers that offers a good overview of the county's mental health needs, programs, and services. However, it is not available in any other languages.
- The expansion of the Cultural Competency department with the additional Liaison offer opportunities to improve outreach to the underserved communities but will require measurable goals and outcome measurements to demonstrate their impact and effectiveness. Increase representation of diverse communities on the Leadership team, Commission and Board members.

RESPONSE: Having downloadable information and directories in multiple languages would make information seeking easier.

The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive

website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

Per the US Census Bureau, in 2019, the most common non-English language spoken in Riverside County was Spanish at **34.5%** of the overall population. The next two most common languages were Tagalog at **1.77%** of the overall population, and Chinese (Mandarin and Cantonese combined at **0.811%** of the overall population). Spanish is the only Riverside County language to meet government threshold, and the MHSA Plan is translated into Spanish after it has been approved by the Board of Supervisors.

Because a language does not meet threshold, does not prohibit materials in non-threshold languages, but the smaller the number of people that require the materials poses greater challenges in getting them created. The cost associated with the translation of a large document like the MHSA Plan can be tens of thousands of dollars. Unfortunately, the MHSA plan is not typically the most read document by the community at large. Some of that may be due to its size. As a result, plan summary documents are created. MHSA will explore having the plan summary documents, or the "MHSA Toolkit," which includes a program participant success story, translated into Tagalog and Chinese for the new 3-year plan.

Program evaluation is part of the liaison program design and each liaison has developed or is in process of developing community assessment surveys that will, at least in part, their effectiveness. These positions are still developing their new roles and will reach their annual evaluation period come this fall. Their success and role responsibilities will be assessed to determine the next phase of the program's development.

Diversity in all teams are important, but the unique perspective and worldview of a fully represented leadership team enriches planning. The RUHS-BH executive office includes a biracial (Asian/Caucasian) Director, and African-American Assistant Director, a Latino Deputy of Finance, and an African-American Deputy of Research and Evaluation.

The MHSA Management team includes a gay man and two African-American women, and their MHSA administration senior and supervisory staff includes representation from these underserved cultural communities: African-American; Asian-American; Native American; and Latino/a/x.

The volunteers of the Behavioral Health Commission are appointed by each of the elected, district supervisors on the Riverside County Board of Supervisors. Having diverse representation would be great! Almost anyone can apply for consideration! You can find out more here: https://www.rcdmh.org/Mental-Health-Board

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(12) **Comment:** Cultural competency definitely needs more improvement, and it would be helpful if the promoters/outreach workers themselves could educate SDOs and liaisons what their community responds to

RESPONSE: Cultural Competency Program is definitely in a period of reinvention and expansion!

In less than 2 years, staffing went from a manager, 1.5 outreach professionals, and four 10-hour a week cultural community liaisons to ten 30-40 hour a week liaisons, 3 full time, and 2 part-time outreach professionals.

In addition to creating or sustaining a community advisory committee for each of the cultural communities represented by a liaison, a central

Reducing Disparities committee was also coordinated. The outreach structure was re-envisioned along with an overhaul and update of the Department's Cultural Competency Plan. There are still growing pains but with a lot of rewards!

There is nothing preventing community mental health workers from having a dialogue over best outreach and education practices for each of the cultural communities. Contractual program model and outcomes are determined by the initial contractual agreement, but the avenues to community success should be defined by community which is rarely outlined by just one voice. A rich dialogue on methods to best reach the greatest number of community members often gives rise to an even better service. We encourage you to have this conversation with Department staff.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(13) **Comment:** The department needs to expands its DEI efforts, for example create affinity groups for diverse employees: LGBTQ+, AA, AAPI, etc. For example, Dept. of Rehab., IEHP, and other corporations have cultural affinity groups that serves as a support, networking, etc. for the employees. This approach can help with the retention of much needed diverse employees.

RESPONSE: It is an interesting idea. The Department currently supports a community advisory committee meeting for Veterans; Faith Based Communities, Asian/Pacific Islander; African-American, Latino/a/x; Native American; Middle-Eastern/North African; Deaf and Harding of Hearing; Varying Abilities; and LGBTQIA.

Though nothing prohibits employees from participating in these meetings, there is not a separate meeting for employees only. Your recommendation has been provide to the Workforce Education and Training Manager for review.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(14) **Comment:** What other programs do you have in the Palm Springs area, I don't know any services for Asians.

RESPONSE: Department Programs are primarily geared toward serving people with serious mental illness or require substance abuse treatment, and who either have government issued insurance or no other funding source.

An exception to this is Prevention and Early Intervention services, which are geared toward reducing stigma associated with behavioral health care or meeting the service needs of people who are not diagnosed and could benefit from services lasting less than 1 year.

There are some culturally specific services as part of the Prevention and Early Intervention (PEI) plan. You can learn more about these by reading the PEI update of this Annual Update or by contacting the PEI unit at: PEI@ruhealth.org

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All Department programs should welcome the diverse people living in Riverside County and offer culturally-informed care to any eligible Riverside County resident seeking behavioral health services.

Culturally tailored outreach, engagement, and early intervention are designed to meet the PEI needs of the community, but also to serve as a means to welcome people who need greater care into the larger service system.

For more information about Department Services in the Desert area, you can contact the CARES Line at: **(800) 499-3008**

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(15) **Comment:** We want more people to benefit from behavioral health services.

RESPONSE: This is definitely the goal! Thank you for your support of behavioral health care.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain the depth and breadth of behavioral health outreach and programming described in the MHSA Annual Update FY 22-23.

(16) **Comment:** I would like to see more mental health services and programs available to Native Hawaiian and Pacific Islander community members in Riverside County.

RESPONSE: Department Programs are primarily geared toward serving people with serious mental illness or require substance abuse treatment, and who either have government issued insurance or no other funding source.

An exception to this is Prevention and Early Intervention services, which are geared toward reducing stigma associated with behavioral health care or meeting the service needs of people who are not diagnosed and could benefit from services lasting less than 1 year.

There are some culturally specific services as part of the Prevention and Early Intervention (PEI) plan. You can learn more about these by reading the PEI

update of this Annual Update or by contacting the PEI unit at: PEI@ruhealth.org . But, all Department programs should welcome the diverse people living in Riverside County and offer culturally-informed care to any eligible Riverside County resident seeking behavioral health services.

Culturally tailored outreach, engagement, and early intervention are designed to meet the PEI needs of the community, but also to serve as a means to welcome people who need greater care into the larger service system.

Our Culturally Competency Unit, alongside the work of our Cultural Community Liaisons and their respective community advisory groups, are designed to assist the department in culturally informing care throughout the service system so that all members of a community feel welcomed and appropriately served at any Department program.

The advisory group for the Asian Pacific Islander community is called the Asian American Task Force and directly of meeting times can be located in the Introduction of this Annual Update. Your feedback on meeting the needs of Native Hawaiian and Pacific Islander community members would be most welcomed!

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(17) **Comment:** Peer Support Programs

RESPONSE: Thank you for your support and advocacy of mental health peer support! Riverside County has one of the most robust Peer Support Programs in the State. You can learn more about the extent of our peer programs in the CSS 03 Workplan in this Annual Update.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain recovery and peer support services as described in the MHSA Annual Update FY 22-23.

(18) **Comment:** Provide more community services to diverse groups.

RESPONSE: Department Programs are primarily geared toward serving people with serious mental illness or require substance abuse treatment, and who either have government issued insurance or no other funding source.

An exception to this is Prevention and Early Intervention services, which are geared toward reducing stigma associated with behavioral health care or meeting the service needs of people who are not diagnosed and could benefit from services lasting less than 1 year.

There are some culturally specific services as part of the Prevention and Early Intervention (PEI) plan. You can learn more about these by reading the PEI update of this Annual Update or by contacting the PEI unit at: PEI@ruhealth.org . Workplan 7 is specifically designed to address underserved cultural communities, and underserved cultural populations are addressed as target populations throughout the PEI plan. But, all Department programs should welcome the diverse people living in Riverside County and offer culturally-informed care to any eligible Riverside County resident seeking behavioral health services.

Culturally tailored outreach, engagement, and early intervention are designed to meet the PEI needs of the community, but also to serve as a means to welcome people who need greater care into the larger service system.

Our Culturally Competency Unit, alongside the work of our Cultural Community Liaisons and their respective community advisory groups, are designed to assist the department in culturally informing care throughout the service system so that all members of a community feel welcomed and appropriately served at any Department program.

If you have additional ideas on welcoming diverse community into Department programs, or recommended practices or programs, please consider joining the Cultural Competency Reducing Disparities committee. A meeting directory can be located in the Introduction of this Annual Update.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(19) **Comment:** Training and providing classes

RESPONSE: Mental Health Awareness and Suicide Prevention training is available at no cost to participants through our Prevention and Early Intervention (PEI) program. You can learn more about these program by contacting the PEI unit directly at: PEI@ruhealth.org .

There are also culturally tailored mental health classes provided through our Community Mental Health Promoters programs (PEI Workplan 1), and programs for Underserved Cultural Populations (PEI Workplan 7). These contracted community-based organizations provide monthly, culturally informed 1-hour mental health presentations on a variety of behavioral health topics. You can learn more about the promoters program by contacting PEI@ruhealth.org .

Community classes are also available from our peer programs as described in CSS 03, and include wellness topics related to be a family member (in English and Spanish) through the Family Advocate Program (800-330-4522), or toward the needs of minor children through Parent Support and Training (888-358-3622).

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain the behavioral health education programs as described in the MHSA Annual Update FY 22-23.

(20) **Comment:** I hope services are not limited only to Medi-Cal recipients.

RESPONSE: Restrictions may be dependent on the kind of service being requested.

PEI programming, general community engagement and education programs, and crisis response services are typically not restricted. These programs usually are the "doorway" into on-going services that continue and support recovery for those who need it.

Though community education, drop-in centers and crisis resources are open to all members of the community, on-going outpatient care and acute levels of care can be restricted to those who have no funding sources or rely on government resources.

Care is bridged for those with private insurance to ensure care is not interrupted, but consumers who have private insurance are then linked to their primary provider.

MHSA was designed as a funding of last resort, which often means that people who have private insurance or other financial resources are then connected to the care system supported by their insurance carrier. Doing so leaves service availability to those who do not have an additional option for care.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain the programs described in the MHSA Annual Update FY 22-23.

(21) **Comment:** Peer Support Program

RESPONSE: Thank you for your support of mental health peer support! Riverside County has one of the most robust Peer Support Programs in the State. It is a rare program in RUHS-BH that does not have peer services. You can learn more about the extent of our peer programs in the CSS 03 Workplan in this annual update.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain the recovery and peer support programs as described in the MHSA Annual Update FY 22-23.

(22) **Comment:** Counseling and Orientation

RESPONSE: The Department provides a central access number, the CARES Line, that can assist members of the community to understand and access behavioral health care resources. In addition, The Family Advocate and the Parent Support and Training programs have dedicated support and navigation lines for their respective family members understand service delivery systems and care access.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain the programs described in the MHSA Annual Update FY 22-23.

(23) **Comment:** Rigid Training and Classes

RESPONSE: Mental Health Awareness and Suicide Prevention training is available at no cost to participants through our Prevention and Early Intervention program. There is culturally tailored mental health classes provided through our Community Mental Health Promoters programs (PEI Workplan 1), and programs for Underserved Cultural Populations (PEI Workplan 7). Community classes are also available from our peer programs as described in CSS 03.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain the behavioral health education programs as described in the MHSA Annual Update FY 22-23.

(24) **Comment:** Interpreters are helpful tools

RESPONSE: Though not the ideal for on-going care, Department programs and services have access to language interpretation services.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) supports culturally informed and linguistically accessible care. The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of

programming based on progress reports, data findings, and stakeholder feedback

(25) **Comment:** More community based services

RESPONSE: Prevention and Early Intervention (PEI) is the second largest of the MHSA components. By design, the great majority of the PEI services are contracted by community based organizations that know and understand the community they are serving. These are often smaller, grass roots contractors, who are dedicated to community service and had to go through a rigorous, competitive Request for Proposal process to become awarded a service contract.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain the programs described in the MHSA Annual Update FY 22-23, and advocates for the visibility of Request for Proposal opportunities for smaller, grass roots organizations.

(26) **Comment:** More Community Build Services

RESPONSE: Please see response to comment #26 above.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain the programs described in the MHSA Annual Update FY 22-23, and advocates for the visibility of Request for Proposal opportunities for smaller, grass roots organizations.

(27) **Comment:** Reduce Stigma – Update the RUHS-BH Website more frequently and not all the information-The Expansion of Cultural Competency

RESPONSE: Stigma reduction and Mental Health Awareness are central goals of Prevention and Early Intervention Workplan 1: Mental Health Outreach, Awareness, and Stigma Reduction. This Workplan includes: Cultural Competency Outreach and Engagement Activities; the Asian American Mental Health Resource Center; toll free 24/7 Helpline; the resource directly called "The Network of Care;" the Dare to be Aware youth conference; Stand Against Stigma program (a consumer speakers bureau); the UP2Riverside media campaign; Community Health Promoters programs; Suicide

Prevention Activities; and the Integrated Outreach and Depression Screenings at the public health clinics.

Having downloadable information and directories in multiple languages would make information seeking easier. The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

Cultural Competency Program is definitely in a period of reinvention and expansion!

In less than 2 years, staffing went from a manager, 1.5 outreach professionals, and four 10-hour a week cultural community liaisons to ten 30-40 hour a week liaisons, 3 full-time, and 2 part-time outreach professionals.
In addition to creating or sustaining a community advisory committee for each of the cultural communities represented by a liaison, a central Reducing Disparities committee was also coordinated. The outreach structure was re-envisioned along with an overhaul and update of the Department's Cultural Competency Plan.
There are still growing pains but with a lot of rewards!

There is nothing preventing community mental health workers from having a dialogue over best outreach and education practices for each of the cultural communities. Contractual program model and outcomes are determined by the initial contractual agreement, but the avenues to community success should be defined by community which is rarely outlined by just one voice. A rich dialogue on methods to best reach the greatest number of community members often gives rise to an even better service. We encourage you to have this conversation with Department staff.

BHC RECOMMENDATION: The Behavioral Health Commission supports the update of the RUHS website, and for sustaining the culturally informed programs and services in the MHSA Annual Update FY 22-23, and will advocate for expansion of programming based on progress reports, data findings, and stakeholder feedback.

(28) **Comment:** Reduce Stigma

RESPONSE: Stigma reduction and Mental Health Awareness are central goals of Prevention and Early Intervention Workplan 1: Mental Health Outreach, Awareness, and Stigma Reduction. This Workplan includes: Cultural Competency Outreach and Engagement Activities; the Asian American Mental Health Resource Center; toll free 24/7 Helpline; the resource directly called "The Network of Care;" the Dare to be Aware youth conference; Stand Against Stigma program (a consumer speakers bureau); the UP2Riverside media campaign; Community Health Promoters programs; Suicide Prevention Activities; and the Integrated Outreach and Depression Screenings at the public health clinics.

BHC RECOMMENDATION: The Behavioral Health Commission recommends to sustain programing and education that addresses the stigma related to behavioral health care as described in the MHSA Annual Update FY 22-23.

What are some ways that the county can increase awareness about behavioral health care services offered in your community?

(1) **Comment**: - Update the RUHS-BH website more frequently and not all the information accessible in other language – Google does not translate all buttons linked to other services and information.

RESPONSE: Having downloadable information and directories in multiple languages would make information seeking easier. The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education

practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(2) **Comment**: Please support CHWs and community-based organizations to host events and lectures promoting mental health. Emphasize the measures taken to protect privacy so community members can trust our organizations. Offer tele-health if possible or apply the modern technology if we can to people with or without Medi-Cal. Prepare quick info cards for handy access to available resources.

RESPONSE: Your recommendations will be provided to your Community Mental Health Promoter programs. All of our Promoter programs successfully transitioned to virtual programs to adapt to COVID gathering restrictions. Telehealth is now a standard operating option for our outpatient system of care. Resource cards have been available in some programs and outreach events, but having these cards more widely available would help standardize some community education. Outreach activities take place regardless of the audience's insurance status. Nearly 10,000 people were served by our Promoters programs during the last fiscal year, even during COVID restrictions. Promoters are required to hold monthly 1-hour presentations to their respective cultural populations.

Additionally, there are 10 cultural community liaisons who serve as both ambassadors and advocates for behavioral health and their respective cultural communities. Each chairs their own cultural community advocacy committee. Committees can sponsor community events and have a budget that allows for that support!

To find out more about participating in a cultural committee, please contact our Cultural Competency Unit at: https://www.rcdmh.org/ccp

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(3) **Comment**: Providing a directory of MHSA funded groups/organizations with filter/sort options for the services each provides.

RESPONSE: MHSA is the second largest funding source for the Department. It is a rare program that does not have some MHSA funds as part of the service delivery, but it does not represent all the services available.

Currently, there are two guides to services: One for the standard, outpatient system and one for Prevention and Early Intervention. Having an on-line searchable tool should be considered with the development of the RUHS website.

The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(4) **Comment**: A directory on how to find a mental health provider, and what insurances are they covered by. PEI workshops offer at different times to meet to accommodate for working schedules.

RESPONSE: Having downloadable information and directories in multiple languages would make information seeking easier. The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

During the last fiscal year, over 96 virtual, PEI trainings were offered to the community at large and over 3,000 people participated. As COVID restrictions have relaxed, in-person training as resumed. Any group or organization can request a PEI training at: PEI@ruhealth.org. Your recommendations to have more scheduled times available has been given to the PEI Manager.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(5) **Comment**: Bring the more apparent & obvious issues (homelessness, substance use & gun violence esp suicide) to the electronic media. Fund the creation of dramas highlighting these, similar to La Clave

RESPONSE: RUHS-BH has one of the most active social media among our allied RUHS partners. We take a "human to human" approach to our social media posts that are geared toward engagement and education. New engagement and education areas are welcomed! Your recommended topics will be forwarded to the Public Information Officer for consideration.

The culturally informed tools exemplified by the La Clave program, a fully culturally informed awareness campaign developed by Dr. Steven Lopez to educate Latino populations on symptoms of Schizophrenia, are the gold standard for all culturally informed outreach. Each of our contracted PEI providers who have services specific to a cultural community must demonstrate that their materials are culturally informed. Having a variety of outreach materials and media can make a program more successful. Your recommendation will be reviewed with our Community Mental Health Promoter Programs.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(6) **Comment:** Allow access directly in language rather than through interpretation services. Increase funding for service providers to be competitive with private agencies and/or offer incentives for continuing professional development

RESPONSE: Per the US Census Bureau, in 2019, the most common non-English language spoken in Riverside County was Spanish, representing 34.5% of the overall population of Riverside County. The next two most common languages spoken are Tagalog (1.77% speak of the total population) and Chinese (Mandarin and Cantonese combined represent 0.811% of the total population). Spanish is the only Riverside County language to meet government threshold.

Access to service has become more impacted based on an overall shortage of therapists, and increased competition among health care systems and school districts that employ them. This has hit the inland region particularly hard. The Department has many more position vacancies than qualified candidates to fill them. Therapists with bilingual/bicultural backgrounds are in even greater demand! Some strategies to enhance recruitment have been developed by the Behavioral Health Services Supervisors' group and recommendations have been examined at the executive level. Several ideas are moving through the authorization process.

WET has targeted outreach to students from underserved cultural populations, which includes prioritizing our internship program, as well as, some stipend and loan assumption programs for practitioners who speak languages necessary to meet the needs of Riverside County consumers. The great majority of these bilingual students were bilingual Spanish (49%), when compared to English only speaking students (26% of the total student cohort.) Student applicants speaking other languages remains low: ASL (2%); Tagalog (2%); Hmong (2%); and Arabic (2%).

Providers who have bilingual capabilities and that are willing to serve low income consumers and families are encouraged to apply as managed care contractors.

We will also need greater partnership with cultural communities to encourage students to pursue careers in public behavioral health at all levels of service delivery. We

continue to host public behavioral health pipeline activities with high school and early college students, and especially target student groups from underserved cultural populations, offering mentorship, shadowing opportunities, and academic and vocational counseling.

We are looking to add the following questions for families when we conduct community surveys: "Would you encourage your child to pursue a career as a public behavioral health therapist or substance abuse counselor? Why or why not?" Having a better idea regarding family support of these careers may increase understanding of areas that we still need to penetrate regarding increasing the number of public behavioral health students.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(7) **Comment:** I would love to see partnership happen in city meetings throughout the county. I do believe that the potential of the MHSA program is one of great value but would need help in gaining visibility and working with local governments would help provide that visibility. It would also reduce mental health greatly and would further benefit the creation of Crisis Team response throughout the county.

RESPONSE: It is true that some city governments are more welcoming of behavioral health care programs within their communities than others. Government relationships are often collaborative partnerships between Federal, State, County, City, and other local authorities. Sometimes they are not in agreement and any disagreement at the local level can make it very difficult to offer expanded or additional behavioral health care services. It benefits every city to have residents advocate for expanded behavioral health care.

The Department has outreached cities that are more hesitant and provided data and support to improve education in this area. Our Director has even spoken directly to city councils at city council meetings.

The Department welcomes collaboration with local cities to improve access to care. As members of your local communities, please make sure that your city government is aware of your advocacy for behavioral health programs and services. Working conjointly with organizations like your local chapter of the National Alliance on Mental Illness (NAMI) provides opportunities that can help unify advocacy.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(8) **Comment**: Behavioral health care services specifically targeted towards immigrants/undocumented communities would be extremely helpful. I know most of RUHS BH's services are inclusive however I think it's important to ensure that immigrants know they won't be turned away for trying to access these services. I think it would be helpful to add that under the Older Adult Expansion of Medi-Cal, which now includes people 50+ regardless of status, folks have access to behavioral health services such as mental health/therapy. Ensuring that people know they have options for care is a critical part of addressing service inequities.

RESPONSE: Accurate information from a trusted source on service access is a good first step in encouraging care. Options for care empower people to make the best choice for them.

We currently have some targeted media outreach that airs on Spanish speaking radio and television. Your recommendation will be provided to our Mental Health Promoters program for Latino and Spanish Speaking Communities, Promotores de Salud Mental.

WET and Cultural Competency's workforce development programs will also continue to address the mental health treatment needs of immigrants as part of the training curriculum for practitioners serving immigrant populations.

We also have some media campaigns that are focused toward older adults, especially older men (a group at high risk for suicide) and their partners. Sometimes educating loved ones becomes a more successful path in reaching people who may otherwise be reluctant to seek care.

RUHS provides benefits counseling and resource management to all eligible consumers, and generates monthly reports regarding consumers who are Medi-Cal eligible so programs can provide direct benefits outreach.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(9) **Comment**: Direct mail to Filipino households. Advertising in ethnic media (print, social media, radio, tv) and direct engagement with Filipino-based/owned organizations and businesses. Churches, Filipino cultural organizations, leaders, community engagement.

RESPONSE: Mental Health awareness and education are powerful tools to inform, educate, and normalize help seeking. One of the primary roles of our Cultural Community Liaisons, with the help of their respective community advocacy committees, is to make the connections that you describe! Your recommendation to participate in related articles and media features will be provided to your Cultural Community Liaisons.

Meeting with and educating people in their familiar gathering places – like churches – is a primary purpose of our Mental Health Promoters programs. These program are comprised of people from the same community that they are designed to engage.

Many in-person activities were restricted during COVID and were transitioned into virtual only outreach, but now that restrictions have eased more in-person programming can take place. Your recommendation for greater outreach to the Pacific Islander Community will be provided to your Mental Health Community Promoters of

the AAPI population, and to the Asian American/Filipino American Mental Health Resource Center.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(10) **Comment:** Filipino community, out of all APIs, might be the least open to mental health services because of historical trauma that causes lack of trust and stigma. But Filipinos respond to what they are familiar with. Incentives work, however they have a time limit. Familiarity is what makes Filipinos comfortable with considering services and resources.

RESPONSE: Understanding that historical oppression and mistrust of government services can be a barrier to care for many marginalized groups, outreach programs were developed to employ community based organizations familiar with the greater Filipino community to engage and provide information. These programs include the Community Mental Health Promoters program for the AAPI community, and the Asian American/Filipino American Mental Health Resource Center.

It is true that the less familiar the program or intervention, the more it is questioned or even misunderstood. Though some people may not like the life they lead now, and know the consequences of untreated behavioral health challenges, they often remain there because it is what they know.

We would be interested in more of your ideas on how to create a new familiar, one that normalizes partnership with a behavioral health care provider. If not already a member, please consider joining the Asian American Task Force, our behavioral health community advocacy group for the AAPI community. You can learn more about joining here: https://www.rcdmh.org/ccp

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education

practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(11) **Comment:** Many of the existing programs the county offers are only available in English and Spanish and even the website if the user friendly for non-English speaking residents. RUHS-BH needs to continue to increase outreach to the Pacific Islander communities/population.

RESPONSE: Language access is important. When serving populations that do not speak a threshold language, even understanding where community may be concentrated is helpful as service providers who speak the language of that community can be recruited into those area programs.

Access to service has become more impacted based on an overall shortage of therapists, and increased competition among health care systems and school districts that employ them. This has hit the inland region particularly hard. The Department has many more position vacancies than qualified candidates to fill them. Therapists with bilingual/bicultural backgrounds are in even greater demand

WET has targeted outreach to students from underserved cultural populations, which includes prioritizing our internship program, as well as, some stipend and loan assumption programs for students who speak languages necessary to meet the needs of Riverside County consumers. The great majority of these bilingual students were bilingual Spanish (49%), when compared to English only speaking students (26% of the total student cohort.) Student applicants speaking other languages remains low: ASL (2%); Tagalog (2%); Hmong (2%); and Arabic (2%).

We will also need an active partnership with the diverse cultural communities to encourage students to pursue careers in public behavioral health at all levels of service delivery. We are looking to add the following questions for families when we conduct community surveys: "Would you encourage your child to pursue a career as a public behavioral health therapist or substance abuse counselor? Why or why not?" Having a better idea regarding family support of these careers may increase understanding of

areas that we still need to penetrate regarding increasing the number of public behavioral health students.

Providers who have bilingual capabilities and are willing to serve low income consumer and families are encouraged to apply as managed care contractors.

Though not the ideal, all Behavioral Health programs have access to the use of interpreter services.

Having downloadable information and directories in multiple languages would make information seeking easier. The current website format was created and authorized more than 10 years ago. Technology has advanced. Currently, the entire Riverside University Health System (Behavioral Health, Public Health, Medical Center, Correctional Health) is redesigning their web pages into one comprehensive website. Your recommendation will be provided to the RUHS-BH Public Information Officer who represents the Department in this endeavor.

Your recommendation for greater outreach to the Pacific Islander Community will be provided to your Mental Health Community Promoters of the AAPI population.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(12) **Comment:** Give Asian students information and education about bullying and suicide prevention.

RESPONSE: Our Community Mental Health Promoter program for the Asian American Pacific Islander Community presents 1-hour long presentations on a mental health related topic on a monthly basis. The most popular presentation was on COVID Anxiety and Other Stressor, representing 27.4% of all presentations provided. Suicide Prevention was a presentation topic, and represented 4.8% of the total presentations

given, and the topic of Children's Mental Health represented another 4.8% of the presentations. Bullying was not provided as a stand-alone topic.

Your recommendation will be provided to our school based programs and to our Community Mental Health Promoter program serving the AAPI community.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.

(13) **Comment:** Fund and attend Pacific Islander community events. Fund programs or community organizations such as the Young SAMOA to provide services. Hire or outreach Native Hawaiian Pacific Islander mental health professionals to build rapport with community members.

RESPONSE: The Asian American Task Force, a the AAPI community advisory committee supported by our PEI and Cultural Competency programs, has a budget to provide sponsorship for community events. It is chaired by the AAPI Cultural Community Liaison, who serves to encourage the rapport building that is essential to establish any relationship.

Prevention and Early Intervention releases regular Requests for Proposals for community organization to contract on a PEI planned program. Any plan approved program proposal can carve out service to a specific cultural community. These are regularly released for bid on the county's procurement website. Any community organization can be placed on the distribution list for notification when new Request for Proposals are released for bids, including for PEI programs. To learn more about getting on the list, please contact PEI@ruhealth.org

Access to service has become more impacted based on an overall shortage of therapists, and increased competition among health care systems and school districts that employ them. This has hit the inland region particularly hard. The Department has

many more position vacancies than qualified candidates to fill them. Therapists with bilingual/bicultural backgrounds are in even greater demand.

WET has targeted outreach to students from underserved cultural populations, which includes prioritizing our internship program, as well as, some stipend and loan assumption programs for practitioners who speak languages necessary to meet the needs of Riverside County consumers. The great majority of the bilingual interns were bilingual Spanish (49%), when compared to English only speaking students (26% of the total student cohort.) Student applicants speaking other languages remains low: ASL (2%); Tagalog (2%); Hmong (2%); and Arabic (2%).

We will need an active partnership with the diverse cultural communities to encourage students to pursue careers in public behavioral health at all levels of service delivery. We are looking to add the following questions for families when we conduct community surveys: "Would you encourage your child to pursue a career as a public behavioral health therapist or substance abuse counselor? Why or why not?" Having a better idea regarding family support of these careers may increase understanding of areas that we still need to penetrate regarding increasing the number of public behavioral health students.

BHC RECOMMENDATION: The Behavioral Health Commission recommends the integration of these engagement ideas into RUHS-BH outreach and education practices, and to sustain the outreach, engagement, and education activities as described in the MHSA Annual Update FY 22-23.