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

ITEM: 3.27
(ID # 23882)
MEETING DATE:
Tuesday, January 23, 2024

FROM : RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Adopt the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan, All Districts. [Total Cost $0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan through June 30, 2026.

ACTION:Policy

Matthew Chang
Matthew Chang, Director 12/29/2023

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:	Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays:	None
Absent:	None
Date:	January 23, 2024
xc:	RUHS-BH

Kimberly A. Rector
Clerk of the Board
By: Naomy Li
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: N/A			Budget Adjustment: No	
			For Fiscal Year: 23/24-25/26	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In November 2004, California voters passed Proposition 63, the Mental Health Services Act, which became law on January 1, 2005. The Act imposed 1 % taxation on personal income exceeding $1M. These funds are 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. The County Behavioral Health Director and the County Auditor Controller sign a certification before the County Board of Supervisors adopts the plan. The current MHSA 3-Year Program and Expenditure Plan (3YPE) expired on June 30, 2023.

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

1. Community Planning Process must gather and ensure stakeholder input.
2. A 30-Day Open Public Review and Comment Period.
3. Public Hearing conducted by the Behavioral Health Commission.
4. Riverside University Health System – Behavioral Health (RUHS-BH) must obtain Director Certification of compliance with all pertinent regulations and guidelines, laws and statues 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 California Department of Health Care Services and in accordance with MHSA regulations.
6. Riverside County Behavioral Health Commission approval.
7. Adoption of the Plan by the Board of Supervisors.
8. Submittal to the State MHCOAC and the California Department of Health Care Services.

Due to the success of prior years' COVID-adaptation for the public hearing process, and universal support from stakeholders, a hybrid public hearing was planned for the MHSA Three-Year Program FY 23/24-25/26 involving both virtual and in-person formats. The hybrid option increased accessibility for our remote communities.

- **Virtual Format Results: "Public Hearing in your Pocket"**

  A total of 31,537 Riverside County Residents viewed the MHSA Three-year Program FY 23/24 - 25/26 Public Hearing video presentation promoted (in Spanish and in English) on Facebook and Instagram news feeds, and 8,972 people engaged with the post over a 14-day period from June 19-June 30, 2023.

- **In-Person Public Hearing Results:**

  1. Western Region, June 27, 2023
  2. Mid-County Region, June 20, 2023
  3. Desert Region, June 29, 2023

  In-person public hearings were held in three service regions: Western, Mid-County, and Desert. A marketing campaign was created to advertise participation. It included a press release to all major local media, social media, website postings, and an internal communications email for Riverside County employees. The MHSA administrator was interviewed for local television coverage in the Desert region. A total of 102 people attended the in-person public hearings.

  Following the public hearing, a two-hour forum was available for Riverside County Residents to engage with the MHSA administration team and learn more about each of the five components of the plan. Behavioral health service and program access information was provided.

The Behavioral Health Commission approved the MHSA Three Year Program and Expenditure Plan on September 6, 2023, and the Plan is now ready for adoption by the Board of Supervisors and subsequent submittal to the MHSOAC. This Plan will then become a fundamental document for MHSA Program implementation in Riverside County.

Impact on Citizens and Businesses

The services described in the MHSA Three Year Program and Expenditure Plan for FY 23/24 through 25/26 are components of RUHS-BH's System of Care, aimed at improving the overall wellness 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) Workforce Education and Training (WET); and 5) Capital Facilities and Technology (CFTN).

Jacqueline Ruiz, Sr. Management Analyst 1/12/2024 | Gregg Gu, Chief Deputy County Counsel 1/4/2024

MHSA

Mental Health Services Act 3-Year Plan & Annual Plan Update FY 23/24- FY 25/26

Table of Contents

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, 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

We aren't satisfied with the status quo. We don't see our work as just an obligation. We don't want to be public servants "trying to catch up" with the private sector.

We want to lead.
We have a mission.

Now more than ever, access to quality and innovative behavioral health care is of the utmost importance. As behavioral health professionals, we provide a crucial service that leaves a lasting positive effect on our community. The effort and dedication of every Riverside University Health System – Behavioral Health (RUHS-BH) team member impacts our neighborhoods, our friends, our families – real lives.

Every human services profession has a behavioral health component – primary health care, law enforcement and probation, education and schools, families and social services, vocational development, pastoral care and community service. RUHS-BH engages and partners with them all to give Riverside County residents the best of public service, hope, and visible paths to wellness.

MHSA funding is the backbone of our programs and service delivery. Riverside County is the only California County to make the US Census Bureau's Top 10 fastest growing counties in the nation. Yet the distribution formulas for the other long standing behavioral health funding sources have not changed or kept up.

Rapid population growth brings great opportunity, but also tremendous challenges. Our rural areas now face big city problems. People who once never met each other, now have to live alongside each other. Stressors that face the nation or the state, now are more apparent in our own backyard.

We require innovation and creativity to meet the need:

- Behavioral Health Services Integration: We have more than doubled our staffing this year and have provided high-quality substance abuse and mental health prevention and treatment services with our RUHS partners at local Community Health Centers.

- Welcomed new psychiatric residents to increase our team of psychiatrists: The residency program interviewed for its 4th class; the first two residents graduate June 2023. We have started a Psychiatric Education Building which houses the residents' training office and supports.
- Expanded mobile crisis response: Increased the number of professionals responding to mental health crisis situations in the field including Law Enforcement and clinical therapist co-responder teams, dedicated crisis response staff at 4 college campuses county-wide, and a partnership with American Medical Response (AMR) and the Riverside County EMS Agency to create a designated intervention and transportation system for behavioral health emergencies.
- Developed plans for state-of-the-art Wellness Villages: Architecturally designed and landscaped campuses of care that provide a progressive continuum of children's and adult's behavioral health, physical health, and housing services that would be models for the nation.
- Grant applications: Received more than $100 million in grant awards to stretch available funding while producing quality and novel approaches to care.
- Recognition: We received the National Association of Counties Achievement Award for the Arlington Recovery Community and Sobering Center, and the California State Association of Counties Challenge Award for the Take My Hand Live Peer Chat.

Above are just some of the many awards earned, initiatives started, and goals achieved in the past year. And we are not finished. As long as we continue to see new opportunities to meet the existing and growing needs of behavioral health care in Riverside County, our work is not finished.

Together, we will succeed.

Sincerely,

Matthew Chang, MD
Director
RUHS – Behavioral Health

MHSA County Compliance Certification

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Riverside County

- [x] Three-Year Program and Expenditure Plan
- [ ] Annual Update
- [ ] Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Matthew Chang, MD.	Name: Ben J. Benoit
Telephone Number: (951) 358-4501	Telephone Number: (951) 358-3800
E-mail: Matthew.Chang@ruhealth.org	E-mail: BenJBenoit@rivco.org
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)

Matthew Chang Digitally signed by Matthew Chang Date: 2023.06.12 14:03:49 -07'00'
Signature Date

I hereby certify that for the fiscal year ended June 30, 2022, 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 12/14/2022 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, 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.

for Ben J. Benoit Tanya S. Harris
County Auditor Controller / City Financial Officer (PRINT)
Assistant Auditor-Controller

Tanya S. Harris 6/20/2023
Signature Date

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

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 unit manages the planning activities related to the five MHSA components, which are:

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 (CFTN)

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

The primary components of MHSA are CSS and PEI. These two components receive active funding allocations based on the State distribution formula. INN funds are derived from a portion of the CSS and PEI allocations and require an additional State approval process 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. Some funds – called a Prudent Reserve – can also be saved as a rainy day fund to sustain programing during periods of economic fluctuation that impact this tax revenue.

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. A single fiscal year begins July 1st and ends the following calendar year on June 30th. This year's plan is a new 3-Year Plan that begins July 2023.

What is an Annual Update?

MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3YPE on an annual basis, as well as provide education on MHSA regulation, the act, and the components. Therefore, Riverside County engages community stakeholders by providing them with an update to the programs being funded in the 3YPE, as well as foundational knowledge on MHSA's mission, purpose, and compliance. The community process allows stakeholders the opportunity to provide feedback from their unique perspective about the programs and services being funded through MHSA.

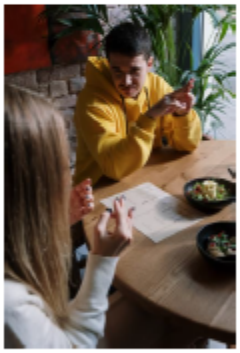
Public Hearing PowerPoint

Mental Health Services Act
3-Year Plan and
Annual Update
FY 23/24 – 25/26

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
  - Funding can be unpredictable and vary over time
- Funds are divided across counties and used to "transform" public MH services
  - Prudent Reserve
  - Reversion



Riverside University HEALTH SYSTEM Behavioral Health

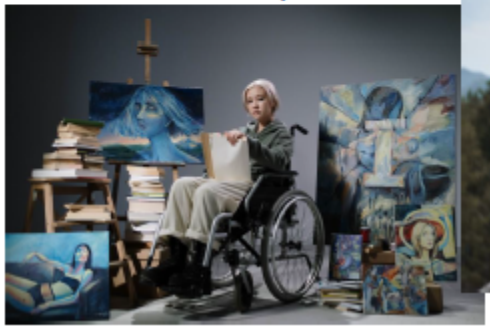
What is MHSA?

- MHSA has rules (regulations) about the limits and possibilities of how the money can be used
- CANNOT pay for most involuntary programs (hospital beds, Detention), supplant existing funds (November 2004), or substance use programs (unless COR or some prevention and early assessment)
- Essential Element: Community Collaboration

Riverside University HEALTH SYSTEM Behavioral Health

Community Collaboration: MHSA Stakeholder Process

- Community Program Planning Process (CPPP)
- Two types of MHSA plans
  - **3-Year-Plan**
  - Annual Update



Riverside University HEALTH SYSTEM Behavioral Health

MHSA Plan in Development

- Feedback accepted all year round
- Formalized at start of calendar year
  - Presentations at our network of community groups
- Stakeholder feedback informs the plan all year round via community advisory groups, allied health care, criminal justice, local governments, CBOs, consumers and families
  - MHSA Planning and Department Mental Health System planning are intertwined

Riverside University HEALTH SYSTEM Behavioral Health

MHSA Plan In Development

- "Backbone of Department services" ~ Dr. Chang
- "Funding of last resort" – which means program funds are typically braided/leveraged
  - Realignment, grants, Medi-Medi billing, general county funds

Riverside University HEALTH SYSTEM Behavioral Health

MHSA Plan in Development

- Current data, research and trending needs
- Most programing is rolled over into the next plan to avoid service disruption, and some programs are expanded, reinvented, or terminated based on community response and outcome data

Riverside University HEALTH SYSTEM Behavioral Health

What is the MHSA Plan?

- A big report that goes to the State
- Authorizes MHSA expenditures
- Demonstrates compliance with MHSA regulation
- Provides progress and outcomes on existing MHSA funded programs
- Does not represent all RUHS-BH services or all RUHS-BH service planning

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 **(CFTN)**

Riverside University HEALTH SYSTEM Behavioral Health

CSS

- Largest Component
- Integrated mental health and support services to children/TAY and adults/older adults whose needs not met by other funds (including private insurance)
- Full Service Partnerships (FSP) – Over 50%
- Clinic expansion – includes adding Peer Support, specialized evidence based practices (EBP)
- Also includes Housing/HHOPE, Crisis System of Care, and Mental Health Courts/Justice Involved programs
- Riverside Workplans: 01-Full Service Partnership; 02-General Service Development; 03-Outreach & Engagement; 04-Housing

Riverside University HEALTH SYSTEM Behavioral Health

"I enrolled in the Triple P Parenting Classes....My son was always depressed, annoyed, disquiet, in pain, afraid, and disconnected from everyone.

It does work! My relationship with my son improved dramatically....Now my son hugs me, shares his feelings with both my husband and I. He has been free from hospitalizations and has been drug free for almost a full year and is doing great."

~ Mother of a teenage son supported by RUHS-BH Parent Support and Training, funded through MHSA CSS-03

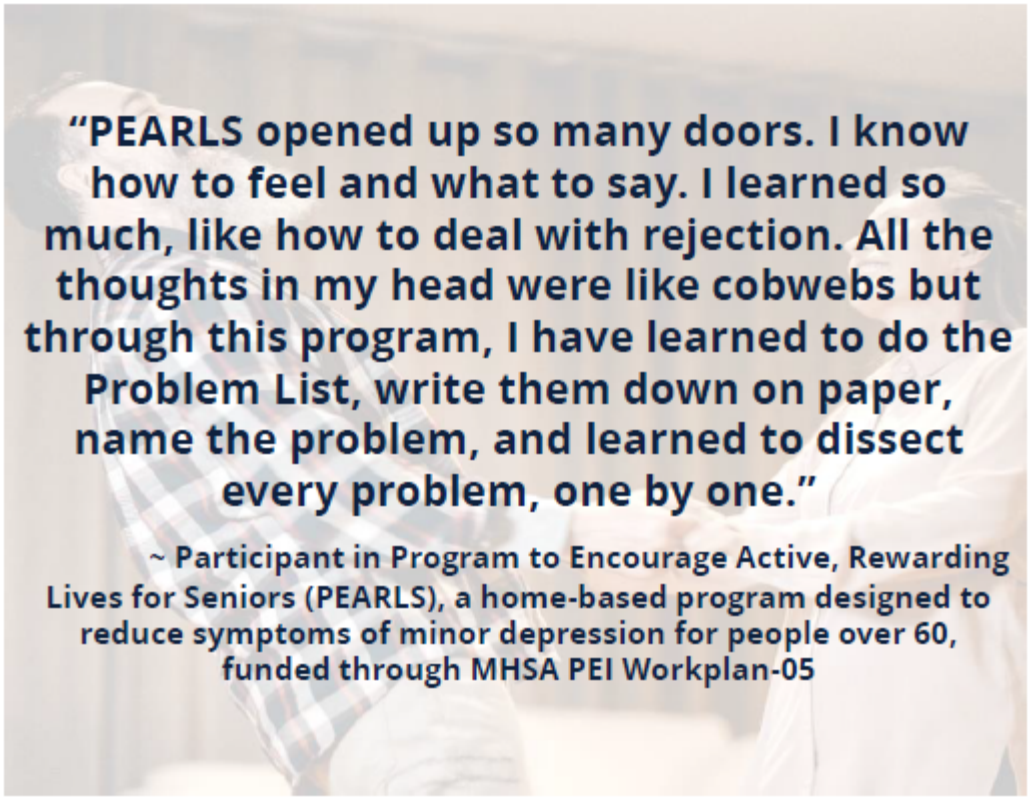
CSS Plan Update Highlights

Riverside University HEALTH SYSTEM Behavioral Health

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 1 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

Riverside University HEALTH SYSTEM Behavioral Health



PEI Annual Update Highlights

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 (expires 2025)
- Recruit, retain, and develop the public mental health workforce (direct service and administration)
- 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

"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 for what to expect after I graduate. Overall, I am thankful for the supervisors that taught me the skills I needed, pushed me, and most importantly believed in me..."

~ Master of Social Work (MSW) student intern placed at the RUHS-BH program, The Lehman Center, funded through MHSA WET Workplan-04

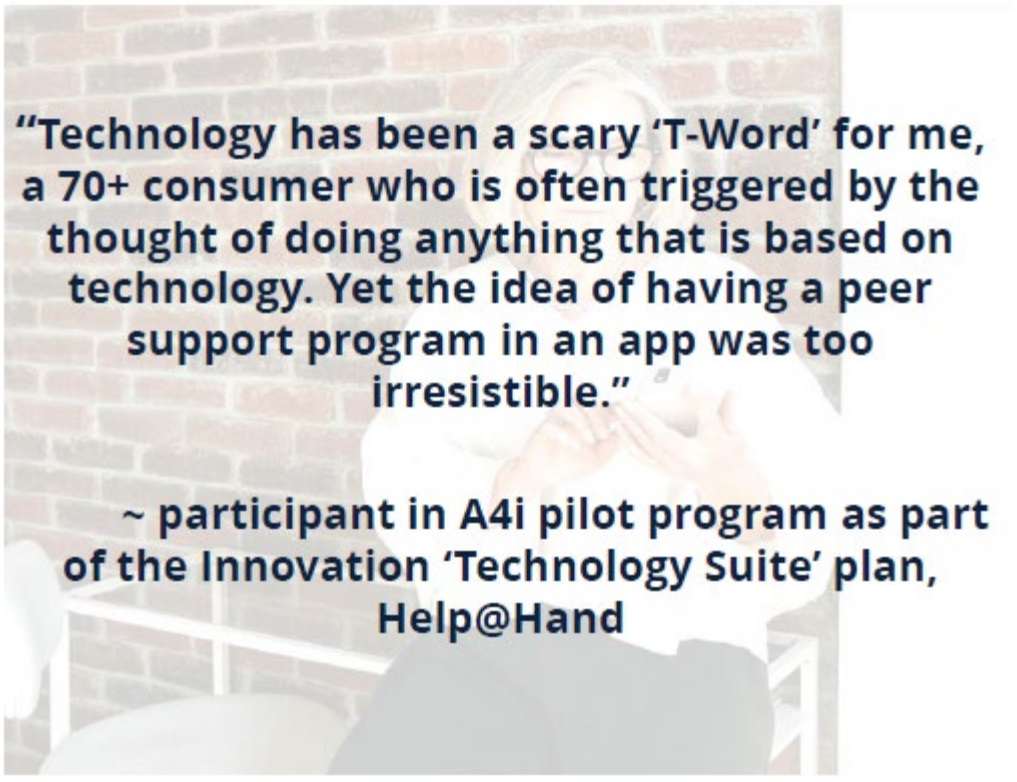
WET Annual Update Highlights

Riverside University HEALTH SYSTEM Behavioral Health

INN

- Funded out of 4% CSS and 1% 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 process to access funds
- Current Riverside Workplan: Tech Suite (Help @ Hand)
- Starting process for new plan proposals

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.

- Completed projects in the current 3-Year Plan (FY 20/21-22/23):
  - Roy's Desert Oasis
  - Arlington Recovery Community
  - MH Rehabilitation Center Expansion
  - Restorative Transformation Center

Riverside University HEALTH SYSTEM Behavioral Health

INN Annual Update Highlights

Riverside University HEALTH SYSTEM Behavioral Health

CFTN Annual Update Highlights

Riverside University HEALTH SYSTEM Behavioral Health

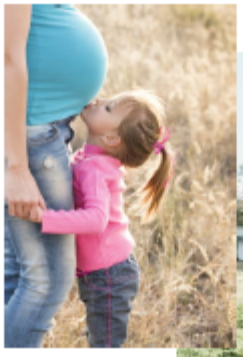
What's Next: Public Posting & Hearing

- May 2023 : 30 day posting
  - Read/comment on draft
- June 2023: Public Hearing
  - Provide plan feedback

Riverside University HEALTH SYSTEM Behavioral Health

Public Hearing: Last 3 Years

- Due to gathering restrictions, no in-person public hearings in 2020-22.
- "Public Hearing in your Pocket" videos were posted on all RUHS-BH social media: 1 English/ASL; 1 Spanish.
  - Also available on DVDs
  - Included a MHSA Plan Feedback voice mail number



Riverside University HEALTH SYSTEM Behavioral Health

Public Hearing In Your Pocket

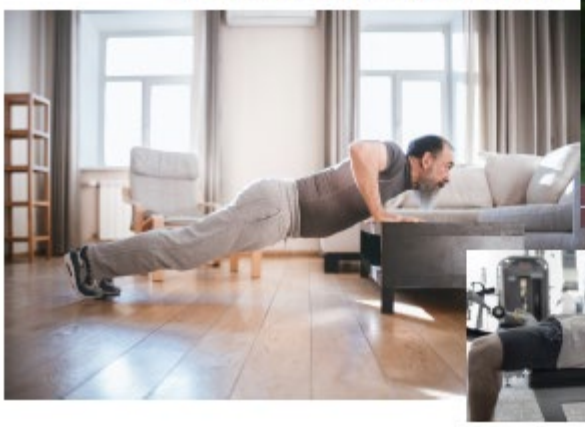
- Very Successful!
  - 2020 3-Year-Plan: Seen by over 16,000 county-wide
  - 2021 Annual Update: Seen by over 12,000 county-wide
  - 2022 Annual Update: Seen by over 23,000 county-wide



Riverside University HEALTH SYSTEM Behavioral Health

Public Hearing 2023

- Hybrids for **June 2023**
  - Virtual and
  - In-person: 1 per region
    - Includes preceding Forums



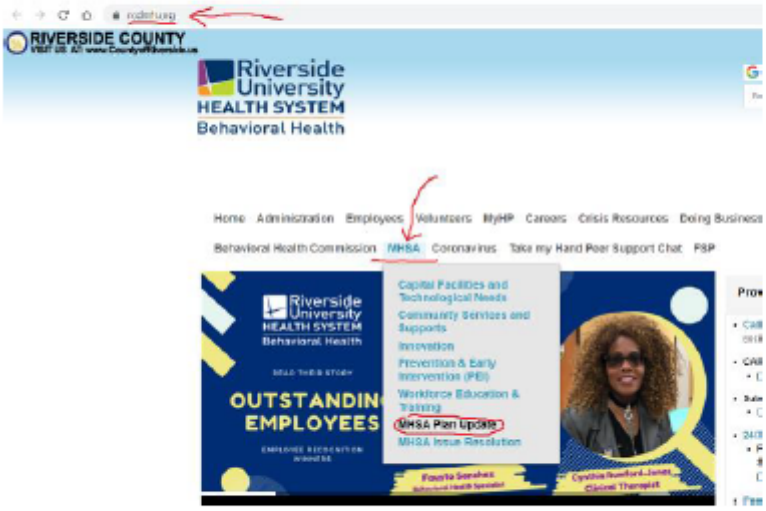
Riverside University HEALTH SYSTEM Behavioral Health

What happens to my feedback?

- Reviewed and responded to by the BOS appointed Behavioral Health Commission (BHC)
- Comments and responses become a chapter in the final plan
- Once approved by the BOS, submitted to the State and posted on RUHS website
- A feedback summary is provided to the Exec Office
- Utilized to support program development

Riverside University HEALTH SYSTEM Behavioral Health

RCDMH.org



Riverside University HEALTH SYSTEM Behavioral Health

RCDMH.org

Riverside University HEALTH SYSTEM Behavioral Health

Contact Info

Sign Up for Email Notifications

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

- MHSA Admin: David Schoelen
  - DSchoelen@ruhealth.org
- PEI: Diana Gutierrez
  - DAGutierrez@ruhealth.org
  - PEI@ruhealth.org
- WET: Nisha Elliott
  - NElliott@ruhealth.org
  - WET@ruhealth.org
- INN: Michelle Downs
  -- MDowns@ruhealth.org

Riverside University HEALTH SYSTEM Behavioral Health

Plan Summary: Highlights

Stakeholders requested the development of a summary document that provides the primary changes and highlights to the annual update. The highlights for the annual update of this 3-year plan are as follows:

Community Services and Supports (CSS)

- We have Improved outreach and engagement to clients in acute psychiatric hospital care settings by connecting them to Full Service Partnership (FSP) services prior to hospital discharge. This starts engagement and wraps care around the client before they leave the hospital.
- We have provided Assisted Outpatient Treatment as part of Laura's Law for consumers who present as a danger to self or others and who have had difficulty utilizing voluntary behavioral health services. Referrals are vetted for Court review and the Court can mandate outpatient services for 6 months. The Department's New Life Clinics are the primary provider for Laura's Law consumers.
- We have developed more new apartment units with supportive services for homeless consumer with severe mental health challenges: In 2023 alone, a total of 63 dedicated units are planned or completed in Riverside, and 30 units are planned in Corona.
- Parent Support and Training is a peer support program managed and run by parents who have had a child in the behavioral health service system. They provide direct one to one support to parents and also offer family education classes in the community. Services have expanded to include a new social-emotional wellness group for children, a new curriculum specifically for fathers, and the inclusion of Parent Partners in the Juvenile Justice system.
- Our Peer Support programs now report to their own Deputy Director. All lived experience programs – Parent Support and Training, Family Advocate, and Consumer Affairs – are under her administration.

Prevention and Early Intervention (PEI)

- Community Mental Health Promoters are people from these respective communities who have been trained to outreach and discuss behavioral health care within their communities. Despite COVID impacts, providers engaged with over 7,000 community

members, delivering information on behavioral health topics ranging from self-care to understanding serious mental illness.

- PEI also funds the administration and activities under our Cultural Competency Unit:
    - This last fiscal year, Cultural Competency improved our service delivery infrastructure, as well as our goals, as defined in the California State required Cultural Competency Plan. Staffing expanded, and Riverside's plan has been more defined to ensure inclusion of our Substance Use and Prevention programs. We also established a procedural review of the Cultural Competency plans of all department contractors.
    - Cultural Community Liaisons were contracted or hired to reduce disparities and outreach high risk communities. These Liaisons develop relationship with grass roots organizations, places of worship, and proprietors of natural community gathering places. They problem-solved care access and service disparities issues county-wide. The Liaisons have developed and chaired their respective community advisory groups, which are open to committed and interested members of Riverside County, and also serve as a regular forum for behavioral health education and service feedback.
    - Several Liaisons were pivotal in providing additional support, coordination, and education to the City of Blythe and surrounding areas. RUHS-BH has made concentrated effort last year to work with local stakeholders and community organizations to improve service access in this remote area of the county.
- PEI launched a new website that can be found at www.RCDMH.org/MHSA/PEI The PEI page includes comprehensive information about prevention and early intervention and the variety of services available to the community. The PEI page includes up-to-date contract provider information, as well as, our PEI training calendar with easy electronic training registration.
- PEI Administration continued to conduct trainings, virtually and in-person, for the general community focused on mental health awareness, wellness, trauma and resiliency, and suicide prevention. Trainings are free and available every month. In total for FY21/22, over 1,800 participants attended the 72 trainings that were offered.

- PEI funds UP2Riverside, a mental health awareness campaign, that markets behavioral health messaging and materials to the general community to reduce stigma around seeking behavioral health care. In partnership with the Coachella Valley Behavioral Health Collective, PEI utilized the existing Up2Riverside campaign to tailor outreach to the Farmworker community in Coachella Valley. A new landing page was created on the website along with downloadable and printed materials in English, Spanish, and Purepecha.

- In addition, stakeholders have increasingly expressed concern about substance use, especially among youth. PEI joined with our Substance Abuse and Prevention program to expand the Up2Riverside campaign to include strategic Substance Use and Prevention education for parents and providers of youth services. The campaign educated on the effects of substance use on the development and social-emotional wellness of youth. A new page has been added to the website: https://up2riverside.org/learn/substance-use-and-prevention/ and a downloadable Family Resource Guide is also available.

Both regional data and stakeholder voices have indicated continued concerns over suicide deaths in Riverside County. PEI continues to increase planning in this critical area:

- PEI supports the Inland So Cal Suicide and Crisis Helpline. The Helpline is a 24/7 crisis and suicide prevention telephone line that now also serves as the communities' point of access for the RUHS-BH Mobile Crisis Response teams. These mobile teams, as part of the CSS component, dispatch behavioral health professionals in the field to people in mental health crisis.

- The Suicide Prevention Coalition, an alliance of both county and community human services agencies, launched a new website: www.rivcospc.org where you can keep up to date with scheduled meetings, events, and trainings, and learn how to get involved in Riverside County suicide prevention efforts.

- In partnership with the Suicide Prevention Coalition, PEI formed a relationship with the Trauma Intervention Program or TIP. TIP volunteers are specially trained to assist people who have experienced a traumatic event. Family and friends of someone who died by suicide are at higher risk to attempt their own suicides. TIP volunteers received specific training and materials to help suicide loss survivors manage loss and grief.

- In addition, PEI funded short-term grief counseling for survivors of suicide loss at no cost to residents of Riverside County. This pilot project offers 6-8 free sessions to suicide loss survivors through community clinicians who are trained in suicide bereavement.

- Based on community feedback regarding substance use and prevention, as well as supporting parent-child relationships, PEI will expand Guiding Good Choices or GGC, an evidence-based, 5-week parenting course for the parents of youth ages 9-14 years old. GCC targets parents of middle school age youth countywide and focuses on the prevention of substance use and other problem behaviors. The expansion will increase the number of families served. This will be a future funding opportunity through the Request for Proposal process.

- Cognitive Behavioral Intervention for Trauma in Schools, or CBITS, is a school-based group intervention for grades 5-12 that has been shown to reduce PTSD and depression symptoms in children who have experienced trauma. This program has been offered in Riverside County since the PEI plan was first approved. New contract providers have been added and services will expand to include the Coachella Valley Unified School District.

    - Additionally, PEI will expand this model to include Bounce Back, an adaptation of the CBITS model for elementary school students in grades K-5. Community feedback and impacts from the pandemic highlight the need for trauma support to the elementary school population. This program is provided in school settings. This will be a future funding opportunity through the Request for Proposal process.

Innovation (INN)

Our current Innovation project, Help@Hand, is a five-year multidimensional project concluding in February 2024. This Collaborative effort between 14 California Cities and Counties was created to determine how technology fits within the behavioral health care system. Over the past year, the project has expanded and grown. Help@Hand highlights include:

- Kiosks have been installed in waiting areas throughout Riverside County and serve as points of service navigation and education. Here you can also find a link to the MHSA plan and how to provide feedback. THE KIOSK EXPERIENCE is a great way to locate

useful resources and support at your fingertips. You can find Kiosks locations on the kiosk map locator on the Help@Hand Riverside webpage.

- The TakeMyHand Live Peer Chat provides peer-to-peer live chat interface using real-time conversations for people seeking non-crisis emotional support. The Chat is open and free to the Riverside County public age 16 or older. The online chat works on a PC, laptop, tablet, iPad, and smartphone, or can be accessed at a kiosk or directly online at TakeMyHand.com . TakeMyHand was recognized as a CA State Challenge Award Recipient. TakemyHand will soon be available as an iPhone App.
- In collaboration with The Center on Deafness Inland Empire, known as CODIE, a Deaf and Hard of Hearing Needs Assessment survey was gather information on improving mental health services for Deaf, Hard of Hearing, and Late Deafened communities. The survey is currently available through the CODIE Website at codie.org to collect information from this community.
- A4i is a mobile app is used to support the recovery process of individuals living with schizophrenia or psychosis. A4i tools include tracking treatment progress, providing medication reminders, and can help the user discern between auditory hallucinations and environmental sounds. Riverside County's pilot team is the first in the United States to utilize this emerging healthcare technology to create an umbrella of caregiving that involves all parties involved in treatment. The technology is used in conjunction with other forms of "traditional" treatment such as therapy or medication. Clients and caregivers collaborate and are kept in sync with updated information.
- Began a County-wide marketing campaign promoting ManTherapy to combat mental health stigma among men. Men are traditionally difficult to reach regarding behavioral health care, and as a result, are more likely to experience the consequences of untreated behavioral health challenges. Man Therapy provides serious behavioral health information in a light hearted manner and encourages site visitors to take a "head inspection," a free, anonymous, scientifically-validated, on-line self-assessment. As of March 2023, 491 self-assessments had been completed county-wide.
- The Whole Person Health Score. This health score gives Riverside University Health System (RUHS) patients and their care team an overall health assessment that is accessible and easy to understand. The goal is to help individuals take interest in

improving their overall health by looking at six domains of health. A pilot was implemented in mid-March 2023 at the Corona Wellness Clinic.

Workforce Education and Training (WET)

- Staff Development Officer over Training was able to organize a training schedule that offered 302 Continuing Education units and 26 trainings focused on advanced behavioral health topics over the last fiscal year.
- WET continues to develop and refine the supporting infrastructure to bring evidence based practices to our clinics. These are proven therapies that have data outcomes for good mental health outcomes. Some of the evidence based practices include Dialectical Behavior Therapy, Trauma Focused Cognitive Behavioral Therapy, and Eating Disorder Treatments for both youth and adults. The Department has trained over 400 clinicians to practice these modalities.
    - Based on stakeholder feedback, the practice of Eye Movement Desensitization and Reprocessing (EMDR) was added just this year. Thirty Department clinicians countywide are currently being trained.
- The WET Graduate, Internship, Field and Traineeship (GIFT) program continues to be one of the most competitive internship programs in the region. In this past academic year, the GIFT Program coordinated internships for 32 masters and bachelors level students countywide. 35% were bilingual Spanish, and many had lived experiences as consumers or family members. These graduating interns become a prime candidate pool for new Department therapists.
- But there training needs don’t stop upon hire. These new therapists require 3000 hours of clinical supervision and have to pass State licensing requirements. WET’s Clinical Licensure Advancement and Support (CLAS) program was designed to support Department journey-level therapists gain clinical licensure. Applications to this program have increase over the past year. 32% of that cohort were bilingual. In this past year, the program assisted 15 participants in passing their State exams.

Capital Facilities and Technology

- The Renovation of the 25-bed permanent, supportive housing property for homeless consumers in Riverside called “The Place.” The Place has 24/7 on-site supportive services for homeless consumers who experience serious mental illness, and originally opened in 2007. The Renovation will allow for much needed building upgrades, increase bed capacity to from 25 shared room beds to 33 single room beds, and increase the size of common living areas and group treatment areas. The renovation is scheduled to complete in December 2023.

- Wellness Villages. 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 Villages will be architecturally designed and landscaped and offer a full continuum of behavioral health care in one location. Consumers and their families 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, 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.

  The goal is to build a Wellness Village in each of the five supervisorial districts. RUHS-BH has initially identified 2 locations: Hemet and Coachella. The space originally found in Coachella did not receive final City Council approval. We are still pursuing collaboration with the City of Hemet

Regional Grid

Stakeholders requested some additional tools to identify planning in each of the unique regions of Riverside County. The following grid identifies some of the primary service oriented programs in the MHSA 3-Year Plan FY 2023/4 – 2025/26.

Regional Key Program Grid MHSA 3-Year FY 2023/24 - 2025/26

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

	Western Region	Mid-County Region	Desert Region
FSP Track in outpatient clinics	X	X	X
FSP Outreach Prior to Acute Hospital Discharge	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

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
Laura's Law Assisted Outpatient Treatment	X	x	x

CSS: Outreach and Engagement

Lived Experience Programs:			
Consumer Affairs: Peer Support			
Peer Support and Resource Centers	X	X	X
Peer Support Specialist Certification 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
Permanent Housing Property for Chronic Homelessness	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	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	X	X
Trasistion Age Youth (TAY) Project:			
Stress and Your Mood	X	X	X
TAY Peer-to-Peer Services	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:			
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	X	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	X
Native American Project	X	X	X
Asian American Project/KITE	X	X	

Innovation (INN)

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

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

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

Riverside University HEALTH SYSTEM Behavioral Health

BHC & Community Advisory	Collaboratives	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 are sometimes used 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 and are dedicated to an in-person public hearing. They are dedicated to education and feedback on the MHSA plan. **#MHSAtalks**	**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
Cultural Competency • Reducing Disparities • African American • Asian American • Community Advisory on Gender and Sexuality Issues • Middle Eastern North African • Deaf and Hard of Hearing • People with Disabilities • Faith Based • Native American*	**Central MHSA Steering** • Steering Committee* • Plan related development, monitoring, and support a. TAY Collaborative b. CSEC Program Meeting c. Help@Hand Program Meeting		www.RCDMH.org **MHSA Tab** • Most recent annual update and latest 3-Year plan • Includes electronic feedback forms • MHSA@rcmhd.org • (951)955-7198

*Closed meeting

(Rev 02/2023)

Riverside University HEALTH SYSTEM Behavioral Health

2023 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 4, 2023	February 1, 2023	March 1, 2023	April 5, 2023
May 3, 2023	June 7, 2023	July 5, 2023	August – DARK
September 6, 2023	October 4, 2023	November 1, 2023	December - DARK

For further information, please contact Sylvia Bishop 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 to receive details by email.)*

January 10, 2023	February 14, 2023	March 14, 2023	April 11, 2023
May 9, 2023	June 13, 2023	July 11, 2023	August – DARK
September 12, 2023	October 10, 2023	November 14, 2023	December - DARK

For further information, please contact Mary Carpio 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 5, 2023	February 2, 2023	March 2, 2023	April 6, 2023
May 4, 2023	June 1, 2023	July 6, 2023	August – DARK
September 7, 2023	October 5, 2023	November 2, 2023	December – DARK

For further information and to confirm location, please contact Hilda Gallegos 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 4, 2023	February 1, 2023	March 1, 2023	April 5, 2023
May 3, 2023	June 7, 2023	July 5, 2023	August – DARK
September 6, 2023	October 4, 2023	November 1, 2023	December - DARK

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

Riverside University HEALTH SYSTEM Behavioral Health

BEHAVIORAL HEALTH COMMISSION - STANDING COMMITTEES 2023 MEETING SCHEDULE

(Note: Due to COVID-19, meetings are currently held via Zoom. Please contact Liaison to receive details by email.)

ADULT SYSTEM OF CARE COMMITTEE	CHILDREN'S COMMITTEE	CRIMINAL JUSTICE COMMITTEE	HOUSING COMMITTEE	LEGISLATIVE COMMITTEE	OLDER ADULT INTEGRATED SYSTEM OF CARE COMMITTEE	VETERAN'S COMMITTEE
Last Thursday @ 12pm 2085 Rustin Avenue Riverside, CA 92507	*4th Tuesday @ 12:00pm 3125 Myers Street Riverside, CA 92503*	*2nd Wednesday @ 12pm 3625 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 @ 10:00 am 2085 Rustin Avenue Riverside, CA 92507*
January 26, 2023	January 24, 2023	January 11, 2023	January 10, 2023	January 4, 2023	January 10, 2023	January 4, 2023
February 23, 2023	February 28, 2023	N/A	February 14, 2023	February 1, 2023	February 14, 2023	February 1, 2023
March 30, 2023	March 28, 2023	March 8, 2023	March 14, 2023	March 1, 2023	March 14, 2023	March 1, 2023
April 27, 2023	April 25, 2023	N/A	April 11, 2023	April 5, 2023	April 11, 2023	April 5, 2023
May 25, 2023	May 23, 2023	May 10, 2023	May 9, 2023	May 3, 2023	May 9, 2023	May 3, 2023
June 29, 2023	June 27, 2023	N/A	June 13, 2023	June 7, 2023	June 13, 2023	June 7, 2023
July 27, 2023	July 25, 2023	July 12, 2023	July 11, 2023	July 5, 2023	July 11, 2023	July 5, 2023
August – DARK	August – DARK	N/A	August – DARK	August – DARK	August – DARK	August – DARK
September 28, 2023	September 26, 2022	September 13, 2023	September 12, 2023	September 6, 2023	September 12, 2023	September 6, 2023
October 26, 2023	October 24, 2023	N/A	October 10, 2023	October 4, 2023	October 10, 2023	October 4, 2023
November 30, 2023	November 28, 2023	November – DARK	November 14, 2023	November 1, 2023	November 14, 2023	November 1, 2023
December – DARK	December 26, 2023	TBA	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 Maricela Moore (951) 955-7263**	**Committee Secretary Sujei Larkin (951) 955-7291**	**Committee Secretary Cynthia Peterson (951) 358-5891**	**Committee Secretary Miriam Resendiz (951) 955-7138**

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

Revised 1/2023

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention

Quarterly Collaborative 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.

2023 Schedule

All meetings will be held via Zoom. Zoom link and meeting invitation is sent out at the beginning of the month of the meeting.

Wednesday March 29, 2023 12PM-2PM

Wednesday May 31, 2023 12PM-2PM

Wednesday August 30, 2023 12PM-2PM

Wednesday November 29, 2023 12PM-2PM

For more information and to get on the Collaborative invite list email: PEI@ruhealth.org or call

951-955-3448

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.

THE ARENA

TAY RESOURCE & SUPPORT CENTER

Mid-County Collaborative 2022/23 Meeting Schedule

Takes place every **4th Wednesday** of each month

NOW IN PERSON AT THE ARENA

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 October 26th!

2022/23 dates below:

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

Riverside University HEALTH SYSTEM Behavioral Health

Desert Region TAY Collaborative 2023 Schedule

The Desert Region TAY Collaborative is a meeting comprised of community partners, youth advocates, Transitional Age Youth and Riverside County departments and programs to discuss the specific and unique needs of TAY in Riverside County. Networking, collaboration, and resource support all take place at this monthly meeting. This meeting is held every 1st Wednesday of Month from 3:00pm to 4:00pm via zoom. Beginning March 1st, 2023 - forward, the meeting will be held via Microsoft Teams.

We look forward to seeing you there! ☺

January 4th	No meeting in July
February 1st	August 2nd
March 1st	September 6th
April 5th	October 4th
No meeting in May	November 1st
June 7th	December 6th

If you have questions or would like to join, please contact,

Javier Sanchez, Senior Peer Specialist

Email: JaviSanchez@ruhealth.org. Main: (760)863-7970.

Desert FLOW: TAY Resource and Support Center

78-140 Calle Tampico. La Quinta, CA 92253.

WESTERN REGION

COLLABORATIVE 2023

COME SHARE RESOURCES AND HEAR ABOUT TAY FRIENDLY PROGRAMS. THE GOAL OF THE TAY COLLAB IS JOIN TOGETHER AND COME UP WITH INNOVATE WAYS TO SUPPORT TAY IN OUR COMMUNITY

MEETINGS ARE EVERY SECOND WEDNESDAY OF THE MONTH @ 2PM
MEETINGS WILL BE VIRTUAL UNTIL FURTHER NOTICE

1/11	7/12
2/8	8/9
3/8	9/13
4/12	10/11
5/10	11/8
6/14	12/13

PLEASE CONTACT:
JANE BEAMER, SENIOR PARENT PARTNER @ STEPPING STONES TO BE ADDED TO THE DISTRIBUTION LIST.
HOPE TO SEE YOU IN 2023!

Riverside University HEALTH SYSTEM Behavioral Health
Cultural Competency

Cultural Competency Program

AAFWAG
African American Family Wellness Advisory Group

AAFWAG focuses primarily on educating and engaging the community in reducing the stigma associated with mental health.

AATF
Asian American Task Force

AATF was organized to bring the Asian American Pacific Islander (AAPI) population together with providers and resources for networking, education, advocacy, and community building.

CAGSI
Community Advocating for Gender and Sexuality Issues

CAGSI strives to eliminate disparities in the mental health system by ensuring the implementation of culturally competent services and advocating for prevention and early intervention strategies for the LGBTQ+ community.

CCRD
Cultural Competency Reducing Disparities Committee

CCRD is a collaboration of community leaders representing Riverside's diverse cultural communities, united in a collective strategy to better meet traditionally underserved communities' behavioral health care needs.

DEAF & HARD OF HEARING

The Deaf & Hard of Hearing Committee focuses on the Deaf & Hard of Hearing community in Riverside County.

HISLA
Hispanic, Latinx

HISLA helps the community thrive, by reducing the stigma of seeking out mental health assistance, providing education, advocacy, and support with navigating healthcare systems.

MENA
Middle Eastern and North African

MENA aims to assist the mental health system in reducing disparities in behavioral health programs and improving the livelihoods of the MENA community.

NATIVE AMERICAN

The Native American Committee focuses on the cultural needs of our vast Indigenous communities which is currently planning for future meetings.

WADE
Wellness & Disability Equity Alliance

The WADE Alliance is building trusting relationships between Riverside University Health System-Behavioral Health and the People with Disabilities community

SPIRITUALITY & FAITH BASED

The Interfaith & Spirituality Committee aims to promote optimal health and well-being for all of Riverside County's faith and spiritual communities, including behavioral health providers.

Riverside University HEALTH SYSTEM Behavioral Health
Cultural Competency

Cultural Competency Meetings

AAFWAG
African American Family Wellness Advisory Group
10 to 11:30 a.m.
Meets on the 3rd Wednesday of every month.

AATF
Asian American Task Force
3:30 to 5 p.m.
Meets Bi-monthly, on the 2nd Tuesday.

CAGSI
Community Advocating for Gender and Sexuality Issues
2:30 to 4 p.m.
Meets on the 3rd Tuesday of every month.

CCRD
Cultural Competency Reducing Disparities Committee
9 to 11 a.m.
Meets on the 2nd Wednesday of every month.

DEAF & HARD OF HEARING
4 to 6 p.m.
Meets on the last Monday of every month.

HISLA
Hispanic, Latinx
3 to 5 p.m.
Meets on the last Thursday of every month.

MENA
Middle Eastern and North African
2:30 to 3:30 p.m.
Meet Bi-monthly on the 3rd Wednesday.

NATIVE AMERICAN
COMING SOON!

WADE
Wellness & Disability Equity Alliance
1 to 2:30 p.m.
Meets on the 1st Friday of every month.

SPIRITUALITY & FAITH BASED
COMING SOON!

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. Liaisons 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 Liaisons 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)**
            - **HispanicLatinX (HISLA)**
            - **Middle Eastern North African (MENA)**
            - **Deaf and Hard of Hearing**
            - **Wellness & Disability Equity Alliance (WADE)**
            - **Spirituality and Faith Based**

- **Native American**
- RUHS-BH has an existing **Veteran's Services Liaison** who was reorganized under Cultural Competency and attends the Veteran's Committee under the Behavioral Health Commission

- **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 MHSA 3-Year Plan FY 2023/24 – 2025/26 are as follows:

All meetings took place in 2023

Behavioral Health Commission	March 01
Transitional Age Youth Desert Collaborative	March 01
Cultural Competency Reducing Disparities	March 08
Criminal Justice Committee	March 08
Housing Committee	March 14
Older Adult System of Care	March 14
Asian American Task Force	March 14
Children's Committee	March 28
Deaf and Hard of Hearing	March 28
Prevention and Early Intervention Collaborative	March 29
Veteran's Committee	April 05
Wellness & Disability Equity Alliance	April 07
RUHS-BH Manager's Meeting	April 10
Children's Coordinators	April 11

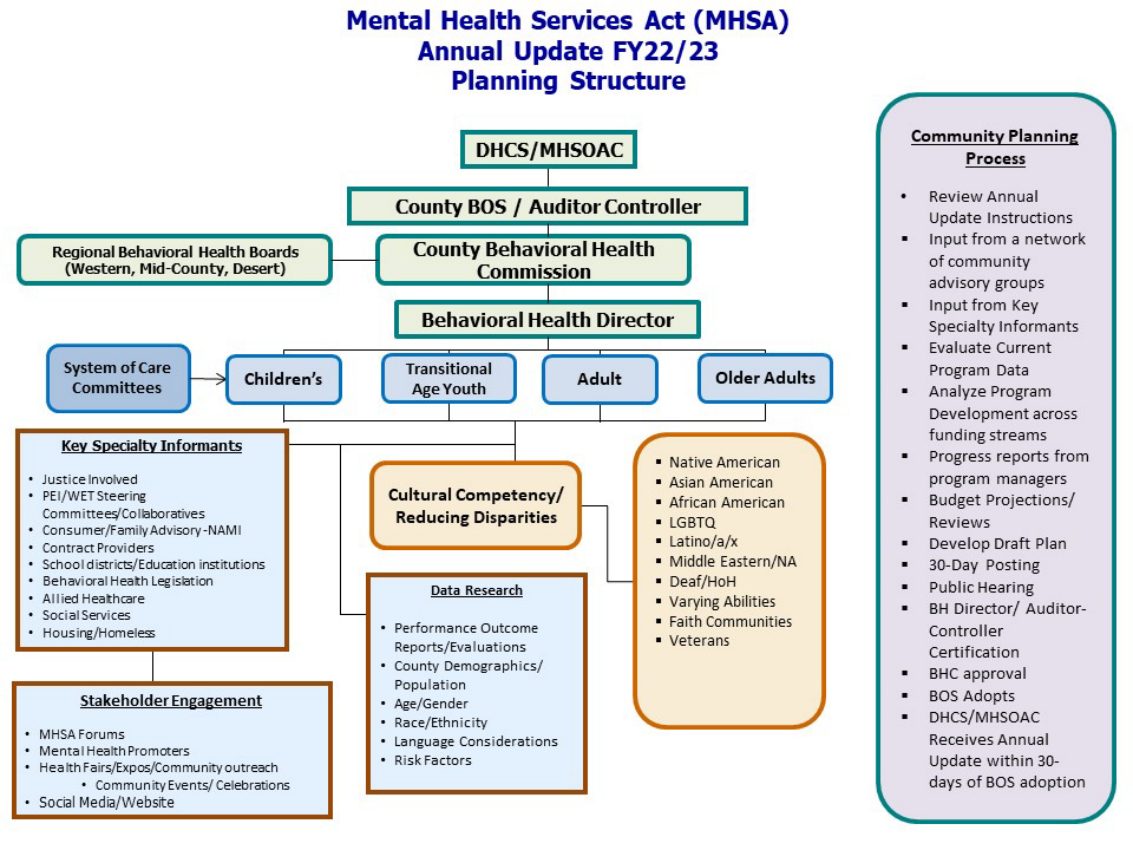
Desert Regional Mental Health Board	April 11
Spirituality And Faith Based Advisory Group	April 11
Transitional Age Youth Western Collaborative	April 11
Adult System of Care	April 27
HispanicLatinX	April 27
Native American Advisory Group	May 15
Community Advocating for Gender and Sexuality Issues	May 16
African American Family Wellness Advisory Group	May 17
Middle Eastern North African Advisory Group	May 17
Housing Continuum of Care	May 24
Transitional Age Youth Mid-County Collaborative	May 24
Western Regional Mental Health Board	June 27

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
HispanicLatinX Advisory Group
Middle Eastern North African Advisory Group
Deaf and Hard of Hearing Advisory Group
Wellness and Disability Equity Alliance
Native American Advisory Group
Spirituality and Faith Based Advisory Group
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



30-Day Public Comment

The Draft MHSA 3-Year Plan FY 2023/24 – 2025/26 was posted for a 30-day public review and comment period, from May 22 – June 19.

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 hybrid public hearing was planned for the MHSA 3-Year Plan FY 2023/24 – 2025/26 involving both virtual and in-person formats.

Virtual Format: "Public Hearing in your Pocket"

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. Videos accessible 24 hours a day; seven days a week.
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 from June 19 – June 30 and included 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.

Simultaneous In-Person Public Hearing Format

In Person public hearings were planned and scheduled in each county region as follows:

- Western Region, June 27, 2023
- Mid-County Region, June 20, 2023
- Desert Region, June 29, 2023

Public Hearings were preceded by 2-hour MHSA Forums. Forums were designed in “science fair” layouts where each MHSA component was represented at an education station hosted by related MHSA administration staff.

community members could move among the stations to learn more about MHSA, the plan, the related programs/services, seek information, and discuss initial thoughts or ideas.

At the close of the forum, the formal public hearing began, conducted by a member of the Riverside County Behavioral Health Commission (BHC). The video review of the plan was presented, and public comment was then initiated.

Public Comment Documentation and Responses

All comments received both virtually and in-person were compiled and reviewed by the BHC for a response.

Comments and responses were added to this plan as a chapter in this document. See page 389.

Results of Virtual Public Hearing Process

A total of 31,537 people (in Spanish and in English) saw the MHSA 3-year Plan FY 2023/24 – 2025/26 Public Hearing video presentation promoted on their Facebook or Instagram news feeds countywide, and 8,972 people engaged with the post over a 14-day period.

Results of In-Person Public Hearing Process

In-person public hearings were held in each of the 3 service delivery regions: Western, Mid-County, and Desert. A marketing campaign was created to advertise participation and included a press release sent to all major local media, social media and website postings, announcements sent on MHSA-related email distribution lists, email notification to all Department employees with encouragement to share with clients and families, and an Internal Communications email for all county employees. The MHSA administrator was interviewed for local television coverage in the Desert region. A total of 102 people attended the in-person public hearings.

Each public hearing was preceded by a two-hour forum where community could engage with the MHSA administration team and learn more about each of the 5 components of the plan. Behavioral Health Service and program access information was also available.

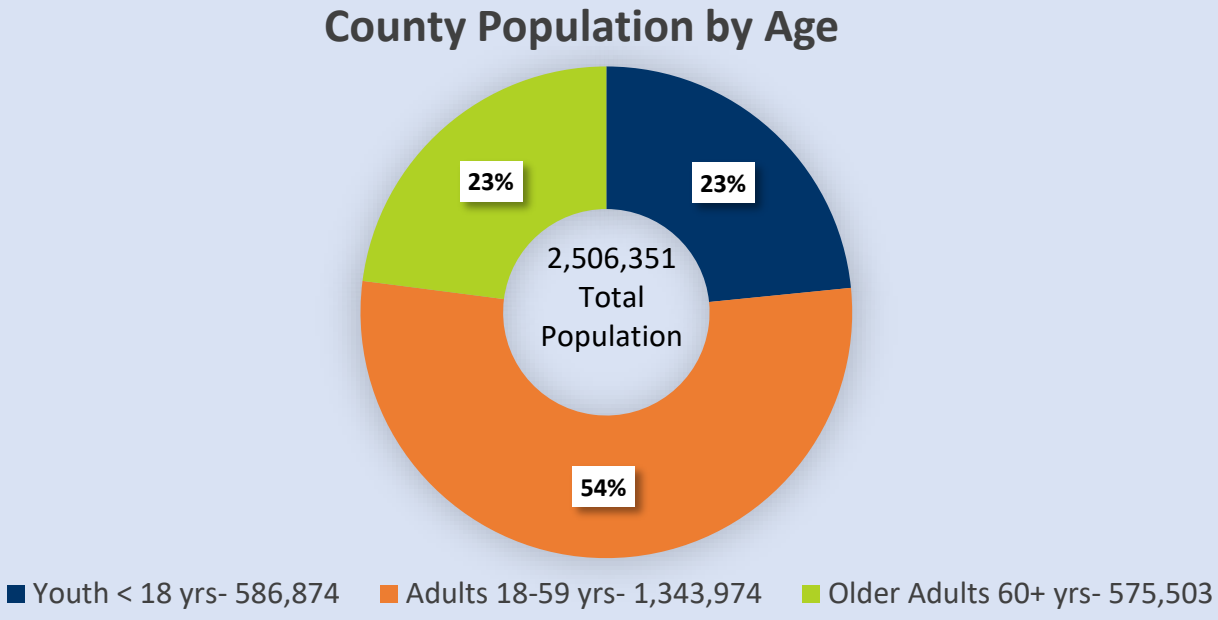
An ad hoc committee of the Behavioral Health Commission met on August 29, 2003 and reviewed all public comments and developed responses. Those comments and responses serve as a chapter in this annual update.

The final plan was approved by the Behavioral Health Commission on September 06, 2023.

MHSA Capacity Assessment

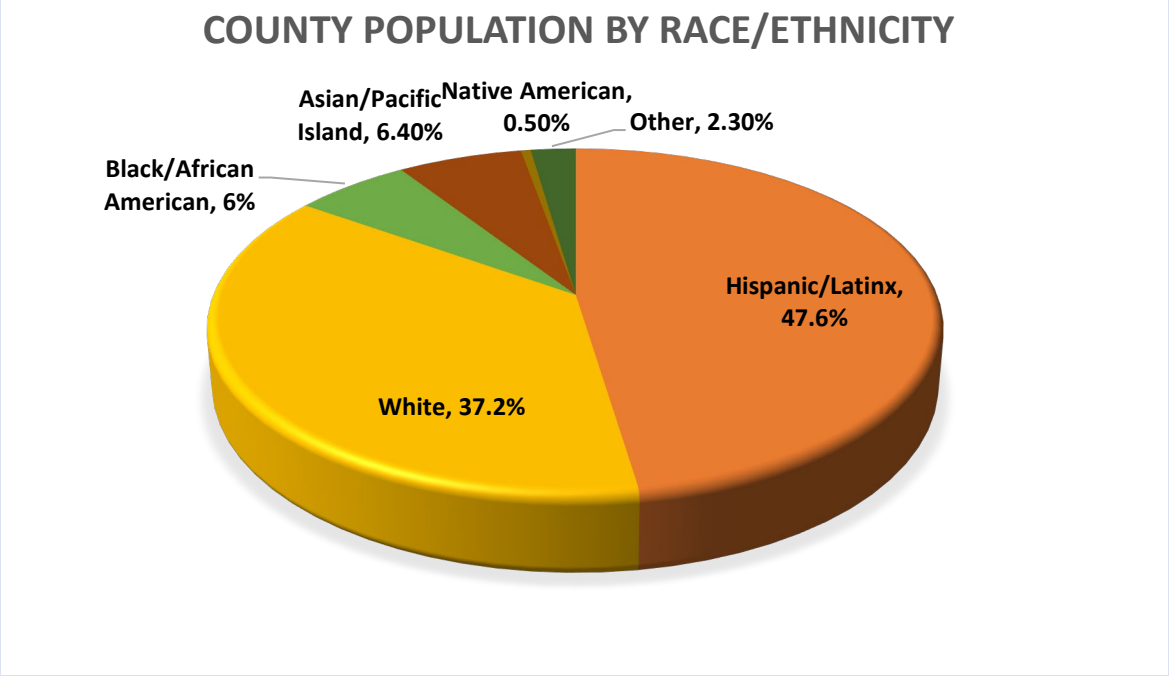
Riverside County Population

Riverside County is the fourth most populous County in California and the 10th most populous county in the United States. The County at 7,208 square mile spans nearly the width of California with service areas in the metropolitan western portion of the county to the rural community of Blythe at the Arizona border.



The County population has grown each year from 2010-2021. Youth under the age of 18 comprise nearly a quarter of the population (23.4%). Older Adults are almost another quarter of the population at (22.9%). The Older Adult population has been increasing and the youth under age 18 has been decreasing over the last 5-10 years. Transition Age Youth (TAY) age 16-25 represent 14.4% of the population totaling 359,800 youth.

Riverside County has two large Race/Ethnic groups representing 84.8% of the population, Hispanic/Latinx and White. The Hispanic/Latinx group is the largest group in Riverside County. Asian/Pacific Islander groups have grown over time from 4% to 6.4% of the population currently. Black/African American has remained steady at 6% of the population. A number of tribes are spread throughout Riverside County with Native Americans representing less than 1% of the population.



Spanish is the only threshold language in Riverside County. More than a third of the County population 34.98% reported speaking Spanish and of these Spanish speakers 34% reported they speak English less than “very well”.

The California Health Interview Survey (CHIS) data was used to report the population identifying as Lesbian, Gay or BiSexual (LGB). Pooling the last 3 years of available data showed 7% of the adult population reported they identified as LGB. CHIS data was also used to identify the adult

Transgender or gender Non-Conforming population, slightly more than one half of one percent (0.6%) of adults reported they identified as Transgender or Gender Non-Conforming. CHIS data among Teens surveyed showed 4.1% reported they identified as Transgender or Gender Non-Conforming.

Economic status for people living in Riverside County derived from the U.S Census showed 11.6% of the population (280,367) is living below the federal poverty level. The federal poverty level is $30,000 or less per year for a household of four people and $14,580 for a single person household. Living below the poverty level is higher for youth under the age of 18 at 16%. Additionally, 28.23% of the population (628,818) has income that is 200% above the poverty level, which qualifies many for social safety net benefits. The median household income for Riverside County reported in U.S. Census data was $79,024 in 2021, which means one-half the population is below $79,024 and one-half the population is at $79,024 or above. Census data on earnings for the last year for those working year round full time (746,108 people) showed 26.9% of those working full time earned $34,999 or less per year.

The department of Health Care Services (DHCS) data on Medi-Cal eligibles for the most recent month showed the County has over 1 million Medi-Cal recipients (1,020,645). The Medi-Cal beneficiaries six-month average is 1,015,100 which is 41% of the overall County population. Children and youth age 0-18 represented 38% of the Medi-Cal eligible population, while adults accounted for 55% and older adults 65+ were 7% of the Medi-Cal population.

The 2022 Point in Time Homeless Count for Riverside County indicated 3,316 homeless people both sheltered and unsheltered; 60% (1,980) were unsheltered and 40 % (1,336) were sheltered. The 2022 count was an overall increase of 15% from the previous year. However, the overwhelming majority of that increases was in the homeless sheltered population. Families with children were 4% (128 families, 490 people) of the overall count, and this number was an increase from the previous year. More than a quarter of the unsheltered count were identified as chronically homeless with 15% reported as having mental health needs and 21% reported as having substance abuse needs. Riverside and Indio were the two cities with the highest homeless count

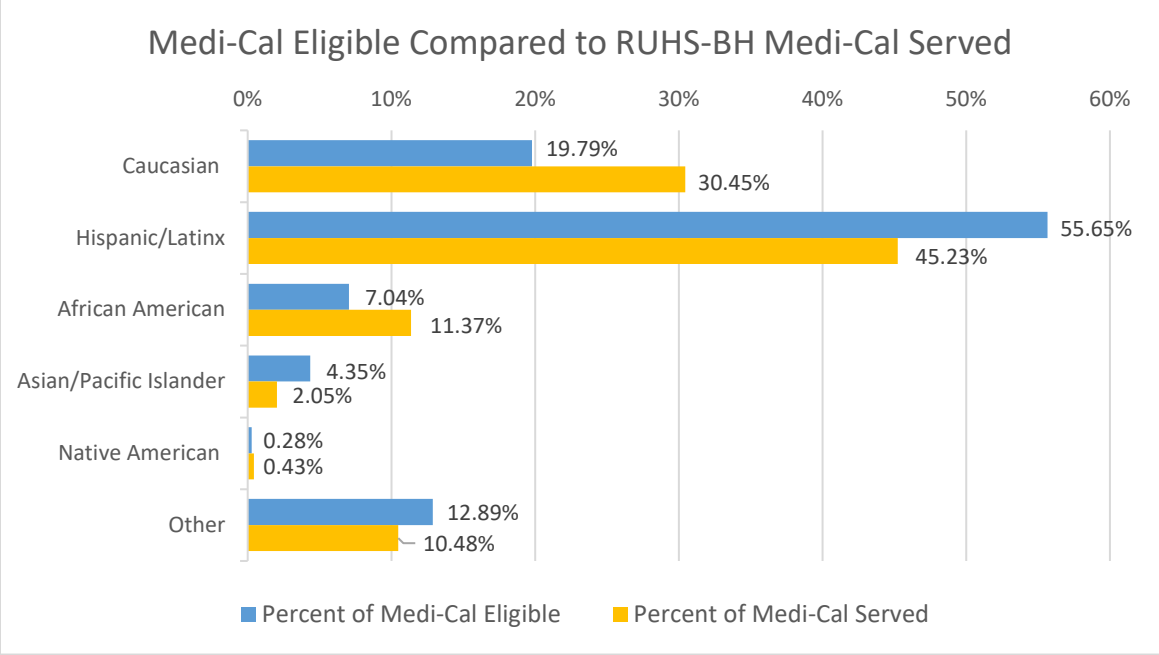
Unmet need is an estimate of how many mentally ill individuals there are in the county who may not be receiving the mental health services they need. Unmet need is calculated based on the difference between: 1) known prevalence rates of mental illness and 2). How many consumers receive mental health services. RUHS-BH completed a detailed analysis of Unmet Need when drafting the initial MHSA proposal in 2003-2004; and has examined changes using the initial benchmarks. Since the implementation of MHSA, RUHS-BH has served 52% more consumers. Services to Youth under the age of 18 has increased by 30%, and services to adults has increased by 52%. Services to Older Adults have increased dramatically by 195%. Decreases in unmet need have been found for all age groups.

Disparities can be identified by utilizing Medi-Cal penetration rates. This is calculated as the proportion of Medi-Cal consumers served out of the total number of people with Medi-Cal eligibility. The California Department of Health Care Services uses Medi-Cal paid claims to provide penetration rates for each county. Data on penetration rate by age groups is shown in the following table.

	County Rate	Large Counties	Statewide Rate
Youth <18	5.64%	7.86%	9.11%
Adults 18-59	4.71%	4.72%	5.06%
Older Adults 60+	2.92%	2.56%	2.92%

Penetration rates for Adults and Older Adults are similar to other large counties and the statewide rates. Youth rates are lower than other large counties and the statewide rate, despite steady increases in the number of youth served this age group is somewhat underserved. Overall Medi-Cal penetration rates are impacted by the increases in Medi-Cal beneficiaries.

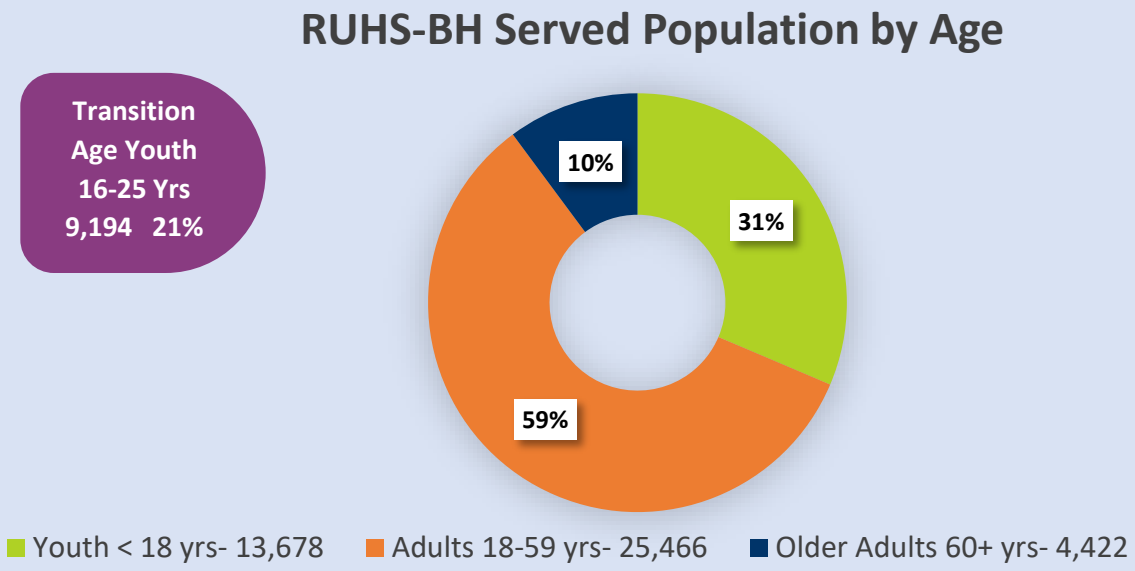
Comparisons between Medi-Cal population of beneficiaries to mental health clients served provides useful information on disparities. The following figure below shows Medi-Cal Eligible Compared to RUHS-BH Medi-Cal Served.

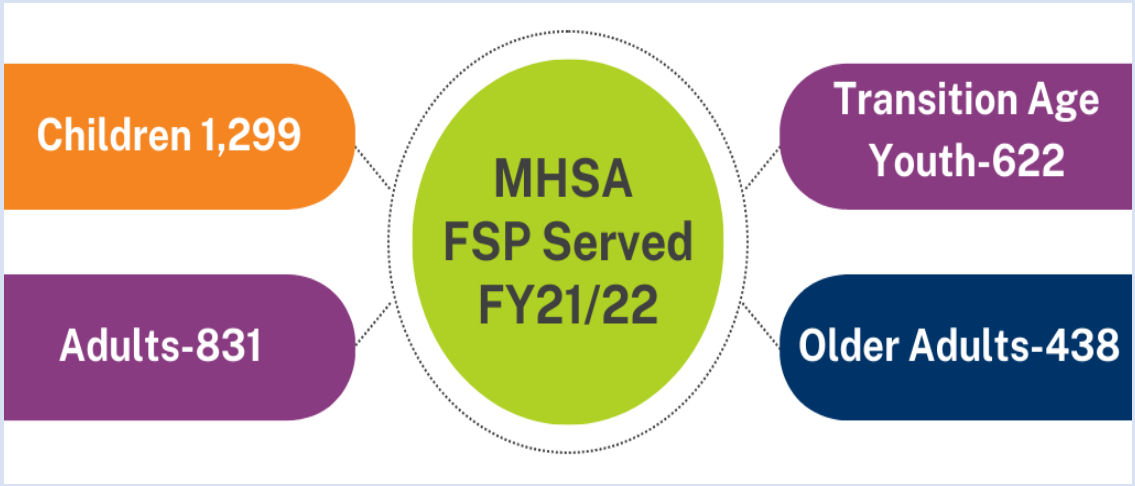


- The proportion of Caucasians served was nearly 1.5 times the respective Medi-Cal eligible proportion.
- Hispanic/Latinx represented over half of the county Medi-Cal eligible population, but their proportion in the Medi-Cal served population was under-represented by over 23%. The number of Hispanic/Latinx served has increased over time with the percentage served increasing from
- African Americans showed an over-representation by 38% in the Medi-Cal served population.
- Asians/Pacific Islanders were the second smallest racial group among the county Medi-Cal eligible population. They were severely underserved by over 112%.
- Native Americans were the smallest racial group among the Medi-Cal eligible population in Riverside County. They were over-represented in served population by 34%.

Capacity to address disparities has been implemented across the department from outreach and community engagement to Workforce development. These efforts are described further within this plan update.

RUHS-BH Population Served CSS





Estimated FSP population to be served				
	Children	TAY	Adults	Older Adults
FY 23/24	1300	625	900	440
FY 24/25	1325	650	925	450
FY 26/27	1350	700	950	460

Strengths

RUHS-BH for many years has supported the implementation of evidenced based practices and has increased the infrastructure and capacity to provide evidenced-based interventions in various levels of the department's service array. MHSA Prevention and Early Intervention has implemented a number of evidenced based practices or evidenced informed interventions across the PEI service array. In CSS the RUHS-BH outpatient clinics provide the following Evidenced-Based Practices; including Dialectical Behavior Therapy (DBT), Seeking Safety, Trauma Focused-CBT, Wraparound, Multidimensional Family Therapy, First-Episode Psychosis coordinated Specialty Care model, Parent Child Interaction Therapy (PCIT) and Family Based Therapy (FBT) for eating disorders. Maybe something here on CMHPP programs efforts to increase outreach, education, and stigma reduction to underserved populations with the goal of increasing access and engagement in services.

Challenges: Staff recruitment and retention has been a challenge over last few years, particularly post pandemic. Stigma and transportation.

Section II

Community Services and Supports

MHSA 3-Year Plan and Annual Update

FY 23/24-35/36

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.

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 Partnership (FSP)

What is 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 is fully staff and consists of three Clinical Therapists, one Supervisor, one Office Assistant II, and a Behavioral Health Specialist II. The Community Services Assistant position was eliminated from the program as cost saving approach. The Behavioral Health Services Supervisor (BHSS) for MDFT Western Expansion is also the department's MDFT trainer as well as Supervisor of an outpatient program with FSP service track.

Noted trends in the Western Region service area includes change in law making marijuana use a low priority for enforcement by probation resulting in little incentive for consumer to stop using marijuana; increase fentanyl use; difficulty in getting access to consumers when they're in school due to school prioritizing student getting school instruction and safety; adolescents open to program exhibit more severe behavioral problems and symptoms that include trauma history and exposure.

Goals for the next three years include the following:

1) Provide more opportunity for staff to train and get exposed to trauma model. There's an increased in adolescents and family members having trauma experiences opened to the program.
2) Increase staff access to online courses offered through the MDFT International training portal. Increase access to training portals will prevent model drift.
3) Re-establish clinic night to do live supervisor or DVD review. Covid-19 restriction created barriers to conduct in person live family therapy or DVD review.
4) Plan and develop a MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes. Covid-19 pandemic prevented staff from holding an in person summit.

Notable Data Points:

- 24 FSP Consumers were enrolled in the program with 63% being male and 38% female. 50% of consumers were Hispanic/Latino, 13% were Caucasian and 13% were African American/Black.
- There was a decreased in crisis intervention (52.4%), arrest (76.2%) and physical health emergencies (76.2%)
- Expulsion rate decrease (91.5%) as well as suspension (84.4%).
- The majority of service mode was individual, client supportive services, intensive care coordination services, and collateral services.

Mid-County MDFT Program

Mid-County region currently has four Clinical Therapists, two Behavioral Health Specialist II, one Certified Nurse's Assistant performing the role of a Community Services Assistant, one Office Assistant II, and one Supervisor. 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 there are more adolescents using fentanyl; adolescent opened to program with more severe emotional and behavioral disturbance; adolescents being raised by

non-biological parents (aunts/uncles, other relatives); adult care taker working longer hours and unavailable for family or parent session; staff not able to see consumer at school do to school district prioritizing school instructions over counseling; difficulty getting adolescent to stop marijuana use given change in drug enforcement priority by probation partner.

Goals for the next three years include the following:

1) Maintain fidelity to model by having clinical therapists do live supervision and taping of session for review on regular basis. Covid-19 restriction made it difficult to do in person session.
2) Increase staff exposure to models that address anxiety and depression. Newer staff that were hired on are less experienced treating co-occurring diagnosis such as depression and anxiety.
3) Plan and develop a MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes. Covid-19 pandemic prevented staff from holding an in person summit.

Notable Data Point:

- 41 consumers enrolled in program with 73% were male and 27% female. 51% were Hispanic/Latino, 24% were Caucasian and 10% were African American/Black.
- Hospitalization, crisis intervention, physical health emergencies decreased by 100%.
- Arrest decreased 31.7%
- Expulsions decreased 91.1% and suspensions decreased 84%.
- Primary mode of services was individual therapy, client supportive services, collateral services, and intensive care coordination services.

Desert Region MDFT Program

MDFT Desert Region currently has a staff consisting of two Clinical Therapists, one Behavioral Health Specialist II, one Community Service Assistant, one half-time Office Assistant III and one Supervisor. The MDFT Supervisor also supervises the TAY Desert Flow Drop In Center. The program has one Clinical Therapist vacancy and has been in recruitment for the past year and a half. 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 consistent referrals from probation department; family session has been down to unavailability of evening hours; probation's priority not to enforce marijuana use has makes it difficult for adolescent to stop using marijuana while in program.

Goals for the next three years include the following:

1) Reestablish therapist's weekly session planning for individual session, parent session and family session. The planning is not done consistently to prevent model drift.
2) Increase live supervision and DVD review. Impact of Covid-19 restriction reduced number of live supervisions in the clinic.
3) Plan and develop a MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes. Covid-19 pandemic prevented staff from holding an in person summit

Notable Data Points:

- For fiscal year 2021/2022, there were 31 youth enrolled in program with 68% consumers being Latino/Hispanic, 13% where Caucasian population and 0% African-American/Black.
- The largest proportions of MDFT consumers were between ages of 15 to 16 with 68% male and 32% female.
- Follow up data showed a decreased in hospitalization (100%), crisis intervention (37.5%), and arrests (100%).

- Expulsion decreased by 93.3% and suspension decreased 88%.
- Consumers that did not have primary care at intake obtained PCP while in program at 100% rate.
- Primary mode of service was Intensive Care Coordination services and Client support services.

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 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	6. Financial
2. Housing	7. Spiritual
3. Safety	8. Legal
4. Social Recreational	9. Emotional/Psychological
5. Medical/Health	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 2021/2022

- Supervisors and staff attended the UC Davis Foundations of Wraparound virtual training. This training was an extensive review of Wraparound origins, philosophy and implementation that spanned over three months in half day session totaling over 25 hours.
- Teams began accepting referrals from Probation for "lower level" youth allowing for preventative intervention.
- This year saw the return of the Public Health staff that had been deployed to deal with the pandemic.
- A 4-day intensive training was implemented with internal trainers.

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, 3 Clinical Therapists, 4 Behavioral Health Specialist II, a Behavioral Health Specialist III, 7 Peer Support Specialists (Parent Partners and TAY), a Public Health Nurse and three Probation Officers. The Probation is supported by two non-Wraparound trained Supervising Probation Officers as well. Approximately 70% 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 youths in services, challenges of increasing safety for families and staff in services and navigating changes to the juvenile justice system.

Notable positive impacts of Wraparound this year: 1) Increased engagement with the overall desert community as the Wraparound teams have worked diligently to form collaborative relationships desert-wide, 2) more out-of-box new interventions to adjust to changing consumer culture, 3) Adding additional outdoor recreational and enrichment outings increased youth/family engagement in services and increased enjoyment and quality of services.

3-Year Plan Goals:

- 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.
    - Two TAY Peer Support Specialist positions have been filled to address gang involvement and sexual trauma. BHS-III vacancies need to be filled as there is an increased need in the community. The impact of the on-going pandemic continues, however less negative impact than last two years.
- Incorporate more groups, such as:
    - Parent Project for parents
    - Parent support groups
    - TAY PSS led sharing support group for youths.
    - 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.

Western Region 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, 3 Office Assistants, 3 Clinical Therapists, 3 Behavioral Health Specialist II, a Behavioral Health Specialist III, 4 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 Trauma Focused-CBT trained therapists imbedded into services.

3-Year Plan

- Expand services to non-minor dependents returning from probation placement.
- Expand services to Medi-Cal recipients who are on informal probation
- Filling staff vacancies to support three complete teams in fidelity with the model and support increased service provision.
- Continued participation in the Wraparound Training Collaborative to expand regularly scheduled Wraparound basic and advanced trainings and ensure provision of high-fidelity Wraparound services.
- Cross-train staff in all roles to ensure flexibility and continuity of service.
- Collaborate with probation to ensure second probation officer position is filled in order to expand capacity to serve probation youth.
- Reorganize ISF Wraparound team assignment structure to increase capacity for service delivery.
- Fill position of TAY Peer to provide peer support services for youth.

- Resume regular youth outings for social skill building and resume Wraparound events such as Honor Night and Unity Day to acknowledge family's successes.
- Participate in "Riverside Partnership" meetings with other Wraparound programs for mutual support and sharing of learning regarding best practices.

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, 3 Clinical Therapists, one Behavioral Health Specialist III, 4 Behavioral Health Specialist II, 6 Peer Support Specialists (Parent Partners), 1 Peer Support Specialist (TAY), 1 Community Services Assistant, one Public Health Nurse and one Probation Officer. 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 filling of the TAY Peer Support position, particularly with gang involved youth. Services increased to non-SB children, providing early intervention to these families. Referrals for non-SB children have now surpassed referrals for SB children. Non-SB referrals have been expanded to include referrals from IEHP and non-ward probation youth who have Medi-Cal. Requests for therapeutic services through Wraparound have increased for both identified client and family members.

Progress on 3-Year Plan Goals:

- Improve collaboration with local clinics and providers for Non-SB referrals and services.
    - Previous year's referral level has increased for this group of youth. CalAim has allowed for better collaboration and streamlining of services for these referrals.
- All staff attain proficiency in high fidelity Wraparound.
    - Please refer to County wide training information earlier in report. All current staff have been trained in high fidelity Wraparound.
- 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, however due to continued frequent staffing changes at Probation continued efforts have been needed.

- Collaborate with school districts for direct referrals, as available.
    - On hold due to high level of referrals from Behavioral Health clinics and other community partners.
- Build community partnerships via contact with Churches and community centers.
    - COVID restrictions on business operations halted development for a time. This year we have begun to build a relationship with a community center in Lake Elsinore as well as a few local libraries.

Youth Hospital Intervention Program (YHIP)

Western Region YHIP

The Western YHIP team is comprised of a Behavioral Health Services Supervisor, three Clinical Therapists, one Behavioral Health Specialist (BHS), two Parent Partners (PP) and an Office Assistant. The Western team provides approximately 85% of their services in the field. Services provided include individual and family therapy, parent support and psychoeducation, transportation, linkage to medication management to children, case management and crisis interventions.

Noted trends include a significant amount of youth with co-occurring disorder, especially youth experiencing substance use challenges – marijuana was identified as the drug of choice. Goals for the next three years include the following:

1) Increase collaborative work with school staff to increase support for youth encountering academic challenges, social struggles and addressing barriers regarding school attendance.
2) Increase collaborative work and care coordination with contract providers in order to offer consumers Full Service Partnership services after hospitalization.

3) Increase hospital check in for youth at the Riverside County Inpatient Treatment Facility (ITF) to increase support and reduce re-hospitalization.

4) Increase care coordination with BHS and PP reaching out to families before clinical assessment.

5) Expand outreach and engagement in the community

Mid-County Region YHIP

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. Mid-County YHIP has also worked on building trusting and collaborative relationships with the IEHP medical plan to support in effective step-down services from residential treatment. During this next 3-year period, this will continue to be a focus for the program.

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. Mid-County YHIP will continue to increase collaboration with SAPT programs to support needed linkages for co-occurring youth.

3) Improve outcome data through training

With change of staff and new team in place, much work will be done to support staff with training needed to reverse crisis trending as well a re-hospitalization. Trainings will focus on effective coordination of care and family system work to support change.

4) Increase collateral support for all partners

Collateral services with family, school, and other stakeholders is a weak point in the Mid-County YHIP team. More clinical oversight over each partner's case with an emphasis on strategic collateral services will be a focus over this 3-year period.

5) Increase linkage to primary care physicians

YHIP will focus on improving linkage to primary physicians over this 3-year period of time to support the whole health needs of each partner.

Helpful Details:

During this this last year of the Pandemic, YHIP still had encountered some challenges to staffing. This brought about some continued strain on the program because many of the teammates had to continue sharing tasks. This also resulted in an increase of children and youth per provider. Much like many programs, YHIP also continued experiencing challenges related to providing effective field-based services, due to some continued COVID restrictions

and also intermittent quarantining of both staff and of families of those who YHIP serves. In total, the following changes took place:

Since the last update on staffing changes, the following is the current team configuration moving into this next 3-year period:

  - 3 CT staff and 1 CT staff vacancy
  - 1 Parent Partner
  - 2 TAY Peers
  - 2 BHS II staff
  - 1 OA II
  - 1 OA III
  - 1 CSA assigned .5 FTE

- 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 program has acclimated to the location change of YHIP. This location change made regional sense, given that Mid-County YHIP serves all of Mid-County, and the new location centralizes the team. Still, services predominantly are happening in the Temecula/ Murrieta areas based on referrals.
- Contracted providers have been able to move in and expand FSP 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. Mid-County YHIP has also made more used of expanded System of Care (SOC) level providers to ensure capacity for service delivery for those needing YHIP level FSP support.
- 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 83 partnership enrollments
- A predominant number of those served were female (64%)
- Hispanic/Latino partners out of that group made up 41% and 30% were Caucasian
- 47% of the partners has a diagnosis of a Major Depressive Disorder
- Of those partners where recidivism was impacted, there was 29% of change or decrease in re-hospitalization
- Crisis intervention increased by 12%
- 42% of partners' grades improved and 32% remained above average
- 40% of partners' school attendance improved
- Of those partners who did not have a PCP assigned at intake, 88% of partners obtained a primary care physician during treatment
- 55% of the partners served met their goals entirely
- 20.48% of the partners who entered into services stayed in services longer than 90 days

Desert Region YHIP

Desert YHIP (fully staffed) consists of four Clinical Therapists, two Parent Partners, two TAY Peer Specialists, 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 Peers are currently providing individual skill building sessions 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 will be as followed:

1) Adding groups such as a SAFE/Urgent Care group, LGBTQI+ group, Anger Management, DBT group, and parenting groups both in English and Spanish to assist with decreasing symptoms and providing psychoeducation on symptomology, when more fully staffed.
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.
3) More integration of substance abuse services and groups for youth that struggle with co-occurring disorders.
4) Decrease no show rate by offering services in the home, community, and or school.
5) Provide linkage to youth and families to appropriate community resources, identifying any cultural and linguistic special needs the family may have to assist with success in treatment and forming more community relationships.
6) Provide TF-CBT, EMDR, and/or DBT training for all staff.

Notable Data Points:

- Served during this reporting time was a total of 75 youth enrollments
- A predominant number of those served were female (71%)
- 56% were Hispanic/Latino, 23% were Caucasian and 7% were Black/African American, and 15% were identified as other
- 47% of consumers were 11-14 years old, 40% were 15-16 years old, 12% were 17-18 years old, and 1% was over 18 years old
- 47% of the youth has a diagnosis Major Depression

- Of those youth where recidivism was impacted, there was 5.4% of change or decrease in re-hospitalization
- Expulsions rates were effected positively at a 100% change rate
- Suspension decreased by 100%
- 49% of youth's school attendance improved and 44% grades improved
- 56% of the youth served met their goals entirely

Outpatient System of Care Children's FSP Tracks

Western Region Children's Program FSP Tracks

New Children's and Transitional Age Youth Tracks were added to our County Behavioral Health Outpatient Clinics in FY20/21. Previously, existing FSP programs in the western region children's program to serve youth/families/TAY were MDFT West Expansion Program, ISF Wraparound Program, and Western Youth Hospital Intervention Program (YHIP). 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). Because of the increase demand for Full Service Partnership services in the region and department as a whole, it was advantageous to open FSP tracks in each of our County Clinics. That said, the clinics that have FSP tracks are Children's Treatment Services (CTS), Riverside Family Wellness Program, Moreno Valley Children Interagency Program (MVCHIP), TAY Stepping Stones, and First Episode Psychosis Program (FEP). FEP is a grant funded program created in late 2022 to address the needs of young people between the ages of 12-26 with signs of having early psychosis episodes. The program provides services in all three regions (western, desert, and mid-county).

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.

West Region: Moreno Valley Children's Interagency Program (MVCHIP)

Moreno Valley Children's Interagency Program (MVCHIP) is a Medi-Cal outpatient clinic that offers Full Service Partnership (FSP) level of services to eligible children up to age 21 and their

families. The intent of the FSP services at MVCHIP is to provide time limited services to stabilize consumer before transferring them to a lower level of care. The clinic serves children and families in the city of Moreno Valley. MVCHIP staffing are comprised of a Behavioral Health Services Supervisor, Peer Support Specialists (TAY peer and Parent Partners), Behavioral Health Specialist II, Clinical Therapists, Licensed Vocational Nurse, Psychiatrists, and Office Assistants. Along with assessment services, the clinic provides therapy, medication support, behavioral intervention, family and peer support, as well as case management. MVCHIP offer some evidence-based practice therapy such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Family Based Therapy (FBT), and Trauma Focus Cognitive Behavioral Therapy (TF-CBT). MVCHIP FSP program also provide outpatient level eating disorder treatment. MVCHIP also have access to referring clients to Therapeutic Behavioral Services (TBS), Equine therapy, Parent Child Interactive Therapy (PCIT) and other specialty programs as needed.

3-Year Plan Goal Progress:

- Staff Development and training
    - MVCHIP experienced staff attrition similar to other programs in the region and department. The constant need to hire and trained people to provide FSP level of services has been challenging. New staff requires substantial support and training to provide high intense level of services to FSP consumers.
    - Staff provide services to FSP and non FSP consumers. Future training and workflow will consider dedicating staff to work specifically with FSP or non FSP consumers.
- Increasing number of FSP consumers served.
    - MVCHIP had the highest enrollment of FSP consumers in all of children's programs. However, there are still more than can be serve in FSP. MVCHIP will work to transition consumers needing FSP services to FSP level more expeditiously. The challenge is not having enough staff to provide FSP services to all individuals needing FSP due to staff attrition and insufficient resources.
- Improve collaboration and coordination of FSP services with SAPT and other specialty services

- MVCHIP will look to increase linkage of FSP consumers needing adjunct services like SAPT or TBS in expeditious way.

- Improve outcome data through training
    - Along with known EBP practices, each clinic staff will be equipped with appropriate levels of training around coordination of care practices in order to impact bottom line of client wellness and the closing the loop on any transitions from one level of care to another.
    - The clinic's rate of hospitalization of clients actively receiving services are higher than desired. Over the remainder of the 3-year period, training emphasis will focus on crisis management and responsive referral to field-based services and/or intensive intervention services (i.e. TBS).

Some notable data points:

- MVCHIP had 172 consumers enrolled in FSP. Average age of consumers was 15 to 16 and 33% were male and 67% female. Most consumers were of Hispanic/Latino ethnicity.
- Although there was a decrease in physical hospitalization from intake to follow up (69%), there was an increased in acute hospitalization (47.5%) and crisis intervention (19.8%).
- School expulsion decreased (92.7%) and suspensions decreased (87%).
- Individual therapy and client support services were the highest modes of services provided to FSP consumers.
- 8 FSP consumers were identified after intake as needing SU problem and 0 had SU service follow up.
- Of 7 consumers at intake who did not have PCP, 6 obtained a PCP while in the program.

West Region: Riverside Family Wellness Center (RFWC)

Riverside Family Wellness Center (RFWC) is a Medi-Cal outpatient clinic that offers Full Service Partnership (FSP) level of services to eligible children up to age 21 and their families. The intent of the FSP services at RFWC is to provide time limited services to stabilize consumer before transferring them to a lower level of care. The clinic serves children and families in the city of Riverside and Jurupa Valley. RFWC staffing are comprised of a Behavioral Health Services

Supervisor, Peer Support Specialists (TAY peer and Parent Partners), Behavioral Health Specialist II, Clinical Therapists, Licensed Vocational Nurse, Certified Medical Assistant, Psychiatrists, and Office Assistants. Along with assessment services, the clinic provides therapy, medication support, behavioral intervention, family and peer support, as well as case management. RFWC offer some evidence-based practice therapy such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Family Based Therapy (FBT), and Trauma Focus Cognitive Behavioral Therapy (TF-CBT). RFWC's FSP program also provide outpatient level eating disorder treatment. RFWC also have access to referring clients to Therapeutic Behavioral Services (TBS), Equine therapy, Parent Child Interactive Therapy (PCIT) and other specialty programs as needed.

3-Year Plan Goal Progress:

- Staff Development and training
    - RFWC experienced staff attrition similar to other programs in the region and department. The constant need to hire and trained people to provide FSP level of services has been challenging. New staff requires substantial support and training to provide high intense level of services to FSP consumers.
    - Staff provide services to FSP and non FSP consumers. Future training and workflow will consider dedicating staff to work specifically with FSP or non FSP consumers.
- Increasing number of FSP consumers served.
    - RFWC will work to transition consumers needing FSP services to FSP level more expeditiously. The challenge is not having enough staff to provide FSP services to all individuals needing FSP due to staff attrition and insufficient resources.
- Improve outcome data through training
    - Along with known EBP practices, each clinic staff will be equipped with appropriate levels of training around coordination of care practices in order to impact bottom line of client wellness and the closing the loop on any transitions from one level of care to another.

- The clinic's rate of hospitalization of clients actively receiving services are higher than desired. Over the remainder of the 3-year period, training emphasis will focus on crisis management and responsive referral to field-based services and/or intensive intervention services (i.e.Therapeutic Behavioral Services).

Some notable data points:

- RFWC had 24 consumers enrolled in FSP. Average age of consumers was 15 to 16 and 33% were male and 67% female. Most consumers were of Hispanic/Latino ethnicity (49%).
- Although there was a decrease in physical hospitalization from intake to follow up (69%), there was an increased in acute hospitalization (47.5%) and crisis intervention (19.8%).
- School expulsion decreased (94.7%) and suspensions decreased (90.1%).
- Individual therapy and client support services were the highest modes of services provided to FSP consumers.
- Of 3 consumers at intake who did not have PCP, 3 (100%) obtained a PCP while in the program.

West Region: Children's Treatment Services FSP

Children's Treatment Services (CTS) is a Medi-Cal outpatient clinic that offers Full Service Partnership (FSP) level of services to eligible children up to age 21 and their families. The intent of the FSP services at CTS is to provide time limited services to stabilize consumer before transferring them to a lower level of care. The clinic serves children and families in the city of Riverside and Jurupa Valley. CTS staffing are comprised of a Behavioral Health Services Supervisor, Peer Support Specialists (TAY peer and Parent Partners), Behavioral Health Specialist II, Clinical Therapists, Certified Medical Assistant, Psychologist, Psychiatrists, and various support staff such as Office Assistants and professional student interns. Along with assessment services, the clinic provides therapy, medication support, behavioral intervention, family and peer support, as well as case management. CTS offer some evidence-based practice therapy such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Trauma Focus Cognitive Behavioral Therapy (TF-CBT). CTS's FSP program also provide outpatient level eating disorder treatment. CTS also have access to referring clients to

Therapeutic Behavioral Services (TBS), Equine therapy, Parent Child Interactive Therapy (PCIT) and other specialty programs as needed.

3-Year Plan Goal Progress:

- Staff Development and training
    - CTS experienced staff attrition similar to other programs in the region and department. The constant need to hire and trained people to provide FSP level of services has been challenging. New staff requires substantial support and training to provide high intense level of services to FSP consumers.
    - Staff provide services to FSP and non FSP consumers. Future training and workflow will consider dedicating staff to work specifically with FSP or non FSP consumers.
- Increasing number of FSP consumers served.
    - CTS will work to transition consumers needing FSP services to FSP level more expeditiously. The challenge is not having enough staff to provide FSP services to all individuals needing FSP due to staff attrition and insufficient resources.
- Improve outcome data through training
    - Along with known EBP practices, each clinic staff will be equipped with appropriate levels of training around coordination of care practices in order to impact bottom line of client wellness and the closing the loop on any transitions from one level of care to another.
    - The clinic's rate of hospitalization of clients actively receiving services are higher than desired. Over the remainder of the 3-year period, training emphasis will focus on crisis management and responsive referral to field-based services and/or intensive intervention services (i.e. TBS).

Some notable data points:

- CTS had 76 consumers enrolled in FSP. Average age of consumers was 15 to 16 and 33% were male and 67% female. Most consumers were of Hispanic/Latino ethnicity.
- Although there was a decrease in physical hospitalization from intake to follow up (69%), there was an increased in acute hospitalization (47.5%) and crisis intervention (19.8%).

- School expulsion decreased (94.7%) and suspensions decreased (90.6%).
- Individual therapy and client support services were the highest modes of services provided to FSP consumers.

Mid-County Region Children's Program FSP Tracks

New Children's and Transitional Aged Youth Tracks were added to our County Behavioral Health Outpatient Clinics in FY 20/21. Previously, the only FSP programs for these age groups were MDFT, Wraparound, Youth Hospitalization Intervention Program (YHIP) and TAY FSP operated by Victor Community Support Services (VCSS). These are very specialized programs that have small caseloads to offer intense services to specific populations (e.g. juvenile justice involved families, post hospital discharge, youth at risk of losing placement at home or school). The majority of the programs had/have no medication support services and were reliant on Clinic locations for those services. With increased demand/need, it was advantageous to begin providing SFP level services in clinics as well for increased consumer services and coordination of care. New FSP tracks were created in the Lake Elsinore and Temecula County Clinics, as well as the VCSS Children's sites in Perris and Hemet. All sites serve a mixture of FSP and SOC (System of Care) level clients, without dedicated teams to each track. See plan for each program included in their reports.

Mid-County: Victor Community Support Services Children's FSP

Victor Community Support Services (VCSS) Children's FSP is contracted with Riverside University Health System-Behavioral Health and is located in Perris and Hemet, CA. Our FSP program provides primarily community and home-based services throughout the mid-county region. Services are also provided in the office. Youth served are ages 0-21 in need of mental health services and presenting with high-risk needs including psychiatric hospitalization, at risk of losing home or school placements, removed or at risk of removal from home, drug possession and substance use, involvement with the juvenile justice system, at risk of suicide or violence, eating disorders, in need of ICC, IHBS or TBS services, etc. Our program utilizes a strength-based approach as well as several evidenced based practices including TF-CBT.

Multi-disciplinary teams provide mental health services and support, including but not limited to individual therapy, family therapy, medication support, rehabilitation/behavioral support, group therapy, skill building, case management, parenting support, intensive care coordination and

intensive home-based services. Substance abuse and TBS referral and linkage are also provided.

Program Goals

1) Reduce Referral wait times to meet access to care timelines.

FYTD 22-23 Overall Average Referral Wait Time- 40.65 days

- VCSS Perris- 74 days
- VCSS Hemet- 11.4 days

2) Maintain treatment goal achievement of 75% or higher.

FYTD 22-23 Overall Combined Treatment Goal Achievement- 78%

- VCSS Perris- 73%
- VCSS Hemet- 83%

Other Notable Data

- FYTD 22-23 Overall Total Served
  - 229 Clients
- Overall Demographics
  - 62% Female
  - 38% Male
  - 10% African American/Black
  - 20% Caucasian
  - 49% Hispanic/Latinx
- Overall Average Length of Stay
  - 7.7 months

Mid-County Lake Elsinore Children's Clinic FSP

The Lake Elsinore Children's Clinic is a Medi-Cal outpatient program of RUHS-Behavioral Health that offers Full Service Partnership (FSP) level of services to eligible children up to age 21 and their families. The intent of this clinic is for children to stabilize and transfer to a lower level of care. The clinic serves children and families in Lake Elsinore and surrounding cities. The staff that serves this clinic are comprised of A Behavioral Health Services Supervisor, Peer Support Specialists (TAY peer and parent partners), Behavioral Health Specialist, Clinical Therapists, Psychologist, Psychiatrists, and various support staff. Along with assessment services, the clinic provides therapy, medication support, behavioral intervention, family and peer support, as well as case management. We offer some evidence based practice therapy such as ED (Eating disorder), TF-CBT (Trauma Focused Cognitive Behavioral Therapy) and EMDR (Eye Movement Desensitization and Reprocessing). We have access to referring clients to TBS (Therapeutic Behavioral Services), Equine therapy, and other specialty programs as needed.

3-Year Plan Goal Progress:

- Staff Development.
    - During early stages of implementation, staff vacancies occurred. New staff have been hired to fill most of these positions. The focus has been and continues to be supporting staff in effective care and management of FSP level support to clients and their families.
- Increasing number of FSP consumers served.
    - With the provision of FSP support came the challenges and learning opportunities to effectively track and oversee level of service adherence for each FSP consumer. Within this 3-year period, the clinic will continue building on and implementing a robust plan of oversight for each FSP consumer.
- Improve outcome data through training.
    - Along with known EBP practices, each clinic staff will be equipped with appropriate levels of training around coordination of care practices in order to impact bottom line of client wellness and the closing the loop on any transitions from one level of care to another.

    - The clinic's rate of hospitalization of clients actively receiving services are higher than desired. Over the remainder of the 3-year period, training emphasis will focus on crisis management and responsive referral to field-based services and/or intensive intervention services (i.e. TBS).

- Re-implementation of group treatment.
    - With restrictions regarding COVID-19 now fully lifted, full in-person group treatment will be initiated moving forward both for clients as well as appropriate group support for parents and caregivers.
- Improve linkage to Substance Use (SU) services.
    - Improved SU linkage efforts are underway to address whole needs of FSP clients and will continue to be a focus during this 3-year period.

Some notable data points:

- No arrests during the implementation year.
- There was an increase of crisis events (which is to be expected when identifying clients in FSP level of care).
- The rate of expulsions (94%) and suspensions (89%) dropped.
- Grade improvement improved by 36% and 27% of those served we able to stay above average.
- 16% of those served had improved school attendance. 60% of the served remained the same as at the beginning of partnership.
- A significant number of FSP clients (97%) did not have co-occurring mental health (MH) and substance use (SU) problems at intake.
- 99% had a primary care physician at the beginning of partnership
- 28% of FSP clients successfully met goals at the discontinuation of partnership.

Mid-Co: Temecula Children's Clinic FSP:

The Temecula Children's Clinic is an outpatient program of RUHS-Behavioral Health that offers Full Service Partnership (FSP) level of services. The clinic is an outpatient program in the

community that serves the greater Temecula Valley areas. The clinic consists of a Behavioral Health Services Supervisor, Clinical Therapists, Behavioral Health Specialists, Peer Support Specialists, psychiatrists and various support staff. Along with assessment services, the clinic provides therapy, medication support, behavioral intervention, family and peer support, and are trauma-informed and family-oriented. Clinic staff also support with linkages to community supports and other resources as well as case management.

Temecula Children's Clinic serves Medi-Cal beneficiaries who are between the ages of 0 and 20 years of age. Service intensity is determined by level of need that is determine through thorough clinical assessment and ongoing assessment during course of treatment. Early evening appointments are available to support those we serve as well as some field services. Our program staff are trained and make use of Evidence Based Practices (EBPs) (i.e. Trauma-Focused CBT, CBT, DBT) as well as eating disorder-specific modalities.

3-Year Plan Goal Progress:

- Staff Development.
    - During early stages of implementation, staff vacancies occurred. New staff have been hired to fill the positions. The focus has been and continues to be supporting staff in effective care and management of FSP level support to clients and their families.
- Increasing number of FSP consumers served.
    - With the provision of FSP support came the challenges and learning opportunities to effectively track and oversee level of service adherence for each FSP consumer. Within this 3-year period, the clinic will continue building on and implementing a robust plan of oversight for each FSP consumer.
- Improve outcome data through training.
    - Along with known EBP practices, each clinic staff will be equipped with appropriate levels of training around coordination of care practices in order to impact bottom line of client wellness and the closing the loop on any transitions from one level of care to another.
    - The clinic's rate of hospitalization of clients actively receiving services are higher than desired. Over the remainder of the 3-year period, training emphasis

will focus on crisis management and responsive referral to field-based services and/or intensive intervention services (i.e. TBS).

- Re-implementation of group treatment.
    - With restrictions regarding COVID-19 now fully lifted, full in-person group treatment will be initiated moving forward both for clients as well as appropriate group support for parents and caregivers.
- Improve linkage to Substance Use (SU) services.
    - Improved SU linkage efforts are underway to address whole needs of FSP clients and will continue to be a focus during this 3-year period.

Some notable data points:

- No arrests during the implementation year.
- There was an increase of crisis events (which is to be expected when identifying clients in FSP level of care).
- The rate of expulsions and suspensions dropped over 90%.
- Grade improvement improved by 42% and 34% oof those served we able to stay above average.
- 36% of those served had improved school attendance. 41% of the served remained the same as at the beginning of partnership.
- A significant number of FSP clients (95.2%) did not have co-occurring mental health (MH) and substance use (SU) problems at intake. SU linkage during treatment did not occur during implementation year.
- Of those who did not have a primary care physician at the beginning of partnership, 100% of those clients obtained primary care physicians during treatment.
- 30% of FSP clients successfully met goals at the discontinuation of partnership.

Desert Region Children's Clinics FSP Tracks

New Children's FSP tracks were added to our County Behavioral Health Outpatient Children's Clinics in FY20/21. Previously, the only FSP programs in the Desert Region to serve youth/families were the Desert MDFT Program, Desert Wraparound Program, and Desert YHIP Program. These are very specialized programs that have very small caseloads and are meant to serve a specific population (e.g. juvenile justice involved, substance use, 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 and Blythe Children's Clinic. These tracks are designed for youth that are in need of intensive, specialty mental health services including but not limited to Intensive Care Coordination, Intensive Home Based Services, Therapeutic Behavioral Services, individualized treatment planning, care coordination with outside agencies (e.g. DPSS, School Districts, Probation, IRC), psychiatric, therapeutic, and group services. The youth identified for FSP services are our most vulnerable youth with complex conditions such as trauma and suicidal ideation; or youth who are in foster care, justice involved, or homeless or at risk of homelessness.

Progress Data for FY21/22: The newly expanded Desert Region Children's tracks in Banning, Indio and Blythe enrolled a total of 54 new FSP members. Overall, hospitalizations, crisis visits, physical health emergencies, expulsions, and suspensions went down significantly over the course of their involvement in the FSP program.

3-Year Plan Goals:

Plans are in development for the 24/7 after hours support line for the FSP members. Current FSP programs like MDFT, Wraparound and YHIP all have dedicated 24/7 FSP lines; however the Children's FSP tracks do not. Plans are underway for the CARES line to be available for the FSP consumers 24/7 after hour crisis calls, once CARES staffing has increased to a level to support Countywide FSP Clinic tracks (Adults, TAY, Children, Older Adults)

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. This has served as a challenge due to increased vacancies in our County Clinics. A goal is to expand the FSP tracks to have dedicated teams that will primarily serve FSP consumers, and another team that will work primarily with the outpatient consumers.

FSP level of care requires a great deal of time spent outside of the traditional outpatient clinic, serving consumers in more natural supportive environments (e.g., home, school), as well as transportation needs for clients who struggle getting to services at the clinic. Staffing needs include adding a CSA to our clinics that can support the increase in transportation requests, as well as adding more case managers (BHS-II) in each of the clinics to provide the needed intensive care coordination. With appropriate staffing levels, we can grow our clinic FSP tracks and provide more of the service frequency and intensity that is needed to serve our most vulnerable and high-needs youth.

Transitional Age Youth (TAY) Full-Service Partnership Programs

TAY Programs are Full-Service partnership programs that provide 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. Services are provided by a multi-disciplinary team that embraces the principles of recovery and resilience. 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.

County Wide Challenges:

- Consumers with co-occurring disorders decline to participate in substance use services.
- Some consumers are not connected to a primary care physician.
- Lack of independent living skills.
- Lack of high school diploma can limit opportunities.
- Gaining and maintaining employment.
- Lack of affordable housing.

- Lack of reliable transportation.
- Fewer qualifying for SSI benefits and approval process is taking longer.
- Consistent medication compliance.
- Can be challenging to provide FSP level of service due to varying levels of consumer engagement.

County Wide Successes:

- 634 consumers were served in fiscal year 21/22.
- Hospitalizations decreased by 52.28 %.
- Arrests decreased by 76.70 %.
- Physical health emergencies decreased by 77.61%.
- Mental health emergency department visits decreased by 34.20 %.
- ¾ of the consumers who did not have a primary care physician at the beginning of the program, obtained one while enrolled in the FSP program.
- Comparisons of intake status and most recent residential status showed the percentage of consumers reported as homeless, or emergency shelter decreased and the proportion living on their own increased.

County Wide Lessons Learned:

- Increased need for staff to learn to work with consumers who have co-occurring disorders, as well as consumers who present under the influence of a substance.
- Greater percentage of consumers remain connected to family members. As a result, programs must assist family members in navigating new roles once consumer becomes a legal adult.
- In addition, programs must educate family members on consumer's mental illness.
- Consumers are less willing to participate in in-person groups post pandemic.

- Staff, especially clinicians, need to shift their focus from utilizing a “private practice” model, to a more collaborative approach to utilize other staff such as Peer Support Specialists.
- Staff need to be more flexible and more willing and available to provide service in the home as well as in the field.
- Staff need to continue to strengthen and develop a “do what it takes” mentality to engage with FSP consumers to ensure consumers can utilize serves in crisis.

West Region: Journey TAY FSP

The Journey TAY Program outreaches to youth transitioning from adolescent services to adulthood ages 16 – 25. The program is located in Riverside, California. Areas served include Norco, Corona, Riverside, Moreno Valley, East Valley, Jurupa Valley, Rubidoux, and adjacent unincorporated areas. When fully staffed, the Journey TAY FSP team consists of (1) Behavioral Health Service Supervisor, (2) Office Assistants, (3) Behavioral Health Specialists, (1) Licensed Vocational Nurse, (1) Community Services Assistant, (1) Mental Health Peer Specialist, (3) Clinical Therapists and (.5) Psychiatrist.

3-Year Plan Goal Progress:

- 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 continues to utilize SU CARES and/or the Substance Use program to provide

substance services for Journey TAY consumers who are interested, willing and able

to participate. This goal to be discontinued.

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

Journey TAY continues to make referrals to the Family Advocate program.

Next 3-Year Goal/s

- Proposal to obtain a Family Advocate position, hire and fill position, integrate Family Advocate into the treatment team to provide education and support to family members of consumers.

Mid-Co 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 serves throughout the Mid-County Region, including intensive case management and 24/7 phone support. Groups, some individual services, and medication support is provided at the program site. Consumers served are 16- 25 years old with long standing histories of mental health issues, risk of ongoing acute hospitalization, homelessness, or incarceration. Multidisciplinary 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.

Notable Data:

- VCSS TAY FSP served 111 consumers in the current fiscal year to date.
- 59% were female, 41% were male. 14% were African American/Black, 17% were Caucasian, 54% were Hispanic/Latinx.
- 28% of consumers were 16 – 19 years old.
- VCSS TAY FSP served 15 consumers diagnosed with an eating disorder in the current fiscal year to date. This is a new service line for VSCC TAY.

Program Specific Challenges:

- 15.2% of consumers did not have a primary care physician at intake.
- 13.4% of consumers entered FSP with co-occurring MH and substance problems.

- Majority of those who had co-occurring disorders had not been receiving substance use treatment services at time of intake.

Program Specific Successes:

- 49.4% reduction in hospitalization.
- 36.3% reduction in crisis.
- 94.9% reduction in arrests.
- 100% reduction in physical health emergencies.
- 59% of consumers that did not have a primary care physician at time of intake obtained one while in the program.

3-Year Plan Goal Progress:

- Increase census average to contract maximum of 90. Census for the third quarter of FY 22/23 is as follows: January 77; February 76; Murch 76; Due to contract utilization, we were unable to villa vacant PSC position. This impacted our ability to meet the contract max of 90.
- Increase in treatment goals met from 59% to 70%. Treatment goals met for the current fiscal year to date is 66%.

Next 3 Year Plan Goal/s:

- Increase census average to contract maximum of 90.
- Increase in treatment goals met from 66% to 70%.

Desert Region: Oasis TAY FSP

The Oasis TAY FSP is in Indio and provides an array of services that include a combination of field-based services as well as on site services to consumers ages 16 – 25. Oasis serves the Desert Region except for Blythe. 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 multidisciplinary team that embraces the principles of recovery and resilience. The services and supports available through Oasis TAY FSP included 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. Full staffing includes (1) Behavioral Health Service Supervisor, (1) Substance Use Counselor, (4) Clinical Therapists, (1), Mental Health Peer Specialist TAY Peer, (1) .5) Psychiatric Nurse Practitioner, (1) Licensed vocational Nurse, (1) Mental Health Peer Specialist Family Advocate, (1) Date and Records Clerk, and (1) Quality Assurance.

Notable Data:

- 50% consumers served were female.
- 17% were Caucasian, 67% were Hispanic/Latino and 6% were African American/Black.
- 49% of consumers were 18 to 21 years old.

Program Specific Challenges:

- A significant proportion (39%) of consumers enter FSP with co-occurring mental health and substance use problems.
- 20.3 % did not have a primary care physician at time of intake.

Program Specific Successes:

- Hospitalization decreased by 61.9%.
- Crisis decreased by 53.8%.
- Arrests decreased by 69.2%.
- Physical health emergencies decreased by 60.6%.
- 15.4% of consumers with co-occurring problems and no participation in substance use services were participating in substance use services at time of quarterly data follow up.
- An additional 27% of consumers not identified as having a substance problem at time of intake were reported to be in substance use services on follow-up.
- 72 % of consumers who did not have a primary care physician at time of intake obtained one while in the program.

3-Year Plan Progress Goals

- Increase in average monthly census from 70 – 85. Update: achieved average monthly census of 87.
- Increase monthly encounters to 8 – 13. Update: monthly encounters continue to average at 7.
- Increase percentage of clients receiving Substance Use Treatment. Update: Linkage to Substance Use Treatment increased from 22% to 27%.

Next 3-Year Goal/s

- Maintain an average monthly census of 85 – 90.
- Increase number of services in clinical and mental health services groups.
- Increase tracking of no show rate and decrease no show rate.
- Begin the use and tracking of collaborative documentation.

TAY Center FSP Tracks

West Region: Stepping Stones TAY FSP

Stepping Stones is located in Riverside and serves Norco, Corona, Riverside, Moreno Valley, East Valley, Jurupa Valley, Rubidoux, and adjacent unincorporated areas. Full staffing includes (1) Behavioral Health Service Supervisor, (1) Behavioral Health Specialist, (2) Office Assistants, (1) Licensed Vocational Nurse, (1) Certified Medical Assistant, (.75) Staff Psychiatrist, (5) Mental Health Peer Specialists, (1) Senior Mental Health Peer Specialist, and (4) Clinical Therapists.

Next 3-Year Goal/s

- Proposal to obtain, fill and utilize a full time CSA position.

- Proposal to obtain, fill and utilize a 5th Clinical Therapist as supported by direct service numbers and high referrals.

Mid-Co Region: Arena TAY FSP

The Arena is in Perris, California and serves the following cities: Anza, Aguanga, Canyon Lake, Gilman Hot Springs, Hemet, Homeland, Idyllwild, Lake Elsinore, Lakeview, Menifee, Mountain Center, Murrieta, Nuevo, Perris, Quail Valley, Romoland, Sage, San Jacinto, Sun City, Temecula, Valle Vista, Wildomar, Winchester, and surrounding communities. Full staffing includes (1) Behavioral Health Service Supervisor, (3) Office Assistants, (1) Licensed Vocational Nurse, (1) Community Services Assistant, (4) Mental Health Peer Specialists, (1) Mental Health Peer Specialist Parent Partner, (2) Mental Health Peer Specialist Family Advocates, (1) Senior Peer Specialist, (5) Clinical Therapists, and (2) part time Psychiatrists.

Program Specific Challenges:

- High staffing turnover
- The substance abuse treatment. Some consumers are actively using but remain in pre-contemplative stages of change. Substance groups are offered. Referrals for substance treatment are made to CARES but consumer follow through can be sporadic.

Program Specific Successes:

- Consistent receipt of referrals and walk-ins requesting services.
- Successful warm hand-offs to adult clinics when consumers age out.
- Successfully connecting consumers to employment and/or college.

Next 3-Year Goal/s

- Maintain full staffing over the course of the next 3 years to continue to provide much needed services to the community.

Desert Region: Flow TAY FSP

The TAY Desert Flow Program has a Full-Service partnership program that provides intensive treatment 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 TAY Desert Flow Program outreaches to youth transitioning from adolescent services to adulthood ages 16 – 25. Areas served include Palm Springs, Desert Hot Springs, Indio, La Quinta, Palm Desert, Mecca, Coachella, and Thousand Palms. Full staffing includes (1) Behavioral Health Service Supervisor, (2) Office Assistants, (1) Licensed Vocational Nurse, (1) Locum Psychiatrist, (1) Senior Mental Health Peer Specialist,

(2) Mental Health Peer Specialists/Parent Partners, (2) Mental Health Peer Specialists, (1) Family Advocate, and (1) Student Intern.

Next 3-Year Goals

- Integrate a substance use counselor into the treatment team to facilitate coordinated care/treatment since approximately half of consumers have substance issues.
- Integrate a BHS II to capture the high demand of case management needs for FSP consumers.

Adult Full Service Partnership (FSP)

Countywide FSP Outreach and Facilitated Care Linkage

We have improved outreach and engagement to clients in acute psychiatric hospital care settings (Emergency Treatment Services, Inpatient Treatment Services, and the Desert Psychiatric Health Facility) by connecting them to Full Service Partnership (FSP) services prior to hospital discharge. This starts engagement and wraps care around the client before they leave the hospital.

Outpatient program liaisons interface with acute inpatient treatment staff and directly engage consumers. This begins the connection to help navigate outpatient care or encourage on-going outpatient services. This early rapport building creates linkage to an FSP team, allows for dedicated outreach and follow up for consumers in pre-contemplative stages of change, and establishes a familiar face for consumers who require multiple outreach attempts before pursuing care.

Western Region: Jefferson Wellness Center FSP

For FY 21-22, Jefferson Wellness Center Full Service Partnership is co-located with the Enhanced Care Management (ECM) program.

The Adult Full Service Partnership (FSP) program is designed for adults ages 26-59 who have been diagnosed with a severe mental illness and would benefit from an intensive service program. The foundation of Full Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness. The Full Service Partnership program embraces client driven services and supports with each client choosing services based on individual needs. Unique to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

The Adult FSP program assists with housing, employment and education in addition to providing mental health services and integrated treatment for individuals who have a co-occurring mental health and substance abuse disorder. Services are provided to individuals in their homes, the community and other locations. Peer support groups are available. Embedded in Full Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate. The members have 24/7 support accessibility to dedicated professionals committed to your success in accomplishing goals that are important to your health, wellbeing, safety and stability.

The focal populations include those with a serious mental and persistent mental illness that results in difficulty functioning and experiencing chronic homelessness, justice involvement, psychiatric hospitalization or long-term care needs due to mental health impairments. community resources. The FSP Program implemented expansion efforts December 2022 to focus enrollment efforts on psychiatric hospitalized patients at the Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility for the purpose of post discharge continuum of care and appropriate FSP level of care linkage. The program has integrated CT and BHS II staff Liaisons at ITF to focus on FSP enrollment post psychiatric hospitalization and to prevent future hospitalizations and decompensation in the outpatient level of care.

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, and Adjunctive and Collateral services, such as Probation, family, and other outside supports

Bridges - Step Down:

On June 1, 2021, the Bridges program was phased out and this paved the way for an increase in the FSP program capacity to expand services and frequency of service delivery.

Enhanced Care Management (ECM):

Enhanced Case Management (ECM) was Implemented at Jefferson Wellness Clinic FSP on January 1, 2022. ECM is a collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to adults 18+. The integrated care team works in close connection with the members Primary Care Physician as well as community based providers. The ECM care team focuses on whole-person complex care management needs to improve and manage behavioral and physical health, acute care, and social needs.

The population of focus include adults who are high utilizers, individuals who are homeless, adults with serious mental illness and substance use disorder; and individuals transitioning from incarceration. The ECM care team uses a team approach to deliver six core services including comprehensive assessment and care management planning, coordination of care, health promotion, comprehensive transitional care, member and family supports, and coordination of and referral to community and social supports.

The ECM Care team is comprised of a Behavioral Health Services Supervisor, Office Assistant III, 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 2021 - 2022.

Jefferson Wellness Center FSP:

- This includes the costs of ETS, the PHF, and ITF FSP consumers.
- The program served 323 clients in FY 21/22.

- 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 39.9% for Jefferson Wellness Center clients, and crisis emergency room use decreased by 34.8%.
- The percent of clients living on their own increased from 19% to 26% percent.
- Homelessness decreased from 22% to 18%.

Three-year plan goal:

- Increase the frequency 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.
- Increase enrollment of psychiatric hospitalized patients at the Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility for the purpose of post discharge continuum of care and appropriate FSP level of care linkage.
- Continuous focus on lowering criminal justice involvement, reductions in homelessness, fewer hospitalizations and emergency department visits.
- Provision of ongoing training and specialized 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 group treatment to include psychotropic medication groups and enhancing peer groups.
- Increase member linkage to ECM services and primary care resources to address physical health needs and adhere to the Cal Aim no wrong door at point of entry.

Mid-County Adult FSP

The goal of Full Service Partnership (FSP) is to provide client-centered care through the work of intensive case management, therapeutic interventions, and a focus on recovery. FSP clients

work together with clinic staff, in an effort to become self-reliant by addressing immediate needs and setting personal goals. Staff members assist with creating action plans to address 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. Each clinic provides a personalized level of services and supports to create a client path to recovery.

Mid-County Adult Clinic Tracks

- 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 3,500 consumers, and 241 FSP consumers.
- We have four locations for FSP services throughout the Mid-County region, creating multiple access points and convenience for individuals who live outside of the county's major metropolitan area. By having FSP services at the clinic sites, there has been an increase in FSP client sustainability.
- All FSP consumers have full access to clinic services, which include clinical and medication assessments, medication management, individual therapy, group therapy, psychoeducational groups, care coordination, and case management. The theoretical models include Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, the Family Room Model, Motivational Interviewing, WRAP Around and others.
- Anticipated Changes: Each clinic will be working to increase FSP enrollment. As the department has stepped-down mild-to-moderate clients to other care providers, the focus on clients with serious mental illness necessitates more FSP services. Additionally, all clinics will be outreaching and engaging the surrounding community in an effort to be established as community resources.

- Lessons Learned: It has been discovered that FSP services are essential on the road to recovery of the seriously mentally ill and those showing signs by having severe mental health crisis/episode.
- Challenges: Employee retention is the major challenge for the clinics. Due to other companies offering more flexibility and higher pay, it has been difficult to keep staff members who are not vested in the department.

Hemet Behavioral Health Adult Clinic / FSP Track Groups

- Anger Management
- Chair Yoga
- Chronic Pain/Wellness
- Cognitive Behavioral Therapy/Anxiety
- Creative Coping Movement
- Creative Journaling/Diario Creativo
- Creative Recovery
- Dialectical Behavior Therapy – English and Spanish
- Facing Up
- Family Support/Apoyo Familiar
- Hora De Te
- “I Am Not Sick; I Don’t Need Help”/“No Estoy Enfermo: No Necesito Ayuda”
- Intro To Bad Habits
- Kickback Art
- Living in Balance

Hemet Behavioral Health Adult Clinic / FSP Track Groups (Continue)

- Mindfulness/Conciencia Plena
- Pathways to Success

- Peer Leadership
- Peer Support Group
- Rap
- Recovery Management
- Relapse Prevention
- Seeking Safety
- Self Esteem
- Triggers

Lake Elsinore Behavioral Health Adult Clinic / FSP Track Groups

- Alternative Perceptions
- Art
- Family Empowerment
- Family Support (English & Spanish)
- Peer Support
- Planning for Success
- Women's Empowerment

Perris Family Room / FSP Track Groups

- CORE I
- CORE II
- Family Support – English and Spanish
- Whole Health

Temecula Behavioral Health Adult Clinic / FSP Track Groups

- Dialectical Behavior Therapy
- Intensive Dialectical Behavior Therapy

- Kick Back Art
- Mind and Body

1) 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 ImagineNet. 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	1,5323
HEMET FSP	3377FA	140
LAKE ELSINORE	33MUNA	690
LAKE ELSINORE FSP	33MUFA	61
PERRIS	3383NA	759
PERRIS FSP	3383FA	57
TEMECULA	33MTNA	690
TEMECULA FSP	33MTFA	61

2) 3 Year Plan Goal:

- Increase FSP client numbers by 20%, each clinic
- Increase community outreach and engagement through participating in community events and collaborating with community groups

Desert Region: Windy Springs Wellness Center FSP

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 over 250 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. Additionally, this program supports the PATH, a Housing First program that has a capacity of 26 residents. The Windy Springs staff collaborate with Residential Care staff of both of these programs to support these consumers in pursuing their recovery journey.

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, show compassion while supporting consumers in acceptance and change.

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.

Desert: Oasis Case Management Team

The success of the Windy Springs program has fostered an examination of programs that could benefit from enhancement into FSP level of care. One of these programs is the longstanding program of Oasis Case Management. The Oasis Case Management Team are serving 50 plus FSP consumers. This is a program that has been providing intensive case management and outpatient care for many years. We have increased the Oasis Case Management services to include in-reach services to hospitalized consumers. This engagement is hoped to improve the follow up care into outpatient FSP or regular outpatient care. Another goal of this program is to assist with the early involvement of case management services to enhance symptom reduction and solidify healthier life choices.

Adult Outpatient Clinics FSP Tracks

Western Region: Blaine Street Clinic FSP 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 18 – 59 diagnosed with a severe and persistent mental illness who are living in the Western Region of Riverside County. The clinic offers comprehensive mental health and psychiatric treatment services,

integrated behavioral health outpatient services, and medical treatment coordination. Treatment modality includes crisis intervention, psychiatric assessments, recovery management, medication services, case management, and dual-diagnosis treatment. Services are provided by a multidisciplinary staff of mental health professionals that include: Psychiatrists, Nurses, Clinical Therapists, Clinical Student Interns, 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. The collaborative care approach encompasses peer to peer support, individual and group therapy, recovery oriented support groups, specialized group treatment focusing on consumers recovering from both behavioral health and substance use challenges. Additional, provision of direct services and collaborative care include but are not limited to building support networks through the inclusion of family and supportive partners in the planning and recovery process, case management to facilitate linkage to community resources, programs and other agencies as needed, peer and family support services, medical care and health education.

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 provide comprehensive mental health services by a multidisciplinary team to clients requiring intensive outpatient treatment. Services include, but are not limited to, 24/7 crisis response, ongoing intensive mental health treatment, housing coordination, employment linkage, and co-occurring mental illness and substance use treatment services. The FSP program is designed to enable people to create their own treatment plans for recovery with support from professionals and paraprofessional staff, recreational or other therapeutic, and 24/7 support to make their plan a reality. with homelessness and recidivism within the justice system and inpatient psychiatric facilities.

The FSP target population are adults ages 26-59 who have been diagnosed with a severe mental illness and would benefit from an intensive outpatient service program. The focal population meets one or more of the following criteria: homeless, justice-involved, and high utilizers of psychiatric hospitals or long-term care facilities due to mental health impairments. In December 2022, the FSP program implemented collaborative care processes with the Riverside

County Regional Medical Center (RCRMC) Inpatient Treatment Facility (ITF) for the purpose of linking psychiatric hospitalized patients to FSP level of care post discharge.

Embedded in Full Service Partnerships is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate. In FY 21-22, the new Blaine FSP served 36 consumers.

Program Goals:

- Increase FSP enrollment to reach capacity and maximize service delivery. Including increasing the high utilizer enrollment through collaboration with Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility (ITF).
- 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.
- Increase staffing resources and 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 and specialized training opportunities 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.
- Reduce serious mental health symptoms, homelessness, incarceration, and psychiatric hospitalization.
- Increase collaboration with internal and external partners to enhance linkages to and additional services in the community with no wrong door at point of entry and in future provision of services.

Desert Outpatient Adult:

Other Desert Region Outpatient programs are developing 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 Adult Outpatient Clinic program's current FSP Consumers census are: Indio Outpatient: 55, Banning Outpatient Clinic:

16, Blythe Outpatient Clinic: 10. 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.

Older Adults Full Service Partnership (FSP)

Western Region: Specialty Multidisciplinary Aggressive Response (SMART)

The Western Region Older Adult Full Service Partnership (FSP), also referred to as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in the Western region, is a program that serves consumers who have a history of severe and persistent mental illness and have 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 integrated 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 Western SMART team utilizes 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, medical, vocational, educational, and housing needs of the consumer and/or their support system. An emphasis is placed on integrated care whereby staff connect consumers to primary care providers and other medical resources such as In-Home Supportive Services (IHSS), Enhanced Care Management (ECM) teams, etc.

Services are provided by a multidisciplinary treatment team that includes a Behavioral Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Occupational Therapist, 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 Western region FSP staff provide a multitude of individual and group therapies including Dialectical Behavioral Therapy (DBT), Seeking Safety, Grief and Loss, Wellness and Recovery Action Plan (WRAP), and Co-occurring Life of Recovery (COLOR) for co-occurring mental health conditions in addition to intense case management, substance abuse counseling, nursing support, psychiatry follow up, peer support and family advocacy and other integrated services. In addition, the nursing team will begin facilitating a "Living Well with Chronic Conditions" group, utilizing coaching and psychoeducation on a variety of topics.

The SMART team partners with several community entities on a daily basis, including Adult Protective Services (APS) embedded staff, IEHP/Molina/ECM (Enhanced Care Management) teams for integrated care, Public Guardian Representative Payee's office, Riverside University Health System - Behavioral Health HHOPE Housing Program, Riverside County Housing Authority and Riverside County Office on Aging. 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 Western Region FSP program currently serves 140+ FSP consumers with some discharging and re-enrolling. The census continues to climb as we open the Inpatient Treatment Facility (ITF) admitted clients into FSP. 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, homelessness, and acute hospitalizations. Additionally, our FSP participants exhibit an impressive willingness to begin addressing substance abuse issues, especially since the program has two specialty trained substance abuse counselors who have linked many consumers to inpatient and outpatient treatment, in addition to 1:1 counseling, coaching and education. The substance abuse counselors will facilitate a "Living in Balance" group, which is an evidenced-based curriculum modeled after the 12 step program. A very significant gain is that after consumers participate in treatment, they often show a decreased need for emergency shelters or homeless settings, and many are able to regain stable housing and permanent

supportive housing. Once their basic needs are met, consumers can pursue higher level goals such as employment, volunteer work and independent living.

The 3-Year Plan goal is to increase the number of FSP consumers and services regionally by 10% each year. The program is receiving between 10 and 20 new referrals each week from a variety of sources, such as APS, Office on Aging, self-referrals, and transfers from other programs, therefore we plan to increase staffing by adding two Clinical Therapists, two Behavioral Health Specialists and one Peer Support Specialist over the next three fiscal years.

The Western FSP program is also planning to implement new innovative evidenced-based practices for Older Adults including Mindfulness-Based Stress Reduction, Tai-Chi and Fit for Life. Staff continue to introduce consumers to technology, including participation in the A4i project consisting of a mobile platform that supports clients, care team staff and clinicians in their effort to engage, learn and enable mental health services for those experiencing and/or at-risk for institutionalization. Content and features include appointment and medication reminders, daily check-ins, and goals tracking.

Mid-County Region: SMART

The Mid-County Older Adult Full Service Partnership (FSP) programs, also known as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in Mid-County and Southwest Mid-County, served 237 FSP consumers combined in FY 21/22 with some discharging and re-enrolling. Overall, outcomes in arrest and mental/physical health emergencies, as well as acute psychiatric hospitalizations were significantly reduced. Additionally, a successful increase in linkage to primary services supports the success of integrative care, and reduction in medical crisis key events. Both 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 a Behavioral Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, Family Advocates, and Community Service Assistants. The Mid-County and Southwest FSP programs service multiples cities and municipalities in the southern and mid-regions of the County, bringing geographically accessible FSP services to a large community. A new resource center

has enhanced the core services in the Temecula Older Adult Wellness and Recovery Clinic by adding a member computer library where clinic staff can assist consumers to access technology based resources while improving their computer knowledge and skills.

The 3-Year Plan goal is to increase the number of FSP consumers and services regionally by 10% each year. Due to a significant increase in referrals and census over the past three fiscal years, we plan to increase staffing by adding three Clinical Therapists, two Behavioral Health Specialists and two Peer Support Specialists over the next three fiscal years.

Desert: 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 integrated 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 integrated 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 utilizes 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, medical, vocational, educational, and housing needs of the consumer and/or their support system. Integrated services are provided by a multidisciplinary treatment team that includes Behavioral 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. An emphasis is placed on integrated care whereby staff connect consumers to primary care providers and other medical resources such as In-Home Supportive Services (IHSS), Enhanced Care Management (ECM) teams, etc.

The extreme weather in the Desert areas also complicates the dangers of not maintaining shelter, not complying with medication regimens, 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. We have worked collaboratively with our Behavioral Health Department's housing program, HHOPE, to provide care and support to consumers residing in supported living apartments in three of the regional apartment complexes (Cathedral Palm Apartments, Legacy Apartments, and Verbena Crossing Apartments). 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 serves 128+ FSP consumers with some discharging and re-enrolling. The total enrollment last year was 165. The current census has remained consistent for most of the previous two to three years, despite the COVID pandemic. It is evident that consumers make consistent attendance in the program a priority in their recovery. Many consumers participated through telehealth and telehealth hybrid types of services during the COVID pandemic. We are now increasing our in-person services. 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.

The 3-Year Plan goal is to increase the number of FSP consumers and services regionally by 10% each year, as with the Western and Mid-County regional FSP programs. Therefore, we plan to increase staffing in the Desert FSP program by adding two Clinical Therapists, two Behavioral Health Specialists, and one Peer Support Specialist over the next three fiscal years.

Goals Older Adult SMART FSP:

Western Region

For the 3YPE plan for FY23/24 – FY25/26 the goal is to continue increase the number of FSP consumers and services regionally by 10%, each year.

Mid-County Region

For the 3YPE plan for FY23/24 – FY25/26 the goal is to continue increase the number of FSP consumers and services regionally by 10%, each year.

Desert Region

For the 3YPE plan for FY23/24 – FY25/26 the goal is to continue increase the number of FSP consumers and services regionally by 10%, each year.

CSS-02 General System Development (GSD)

What is 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.

GSD: Clinic Expansion/Enhancements: Youth 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 7,848 (4,859 youth; and 2,989 parents and community members) in FY21/22. Across the entire Children's Work Plan, the demographic profile of youth served was 55% Hispanic/Latino, 10% Black /African American, and 16% Caucasian. A large proportion (18%) of youth served were 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 819 TDM meetings serving 760 youth in FY21/22.

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 552 youth in FY21/22. 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 21/22, increasing program capacity, yielding a total of 275 being enrolled in TF-CBT.

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.

Preschool Program Highlights:

SET-4-School is moving towards implementing the Infant Mental Health Consultation model to support early care providers, enrolling 3 clinicians and 1 supervisor to become Infant and Early Childhood Mental Health Consultants. SET-4-School is currently gearing towards meeting gaps in the community, focusing on resources and services needed for the 0–3-year-old population. SET-4-School staff has had initial training in Incredible Years baby and in home coaching. An anticipated program milestone is the first time implementation of infant groups for caregivers to assist with attachment and attunement.

A Preschool 0-5 Programs highlight is celebration of the 20th anniversary of implementing PCIT into the program. The 20th anniversary falls on May 20, 2023. PCIT services were first offered in 2003, 6 therapists were trained in the model by UC Davis.

Preschool 0-5 Programs had 6 additional clinicians trained in Trauma Focused - Cognitive Behavioral Therapy who recently completed all 9 consultations required for National

Certification in TF-CBT. The additional trained staff will assist with increasing psychoeducation across the 0-5 champions to assist with viewing families through a trauma informed lens.

Preschool 0-5 Programs began training staff in Parent-Child Care (PC-CARE) level II to assist with training other system of care providers with low intensity treatment options for children not requiring high intensity treatment such as PCIT or TF-CBT.

The Growing Healthy Minds Collaborative continues to meet monthly via a virtual platform. The Collaborative discussions include program updates, training opportunities, and affords a networking space for providers who work with the 0 – 5-year-old population. The Collaborative has proven to be a successful effort that includes an average of 40 multidisciplinary participants per month from locations across Riverside County. The Collaborative is taking the approach of assisting system of care providers with increasing their knowledge to assist in diagnosing children under the age of 3, using the DC 0-5 manual. The Collaborative continues to discuss meeting the ongoing needs of the community.

Preschool Future Efforts:

Presently, the PEIMS component of the Preschool 0-5 Program is awaiting four cargo vans that are being converted into Mobile Treatment Units to enhance service provision to families with limited resources, such as transportation, and those who have geographical barriers. The benefits of utilizing an alternative to the past PEIMS RV units include decreased program expenses, decreased non-clinical duties to operate the RV units, and increased staff focus on consumer services and productivity. Preschool 0-5 has become resourceful in providing services through telehealth, utilizing space at community-based sites, as well as providing in-home services to continue meeting families' needs. PEIMS staff continue to provide early identification, prevention, intervention, and treatment services to children ages 0-6 and their families in targeted communities across Riverside County.

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.

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. There are 39 contract providers supporting the effort to continue to expand services.

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 21/22, Wraparound FSP served 190 youth.

GSD: Clinic Expansion/Enhancements: 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 countywide. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices.

One of the most significant impacts on the Adult System of Care this year has been the implementation of CalAIM, which is advancing and innovating Medi Cal in the State of

California. Specifically instituting the “No Wrong Door” policy and expanded access criterion has resulted in extended assessment periods, increases in screening and assessment volume, and more billable pre-assessment outreach and engagement activities.

This in addition to the in-patient hospital linkage efforts to FSP and potential step downs to the out-patient system are having a significant impact on volume and capacity in the clinics. Related to Cal AIMs the Jefferson Wellness program had been selected to pilot a Health Homes Project, and a year later it was grandfathered into the first Enhanced Care Management (ECM) program in the County. The ECM team is focused on managing those with complex medical issues and mental health concerns through a multi-disciplinary approach.

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. The Department also made a commitment to implementing an Adult trauma focused practice EMDR, and trained 30 practitioners to implement the model throughout the Adult System of Care. In the Older Adult System of Care the Go4Life, which is a practice developed

through the National Institute on Aging, that offers seniors whole health benefits related to integrated care.

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 12,233 consumers have benefitted from the programs operated due to clinic expansion and enhancements. This is a 2% reduction over the last 2 years most likely attributed to the impact of COVID. During the pandemic RUHS implemented virtual platforms to its consumers to provide Telehealth/Phonic treatment options. Although the COVID Emergency Declaration has ended RUHS continues to encourage in-person services as well as offering virtual treatment options based on consumer choice.

Goals:

- Increase access to services to align with “no wrong door” policies issued through Cal AIMS.
- Increase capacity and services by expanding the number and types of group’s modalities.
- Make available EMDR treatment for those who have experienced trauma and are seeking services in our Adult Out-Patient Clinics.
- Increase enrollment for those with complex medical and mental health issues into Enhanced Care Management (ECM) with the ultimate goal being 225 total consumers.
- Encourage in-person services but make Telehealth/Phonic services available for those whose needs call for it

All adult services staff are mandated to 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 Adult System of Care also offers a vocational program to its consumers, Pathways to success.

Pathways to Success is a cooperative program between the California Department of Rehabilitation and Riverside University Health System-Behavioral Health. Pathways to Success provides vocational services to individuals 18 years of age and older who are receiving services from any RUHS—BH Western or Mid-County Region program or any RUHS—BH contracted Behavioral Health service provider within the Western and Mid-County Region. The program is designed to assist adults with mental health disorders to enter or re-enter the realm of competitive employment. Eligible participants receive a thorough Vocational Assessment, after which they may participate in programs designed to prepare them for employment, or they may proceed directly to job-seeking activities.

The existing staff are currently housed full-time at the Riverside (Western) and Temecula (Mid-County) clinics. The program staff consist of 1 Behavioral Health Services Supervisor, 2 Office Assistants, 4 Behavioral Health Specialist, 5 Employment Service Counselors, and 2 Peer Support Specialist. The provision of direct services includes a high touch focus on vocational and employment services to include but not limited to vocational assessment, personal, vocational and Social Adjustment (PVSA), and employment services for the fiscal year 20-22-2025.

Goals:

- Expand services to transitional aged youth program population
- Expand services to include Staff co-location within clinics
    1. Peer Connection
    2. Transitional Age Youth (TAY) expansion
    3. Rapid Employment Services
- Open 90 new cases each fiscal year
- Develop 80 new individualized Plans for Employment (IPEs) each fiscal year
- Close 45 cases successfully for those participants with psychiatric disabilities who achieve an employment outcome each fiscal year

- Incorporate training opportunities with the Department of Rehabilitation for the purpose of staff development and maximization of service implementation.

Adult GSD: RUHS-BH Long Term Care

The RUHS-BH Long Term Care (LTC) program operates under the auspices of the Riverside University Health System – Behavioral Health, Office of the Public Guardian, and serves conserved individuals with severe and persistent mental illness who often require hospitalization or out-of-home placement. LTC, in collaboration with the Public Guardian, strives to ensure that each Conservatee is served in the least restrictive setting/environment in which the consumer's safety, health, and wellness are the priorities. For Conservatees in need of residential treatment programs, LTC performs and/or participates in biopsychosocial assessments, treatment planning, recommendations, and linkage services. LTC creates partnerships with the Conservatees and their respective Public Guardian Conservators, consumers' family members, psychiatrists and medical experts, hospital staff, placement staff, and other collateral resources on a daily basis. LTC endorses treatment and service plans which are clinically-effective and cost-effective for the consumer. Overall, the LTC Program's mission is to promote hope, wellness, and recovery for conserved individuals with serious mental illness and other psychiatric disabilities.

The LTC clinicians and case managers provide case management, supportive counseling, and discharge planning services for Conservatees placed at the psychiatric hospitals, IMDs, residential care facilities (also known as board and care facilities). In an effort to streamline the continuum of care for the Conservatees, the LTC staff collaborate closely with the Public Guardian – Lanterman-Petris-Short (LPS) Conservators. LPS conservatorships are used to care for adults with a grave disability and need special care and protection. These conservatorships benefit individuals who are often in need of restrictive living arrangements (such as locked mental health facilities) and require intensive mental health treatment and supportive services in order to complete activities of daily living.

The LTC staff coordinate their case management services with the consumer's LPS Conservator, and together these staff members assist the Conservatees with navigating through the various levels of care, from inpatient acute hospitalization to long-term care facilities, and eventually to the community-based residential placements or home. While the PG LPS Conservators are tasked with advocating for the least restrictive placement for

their Conservatees, establishing and maintaining benefits, managing their finances, marshaling and safeguarding their property and assets, the LTC team is tasked with coordinating placement plans and transfers, and monitoring the consumers at the facilities to ensure appropriate client-centered care.

While the LTC program primarily supports the Public Guardian LPS conservatorship program, it also provides placement assistance for the Public Guardian Probate program. Currently there a combined total of over 1,300 conserved individuals in the Public Guardian LPS and Probate programs.

The LTC program maintains placement contracts with facilities that offer a continuum of long term care including the Inpatient Treatment Facility, State Hospitals, Institutions for Mental Disease, Mental Health Rehabilitation Centers, specialized Skilled Nursing Facilities, Assisted Living Facilities, Augmented Board and Care facilities, and Adult Residential Treatment facilities. Additionally, in response to the need for additional safe, secure, and appropriate housing for the growing conservatee population, RUHS-BH has designed, constructed, and implemented placement facilities that are operated by contract providers primarily for the Public Guardian's conservatees. These dedicated placement facilities include:

- Riverside County Telecare Mental Health Rehabilitation Center (MHRC), in Riverside, CA – operated by Telecare Corporation – 59 beds
- Roy's Desert Springs Adult Residential Facility, in Indio CA - operated by MFI Recovery – 92 beds
- Desert Sage Adult Residential Facility, in Indio CA - operated by MFI Recovery – 49 beds
- Recovery Inn Indio (Adult Residential Treatment) ART, in Indio – operated by Recovery Innovations International – 16 beds
- Restorative Transformation Center Mental Health Rehabilitation Center (MHRC), in Riverside, CA – operated by Telecare Corporation – 30 beds with 10 beds to be available to Public Guardian conservatees

3-Year Plan Goals for RUHS-BH Long Term Care

1. Design and implement a brief client satisfaction survey, geared towards the conservatee population.
2. Develop a system for measuring outcome data pertaining to the Long Term Care program, such as measuring the number of unique conservatees served, the number of successful placement events, the number of benefits established, the number of conservatees able to terminate from PG conservatorship and the reasons why, and tracking the number of Administrative Days at the inpatient psychiatric hospital prior to the discharge and transfer of conservatees.

Adult GSD: Representative Payee Program

The goal of the Representative Payee (RP) program is to provide money management services on a voluntary basis to clients of Riverside University Health System – Behavioral Health (RUHS-BH) who are unable to manage their funds effectively as a result of their mental illness. The Representative Payee services are intended to be time-limited, and are provide while the client and their treatment team improve the client's money management skills to the point where Representative Payee services are no longer necessary; or another responsible third party can take over the responsibilities.

All client on the RP program will have an open episode at a County clinic, and an assigned case manager. The Public Guardia's RP program staff provides the accounting functions, but do not provide mental health treatment or case management services to clients.

The Rep Payee number of checks per fiscal year:

FY 19/20	19,113	
FY 20/21	18,895	
FY 21/22	17,293	
FY 22/23	17,072	(Checks thru 3/23, annualized)

Rep-Payee Cases

FY	Total Number	Closed	Open	Referral	Pending Close
19/20	128	98	30	0	0
20/21	95	72	21	2	0
21/22	123	76	43	4	0
22/23	138	83	21	18	16

GSD: Clinic Expansion/Enhancements: 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 (OAISOC) 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 OAISOC 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 2,803 older adult consumers.

The clinic Wellness programs are designed to empower mature adults who are experiencing severe and 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, physical health screenings, case management, individual therapy, group therapies. The clinics currently offer over 27 psycho-educational multi-discipline groups led by therapists, nurses, behavioral health specialists, peer support specialists and family advocates. The groups currently offered include SAMSHA Wellness Curriculum, integrated Fit for Life evidenced based practice holistic health groups, traditional group therapy, healing art, Core, 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, Coping skills, 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 Drop-in Mindfulness Centers, utilizing the family room model for the older adults we serve. Peer Support Specialists work hand in hand with clinicians and other behavioral health staff to provide the full array of groups. A new resource center has enhanced the core services in the Temecula Wellness and Recovery Center by adding a member computer library where clinic staff can assist consumers to access technology based resources while improving their computer knowledge and skills. The mind brain technological development for mature adults group is the going forward addition to this center. 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 have been trained in Trauma Informed Services (TIS) to assure that all staff are providing services using a trauma informed approach. This approach has been implemented throughout Riverside University Health System-Behavioral Health.

The proportion of older adults served across the county is close to the county population with 25% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 27%. The Caucasian group served was 46% 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 Adult 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.

GSD: Behavioral Health Integration

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 and service delivery within a physical health location reduces stigma related to help-seeking and increases access to services. Once identified, linkage to behavioral health resources and services are done with support to ensure connection.

Integrated care is a currently evolving best practice model. Expanding RUHS-BH care and education into the CHCs increases our reach into and throughout Riverside County. 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.

This is 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.

GSD: Integrated Care at Corona Wellness and Recovery (CWRC)

Integrated out-patient clinic consisting of Adult MH Program (OP and FSP), Childrens MH (OP and FSP) and SAPT (OP, IOT and Recovery Services). Corona Wellness functions as one clinic with different specialties and programming dependent on those specialties (ie: Adult MH, Childrens MH and SAPT).

Throughout the last few years, CWRC has been focused on building integration and creating a

model of integration that decrease silos and begins to look at the consumer and their family system as a whole.

We are working to create an easier flow within the clinic to link clients and their family members to different specialties within the clinic. This means integrating staff members and understanding the different systems within each specialty. Clinicians on both Adult and Childrens have mixed caseloads and case coordination meetings are conducted together. There have been drastic staff changes within the clinic for the last 3 years leading to complete changes in programming.

3-Year Plan Goals:

1. Increase MH Groups to have more effective programming and
2. Increase FSP services for both Adults and Children as well as increase in family services.
3. Increased coordination of services among all 3 service programs.

GSD: Crisis System of Care

BEHAVIORAL HEALTH-MOBILE CRISIS RESPONSE TEAMS (MCRT)

Mobile Crisis Teams have been in operation since 2014 and have continued to expand and evolve. The original design was to dispatch crisis teams at the request of Law Enforcement and Hospital Emergency Department stakeholders. Over the past few years the program has evolved to include dispatching teams to requests from multiple stakeholders such as Law Enforcement, Hospital ED's, Community Health Care Clinics, Schools, Outpatient programs, Adult protective Services, Child Protective Services and many more. Additionally, requests directly from the community are also responded to.

Mobile Crisis Response teams meet the needs of the community by providing an immediate supportive crisis response focused on successfully diverting consumers in crisis away from emergency departments, law enforcement, incarceration, and psychiatric hospitalizations whenever possible. Mobile crisis response teams are focused on de-escalating, supporting, collaborating with support persons and developing strong safety plans for all individuals and families that are served. Mobile crisis response teams are typically teams that include a clinical therapist and a peer support specialist. In additional to the crisis response the team also conducts follow up supports within 72 hours to ensure that consumer is using the safety plan

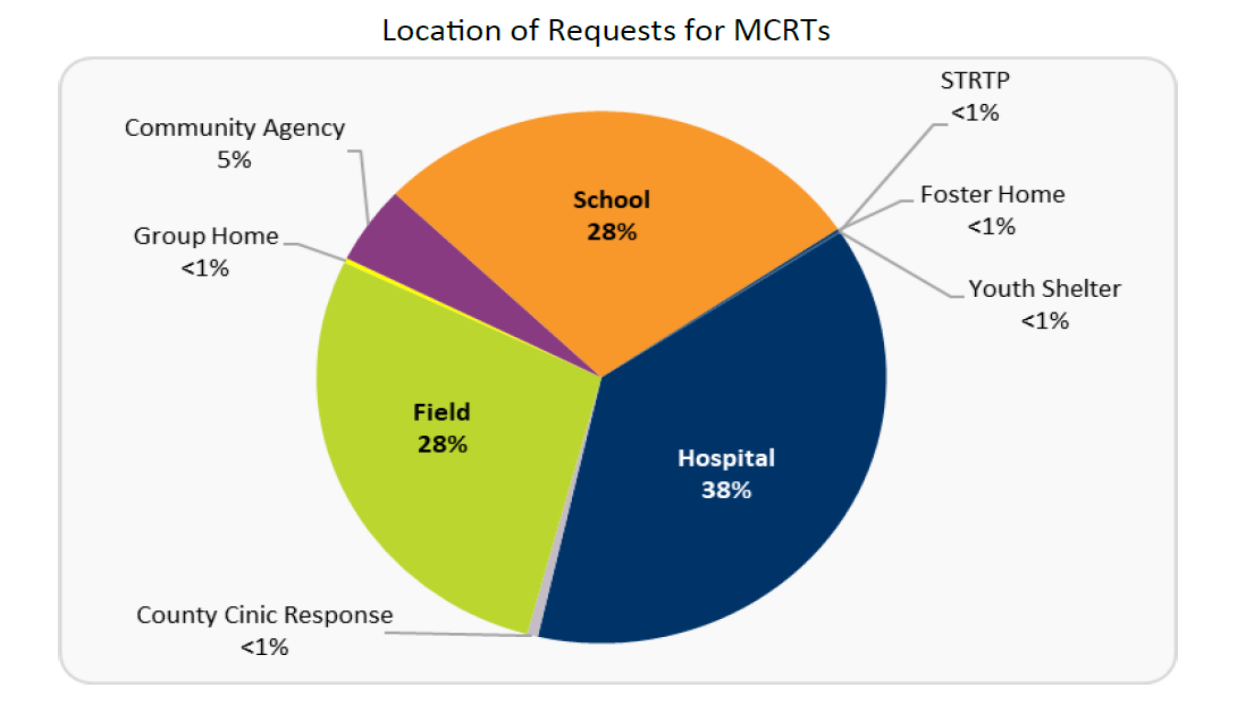
and to assist with reducing any barriers to using and linking to referrals that have been provided. These teams have been extremely successful in reducing the number of admissions at our County Emergency Treatment Services (ETS).

MCRT teams responded to over 2,000 requests for mobile crisis response in FY 21/22. Please see figure below for data.

MCRT Requests 2,090	
West	737
Mid-County	904
Desert	449

Avg. Num. of Requests per Month
174

Thirty-eight percent of the MCRT requests were to hospital emergency rooms followed by 28% at school.



Response times were an hour or less for 54% of responses. Overall 15% of legal holds were discontinued by MCRT teams. A total of 59% of requests for mobile crisis response were diverted from an inpatient admission, or crisis emergency room use. After MCRT contact 94% of those served did not show any inpatient psychiatric admissions within 60 days of MCRT team contact. Forty-one percent (41%) of the consumers MCRT teams served were linked with outpatient care and 83% of those linked received 3 or more services.

Goals of the 3-Year Plan:

1. 45% of consumers served will link with outpatient services after contact with the crisis teams.
2. MCRT will increase stakeholders by continuing to promote and outreach to law enforcement, schools, foster homes, group homes, and community colleges.
3. MCRT will Increase linkage to Mental Health Urgent Cares for youth (13 to 17 years) who are experiencing a behavioral health crisis.

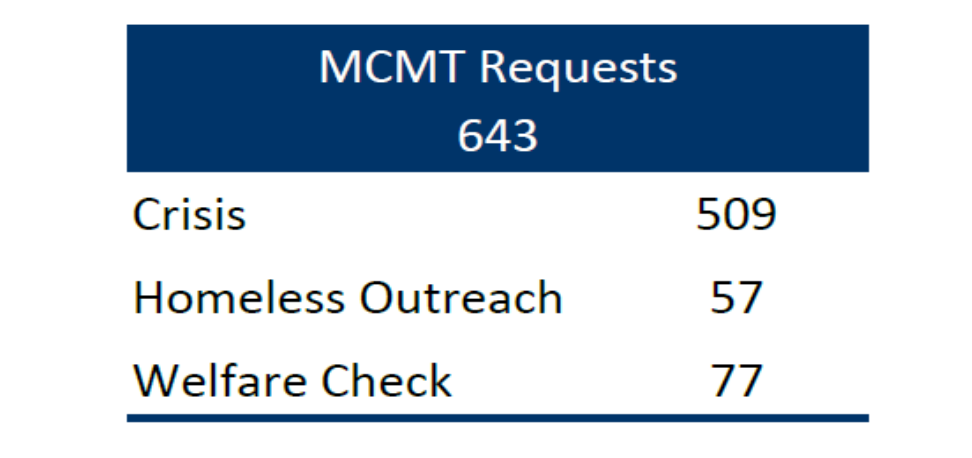
MCMT=Mobile Crisis Management Teams

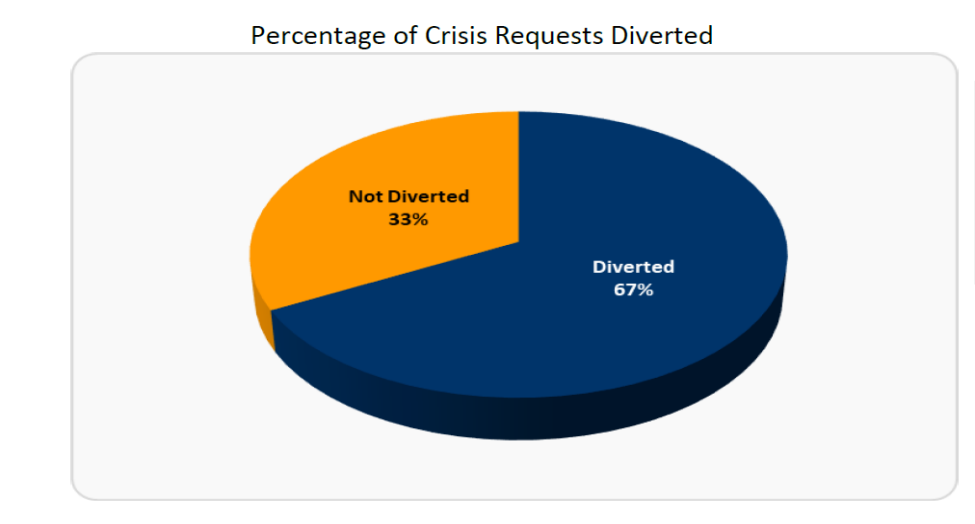
The Crisis Support System of Care expanded in fiscal year 2021/2022 by planning the addition of 15 Mobile Crisis Management Teams to the 4 existing teams which resulted in a total of 19 teams. These are teams comprised of four multidisciplinary staff including Clinical Therapists, Peer Support Specialist, Behavioral Specialists III (substance use counselors) and Behavioral Health Specialists II. These staff have specialty training in crisis intervention, 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 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 also engage in outreach activities and events in an effort to engage homeless and unengaged individuals into services. In Fiscal Year 21/22 Mobile Crisis Management Teams provided services to all ages and populations throughout Riverside County. An emphasis is placed on collaborating and coordinating with local cities to partner in efforts to engage and prevent crisis with vulnerable populations such as homeless individuals and families. The locations for the

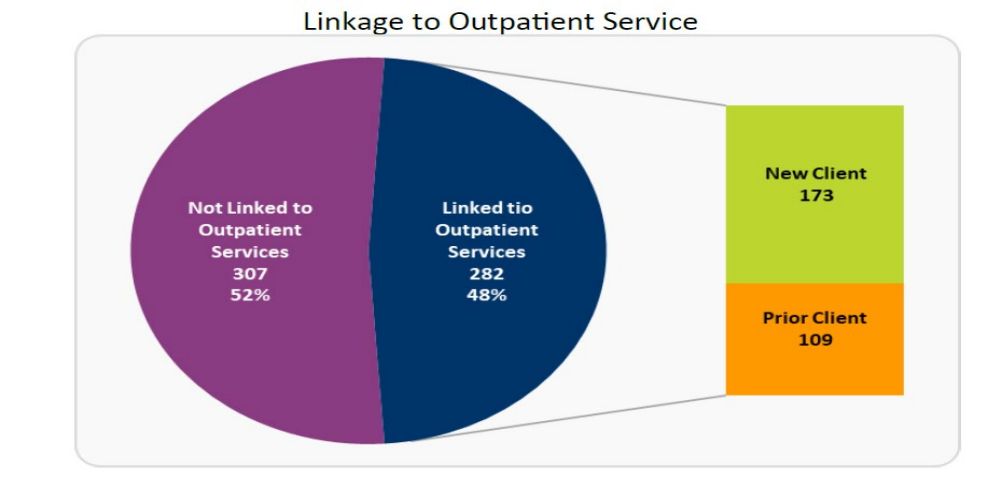
teams include Perris, Jurupa Valley (2 teams), Desert Hot Springs, Lake Elsinore, Banning (2 teams), Riverside (2 teams), Hemet (2 Teams), Temecula, Menifee, Indio (2 teams), Blythe, Corona, Moreno Valley (2 teams). These teams support the communities and surrounding areas. FY 2021/2022 was focused on hiring and training staff for these teams.

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.

During FY 2021/2022 Mobile Crisis Management Teams responded to 643 requests for crisis intervention and outreach. Mobile Crisis Management Teams were able to safety plan and divert 67% of crisis requests from an inpatient admission as well as link 48% of individuals served to outpatient services. Please see figure below for data.







3 Year Plan Goal

1. 55% of consumers served will be successfully linked with outpatient services after contact with the teams.

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 10 additional CBAT units countywide. RUHS BH expanded their collaboration and partnership with the Sheriff's Office (to include) – Perris, Jurupa, Hemet, Palm Desert, Cabazon, Lake Elsinore and Thermal stations. In addition, 4 Police Departments also adopted the CBAT program – Corona, Menifee, Cathedral City, Murrieta, Banning and Beaumont Police Departments. (Cabazon, Banning and Beaumont share a clinician).

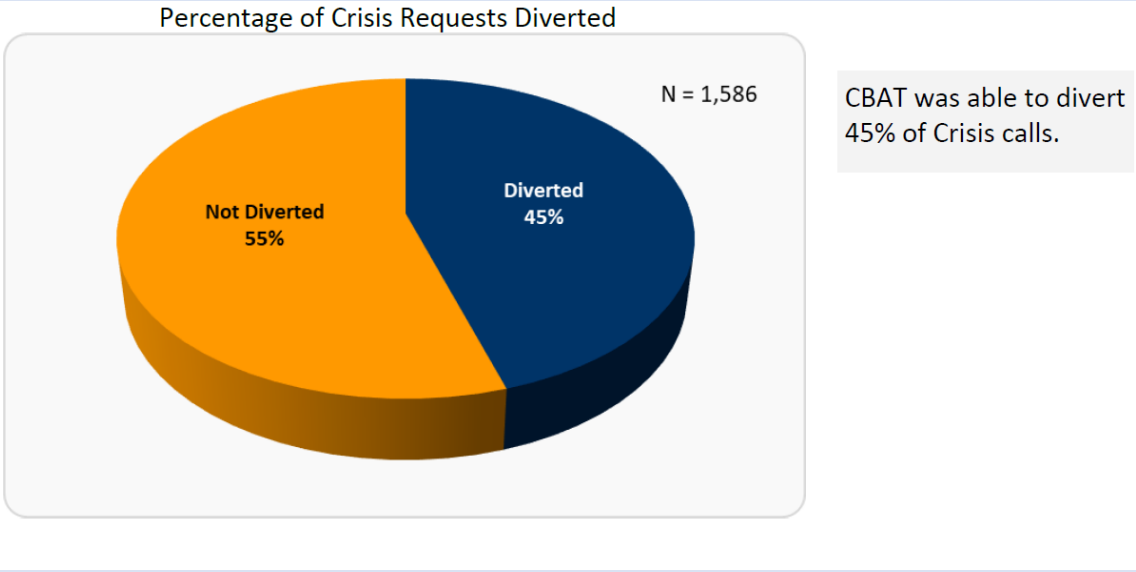
The expansion of the CBAT program speaks to its success. The co-responder model has demonstrated the value in emergency response with regards to timeliness to a crisis, the value of two professions working together to address the clinical and legal ramifications, diversion, stigma reduction and linkage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

The data below includes team request numbers for the FY2021-2022. During the 2021/2022 fiscal year CBAT teams responded to 2078 requests, see Figure below.

CBAT Requests for Crisis Service 2,078	
West	559
Mid-County	1,448
Desert	71

Avg. Number of CBAT Crisis Team Requests per Month
173

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, 45% of the individuals experiencing a mental health crisis were diverted by CBAT. This reflects a 7% increase in diversion. Individuals are considered diverted if they were diverted with a safety plan or were diverted to the Mental Health Urgent Care. Additionally, 24% of individuals served by CBAT were linked to outpatient services after contact with the teams.



3 Year Plan Goal

1. 30 % of individuals served will be linked with outpatient services after contact with the teams.

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 frequently have not had success in engaging in traditional outpatient services. MPS outreaches and engages consumers who have been identified as having frequent crisis services. The goal is to actively engage consumers where they are at and eventually initiate intensive case management services. Once consumers are engaged in services and no longer utilizing frequent crisis services they will be connected to appropriate, and existing outpatient services for continuity of care.

This MPS program provides services including mobile response; psychiatric assessment; medication consultation, assessment, and medication management; case management, therapy, 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.

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 125 consumers in the FY21/22. A total of 1885 services were provided to the 125 consumers. Thirty-seven percent of those services were medication services that we provided mostly in the field.

3 Year Plan Goal Progress

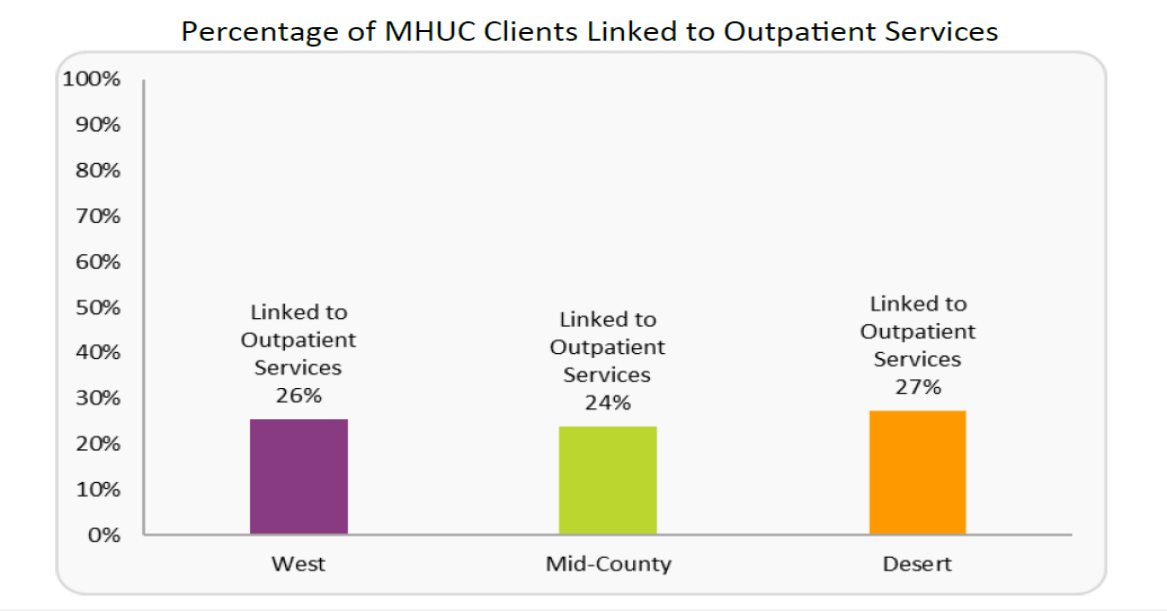
1. Increase the total number of consumers served to 150.

MHUC=Mental Health Urgent Cares

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 a 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, Crisis Hotlines, and 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 2021/2022 fiscal year MHUCs had a total of 10,578 admissions and served 5,909 individual consumers (July 1, 2021-June 30, 2022.

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. Please see figure below for data.



Satisfaction data collected from Riverside and Palm Springs MHUC shows that 96% of consumers who received service during the 2021/2022 fiscal year agreed or strongly agreed with related items on a service satisfaction questionnaire.

Continue 3-year Plan Goals:

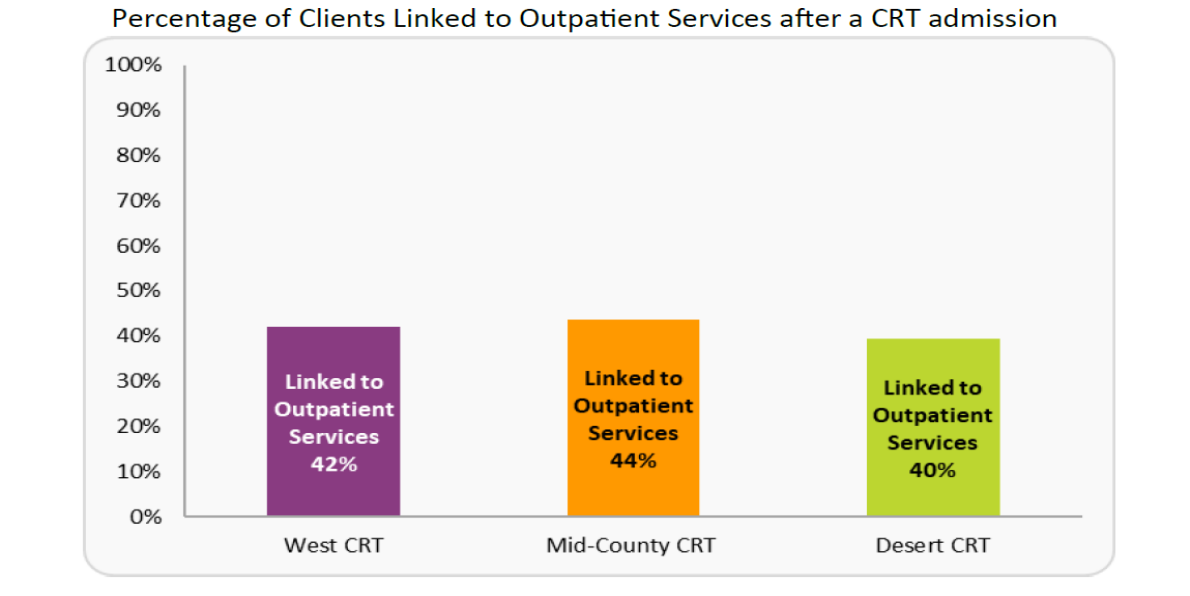
1. 3 year: at least 70% of consumers successfully discharge with referral to mental health or substance use services
2. 3 year: 45% of consumers successfully attended at least one mental health or substance use service post discharge.

CRT=Crisis Residential Treatment

Located in each of the three county regions, Adult CRT facilities are licensed by Community Care Licensing as a Social Rehabilitation Program (SRP). Consumers are provided a 21 day length of stay with extensions to 30 days. The CRT can serve 15-16 Adults ages 18+ 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, Psychiatric Hospitals and Riverside University Health System – Behavioral Health outpatient system of care refer the consumers. This program is utilized to prevent Psychiatric Hospitalization, to step down from psychiatric hospitalization and to assist consumers with stabilizing symptoms before transitioning to other types of treatment such as

residential substance use treatment and traditional outpatient services. 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 and laundry and cooking facilities. 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 1044 admissions and served 726 consumers during the 2021/2022 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 is fairly consistent across regions and facilities. Please see figure below for data.



Re-Admission rates to the CRTs within 15 days or less were relatively low. See data below.

Readmission Rates for CRTs			
Days to Readmission	West	Mid-County	Desert
0 to 15 Days	15%	6%	8%
16 to 30 Days	5%	6%	4%
0 to 30 Days	20%	12%	13%

3 Year Plan Goal

1. 75% of consumers successfully discharge with referral to mental health or substance use services
2. 50% of consumers will be linked to outpatient services.

GSD: 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 21/22 there was a total of two hundred and thirty-five (235) referrals received across all three regions, of which seventy-nine (79) were accepted into the program and a total of thirty-one (31) 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 21/22 Mental Health Diversion received two hundred and thirty-seven (237) 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 two hundred and thirty-seven (237) referrals received, the court granted Mental Health Diversion in seventy-one (71) 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 21/22, the Mental Health Diversion program saw twenty-seven (27) 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, 2021 through June 30, 2022, the Veterans Treatment Court program received fifty-five (55) new referrals, in addition, one hundred and three (103) 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 fifteen (15) participants graduate from the program, as well as forty-four (44) 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 21/22, the Misdemeanant Alternative Program received twenty-two (22) 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 21/22, the IST Diversion program received fifty-three (53) referrals, ten (10) of whom were 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. Successfully implement CARE Court program. Increase housing options for consumers with criminal justice histories and consumers who are participants in various collaborative courts. Increase medication assisted treatment utilization of collaborative court participants.

GSD: Laura's Law

Laura's Law, also known as Assisted Outpatient Treatment (AOT), is intensive court-ordered community-based treatment for individuals struggling with addressing behavioral health symptoms on a voluntary basis. AOT is only used when an individual has demonstrated difficulty or challenges in engaging in behavioral health treatment voluntarily. AOT serves as a bridge to recovery for those released from inpatient facilities as well as an alternative to hospitalization. Assisted outpatient treatment primary objectives are to re-engage the consumer in behavioral treatment while also helping with the reduction of re-hospitalizations, re-incarceration, and homelessness.

Assisted Outpatient Treatment is performed by Riverside University Health System – Behavioral Health (RUHS-BH) staff; primarily New Life program staff if the referred individual resides nearby New Life outpatient clinics. If the individual referred is not located near a New Life outpatient clinic, referral and linkage is performed to the nearby county operated outpatient clinic or full-service partnership (FSP).

Laura's Law Program Design/Model

The Laura's Law program is comprised of the following services and curriculum:

Mental Health Services

- Behavioral health screening
- Mental health assessment
- Therapy (couple, individual, family)
- Group therapy (PTSD, Anger Management, DBT)
- Case management
- Psychiatric evaluation and medication services

Substance Use Disorder Services

- American Society of Addiction Medicine (ASAM) assessment
- Substance Abuse Intake Assessment
- Therapy (couple, individual, family)
- Psychiatric evaluation and medication services
- Linkage to residential treatment as needed

Program Curriculum	Evidence-Based Rating	Brief Program Description
Anger Management	EBP – Well Supported	Class that helps individuals identify triggers for anger and deal with emotions that may lead to reoffending or relapse. The curriculum includes coping skills to address specific behaviors.
CORE	Emerging Practice	The program combines the ideas of change and recovery to assist the client through the re-entry process. Groups focus on both mental health struggles and substance use issues.
Courage to Change (C2C)	Promising Practice	An interactive journaling system designed to address the "Big Six" criminogenic needs of individuals who are working to successfully reintegrate into their communities.
Criminal and Addictive Thinking (CAT)	Promising Practice	A cognitive-behavioral treatment that focuses on distorted core beliefs to change criminal and addictive thinking patterns which lead to re-offending. This program comes with a corresponding workbook that is completed during the course.

Dialectical Behavioral Therapy (DBT)	EBP – Well Supported	A comprehensive treatment used to address complex mental health problems and regulate emotions.
Educate, Equip, & Support (EES)	EBP – Well Supported	Program offered to parents/caregivers raising a child/youth with mental health and/or emotional challenges. Classes provide parents/caregivers with general education about children's mental health challenges, available supports, and community resources.
Facing Up	Emerging Practice	Class that provides simple suggestions for developing a healthy family environment. Allows caregivers opportunities to share challenges in a supportive environment and discusses how to develop a family wellness plan.
Nurturing Parenting	EBP – Well Supported	An interactive course that helps individuals better understand their role as a parent. Program aims to enhance self-care, empathy, and self-awareness among participants.
Seeking Safety	EBP – Well Supported	Counseling model that addresses trauma and/or post-traumatic stress disorder (PTSD) and addiction exploring the relationship between the two. The curriculum teaches safe coping skills and addresses socialization.
Triple P (Parenting)	EBP – Well Supported	Program that teaches parents how to reframe current thoughts and behaviors into new and productive ways in order to support positive changes for the family unit.
Wellness and Empowerment in Life and Living Well (WELL)	Emerging Practice	Series of classes that address continuing wellness in all aspects of life. Through sharing of personal experiences, connections are made to strengthen each participant's support system.
Wellness Recovery Action Plan (WRAP)	EBP – Well Supported	A personalized wellness and recovery approach that helps individuals monitor uncomfortable and distressing feelings and behaviors. Program teaches that utilizing a planned response can assist individuals in reducing, modifying, or eliminating such feelings.

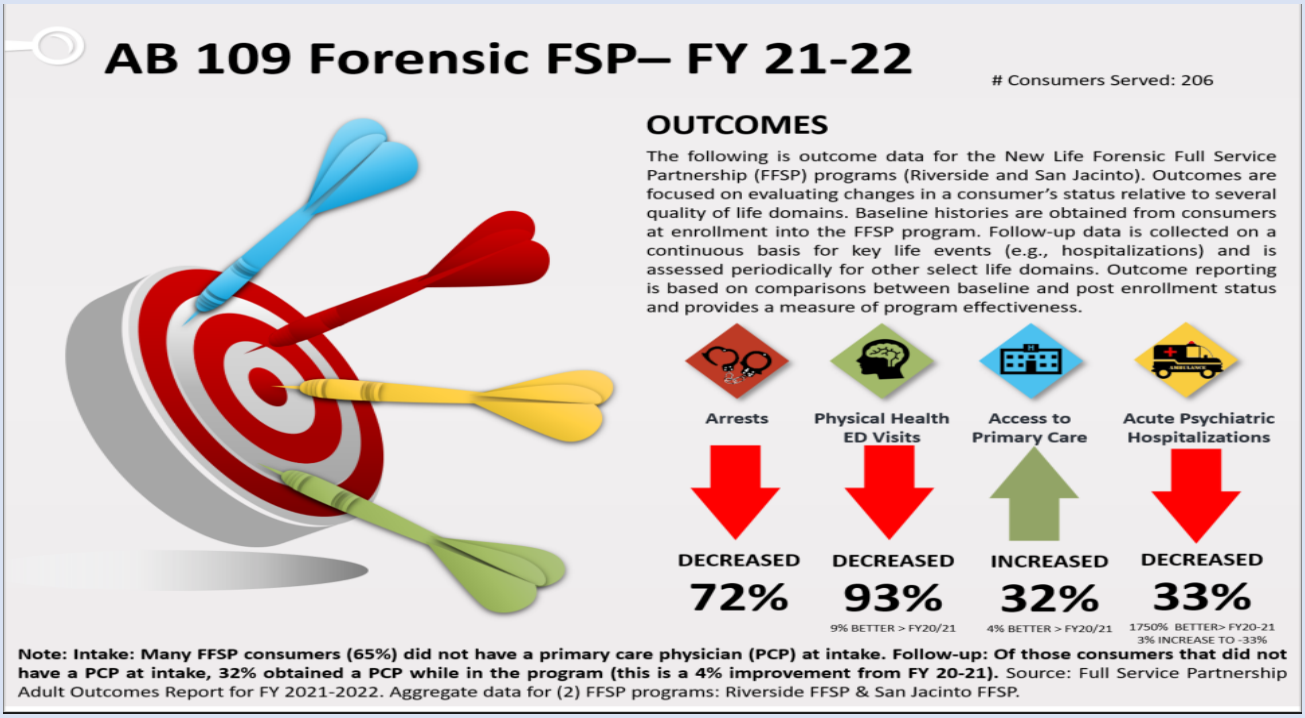
Anticipated changes to Laura's Law Program: RUHS-BH anticipates program growth as the community learns more about the program through our media and marketing outreach including department social media platforms such as Facebook, Instagram, etc. There have been (12)

individuals referred to the Laura's Law program in Riverside County. Over time, we expect the number of individuals referred and treated with the assisted outpatient treatment program to be around 100 individuals. Hence, we anticipate additional staffing positions will be required to ensure caseloads of 10:1 to meet the time and commitment demands to assist individuals in AOT.

Lessons Learned: The positive outcomes or lessons learned thus far is the importance of a strong collaboration with the courts, county counsel and public defender's office as well as internal and external partners. In addition, the importance of the Patients Right's advocate in educating the consumer of the Laura's Law program, their rights, and offering advocacy to navigate the AOT process. Some of the challenges are vetting the referrals to explore if a least restrictive approach is available to address the concerns as required by law. The challenge relating to this factor is at times the person making the referral (e.g. family or community member) lacks the understanding that Laura's Law has strict guidelines on how can be referred to the court for AOT to ensure voluntary or least restrictive services are considered first.

Progress Data: Laura' Law program outcomes are focused on evaluating changes in a consumer's status relative to several quality of life domains. Baseline histories are obtained from consumers at enrollment into the FSP program. Follow-up data is collected on a continuous basis for key life events (e.g., hospitalizations) and is assessed periodically for other select life domains. Outcome reporting is based on comparisons between baseline and post enrollment status and provides a measure of program effectiveness.

Laura's Law consumers are provided services at New Life FFSP. Below are outcome measures performance for FY 21/22:



Outcomes indicate that Laura's Law consumers had a reduction in arrests by 72%; 93% decrease in emergency department visits; 33% decrease in acute psychiatric inpatient hospitalizations and 32% increase in access to primary care.

In 2021/2022 fiscal year, more than half of the Laura' Law consumers received 4-7 or 8 or more services a month. The highest average hours of services during 2020/2021 fiscal year were for mental health group (27.96 hours), individual mental health services (4.18 hours) and case management (4.26 hours).

3-Year Plans & Goals: The Laura's Law program focuses on (6) primary goals and/or outcome measures:

- Consumer adherence to behavioral treatment in AOT with eventual stepdown to voluntary outpatient behavioral health services based on retention and attrition rates
- Increase number of served to 100 individuals within 3-year plan
- Reduce hospitalizations
- Reduce arrests
- Reduce physical health emergency admissions
- Reduce mental health emergency department visits
- Increase access to primary care physician

GSD: Juvenile Justice

The Juvenile Justice Division (JJD) is comprised of psychiatrists, clinical therapists, substance use counselors, behavioral health specialists, office assistants, a supervisor and a manager, and provides behavioral health services to youth in custody that are housed at one of three locations – Riverside, Murrieta, or Indio. Staff are part of the Riverside University Health System – Behavioral Health.

There are three types of programs in the Juvenile Justice Division:

- Tier 1: The Detention program
- Tier 2: The Camp program (i.e., youth with moderate-level offenses that are ordered to lockdown treatment) called the Youth Treatment and Education Center (YTEC) treatment program
- Tier 3: The Secure Track Program (i.e., youth with severe-level offenses who are court ordered to lockdown treatment) called the Pathways to Success (PTS) treatment program.

Tier 1 services include intake evaluations, crisis intervention, and bi-monthly counseling, or more as needed, and substance use counseling. Tier 2 services include Tier 1 services plus weekly individual counseling, group counseling, family therapy, and EBP's including Moral Recognition Therapy, Aggression Replacement Training, and/or Dialectical Behavioral Therapy, as well as trauma therapies as needed. Tier 3 services include the services from Tiers 1 and 2, and also the CHANGE Model, adapted from the Sexual Behavior Treatment Program (SBTP), an evidence-based treatment for youth with sex offenses and violent offenses.

Outcomes:

Detention Services (Tier 1): In fiscal year 21/22 the three detention facilities averaged 60-80 detention youth, cumulative, on any given day. JJD averaged 274 individual sessions (including substance use sessions), 62 psychiatrist sessions, and 148 referral responses (i.e., referrals from Probation, Healthcare Services, and Youth Self-referrals) per month. Populations have remained similar in fiscal year 22/23, with an average of 256 individual sessions, 62 psychiatrist sessions and 117 referral responses per month. Decreased productivity can be accounted for partially due to increases and decreases in staffing levels.

YTEC and PTS Treatment Services (Tiers 2 and 3): In fiscal year 21/22 the YTEC and PTS Treatment Programs averaged 50 youth, cumulative, on any given day. JJD averaged 11

assessments, 347 individual sessions (including substance use sessions), 45 psychiatric sessions, 49 family sessions, 76 group sessions, and 31 referral responses per month. In fiscal year 22/23 the programs averaged 60 youth, cumulative, on any given day. JJD averaged four assessments, 303 individual sessions, 31 psychiatric sessions, 32 family sessions, 90 group sessions and 14 referral responses per month. Generally, the numbers are lower this fiscal year, partially due to lower staffing levels and a decrease in psychiatrist hours to address coverage concerns at the psychiatric hospital.

3-Year Plan Goals:

In years past, JJD had all clinical therapists trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an EBP to help youth who were willing to fully address their traumatic experiences. However, in the past few years several staff resigned, leaving two therapists to provide the service at three facilities. Given the significant impact that trauma has on adolescent development, particularly neurodevelopment which affects their thoughts, emotions and behaviors, JJD is choosing to focus on improving the quality and quantity of trauma services provided to the youth in the juvenile justice facilities.

Goal 1: From 5/1/23 to 4/30/23, Increase staff trained in TF-CBT and/or EMDR from 6 clinicians to 10 clinicians.

- Goal 1 Objective: JJD supervisor and manager enroll at least four staff in EMDR or TF-CBT training provided by the RUHS-Behavioral Health Department.

Goal 2: From 5/1/23 to 4/30/23, JJD will complete, or partially complete TF-CBT or EMDR with 50 youth.

- Goal 2 Objective 1: JJD staff are to pre-screen youth for trauma. When youth report a history of trauma and trauma symptoms, staff will complete the Child and Adolescent Trauma Screen (CATS) with the youth in ELMR.
- Goal 2 Objective 2: If youth who complete the CATS score at a level recommending trauma therapy, Therapists will provide psychoeducation to the youth about trauma and it's effects, and invite the youth to participate in EMDR or TF-CBT.

- Goal 2 Objective 3: For youth who agree to participate in EMDR or TF-CBT, clinician will complete the EMDR or TF-CBT enrollment in ELMR, and update the enrollment form as appropriate, so Research can track JJD's progress with goal.

GSD: Adult Detention

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

For Fiscal Year 2021-2022, Detention Services saw an approximate 20% decrease in the number of therapeutic Groups offered. This was largely due to a significant decline in staffing across three of its larger programs. However, during this time Detention Services was still able to continue Groups albeit it in a more limited capacity. During this reporting period, Detention Services offered Evidence Base and Skills Based Groups to 2331 participants in the following categories:

WELLNESS AND RECOVERY ACTION PLAN (WRAP)	52
ANGER MANAGMENT	93
DIALECTICAL BEHAVIORAL THERAPY	19
NEW DIRECTIONS	52
SEEKING SAFETY	64
OTHER: DISCHARGE PLANNING, RECREATIONAL THERAPY	2,051

Detention Services also worked diligently to systematically enroll consumers in Groups to maintain the fidelity of these services by maintaining primarily the same core Groups across jail sites. For example, should a consumer be transferred to a different jail setting while participating in the substance abuse treatment group New Directions, this individual would have the opportunity to continue this same service at the next jail as well. Additionally, most Groups are now open ended permitting more consumers the opportunity to participate in treatment services while incarcerated.

Update:

Fortunately, Detention Services has since made significant gains in its recruitment and retention efforts to better support continuous service delivery. In December 2022, Administration created

the Behavioral Health Program Guide that codified the types and amount of treatment services consumers with varying degrees of mental health needs can expect to receive while in custody. The matrix of services outlined within it are very Group- centric; and demands between 12 to 20 Groups per week offered to most mental health consumers.

The impact therapeutic Groups have had on Detention Services consumers has been invaluable and, in many cases, life changing. Their testimonies demonstrate hope, compassion and a true desire to use the skills they've learned to improve their relationships, and well-being. One consumer writes, "Having someone treat you as a human when so many others do not, is huge! For me it's a big reminder to not give up on myself. This is one of the hardest times in my life and having these services make it all more endurable…"

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

Given the transient nature of the jail population, it is essential that Discharge Planning Services be completed as soon as possible for those who meet criteria for treatment services. This often entails very careful coordination and communication with the Sheriff's Department to ensure consumers are not inadvertently transferred to other facilities once treatment plans are confirmed. It also demands a good working relationship with Correctional Health Services to ensure all ordered medications are provided in the consumer's property post release. Lastly, it takes a working knowledge of resources that includes but not limited to linkage with Probation, Department of Social Services, family support, and of course a host of Behavioral Health community programs.

Update:

For this reporting period, Behavioral Health identified a total of 7215 consumers as having a Behavioral Health need. Of those consumers identified, 1263 had confirmed medication orders that were continued within 48 hours of their arrest. Of those consumers who continued treatment services, 3179 accepted Discharge Planning Services that included resources such as Post Release Medications, emergency housing, transportation, and linkage to outpatient treatment services. Of those who received services, approximately 700 did not have new charges within one year of being released from jail.

Behavioral Health Detention Services is working continuously to increase the number of successful re-entry experiences for its consumers to community based, mental health programs. The new CalAim Justice Involved initiative for re-entry planning will only enhance in reach re-entry services for consumers before being released into the community.

CSS-03 Outreach and Engagement

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

Consumer Peer Services: Consumer Peer Services – Adult Consumer, 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. This fiscal cycle the Consumer Peer Services division continued 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:

MHSA Innovations Technology Suite – Help@Hand Collaborative

Under the MHSA Innovations Technology Suite, RUHS-BH Research & Technology and the Peer Support Services programs worked collaboratively with a cohort with 14 other counties to explore, plan, develop and implement technology-based interventions to serve the community,

focusing on several populations of focus; LatinX, Rural Communities, the Deaf & Hard of Hearing, Men over 45, LGBTQ+, TAY and the Re-entry population. These efforts are part of a 5-year grant, where Peer Management and Research & Technology management worked together to meet the needs of the community

The Peer Support Specialist Team (Senior PSS, 7 PSS and Peer Program Manager) were heavily involved on the following aspects of this peer-driven project:

- TakemyHand Live Peer Chat https://takemyhand.co – 2021 CSAC Challenge Award Winner
- TakemyHand Peer Operator Training and Marketing Development – Shared with CalMHSA for CalHOPE and San Francisco County
- A4i (App for Independence) a smartphone app that allows the person experiencing psychosis, in the area of auditory hallucinations, to see whether sounds are environmental or internal. The app also allows participants to participate in community social media and integrate their activities in the app with their therapy session. The Peer Support Team provided peer-to-peer onboarding of participants and training for clinical care teams in a pilot project
- The Peer Support Team contributed to County wide resource kiosk development, so consumer satisfaction surveys could be completed at the time of each clinic visit in real time, and provided training on the use of the kiosk to clinic staff
- The Peer Support Team was an integral part of the UCI Evaluation Team's data collection process for the project, and were the subject of several "spotlight" articals in the UCI Quarterly Evaluation Reports (e.g.; LGBTQIAN2+ Spotlight and RUHS-BH TakemyHand Live Peer Chat, etc.)
- The Peer Support Team began the first Digital Mental Health Literacy classes
- The Peer Support Team developed the RUHS-BH Free Apps Brochure, early Marketing Materials and the Quarterly Newsletter
- Held@Hand-related Outreach Events – In-person and Virtual

Take My Hand Live Peer Chat

In partnership with MHSA Administration and Research & Technology, the Peer Support Team assigned to the Innovations Technology Suite Help@Hand Project, continue to work to reach all community members through the tech team with the website usable and accessible for the Peer Support team to continue to develop and adjust training materials and peer support strategies within the scope of SAMHSA core competencies and sustain the integrity of the peer support practice while answering chats.

The Take My Hand Live Peer Chat 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. This evaluation period, the Peer Support Team has struggled with staffing after the initial staffing structure of utilizing "borrowed" peers from clinics during the rapid deployment of the project went back to their assigned Peer positions within the County structure. During this fiscal year TMH had an average of three (3) full-time Line staff PSS, one (1) Senior PSS, one (1) PSS Supervisor (Consumer Peer Services Program Manager) and (1) Tech Team Supervisor (MH Services Program Manager) and various staff in Research & Technology assisting with the project. It is a goal of the project to be fully staffed of ten (10) full time Peer Support Specialists and identify project funding sustainability as the current funding source is set to end in February of 2024.

Supporting the Peer Workforce

Since 2006, 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 at least once a month on a day that is preselected by the SPSS of the Program/Region and the line staff peers of the Program/Region. 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 impacted service provision, Senior Peer Specialists have increased this monthly training & support meeting to 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 (SPSS) and to receive coaching and supervision in a group setting, again focusing on Core Competencies and Foundational Principles of Peer Support.

Senior Peer Support One-on-One Supervision occurs once each month or as needed. This is thirty-minute structured private supervision for the Senior Peer Support Specialist to receive individualized peer support leadership mentoring from the Consumer Peer Support Program 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 Consumer Peer Services Activities

- Peer Volunteer and Internship Programs is year-round, in 6-month rotations. In FY21/22, Consumer Peer Services Programs had 1 PSS Volunteer and, due to COVID-19, 0 PSS Interns, due to social distancing regulations and facilities occupancy limitations.
- SPSS provided three (3) Peer Opportunities Workshops for Building Peer Leaders - A Medi-Cal Peer Support Specialist Training graduates. These take place year-round;

they have been on a virtual platform for the last 2 years. Consumer Peer Services paused the facilitation of Building Peer Leaders - A Medi-Cal Peer Support Specialist Training in March of 2022, until the pending contract was executed to become a Medi-Cal Peer Support Specialist Certification Training Entity.

- SPSS supports The Place a drop-in center for unhoused individuals in downtown Riverside, The Path drop-in center for unhoused individuals in Palm Springs, as well Telecare Peer Support Specialist staff at the Crisis Stabilization Units year-round.
- SPSS and PSS staff attended to support each Building Peer Leaders Graduations County wide four (4) times per year (Due to contract negotiations trainings were limited this FY) to provide material support, moral support to graduates and provide the keynote address to the graduates and attendees, when social distancing permitted.
- Consumer Peer Services Senior Peer Communications Specialist provides approximately 90% 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 increase.
- Peer Support Services staff co-facilitated Transgender Foundations Training available to all staff working in the RUHS-BH system of care. This course provides up-to-date information, resources and specific training on consumer-focused service delivery, the historical relevance of gender non-conforming communities, LGBTQ+ cultural considerations, gender identity, sexual orientation and real time conversations with people who are part of the transgender and non-binary experience
- Peer Support Services engaged HR in a Class and Compensation Study to advocate for further development of the Peer Support job classification to align with current industry standards.

Operation Uplift – Extended COVID-19 Response

The Peer Service Team extended its presence at the RUHS Medical Center and ETS/ITF to provide additional support to staff and the people served at those locations to mitigate feelings related to anxiety and compassion fatigue under pandemic era service and working conditions.

The Peer Services division assembled a team to create ongoing presence for staff, but also was instrumental at supporting families experiencing the death of a loved one from complications of

COVID-19. This team provided End of Life Grief Support for families who were restricted from seeing their loved one under hospital guidelines. This service extended to provide hospitalized community members on the Palliative Care Unit of the RUHS Medical Center, as well as supporting behavioral health consumer in Medical Center Inpatient Settings.

The Public Guardian's office requested support to conserved and 51/50-hospitalized community members with beds at the RUHS-Medical Center. The Peer Support Services Team responded by creating a 51/50 Sitters Team. Working with hospital staff, Peer Support Specialists provided much needed relief to nurses working in units with 51/50 holds.

The Emergency Psychiatric Treatment Services Center (ETS) requested support to consumers being screened outside the facility while they were being screened for COVID-19. Peer Suport Specialists were deployed to provide comfort and support to these consumers for long waiting times as ETS census rose. This support is ongoing, with a partnership and exploration of permanent Peer Support Specialist roles in the units at ETS.

Senior Peer Support Expansion in WET and Cultural Competency

Peer Support Services collaborated with Workforce Education & Training (WET) and Cultural Competency (CCP) to expand the Senior Peer Support presence as liaisons to specific communities of focus. These liaisons staff work within the programs to connect community members, at the community level, to gain better access to services and provide important stakeholder conversation with the behavioral health system. During this fiscal cycle, a Senior Parent Partner, a Senior Family Advocate and Senior Peer were added to the Cultural Competency array of services and community supports.

Statewide Collaboration Efforts

- Peer Support Services leadership and line staff continued participation in the CalMHSA Innovations Technology Suite Help@Hand 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

- Sponsored the 2022 CAMHPRO LEAD Summit
- 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
- The Peer Support Oversight & Accountability Administrator continues as a permanent member of the RUHS-BH Executive Team 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 the Emergency Operations Committee or EOC member during the height of the COVID-19 pandemic
- Provided feedback and training materials to DHCS (Department of Health Care Services) for Peer Support Certification planning and roll-out
- Provided subject matter expertise as listening session facilitators for the DHCS Medi-Cal Peer Support Specialist Certification Program launch.
- Provided feedback and training to Riverside County contract providers wishing to increase or incorporate peer providers in their workforce.
- Provided feedback and training to Inyo County on how to incorporate peer providers to their workforce.
- Participated in State Conferences to further widespread knowledge of the Peer Support evidence-based practices
- Provided subject matter experts on Peer Support State Certification at the SCRP Conference
- Participated in the CIBHS Behavioral Health Technology Conference Steering Committee

- Provided subject matter expertise for CIBHS exploring behavioral health equity
- Peer Support Oversight & Accountability Administrator sat on the panel interviews for the Peer Program Manager recruitment for Sacramento County
- Peer Support Oversight & Accountability Administrator was requested by RUHS Medical Center Leadership to participate in the Safety Net Institute on Workforce Wellness.

Building Peer Leaders – A Medi-Cal Peer Support Specialist Training (Formerly PET)

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 training courses to all new peer providers, and a four (4) day refresher course to assist existing peer employees to best prepare for the coming California state exam requirements.

Building Peer Leaders – A Medi-Cal Peer Support Specialist Training, is engaging and fun, challenging and transformative, holding the high expectation that people with significant challenges can overcome them and succeed at the highest levels of service provision. This 80-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 to recognize their strengths, responsibilities and accountability as certified peers.

4) The Core Competencies for Peer Workers in Behavioral Health Services

5) The Foundational Principles of Peer Support: Recovery-Oriented, Person-Centered, Voluntary, Relationship-Focused and Trauma-Informed.

6) Medi-Cal Code of Ethics for Peer Support Specialists in California

A certificate is issued upon completion of the course, which is a pre-requisite to applying for, and to take, the state certification exam through the certifying entity, CalMHSA. Training prerequisites include a High School Diploma or GED equivalent and lived experience with recovery.

Building Peer Leaders – A Medi-Cal Peer Support Certification Training Summary

RUHS-BH provides services and training to identify, develop and certify consumers to the practice of peer support, becoming Peer Support Specialists – consumers trained to assist other consumers to successfully navigate Riverside University Health System-Behavioral Health (RUHS-BH) services and care programs. RUHS-BH has become a peer development leader in the State of California. These activities promote and advance the recovery vision for Riverside County. This training is instrumental in coordinating the Intern Program for Consumers, Family Members and Parent Partner Peer Support volunteers. Additionally, the Building Peer Leaders Training is the first step that sets the groundwork for a well-prepared pool of Certified Peer Support 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. Riverside County has over 450 peer positions within RUHS-BH and contract providers and leads the State in peer employment.

Contracted Peer Operated Programs

Peer Opportunities

Lived experience as a behavioral health consumer is a gift to be given back to the communities in which we live. People with lived experience can, and do, get better. With coordinated support and training, a person who struggles with behavioral health challenges 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, RUHS-BH. **These services were brought in-house with RUHS-BH, this fiscal cycle with Building Peer Leaders - A Medi-Cal Peer Certification Training in preparation for Peer Certification Program implementation with CalMHSA.**

Peer-Run Centers Summary: Peer Support & Resource Centers (PSRC).

Peer Support and Resource Centers operated by RUHS-BH. Peer Support & Resource Centers are operating in all three regions of the County. The PSRC 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. PSRCs are a “step-down” from the more intensive programs, or levels of care, as consumers work toward self-sufficiency and full community integration. This program works to engage individuals to take the next steps in their recovery process. The PSRCs assist consumers to become less reliant on costlier core Riverside County behavioral health services.

PSRCs 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.

FY 21/22 These services were brought in-house with RUHS-BH, this fiscal cycle with the development of three planned Peer Resource & Support Centers located in Downtown Riverside, Temecula, and Indio. **The Riverside & Temecula locations opened in this cycle**. **Due to staffing shortages, Temecula Center had to close its doors temporarily in January of 2022.**

GOALS FOR Consumer Peer Services

- 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 last fiscal cycle. FY 21/22 Many clinics/programs utilized this group curriculum.**
- 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- In recruitment process of 10 additional TAY Peers now.**

- 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. Ground work with community liaison is ongoing.**

- To sustain 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 Help@Hand 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 the Help@Hand statewide collaborative sunsets, Consumer Peer Services and the Research & Technology division are looking to sustain the project after MHSA Innovations funding is concluded.**

- As a carry-over from FY20/21 Bilingual Spanish PSS Services. With the addition of our new Spanish Language Senior Peers, 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 in Children's Services. – **This goal was met with the hiring of the first Peer Support Oversight & Accountability Administrator.**

- To increase the Peer workforce of having a minimum of 2 Peers in each of our Behavioral Health and SAPT clinics to better serve the community.
- Due to capacity restraints of an ever-increasing workforce of peers County Wide positions of SPSS to program-specific and regional vs. simply regional, as we have found the area of Riverside County is too vast to serve efficiently and effectively under the previous model. **We have partially met this goal FY21/22 by hiring an additional Senior Peer for SAPT programs. The Consumer Peer Services Program Manager has a goal to hire additional Senior Peer Support Specialists for Crisis, HHOPE and Children's (TAY) ensuring RUHS-BH has region-specific Senior Peers to meet the needs of the specific programs.**
- To retire the "Consumer Affairs" name and unit umbrella from RUHS-BH, to create one system that supports all disciplines of peer support within the RUHS-BH system of care, The Peer Support Services division. – **This goal is partially met, by starting the groundwork to rebrand the division and its collaborative efforts.**
- To minimize, and eventually alleviate, peer discipline silos. RUHS-BH has a history of sustaining separated programs within the peer support workforce. Peer Support Services is an integrated system that is in need of creating one system, instead of completely, separately operated disciplines of peer support. The isolation of each discipline (Consumer Peer, Family Advocate & Parent Partner) has created a lack of inter-disciplinary collaboration and threatens the success of all lived experience peer workers to pass the California State Certification exam. RUHS-BH Peer Support Services understands that all peers practicing peer support under the State Plan will be held to a set of core competencies and a code of ethics required by the State. Efforts have begun to create an integrated team in the Program Management Leadership Team, communicate to the system of this intent and moving forward on training to staff to accomplish this goal.
- To create a specific interactive Peer Support Services webpage within the new www.ruhealth.org website that provides peer support resources and access to all disciplines of peer support, integrated with all service system programs.

- To advocate for salary rate increases of line staff PSS, SPSS, and Peer Program Managers, now that State Certification is required, as Riverside County has opted-in to the State Plan.
- To incorporate a Staff Development Officer into the Peer Workforce to oversee Education and Training Program and be the onsite supervisor for the Peer Support and Resource Centers staff.
- To expand leadership team to include a separate Peer Supervisor for the Peer Support & Resource Centers to transition the Staff Development Officer into the sole role of SDO by the end of the three-year plan.
- To successfully launch Medi-Cal Peer Support Certification Program, by grandparenting all qualified PSS and SPSS current staff, and start the initial certification process for those who do not qualify.
- To become a CalMHSA Training Entity to provide Medi-Cal Peer Support Certification Training, not only for State certification purposes, but also to provide CalMHSA approved supplemental trainings in the areas of specialization (Family/Parent/Caregiver, Justice-Involved, Unhoused and Crisis).
- To build capacity for peer support services, recruit staff and re-open the Temecula Peer Support & Resource Center, and to open 3 additional Peer Support & Resource Centers regionally placed to increase access to peer support recovery services for individuals not yet engaged in traditional services, or were former behavioral health consumers seeking additional support, education and resources to build upon their recovery.
- To update BH Policy 164 – Recruitment, Training & Promotion of Peer Support Specialists to include new language that would change job classification, address the Medi-Cal Peer Support Specialist Certification process, give new guidance to staff around training and promotion processes.
- To establish new job classes more aligned with Medi-Cal Peer Support Certification, seeking automatic promotion for Peer Support Trainees who pass the Medi-Cal Peer Support Certification exam and to change the current job class of Peer Policy & Planning Specialist to Peer Program Manager, as their role in the Department represents.

- To plan develop and launch a peer support workshop for RUHS-BH Medical Center Staff, Supporting Each Other – Peer Support Skills for Healthcare Workers.

Parent Support and Training Program: Clinic/Program Parent Partners Support

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 with the aim of developing and promoting client and family-directed nontraditional supportive mental health services for children and their families. The program was created in response to the many obstacles confronting families seeking mental health care for their children and aims to ensure that treatment and support are comprehensive, coordinated, strength-based, culturally appropriate, and individualized.

PS&T programs have been developed across the country to ensure that mental health services for children are family-centered and parent-directed. The program recognizes the importance of

engaging and respecting parents and caregivers from the first point of contact. Parents want to be recognized as part of the solution rather than the problem, and PS&T aims to empower them in the care of their children.

The PS&T program emphasizes the importance of meaningful partnership and shared decision-making between parents and staff at all levels. By integrating the parent perspective into the system, services can be improved to better meet the needs of families. The program's strength-based approach recognizes the unique strengths of each family and works to build upon them, rather than focusing solely on deficits or weaknesses.

PS&T programs provide a range of services, including education, advocacy, and support to parents and caregivers, as well as mental health services to children. These services are culturally appropriate and individualized to meet the specific needs of each family. PS&T programs aim to ensure that families have access to the resources they need to help their children achieve their full potential.

The program emphasizes the importance of family-centered and parent-directed care, and works to empower parents and caregivers in the care of their children. By integrating the parent perspective into the system, services can be improved to better meet the needs of families, and children can receive the support they need to achieve their full potential.

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, with Parental/Caregiving of a Minor lived experience). 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, mobile crisis services, Operation SafeHouse, HHOPE (housing), 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 Health system of care. 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 era restrictions, 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.

Parent Support and Training Administration

The Parent Support & Training Program is an essential component of Children's Services, designed to provide families with the necessary support and resources to navigate the challenges of raising a child with special needs. One of the most unique aspects of this program is the employment of Parent Partners - individuals who have personal experience raising a child with special needs.

Parent Partners are hired as County employees for their unique expertise and firsthand knowledge of the challenges and obstacles that families face when raising a child with special needs. These individuals bring a wealth of knowledge and insight into the program, which allows them to connect with families on a deeper level and provide invaluable support and guidance.

The Parent Support & Training Program Manager for Children's Services is responsible for overseeing the Parent Support & Training Program and ensuring that the parent/family perspective is incorporated into all policy and administrative decisions. The Program Manager works in close partnership with Children's Services Administrators to ensure that the program is meeting the needs of families and providing the highest quality of care.

In addition to the PS&T Program Manager, the program is also staffed by Senior Parent Partners, Parent Partners, a Volunteer Services Coordinator, a Secretary, and an Office Assistant. Each Senior/Lead Parent Partner is assigned to a different region of the County to collaborate with the regional Children's Administrator, Children's Supervisors, and regional Parent Partners. They provide coaching and guidance to the regional Parent Partners to ensure best practices while working with families.

The Parent Support & Training Program is an essential resource for families who are raising children with special needs. By employing Parent Partners and ensuring that the parent/family perspective is incorporated into all policy and administrative decisions, the program is able to provide families with the support and resources they need to navigate the challenges of raising a child with special needs. Parent Partners are individuals who have firsthand experience with navigating county systems as a parent or caregiver. They play a vital role in supporting other parents who are going through similar experiences by providing them with information, resources, and emotional support.

One of the agencies that Parent Partners work with is the Department of Public Social Services (DPSS). DPSS provides a range of services to families, including financial assistance, food

assistance, and employment services. Parent Partners can help families navigate these services, provide them with information on eligibility requirements, and offer support as they go through the application process.

Parent Partners also work with the Probation department to support families involved in the justice system. They can provide parents with information on their legal rights, help them navigate the court system, and connect them with resources that can support their child's rehabilitation or their own.

Parent Partners also collaborate with community centers to offer parenting classes and other educational programs. These classes can cover a range of topics, from child development and behavior management to self-care for parents.

Parent Partners can facilitate these classes, drawing on their own experiences as parents to provide practical advice and support.

Parent Partners work with Children and Youth Mental Health Clinics to provide families with mental health education and 1:1 support. They can help families understand their child's diagnosis, navigate the behavioral health system, and access appropriate services and supports. Additionally, Parent Partners can offer emotional support to parents who may be struggling to cope with their child's behavioral health needs.

Parent Partners play a critical role in supporting families across multiple agencies and programs. By offering a range of services, including parenting classes, mental health education, and 1:1 support, they can help families navigate the child welfare system and access the resources they need to thrive.

The Parent Support & Training Program also employs Senior/Lead Parent Partners who are designated to work with specific populations. These Senior/Lead Parent Partners have specialized expertise in working with families who have unique needs and challenges.

One example is the Senior/Lead Parent Partner who is assigned to “Pathways to Wellness” and works closely with Child Welfare Partners to identify the needs of families. This individual plays a critical role in advocating for the needs of families and ensuring that their voices are heard in the decision-making process.

Another Senior/Lead Parent Partner is housed at one of the Transitional Aged Youth (TAY) Drop-in Centers, (Stepping Stones) working collaboratively with both parents of TAY and TAY who are parents themselves. This Senior/Lead Parent Partner provides support and guidance to

these individuals, helping them navigate the challenges of parenting while also dealing with their own unique needs as young adults.

The Parent Support & Training Program also employs a Senior/Lead Parent Partner who is assigned to the Housing Program and works with homeless families. This individual provides critical support and resources to families who are facing the challenge of homelessness, helping them secure safe and stable housing and providing support throughout the process.

In addition, a Senior/Lead Parent Partner is assigned to the Cultural Competency Program, working to engage parents and families of different backgrounds and cultures. This individual plays a vital role in ensuring that services are accessible and inclusive for all families.

Finally, a Senior/Lead Parent Partner is assigned to several schools in the Hemet Unified School District, assisting students and their families in connecting to necessary resources. This individual plays a critical role in helping families navigate the educational system and ensuring that students receive the support they need to succeed.

This fiscal year 21/22, Parent Partners worked to link over 150 families with our housing partners. Parent Partners within the Administration unit provide supports to the broader community as well. In FY21/22 PS&T reached out to over 3,000 clients including Parents, TAY Youth, community members and staff with needed information and resources to better advocate for their children, family members and people they serve.

Services provided include:

Parent-to-Parent Telephone Support Line

The Parent Support & Training Program offers a countywide parent-to-parent support line to provide non-crisis support and education to parents and caregivers who live in Riverside County. This support line is a toll-free 800 number that parents can access for free. It provides an accessible and convenient way for parents to seek support and information without having to attend a support group.

The parent-to-parent support line is staffed by trained Parent Partners who are parents of children with special needs themselves. These Parent Partners are uniquely qualified to provide support, empathy, and guidance to other parents who are experiencing similar challenges.

The support line is available in both English and Spanish, ensuring that all parents can access the support they need regardless of their language preference. Parents can call the support line

to ask questions, seek advice, or simply connect with someone who understands what they are going through.

The parent-to-parent support line is a valuable resource for parents who may feel isolated or overwhelmed by their parenting responsibilities. It provides a safe and supportive space for parents to discuss their concerns and receive guidance from experienced Parent Partners. The support line is open during regular business hours, Monday through Friday.

Open Doors Support Group

The Parent Support & Training Program provides a countywide support group for parents and caregivers who are raising children or young people with mental health, emotional, or behavioral challenges. This support group is open to the community and provides a safe place for parents to share their experiences, receive support, and connect with other parents who are going through similar challenges.

The support group is available in both English and Spanish, making it accessible to all parents and caregivers in Riverside County. The group is facilitated by trained Parent Partners who have firsthand experience raising children with special needs. These Parent Partners provide guidance, empathy, and support to group members as they discuss their concerns and seek solutions to the challenges they face.

The support group provides a space for parents to share resources and information, brainstorm solutions, and support one another in their parenting journey. Group members can ask questions, seek advice, and receive validation and support from their peers. The group also provides an opportunity for parents to develop friendships and social connections with others who understand their experiences.

Due to pandemic era restrictions, classes where provided in a virtual environment.

FY 2021/2022

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 –

The Parent Support & Training Program is committed to reducing stigma and building relationships through community networking and outreach. This effort involves providing educational materials, presentations, and other resources to community members, with a focus on access for culturally diverse populations. By engaging, educating, and reducing disparities in access, the program aims to create a more inclusive and supportive community for families raising children with special needs.

In the fiscal year 21/22, the program participated in fewer outreach events due to the pandemic. However, the 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 pandemic era restrictions, the majority of these events were conducted in a virtual environment, but the program continues to actively engage with the community.

Community networking and outreach are essential for reducing stigma and building relationships within the community. By providing educational materials, presentations, and other resources, the Parent Support & Training Program helps to educate the public about mental health and behavioral challenges. The program also works to reduce disparities in access to services for culturally diverse populations, creating a more inclusive and supportive community for families.

Outreach Events:

Back to School Backpack Project
Thanksgiving Basket Food Drive
Snowman Banner Holiday Drive
May is Mental Health Month Children's Drive thru Event

Evidence-Based Programs/Classes - The Parent Support & Training program is a vital resource for parents in the community, providing a variety of classes and trainings to support parents in their roles. The program has continued to offer these services at various locations in both English and Spanish, ensuring that all parents in the community have access to the support they need.

During the fiscal year 21/22, the Parent Support & Training program served a total of 2,007 parents in the community through its parenting classes. These classes covered a range of topics, including child development, effective communication, positive discipline, and stress management. The program recognizes that parenting is a difficult job, and it aims to provide parents with the skills and knowledge they need to navigate the challenges that come with it.

In addition to parenting classes, the program also offered parent workshops, which were attended by 172 parents in the community during the fiscal year 21/22. These workshops covered specific topics in more depth, such as building resilience in children, managing challenging behaviors, and supporting children with special needs.

The program also provided educational presentations to the community, with a total of 339 community members attending these presentations during the fiscal year 20/21. These presentations covered a range of topics, including mental health, substance abuse prevention, and community resources for families.

During the fiscal year 20/21, the Parent Support & Training program expanded its offerings by providing Nurturing Fathers Parenting Class training to its staff. This training allowed the program to add a new class to its offerings, specifically designed for fathers. The Nurturing Fathers Parenting Class is a comprehensive program that focuses on the unique challenges and opportunities of fatherhood.

- **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, and parent-to-parent support, and community resources.

- **Triple P (Positive Parenting Program)** - Triple P is an evidence-based parenting program for parents raising children 0-12 years-old who are starting to exhibit challenging behaviors.
- **Triple P Teen –** Triple P Teen is an evidence-based parenting program for parents raising young people that are 12 years and older.
- **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 Supplemental 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 21/22 the following projects provided resources to families:

- 20th Annual Back to School Backpack Project: 500 backpacks were distributed to young people at clinics/programs.
- 20th Annual Thanksgiving Food Basket Project: 150 food baskets were distributed to families. An additional 22 Holiday meals were distributed as well.

Special Projects (*Continued)*

- 20th Annual Holiday Snowman Banner Project: 2,500 snowflake gifts were distributed to young people in clinics/programs.

Volunteer Services – PS&T recognizes the importance of community involvement and volunteerism in promoting positive outcomes for young people and their families. We have developed a robust program to recruit, support, and train volunteers from the community, including family members who are engaged in services.

The PS&T Volunteer Coordinator plays a critical role in this process. As a bilingual/Spanish speaker, they are able to reach out to and engage with a diverse range of community members. They coordinate special projects that focus on culturally diverse populations, ensuring that volunteers are equipped with the cultural competency skills necessary to effectively work with these populations.

In terms of recruitment, PS&T actively reaches out to members of the community who may be interested in volunteering. This includes young people who are looking for ways to give back to their community as well as parents who have benefited from the organization's services and want to give back in a meaningful way. PS&T recognizes that volunteers from the community bring a unique perspective and skillset to the table, which can be invaluable in supporting the organization's mission.

Once volunteers are recruited, they are provided with ongoing support and training. This includes regular check-ins from the Volunteer Coordinator to ensure that volunteers are comfortable in their roles and have the resources they need to succeed. Additionally, PS&T

provides training to ensure that volunteers have a solid understanding of the organization's mission, as well as the skills necessary to effectively support young people and families.

Volunteering with PS&T provides both parents and young people with an opportunity to "give back" to their community. This not only benefits the community at large but can also be a transformative experience for volunteers themselves. For young people, volunteering can help them develop valuable skills, build their resume, and give them a sense of purpose and meaning. For parents, volunteering can be a way to deepen their connection to the organization, while also providing them with a sense of fulfillment and accomplishment.

In F/Y 21/22, PS&T had 50 youth volunteers assisting at events and one parent volunteer working alongside their office assistant.

Workshops/Trainings

Workshops and trainings that focus on parent/professional partnerships and engagement can provide valuable information to staff, parents, and the community about how to effectively collaborate and advocate for services and supports for children with mental health needs. These trainings often include a parent's perspective to address the barriers that parents may face when advocating for their child's mental health needs.

These workshops also address the barriers that parents may encounter when advocating for their child's mental health needs. For example, parents may face challenges in navigating complex systems of care, or may feel intimidated or overwhelmed when communicating with mental health professionals. These trainings can provide information and support to parents, empowering them to advocate effectively for their child's needs.

In addition to providing information on parent/professional partnerships and the parent's perspective, these workshops can also address specific topics related to the provision of mental health services to children and families.

GOALS FOR Parent Support and Training

The Parent Support & Training Program is a vital resource for parents, caregivers, and youth in providing education, support, and resources to navigate the challenges of parenting. The program recognizes the changing needs of families and seeks to adapt its services accordingly.

In light of the COVID-19 pandemic, the program has set goals to continue providing its services but with an evolved approach.

- To continue providing services to parents, caregivers, and youth in a safe and accessible manner. As the pandemic has forced many activities to move online, the program has adapted to ensure that its services remain available virtually. This approach has allowed parents, caregivers, and youth to access services from the comfort of their homes, reducing barriers to participation.
- To keep "COVID babies" in mind. Children born during the pandemic have unique needs and experiences that require special attention. The program recognizes the importance of providing support to parents and caregivers of COVID babies and ensuring that they have access to resources that can help them navigate the challenges of parenting during a pandemic.
- Millennial parents have also been identified as a priority population for the program. This generation of parents faces unique challenges related to work-life balance, financial instability, and the pressures of social media. The program recognizes the need to tailor its services to meet the specific needs of millennial parents and provide them with the tools and resources necessary to raise healthy and resilient children.
- The program seeks to increase engagement with fathers. Fathers play an essential role in child development and parenting, but they are often overlooked or underrepresented in parenting programs. The program recognizes the need to engage fathers and provide them with the support and resources they need to be active and engaged parents.
- The PS&T programs will continue providing the services and supports as previous year as well.
- 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 a 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 pandemic era 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 – New Life 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.

- Parent Support & Training is currently advocating to add Parent & Family Support Centers located adjacent to, or within RUHS-BH campuses that provide crisis services to the public. Often times, children are placed into care while in crisis inappropriately. The lack of beds for minor children in Riverside County creates challenges for both the child and family members who are seeking help for their child. A minor child can often sit in an Emergency Psychiatric Services Center or ED for hours, and sometimes days, without child-appropriate surroundings. The parents of those children need support when their child is experiencing a crisis, and Parent Partners would be instrumental in supporting the families during that difficult time. PS&T would like to see a minimum of three Parent & Family Support Centers open in the three regions of Riverside County to provide real time support, education and resources, without having to wait for an appointment, when the crisis situation is developing. This drop-in model would serve

families not necessarily engaged in services, but provide the vital connections and support they need.

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.

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

Family Advocated Program

The Family Advocate Program (FAP) assists family members to cope with, and understand 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 (10) Senior Peer Support Specialist – Family Advocates (Senior Family Advocate - SFA) and fourteen (14) Peer Support 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 an adult engaged in behavioral health services or community family member/caregivers who seek assistance to support and systems navigation prior to having their loved one introduced to available services.

The eight SFAs are assigned regionally to specific sites and countywide. Regionally: two in the Western region, two in the Mid-County region, and two in the Desert region. Specific sites: one each serving in Lake Elsinore, Hemet, Temecula, San Jacinto, 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 the 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 Planning for Success
- Grupo de Apoyo Familiar
- Crisis Support for Families
- Recobrando La Ezperanza

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"

Community Presentations *(continued)*

- "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 topics 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”
- “Meet Law Enforcement”

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.

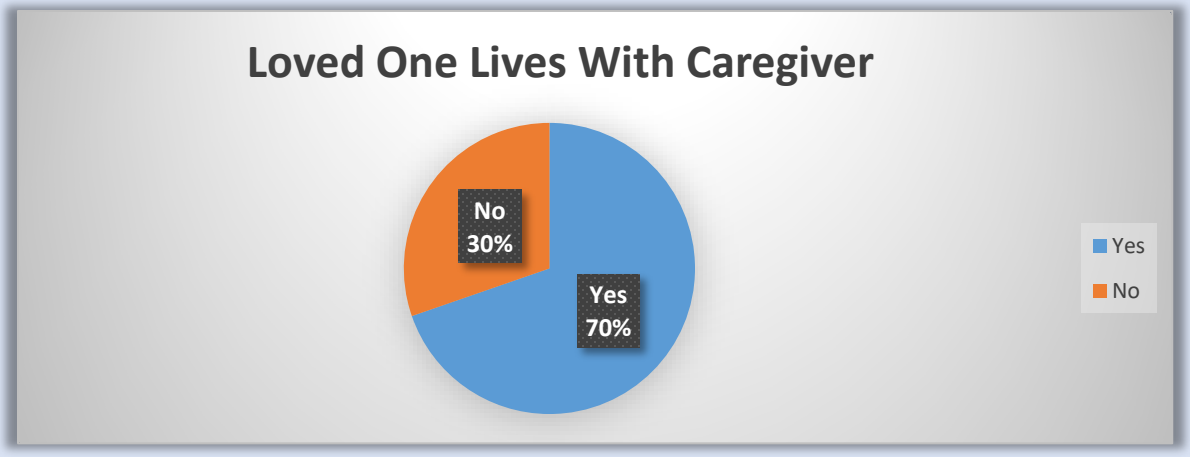
Outreach

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 include May is Mental Health Month Fair, NAMI Walk, Recovery Happens, and numerous public engagements. The Outreach and Engagement Countywide SFA organizes all-inclusive community mental health

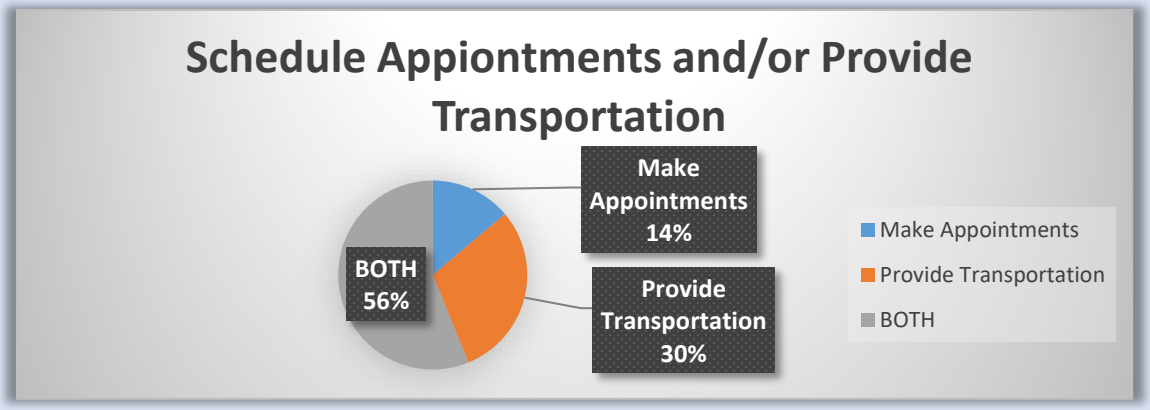
events for families to make interpersonal connections to the Mental Health System in Riverside County. FAP hosted its fifth annual “Family Wellness Holiday Celebration” (formerly known as “Posada”) attended by approximately 100 family members from diverse communities in a virtual environment. Per community 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 Family Advocate presentations, trainings, and outreach efforts, RUHS-BH has 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.

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 the 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 three 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 Peer Services and Parent Support and Training programs to promote collaboration and the foster growth in understanding of family and peer perspectives.

GOALS FOR Family Advocate Program

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

- Continue to increase Family Advocate Peer Specialist positions to other clinic sites and programs such as Substance Abuse clinics and TAY

- Recovery Management for family members
- Forensics' support groups
- Have an active role in Mental Health Urgent Care
- Expand Family Advocate staff into the Crisis Residential Treatment Facility (CRT)
- Family Advocate providing support and education at the RUHS-Behavioral Health Moreno Valley Medical Center campus. Also assist with discharge and after-care planning.
- Expand the collaboration with law enforcement to provide continue education to the community on how to interact with law enforcement on crisis calls.
- Develop a Family Advocate Email that will be used to get more referrals from the community and County partners.

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

Veteran Services Liaison

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 Clinical Therapist that serves as a portal to behavioral health care.
2. 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.

3. Progress Data:

In the past year, the VSL has:

- Provided direct mental health services to veterans.
- Held group therapy sessions.
- Participated in 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-04 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

• Enhanced Care Management & Community Supports

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.

HHOPE Program provides resident supportive services to consumers residing in 418 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), No Place Like Home (NPLH), 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.

Like other RUHS-BH programs, HHOPE benefits from Peer Support Specialists (PSS) to build engagement and rapport with consumers. 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 agency for the 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 the VISPDAT, and has trained assessors who collected more than 15,000 assessments of homeless individuals/households to date.

The HHOPE program currently has 15 dedicated mobile homeless outreach teams, primarily 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 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 35,519 bed nights of emergency housing for consumers in need for Fiscal Year 21/22.

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 behavioral health services themselves and many 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 Place is currently undergoing renovation and expected to reopen by the end of 2023.

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.

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.

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 FY 21/22, 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 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. Currently we are assisting 82 households through this program to receive housing throughout Riverside County.

Both HHOPE Program teams 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. 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 500 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 started offering Enhanced Care Management (ECM) and Community Supports (CS) services back in 2022. These two programs follow the CalAIM initiative, which is designed to improve the quality of life and health outcomes of Medi-Cal enrollees, including those with the most complex health and social needs

ECM is one of the two new HHOPE programs developed which aims to improve Medi-Cal for people with complex, needs and who are facing difficult life and health circumstances. ECM focuses on breaking down the traditional walls of health care by extending beyond hospitals and health care settings into communities. This program addresses clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services. ECM services meets clients wherever they are – on the street, in a shelter, in their doctor's office, or at home. Clients will have a single Lead Care Manager who will coordinate care and services among the physical, behavioral, dental, developmental, and social services delivery systems, making it easier for them to get the right care at the right time.

Additionally, clients are being connected to Community Supports to meet their social needs, including medically supportive foods or housing supports. Community Supports are designed to address social drivers of health (factors in people's lives that influence their health). A key goal of Community Supports is to allow Members to obtain care in the least restrictive setting possible and to keep them in the community as medically appropriate. HHOPE is currently offering 6 of the 14 CS services available through managed care plans: Housing navigation, housing deposit, housing tenancy, recuperative care, short-term post hospitalization, and sobering centers.

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 Deputy Director 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 type of platforms allows HHOPE to share learned experiences and educate others on the best service approach and best practices to support our population.

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 418 units of permanent supportive housing provided by the HHOPE program and delivered to behavioral health consumers 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 behavioral 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 behavioral 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 and 4 of NPLH funds and was awarded 55.1M dollars for the development of 8 additional permanent supportive housing projects with some expected to open by Summer 2024.

Goals

1. HHOPE will diligently work to end homelessness and provide for the housing needs of the individuals we serve.
2. Expand ECM and CS services to serve more households
3. Continue to create innovate and customer service friendly CES tools to improve consumer experience

Section III

Prevention and Early Intervention

MHSA 3-Year Plan and Annual Update

FY 23/24-FY 25/26

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

Prevention and Early Intervention (continued)

PEI-05 First Onset for Older Adults

- Cognitive-Behavioral Therapy for Late-Life Depression
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
- 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
  - Families

**programs will be removed from the plan*

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), one Clinical Therapists (CT), two Social Service Planners (SSPs), five Peer Support Specialists (PSS), one Executive Assistant, 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 FY21/22 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. Activities include 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.

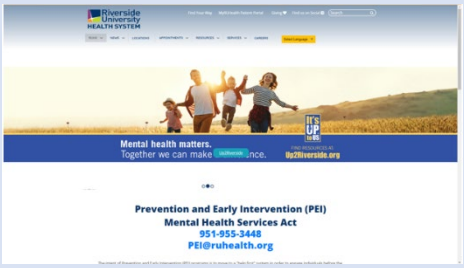
In Riverside County, PEI programs have been in place since September of 2009. The annual update and community planning process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate programs, and look at new and expanded programs 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 provides recommendation and feedback on the plan for the final draft. The PEI Steering Committee supports the plan as described below.

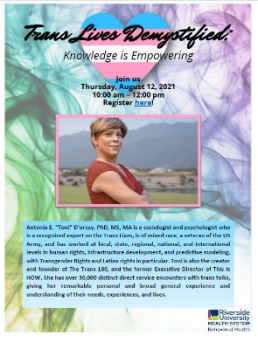
PEI is largely outreach-based. Programs and providers are typically in the community at natural gathering spaces. COVID had continued impacts on service delivery, but PEI providers worked diligently to provide access to services both virtually and in-person, when possible. We were able to offer some in-person community trainings for a portion of FY21/22. Outcome data demonstrates positive impacts in the lives of participants, but providers described continued challenges with recruitment into services. This will be further detailed below in each work plan and can also be found in the PEI program and evaluation report in the PEI Appendix to this document. Larger community mental health awareness, stigma reduction, and suicide prevention activities continued in a virtual platform.

In Fiscal Year 21/22, 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 FY21/22, there were 104 training days with 1,851 people trained. Staff Development Officers continued to work closely with PEI contract providers to maintain fidelity to evidence-based/informed models while offering both virtual and in-person services to the community. Our virtual training menu continued into FY21/22 available to anyone who lives and/or works in Riverside County at no cost. 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.



PEI launched a new website that can be found at www.RCDMH.org/MHSA/PEI The PEI page includes comprehensive information about prevention and early intervention and the variety of services available to the community. This information is easy to find and community friendly. The PEI page includes up-to-date contract provider contact information ensuring the community can access PEI services. There will no longer be printed directories, which are often out of date before they are finished printing. The community can also access our training calendar and can easily register for training with

the click of a button making it easier to access and benefit from our free community education, both virtually and in-person.



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 FY21/22 Summit was offered virtually due to COVID gathering restrictions. The Summit's keynote presentation was "Trans Lives Demystified: Knowledge is Empowering" offered by Dr. Antonia "Toni" D'orsay. Overall, the presentation was well-received and provided information that has immediate positive impacts as PEI providers encounter and engage the Trans population. One PEI provider stated, "Dr. D'orsay was able to define and clarify the meaning behind gender roles that were mentioned and went in depth about them for her audience to understand. It was also amazing to hear her mention how race can play a big role in her community. Overall, the presentation was wonderful".

Prevention and Early Intervention Statewide Activities – Joint Powers Authority

Program Type: Prevention Program

California counties collectively pool local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the PEI Project at a statewide level. The PEI Project is a collection of campaigns which seek to expand the awareness of mental health needs and supports, reduce stigma, prevent suicides, and teach individuals how to achieve mental wellness. These campaigns are: Know the Signs, Directing Change, and Each Mind Matters (EMM). The EMM campaign was the original stigma reduction campaign and primarily focused on reducing stigma around mental health. The EMM campaign was an early trailblazing effort in stigma reduction. Following the direction of the CalMHSA Board of Directors, CalMHSA staff sought to reimagine the next iteration of the PEI Project towards one

that is building off the work done by EMM to move California into a new phase of Taking Action. The Take Action for Mental Health campaign helps individuals learn how to take action for the mental health of themselves and those around them through three pillars: Check In, Learn More, and Get Support.

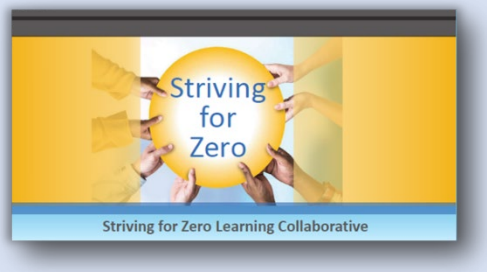
In FY 20/21, CalMHSA selected Civilian through a Request for Proposals (RFP) process to begin developing the social marketing campaign that would build on the legacy of the EMM campaign, with a new focus and expanded reach to traditional and non-traditional partners. In addition, the campaign will more tightly connect each of the campaigns, and the RAND evaluation efforts, to provide counties with a more interconnected suite of campaigns to support their communities. In FY 21/22, the Take Action for Mental Health campaign expanded through development of a website, a storefront, new materials, and resources, a May is Mental Health Matters Month toolkit, an influencer, and more.

In 2010, Riverside County Department of Mental Health committed local PEI dollars to the statewide effort. This commitment has continued through the years of PEI program implementation. During this year's community planning process, stakeholders agreed to maintain this commitment for the next 3-Year plan. Stakeholders see the benefit of supporting the statewide efforts and explore ways the statewide campaigns can make the biggest impact at a local level as a way of leveraging on messaging and materials that have already been developed.

Funding to the PEI Project supported programs such as:

- Continued production, promotion, and dissemination of the Take Action for Mental Health campaign's materials and messages
- Providing technical assistance and outreach to Members contributing to the PEI Program
- Providing mental health and suicide prevention trainings to diverse audiences
- Engaging youth through the Directing Change program
- Strategizing on evaluation and best practices with RAND Corporation

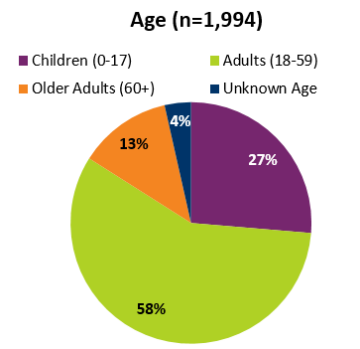
In FY21/22, Riverside County continued participation in the Suicide Prevention Learning Collaborative through CalMHSA, Striving for Zero. This opportunity provides subject matter experts in the area of suicide prevention to give guidance and support to our local efforts in the implementation of our local suicide prevention strategic plan and assisting with the ongoing work of our local Suicide Prevention Coalition. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these activities. This includes toolkits and supports for May is Mental Health Month and Suicide Prevention Awareness Month, among other activities, as described throughout this document.

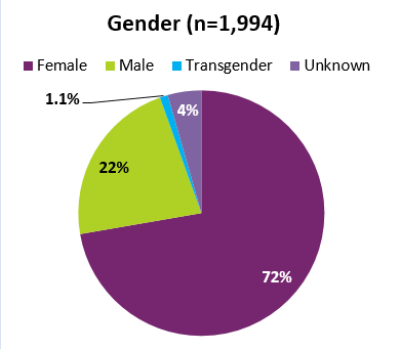


Who We Serve – Prevention and Early Intervention

In FY21/22 109,683 Riverside County residents were engaged by Prevention and Early Intervention outreach and service programs. Of those, 1,994 individuals and families participated in PEI programs (excluding outreach) and 2,376 middle school and high school age youth and 1,279 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=1,994)	County Census (n=2,506,351)
Caucasian	13%	37.2%
Hispanic/Latinx	49%	48%
Black/African American	10%	6%
Asian/Pacific Islander	7%	6.4%
Native American	2%	.05%
Other/Unkn/ Multi-Racial	3%	2.3%





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.

Each PEI program has an annual outcome report with detailed data outcomes that are available upon request. Specific demographic information, by program, can be found in the PEI Appendix 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

Program Type: Prevention Program

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.

The Cultural Competency Program (CCP) made several changes during FY 2021-2022. With some level of in-person contact resurging in the county, post COVID-19 restrictions, the CCP was able to outreach and engage the community in a way that was different from the prior year. Through a commitment to reduce barriers and create access points for traditionally underserved and inappropriately served populations, the CCP was able to accomplish the following goals outlined in the FY 2020-2021 Annual Update:

Actively engage community representation, which includes Transitional Age Youth.

The CCP has joined forces with the Rainbow Youth Collaborative to provide technical assistance and administrative guidance for this TAY focused community group.

Promote and recruit a workforce and leadership that is culturally and linguistically diverse.

Through resources and referrals, the CCP highlighted job openings to individuals from populations identified as underrepresented in the behavioral health field.

Establish and promote culturally appropriate policies and infuse them throughout RUHS-BH.

The CCP created and implemented a cultural sensitivity customer service training for the clinic staff. This included a listening session and input from community members.

Coordinate departmental activities that promote quality improvement.

The CCP now works with the Quality Improvement team to ensure that department contract organizations have cultural competency plans in place. Extending the dedication to equity outside of department walls.

Provide RUHS-BH workforce trainings related to at least three underserved populations.

The CCP has worked with the Workforce Education and Training unit to outline new trainings for employees. These trainings include cultural awareness on the Disabilities and Middle Eastern North African populations.

Actively recruit ethnically diverse members for all program committees.

The CCP increased the level of community involvement from traditionally underserved or inappropriately served populations. In addition to reorganizing the full-time clinician that services the Veterans population under the CCP umbrella. This position also liaises Veterans' needs.

Create new Cultural Consultant contracts to have a greater reach throughout the community.

New cultural populations were identified and added; Cultural Community Liaisons (CCLs) were hired, as independent contractors, to act as cultural advisors between the department and the community. New CCLs were on-boarded for the preexisting populations of African American, Asian American Pacific Islander, LGBTQIA+, and Native American. The CCP also added new CCL positions for the following populations:

Deaf and Hard of Hearing

Latino/Latina

Middle Eastern North African

People with Disabilities

Spirituality

All of these populations have active community advisory groups facilitated by the CCL. These groups have the dual role of providing culturally informed feedback to the department, while assisting with getting the word out about access to services.

Prepare list of community-based, culturally and linguistically appropriate, nontraditional behavioral health and substance use providers.

The cultural advisory groups have created a list of community-based organizations that provide resources to the community.

Create a resource list of consumer-operated programs that are culturally, ethnically, and linguistically specific for distribution in the community. Cultural Competency will work with Consumer Affairs, Family Advocate, and Parent Support & Training programs to list their programs/activities available for cultural and linguistic specific populations.

The CCP has added two full-time Peer positions under its umbrella. A Senior Parent Partner and Senior Family Advocate act as team leads and work with the CCLs to make sure the lived-experience voice is included in all the planning of the CCP.

Report the CCRD recommendations to the QI committee.

The CCP is now a standing agenda item at the monthly Quality Improvement Committee meeting.

Actively participates in PEI Steering Committee.

The CCLs are all members of the PEI Steering Committee.

Build newly identified Cultural Subcommittees (e.g., Latinx, Middle Eastern North African, Deaf and Hard of Hearing, People with Disabilities).

The CCLs have created cultural advisory committees that include community-based organizations, mental health advocates, social influencers, and department employees.

The cultural advisory committees include:

African American Family Wellness Advisory Group

Asian American Task Force

Community Advocating for Gender & Sexuality Issues

Deaf and Hard of Hearing

HISLA

MECCA

Native American

Wellness and Disability Equity Alliance

Interfaith and Spiritualities

Hire Cultural Community Liaisons and provide training and technical assistance.

New CCLs were hired and they have been actively conducting community outreach to build trust and relationships.

Review Client Satisfaction Survey Results and Client Grievance Summary.

The CCP is now included in the grievance summary process and is an active member of the Quality Improvement Committee.

The following goal outlined in the FY 2020-2021 Annual Update has not been met:

Meet on a quarterly basis with RUHS-BH Research and Evaluation program to determine outcomes and progress.

In FY 2022-2023, the Cultural Competency Program is working to address the following goals.

The focus and mission of the Cultural Competency program.

Riverside has re-envisioned the Cultural Competency program to align with compliance to the regulatory required Cultural Competency Plan, and to operationalize the program's goal of diversity, equity and inclusion across department operations. This includes community engagement and addressing obstacles to seeking care based on stigma and oppression, concentrated workforce development to ensure diverse personnel, providing training to improve culturally informed care, and addressing related policy and system change. Previously, Cultural Competency focused primarily on community education and engagement. This resulted in hosting or attending community celebrations around cultural awareness and cultural holidays. Similar activity will continue, but instead of hosting these events, Cultural Competency now provides sponsorship, and ensures attendance of dedicated outreach staff at celebrations coordinated by cultural organizations.

Increase collected stakeholder feedback at CCRD (Cultural Competency Reducing Disparities Committee) and cultural advisory meetings by 10%. Survey questionnaires will be collected at community events. In partnership with the RUHS-BH research team the data will be used to inform the development of culturally specific projects focused on addressing the needs of high-risk groups, such as suicides of African American men in Riverside County or Substance Use Disorder for the Latinx male adolescent population. This opens the possibilities to work with the community on these issues including training, education, and partnering with local associations and organizations.

Efforts to increase contracts with Community Based Organizations owned and operated by members of underserved cultural communities. Currently, RUHS-BH has partnered with San Bernardino County Behavioral Health to better prepare smaller, grass roots organizations to do business with the County and be more successful in bidding for and receiving award for PEI and other Department contracts. The goal is to support organizations to develop the infrastructure needed that will better enable them to do business with government organizations.

Work with the Purchasing department to be more involved with the contracting process regarding the selection of language providers and interpreters. Community feedback highlighted translation inadequacies, especially for the deaf and hard of hearing community. Work to have a representative from that community, the community liaison, and other members of the cultural competency team be part of the selection procedure for the next bidding process.

Cultural Groups Activity Report for 2021-2022

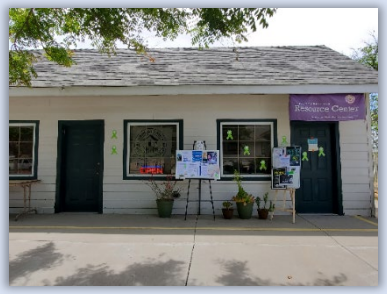
All of the new Cultural Community Liaisons (CCLs) spent a great deal of time familiarizing themselves with the department, as well as establishing themselves in the community and gaining trust through the process of relationship building. This resulted in attending various department meetings and support of countless community events, both virtually and in-person. The CCLs created culturally informative trainings for department contractors and outside healthcare agencies.

Asian American/Pacific Islander Mental Health Resource Center

Program Type: Stigma and Discrimination Reduction Program

The primary functions of the Mental Health Resource Center are to provide outreach to the Asian American/PI 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. This year, the Resource Center was able to re-open with a modified schedule, Saturdays, Sundays, and by appointments only. 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.



Outreach included 34 community activities, reaching a total of 1,020 people. Twelve presentations were offered through the MH Resource Center, virtually, reaching 155 participants. Satisfaction surveys after presentations demonstrated a positive impact in the Asian/PI community. Three-quarters of the attendees reported they would feel comfortable seeking help for themselves or a family member regarding mental health issues. 97% of participants felt they "strongly agreed" or "agreed" that mental illness can be managed and treated. The resource center continued to engage in a virtual format and in–person when possible. Social Media is used to increase engagement and promote programs and services: an assigned team member is now tracking their data analytics from the Instagram and FB accounts. The "Reels" short video clips they created and posted have garnered visibility to their events and information.

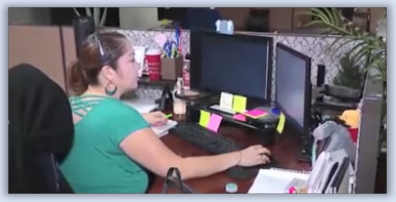
Some comments from participants include:

- "The presentation taught me how to deal with stress and how we can take care of our mind, body, and heart."
- "The presentation was really insightful and a good way to practice/remember how impactful being a listener is. It also is a great reminder of how important it is to allow others to speak on their stories and to be able to share with people who can hear you out."
- "The cultural relevance, competency, authenticity, and beauty of it all!"

Inland SoCal Crisis and Suicide Helpline and 211

Program Type: Suicide Prevention Program

A program of Inland SoCal United Way & 211+, the Inland SoCal Crisis and Suicide Helpline is available 24/7 by calling 951-686-HELP (4357). The service is a bilingual hotline staffed by highly trained and compassionate Crisis Counselors who are as diverse and representative as the Inland SoCal Region. They assist with emotional support, suicidality assessment and prevention, coping skills, resource referrals and warm hand-off for mental health services, and help for a range of other mental health related crises and experiences such as suicide loss grief, abuse, domestic violence, struggles with aspects such as identity and relationships, and other sensitive topics. The Helpline also conducts trainings across the region to teach and support residents in identifying and responding to mental health needs in their communities. Mental health services are essential to healthy communities. Everyone deserves access to respect, dignity, and wellbeing – especially in moments of crisis. Understanding the nature of that intervention – who calls and why – informs better response systems.



kind of

- Call volume increased by 21.5% from last year. There were 4,985 calls in 2021-2022 compared to 4,103 calls in 2020-2021.
- Active rescues for imminent risk to life increased by 49% from last year, but it remained proportionately similar with call volume, comprising 1.65% of calls in 2021-2022 compared to 1.34% in 2020-2021. There were 82 rescues this year compared to 55 rescues last year.
- The number of severe calls increased with dangerous safety issues. Crisis counselors report that more of their calls require a safety assessment for homicidal thoughts, child abuse, elder abuse, disabled adult abuse, hate crimes, and domestic violence.
- There were no fatalities. While calls continued to be increasingly severe, there were no fatalities among the situations Helpline responded to this year, demonstrating the efficacy of Helpline's services in preventing, de-escalating, and intervening in crises.
- The number of BIPOC callers has increased by 25% in the last four years.

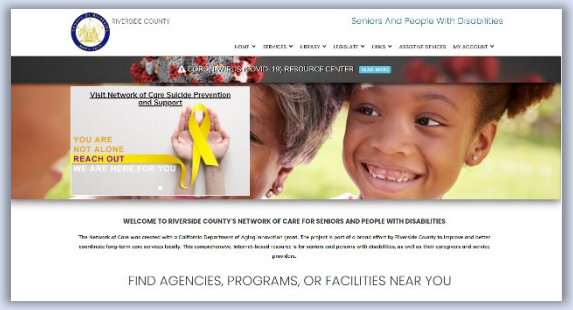
- Hispanic/Latino/Latinx callers increased 9% since 20/21 and 18% since 18/19.
- Black/African American callers increased 2% since 20/21 and 5% since 18/19.
- Asian American callers increased 1% since 20-21 and by 2% since 18/19.
- In 2021-2022, 1% were Native callers to Helpline.
- White callers decreased from 51% in 18-19 to 30% in 21/22.
- This data reflects a continued trend reported by callers last year that the pandemic and systemic racism (including hate crimes) are affecting communities of color.

Helpline now also serves as the communities' front door to access the RUHS-BH Mobile Crisis Response teams. In efforts to continue to strengthen Riverside County's Crisis System of Care and mirror the infrastructure of the 988 network, Helpline staff/volunteers will screen community members in crisis for the appropriateness of an in-person response from the mobile teams. When indicated, Helpline will connect community members to the mobile crisis team call center.

Network of Care

Program Type: Stigma and Discrimination Reduction Program

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 FY21/22 the website had 126,980 visits and 303,643 page views.



May is Mental Health Matters Month

Program Type: PEI Stigma and Discrimination Reduction Program

The Riverside County Board of Supervisors recognized May is Mental Health Matters Month 2022. Riverside University Health System – Behavioral Health (RUHS-BH) partnered with the

Riverside County Office of Education (RCOE), State partners at Directing Change, as well as the Riverside County Suicide Prevention Coalition to promote this year's calendar and events.

In FY21/22, RUHS-BH PEI continued use of a virtual campaign as in the past two years. The Take Action for Mental Health 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, "Take Action for Mental Health".

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 had links on YouTube and Vimeo. In total, all videos posted/shared received 572 views. 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 148 people attend the offered virtual trainings. PEI Providers and community members also offered free virtual presentations to recognize this important month:

- The Peers from Operation Safehouse hosted a virtual space for Transitional Age Youth (ages 16-25) to learn about self-care tips.
- Inland Caregiver Resource Center engaged the Older Adult population with the PEARLS program hosted virtual events in English and Spanish called "PEARLS of Wisdom."

- Stand Against Stigma presentations, in which presenters with lived experience with mental illness shared their recovery journey to demonstrate how recovery is possible, spread messages of hope, and decrease stigma related to seeking help, was attended by 67 community members during the month of May.

"Dare to Be Aware" Youth Conference

Program Type: PEI Stigma and Discrimination Reduction Program

This is a full-day conference for high school students. The day includes presentations on mental health-related topics along with activities. The 2022 event was canceled due to COVID restrictions. The event will return in February 2023; details will be shared in next year's update.

Stand Against Stigma:

Program Type: PEI Stigma and Discrimination Reduction Program

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

In the 2021/2022 fiscal year, RUHS-BH PEI Peer Support Specialists implemented the Stand Against Stigma program. There were a total of 25 presentations held in the fiscal year 2021/2022, which reached a total of 470 people. The majority of presentations were virtual. The most frequently reported race/ethnicity for all regions was Hispanic/Latinx (43%). Post-test results revealed a statistically significant reduction in participants' stigmatizing attitudes, and statistically significant increases in participants' affirming attitudes regarding recovery from and empowerment over mental health conditions, as well as a greater willingness to seek mental health services and supports 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. 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 more over this platform, and have had to learn how to conduct outreach to community locations despite COVID restrictions. Feedback from participants included:

- "Having the presenters share their stories makes it more relatable to be able to speak up about our own struggles."
- "I think anyone struggling with a mental illness can overcome it."
- "It's good to know that I'm not the only one and others also suffer"
- "Thank you for providing this presentation. Please offer more presentations to the community a lot of people will benefit from the presentation."
- "Thank you Katie & Melissa for sharing your testimonies. I applaud you both for your strength and bravery. We must continue to eliminate the stigma of discussing MH issues with each other. As a disabled Veteran, I can honestly say that I would not be here today without the therapy & medication that was provided to me while I was going to the darkest moments in my life."

Up2Riverside Media Campaign

Program Type: PEI Stigma and Discrimination Reduction Program

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. In FY21/22, the website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result, there was a total of 437,976 page views and 222,291 new users. In total there were 58.9 million impressions delivered and 274,000 clicks. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members. The campaign utilizes a variety of media to reach Riverside County community members: cable TV, email, social media (Facebook and Instagram), internet search, digital media, streaming audio and terrestrial radio.

Cable TV spots totaled 346,502 and radio totaled 3,100. 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 5.2 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 and Suicide Prevention Awareness month to leverage the heightened awareness, interest, and discussion surrounding the topic.

Two email blasts were sent during the month of May that resulted in:

- 1,062,500 community members received emails and 357,740 opened the email that resulted in 57,040 clicks, a 2.88% click through rate. Both the number of emails opened and the clicks were a strong response.
- Hispanic community members received an email blast in Spanish resulting in 52,916 opens and 8,752 clicks, a 2.06% click through rate.

Two email blasts were sent during the month of September that resulted in:

- 333,874 opens with 56,002 clicks, a 206% click through rate, exceeding campaign benchmarks.
- Hispanic community members opened 60,212 Spanish emails resulting in 9,095 clicks, a 2.14% click through rate.

Also, new this year, the Up2Riverside campaign implemented In-game ads to test a new channel and expand reach amongst a new audience (mobile phone gamers). Though reporting metrics are limited, in-game ads delivered 59 view-through conversions, which tracks whether individuals visited the up2riverside.org website after being exposed to an in-game ad. There was limited scale in Riverside County across this mobile game publisher (Frameplay) which limited the overall number of impressions we were able to deliver.

In partnership with the Coachella Valley Behavioral Health Collective (formerly known as the Green Ribbon Initiative). PEI utilized the existing Up2Riverside campaign to tailor an outreach effort to the Farmworker community in Coachella Valley. A new landing page was created on the website along with downloadable and printed materials in English, Spanish, and Purepecha. The campaign worked closely with key identified partners in the area to disperse the information and resources. In addition, the Up2Riverside campaign has expanded to include a strategic Substance Use and Prevention effort targeting parents/parental figures and youth-serving adults with braided SAPT funding for FY22/23. The goals of the effort include changing the perception of harm within the community about the use of alcohol and other drugs as well as educate on the short-term and long-term harm caused by underage and young adult use of alcohol, cannabis, opioids, and prescription and OTC drug abuse. A new page has been added to the website: https://up2riverside.org/learn/substance-use-and-prevention/ and a downloadable Family Resource Guide is also available.

Recommendations for upcoming Fiscal Year:

- Increase reliance on Email blasts (6x/year) as they proved to be effective at driving clicks, landing page visits, and average sessions/visit
- Continue to run High Impact Display during May and September months due to excellent CTR performance
- Allocate more budget to social media as it continues to deliver strong performance from a CTR standpoint but reconsider messaging and call to action to retain audiences on the website
- Expand presence in audio with advertisements during Podcasts
- Discontinue use of in-game ads through Frameplay due to limited scale; consider identifying other partners to test in the future

Promotores de Salud Mental y Bienestar Program

Program Type: Outreach for Increasing Recognition of Early Signs of Mental Illness 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, 2021 to June 30, 2022, the Promotores(as) de Salud Mental y Bienestar program provided a total of 1,722 1-hour mental health presentations across the Western and Desert regions of Riverside, reaching a total of 6,876 participants.

As the state removed some of the COVID-19 restrictions, most presentations were provided in-person. The provider kept the virtual option via Zoom, for those who preferred that platform. In other cases, the presentations were also provided via phone, using the community's preferred communication apps such as WhatsApp, social media (Facebook live), one-on-one at a consumer's residence or at a public location such as parks, churches, and local shopping centers.

The provider continued their strategy to find creative ways to engage in outreach events to bring education to the community increasing their presence at swap meets, parks, residence patios, backyards, and other public spaces. The provider continues to use raffles, Loteria, and other incentives attractive to the Latino community to increase participation during presentations and being able to collect the satisfaction surveys at the end of the presentation. This strategy served as a fundamental element in the program's success.

As in the previous fiscal year, the 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.

Flexibility was a lesson learned during this fiscal year. Promotores/as had to constantly adjust to the ever-changing guidelines for COVID-19 prevention in the different settings where they usually provide services, often having to reschedule scheduled presentations due to the facility being closed, or quickly coordinating an alternative option to provide the services (Zoom, an outdoor setting, WhatsApp).

The provider identified a need to increase their facilitation skills for the Suicide Prevention presentation, recognizing personal struggles by the promotores/as with the subject. Leadership expressed how the additional technical assistance from RUHS-BH was fundamental to supporting their staff in increasing the staff's confidence in presenting a difficult subject.

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 participants includes:

- ”The pandemic greatly impacted our mental health, it is important to talk about this.”
- “We have to work more on our mental health, we need to inform ourselves.”
- “I liked this information, we should learn more about these issues and know where to seek help.”
- “Physical health and mental health are both important.”
- “That it is not normal to feel so sad and defeated all the time, that it is necessary to ask for help and take care of yourself.”

Community Mental Health Promotion Program

Program Type: Outreach for Increasing Recognition of Early Signs of Mental Illness 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, and Asian Americans/Pacific Islanders. 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. Promoter programs for the following populations have been in place since 2019: Black/African American, Asian/Pacific Islander, Native American/American Indian, and LGBTQIA. 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.

From July 1, 2021, to June 30, 2022, promotors for the four Community Mental Health Promotion Programs (CMHPP) provided a total of 642 1-hour mental health presentations countywide, with a total of 3,452 of participants.

Most presentations took place in-person, moving away from pandemic restrictions. Some groups in the community still prefer meeting in a virtual format, and providers have accommodated the requests. Schools continue to request presentations to be in a virtual format.

The LGBTQIA+ program saw major success during the Desert Pride season. In September and October, the team was able to attend events in the city of Blythe. The Native American group continues to expand their services with the local TANFs in the Desert and Mid-County regions, allowing them to continue their work building relationships within the community, allowing them to find families to give presentations in smaller, more intimate settings. 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.

Some of the challenges experienced by the providers this year have been finding a balance in providing the presentations in-person and virtually. Some communities (LGBTQIA+ and AAPI) have expressed the desire to maintain the virtual format. Yet, the community has also expressed feeling “Zoomed Out” and unwilling to participate, which has created difficulties for some of the providers when recruiting for presentations. A significant challenge when presenting on a virtual format has been the proper way to collect satisfaction surveys. 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 the satisfaction survey privately. Some other providers have collected demographic information and satisfaction surveys using Google forms. This system has also proven to be a challenge as participants may not follow the link or use the QR Codes provided by the promoter during the presentation and the information is not collected.

Reaching out to community partners such as school districts and colleges has been a challenge for most programs. At tabling events and such, representatives of these organizations appear eager to collaborate and setup future programming for the youth and parents in their schools,

but when followed up with, lack of responsiveness or time constraints seem to be a common pattern.

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:

- "I took information I would be able to use to teach my kids about mental illness."
- "This presentation helped me to being able to empathize with those who chose to open up instead of invalidating them."
- "I didn't know mental health is as important as physical health. It makes sense now."
- "The presentation laid out clearly the signs of mental illness and how to properly deal and cope with them. I really appreciated it because I never really heard about them, much less Filipino-specific resource for mental health services in the IE."
- "This presentation was a creative way to get communities of color/marginalized to speak about difficult subjects."
- "The most helpful part was knowing that I could seek help. I loved the way it was for LGBTQ specific resources."

RUHS-BH released an RFP in FY22/23 that includes 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

Program Type: Access and Linkage to Treatment

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. 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. FY20/21 moved into phase 2, a pilot project within the integrated outreach at the CHCs, which included 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. Busy schedules and productivity requirements restrict access to medical staff and impede the ability to engage in meaningful trainings/psychoeducation. There were two staff positions allocated to this project. One was filled for less than a year and this staff left about halfway through FY21/22. The other position was never able to be filled despite extensive recruitment efforts. Integration takes time as it involves changing a long-standing culture of medical care. The pilot was not successful. RUHS-BH is piloting a new effort, lean, which appears to be aimed at meeting the same need. PEI will pause on Phase 2 of this project, as there may be future opportunities for partnership, if the lean effort proves successful. PEI will continue to fund the depression screeners. 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 are provided with support in place to ensure connection. Integrated care is a currently evolving best practice model. Expanding PEI efforts into the CHCs increase our reach into and throughout Riverside County. 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. 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. FY2021-2022 there were 227,301 screeners completed. The Community Health Center has instituted procedures to improve follow-up with patients who score clinically significant on the screeners ensuring linkage to appropriate mental health care.

Fiscal Year	Unique Screens	Duplicated Cases	Total Screens
2017-2018	39,213	59,568	98,781
2018-2019	27,018	97,846	124,864
2019-2020	49,681	75,075	124,756
2020-2021	56,858	118,745	175,603
2021-2022	66,298	161,003	227,301

Suicide Prevention Activities

Program Type: Suicide Prevention Program

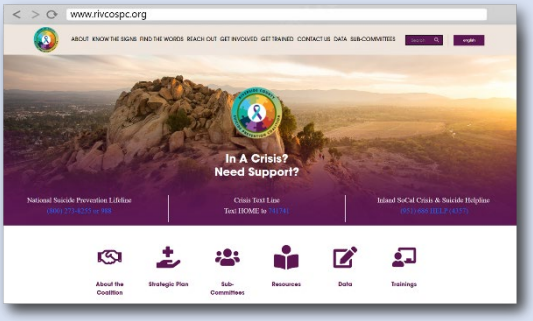
The past several years have included a larger focus on suicide prevention in Riverside County. A local strategic plan was developed and the goals/objectives of the plan are being addressed through the Riverside County Suicide Prevention Coalition. Our local efforts are designed to align with and enhance 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 eight (8) sub-committees: Effective

Messaging & Communications, Measuring & Sharing Outcomes, Upstream, Prevention-Trainings, Prevention-Engaging Schools, Prevention-Higher Education (newly added in FY21/22), 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.

In FY21/22 the Suicide Prevention Coalition and the PEI Admin team developed a new website: www.rivcospc.org where you can keep up to date with scheduled meetings, events, and trainings. You can also read the full suicide prevention strategic plan, find available resources, and learn how to get involved in Riverside County suicide prevention efforts. The website launched in FY22/23.



In October 2021, the Coalition completed its first year with a virtual celebration. Co-chairs and support staff were recognized for their dedication and hard work. Quarterly Meetings in FY21/22 included the following topics: Care Transitions, Suicide Prevention and Schools, Suicide Prevention for our Aging Population, and Mental Resilience During Tough Times. The second year of the Coalition sub-committees continued to work towards the objectives of the strategic plan.

- Effective Messaging & Communications 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). The committee also assisted other sub-committees with review of any developed material to ensure safe messaging. The focus for the next three years is to develop an annual report and hold press conferences discussing the Coalition's progress and current initiatives.
- Measuring and Sharing Outcomes developed data briefs and provided requested data to sub-committees and other community members. The

focus for the next three years is to finalize the most current data brief and develop an infographic to be added to the coalition's website.

- Upstream addressed isolation, which is the biggest risk factor for suicide. The sub-committee focused its attention this year on addressing isolated older adults. They completed a survey and used the information to strategize activities to address the needs identified. The focus for the next three years is to distribute a series of Kindness Kits to 1,000 homebound seniors providing self-care items, brain game activities, information on available resources, and messages of hope and resiliency. Then develop a strategy to address youth.
- Prevention includes three workgroups
    - Trainings focused on strategic outreach to encourage more Riverside County residents to become trained helpers in suicide prevention. The focus for the next three years is to create brief video(s) promoting participation in suicide prevention gatekeeper trainings for those in high-risk groups and work with local businesses to share it. Then, develop a training logic model and identify trainings to recommend and bring to Riverside County.
    - Engaging Schools (K-12) worked to promote the standardization of policies across school districts to improve communication, collaboration, and consistency of suicide prevention, intervention, and Postvention efforts. The focus for the next three years is to support districts with implementing programs and strengthening existing programs that foster social emotional growth, Trauma-Informed practices, and suicide prevention.
    - Higher Education's approach is identical to Engaging Schools but with a focus on implementing changes within the college system for the young adult population. This includes increased education and awareness regarding mental illness and suicide amongst college students and staff, assist schools with the implementation of trauma-informed practices, and promoting help seeking behaviors amongst college youth. The focus for the next three

years is to develop 3-5 minute “refresher” videos for staff and faculty regarding suicide prevention that is accessible to all colleges/universities in Riverside County. Then develop a campaign to share them and other suicide prevention related information on campuses throughout the county.

- Intervention developed a Care Transitions poster for individuals being discharged from inpatient hospitalization to encourage follow-up with outpatient services and educate their support system to assist with this. The focus for the next three years is to participate in MHSOAC Means Safety pilot program to promote firearm safety and increased access to suicide prevention training for gun shop staff and members.
- 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. Twenty Loss Kits were distributed during the latter part of FY21-22 to Riverside County residents to offer supportive resources following a suicide death. The TIP program currently has 41 trained and active volunteers available to respond in the community. Postvention also hosted a webinar in September for survivors of suicide loss. The focus for the next three years is to recruit and train Survivors of Suicide Loss (SOSL) in becoming peer support facilitators and provide short-term Bereavement Counseling (6-8 sessions) for suicide loss survivors through community based therapists.

- **Suicide Prevention Training**

RUHS-BH has had a training team in place for many years for 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 are trained in the models and agree 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. As COVID restrictions have lifted, we have begun to offer in-person trainings again. These models were available in the latter part of FY21-22 and continue to be offered today. PEI is hosting another Training for Trainers (T4T) in safeTALK and ASIST to grow the training team so that we can meet the requests and needs of the community. Trained trainers will be from RUHS-BH, other county departments, and community based organizations.

- **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 FY21/22 three trainings were offered with 59 participants.

  - **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 FY21/22 eight trainings were offered with 166 participants.

  - **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 FY21/22 three trainings were offered with 33 participants.

- **Virtual Trainings**

The PEI Administration team developed a series of four virtual trainings that were offered throughout the pandemic. The trainings were received well and continue to be popular. PEI continues to make these trainings available quarterly. All four trainings are available in English and Spanish.

- **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 FY21/22, 37 trainings were conducted reaching 493 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 FY21/22, 15 trainings were conducted reaching 232 participants.
- **Building Resiliency and Understanding Trauma** teaches 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 FY21/22, 9 trainings were conducted reaching 213 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 FY21/22, 14 trainings were conducted reaching 337 participants.

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. Contract providers for the BRAAF program hosted the PEI series of virtual trainings and incentivized their enrolled families as well as the larger African American community to participate in the trainings. The trainings were tailored to be more reflective of the African American experience.

Some comments from participants include:

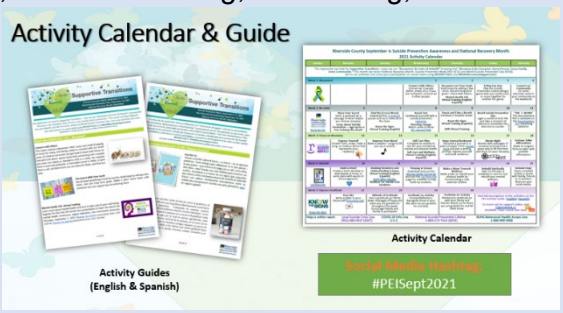
- “Learned basic mental health info in a friendly and welcoming setting. Was able to expand upon my knowledge and learn new methods.”
- “They [instructor] explained information clearly and gave practical examples.”

- “I think it [safeTALK training] covered all areas of concern we may have as staff. In addition to that, normalizing the discomfort that arises was good too & helping us work through that.”
- “This training was very good! I feel like it helped me learn the signs and what to do once I notice the signs.”
- “Excellent. I appreciate the language provided to direct these difficult conversations.”
- “The information presented was in a fashion that was relatable, relevant, & easy to understand.”
- “It [ASIST] has helped me know I can help others in a systematic way—with a plan.”

Suicide Prevention Community Activities

- **Suicide Prevention Week Proclamation:** RUHS-BH received a proclamation from the Riverside County Board of Supervisors recognizing September 2021 as Suicide Prevention Awareness month. 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.
- **Suicide Prevention Month Virtual Activities:**

In 2021 Suicide Prevention Month focused on supportive transitions. Transitions can be conceptualized as an event or series of events that cause fundamental changes in the fabric of daily life – what people do, where they do it, and with whom. Transitions, in any shape or size, expected or unexpected, welcomed or not welcomed, can be unsettling, disorienting, and stressful. They can impact our mental health and major life changes have long been understood to be environmental risk factors for suicide. Positive coping skills, resilience, and connectedness to family, friends, and our community can act as protective factors to help us navigate transitions.



In FY21/22 we continued a virtual campaign that included activities community members could do in their homes and communities while still keeping physical distance and staying safe. 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 building upon the toolkit developed by Know the Signs.

- **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.

Send Silence Packing

Program Type: Suicide Prevention Program

Since 2011, RUHS-BH has partnered 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 FY21/22 the exhibit was not held due to COVID-19. We plan to bring the exhibit back to Riverside County in the fall of 2023.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program)

Program Type: Prevention 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 FY21/22 RUHS - BH continued to contract with one well-established provider to deliver the Level 4 parenting program for both parents of

Triple P Parenting served 324 parents. 81% completed

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.

Countywide, both Triple P and Teen Triple P served 450 parents in FY 21/22. Of those served, there was a high program completion rate, of approximately 81% across both programs. A majority of parents served countywide identified as Hispanic/Latinx (approximately 73% across both programs), which is an underserved group in Riverside County. Overall, by the end of the program, participants had shown increases in positive parenting practices, and decreases in inconsistent discipline practices. Outcome measures also demonstrated that parents experienced a decrease in their depression, anxiety, and stress levels. Additionally, overall there were decreases in the frequency of children's disruptive behaviors. At the completion of the Teen Triple P course, parents additionally reported a significant decrease in total problems of emotional, conduct, hyperactivity, and peer problems, and a significant increase of prosocial behaviors.

Teen Triple P Parenting served 126 parents. 78% completed

Behavior Problems Decreased

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 inconsistent discipline practices. Analysis of the DASS-21 also showed that parents experienced a decrease in their depression, anxiety, and stress levels. Outcomes from 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 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 significantly increased pre to post. Analysis of the APQ measure indicated that overall, parents had a significant increase in involvement with their teen and in positive parenting practices. There was a slight increase in poor monitoring practices, however, this increase was not statistically significant. Analysis of the Conflict Behavior Questionnaire (CBQ) indicated a statistically significant decrease in parent's report of general conflict between parent and teen in both regions served.

Transitioning out of the COVID-19 pandemic, most services remained virtual. One challenge the provider faced was follow-up with parents after group ended in order to complete necessary post-measures and paperwork. Some sessions are very content heavy, which at times can present a challenge when there is a very engaged group, to manage the time. Staffing shortages were also a challenge, which made it difficult to schedule classes with the community that would meet the varied needs of community members.

Feedback from participants included:

- "I learned how to parent in ways that actualize problem resolution with my children and grandchildren. I will be able to spend more quality time with them using these strategies and I'm sure I'll be able to do it."
- "I learned how to listen to my son. How to be more tolerant and implement more rules. To keep my promises in relation to discipline. I learned to communicate better with my son."
- "The facilitator was amazing and she got me to think about what I could improve in my parenting and her reassurance was greatly appreciated."
- "How implementing and maintaining a behavior contract can help moderate teen's behavior and how it is important that us parents also be held accountable for words, actions and commitments."

Mobile Mental Health Clinics and Preschool 0-5 Program

Program Type: Prevention 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 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.

The mobile units were in need of much repair and ongoing maintenance. The Department made the decision to downsize the mobile units to sprinter vans and with limited to no access available on school campuses, it seemed a good time to make this transition. Unfortunately, the procurement process for this has taken much longer than anticipated. Post COVID-19 pandemic challenges significantly impacted the portion of services we provided during FY 21/22; our PEI mobile staff became resourceful in providing services through telehealth, utilizing space at outlying sites, and providing more case-management services. 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.

A total of 1,457 PCIT services totaling to 1,505 hours were provided to 75 clients and their families in FY 21/22. 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. Pre and Post Parent Stress Index (PSI) scores showed a statistically significant decrease countywide in parent's stress levels. Overall, parents felt more confident in their parenting skills and ability to discipline their child. Parents felt their relationship with their child and their child's behavior improved.

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. 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.

Although this past fiscal year continued with 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.

Preschool Program Highlights:

SET-4-School is moving towards implementing the Infant Mental Health Consultation model to support early care providers, enrolling 3 clinicians and 1 supervisor to become Infant and Early Childhood Mental Health Consultants. SET-4-School is currently gearing towards meeting gaps in the community, focusing on resources and services needed for the 0–3-year-old population. SET-4-School staff has had initial training in Incredible Years baby and in home coaching. An anticipated program milestone is the first time implementation of infant groups for caregivers to assist with attachment and attunement.

A Preschool 0-5 Programs highlight is celebration of the 20th anniversary of implementing PCIT into the program. The 20th anniversary falls on May 20, 2023. PCIT services were first offered in 2003, 6 therapists were trained in the model by UC Davis.

Preschool 0-5 Programs had 6 additional clinicians trained in Trauma Focused - Cognitive Behavioral Therapy who recently completed all 9 consultations required for National Certification in TF-CBT. The additional trained staff will assist with increasing psychoeducation across the 0-5 champions to assist with viewing families through a trauma informed lens.

Preschool 0-5 Programs began training staff in Parent-Child Care (PC-CARE) level II to assist with training other system of care providers with low intensity treatment options for children not requiring high intensity treatment such as PCIT or TF-CBT.

The Growing Healthy Minds Collaborative continues to meet monthly via a virtual platform. The Collaborative discussions include program updates, training opportunities, and affords a networking space for providers who work with the 0 – 5-year-old population. The Collaborative has proven to be a successful effort that includes an average of 40 multidisciplinary participants per month from locations across Riverside County. The Collaborative is taking the approach of assisting system of care providers with increasing their knowledge to assist in diagnosing

children under the age of 3, using the DC 0-5 manual. The Collaborative continues to discuss meeting the ongoing needs of the community.

The PEI team has had several successes with children and families. One outstanding example is a six-year-old Hispanic female, Sammy. Sammy and her family were referred by one of our partner school sites. Below is a direct testimonial from Sammy's mother regarding their experience and success with our program and services that included PCIT and Incredible Years-Dinosaur Group (please note the name has been changed for confidentiality purposes).

“I appreciate how the Preschool 0-5 staff not only helped me with support managing my own stress in caring for my girls who all have disabilities but made the experience so positive and joyful for us. In PCIT Sammy was able to learn how to listen, follow rules, control her anger and be independent on doing tasks on her own. The therapist and parent-partner also assisted me in getting Sammy’s IEP process at her school to meet her delays observed by the staff. They educated me on expected developmental milestones that Sammy was not meeting and introduced me to the possibility of Sammy having Autism. They guided me as well in communicating these concerns with her pediatrician in order to get a full developmental screening and the diagnosis. They linked me with in-home therapeutic behavioral services as well in providing extra support with Sammy’s daily routines, transitions, and meltdowns. In Dinosaur Group, Sammy made improvements in being more social, like talking to other kids now and is able to invite others to play with her. I was also able to get linked with other services for my other children. I recommend this program to any parent that is struggling with identifying supports their children need to be successful.”

Preschool Future Efforts:

Presently, the PEIMS component of the Preschool 0-5 Program is awaiting four cargo vans that are being converted into Mobile Treatment Units to enhance service provision to families with limited resources, such as transportation, and those who have geographical barriers. The benefits of utilizing an alternative to the past PEIMS RV units include decreased program expenses, decreased non-clinical duties to operate the RV units, and increased staff focus on consumer services and productivity. 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. Families residing in remote areas are often impacted by the lack of access to and awareness of services. Additionally, the stigma associated with mental health decreases the likelihood of seeking services when needed. Preschool 0-5 has become

resourceful in providing services through telehealth, utilizing space at community-based sites, as well as providing in-home services to continue meeting families' needs. PEIMS staff continue to provide early identification, prevention, intervention, and treatment services to children ages 0-6 and their families in targeted communities across Riverside County. Services for FY21/22 were offered to families virtually, at outlying clinics, or at consumers' homes. The continued impacts of the COVID-19 pandemic on the total number of services and referrals received from different sources, especially schools was challenging. A decrease in PCIT therapy rates and light touch services also reflects the impact of COVID compared to other fiscal years.

Strengthening Families Program (6-11) (SFP)

Program Type: Prevention Program

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.

SFP Enrolled 154 families with 198 parents/guardians 83% completed

The majority (89%) of parents/guardians served reported being Hispanic/Latinx. 58% reported Spanish as their primary language, followed by 28% English. Countywide, 154 families enrolled in the program with 198 individual parents or guardians with an 83% completion rate. Providers surpassed their contract expected deliverables.

The providers did return to in-person services during this reporting period. 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, 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 in regards to emotional problems, conduct problems, hyperactivity, peer problems, and prosocial skills.

Children's conduct and Emotional Problems Improved

Parents reported statistically significant improvements with their children concerning emotional problems, conduct problems, and total difficulties. Family Strengths also showed improvement.

Despite the pandemic, most participants were satisfied with 95% reporting overall satisfaction with the program and 92% were satisfied with the group leaders. One hundred percent (100%) of the participants reported they would recommend this course to others.

As the community and school sites transitioned back to in-person, the providers experienced challenges in working with schools to provide the services due to shifting COVID-19 regulations. The providers had to become more flexible in their outreach efforts and accommodate school's policies, schedules, and calendar availability.

Feedback from participants includes:

- Thank you for this program that was very helpful to both my son and me. Thank you to the coordinators and teachers who took the time for every family meeting and listened to us. Thank you for these months it helped me, my son, and my husband a lot. We learned to listen more to my son, and I learned how to help him overcome the fear of talking to others and participating. Thank you and God bless each of you.
- I am so grateful for everything Alan, Nancy and Blanca and the whole team taught us. Thank you very much for all the tools for better communication in our family
- (Thank you for all the attention to our families. We have learned a lot in these weeks that were great learning for my children and family. I hope more families can continue to benefit from this information.
- This course has helped me understand my children better and reinforced our communication. They suddenly help me with household chores without my asking. That is something very noticeable and that change is thanks to these classes.
- It is a very good workshop. I personally liked it a lot because they help you in how to have better communication with your children and how to put many things into practice.
- I liked the explanations of the people in the group and the time they dedicated to us to help us solve problems.

- Sometimes you think you're doing your job as a mom well, but by taking these classes we improve a lot. Thank you

Inland Empire Maternal Mental Health Collaborative (IEMMHC)

Program Type: Prevention Program

The Inland Empire Maternal Mental Health Collaborative focuses on education and increasing awareness related to maternal mental health. PEI has historically provided support for community events and conferences. RUHS-BH Preschool 0-5 program has partnered with First 5 to take lead on this effort. As a result, this will be removed from the PEI plan.

Guiding Good Choices

Program Type: Prevention Program

Community feedback regarding the ongoing need for parent support as well as impacts to children over the past several years indicate the need and desire for more prevention options. Guiding Good Choices has been in the PEI plan as a component of work plan 7. In the coming 3-year plan, PEI will expand this model and select providers to deliver this service through the competitive bid process.

Guiding Good Choices is an evidence-based practice that focuses on the prevention of substance use and other problem behaviors. The group targets parents of children ages 9-14, who DO NOT have a substance abuse issue—this is a prevention program. It is a 5-week, 2-hour, group for 10-12 parents. The program consists of five 2-hour workshops, usually held one time per week for five consecutive weeks. Workshop topics are appropriate for a wide and diverse audience. Here's what each workshop covers:

- Getting Started: How to Prevent Drug Use in Your Family
- Setting Guidelines: How to Develop Healthy Beliefs and Clear Standards
- Avoiding Trouble: How to Say No to Drugs & Other Problem Behaviors (Children are invited this session)
- Managing Conflict: How to Control and Express Your Anger Constructively
- Involving Everyone: How to Strengthen Family Bonds

This will be a future funding opportunity through the Request for Proposal process. Once the program is implemented, outcomes will be included in the annual report.

PEI-03 Early Intervention for Families in Schools

Peace4Kids

Program Type: Prevention Program

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 is a school based program that is designed to improve protective factors for children, teach parents effective communication skills, build social support networks, and empower parents to be the primary prevention advocates in their children's life in a setting that is de-stigmatizing to a lot of families, which is school. As was shared in our previous update, the PEACE4Kids program was released for competitive bid for school districts in May 2022. Unfortunately, no bids were received. We are currently reviewing what will be the best approach to implement this program. The goal is to have PEACE4Kids programs 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).

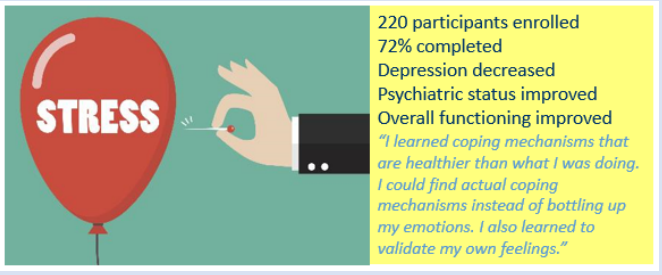
The **TAY Resiliency Project** includes the delivery of Stress and Your Mood as well as Peer-to-Peer services. These two programs have been in the PEI plan since implementation began. However, through service delivery and lessons learned, the two programs have been packaged into one project, which allows 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)

Program Type: Early Intervention Program

SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. In FY21/22, 220 youth enrolled in the program with 157 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 (84%), and 20.9% identified as LGBTQI. The provider returned to in-person services this reporting period, but the impacts of COVID continued. There was a significant increase in referrals as students returned to campus. Students were more aware of their need to engage in services and willing to reach out for supports. School staff value this program and what it provides to the students and campus community. School staff were faced with meeting the increased mental health needs of students and manage learning loss that students experienced as they returned to campus. School staff recognize that Stress & Your Mood can help students with mental health challenges and the referrals to program increased. Space on school campuses was difficult, even at locations where that had not been the case prior to COVID. Having private/confidential space is necessary, but was hard to find at some schools. Client attendance was a challenge. Students would have long absences due to illness and/or exposure to COVID. Being able to schedule make-up sessions then became a challenge. Some students decided not to complete treatment because they were missing class and worried about falling behind.



Reaching older TAY (20+) continues to be a challenge. Community college campuses have less students on campus as they are offering more virtual classes making it more difficult to reach students.

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, and behavioral dysfunction. The satisfaction surveys were also very positive. By the conclusion of SAYM Program, 91.6% of participants improved in some capacity. A large portion of youth were categorized as “Much Improved” (35.3%), while 33.6% were noted as “Very Much Improved.” Across modules, there seems to be a cumulative affect where clients improved more and more as they continued in the program. This illustrates the importance of clients staying in the program.

SAYM Clinicians reported, “Working with International Baccalaureate students created extra stress for these students due to missing class. However, the counselor shared that when IB students did participate in the program, they were able to use the skills learned in group and it reduced the number of breakdowns happening in the counselors’ offices.”

Students who completed the program also said the following:

- “I learned that progress with your mental health doesn’t just happen. You have to put time and effort into it. I learned that I have to schedule time for myself each day, otherwise that will get pushed off my list and never happen.”
- “That there are other methods to reduce my anger. There are other people like me. I’m not crazy. I should feel comfortable talking about my feelings, but careful about who to share them with. Sometimes it’s better to accept and make the most of something.”
- “I’m not alone. Actual, effective help is out there. Feeling outwardly how you’re feeling inwardly is not a crime.”
- “I learned how to manage my stress and be mindful. I learned how to breathe and relax and not take things so seriously. I learned that it’s ok to express myself and also how to communicate better”
- “I loved how the counselor made everyone feel included and listened to what everyone had to say. I liked that this program gave different ways on how to cope with a variety of things and that all resources were provided.”
- “I felt like I was someone and that I had a voice.”

Peer-to-Peer Services

Program Type: Prevention Program

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 FY21/22, there were 61 outreach events throughout the county with a total attendance of 1,391. There were 55 Speaker's Bureau Honest, Open, Proud presentations by the TAY peers reaching 990 individuals. Pre- and Post-tests were collected from 780 individuals. Pre- and Post-tests included a compilation of four different questionnaires to measure stigmatizing (AQ-9), recovery (RS-3), empowerment (ES-3), and care-seeking attitudes (CS-6). Sample sizes for each questionnaire varied due to incomplete items between the pre- and post-tests. 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 impairing anxiety and/or depression.

The Coping and Support Training (CAST) program served 97 students, 55% completed. Participants reported the highest ratings in the overall level of satisfaction with the support they get from the program and the encouragement and support from their group leader. There was an increase in personal control scores for mood and school, but these increases were not statistically significant. For both the Western and Desert regions, there was a statistically significant increase in participants average post-test scores from their pre-test scores for Mood Management, stayed the same for Drug Use Management (as on average participants mostly reported not using drugs), and increased slightly in School Smarts Management (MGG).

The Peer Mentorship program enrolled 20 TAY. Session attendance varied: 30% attended between 17 to 32 sessions, 40% attended between 9 to 16 sessions, and 30% attended between 4 to 8 sessions. The majority of mentees were female at 60%, while males accounted for 30%. Also, 10% of mentees identified as gender fluid. Almost one-third of mentees identified as LGB (30%). The majority of mentees reported being in the 16 to 17 age group. Most mentees identified as Hispanic/Latinx (70%). Improvements were found in mentees ratings of goal achievement with 75% reporting a positive change in goals related to coping/mood and relationships/support. All mentees were overall satisfied with the Peer Mentoring program. Improvements for goals set included, a high increase on "Self" from Pre- to Post-test scores, with an average of 28.6% increase.

In FY21/22 Peer to Peer held several LGBT support groups utilizing the My Identity My Self curriculum to support TAY youth. They held 12 support groups with 37 TAY youth. The majority attending were in the 16 to 17 age group. Most of the groups were held in the Mid-County region. Transgender and gender fluid youth accounted for nearly 15% of those attending (8% transgender, 7% gender fluid). About 20% of attendees identified as female, while males accounted for only 4%. Almost one-third of the youth attending were Hispanic/Latinx and 7% of youth identified as Multiracial. Satisfaction surveys were collected for these support groups (n=37). Approximately 97% of participants reported that they would participate in this program again; and 92% of participants reported that participating in this program has been a positive experience for them.

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 38 Directing Change workshops in FY21/22 with 99 participants. Satisfaction surveys were collected from 99 participants. The data showed satisfaction with the workshops being a good use of participants' time, and that the participants felt that they were connected and involved in the workshops. Below are some youth comments:

- "What I liked about it is after you feel so inspired to do more or help people more."
- "I liked learning about the warning signs."

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.

Schools were a very different environment during the first full-year back on campus. With increased focus on learning loss due to the virtual school year, schools became more protective of instructional time. This made some administrations reluctant to let outside agencies on campus or severely limited access to pulling students from class to participate in Peer-to-Peer services. Reaching older TAY (20+) continues to be a challenge. Community college campuses have less students on campus as they are offering more virtual classes making it more difficult to reach students. Consistent attendance during services was challenging, most often impacted by exposure to or illness from COVID. Outreach at schools that did allow on-campus activities was really helpful. Students were more aware of their own need for supports and willing to engage in services/discussions. Relationships with school sites the provider had not worked with in the past were built along with continued service delivery at sites with previous relationships both before and during COVID. While the fiscal year is 12 months, the bulk of services happened during the academic year, which is shorter. This increases the urgency to begin services quickly at the start of the school year. Connecting with counselors as early in the school year as possible is key to getting services started quickly. Just as flexibility was key during the virtual school year, it was equally important returning to the school sites. Policies and procedures on campuses, and internally, changed frequently. Staff needed to be flexible and adapt to whatever directives were coming down.

Participants in Peer to Peer made the following comments:

- The program helped “the way I deal with how I feel about certain situations.”
- “I liked having time to discuss conversations we all tended to relate to, like I felt safe saying things amongst those with similar identities.”
- “It helped me think in a more positive way and remember that other people also deal with similar problems.”
- “The most helpful thing was having someone to talk to about stuff that stresses/ upsets me and getting good advice from them.”

Outreach and Reunification Services to Runaway Youth (Safe Place)

Program Type: Outreach for Increasing Recognition of Early Signs of Mental Illness Program

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 into contact with the youth. Crisis intervention and counseling strategies are used to facilitate the reunification of the youth with an identified family member. In FY21/22, five organizations were trained to be Safe Place locations, attended by 11 participants. In addition, 19 educational presentations were provided to a total audience of 1,572 people.

Overall, there were a total of 8,867 youth and adults who were provided street outreach services during fiscal year 2021/2022 through Operation Safehouse's street outreach team. 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. 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. The majority of youth and adults who were provided street outreach were Male (50.4%, n = 4,467), followed by Female (48.3%, n = 4,292). There was a small percentage of youths and adults who reported themselves as Transgender (0.5%, n = 44) and Non-Binary (0.4%, n = 32), while 0.4% (n = 32) chose not to respond. Of those who indicated Transgender, 19 people reported Transfeminine (Male to Female), 10 people reported Transmasculine (Female to Male), while 15 people chose only to identify themselves as Transgender. Categorizing into age groups, the majority of street outreach services were provided to Adults (26 years and older) with 45.7% (n = 4,055), followed by Transition Age Youth (16 to 25 years) with 37.5% (n = 3,325), and Adolescents (15 years and younger) with 16.7% (n = 150). There were 10 people (0.1%) who chose not to respond to the age question. There were a total of 144 youth (113 were in Western/Mid-County region, and

31 were in Desert region) who either entered the Operation Safehouse shelter, or were placed/referred to a safe location (TLP) during the fiscal year 2021/2022.

During the July 2021 to June 2022 period, the Outreach Team experienced two major challenges. These challenges included, but were not limited to, the COVID-19 Pandemic and an increase in severe mental health conditions. COVID affected many employment sectors, which increased the amount of families losing their jobs. This increased the number of families that became homeless. Often these families would refuse to separate from their children, which made finding shelter for the whole family difficult, as some shelters would limit their intakes to children under a certain age if they were male.

Additionally, the Outreach Team encountered more homeless Transition Age Youth (TAY) with severe mental health conditions such as schizophrenia, severe depression, PTSD, and severe anxiety. This made locating shelter for these clients extremely difficult, as most programs or shelters required the clients to be mentally stable, in treatment for their mental health condition taking any prescribed medications, or have less severe mental health conditions.

The biggest lesson learned during this period was that more mental health resources are needed. Being homeless severely deteriorates a youth's mental health, even if they are couch surfing. Not knowing where you will sleep/live causes stress and anxiety. Over time, this can lead to depression and severe anxiety. Additionally, most youth encountered had a history of abuse whether it be emotional, physical, or sexual. Youth can gravitate to using drugs such as marijuana to cope with their mental health. This can create a dependency on drugs and can affect their ability to live on their own or their ability to access housing for cases where they need to be "clean/sober." Additionally, severe mental health clients have very limited housing options, as programs may not be able to accept these clients as they are above their level of care.

Some examples of success:

Operation SafeHouse Street Outreach Team encountered client I.M. on December 1, 2021. The 22-year-old client was self-referred to the Street Outreach Team. The client informed the Street Outreach Team that they had been staying at a hotel for the past few nights. The Client advised that she had a verified and documented intellectual disability that prevented her from acquiring and maintaining housing. The Street Outreach Team advised the Client to be seen at the Mental Health Urgent Care – Crisis Stabilization Unit in Riverside given the Client's mental health history. After being stabilized and cleared, the Street Outreach Team advocated on the Client's

behalf for acceptance into The Main STAY. The Client was accepted and arrived to the Main STAY on December 8, 2021.

SafeHouse of the Desert's Street Outreach Team encountered "T.G." on June 1, 2022. The 22-year-old Caucasian male was referred to Street Outreach from Harrison House. He had called Harrison House to find additional housing services. T.G. experiences anxiety and had been homeless for about a year. He shared that he lived at Harrison House a couple of years ago but decided to move to Texas. Unfortunately, he ended up losing his job and started living in his car. He eventually came back to the Coachella Valley. Before staying in the Coachella area, he was staying in the streets of Thousand Palms. Desert Street Outreach met T.G. at a Taco Bell in Coachella and filled out Main S.T.A.Y.'s pre-screener. The next day, the Street Outreach team was informed that he was approved and transportation was coordinated right away. On June 2, 2022, T.G received safe housing by entering Main S.T.A.Y. Here, client received a vast array of community resources ranging from job training and readiness, counseling, life skills, and daily case management.

Active Minds

Program Type: Prevention Program

Active Minds is a student-run club 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 worked 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 and partnering with the Active Minds club on campus to host the event. In FY19/20, FY20/21, and FY21/22 exhibits were unable to be held due to COVID-19 restrictions. PEI hopes to bring this exhibit back to Riverside County in fall 2023.

Directing Change Program and Film Contest

Program Type: Suicide Prevention Program

The Directing Change Program and Student Film Contest is part of Take Action for Mental Health: 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 the past.

In FY21/22 164 Riverside County films were submitted from 19 schools and CBOs with 460 participants, a substantial increase from the previous year. Riverside County youth won 1st place in the Through the Lens of Culture and Hope & Justice categories, and received places in eight other categories in the annual film contest. The monthly contest throughout the year offers opportunity for youth to submit a variety of media entries. Riverside County youth won 1st place in March 2022, and received 2nd or 3rd place in September 2021, October 2021, November 2021, March 2022, and April 2022.

In May 2023, Riverside County will host the local recognition and screening ceremony in person for the first time since COVID, in partnership with RUHS-Public Health and Riverside County Office of Education (RCOE). Riverside County now has its own landing page on the Directing Change website where you can find winning films from every year of the contest: https://directingchangeca.org/riversidecounty/.

Teen Suicide Awareness and Prevention Program (TSAPP)

Program Type: Suicide Prevention Program

Riverside University Health System – Public Health, Injury Prevention Services (IPS) continued to implement the teen suicide prevention and awareness program in seventeen school districts throughout Riverside County in FY20/21. The 17 districts served were Alvord USD, Banning USD, Beaumont USD, Coachella Valley USD, Corona-Norco USD, Desert Sands USD, Hemet USD, Menifee USD, Moreno Valley USD, Murrieta USD, Nuview USD, Riverside USD, San Jacinto USD, Palm Springs USD, Temecula USD, Perris Elementary USD, and Val Verde USD.

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.

Suicide prevention trainings were offered to high school and middle school counselors, psychologists, teachers, administrators, advisors, and other campus staff. As COVID restrictions lifted and campuses re-opened, in-person gatekeeper trainings like ASIST, safeTALK, and Youth Mental Health First Aid (Youth MHFA) were able to be offered at school sites. TSAPP staff Conducted three (3) ASIST training, impacting (91) staff members and conducted one (1) SafeTALK training, impacting (36) student personnel. Question, Persuade and Refer (QPR) suicide prevention gatekeeper training continued to be offered in a virtual format for school staff and community members. TSAPP staff conducted twenty-four (24) QPR trainings, impacting (681) community and school personnel. A total of 31 bilingual parent/community suicide prevention workshop trainings were conducted countywide for this project period reaching 471 participants. The Know the Signs (KTS) training was offered virtually to all school districts and community organizations.

Once staff identified the seventeen (17) participating school districts, staff scheduled dates to meet with selected service groups virtually to provide a two-hour suicide prevention training to the students. Program staff established Suicide Prevention Outreach groups at 110 school sites throughout Riverside County and facilitated seventy-nine (79) Teen Suicide Prevention trainings to over 2,376 high/middle school students. The training was followed up with a planning session to organize the student led campaigns. These campaigns were aimed at providing resource material and generating awareness on the issues surrounding youth suicide. The youth were very creative in developing their campaigns. These included social media campaigns with the local Helpline; information included positive message videos uploaded to the school's social media websites, and resources provided through google classrooms. For the fiscal year, students implemented 155 Suicide Prevention campaigns, impacting 114,509 students across Riverside County. In addition, TSAPP staff heavily promoted the Directing Change Film Contest and encouraged many student groups to participate in the statewide contest. This was accomplished through a supplemental contest offering prizes to student groups that submitted a completed video. The program distributed a total of 40,214 resources and incentives. Most campaigns and outreach efforts were completed in-person, but virtual was also an option.

Despite continuous partnerships with school 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. Then transitioning to in person along with the students. In addition, school staff and students experienced burn out and shared how overwhelmed they felt. This sometimes led to a delay in scheduling or receiving the required program documentation to be returned. Through these challenges, the provider was able to meet the program objectives for the year.

Based on the goals of the program, an evaluation process was established for the students that participated in the training component. TSAPP developed a pre/post survey and retrospective evaluation to be distributed to the student body at participating school sites. The purpose of the pre/post survey process was to determine how successful TSAPP has been in reaching our goal of raising awareness around the issue of teen suicide and the promoting the resources available to youth. The purpose of the retrospective evaluation was to see the effectiveness of our program and to analyze how students benefitted from the TSAPP program. We received a total of 1,525 pre-surveys and 1,250 post-surveys from the middle and high school sites. Once the program was concluded for the school year, 1,056 retrospective surveys were completed by

middle and high school students. All the students who completed the retrospective evaluation had participated in the training and campaigns. Due to COVID-19, district liaisons distributed the retrospective survey virtually.

Based on the goals of our program, we established an evaluation process that was conducted for the students that participated in the training component. A total of 1,250 evaluations were returned to IPS after the student's trainings were completed. The results were as follows:

- 84% answered that the liaisons were great during the presentation.
- 93% answered that the student campaigns be helpful in spreading the message about suicide prevention
- 92% thought the videos and activities covered in the presentation were effective

Upon completion of our program, we conducted a retrospective evaluation that was disseminated to the students who were trained and participated in the campaigns. We disseminated the survey virtually and received a total of 1,056 responses. The results were as follows:

64% of students found the Teen Suicide Awareness and Prevention Program memorable.

- "I personally enjoyed it as an entirety, it brought awareness to something very important in a good way, I really enjoyed it in the sense that it's nice to have such a tragic, yet important topic brought to awareness"- Student from Dartmouth Middle School in Hemet
- "When we got a list of websites and hotlines to prevent suicide, I was able to give them to my friends who were struggling with their mental health." - Student from Norco Intermediate School in Norco.

67% of students were able to use the information they learned to help a friend or peer in need.

- "Yes, I was able to calm and provide help to my classmates who struggled with anxiety."- Student from Tomas Rivera Middle School in Perris
- "I can use this information at school. The reason being is during g school you can see some of the signs that may lead to suicide and you and your can figure out what's going on and get help."- Student from Dartmouth Middle School in Hemet

66% of students thought the campaign positively impacted their campus community.

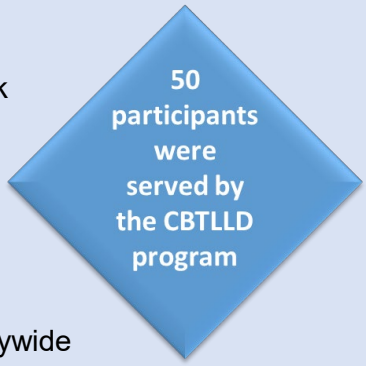
- "I think the campaign positively impact the campus community because we can all help people who are in need and we will know what to do and help them out with anything they need."- Student from Thomas Jefferson Middle School in Indio
- "I do think the campaigns positively impact my campus community, as it allows for people to learn about the vitality of mental health and suicide awareness, and it teaches people that they are able to comfortably share their experiences and worries with others." Student from Dr. Augustine Ramirez Intermediate School in Eastvale

PEI-05 First Onset for Older Adults

There are currently five program in 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

Program Type: Early Intervention Program

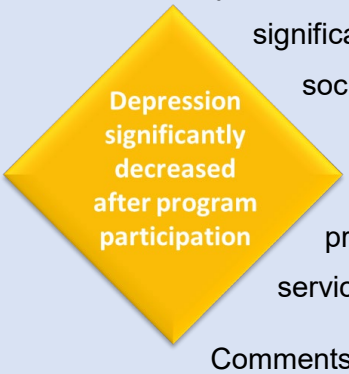


This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. A new contractor, Inland Caregiver Resource Center, was added to provide countywide services in this model. The LGBTQ Community Center of the Desert, continues to provide services in the Desert to the LGBTQIA+ community, has historically been a place where people show up for connection in a safe space with others like themselves. Inland Caregiver Resource Center (ICRC) provides this service countywide. Overall, there were more male (n=26) participants than female (n=24) participants. Most participants were between the ages of 65 and 69 (35%) for The Center and 70 and 74 (29%) for ICRC. Participants were mostly English-speaking (80%) with some Spanish-speaking (20%). Race/ethnicity was mostly Caucasian (85%) at The Center and (54%) Hispanic/Latino at ICRC. Identification as LGBTQI showed 'Gay' sexual orientation at 77% reported by participants at the Center and 'Straight' sexual orientation at 63% for participants served by ICRC.

Staff turnover/staffing has been a challenge across providers. Many clinicians do not want to work in a field-based or in-person position. The increased need for telehealth services during the height of the pandemic has shifted the way therapists work and that is impacting the ability to hire staff. One agency had a therapist leave in the midst of providing services to a full caseload. Many of those clients did not want to transfer to a new therapist so they discontinued services. Technology is also a challenge for the population this program serves. Many clients were not comfortable with doing in-person sessions during FY21/22 but also not competent with using telehealth platforms. As a result, a majority of clients received services via phone. The therapeutic relationship can be more challenging to establish when clients are participating via phone. Program enrollment was a challenge during the fiscal year. Since many older adult clients were not leaving their homes, except for routine appointments, outreach to potential clients was limited.

While staff turnover has been a challenge, as new staff are hired, training is able to happen quickly. The PEI Admin team has a certified trainer on the team who provides training and consultation. On-going training/consultation with clinicians in the CBT-LLD model worked well during the fiscal year. Clinicians submitted session recordings on a regular basis and met for feedback. It is important that we are continually referring clients back to the model and explaining the measurement tools used throughout the program. When clients have a better understanding of the model, they stick with the program. In some cases, and with some populations, we may want to explore other words for “depression” to be more accepted in certain cultures. Part of the work then involves stigma reduction along with working on reducing symptoms of depression. Exploring potential barriers to enrollment and completion of the CBT program with clients prior to starting sessions has been helpful and has increased client’s willingness to begin the service and stay committed through program completion. Making sure that clients have access to the worksheets and other visual aids, regardless of their mode of program participation, is critical to their success in the program. Sending session materials via mail, email, or provided in-person is critical to help clients learn the techniques and tools taught throughout the duration of the program. One provider was undergoing a major renovation of their building during the fiscal year, making 100% of their services available via telehealth. Clients in this service area reported wanting to wait to receive service until they could participate in face-to-face services. As COVID numbers began to drop, the Desert area provider experienced apprehension from clients wanting to engage in face-to-face service because of the Monkeypox outbreak that started near the end of the 2021/2022 fiscal year, further delaying some clients starting services.

Statistically 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 46% of the total 13 items showing statistically significant positive change, indicating that participants were engaging in more social 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 program, likelihood of returning to program if need-be, and the quality of the service that the participants' received from their practitioner.



Comments from participants included:

- "I was a mess emotionally and had somewhat of a hopeful mind set. My therapist kept me on course, I thank [Staff Name] for all the things I learned in the weekly sessions. "
- "(Therapist Name) was knowledgeable, honest, upfront, kind, patient, and helpful. My therapist created a trusted environment for me. I wish (Therapist Name) could stay on as my therapist to work out other life issues."
- "I'm glad I chose to enroll in this program. I feel that I am better equipped to deal with my mood changes."
- "My therapist was continually focused, supportive, kind, compassionate, well-organized, clearly spoken, and very knowledgeable and helpful throughout the program."

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

Program Type: Prevention Program

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 FY21/22 83 participants were served. The participants were predominantly female (75%). 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: 40% White, 37% Hispanic, 13% Black/African-American, 4% Native American, 4% other, and 1% each multi and Asian/Pacific Islander. The provider returned to in-person services during this fiscal year. This option is

offered to all participants, however, due to the vulnerable population served there are many who are hesitant and decline due to health concerns. Flexibility in mode of program delivery is essential. Each participant is offered the options to meet in person, by zoom, or by phone.

Average depression symptoms for PEARLS participants as scored by the PHQ-9 decreased countywide by 22%, a drop in level from “moderate” to “mild”. Furthermore, the percentage of participants scoring within “moderate” through “severe” levels dropped from 50% to 11%. Average anxiety as scored by the GAD-7 decreased countywide by 18%, a drop in level from “mild” to “minimal”. Desert region participants experienced a drop in level from “moderate” to “mild”. Physical activity increased (improved) countywide by 18%. The Quality-of-Life survey showed statistically significant improvement for participants in seven of the nine questions: “life in general”, “emotional well-being”, “family”, “time with others”, “friendship”, “social activity”, and “pleasant activities”. Neither “health” nor “spare time” were significant.

Depression and anxiety symptoms significantly decreased.

It has been challenging doing in-person sessions with participants. This option is offered to all participants, however, due to the vulnerable population served there are many who are hesitant and decline due to health concerns. The PEARLS team worked to improve the screening process to shorten the time from first contact to screening and enrollment in the program. The team has improved in their question asking to explore and gain better insight on eligibility, which has resulted in shortening the time between initial contact and enrollment. A success this year is the implementation of “PEARLS Club”, a social support group for seniors in Riverside County that is used for participants who have completed PEARLS and also for outreach to seniors who would gain from the program but who join the group in order to decrease social isolation. PEARLS has learned the importance of ongoing outreach. PEARLS is not able to rely on past contacts and past conversations in order to gain ongoing referrals and program visibility in the community. Maintaining community connection and networking is a vital component to our program success. Working with potential participants to identify and collaborate on potential barriers to participating in the PEARLS program is crucial for successful enrollment and program completion. Various participants enroll in PEARLS with the idea that it is talk therapy, even with a thorough explanation and examples given. However, due to limited or no mental health services in the past, they often enroll without understanding how the model will help. Sometimes the misunderstanding leads to termination before completion, but more often, it provides opportunity for participants to engage with mental health

supports and learn new skills. Continued training for PEARLS counselors on problem identification, goal setting, and overcoming challenges from participants during session is important to participants finishing the program. On-going recording of sessions and review of worksheets is important for PEARLS Counselors' growth. It has been a great tool for supervision within the program.

Feedback from PEARLS participants included:

- It has made me reflect on things that I hadn't seen before and value what I have. When I first came after my mom's passing and the pandemic, I felt lost, with no identity, and little by little I've been accepting and valuing things.
- Yes, because it forced me to address it specifically, second it helped me see what I was accomplishing, and third I can see the accomplishments. I can look back at my worksheet to help me in the future.
- Yes, it helped a lot and I saw the change. Before I was isolated and now I'm more active and social.
- This program has been a great help for me. It allowed me to talk to you and not be concerned about what to do or where to go. I haven't talked to one single soul there that said something negative.
- You have given me a lot of guidance and a lot to think about. I've taken suggestions to try and improve my life in many ways.
- Yes, I think the reason is PST helped me to the next level. I wouldn't have thought previously about breaking down the problem and looking into other solutions.
- Helped me be more active and to be better.
- I benefitted by being encouraged to get things done. It helped me see what it feels like to accomplish things.
- The main thing is that you help me not only focus on tasks but focus positively on tasks and plan something for every day, something to look forward to. It gave me perspective
- I did benefit because you have been helpful prioritizing, giving me suggestions on how to handle situations.

117 people enrolled
75% completed program

Care Pathways - Caregiver Support Groups

Program Type: Prevention Program

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. Support Group topics include: Living with Dementia; Signs of Stress & Stress Reduction Techniques; Communicating in Challenging Situations; Legal Issues Related to Challenging Situations; Managing Medications; How to Talk to the Doctor; Learning From Our Emotions; Taking Charge of Your Health; Grieving—Natural Reaction to Loss; Health Lifestyles; and Preventing Caregiver Burnout.

Due to the ongoing impacts of COVID-19, caregiver support groups were offered virtually. This affected the number of enrolled participants and program completion rates. During the 2021/2022 fiscal year, 117 individuals participated in the Care Pathways program support groups. A majority (75%) of participants enrolled completed the program. The caregiver's relationship to the person being cared for was often a parent (51%) or a spouse (25%). Pre to post measure assessments showed statistically significant decreases in depression and emotional and physical distress. Caregivers reported high levels of satisfaction, 76% of participants who completed a satisfaction survey reported that the support groups helped them in reducing the stress associated with being a caregiver and 90.6% of participants reported that they would recommend the support group to friends in need of similar help.

In July 2020, the curriculum for Care Pathways transitioned to 100% online classes and virtual classes continued in FY21/22. The program offered evening online classes for working caregivers and this proved to be successful. Virtual classes for caregivers who prefer the convenience of not having to leave home continued to be offered as well. Outreach is key to getting the word out about the program - fairs, presentations, signs in senior centers, libraries etc. During COVID, caregivers did not leave their house(s) due to germs and fear of contracting the virus. Providing online classes have been beneficial to working caregivers. The program experienced low

attendance by Spanish speakers due to the online class option only. Challenges included limited outreach opportunities due to COVID restrictions, caregivers not comfortable with meeting for in-person classes, lack of social media for expanded outreach opportunities, and technology to meet online is overwhelming for some of the caregivers. The program operated the entire year with two facilitators and not the three contracted, so participation was low. The class proved to be beneficial for the caregivers and helped them to implement a self-care routine, which is something they admittedly lacked before attending classes.

Feedback from participants included:

- "The support group helped me understand the role as a caregiver. The knowledge I gained changed me. Also, taking this course helps me prepare for elder age and to be a "good" patient."
- "It has changed my resentment into feeling this time in life is really a "gift" and it can go on forever. I see that many people struggle to care for loved ones & I am no different."
- "The support group was very helpful and informative. I felt comfortable and felt supported by my group. I enjoyed it and had amazing leaders."
- "Yes I am very satisfied. These classes helped me be more patient to my mom and brother. I can help myself in some areas of my life in the future. The instructor is very prepared and patient to us, explaining everything in class."
- "I appreciate the support, encouragement, positive outlook I received from the leader and group."

Mental Health Liaisons to the Office on Aging

Program Type: Outreach for Increasing Recognition of Early Signs of Mental Illness, Prevention, and Access and Linkage to Treatment

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 FY21/22, two Clinical Therapists staffed this program.

Clients continued to face significant health challenges related to COVID and other major health concerns. This was common and interrupted treatment. When services were interrupted, clients would have significant difficulty remembering previous sessions, which delayed progress in therapy. However, as services returned to in-person, staff and clients successfully followed safety protocols to aid in comfort and safety of both parties during. Clients were happy to be able to begin seeing their therapist in-person again. The Mental Health Liaisons processed 253 referrals in FY 21/22 where approximately 11% were to CBT-LLD (n=29), 86% (n=25) of which resulted in enrollment in CBT-LLD. Nearly 78% of the total referrals were to 'Other' (e.g. private insurance). Additionally, case consultations were provided for 107 people, which may or may not have resulted in a referral. Referrals can be challenging. Navigating larger systems to access services is difficult for many and can be sometimes more challenging for older adults struggling with severe mental illness. Many of the referrals received required significant follow-up to get individuals connected to appropriate services. The liaisons were available to provide this support and ensure all individuals are connected to the services they needed. It is really important to follow-up with clients after they get connected to other services. They share that it helps them to feel supported and it is a good time to discuss barriers if they (client) have not been able to follow-through on referrals.

Outreach was also challenging in FY21/22. As COVID restrictions lifted, community outreach events began to re-open, however, events were not typically well attended because of concerns related to COVID. The Liaisons attend outreach events paired with the Office on Aging Info van. With staffing changes at Office on Aging, opportunities to attend outreach events were limited. In fiscal year 2021/2022, the Mental Health Liaisons held 102 outreach events that included community meetings resource centers, faith-based locations, senior centers, and by telephone, reaching a total audience of 3,638 people.

102 Outreach events
3,638 individuals reached

27 people enrolled
70% completed program

Office on Aging liaisons provided CBT-LLD services to 27 participants. The majority of the CBT-LLD participants were female (70%), and between the ages of 70-74 (41%). The program had a 70% completion rate. The Beck Depression Inventory (BDI)-II pre to post scores showed a reduction in symptoms of depression and the Patient Health Questionnaire (PHQ)-9 pre to post scores showed a statistically significant improvement in symptoms of depression. Based on the average pre to post PHQ-9 scores, symptoms of

Participants' depression symptoms significantly decreased.

depression decreased from moderate to minimal after completing the program. The Quality of Life (QOL) survey results showed that participants felt better in all items about life, with statistically significant improvements reported in how participants felt about their life in general, the amount of relaxation in their lives, time spent with others, physical health, and the quality of their emotional well-being. The General Anxiety Disorder (GAD)-7 pre to post scores showed a statistically significant decrease in anxiety symptoms. Based on the average pre to post GAD-7 scores, symptoms of anxiety decreased from moderate to minimal from before to after completing the program.

Feedback from participants include:

- "[My therapist] helped clarified a lot of things for me. I didn't believe in psychology, I don't like to say my [problems] but [this program] did help me."
- "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."
- "The program helped me to change my way of thinking so as not to let problems affect me. I am more better. It is the first time that I get help and if I would recommend it or other people who need it."

CareLink/Healthy IDEAS Program

Program Type: Prevention 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 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 FY2021/2022, 27 of the 136 CareLink clients were identified as at risk for depression and were enrolled into Healthy IDEAS. Seventy-eight percent (78%) of Healthy IDEAS participants were between the ages of 50 and 79. The Healthy IDEAS participants were mostly Hispanic/Latinx (56%) and Caucasian (37%). Of the 27 clients in the program, 37% completed the program.

27 Older Adults enrolled in Healthy Ideas

The impacts of COVID-19 persisted this fiscal year. Program staff provided a mix of telephonic and home visits for the intervention, based upon the COVID-19 numbers in the community and the guidance of the Department of Public Health during spikes in cases throughout the year. Although the clients did report liking the phone contacts and did benefit from telephonic Healthy IDEAS, home visits are the preferred method of administering this program. The client's behavioral activation plan and motivation levels can be reviewed in person, where notes can be written down and pats on the back for success can be given in real life. A good reminder this past year was to let the client be the driver of the intervention. Those clients that preferred telephonic contact received phone calls; those craving some in person connection received home visits. The program experienced an uptick in the number of clients who have a lifelong history of behavioral health diagnoses, treatment, and medication therapies, or conversely, do not meet the threshold score of 16 on the CES-D indicating the presence of depression. Those that were eligible needed the Healthy IDEAS program presented to them a few times, to allow them to think about it, before engaging. Those that did participate and get to the behavioral activation phase at step 4 had some very creative activities and saw the powerful connection between mood and activity.

In FY2021/22, a 50% decrease in depression scores were reported from pre to post CES-D scores, with all of the post scores falling below the clinical cutoff at 15.1. This is a statistically significant decrease. In addition, Healthy IDEAS participants' satisfaction with how they feel about life in general increased. A majority of the participants stated that Healthy IDEAS helped to reduce their depressive symptoms and improve their functioning. 100% of the participants said they would recommend the program to their friends.

A powerful example of the success of Healthy IDEAS along with Carelink case management is a current client. Mrs. M is a 51-year-old married female, who was recently diagnosed with late-stage colon and bladder cancer. Her husband lost his job during COVID, and she has been unable to work due to the onset of her medical problems. Mrs. M became known to the Office on Aging when she was hospitalized at RUHS Medical Center for the cancer treatment. She was seen by the OoA Hospital Liaison, who followed up with a warm referral for assistance with food resources. She was assisted with a CalFresh application and food banks near her. Upon further assessment, it was evident that she would need more follow-up and was referred to Carelink case management. The Carelink psychosocial assessment revealed several areas of need, and a care plan was developed with her for

assistance in obtaining transportation to medical follow-up appointments and cancer treatments; assistance with applying for IHSS so her daughter could get paid for the care she was providing; and help in getting safety equipment in the home to prevent falls, such as a cane, shower grab bars, and a handheld shower head. When the CES-D was administered to screen for depressive symptoms, she scored 21, above the threshold of 16. The case manager then provided education about depression and the availability of treatment options. The client was not interested in seeking counseling or therapy, but did express that she used to enjoy painting, but the supplies were a luxury she could no longer afford. With resuming painting as her activity for behavioral activation, OoA was able to purchase some canvases, acrylic paints, and brushes. Mrs. M quickly put the supplies to work and was inspired to paint, producing 4 beautiful paintings around the holidays. When the case manager visits her now, she is smiling, excited to show off her work, and hopeful for the future. When she feels depressed, instead of focusing on that and staying in bed, she gets up, looks at her paintings and starts planning her next project.

PEI-06 Trauma-Exposed Services

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Program Type: Prevention Program

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.

118 youth participated in CBITS during FY2021/2022 with 74.5% completing the CBITS program, a substantial increase from the previous year.

This was the first full school year back since the pandemic and it presented some unique challenges. Providers found that higher rates of eligibility increased the time it took to be able to form and start groups. This coupled with staff turnover and schools being very protective of instruction time presented scheduling difficulties at many school sites. Schools are facing a multi-faceted issue in navigating students learning and mental health needs. Schools are very focused on the widely reported learning losses that were exacerbated during the 2020/2021 school year. As a result, providers are finding that their access to students is being restricted to only pulling students from non-core classes. The system for passes from class presented a hurdle; some schools eventually allowed program staff to call classes directly, while others

relied solely on the passes from the office. At times, the passes did not reach the student or the teacher would not allow students to leave class for various reasons. This affected attendance and required facilitators to increase the number of make-up sessions offered to help students engage with the intervention and work toward completion. Students and program staff exposure to COVID also impacted attendance and completion at some sites.

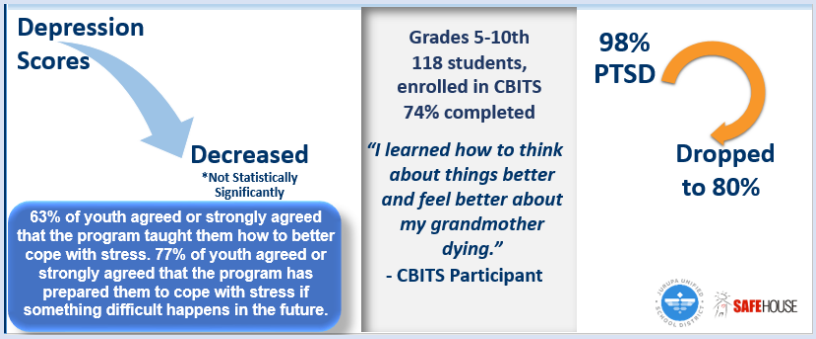
One of the most consistent challenges across providers and districts involves getting caregiver consents for student participation in both screening and groups. Some districts are easier to partner with in regards to the consent process and help to engage with caregivers around consent. Caregiver engagement throughout the program is another layer of challenge. Many of the families that have students in the program face multiple challenges and barriers to their (caregiver) participation.

While there were many challenges working with school sites, there were also notable successes. During the 2021/2022 year, CBITS was implemented on new school campuses in the Desert Region (a notoriously challenging area to establish service) and the Western Region (expanding to 6th grade at an elementary school). Providers were also able to continue working with schools where the program has been provided, even with barriers presented above. Facilitators shared that students seemed eager and excited to be present in group when they were there. Program providers also had new opportunity to present to school staff at schools that have not offered CBITS in the past. The program manual requires teacher information sessions, but often, access to school staff is limited to be able to provide these sessions. This year, seeing the need for more understanding of mental health supports, some schools allowed program staff to speak at staff meetings. In doing so, providers were able to begin destigmatizing mental health services on campus and answer important questions related to trauma.

For FY21/22 intake data showed that 91% of youth served had witnessed physical trauma and 86% reported experiencing emotional trauma. In some instances, youth reported multiple types of trauma. Baseline scores indicated 98% of participants were at or beyond the 14-point threshold, exhibiting moderate to severe PTSD at the beginning of the program. Following the CBITS program, 80% of participants were at or below this threshold. Outcome evaluations in youth completing at least 6 sessions showed a statistically significant decrease in overall PTSD symptom severity.

CDI-II average scores showed that depression symptoms improved with total CDI-II scores countywide decreasing. However, the decrease in total scores did not show a statistically significant change. CDI-II average scale scores also improved for Negative Mood, Negative Self-Esteem, Ineffectiveness, and Interpersonal Problems. Countywide each CDI-II scale score showed statistically significant decreases in symptoms.

63% of youth agreed or strongly agreed that the program taught them how to better cope with stress. 77% of youth agreed or strongly agreed that the program has prepared them to cope with stress if something difficult happens in the future.



As everyone continues to navigate the effects of COVID, continued education on trauma and the benefit of mental health services on school campuses is needed more than ever. Working closely with schools to get information to their staff, not just teachers, regarding the impacts of trauma will be important in helping to identify students that are in need of service. Providers also recognize that students and schools are different now than they were at the start of the 2019/2020 school year. We need to continue to find ways to partner with key players at the school and district level regarding the need for CBITS in their schools. Given that the impacts of COVID is an added layer on top of trauma exposure, providers will need additional supports around implementation. Working to find innovative ways to engage with caregivers, who again are facing multiple challenges to participate in the program as designed, will be important. Providers plan to find ways to communicate with caregivers, beside traditional phone calls and emails, as this is important for student participation and student success in the program.

Students that completed the program made the following comments about their time in the group:

- How to calm myself down and how to help others going through a tough time.
- How to cope or handle stress, also how to get bad things out of mind.
- I learned how to cope with stress and how to manage my anger.

- I learned how to cope with my feelings better. They taught me breathing technique, I still use to this day.
- I learned I'm not alone.
- How to better deal with problems, how thoughts, feelings and actions correlate with each other.
- I learned a lot of different ways to calm myself down.
- I have learned how to communicate to others of how I feel, and to relax and breathe.

Bounce Back

Program Type: Prevention Program

Bounce Back is an adaptation of the CBITS model for elementary school students (grades K-5). Community feedback and impacts from the pandemic highlight the need for trauma support to the elementary school population. The expansion of CBITS to include this adaptation in school settings increases access for youth where they are, improves their social-emotional development, and supports the school environment.

Bounce Back is a cognitive-behavioral, skills-based group intervention aimed at relieving symptoms of child posttraumatic stress disorder (PTSD), anxiety, depression, and functional impairment among elementary school children (ages 5-11) who have been exposed to traumatic events. It is used most commonly for children who experienced or witnessed community, family, or school violence, or who have been involved in natural disasters, or traumatic separation from a loved one due to death, incarceration, deportation, or child welfare detainment. It includes 10 group sessions where children learn and practice feelings identification, relaxation, courage thoughts, problem solving and conflict resolution, and build positive activities and social support. It is designed to be used in schools with children from a variety of ethnic and socio-economic backgrounds and acculturation levels. It also includes 2-3 individual sessions in which children complete a trauma narrative to process their traumatic memory and share it with a parent/caregiver. Bounce Back also includes materials for parent education sessions.

This will be a future funding opportunity through the Request for Proposal process. Once the program is implemented, outcomes will be included in the annual report.

Seeking Safety

Program Type: Prevention Program

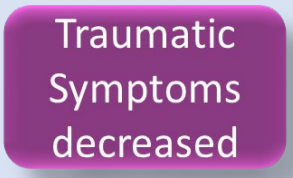
This is an evidence-based present-focused coping skills program designed for individuals with a history of trauma and substance abuse. It can be conducted in group or individual format, for female, male or mixed-gender groups, for people with both substance abuse and dependence issues, for people with 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. As schools and the community began to open up for services after COVID, providers continued to face obstacles to service delivery. Some school sites, as well as community centers, had restrictions on group gatherings, which meant services, continued virtually. Finding central locations for adults to gather throughout the county as well as accommodating different schedules for participants to join in a group session were challenges faced as well. Both providers encountered challenges with group retention and low enrollment when starting groups; group attrition then impacted overall group completion rates. The providers encountered stigma in the community, with organizations denying providers access to screen for individuals who may have experienced trauma, by stating that they did not have anyone with trauma. Program staff turnover also affected service delivery. There was reduced capacity on teams to outreach, screen, and provide services as programs went through the recruitment and training process.

Seeking Safety served 156 participants with 73% completed

Despite challenges, both providers were able to build some strong partnerships with schools and community centers. The providers shared that oftentimes, the participants who completed the program would recommend it to their friends and family, which helped with referrals. 245 individuals were screened for the Seeking Safety program by asking questions related to their experiences with traumatic events and using the PTSD Checklist (PCL-5). Participants with a score of 20 or above on the PCL-5 were eligible for the program. Of all the individuals screened, 92.4% (n=219) scored at or above a 20 on the PCL-5. 156 participants attended at least one Seeking Safety session. Of those 156 participants, 73% (n=114) met the completion criteria of attending six or more sessions. Overall, a majority of the program participants were 65% Hispanic/Latinx and one quarter (26%) of participants identified as LGBTQ+, which are underserved groups in Riverside County. A

little over half of the participants were transition age youths between the ages of 16-25 years old, 53.2%.



Comparison of pre to post scores showed a statistically significant decrease in trauma-related symptoms following participation in the program. Furthermore, comparison of pre to post scores showed an improvement in positive coping response subscales (expressing emotion, understanding emotion, maintaining optimism, and goal replacement) and a decrease in negative coping responses (self-blame, other blame, self-punishment, self-harm, and aggressive behavior) to life stressors. Overall responses to the satisfaction survey, given upon completion of the program, were positive. Participants found the program to be helpful and would recommend the Seeking Safety program to others.

The providers shared positive feedback from participants and observations of successes in their groups. Some examples include:

- TAY-aged participants at risk of not graduating, but after completion of the group having the positive coping skills and motivation to graduate after all,
- Participants disclosing to facilitators that they feel in a better place mentally and emotionally,
- Participants requesting more sessions because they felt they gained so much in the sessions they attended (due to this feedback, the providers were able to increase the number of sessions to 10 for those who wanted more).

Some comments from participants include:

- “I liked that it helped me to recognize methods I was already using as well as new ways to cope. It helped me set time outside each week to reflect on my well-being and what I could do to heal from the recent experiences I had been going through.”
- “I liked the safe and comforting environment. Being able to talk about problems and experiences with comfort.”

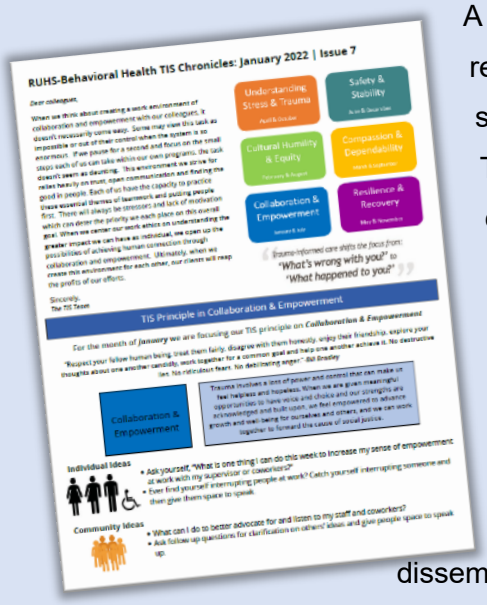
- "It was nice to learn more about trauma and coping and also to meet new people to relate to"

"I liked that it helped me to recognize methods I was already using as well as new ways to cope. It helped me set time outside each week to reflect on my well-being and what I could do to heal from the recent experiences I had been going through."

Trauma-Informed Systems

Program Type: Prevention Program

The Community Planning Process continues 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 in addition to services for TAY and adults who have experienced trauma. There is currently a countywide effort focusing on trauma and resiliency now known as Resilience Initiative through Support and Empowerment (RISE) under the leadership of RUHS-Public Health. 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. Ten RUHS-BH staff (two 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.


RUHS-Behavioral Health TIS Chronicles: January 2022 | Issue 7

Dear colleagues,

When we think about creating a work environment of collaboration and empowerment with our colleagues, it doesn't necessarily come easy. Some may view this task as impossible or out of their control when the system is so enormous. If we pause for a second and focus on the small steps each of us can take within our own programs, the task doesn't seem as daunting. This environment we strive for relies heavily on trust, open communication and finding the good in people. Each of us have the capacity to practice these essential themes of teamwork and putting people first. There will always be stressors and lack of motivation which can deter the priority we each place on this overall goal. When we center our work ethics on understanding the greater impact we can have as individual, we open up the possibilities of achieving human connection through collaboration and empowerment. Ultimately, when we create this environment for each other, our clients will reap the profits of our efforts.

Sincerely,
The TIS Team

Understanding Stress & Trauma
Safety & Stability
Cultural Humility & Equity
Compassion & Dependability
Collaboration & Empowerment
Resilience & Recovery

"Trauma-informed care shifts the focus from: "What's wrong with you?" to "What happened to you?"

TIS Principle in Collaboration & Empowerment

For the month of January we are focusing our TIS principle on Collaboration & Empowerment

"Respect your fellow human being, treat them fairly, disagree with them honestly, enjoy their friendship, explore your thoughts about one another candidly, work together for a common goal and help one another achieve it. No destructive lies. No ridiculous fears. No domineering anger." -Bill Bradley

Collaboration & Empowerment

Trauma involves a lost of power and control that can make us feel helpless and hopeless. When we are given meaningful opportunities to have voice and choice and our strengths are acknowledged and built upon, we feel empowered to advance growth and well-being for ourselves and others, and we can work together to forward the cause of social justice.

Individual Ideas
- Ask yourself, "What is one thing I can do this week to increase my sense of empowerment at work with my supervisor or coworkers?"
- Ever find yourself interrupting people at work? Catch yourself interrupting someone and then give them space to speak.

Community Ideas
- What can I do to better advocate for and listen to my staff and coworkers?
- Ask follow up questions for clarification on others' ideas and give people space to speak up.

A continued challenge faced this year was getting staff to register for training due to the many competing demands that staff, particularly direct service staff, face day-to-day. Trainings are offered once per month. 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 continued to create and disseminate monthly newsletters for staff with ideas on how to use the TIS Principle of the Month at their worksite. Staff interest is growing, after each training attendees are reaching out asking to become involved in the Champions group or in becoming a trainer.

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 1,349 staff. In FY 21/22, we trained 375. The Champions groups have grown to include representation from across the county and service system. In August 2022, PEI offered this training at the annual virtual PEI Summit to all PEI contract providers. 131 contract providers attended the Summit and received this information. PEI Admin staff review the TIS principles of the month at every fidelity meeting with providers to encourage them to incorporate these principles into their organizations and the PEI work they are contracted to do.

PEI-07 Underserved Cultural Populations

This Work Plan includes programming for 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.

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

Mamás y Bebés (Mothers and Babies) Program

Program Type: Prevention 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. The program is offered in all three regions of the county.

208 women were screened by the program in FY21/22. Of the 208 screened, 129 were enrolled and 126 fully graduated from the program, a 98% completion rate. Most of the women (83%) identified as Hispanic/Latinx, followed by 4% African American, 3% Caucasian, and 1% Asian American; and 76% reported Spanish as their primary language, while 11% reported English. Mamás y Bebés is offered to women who are pregnant or going through post-partum. 38 of the 129 enrolled women were pregnant. Five were in their first trimester, thirteen in their second trimester, and seventeen in their third trimester. The majority of post-partum women (89) had a child under one.

Moms were reluctant to participate in in-person services. The fear of COVID was very present for pregnant women and those with newborns. Staffing challenges made the balance between outreach and service delivery challenging. Outreach and starting a new program (new service provider) was difficult while still navigating COVID. Many community partners preferred virtual contact, including meetings and presentations. It was difficult to establish new relationships. There is a very large service gap for perinatal mental health service providers for moms that need a higher level of care beyond this program. When moms do not qualify for this program for whatever reason, there aren't many referrals to offer to them. The services are cost prohibitive.

Since Mamás y Bebés is a prevention program, screening at intake is used to rule out symptoms consistent with a major depressive episode. Screening data showed 62% of the women who were screened and enrolled into the program were experiencing symptoms consistent with having mild depression. Pre and post scores on the CES-D were available for 126 women. 19.8% scored between 16 and 24 at intake, which indicates clinically meaningful depression symptoms; 17% 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 significantly decrease.

Depression significantly Decreased

Moms were eager to participate in virtual classes. Having flexibility to continue to provide services virtually was integral to program success. Using What's App and other means of communication between groups allowed program participants to stay connected to each other, even after groups ended. It also is a great engagement tool for facilitators. There were more in-person outreach opportunities at community events. Churches and school districts were willing to partner. There were also a few large community events that allowed vendor tables. One provider had a mom from Guatemala that spoke a rare, indigenous language. Program staff were able to secure an interpreter for this mom to allow her to fully participate in the program without having to rely on a relative to translate for her.

"I felt that I was not alone that I shared the same experiences and made all of the group a support network. I also understood that my state of mind will depend on my mood and I can change."

In-person community outreach is the best recruitment tool for this program, particularly with the Spanish speaking population. Connection and trust are important BEFORE engaging in screening. Virtual classes were successful. It allowed moms, especially those with newborns, to stay safe in their own environment and still build community and connection.

Participants that completed the Mamás y Bebés program shared the following statements.

- “I liked the relaxation techniques, knowing the temperaments, knowing that we had a support network of the mothers and babies team.”
- “I learned with the mood thermometer to understand myself and improve with my thoughts to make a better day. I saw myself reflected in [another mom’s] story, that's how I was, now that I lived with other moms, it also helped me because what I was experiencing is not so difficult, being a mom will give me strength to enjoy my life. “
- “I felt that I was not alone that I shared the same experiences and made all of the group a support network. I also understood that my state of mind will depend on my mood and I can change.”
- “What caught my attention was to pay attention to how I feel during my day, so if I'm not well, do positive things, talk to people who help me and then I think positive to be well for my children..”
- “I liked learning about the types of postpartum depression, the temperament of babies, recognizing the type of communication I have and how it works in my daily life.”

<u>African American Communities:</u>

Building Resilience in African American Families (BRAAF) Program

Program Type: Prevention Program

This project was identified through the Community Planning Process as a priority for the African American community.

Programs continued to offer hybrid services. The afterschool component of the program was largely offered in-person, however, there were periods of virtual offerings due to COVID illnesses and much of the parent component was offered virtually. Some families have hesitated to participate in an in-person format. The Desert region utilized their website for digital check-ins during virtual meetings, as well as utilized interactive ways to engage the youth. One challenge faced was some of the youth having limited access to the equipment and WIFI connection needed to participate.

Another challenge was gaining parents' trust enough to get honest answers on data pre-measures (many parents did not want to provide personal information or answer questions on data forms, one initially refused to provide her birthday). The length and time of the program conflicts with other after school programs including sports and after school clubs forcing parents and youth to choose between the two. Parents with stigma regarding mental health, suicide and topics in GGC such as drug use were also a challenge to recruitment and continued engagement in the program. Some parents did not want to participate in libations (a component of the program each day) because they believe it goes against their religious beliefs; many Christian parents in the program see it as ancestor worship and therefore do not want to be involved in the program because of this component.

Staff turnover was a challenge. An on-the-job training approach proved to be insufficient for new hires. More robust and standardized introductory training in the BRAAF model, its components, and program expectations is needed for the highest quality program implementation. This is planned for the upcoming fiscal years.

The Desert regional provider had great success in developing strong partnership with local schools to assist with referrals to the program and allowed for access to campus during the lunch hour to engage students and recruit eligible students for the program. Additionally, the program has relationships with police officers who have consistently acted in the role of Elder for the program. Another success has been recruiting in the elementary schools. The team participated in a school assembly at the end of the year to engage with the upcoming sixth graders, share information about the program, and generate an interest list.

All regions incorporated volunteer Elders via Zoom to provide more accessible ways Elders could participate in the program and connect to the youth.

BRAAF hosted the PEI series of virtual trainings and incentivized their enrolled families as well as the larger African American community to participate in the trainings. The trainings were tailored to be more reflective of the African American experience.

The Mid-County regional provider completed their first program year as a contract provider with Riverside County. They worked to improve Rites of Passage (RoP) fidelity score results from "fidelity items missing" to results with "high fidelity" at 98%. The Mid-County team worked to build relationships and reassure the community of the BRAAF program and its leadership. Parents were initially skeptical about the program. The team addressed mental health stigma with parents in the program, which supported successful program completion. In the end,

parents were supportive of the program and recommended the program to others. The biggest success reported by the team was watching the growth of youth enrolled in the program resulting in a strong bond between the youth. Youth learned to live the Nguzo Saba and RIPSO principles at school, home, and within their communities, and youth learned the meaning of brotherhood/sisterhood.

Outreach and engagement for program recruitment is essential and it is important the program is described as a family program. A lot of parents are looking for something for their students to do but they (the parent) really do not want to be involved. Parental involvement in this program is critical to its success to ensure the best results for the youth enrolled. Being clear about this from the beginning will ensure programs recruit and enroll families who are ready and a good fit for the program. More pre-program interaction with parents is also important. This would assist with increasing parents' comfort in answering honestly on pre-measures for data. This has been a challenge, however, the more they trust us the more they will answer truthfully. There are unique challenges with data collection and the African American/Black population. Provider collaboration with the county Research team is critical to address this. Staff support is also critical for program success, which includes weekly team building for accountability, confidence, leadership, delegation, creating a safe space, and comfort.

It is important to ensure process adherence; making sure sessions are happening according to plan, and taking proper appropriate corrective actions when needed. BRAAF is a unique program that requires staff to be trained in EBP models specific to BRAAF (GGC, ROP and CBT). Providers partnering with the County (PEI) in the provision and support of these trainings, along with regular boosters and team strengthening (bonding), ensures provider success.

Checking in with youth, families, and staff (pulse checks) regularly for updates and ensuring we are all on the same page. Adaptability is important to balance the fidelity of the model and the needs of the youth in understanding the modules. Teams have done well to incorporate taking mental breaks, more spontaneity, and more vulnerability into the facilitation of the module curriculum. Community involvement and parent engagement are vital to having a successful program. It is important to continue engagement and connection with the schools throughout the year to ensure that recruitment is happening year round and not just at the end of each program year.

Data outcomes for the BRAAF Boys Program:

Africentric Youth and Family Rites of Passage Program (ROP)

This is a nine-month after-school program for 11–13-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 Empowerment dinners. Family enhancement and empowerment 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 standard practice in Riverside County is to release a Request for Proposal (RFP) every 3-5 years to offer opportunities to other community based organizations to do business with the county. An RFP was released in FY19/20 for the BRAAF Boys (and Girls) program. Providers were awarded for all three regions. In Mid-County, a new provider was identified and began services in FY21/22.

Fifty youth enrolled in the BRAAF program in the 2021/2022 fiscal year. Of the 50 youth, 30 completed the ROP program. The youth demonstrated a positive change in school performance after participating in the program. Prior to the start of the program, 18% of the youth had below average to poor grades, this percentage dropped to 0% at the conclusion of the program. Thirty participants completed pre and post-test for the Resiliency measure; countywide, the scores for Sense of Mastery subscale decreased slightly. However, scores on this subscale were in the above average range at intake and remained so at the conclusion of the program. Countywide, the scores on the Sense of Relatedness subscale also decreased slightly. Similarly, the relatedness scores at intake were in the above average range and remained so at the conclusion of the program. Using Countywide data there were not statistically significant changes in the scores on either subscale. However, scores showed a different pattern when examining data at a regional level. The Desert region youth scores increased at post on the Sense of Mastery scale and this change was statistically significant. The Desert Youth Sense of Relatedness subscale also increased slightly, however, this change was not statistically significant. The Western and Mid-County regional program youth scores decreased from pre to post.

Overall, in the SEBBS survey, the youth had no statistically significant change from pre to post. The subscales remained somewhat consistent from pre to post with slight changes. When comparing outcomes by regions, the Desert region had a statistically significant change for Substance Abuse scale.

Participants showed a positive Black identity as measured by the Multidimensional Inventory of Black Identity (MIBI).

Countywide on the Multidimensional Inventory of Black Identity (MIBI), scores at intake were high with an average of 4.19 at pre, and 4.09 at post. This slight decrease at post was not a statistically significant change. Overall, the participants' scores approximated a 4, indicating that they expressed fairly high centrality (importance of their Black/African American identity) at intake into the program. Countywide, there was an increase in the Multigroup Ethnic Identity Measure (pre-test = 3.48 and post-test = 3.84). In Affirmation, Belonging, and Commitment, countywide, there was no significant change. To note, countywide, participants had a high relative score in their pre–test (4.19) and had positive attitudes towards affirmation, belonging and commitment at intake.

Countywide scores on the Family Cohesion subscale showed no statistically significant difference from pre to post. Average scores showed families were in the disengaged range and remained so at post. Although, there was no statistical significance, there was a slight increase from pre to post on countywide scores. Participants from the Desert region increased by 3.33 points from 38.42 to 41.75, indicating that the families initially felt disengaged, but following ROP, the measure showed families scores in the connected range.

Overall, the average satisfaction scores for ROP youth was 3.73, indicating they were somewhat satisfied by the end of the program.

Participant statements about the program include:

- "It has changed me in multiple areas such as my anger issues, and taking responsibility."
- "I feel like I am more confident in myself and I am more accepting of my heritage."
- "It has made me more respectful and caring."
- "That it teaches me about my ancestors, heritage and how to be better as a person overall."
- "I like learning about my culture."

- “That we learned about where we came from.”

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. 28 parents completed the five-class parenting course. Before and after the course, the parents completed the Alabama Parenting Questionnaire (APQ). Overall, the county results exhibited statistically significant differences in the following areas: positive parenting scale significantly improved, and inconsistent discipline practices significantly decreased. Overall, the parents reported high satisfaction with the program.

Parent comments about what they learned in the program:

- “How to communicate with my family in a way that can help us better understand one another.”
- “Techniques for how to deal with anger and not explode.”
- “Talk to your kids and listen to them.”
- “How to talk to my son now about drugs and bad influences, managing anger, and family meetings.”

Parent comments about what they liked in the program:

- “The staff is amazing and so knowledgeable, answers questions, and very nice.”
- “It made me think about things that I thought were expectations but we never discussed as a family.”
- “I like program because it captivated a sense of responsibility and my child recognizing consequences.”
- “I liked how I wasn’t alone with family issues and I have other parents to speak with in the program.”

Parent Support Groups (PSG)

After Guiding Good Choices parenting classes end, parents are encouraged to attend weekly parent support groups. These groups are designed to be an open space where the parents can share parenting skills and seek advice on how to overcome family difficulties in raising a young teenage child. Topics are identified by the parents and groups are held 1-2 times per month as needed. One primary theme that arose during the PSG was the normalization of their experiences. For example, one parent mentioned that he/she was "able to connect with other parents and share similar experiences and resolutions." Parents also stated that they were able to gain communication skills. For example, one parent mentioned that they were taught "how to talk to my child about mental health." Overall, the parents scored each item in the satisfaction survey an average score of 4, indicating that they were satisfied with PSG.

Parent comments about what they learned and liked about attending the support groups:

- "Learned ways to incorporate kiddos in family stuff."
- "How to talk to my child about mental health. How to implement discipline.'
- "Kept everyone accountable - both Kings/Queens & Adults."
- "Community with other parents."
- "The program supported me through this journey. They are hands-on and they constantly check on me and my family on a daily basis."
- "Being able to connect with other parents and share similar experiences and resolutions."

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

In FY21/22, 36 youth participated in CBT therapy. These sessions were conducted in-person and virtually depending on the region and flexibility of the clinician and youth. 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 score suggest higher risks of mental health disorders. Twenty-seven parents of

youth who participated in CBT completed the pre and post SDQ survey for their youth. The total scores before (14.78) and after (12.30) CBT indicated that the youth decreased from a slightly raised risk of developing a mental health disorder to an average risk of developing a mental health disorder. Supportively, the youths' hyperactivity subscale and emotional symptoms subscale significantly decreased following CBT. The significant decrease indicated that the youth exhibited fewer behaviors related to inattention-hyperactivity and emotional symptoms.

Overall satisfaction with the program as a whole was reported by both youth and parents. Youth comments about they learned and liked about CBT:

- "How to take responsibility for the things I've done and to manage my anger."
- "I learned how to cope with stress and how to cheer myself up."
- "… how to remove your self from problems and take breaks."
- "It helps me understand to deal with the problems I have and how to manage it efficiently and effectively."
- "Having someone to talk to."
- "[The counselor] listened and gave me ideas."

Data outcomes for the BRAAF Girls Program:

Following the successful pilot of this project in the Desert region, an RFP was released in FY19/20 for countywide service implementation. Providers in the Desert and Mid-County regions were awarded and services began in FY21/22. Services were often offered virtually with some in-person as permissible under COVID restrictions. This was challenging to all providers, as especially so as a new provider.

Africentric Youth and Family Rites of Passage Program (ROP)

This 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 and every

Saturday. The Saturday sessions focus on dance, martial arts, and educational/cultural excursions.

The BRAAF Girls ROP program stresses parent and caretaker involvement to promote healthy relationships with their girls. Family enhancement and empowerment 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.

Twenty-eight youth enrolled in the BRAAF program in the 2021-2022 fiscal year. Of the 28 youth, 22 completed the ROP program. The youth demonstrated a positive change in school performance after participating in the program. Prior to the start of the program, 18% of the youth had below average to poor grades, this percentage dropped to 0% at the conclusion of the program.

There were 21 participants who completed pre and post-measures for the Resiliency Survey. Total scores on the Sense of Mastery subscale slightly increased. Total scores for the Sense of Relatedness also increased. Both intake and follow-up data showed youth reported an "Average" Sense of Mastery and Sense of Relatedness with no statistically significant change from pre–to post-measure for both subscales, youth maintained similar levels of coping at intake and at the conclusion of ROP. In the social, emotional, and bullying behavior survey, the youth had no statistically significant change from pre to post outcomes across substances, school climate and peer relations subscales. There was a statistically significant increase on social and emotional skills, while the other subscales remained somewhat consistent from pre to post with slight changes. Overall, on average, some of the participants increased their understanding of effective communication with regards to social relationships.

Participants showed a positive Black identity as measured by the Multidimensional Inventory of Black Identity (MIBI). Countywide, total scores at intake were high and averaged 4.44 at pre, and 4.27 at post. This slight decrease was not statistically significant. There was some regional variations in post MIBI scores. The Mid-County region scores decreased more than the overall countywide decreases, while the Desert region scores increased slightly. Overall, the participants' scores approximated 4 indicating they exhibit centrality (importance of their Black/African American identity) both at intake and at post. In Affirmation, Belonging, and Commitment. Countywide, there was no significant change on pre to post average scores.

These results indicate youth maintain positive ethnic identity development during ROP. To note, countywide, participants had a high relative score in there pre–test (4.31) and have a positive attitude towards affirmation, belonging and commitment within their community. Overall, the average satisfaction score for the youth is 4.38, indicating they were satisfied at the conclusion of the program.

Comments from participants include:

- “The program taught to be happy that I'm black.”
- “The program helped me with my social skills and I found some new friends that changed for the better.”
- This program helped me “to be positive and work hard for my goals.”
- “I learned about etiquette and culture and life.”
- “I liked meeting new people and making new friends.”
- “I got to learn new information that I, now, know and tools to help me.”

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. 29 parents participated in at least one session of GGC, and 11 parents (38%) completed the five-class parenting course this 2021/2022 fiscal year. Before and after the course, the parents completed the Alabama Parenting Questionnaire (APQ). The APQ is a 42-item parent self-reported measure assessing five parenting constructs: parental involvement (10 items), use of positive reinforcement (6 items), poor parental monitoring and supervision (10 items), use of inconsistent discipline (6 items), and corporal punishment (3 items). Overall, the countywide results showed a statistically significant decrease in the poor monitoring/supervision. Across all other subscales, there was no change from pre– to post-measure. Overall, the parents reported high satisfaction with an average score of 4.95 after GGC.

Parent comments include:

- “I learned how to effectively initiate family meetings and set clear expectations for my daughters.”
- “How to help my children practice refusal skills.”
- “I learned a lot from how to control anger, to how to approach my children.”
- “What I like most about GGC is the information that was provided, along with the examples and role playing.”
- "I liked being surrounded by parents with similar goals and liked amount of support from facilitators.”
- “The opportunity to learn with other parents and the time to interact and share.”

Parent Support Groups (PSG)

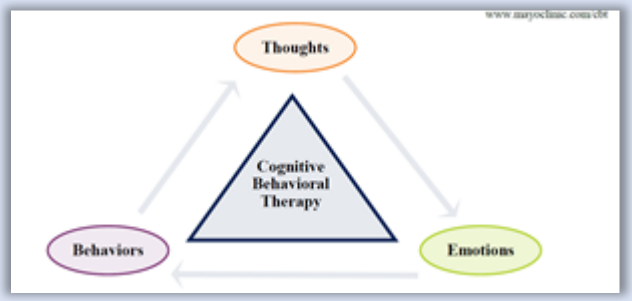
After Guiding Good Choices parenting classes end, parents are encouraged to attend weekly parent support groups. These groups are designed to be an open space where the parents can share parenting skills and seek advice on how to overcome family difficulties in raising a young teenage child. Topics are identified by the parents and groups are held 1-2 times per month as needed. One primary theme that arose during the PSG was the normalization of their experiences. For example, one parent mentioned that he/she “didn't feel judged or belittled, was able to open up about [their] experiences with [their] child.” Parents also stated that they were able to gain communication skills. For example, one parent mentioned that they were taught “how to effectively communicate with [their] children.” Overall, the parents scored each item in the satisfaction survey from 4.30 to 4.90, indicating that they were satisfied with the PSGs.

Parent comments about what they learned and liked about attending the support groups:

- “How to effectively communicate with my children.”
- “How to communicate with my child, have patience, liked feedback from other parents, and help with my child.”
- “I was able to get useful information, was very good, very resourceful.”
- “Parents different views and coming to see we are all the same boat.”

- “I didn't feel judged or belittled, I was able to open up about my experiences with my child.”
- “I was able to talk with other parents.”

Cognitive Behavioral Therapy (CBT)



CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of anxiety, depression, address emotional crisis, family intervention, and provide coping skills. CBT intervention is implemented under the guidance/consultation of the RUHS - BH Staff Development Officer. Twenty-two youth were served in CBT. These sessions were conducted in-person and via video-conferencing depending on the region and flexibility of the clinician and youth. 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 score suggest higher risks of mental health disorders. Sixteen parents of youth served in CBT completed the pre and post SDQ survey for their youth. The total scores before (14.50) and after (17.19) CBT did not improve. SDQ behavioral subscales also did not improve. In regards to CDI II, when comparing the pre and post-test scores, there were no significant findings across subscales of the measure. The youths displayed a slight increase in depressive symptoms; though, the increase in pre to post scores were not statistically significant.

Participant comments about what they learned and liked include:

- “I learned more about myself.”
- “She taught me how to do other things to cope with sadness even when I didn't want to talk about.”
- “To be positive all the time, and it is okay to talk to someone about something.”
- “I get to talk to someone about my problems.”
- “To talk to [a clinician] and to talk about life and how to get ready for life.”
- “That I was being listened too.”

Quantitative data outcomes do not tell the full story of the impacts of the BRAAF program. To address concerns as mentioned earlier regarding initial distrust as well as capturing impacts that are difficult to assess via pre/post measurement tools, we have added qualitative evaluation to this project. This is done through focus groups at program end with youth from both the boys and girls programs as well as their parents. Focus groups are used in qualitative research to collect data by conducting a form of group interviews that focuses on communication from participants in the program. Focus groups can reach a depth and dimension that quantitative tools such as questionnaires or surveys can miss. Through analyzing responses, evaluations staff can identify shared and common knowledge, which allows culturally sensitive topics to be discussed in a safe environment. Participants often provide mutual support in expressing feelings and help the shyer members to open up. The focus group session may last one to two hours and consist of a Staff Development Officer to help lead the discussion and multiple evaluation staff as note takers.

Youth expressed positive changes in themselves:

- “Dealing with my anger and dealing how to cope with people…the program helped me how to cope with people… when I’m angry... I could tell people how I feel and not be sad about or be shy when taking about my feelings.”
- BRAAF taught me “to think before you react.”
- BRAAF taught me to “believe in myself.”
- Some of the Queens stated that BRAAF helped them to "be more confident” …”be more independent” and “carry [themselves] as young queens.”

Youth reported that they got along better with their family and noticed an increase in effective communication with their parents.

- “Saw my mom not get angry as fast… instead of just yelling at me”
- “It was cool to see your parents learning with the program.”
- “BRAAF taught me the important of family meetings because at BRAAF we would eat together and now at home we would eat together.”
- At home, my brother and I used to argue a lot, now we try to talk things out.”

The youth reported feeling more positive about their culture and reported learning more about their culture.

- I learned “that no matter what you should always love your culture and yourself… no matter if people call you any names.”
- “BRAAF made me respect my culture more.”
- “It made me feel better about my culture, [black culture] did a lot of stuff that we don’t get credit for.”
- “BRAAF helped me learn about more about my ancestors and myself.”

Parents noted that their children became more confident and communicative. Many parents noted their children grew more mature and changed their behavior.

- Overall grateful for the growth that I see in my son…. being able to learn about his heritage, different things that I would have not had thought to teach him… encourages me to teach him new things.”
- “After ROP, the communication aspect with my son opened up, the relationship with my son changed. When he is angry, he speaks his feelings”
- “I see an acknowledgement of what’s being taught. Especially my child mentions code switching, which was discussed in program. During an accident at school, my child applied to some of the principles from program and kept their composure and did not reacted so quickly at that moment.”
- “My daughter enjoyed the program. I can see the difference in her. And being able to change myself as a parent. The program helped me understand how I can communicate and speak with my kids. I’m glad my daughter wanted to enjoy the program and uses what she learned at home. And the program changed my reaction and how I discipline my children at home.”

Parents report a sense of camaraderie and mutual benefit from the support groups.

- “Because it gave me communication skills, listening skills, parenting meetings that prepared me for this stage of adolescence.”
- “I’ve become more intentional and deliverable as a parent in terms of discussing issues that may come up in the future.”

- “I valued the sense of community. First to be able to congregate and asks questions, be encouraged by each other. Be introduced to different ideas and hear others parenting styles. I thought that was really good”
- “I learned to stop and reflect and think about what I want to get done instead of popping off and getting upset with my child. Ask questions. Try to get my lessons across in a better way.”
- “I appreciated that, being a single parent, the program has been a support system for my children and has given advice that I didn’t think of telling them. Those things that were taught I appreciate them. At home, I can ask questions and help retain those principles. … I learned patience because I have the support from the program to teach my children as well.”
- “During mental health topic, it made me understand and be more aware for things going on. Its fine to start at an early age to talk about issues going on and talk about sensitive topics.”

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 Boys and Girls programs. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. An annual project (Unity Day) collaboratively planned and implemented is also a focus. Program Administrators 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. Unity Day is a time for all BRAAF teams through all three county regions to come together, have fun in solidarity and service. Unity Day celebrates the excellence BRAAF Families are contributing to make Riverside County a healthier resilient place to live and thrive. The event is usually held in the spring. The regions returned to a joint one-day event in FY21/22. All three providers worked together to plan the event that included interactive games, traditional cultural practices, performances by youth enrolled in BRAAF, vendors and information to share with the public. This event includes youth and families from both the Boys and Girls programs.

Native American Communities:

Celebrating Families! Strengthening the Circle

Program Type: Prevention Program

A comprehensive program for Native American families that includes two (2) evidence-based practices, and one (1) culturally-based intervention:

Wellbriety Celebrating Families is a cognitive behavioral, support group model written for families in which there are risks for alcohol/substance use, domestic violence, child abuse, or neglect.

Cognitive-Behavioral Therapy is a time-sensitive, structured, present-oriented form of psychotherapy that has demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol, and drug use problems, and other behavioral health challenges.

Gathering of Native Americans (GONA) is a culture-based intervention and planning process where community members gather to address community-identify issues. It uses an interactive approach that empowers and supports the Native American/American Indian tribes with traditional songs, drumming, prayers and stories.

The primary goals of the “Celebrating Families: Strengthening the Circle” program are to increase positive family interactions, decrease risk of future substance abuse, and to foster the connection to culture in order to prevent the development of behavioral health challenges for the Native American/American Indian population in Riverside County who are highest at risk. The setting for service delivery is not traditional mental health settings, and assist participants in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for Native American/American Indian families.

This contract was awarded in the last quarter of FY20/21. Training and staff development was the focus. In FY21/22, sixteen families enrolled in the program. Three group cycles were offered throughout the county.

COVID continued to have negative impacts on program implementation. Services were held virtually for families in the Celebrating Families program.

One challenge with virtual implementation was that every member of the family had to have access to their own mobile device/tablet/computer in order to participate in their breakout room for the specified age group.

Another implementation challenge that the team faced was gaining access to the tribal communities. Riverside County has a dynamic American Indian/Indigenous population, with 12 different reservations in both rural and urban locations. There are different agencies that provide services to these different reservations, some serving only their specific tribe, while other agencies are open to serving different indigenous populations besides their own.

With COVID restrictions and the need to adapt implementation to a virtual platform, the provider demonstrated great patience and willingness to be flexible with families in order to provide services. The provider navigated this while also learning the curriculum focusing in on the most important topics and activities to help families get the most out their time in the program.

Twelve pre-post matched pairs were completed by parent participants for the APQ parenting measure. The Parenting Involvement scale showed a 5.0% increase, and the Positive Parenting scale had a 3.5% increase. On the Guiding Good Choices Scale, overall results showed that there was a 7.59% increase in the average scores from pre-to post-measures. On the Family Strength/Resilience Scale, the average scores also showed a 14.9% increase from pre-to post-measures.

In regards to the satisfaction with the program and the group leaders, 92.9% responded that they were “Very Satisfied”, while 7.1% responded that he/she was “Satisfied.” All participants (100%) responded that the program has helped their families, and that they would recommend this program to other families.

There were three participants for the CBT Program: one adult CBT participant from the Western region and two youth CBT participants (one from the Desert region and one from the Mid-County region). All three participants completed 66% to 80% of the recommended sessions due to drop out, scheduling conflicts, and a clinician leaving the organization. Post-measures were collected from one adult participant. One post-satisfaction survey was collected, and the result was 100% satisfaction on all survey items.

There were 94 attendees for the GONA event conducted at Noli High School, and 59 of the attendees submitted the post-event satisfaction surveys. Overall, the analysis from post-satisfaction surveys showed positive results from all parent participants. Additionally, 15

Facilitator Debrief Surveys were collected from the GONA event, and showed positive feedback about the event.

Participant comments regarding what learned and liked in the program:

- "Saying no, healthy family practices, HALT, boundaries, different learning styles, dealing with emotions, centering how drugs and alcohol affect our bodies, using "I" statements, identifying and dealing with feelings in a healthy manner and so much more."
- "How to talk to my children and make them feel value. It taught me how to express myself in healthy way my family can understand."
- "I liked how we all joined together for a meal each week to sit down and eat as a family. I also like the information it provided and the insight my husband and I got out of it. I really enjoyed the counselors and their experiences that they shared with us. I also like that it
- helps families who come from drug addiction and past trauma."

<u>Asian American/Pacific Islander Communities:</u>

Keeping Intergenerational Ties in Ethnic Families (KITE)

Program Type: Prevention Program

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 by the community-based provider.

During the fiscal year 2021/2022, there were 73 parent participants within Riverside County enrolled in six KITE parenting program series (4 class series were offered in Chinese, and 2 class series were offered in a combination of Tagalog and English). Of these, 61 parent participants successfully completed the program. Due to COVID-19 restrictions still in effect in a majority of public locations, all of the KITE parenting classes were completed 100% virtually via Zoom. Despite the fact that some of the parent 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 2021/2022 was still relatively high, at 83.6%. Over the course of the parenting classes, the parent specialists were able to build trusting relationships with the parents, which allowed

the parents to open up about their or their children's challenges and seek linkage to mental health services and other beneficial resources.

During FY21/22, the impacts of the COVID-19 pandemic continued and many AAPI parents were still very reluctant to attend in-person events. Parents have become fatigued with virtual sessions, following a drawn-out period of attending so many virtual events the prior year, whether for their children's school, their work, or other community events. Many parents were resistant to attend more virtual events, including the KITE workshops and classes offered. As a result, the provider had significant difficulty recruiting participants and was unable to achieve their target goal of 80 parenting class participants.

The majority of participants for the KITE program were female (77%) and predominantly Chinese (93.4%) who preferred to use Mandarin/Chinese as their primary language. Additionally, 80.3% of participants identified as "First-Generation Americans," and 44.3% of participants reported that they have conflicts with their children due to different cultural beliefs.

Additionally, KITE program workshops and outreach activities were offered to the Asian-American Pacific Islander (AAPI) communities. Due to COVID-19 restrictions, all workshops and program outreach activities were also completed 100% virtually via Facebook groups and WeChat. There were 21 KITE workshops offered with 292 AAPI attendees. The workshop topics were relevant to the needs of the AAPI parents and families, including the Five Love Languages of Children, parent self-care, bi-cultural parenting, and bullying/cyber-bullying prevention, among other topics.

In addition, the program engaged in 62 outreach activities that reached out to 5,527 people within the AAPI community within Riverside County. Outreach activities took place through in-person community events, individual contacts, internet, and social media (Facebook, WeChat, Kakao), and radio (Vietnamese and Korean radio programs). Outreach at the Temecula Cultural Festival (Spring 2022) was effective in building new contacts and reaching Mid-County residents. Collaboration with various school districts helped the program reach target communities where there was no active or established AAPI community organizations.

The provider disseminated workshop and parenting class flyers through multiple emails and different social media platforms, but those approaches were not very effective in recruiting participants. For that reason, the provider went back to the "old school" approach of directly visiting and posting/sharing flyers where AAPIs congregate, such as schools, restaurants,

health care providers, churches, beauty salons, markets, martial art studios, afterschool tutoring centers, etc., especially now that many public places have reopened post-pandemic.

With the challenge of recruiting participants to virtual sessions, the provider looks forward to returning to more in-person sessions in FY22/23. However, they will be responsive to the needs and requests of the community members and will continue to offer some virtual and hybrid sessions for parents who may continue to be concerned about COVID-19 exposure and/or have accessibility challenges.

The provider continues to strategize new and creative ways to outreach and engage the community, such as offering additional/relevant parent workshop topics. Offering incentives for workshops and parenting classes increased interest and are strategies that have proven to be successful. Due to the rise in costs (inflation), the provider has learned that there is a need to increase the incentives amount to motivate both participation and completion of the outcome measures.

In FY21/22, the provider successfully conducted their first summer youth leadership program on Zoom, with over 50 AAPI youth participating, ranging from 4 years old to high school seniors. This multi-day program for youth and their parents focused on promoting mental health awareness, wellness, and self-care, especially considering the pandemic. The Inland Empire Health Plan (IEHP) recognized the value of this project and supported them with activity kits and giveaways.

Some of the community outreach highlights include the provider's active participation at the Riverside Lunar New Year Festival (Jan 29-30, 2022), Eastvale Lantern Festival (Feb 19-20, 2022), AATF Hope Event (May 19, 2022) and outreach at various Laotian, Thai, and Vietnamese temples in Riverside County. Thousands of AAPI community members have been reached through outreach activities, and various community resource materials, including PEI, mental health service resources, and anti-AAPI hate resources have been disseminated.

There were three survey measures collected both pre- and post- of the KITE program, as well as post–satisfaction surveys collected at the completion of the program. The pre-post Strength and Difficulties Questionnaire (SDQ) analysis showed that there were slight decreases on the average scores in Emotional Symptom Scale, Conduct Problems Scale, and Hyperactivity Scale. Additionally, there were slight increases on the Peer Problems Scale and Prosocial Scale. Overall, average scores on the SDQ pre-measures already fell within the normal range across all SDQ scales, which suggest that parent participants did not view their children's

strength and difficulties as an issue, at enrollment into the KITE program. The pre to post analysis showed a statistically significant decrease on the Conduct Problems scale. Additionally, the pre-post Alabama Parenting Questionnaire (APQ) analysis showed a 5.60% increase on the Parenting Involvement Scale and a 4.82% increase on the Positive Parenting Scale, while Inconsistent Discipline Scale showed a 0.61% decrease, and Other Discipline Practices Scale showed a 1.63% decrease. Furthermore, both Parenting Involvement and Positive Parenting Scales showed statistically significant results. The pre-post Relationship Analysis showed that the total scores increased from pre-to-post measures.

Overall, analysis on the post-satisfaction surveys showed highly positive results, that the majority of parent participants (94% or more) responded to either “Strongly Agree” or “Agree” to all of the survey statements, especially on the following survey statements where 100% of participants responded “Strongly Agree” to:

- “KITE parenting classes increased parents’ connection with their children.”
- “KITE parenting classes increased parents’ understanding of their children.”
- “KITE parenting classes increased parents’ understanding of difference in Asian and American cultures.”

Parents who have completed the KITE parenting program shared the following statements about how the program has influenced their lives:

- “I learned to control my emotions and learn to relieve stress as I adjust to being a new immigrant.”
- “When encountering problems in communicating with children, learn to try to understand them from the perspective of children.”
- “Old ways of raising kids are no longer valid in today’s world Learned new ways to communicate with child, though not 100% there yet - but I have a good start now.”

- “Learn to adapt to the good educational methods of American parents and abandon the authoritative educational methods of Chinese parents.”
- “I will gradually correct the previous education method according to what I have learned, and my emotions will become milder after practice.”
- “Our relationship is more intimate, and I will self-reflect on whether the method is appropriate in the process of educating my children.”

Section IV

Innovation

MHSA 3-Year Plan and Annual Update

FY 23/24-FY 25/26

The Innovation component of the Mental Health Services Act works much like a large research project. These plans are designed to advance knowledge in the field of public behavioral health. These are time limited plans, typically around 5 years, and require an additional approval process to access funds from the State.

Our current innovation project, Help@Hand, is a five-year multidimensional project concluding in February 2024. This Collaborative effort between 14 California Cities and Counties was created to determine how technology fits within the behavioral health care system. The vision of Help@Hand is to save lives and improve the wellbeing of Californians by integrating promising technologies into daily wellness routines or to enhance support for a specific behavioral health treatment plan.

We are thrilled about the evolution of Riverside County's Help@Hand Project. Over the past year, the project has expanded and grown. Help@Hand highlights include:

KIOSKS

Kiosks have been installed in waiting areas throughout Riverside County and serve as points of service navigation and education. Here you can also find a link to the MHSA plan and how to provide feedback. THE KIOSK EXPERIENCE is a great way to locate useful resources and support at your fingertips. You can find Kiosks locations on the kiosk map locator on the Help@Hand Riverside page.

Peer Chat

Help@Hand features the **TakeMyHand Live Peer Chat**, which provides peer-to-peer live chat interface using real-time conversations for people seeking non-crisis emotional support. The Chat is open and free to the Riverside County public age 16 or older. The online chat works on a PC, laptop, tablet, iPad, and smartphone, or can be accessed at a kiosk or directly online at takemyhand.com .

TakeMyHand was recognized as a CA State Challenge Award Recipient due to finding a new, effective and cost-saving way to provide programs and services to California citizens. TakemyHand will soon be available as an iPhone App.

Deaf and Hard of Hearing Community Survey

Help@Hand, in collaboration with The Center on Deafness Inland Empire, known as CODIE, deployed a **Deaf and Hard of Hearing Needs Assessment** survey to improve mental health services for Deaf, Hard of Hearing, and Late Deafened communities. A survey is currently available through the CODIE Website at codie.org to collect information from this community.

APP for Independence

The **App for Independence (referred to as A4i)** was added to the suite of Help@Hand programs. A4i is a mobile app used to support the recovery process of individuals living with schizophrenia or psychosis. A4i tools include tracking treatment progress, providing medication reminders, and can help the user discern between auditory hallucinations and environmental sounds.

Riverside County's pilot team is the first team in the United States to utilize this emerging healthcare technology to create an umbrella of caregiving that involves all parties involved in treatment. The technology is used in conjunction with other forms of "traditional" treatment such as therapy or medication. Clients and caregivers collaborate and are kept in sync with updated information. Our participants continue to express positive feedback about their experience with A4i.

In March 2023, our A4i pilot care team earned an A4i digital therapeutics certificate for participating in this innovative pilot program.

Recovery Record Mobile App

The Recovery Record Mobile App. In close collaboration with our trained Eating Disorders therapists, the **Recovery Record** mobile app supports our consumers challenged with intensive chronic Eating Disorders. To date, 11 participants are part of this program pilot.

Man Therapy

In early Jan 2023, Riverside County began a County-wide marketing campaign promoting **ManTherapy** to combat mental health stigma among men. Men are traditionally difficult to reach regarding behavioral health care, and as a result, are more likely to experience the consequences of untreated behavioral health challenges.

This innovative campaign gets working-aged men to think differently about their mental health and take action before they ever reach a point of crisis.

Man Therapy provides serious behavioral health information in a light hearted manner and encourages site visitors to take a “head inspection,” a free, anonymous, scientifically-validated, on-line self-assessment. As of March 2023, 491 self-assessments had been completed county-wide.

Look for our engaging billboards in each of the three regions located on local main freeways!

Whole Person Health Score

The **Whole Person Health Score**. This health score gives Riverside University Health System (RUHS) patients and their care team an overall health assessment that is accessible and easy to understand. The goal is to help individuals take interest in improving their overall health by looking at six domains of health.

Uniting with Dr. Geoffrey Leung, author of the Whole Person Health Score, and his team, the Help@Hand Innovation Project is working to digitize the tool and automate the distribution via text and email. A pilot was implemented in mid-March 2023 at the Corona Wellness Clinic.

La CLave

A partnership with Dr. Steven Lopez and Dr. Alex Kopelowicz, **La CLAve** project directors. Designed to inform the Latinx community to seek early treatment for serious mental illness, we have brought the La CLAve message to Riverside County. Educating family and friends to understand and recognize the onset of serious mental illness improves early access to care and overall prognosis. La CLAve content will be available in the TakemyHand mobile app and in behavioral health clinics county-wide. More information can be found at uselaclave.com

Digital Mental Health Literacy

Digital Mental Health Literacy has been a commitment by the Help@Hand Innovation project team since inception and has continued throughout the development of the project. With brief basic skills video tutorials, we’re empowering communities to make informed decisions about how they engage with technology: safely and privately

access virtual tools, browse safely, avoid phishing and scams, create and manage passwords and use public Wi-Fi safely. Information is also offered in American Sign Language.

We have also joined with **Painted Brain,** a community-based organization that uses art, advocacy, and enterprise to create lasting mental health solutions, to bring digital Mental Health literacy training for staff to teach consumers to use smartphone devices, about online security, and promote the use of wellness apps.

LASTLY

RUHS-BH encourages you to visit our Help@Hand Riverside website https://helpathandca.org/riverside/ to learn more about the range of Riverside County offerings that connect our community members to Care and promote wellness in our county.

We are looking to incorporate Innovation Component success into the overall RUHS portfolio of care. We are currently developing new Innovation Plan Proposals, with a goal is to have a new plan in place by the beginning of 2024.

Section V

Workforce Education and Training

MHSA 3-Year Plan and Annual Update

FY 23/24-FY 25/26

Workforce Education and Training (WET)

"Education. Vocation. Transformation."

What is WET?

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

The workforce is the heart of any public service agency.

Staff development is a commitment to quality care. It helps an agency improve customer care, meet critical agency goals, and improve staff retention. Most of the success of any agency can be tied back directly to the exceptional work being done by front line staff day in and day out.

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. 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. WET Stakeholder Steering Committee, an important part of our plan and action development, is comprised of representatives from different department job classifications, academic institutions, a health care pipeline organization, cultural competency, and lived experience practitioners. Due to COVID and partners leaving, the focus for this upcoming year is to reestablish the Stakeholder Steering committee to support with the plan and goals moving forward.

In the past few years WET had gone through several programmatic changes due to fluctuating staff and strategy modifications but despite the issues, WET was able to continue efforts to strengthen existing evidenced-based practices (EBP) for serving some of our most vulnerable consumers. In particular, in Fiscal Year 2021-2022 and 2022-2023 WET supported the department in launching a new EBP, Eye Movement Desensitization and Reprocessing (EMDR), in which 30 staff were trained to be able to provide this therapeutic modality in treatment.

WET also continues to develop and support other programs to develop training series, continues to schedule and organize trainings for the department, community providers, churches and other agencies as well. Being community involved expands our reach, while also continuing to use social media, as well as organizing and participating in more in-person events. To date, WET has hired and developed consistent staff to carry

out the work plans. Also has continued to utilize the funding acquired during the last plan update for approved workforce development activities that are supported by our agency's leadership. WET continues to rely on engagement from our stakeholders, feedback from the department staff and past experiences to ensure that we are listening to those we serve, as we meet the goals of the plan.

WET-01 Workforce Staffing Support

This work plan is designed to establish the basic structure and the staffing necessary to manage and implement Riverside County's WET plan. Much like the rest of the service system, in the past few years, WET experienced ongoing changes to our team. But in this 22/23 fiscal year all clinical positions were filled, while retention and recruitment efforts continued to be focused on the Office Assistant staff. This remains to be the only challenge to the programs as it relates to being fully staffed. In addition to the support staff, for WET, there was a manager vacancy which was filled in May of 2022.

With the hiring of the new team members, WET is focused on returning to a pre-COVID level of functioning by working toward the goals of the plan and supporting the department in a collaborative manner. WET administration manages the programs encompassed within the approved plan, and also manages the daily operations of our Department's Rustin 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.

WET-02 Training and Technical Assistance

This work plan is designed to provide the training and technical assistance needed 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 the consumers of the future.

To meet those global training goals, the past few years, we focused our strategies on the following:

- Trainings
- Evidence Based Practices
- Lehman Center Support
- Collaborative Involvement
- Social Media Communication and Interaction

Trainings

This training plan component is intended to increase the mental health services workforce and improve viable staff trainings. Initially, all trainings were remote and done via Microsoft Teams, and at times there was some difficulty but the team adapted and was able to provide trainings via Teams, Zoom and in person.

WET offered a variety of advanced training topics in meeting the needs of our workforce. WET offered 302 Continuing education units and 26 advanced topics. Some of the advanced topics included:

DC: 0-5 Diagnosis and classification of Mental Health and Development Disorders of Infancy & Early Childhood

Opioid Addiction

Solution Focus Brief Therapy

Coping with Stress –CBT for Teens with Trauma

Suicide Harm and Trauma

Seeking Safety

Non-Violent Crisis Intervention (NCI)

Evidence Based Practices (EBP)

Our Behavioral Health Department has adopted various modalities including Dialectical Behavior Therapy (DBT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT),

Eating Disorders (ED), Seeking Safety, and Non-Violent Crisis Intervention (NCI). WET has adapted a strong training support in offering ongoing consultations to various staff who are trained in Evidenced Based Practices (EBP). In addition, staff have readily support within their clinic setting by embedding onsite consultation and access to EBP experts in their practices.

Dialectical Behavior Therapy (DBT)

DBT is an evidence-based practice that has been beneficial across age spans of school aged children to adulthood. Our department has 200+ practitioners and recently trained an additional 40 practitioners July 2022. Our department currently has 10-15 DBT groups running at any given time in the year across our outpatient clinics.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

RUHS-BH has 30 TF-CBT practitioners who provide trauma treatment to our youth ages 3-18 years of age. In meeting the growing need of additional practitioners WET hosted a TF-CBT initial training in Feb 2022 and trained 40 new practitioners for our department. A TF-CBT booster was offered in June to better equip staff for national certification. WET is supporting the new cohort of 40 staff by preparing them with national certification requirements, which will also support staff retention. These efforts include 12 phone consultations with one of our department national certified leads.

Eating Disorder (ED)

Our evidence based program to address eating disorders continues to grow and the structure that was established two years ago has shown to be very effective in strengthening the department's eating disorder program. This internal infrastructure is built on the principle of a team approach in providing intensive treatment. The structure of bi-monthly micro-trainings that was established two years ago also 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 with our Champions whenever needed.

This structure has demonstrated to be successful in that it has sustained our ability to continue to meet the high need of our consumers with Eating Disorders, despite the turnover of our practitioners, including even some of our Champions. The main models

our department practices to treat Eating Disorders is Family Based Treatment and Dialectical Behavioral Therapy for Eating Disorders.

We have more than 100 practitioners in RUHS and almost 100 contract providers providing treatment in Eating Disorders. To address the need to train our new staff, we provided two multi trainings on our main models of treatment in May 2022, which was last provided in 2020. The first training was on Family Based Treatment and the second was Dialectical Behavior Therapy for Eating Disorders. Because it was provided on a virtual platform, we were able to provide the training to new practitioners for RUHS and our contract providers, as well as for seasoned staff who needed a refresher and supervisors of these practitioners. Ninety-one people attended the FBT Training and 134 people attended the DBT Training. We have also worked on creating a structure for sharing information and resources so all practitioners have access to training material, resources, forms, and intervention handouts.

We also worked on developing a tracking system by creating an enrollment form in our electronic health system. However, the implementation of this was delayed due to the priority of CAL-AIM changes our system needed to make. We expect to train our practitioners on using the new form in early 2023, which will improve our ability to track our data.

One exciting development this year was with our department researching the benefits of using technology to improve our practice in providing eating disorder treatment. In collaboration with Help@Hand, our ED Champions will be part of a pilot program in using the “Record Recovery” App, a tool based on Cognitive Behavioral Therapy and self-monitoring research to help our team monitor and track our consumers progress. The pilot program is scheduled to begin in early 2023 with the ED Champions. In the next three years, we are working towards creating our own Intensive Outpatient Program in our county to meet the high need for intensive services. Certifying our ED Champions in Eating Disorders is a goal to increase our ability to provide best practice and highest standard to our consumers. We also hope to continue to build on our existing structure and plan to add a supervision group for Eating Disorder practitioners to regularly consult on their cases.

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.

Despite our systems of care gradually returning back to in-person services, COVID-19 has continued to have a negative impact on our practitioners, clinic sites, and service delivery. While our department staff had adapted by switching to virtual service delivery during the height of the pandemic, it has been a complicated transition period back to in-person services, as both our staff and consumers continued to navigate their safety by taking necessary precautions.

Another challenge that has persisted has been staffing changes and shortages. During this time, there has been a new lead assigned to coordinating the efforts regarding implementation of Seeking Safety among department staff. Due to these changes, we attended the All County Supervisors meeting to discuss these barriers and obtain feedback on how to best support clinic sites. A survey was sent out to all current Seeking Safety practitioners regarding the practice to assess additional implementation obstacles. Some of the barriers listed included, “consumer attendance” and “transitioning from Zoom to in-person.”

Despite the challenges, ninety-two percent of survey respondents found Seeking Safety to be a valuable/effective treatment model for individuals with PTSD and Substance Abuse. We have also worked at engaging department staff in utilizing the data protocol so that we can more accurately track service delivery and outcomes to consumers and provided quarterly/bi-monthly support meetings to our practitioners. 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 a total of 6 meetings held in FY 21-22 for department staff. In our meetings, we have also brought in different learning opportunities, including topics such as: “Detaching from Emotional Pain”, “Compassion”, “Respecting Your Time”, and “Self-Nurturing.” 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.

Benefits for our Seeking Safety Practitioners came directly through our involvement in the Southern California Regional Partnership (SCRP). SCRP consists of the WET coordinators from the 10 most southern counties in the state of California. This partnership has a small allocation of money that is designed to be used on public behavioral health workforce development projects that would be beneficial for this region. A portion of these SCRP monies were allocated to support staff by contracting with Gabriella Grant, director of the California Center of Excellence for Trauma Informed Care, who will be providing Seeking Safety consultations for those already trained in Seeking Safety and introductory training sessions for staff new to the program. Seeking Safety consultations and introductory sessions will occur throughout 2023.

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. The biggest challenges faced due to the COVID-19 pandemic have been unable to certify for hands-on-part of curriculum, and distributing training material to participants.

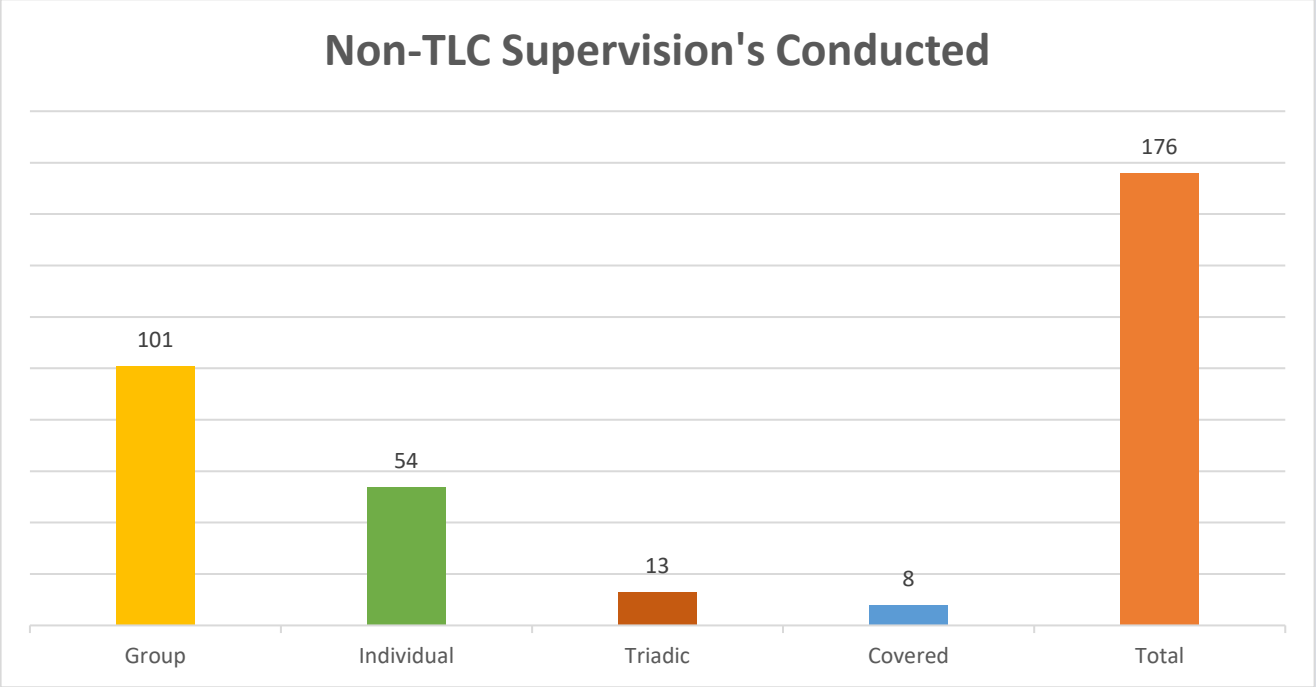
Despite challenging circumstances, the current trainers' team has come up with creative solutions to continue training our staff. We became familiar with virtual platforms, adjusted activities to increase participation from participants, created handouts to assist participants during the training while 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 2021 to June 2022, NCI held 17 trainings and trained 247 staff members.

In preparation for a return to in-person delivery of services, increased staff participation, and to meet clinic needs, our practitioners will be provided the NCI hybrid model. In this model, direct service staff will participate in the in-person one-day training, which includes all verbal, personal safety and holding (in other programs call restraint) skills; while administrative staff will participate in a virtual one-day four-hour training, which includes verbal and personal safety skills, but no holding skills. Direct service staff (for training purposes) includes any staff person who work in settings where consumers are served (excluding Psychiatrists). This includes clerical and other administrative staff who have regular consumer contact within the clinics. WET has added an additional five trainers to the NCI training team, totaling 10 NCI trainers, which will allow us to increase the number of trainings held throughout the year. Within this time period, WET has worked closely with our Learning Management System (LMS) to develop the foundation for this learning platform and will roll-out the NCI Hybrid Model by May of 2023.

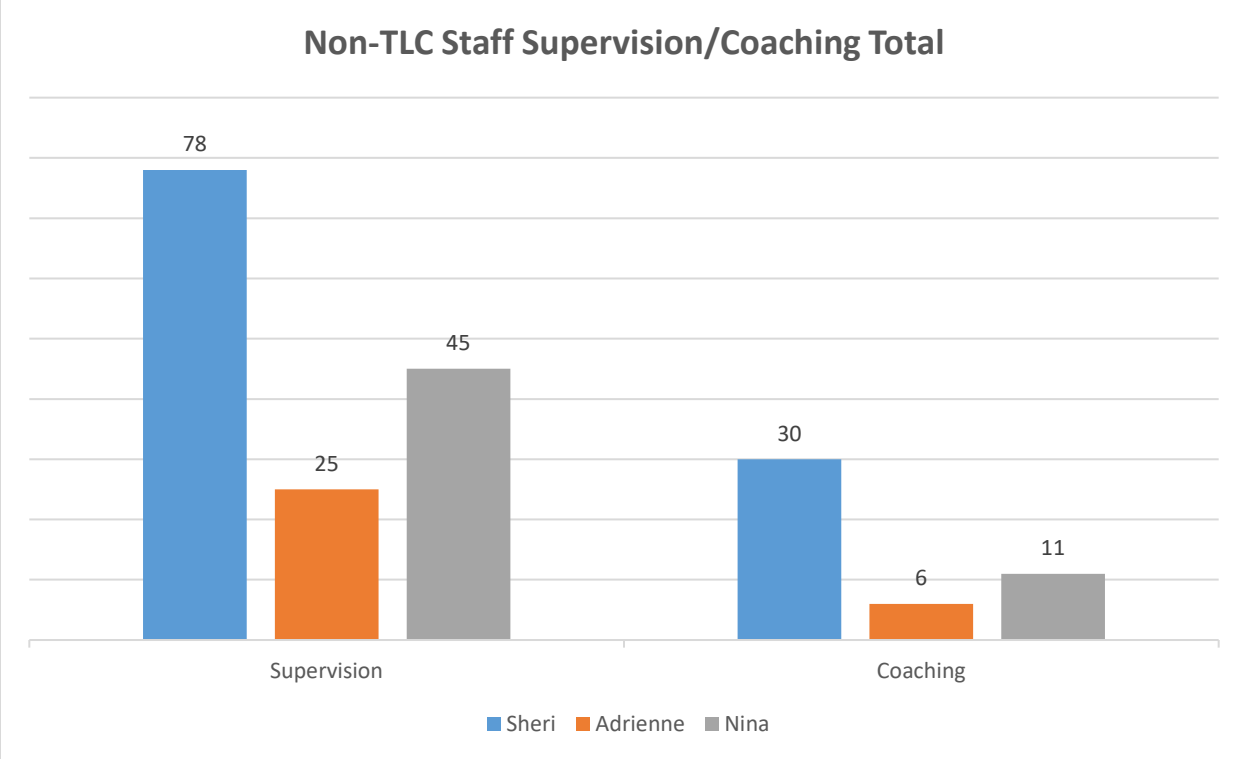
The Lehman Center (TLC) Support

The Lehman Center supported in training and coaching staff as well.

TLC provided individual and small group coaching, consultation and large group trainings. TLC expanded providing BBS required individual and group clinical supervision to Non TLC ASW clinicians. Areas to highlight is that TLC staff updated the Square Model training to be consistent with Cal AIMS. Senior CT's began a non TLC BBS required CT1 clinical supervision group to support with training staff, as well as, provided individual clinical supervision for ASW clinicians from Behavioral Health. Adrienne Jordan, a licensed clinician of TLC, started the Southern Counties Regional Partnership (SCRP) clinical supervision project collaboration meetings to support in shared communication, training skills and ideas for counties across the southern regions.




Non-TLC Coaching's Conducted
36
17
53
Group
Individual
Total


Non-TLC Staff Supervision/Coaching Total
78
25
45
30
6
11
Supervision
Coaching
Sheri
Adrienne
Nina

Collaborative Involvement

Collaborative involvement: The interagency symposium was conducted for the first time in a virtual platform since COVID-19 affected the department. The collaborative efforts included four (4) agencies and five (5) departments. The topic of the interagency symposium was Trauma Informed Care in the Aftermath of the Pandemic. This effort reached 108 professionals across Riverside County who serve the community at large in all age spans. Data was presented to the workforce on the mental health impacts on youth and families. Various resources and opportunities for collaboration were presented during the virtual event.

Crisis Intervention Training (CIT): Law Enforcement Collaborative

The Crisis Intervention Training (CIT) program and curriculum "has become a globally recognized model for safely and effectively assisting people with mental and substance use disorders who experience crises in the community. The CIT Model promotes strong community partnerships among law enforcement, behavioral health providers, people with mental and substance use disorders, along with their families and others. While law enforcement agencies have a central role in program development and ongoing operations, a continuum of crisis services available to citizens prior to police involvement is part of the model. These other community services (e.g., mobile crisis teams, crisis phone lines) are essential for avoiding criminal justice system involvement for those with behavioral health challenges – a goal of CIT programs. CIT is just one part of a robust continuum of behavioral health services for the whole community" (Substance Abuse and Mental Health Services Administration, 2018).

The CIT program is performed by Riverside University Health System – Behavioral Health (RUHS-BH) staff and Riverside County Sheriff. Both organizations provide trainers to educate law enforcement and other first responders such as paramedics and emergency medical technicians on how to recognize the signs and symptoms of mental disorders and learn effective ways to safely de-escalate crisis situations involving individuals with a mental illness. In addition, recognizing that this population of emergency service workers are at higher risk of behavioral health concerns, the training includes how to identify their own symptoms of mental distress including anxiety, depression, and post-traumatic stress. Lastly, in the training participants learn

about the community resources available for individuals experiencing distress and symptoms of mental illness including how to access treatment.

Crisis Intervention Training (CIT) Program Design/Model

Riverside University Health System- Behavioral Health (RUHS-BH) focuses on training emergency services personnel including law enforcement, firefighters, paramedics and emergency medical technicians (EMTs) to recognize the signs and symptoms of mental disorders and how to safely de-escalate crisis situations involving individuals with a mental illness and provide education on resources available in the community for individuals with a mental illness and other relevant resources.

Training material consists of national-approved and evidence-based crisis intervention training (CIT) curriculum. Crisis Intervention Team (CIT) training is a specialized law enforcement curriculum, that can be adapted to the whole community, that aims to reduce the risk of serious injury or death during an emergency interaction between persons with mental illness and police officers. CIT has been implemented widely both nationally and internationally.

Anticipated changes to Laura's Law Program: RUHS-BH anticipates program growth by expanding from law enforcement agencies to also include in-person, virtual and hybrid trainings for other first responders such as firefighters, paramedics and emergency medical technicians (EMTs). A specialized training will be developed where 40-hour CIT curriculum will be reduced in 8 hours of course material. In addition, the virtual self-paced training that will be developed will allow law enforcement, firefighters, paramedics and EMTs to complete training within 2-4 hours. Further, peer trainers will also expand to include firefighters, paramedics and EMTs, similar to how law enforcement officers are peer trainings for the traditional CIT curriculum.

Lessons Learned: The lessons learned include the need for the CIT program to expand to firefighters, paramedics, and EMTs. There are approximately 1,067 firefighters as well as 1,311 paramedics and 4,000 EMTs in Riverside County. Emergency personnel such as firefighters, paramedics and EMTs encounter individuals with mental illness, often in crisis, and in need of de-escalation. Between July 2021 and June 2022, Riverside County EMTs responded to 12,785 calls for 5150s and 5585s due to individuals experiencing a mental health crisis such as suicidal or homicidal thoughts and behaviors.

Unfortunately, most firefighters, paramedics and EMTs lack the mental health awareness training or expertise needed to provide effective intervention. Without understanding mental illness and trauma, these front-line workers attempt to help the community as best they can; however, lacking specific training, they are unable to provide adequate services, consequently, individuals with mental illness do not get the assistance needed. Identifying signs, symptoms, and behaviors as well as learning de-escalation techniques, has the potential to reduce harm to both the community and the responders. These first responders also lack knowledge of appropriate supportive resources to help their community.

Firefighters and EMTs tend to develop their own mental health challenges such as depression, anxiety, and post-traumatic stress disorder (PTSD) as they often lack the psychological support needed. According to the Firefighter Behavioral Health Alliance, more firefighters die from suicide each year than in the line of duty, and many additional suicides are likely unreported. Public safety personnel are 5 times more likely to suffer symptoms of post-traumatic stress disorder (PTSD) and depression than their civilian counterparts, leading to higher rates of suicide. In fact, over 1,000 U.S. firefighters were surveyed in 2015 and found that at some point in their careers:

47% experienced suicidal thoughts;

19% established plans to commit suicide; and

16% made a suicide attempt.

One of the primary barriers to firefighters, paramedics and EMTs getting the psychological help that they need to address behavioral health symptoms is stigma related to mental health. “For many responders, there is a stigma associated with seeking help for mental illness, which is perceived by some as a sign of weakness. Studies have shown that up to 92% of surveyed firefighters indicate this stigma as a reason for their unwillingness to get help.”

Firefighters and EMTs frequently encounter individuals with mental illness despite lacking mental health awareness training, knowledge and effective de-escalations skills. As a result, many firefighters, paramedics and EMTs often witness horrific traumatic events such as suicide attempts, homicidal behaviors, psychotic episodes, manic episodes, and other mental health symptoms.

Riverside University Health System - Behavioral Health (RUHS-BH) will address the lack of mental health awareness training and support for firefighters, paramedics and EMT personnel in Riverside County using national-approved and evidence-based crisis intervention training (CIT) curriculum.

Progress Data: From July 1, 2021 to June 30, 2022, the Crisis Intervention Training program trained over 300 number of staff on Crisis Intervention and on average the trainees rated the training at a number 5 which indicates that it was an excellent training and stated that it met their learning objective expectations. Below is an example of a completed course evaluation indicating “5- Excellent scoring.”

RIVERSIDE COUNTY SHERIFF'S DEPARTMENT
Ben Clark Public Safety Training Center
Course Evaluation

Name/Agency *(optional)*: RSO Rank/Position: Deputy

Contact info/Email *(optional)*: _____

Course: Crisis Intervention **Date: August 17-18, 2021**

Instructors: Behavioral Health Services Supervisor Tiffany Ross

Please circle the response option that best reflects your evaluation of the training provided:

	Excellent	Good	Fair	Poor	N/A
1. The instructor's knowledge/expertise was:	(5)	4	3	2	1
2. The instructor's effectiveness in teaching was:	(5)	4	3	2	1
3. The instructor's professionalism was:	(5)	4	3	2	1
4. The instructor's use of class time was:	(5)	4	3	2	1
5. The exercises/drills presented were:	(5)	4	3	2	1
6. The pace of the instruction was:	(5)	4	3	2	1
7. Class participation/interaction encouraged was:	(5)	4	3	2	1
8. The time allotted for this course was:	(5)	4	3	2	1
9. How would you rate the manuals/handouts:	(5)	4	3	2	1
10. Overall, how would you rate this training class:	(5)	4	3	2	1

*Use the back of the page if needed.

11. What are the most important things, (skills or topics) you learned during this training?
PATIENCE, DEESCALATION AND TACTICS WHEN DEALING WITH MENTAL HEALTH CRISIS

12. What teaching/instruction method was most effective? Why? (Lecture, demonstration, Power Point, hands-on etc.)
ALL, INSTRUCTION AND BRINGING IN PEOPLE WHO SUFFER FROM MENTAL HEALTH ISSUES

13. In your opinion, what changes in training or instruction would improve this course?
NONE, MAYBE EXTRA DAY

14. Did this course meet your expectations? Why?
YES, VERY INFORMATIVE

15. Would you recommend this training to others? Why?
YES, NEEDED FOR ALL LAW ENFORCEMENT

16. What additional courses would you like to see offered at Ben Clark Training Center?

Additional comments: _____

CIT Trainings for FY 21-22 included Riverside Sherriff Office (RSO) trainings and other local police departments as follows:

- 10 RSO Sworn and Correctional 2-Day CIT Courses
- 3 RSO Chaplains Academy
- 3 RSO Correctional Core Academies
- 3 RSO Adult Corrections Officer Supplemental Course
- 3 RSO Inmate Classification Course
- 2 RPD ICAT trainings
- 1 RPD Field Training Officer Training, Mental Health Course
- 1 Riverside Probation 1-day CIT Course

3-Year Plans & Goals: Program learning objections of the CIT program are:

- Increase awareness of the most common mental illnesses, symptoms and behaviors
- Understand the dynamics of dealing with an individual with a mental illness
- Identify specific community resources
- Identify de-escalation skills to reduce potential crisis situations

The CIT program has the following 3-year plans and goals:

- Expand CIT Training Program and curriculum to also include in-person, virtual and hybrid trainings for other first responders such as firefighters, paramedics and emergency medical technicians (EMTs). A specialized training will be developed where 40-hour CIT curriculum will be reduced in 8 hours of course material. In addition, the virtual self-paced training that will be developed will allow law enforcement, firefighters, paramedics and EMTs to complete training within 2-4 hours. Further, peer trainers will also expand to include firefighters, paramedics and EMTs, similar to how law enforcement officers are peer trainings for the traditional CIT curriculum.
- Develop new pre and post evaluation tools to better capture the program goals and objectives mentioned below. Post surveys will capture utilization of course material and community resources provided.

- Additional goals and objectives of the CIT program will be:

Goal	Objective
1. Increase the number of emergency personnel in Riverside County that have received training in mental health awareness.	By the end of year three, 300 law enforcement, firefighters, paramedics and/or EMTs will have participated in the CIT training conducted by a team of RUHS-BH clinical therapist and emergency personnel peer trainers.
2. Increase training participants' knowledge in recognizing the signs and/or symptoms of mental disorders, and/or de-escalation strategies.	By the end of the training, 60% of the Riverside County law enforcement, firefighters, paramedics and EMTs CIT-trained will indicate in post-test evaluation tools they increased knowledge in recognizing the signs and/or symptoms of mental disorders and/or learned additional effective ways to safely de-escalate crisis situations involving individuals with a mental illness compared to their pretest scores.
3. Increase mental health awareness training of emergency personnel to recognize their own psychological exposure and trauma.	By the end of year three, 100% of the law enforcement firefighters, paramedics and/or EMTs CIT-trained will have access to available resources to deal with personal mental health issues.
4. Track referrals and linkages of culturally and linguistically appropriate behavioral health resources.	4.a. By the end of year three, 100% of the law enforcement, firefighters, paramedics and/or EMTs who participated in the CIT training will receive community behavioral resources. 4.b. Six months after training, 100% of the firefighters, paramedics and/or EMTs who participated in the CIT training will receive a survey tracking their referrals and linkages provided to community behavioral health resources.

Social Media Communication and Interaction

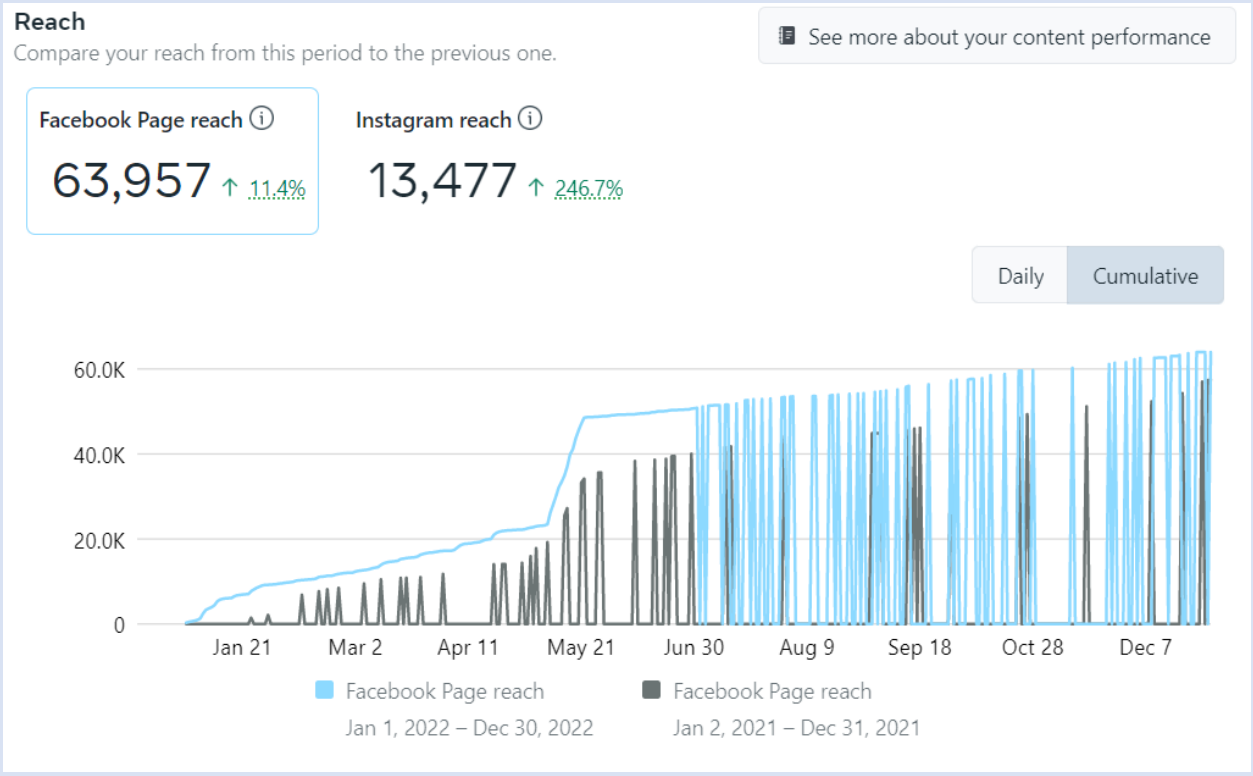
Social media has become the dominant form of communication and interaction among the general population, so our ability to contribute to these social media conversations is critical. Through the work and leadership of the CRE, Riverside University Health System – Behavioral Health was able to adopt these 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 say and engage them in relevant conversations.

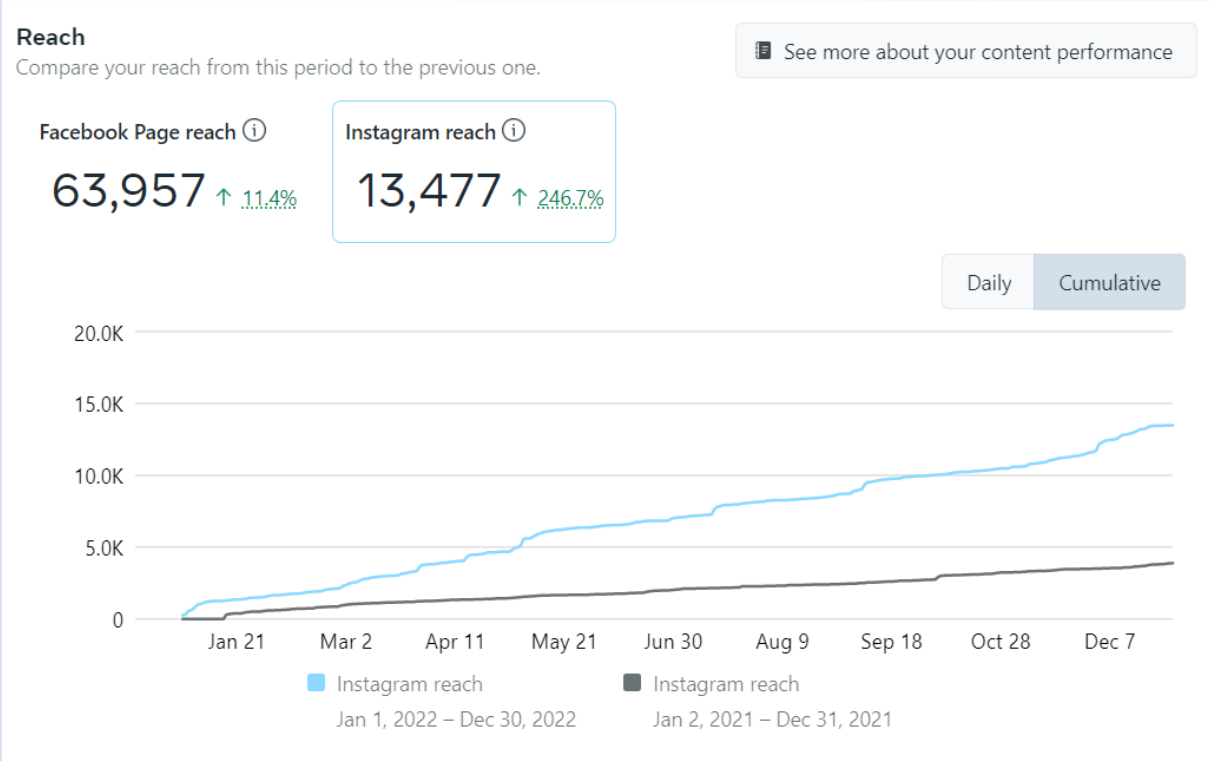
When engaging the community with our social media, WET has adopted a Business to Human (B2H) marketing strategy and a Human to Human (H2H) marketing strategy. B2H is a form of marketing that targets the human behind the screen and focuses on what each individual needs rather than blanket marketing a 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.

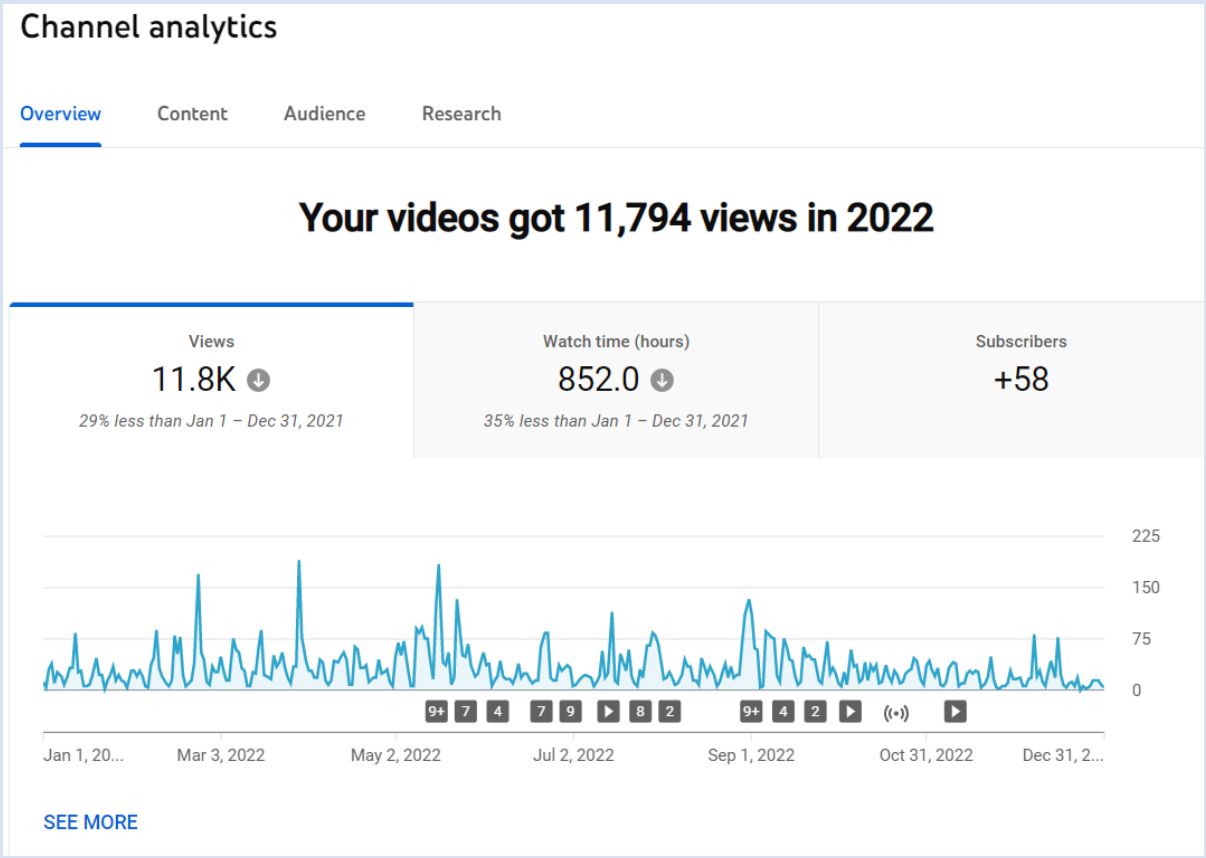
We officially launched Facebook, Twitter, Instagram, and YouTube as our first phase into the social media realm in June of 2016. The following are our online social media statistics concerning our engagement and interaction with the public through our postings, videos, and photographs.

MHSA – RUHS BH Social Media Stats 2022





MHSA – RUHS BH YouTube Channel



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. It promotes the mental health careers through outreach and activities geared toward junior high, high school and community college students. In addition, in this work plan there is an action to support and assist pre-licensed clinical therapist in developing their professional identity and clinical skills in order to pass State Licensure exams.

To meet the outreach and education goals in this work plan, we focused our strategies on the following:

- Pipeline and Outreach Efforts

- Volunteer Services Program
- Clinical Licensure Advancement Support
- Clinical Supervision Supports

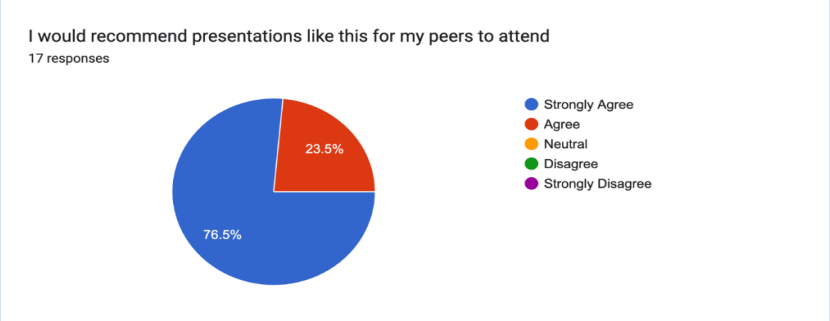
Pipeline and Outreach Efforts

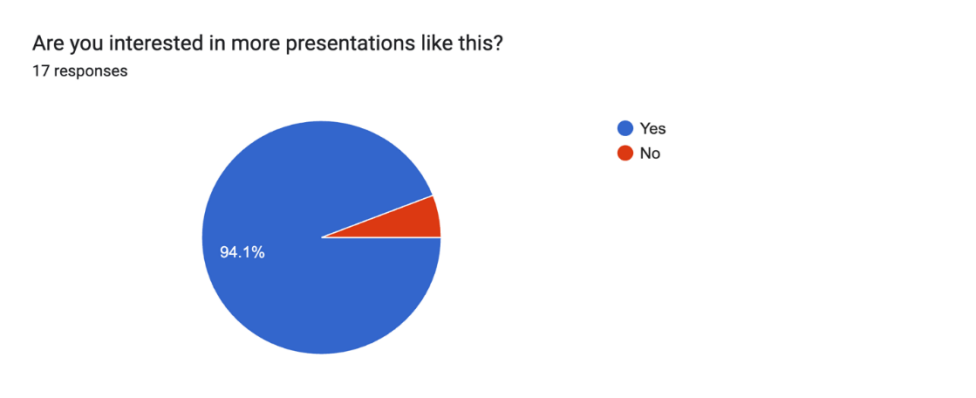
This action of the plan is designed to use different strategies to promote careers in behavioral health, support local career pipeline efforts, provide accurate information related to mental health, and to, in general, reeducate stigma wherever we can in the communities we serve. The position to lead these efforts was vacant for 6 months up until September 2021 when a Clinical Therapist I was hired to lead the coordination of these efforts. While the Covid-19 pandemic continued to affect our work with universities and colleges in the early part of 2022, faculty and administrators established effective virtual learning environments for their students interested in mental health topics and careers in Behavioral Health. In collaboration with UC Riverside's School of Medicine, we provided and presented a virtual Healthy Relationship's Workshop to 11 students and presented on Careers in Behavioral Health to 100 students at UCR's Future Physician Leader's Symposium. In our partnership with Norco College, we've presented to interested students on a variety of mental health related topics including stress management, healthy relationships, Impostor Syndrome, and in collaboration with Cultural Competency's CAGSI liaison, presented on LGBTQ+ Cultural Influences & Mental Health. The following data was received from participants-

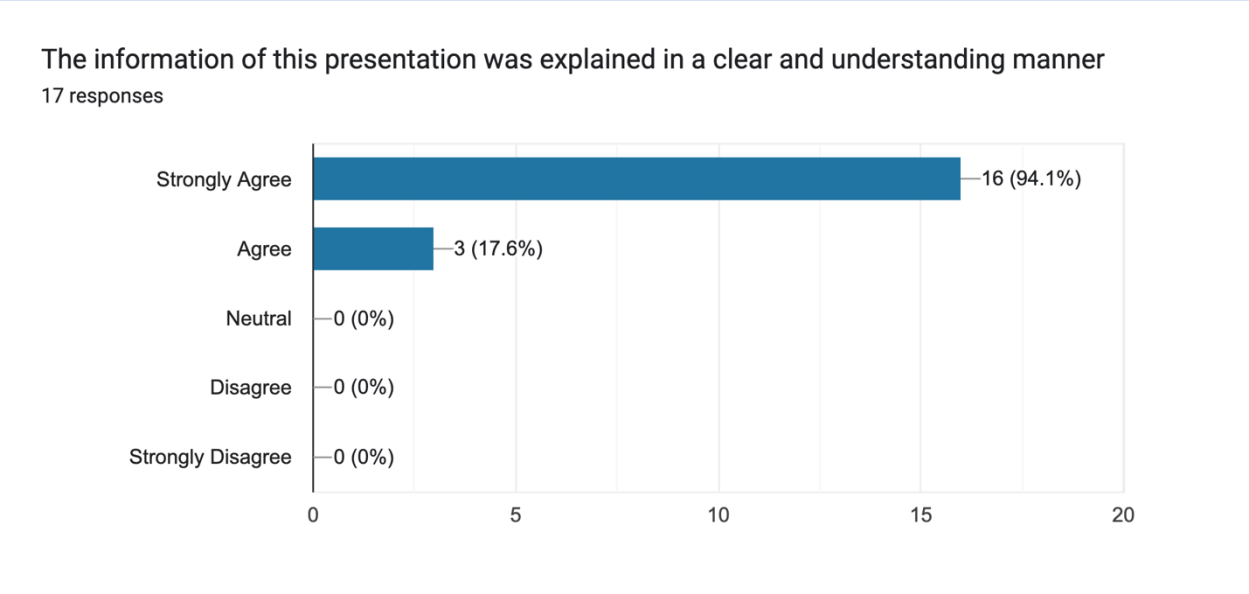
Norco College LGBTQ+ History Month Presentation: Cultural Influences & Mental Health

Google Form Feedback Results. Presenters: Julie Houston, Kevin Phalavisay

Date: October 6th 2022







What Did You Enjoy Most out of This Presentation?

- "The statistics of queer people getting therapy, very important and well demonstrated!"
- "The information provided and learning more about mental health"
- "Learning about the intersection between mental health and culture"

  "I enjoyed how much I learned about what could be behind an LGBTQ person. As for myself, I have struggled with mental health, maybe not like anyone else, but myself and it is good to see that there's other people out there who are like me and won't judge who I am."

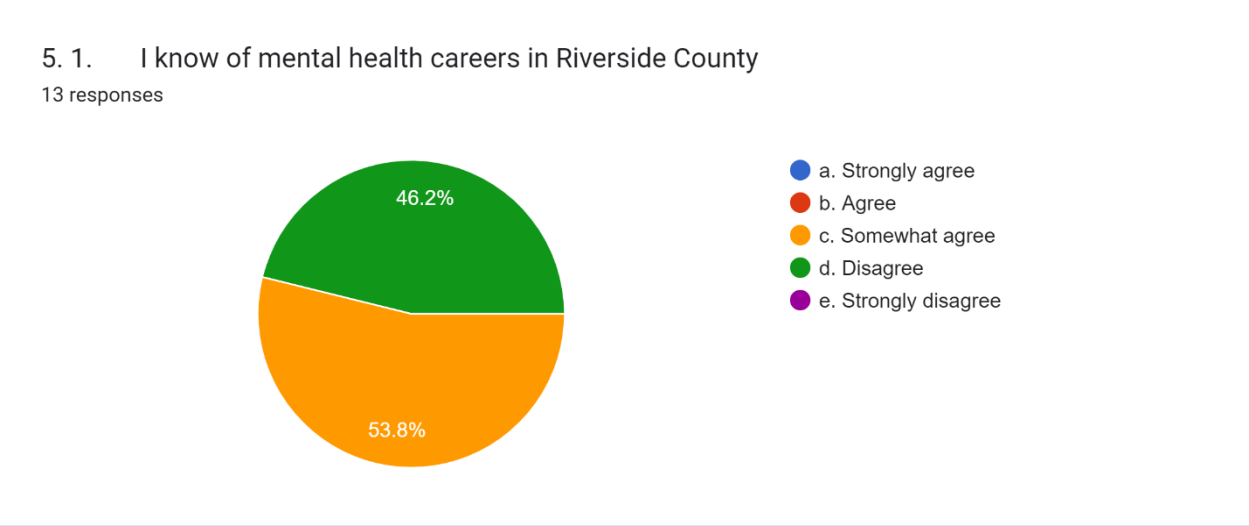
In spring of 2022, in-person activities were permitted on campus allowing WET to participate in career fairs and community presentations including Moreno Valley Community College's Spring Fair and Val Verde Unified School District's Wellness Fair.

Support to local high schools and health academies continued during this period, increasing our presence in the community. WET continued to participate in advisory committees, career & wellness fairs, and provided virtual classroom presentations. We continued 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 –Norco high schools. This program targets at-risk students interested in the field of behavioral health. Presentations provided to students included

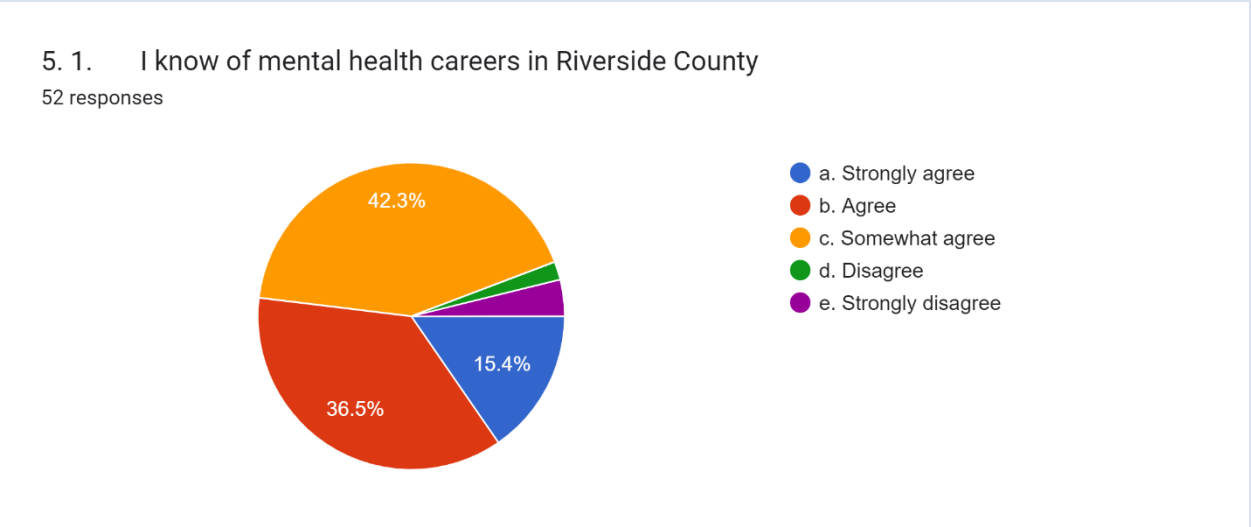
Stress Management, Careers in Behavioral Health, and Cultural Humility. We also participated in Reach Out's annual Inland Health Professions Coalition held virtually with approximately 150 students, presenting on Careers in Behavioral Health and hosting a booth to discuss further on careers in behavioral health to students interested.

In November 2021, we expanded our support to Vista Del Lago High Schools' Health Academy providing students who are interested in community health, trainings in Motivational Interviewing and the Stages of Change. Through this partnership we created an internship experience for health academy students that included leading a Suicide Awareness and Prevention Campaign on campus, enhancing motivational interviewing skills through mock interviews, mentorship with graduate level students, and psychoeducation trainings with behavioral health staff. Furthermore, through this partnership, over 100 Vista Del Lago High School students participated in our first ever virtual Get Psyched workshop, which provided students an opportunity to learn and explore the various careers in behavioral health, the desirable characteristics of a provider working with consumers, and the importance of the field in our community.

PRE-TEST RESULTS-



POST TEST RESULTS-



During this period, we have continued to engage virtually with our community partners, including OneFuture Coachella (desert) who serve as links for connections with teachers and other community leaders to brainstorm opportunities to support their program. We participated and presented on Careers in Behavioral Health as part of OneFuture Coachella's Mental Health Matters Webinar Series on YouTube, receiving 83 views on YouTube thus far. 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 also provided virtual workshops on Careers in Behavioral Health and Stress Management to approximately 16 transitional age youth at the City of Riverside's Youth Opportunity Center (YOC), a space dedicated to the empowerment and advancement of Riverside youth through the promotion of social and personal development. Furthermore, we provided a virtual presentation on careers in behavioral health to YOC staff serving Perris, Moreno Valley, and Indio who provide and assist youth in their career development, in an effort to bring awareness to the educational and career pathways in the field. For the future, we hope to continue our work within the school districts located throughout Riverside County by establishing and renewing service contracts.

As we look forward and continue our outreach efforts, we are making plans to strengthen our local pipelines and career awareness projects that extend further into our local community colleges, to offer more internship and mentorship options, and continue to customize our trainings to reach greater minority populations.

Volunteer Services Program

WET believes that the career pipeline activities are not solely limited to classrooms and students. Our Volunteer Services Program has been a cornerstone of our career pathways programming since 2010. However, due to public health crisis and staffing changes, the Volunteer Service Program stalled for most of 2020 and 2021. Since 2022, we have begun to rebuild the program.

Historically, the Volunteer Services Program thrived, with over 120 volunteers annually that served thousands of hours in our clinics and special community events. Recent data shows that one-third of our volunteers go on to become employed with our agency, further securing the importance and impact of this program.

Riverside University Health System-Behavioral Health (RUHS-BH) offers volunteers great opportunities for education 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 recovery. Some of the benefits of volunteering in the Volunteer Services 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.

WET's future aim is to continue to re-build the Volunteer Service Program in an effort to create strong partnerships with RUHS-BH teams for placement and to increase the

Volunteers in support of those programs while also providing growth and opportunity for learning and experience for those interested in future careers with RUHS-BH.

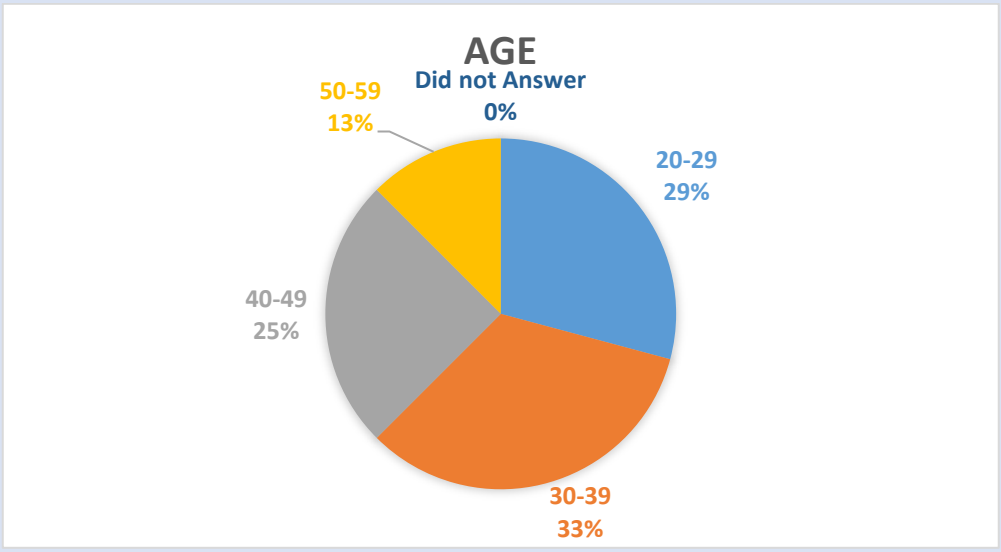
CLAS Program, Clinical Supervision Workgroup and Clinical Supervision Supports

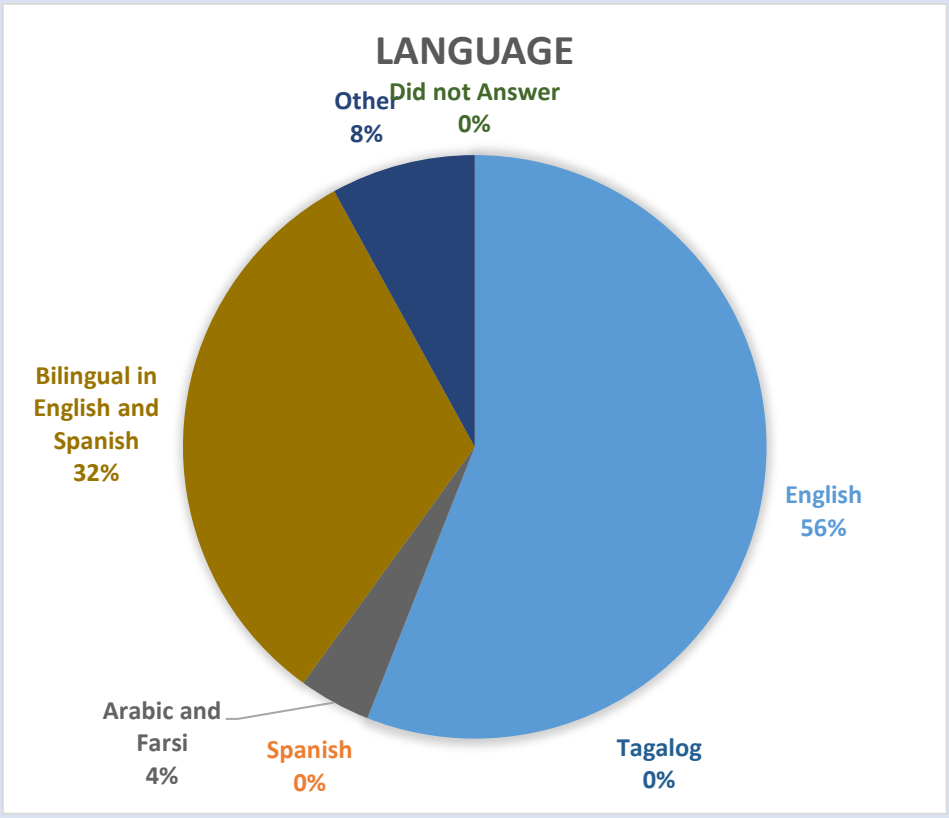
Clinical Licensure Advancement Support (CLAS) Program

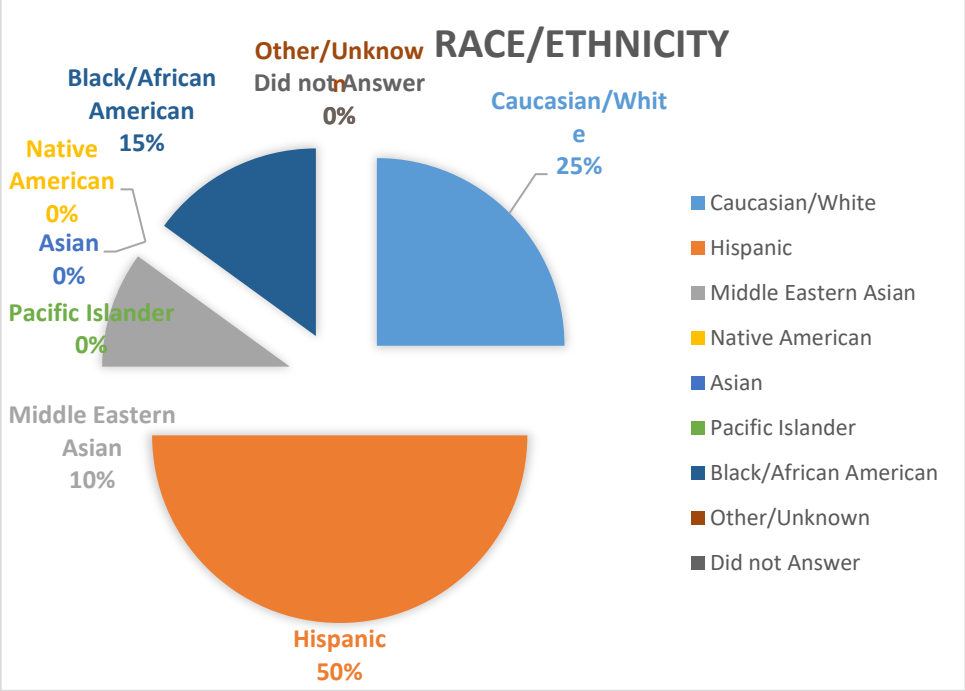
The Clinical Licensure Advancement and Support (CLAS) Program was designed to support the Department's journey level clinical therapist in their professional development and preparation for state licensing. Participants received one online test bank material specific to their licensure, one-hour weekly study group, and customized 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 program continues to be diverse. The new applications for the program that were accepted increased from 23 in fiscal year 2020-21 to 29 in fiscal year 2021-22. For new applicants, approximately 32% of participants are bilingual, and 75% identify as non-white. This past year, 15 CLAS participants passed their clinical exam.


AGE
Did not Answer
0%
50-59
13%
20-29
29%
40-49
25%
30-39
33%


LANGUAGE
Other
8%
Did not Answer
0%
Bilingual in
English and
Spanish
32%
English
56%
Arabic and
Farsi
4%
Spanish
0%
Tagalog
0%



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.

We are also looking into offering different programs for test preparation so participants can choose a program that works better for each of their learning style. A previous goal had been to improve methods for collecting and assessing pertinent date and tracking participants throughout their careers with the department. Some challenges with this goal the past three years was the turnover with our WET staff leading this program and the high turnover of our own department staff. For our three-year goal, we want to prioritize this in capturing this data so we can redesign the program to better address the needs of our pre-licensed clinicians. Another goal, in light of the ASWB results indicating a racial bias in the standardized testing of the Social Work Clinical Exam, we would like to work on strategizing how we can address this in our department and better prepare our clinicians.

Clinical Supervision Supports

Our agency recognizes the value of strong clinical supervision in order to increase the quality of consumer services. From 2019 - 2021, we collaborated with the Southern California Regional Partnership to provide Competency-Based Clinical Supervision training and Train the Trainers Initiative to strengthen and improve clinical supervision in the region. This past year, we continued to build on this knowledge with our clinical supervision workgroup, clinical supervisor consultation groups, and County Collaborative with other SCRP members focusing on clinical supervision.

Clinical Supervision Workgroup

Those who participated in the initial based clinical supervision formed a Clinical Supervisor workgroup in 2020, which continues to meet 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. Challenges we experienced with this workgroup were having consistent attendance, which had delayed some of the goals being accomplished. While most of the members have remained with our department, many of our members have needed to take additional responsibilities or were promoted, impacting their ability to regularly attend these meetings. Currently, the group is continuing to work 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. With the new supervision laws that took effect with BBS in 2022, the workgroup worked to ensure communicating these updates regularly with other clinical supervisors in the department and to prepare for the changes in advance.

Clinical Supervisor Consultation Groups

Clinical supervisors continue to express need for more training in clinical supervision, as well as consulting about supervisees and sharing knowledge with each other. The consult groups were created to provide support and training to clinical supervisors

based on the supervisor training program. Last year, we had two consultation groups, one consultation group includes clinical supervisors specifically working in the outpatient setting and the other is for supervisors in the detention setting, but the meetings were discontinued after turnover and staff resignations. We were able to form a new consultation group again was formed in Fall 2022. Future goals would be to expand the consultation groups to increase support to clinical supervisors in our agency.

County Collaborative on Clinical Supervision

Last year, our county reached out to other members of the SCRP who also completed the Competency-Based Supervision Training to ask if there was interest in meeting to share ideas and problem solve similar clinical supervision challenges in our region. The meeting was held on November 2021, and there was such a desire among the group to continue these meetings that these collaborative meetings now occur every two months. As a group, we have experienced similar challenges with staff resignations and lack of LCSW clinical supervision coverage, and discussed ways we can address this. We have also shared clinical supervision training curricula, strategies and forms with each other to improve each of our process. We are excited to continue this county collaborative with other Southern California Counties to improve and strengthen clinical supervision practices, identify general best practices, and to share resources and ideas.

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.

To meet the Residency and Internship goals in this work plan, we focused our strategies on the following:

- The Graduate Internship Field & Traineeship Program

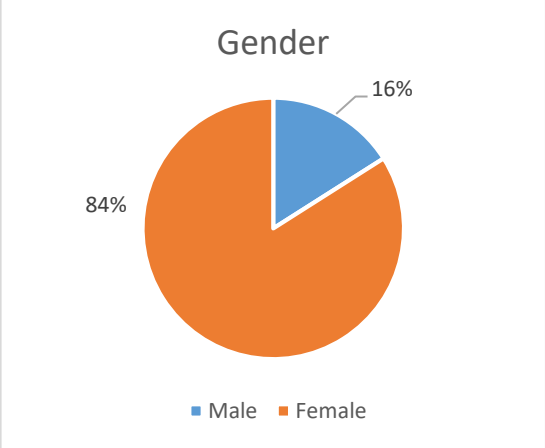
- Alcohol and Other Drugs (AOD) Program and Mentored Internship Program(MIP)
- Psychiatric Residency Program Supports

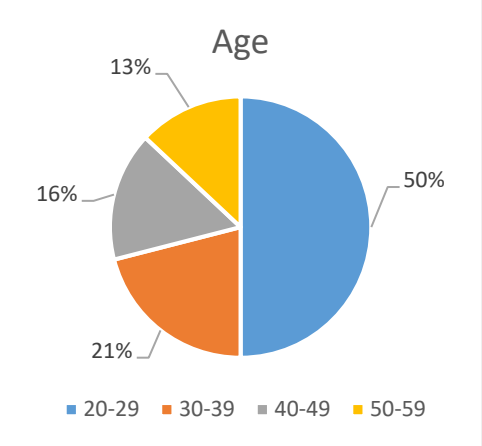
Graduate Internship, Field, and Traineeship (GIFT) Program

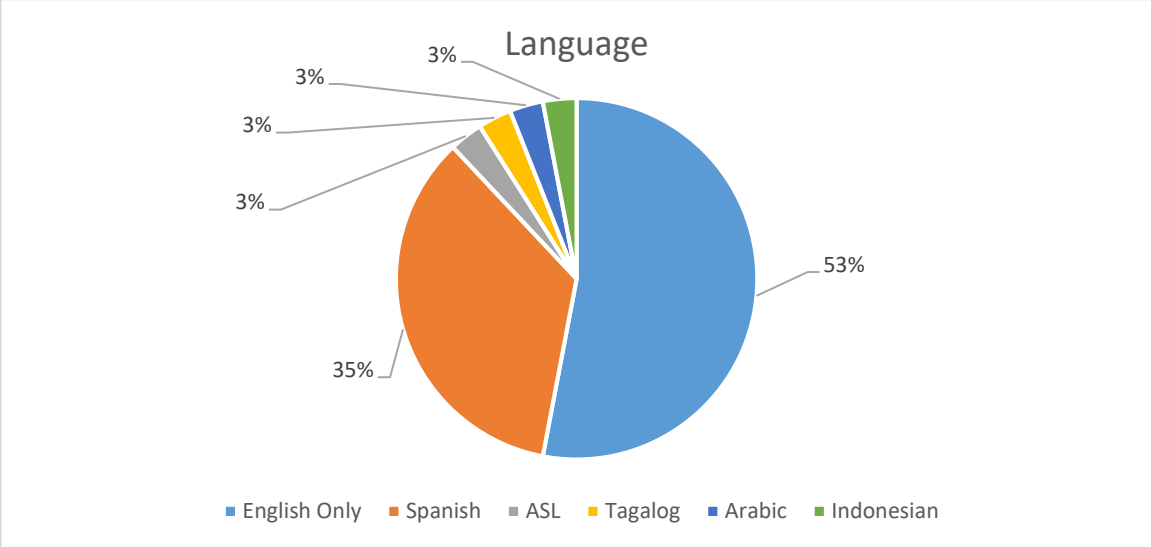
For the graduate student, an internship is integral to their learning and honing their craft. WET realizes that the practical orientation to working with consumers and families is a key factor in the development of any behavioral science student's education, not only to give them the confidence and competence of basic skill, but to set the values and ethics that will form their ongoing service as a professional. WET recognizes that the Department's student programs are not just about creating the next set of employable recruits, but rather a larger cohort of well-rounded, successful, and recovery-oriented partners in transformation.

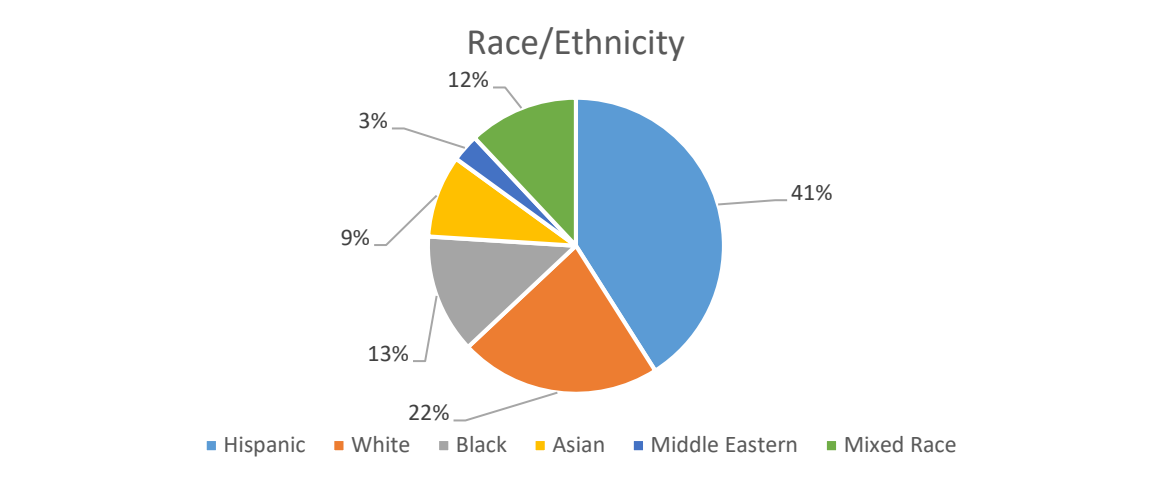
The WET Graduate, Internship, Field, and Traineeship (GIFT) Program has remained one of the most highly sought training programs in the region. The Department is the largest public service, formal internship program in Riverside County and in the Inland Empire. The Staff Development Officer of Education has screened and interviewed every applicant to identify the students who met the MHSA values and Department workforce development needs to ensure that incoming students are passionate about public service, recovery-oriented service, committed to the underserved, have lived-experience as a consumer or family member, or had cultural or linguistic knowledge required to serve the consumers of Riverside University Health System-Behavioral Health.

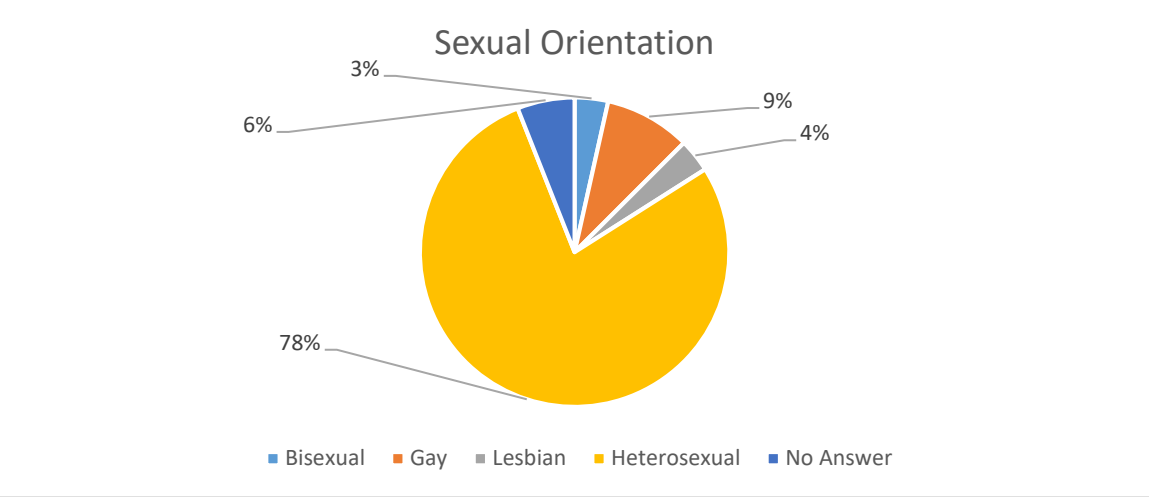
WET has Affiliation Agreements with numerous educational institutions. In the Academic Year 2022/23, The GIFT Program received 103 applications and coordinated internships for 32 master and bachelor's level students. Thirty-five percent of those students are fluent bilingual Spanish speakers, with many having experience with mental health services as a consumer or family member. In a demographic survey of this cohort, 41% identified as Hispanic/Latinx, 22% Caucasian/White, 13% Black/African American, 9% Asian, 3% Middle Eastern, and 4% of mixed race (White/Hispanic/Middle Eastern Asian, White/Hispanic, and Hispanic/Native American).


Gender
16%
84%
Male
Female


Age
13%
50%
16%
21%
20-29
30-39
40-49
50-59


Language
3%
3%
3%
3%
53%
35%
English Only
Spanish
ASL
Tagalog
Arabic
Indonesian





Our GIFT students committed to and received a two-week student orientation prior to commencing internship to enhance their clinical training. Each of the trainings within their orientation were coordinated and conducted by WET staff, with assistance from other MHSA staff. The student orientation included trainings on Welcoming and Orientation to the Department, Thriving in Public Service, Co-Occurring Disorders, Risk Assessment, Trauma Informed Services, Genogram, Ecomap, and Timelines, Differential Diagnosis, Cultural Competency Training, Mental Health First Aid, and were provided an introduction to many of our RUHS-BH Support Services. In addition to their orientation, students receive other trainings specifically tailored to the students (The Square Model, Solution Focused Brief Therapy, and the Student Spring Meeting). Our 20/20 Program students attend all trainings available to the GIFT students as their training runs on a parallel to the GIFT Programming.

Our GIFT students also received weekly individual supervision. Field or Practicum supervision is required by all of the students' universities; WET provided 41% of the supervision for our students and gave support to the remaining supervisors. WET also served as a central backing for all members of the learning team: the clinic field site, the student, and the university. In addition, WET collaborated with their educational partners in the community by facilitating and participating in the Inland Empire Clinical Education Collaborative. These efforts allowed for standardized support, monitoring, and oversight.

In addition to our GIFT Program coordination, we do allow students who are not in a formalized program, referred to as "Alternate" students, with RUHS-BH to be a part of the internship experience. In the 2021-2022 year, we assisted 3 "Alternate" students in obtaining their internship.

The Department's graduate student interns must go through the same competitive hiring process as other applicants to obtain a position as Clinical Therapist with RUHS-BH. The Department continues to hire many of the graduating student cohort each year, which allows us not only to meet the workforce development needs for this hard-to-fill job classification, but confirming that the WET, GIFT Program has prepared them to succeed in public mental health service.

The GIFT Program looks to the future as it continues to refine and expand its programming. Work continues to sharpen the student recruitment by involvement through recruitment fair participation and an in depth selection and interview process to meet the ever changing and growing workforce needs. Opportunities to gain relevant education and training within the outpatient mental health and primary healthcare settings, as well as developing additional cultural competency considerations are currently being examined.

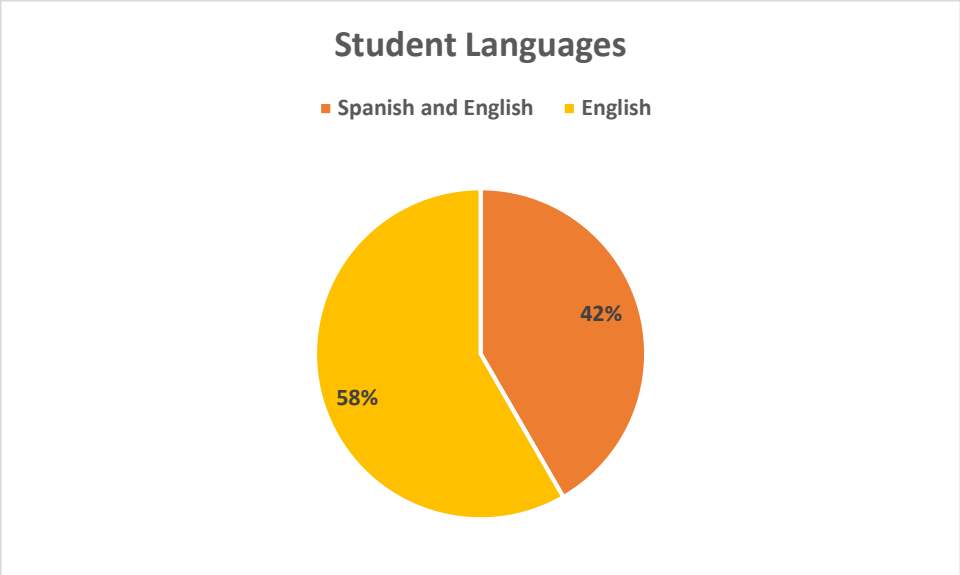
GIFT & The Lehman Center (TLC)

The Lehman Center (TLC) recruits student interns from the GIFT Students. TLC trained and retained BSW intern and transitioned student into Advanced MSW intern placement at TLC Adults (would not have stayed if not placed at TLC).

TLC trained and recruited BSW intern to transition student to Advanced MSW intern advanced placement and agreed to stay with TLC for next year's (2022-2023) placement. Three out of six TLC Children's interns accepted CT1 positions with RUHS. One of the three was hired in March 2022, but did not graduate until the end of April

2022.One out of six decided to continue school and pursue DSW degree. Students wanted to be at the TLC placement due to the advanced training, excellent quality supervision and treatment opportunities. TLC was able to recruit and hire a bilingual OAII.

TLC recruited student interns who represent the community and clients served. TLC contributed to the development of a Spanish track for therapist who provided services in Spanish. TLC also trained the Spanish speaking students how to use the Spanish DSM-V. TLC provided a Culture training for student interns and other Behavioral Health Staff. Additionally, a highlight for this year is that TLC students did community outreach: Myer's May is Mental Health Month fair, Point in Time homeless count, Longest Night, Christmas Drive Thru event at Myers.



TLC provided trainings for the GIFT students, TLC students, and for the Behavioral Health Clinics throughout the county. These trainings included but were not limited to The Square Model, GET, Solution Focus Brief Therapy, PAIR, Crisis, Equine Therapy, Narrative Therapy, Mindfulness, and Legal Ethical Issues. TLC staff provided training for GIFT students as part of the 2-week orientation including Differential Diagnosis. TLC staff participated in GIFT end of the year mock interviews. TLC Senior Clinicians also facilitated a SCRP Clinical Supervision Workgroup. The TLC staff became trained in the ASAM and renewed the CANS certifications. TLC helped train new Senior CT for

Square Model, CT1 group, and training on supervising graduate students. TLC Senior CTs assisted with CANS training for GIFT students.

All TLC Student Intern Trainings (20), based on a 5 point scale:

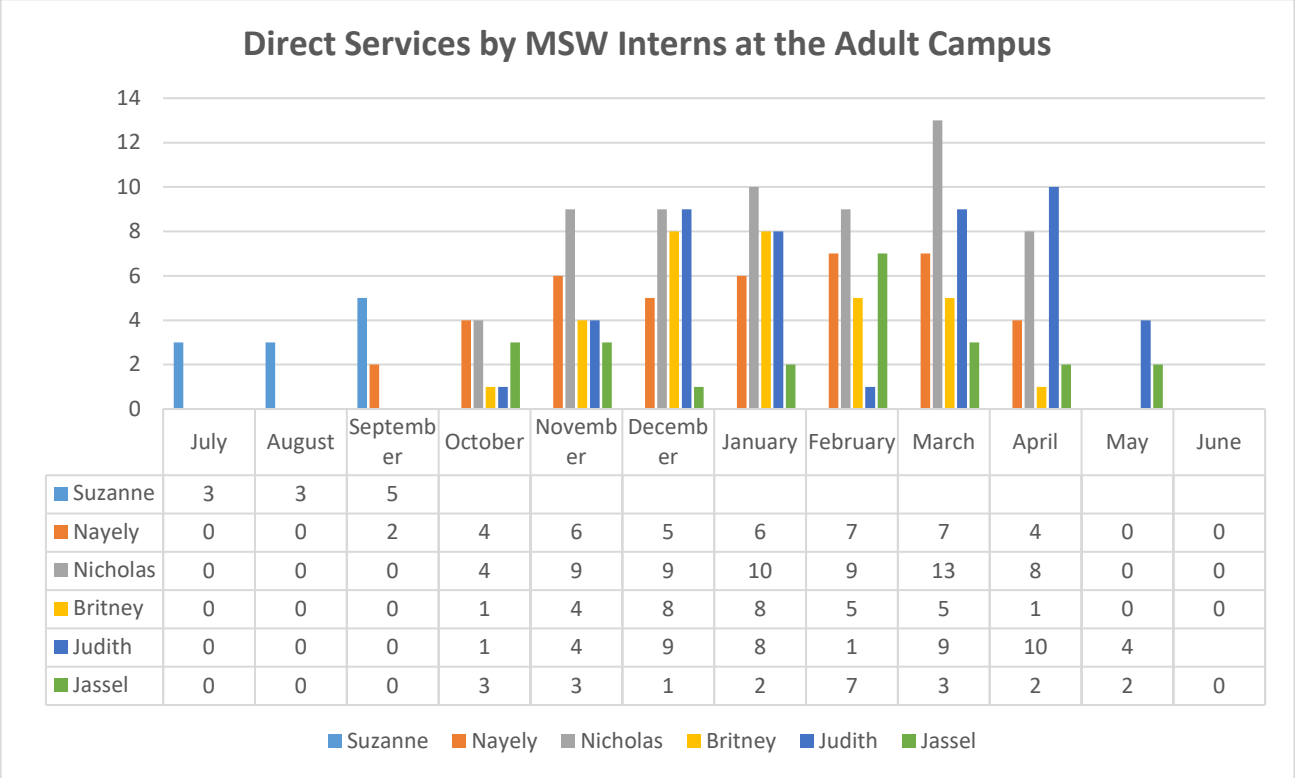
Question	Average Score
This training increased my understanding of the subject matter	4.94
Did the instructor(s) present the training materials in a clear and cohesive way?	4.95
Was the instructor attentive to questions?	5

TLC provided opportunities for MFT students to meet their requirement of hours. These students were able to provide direct services to department consumers at both the Children's and Adults Campus under the supervision of their field instructors who were licensed Clinical Therapists. Prior to the students being placed, TLC identified a challenge that related to upcoming state changes regarding Cal AIMS.

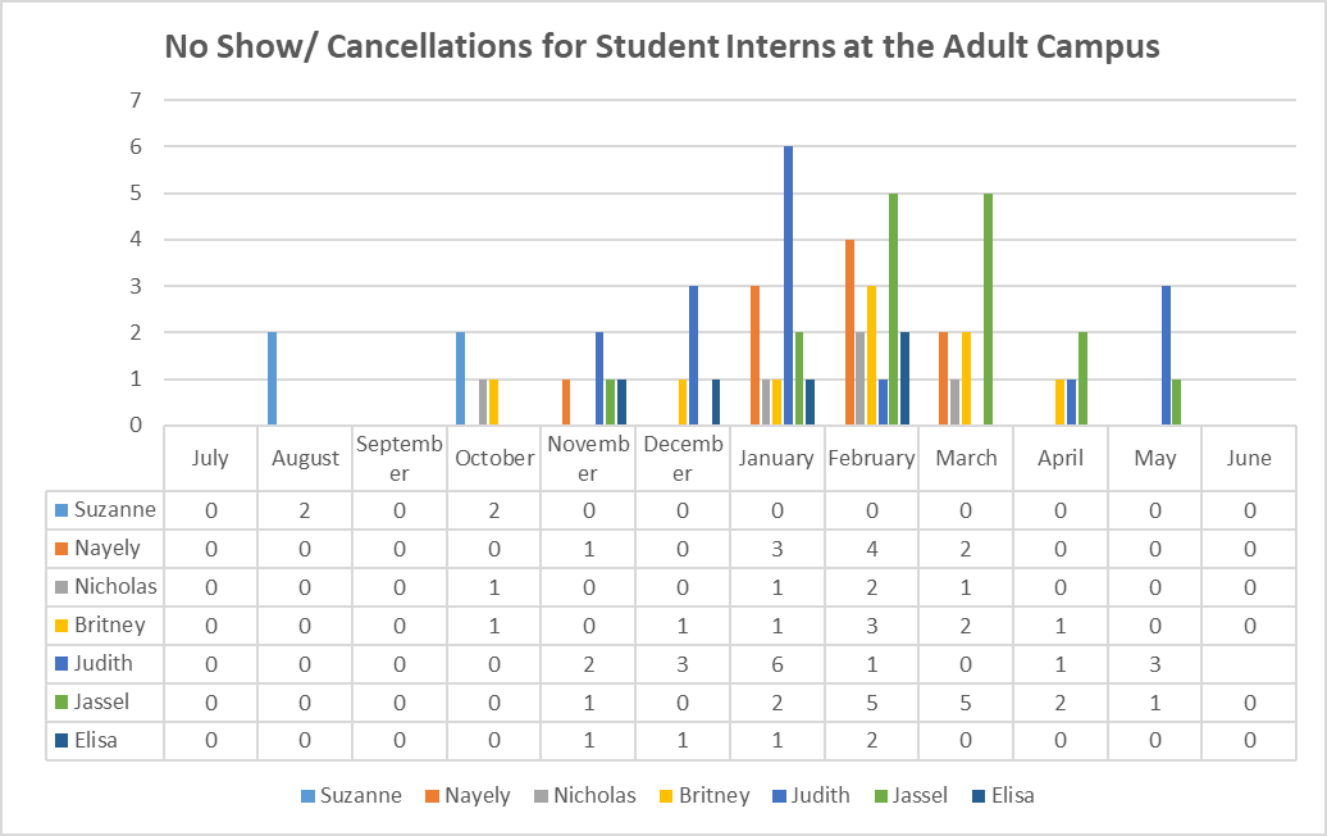
The process from the county and the state was slow and affected the development of manuals in the clinic. But since they identified this concern, and wanted the students to have the most updated information, staff reviewed student feedback to revise existing manuals according to Cal AIM (revised policy, procedures, documentation examples, work flow charts). A new section was added for BSW and Telehealth. Having this updated information, allowed them to provide direct service based on current standards. Below you will see a graph of the direct service hours for both Campuses as well as the no show/cancellation rate.

In addition, TLC also had the opportunity to train bachelors level students and support them in providing direct services. See below the graph of services delivered month by month for these students. TLC focused on working to provide service even barring all the challenges. They utilized telehealth to serve clients and families when they tested positive for COVID. They developed workarounds when encountering challenges with upgrades to our electronic record system. TLC coordinated with the Blaine St. Clinic, the physical host of the TLC adult campus, to complete assessments and treatment for Blaine clients.

See below, the last graph for this section demonstrates overall services for both the Children's and Adult Campuses.

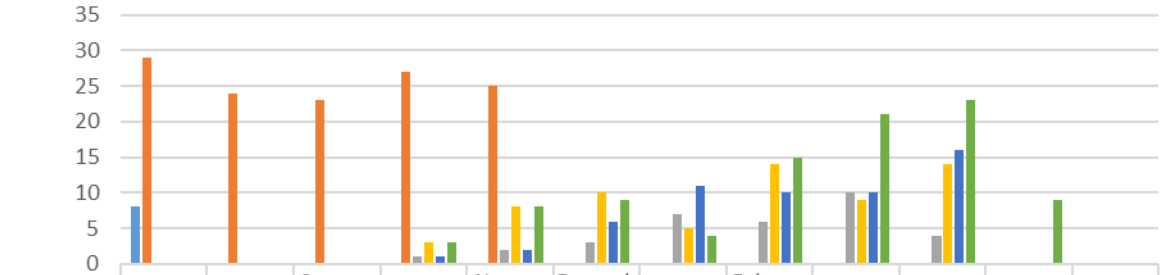


	July	August	September	October	November	December	January	February	March	April	May	June
Suzanne	3	3	5									
Nayely	0	0	2	4	6	5	6	7	7	4	0	0
Nicholas	0	0	0	4	9	9	10	9	13	8	0	0
Britney	0	0	0	1	4	8	8	5	5	1	0	0
Judith	0	0	0	1	4	9	8	1	9	10	4	
Jassel	0	0	0	3	3	1	2	7	3	2	2	0



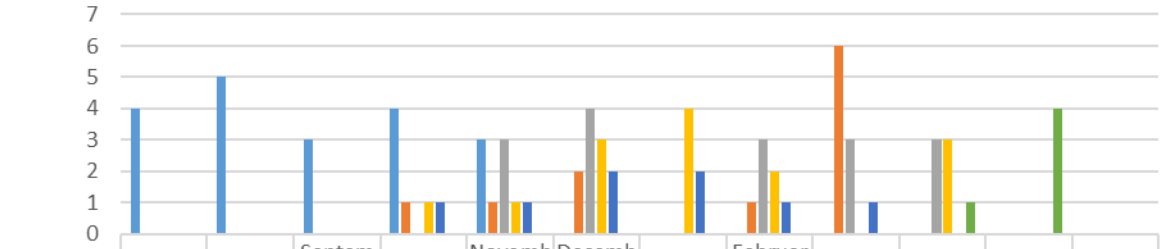
	July	August	September	October	November	December	January	February	March	April	May	June
Suzanne	0	2	0	2	0	0	0	0	0	0	0	0
Nayely	0	0	0	0	1	0	3	4	2	0	0	0
Nicholas	0	0	0	1	0	0	1	2	1	0	0	0
Britney	0	0	0	1	0	1	1	3	2	1	0	0
Judith	0	0	0	0	2	3	6	1	0	1	3	
Jassel	0	0	0	0	1	0	2	5	5	2	1	0
Elisa	0	0	0	0	1	1	1	2	0	0	0	0

Direct Services by MSW Interns at the Childrens Campus

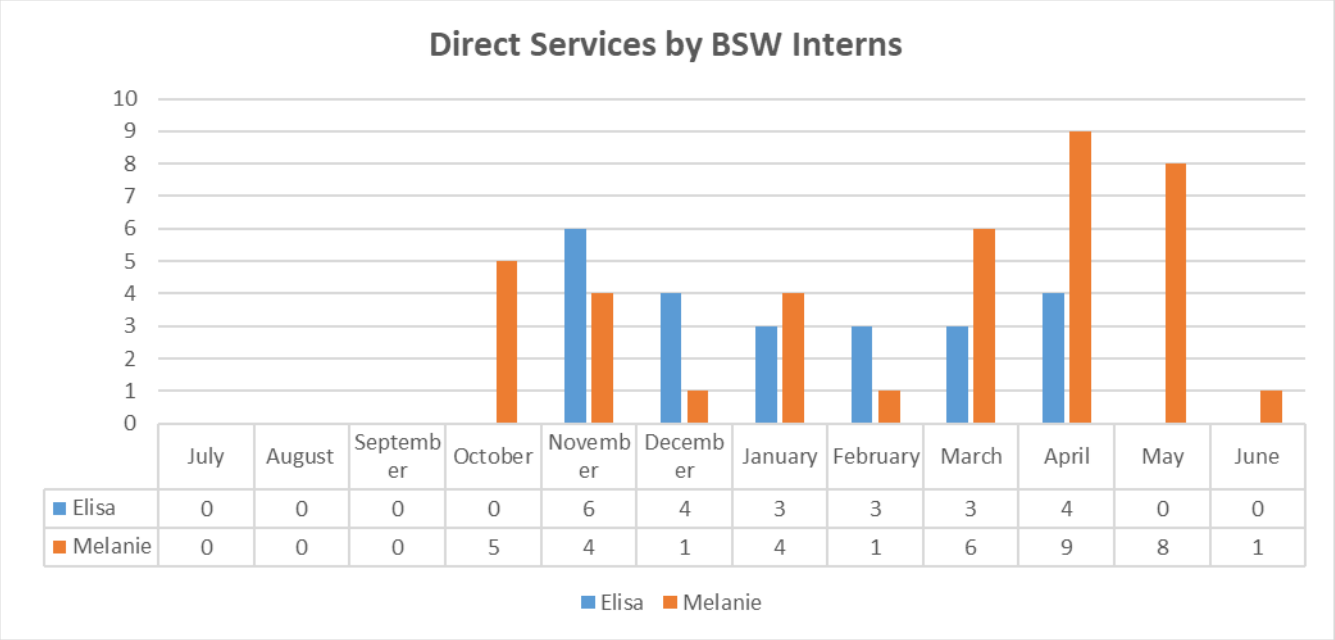


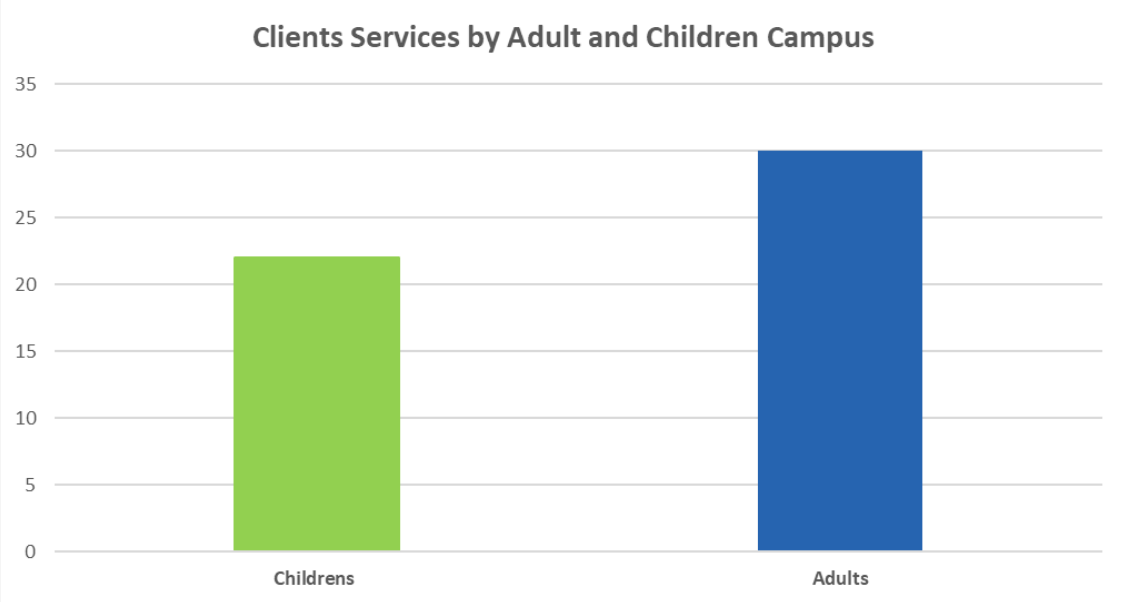
	July	August	September	October	November	December	January	February	March	April	May	June
Erica	8											
Suzanne	29	24	23	27	25							
Chelsea	0	0	0	1	2	3	7	6	10	4		
Adriana	0	0	0	3	8	10	5	14	9	14	0	0
Lilliana	0	0	0	1	2	6	11	10	10	16	0	0
Karina	0	0	0	3	8	9	4	15	21	23	9	

No Show/ Cancellations for Student Interns at the Childrens Campus



	July	August	September	October	November	December	January	February	March	April	May	June
Suzanne	4	5	3	4	3	0	0	0	0	0	0	0
Chelsea	0	0	0	1	1	2	0	1	6	0	0	0
Karina	0	0	0	0	3	4	0	3	3	3	0	0
Lilliana	0	0	0	1	1	3	4	2	0	3	0	0
Adriana	0	0	0	1	1	2	2	1	1	0	0	0
Melanie	0	0	0	0	0	0	0	0	0	1	4	0


Direct Services by BSW Interns
10
9
8
7
6
5
4
3
2
1
0
July
August
September
October
November
December
January
February
March
April
May
June
Elisa 0 0 0 0 6 4 3 3 3 4 0 0
Melanie 0 0 0 5 4 1 4 1 6 9 8 1
Elisa
Melanie


Clients Services by Adult and Children Campus
35
30
25
20
15
10
5
0
Childrens
Adults

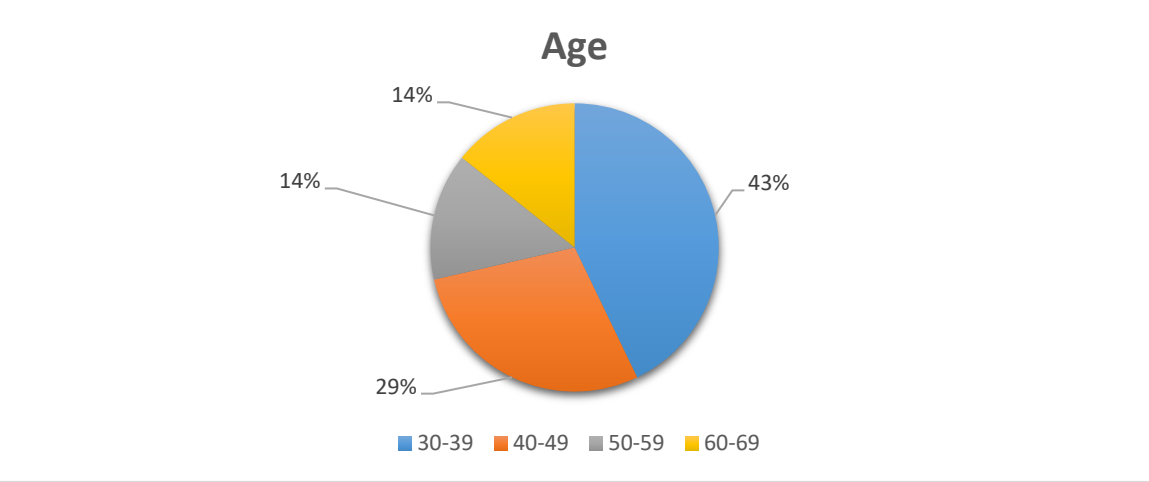
Alcohol & Other Drugs (AOD) Program and MIP

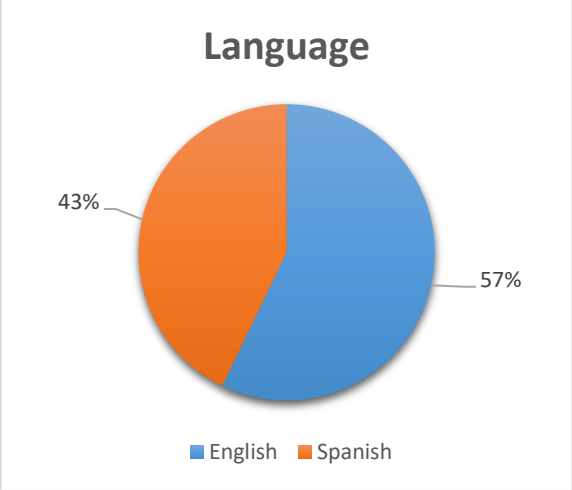
Alcohol & Other Drugs (AOD) Program

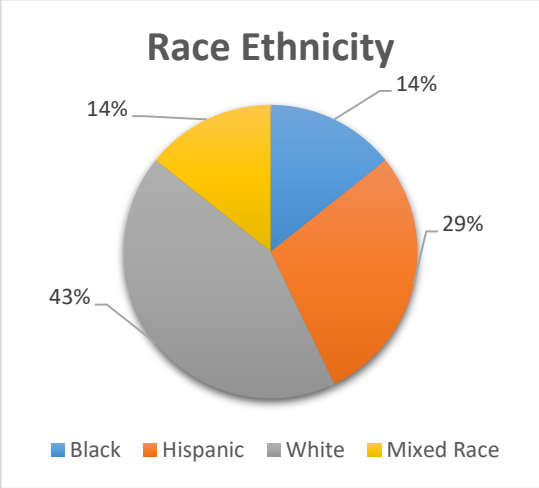
Much like our GIFT Program, for the Alcohol and Other Drugs counselor student, the internship provides a way to combine the academic learning with hands on clinical and treatment skills. This combination of learning with application allows them to develop the confidence and competence of basic skills, as well as the values and ethics that help to grow them as a professional in the field. WET assists these students in becoming not only employable recruits but gives them the opportunity to become recovery-oriented, well-rounded and successful professionals in their field of study.

In the year 2021-2022, the AOD Student Internship Program placed 8 students in the Substance Abuse, Prevention and Treatment (SAPT) clinics for internship. During this process WET was able to both update and establish new Affiliation Agreements with substance abuse counselor programs with various universities/schools in an effort to build the AOD Student Internship Program. Students who were placed with RUHS-BH SAPT clinics for internships came from a variety of programs. In addition, WET has also collaborated in a working partnership with SAPT clinics for placement and supervision of these students.

Of the eight students placed, the primary gender was female, with the majority being 30-39 years of age, with forty-three percent being fluent Spanish speakers.







Our goal in the AOD Program for the future is to continue to support and build this program, continuing to strengthen the working relationships with our partners in SAPT.

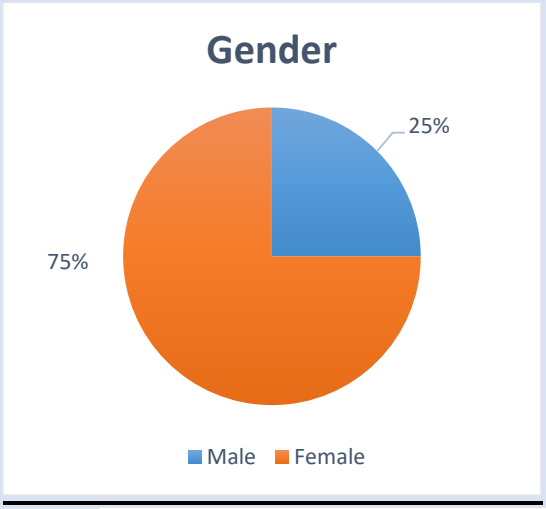
Mentored Internship Program (MIP)

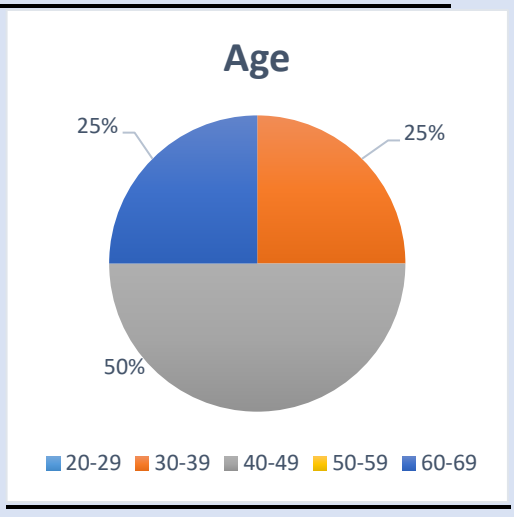
In FY 2022-23, WET was able to secure the Mentored Internship Program (MIP) grant in partnership with the SAPT Programs. The MIP grant is funded by the California Department of health Care Services (DHCS). In the fall of 2022, we were able to fully implement the program with 4 mentees for internship, placed in the Western and Desert Regions of Riverside County for internship.

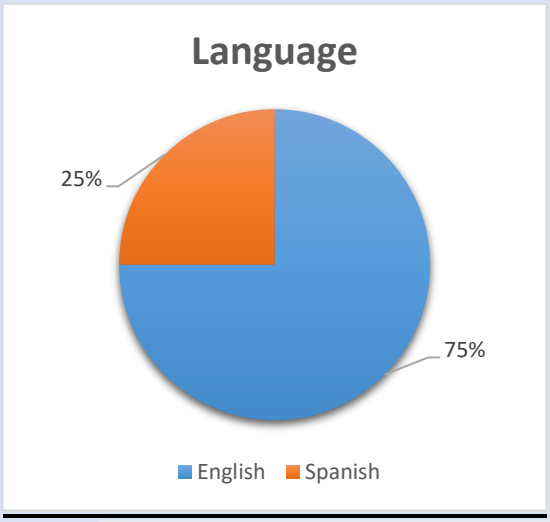
The MIP Program grants goals are to develop and implement an in-house MIP to assist in the treatment of recovery of clients with co-occurring disorders. The students in this program were screened to determine that each have had a co-occurring

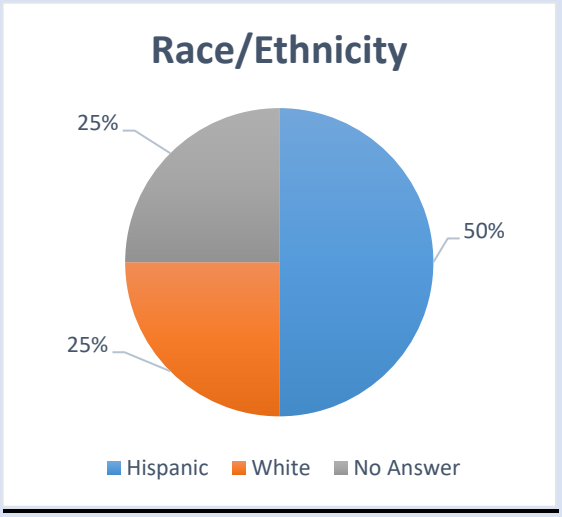
disorder or has a family member who has had a co-occurring disorder. The aim is to assist those individuals, already in an academic drug and alcohol counselor program to obtain the clinical experience needed to effectively gain employment, specifically in the area of co-occurring disorders.

Looking at the demographics of MIP, the majority of MIP students are female, with more than half being in the 40-49 years of age, with more than half being of Hispanic race, and one in four fluent in the Spanish language as noted on the pie charts below.









In an effort to make this program successful, both WET and SAPT worked together to develop a separate curriculum, an extensive training program, and a supervisory plan with the additional focus of co-occurring disorders. Since the implementation of the program, we have seen great success, and WET's aim is to have this program continue this program in future years if available. At the end of the first session in December or 2022, the student evaluations noted growth in their skills and abilities in client care and increased professional confidence through their learning experiences.

Psychiatric Residency Program Support

The Residency Program in psychiatry is fully accredited and has partnerships with the UCR School of Medicine and 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 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. In 2022-23, the WET team assisted in on-boarding nine (9) UCR Residents.

In addition to the UCR School of Medicine residents, residents from the Desert Regional Medical Center also complete rotations with our Behavioral Health physicians in the Desert Region of Riverside County. WET in collaboration with the Desert Region managers and supervisors, assist with ensure that these residents are able to successfully complete their rotations in Behavioral Health by providing the necessary scheduling and on-boarding of the residents. In FY 2022-23, WET will have assisted in successfully on boarded fifteen (15) DRMC residents to complete their rotation with RUHS-BH.

WET's future goal is to continue to support the medical residents so that they may have a successful learning experience with RUHS-BH.

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 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

To meet the Financial Incentives goals in this work plan, we focused our strategies on the following:

- The PASH (spell it out) and 20/20 Program
- Textbook and Tuition Reimbursement
- Loan Repayment Program

PASH & 20/20 PROGRAM

The PASH & 20/20 Program has been designed to motivate and support bachelor's degree level employees to encourage pursuit of graduate study, preparing them to obtain the position of Clinical Therapist I. WET inherited the management of the 20/20 Program in 2007.

Previous program records indicate that 14 RUHS-BH employees entered the program in the years between 1992-2007.Due to fiscal constraints, the program was suspended from accepting new applications from 2008-2010. The program was reopened in the fall of 2011. With WET recommendations, the Department expanded the target 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, streamline the application process and enhance quality selection. Significant changes were made to the selection process, number of candidates accepted and payback commitment. 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 ears of employment. To capture the most vested candidates, employees were required to have a minimum of 2 years of RUHS-BH 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 RUHS-BH 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 assist employees, and in a few cases, led to a participant being released from the program. In 2019, the number of candidates accepted was capped at 3, and the payback agreement for those accepted was extended to 5 years. In 2022, RUHS-BH Administration granted the 20/20 Program to accept 4 students.

In general, employees who complete the 20/20 Program remain employed with the department. From 2012 to 2022, the PASH & 20/20 Program has accepted 55

Year	Staff Accepted into Program	Currently Working for RUHS-BH
2012/13	03	01
2013/14	05	01
2014/15	05	02
2015/16	06	01
2016/17	10	04
2017/18	07	05
2018/19	03	02
2019/20	03	03
2020/21	03	03
2021/22	03	02
2022/23	04	04

employees into the program, 45% continue to serve the Department.

TEXTBOOK & TUITION REIMBURSEMENT

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

Since its inception in 2013 to 2021, there have been over 130 employees who have accessed or benefitted from Textbook & Tuition Reimbursement. Employees have earned degrees and certificates ranging 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 needs, Part A and Part B:

Textbook & Tuition Reimbursement		
Textbook & Tuition Reimbursement **Which Part is best for you?** **Part A or Part B**	Pursuing a *degree or certificate* that creates a promotional pathway into a RUHS-BH job classification Pursuing a *certificate* that will increase your knowledge in your current position, but that is not requred for your job classificaiton Part A is run by Human Resources Educational Support Program (ESP) and Workforce Education and Training (WET)	If you wnt to take one class/course NOT intended as a requirement for certificate or degree Must be related to enhancing your knowledge necessary to perform your current work duties Apply if you need to complete some post-degree coursework in order to meet the testing requirement for Certification or Lcensure that RUHS-BH requires as a condition of your continued employment Part B is run by RUHS-BH Workforce Education and Training (WET)

In the 2021-2022 year, there were 28 applications received for the Textbook & Tuition Reimbursement Program. Of the 28 applicants 26 were approved for reimbursement. During the 2021-2022 fiscal year, a total of $112,008.73 was awarded to program participants. A table outlining the awards provided through the Textbook & Tuition Reimbursement Program for each fiscal year since WET has been overseeing it in the 2013-2014 fiscal year is listed below:

Year	Number of Staff Awarded	Awarded
FY 2013-14	07	$47,418.47
FY 2014-15	03	$49,389.36
FY 2015-16	04	$42, 059.91
FY 2016-17	13	$65, 187.05
FY 2017-18	15	$70,197.22
FY 2018-19	30	$113,827.77
FY 2019-20	20	$125,846.60
FY 2020-21	13	$131,797.90
FY 2021-22	26	$112,008.73

LOAN REPAYMENT PROGRAMS

SCRP WET Loan Repayment Program

The SCRP WET Loan repayment program is another MHSA workforce retention strategy for the public mental health service system. In collaboration with other SCRP counties, we have partnered with California Mental Health Services Authority (CalMHSA) to make this funding available to our workforce for the next four years. It will award up to $10,000 to qualified RUHS-Behavioral Health staff to reduce student debt in exchange for a 12-month service obligation in a recognized hard-to-fill or hard-to-retain position.

Through this program, the regional partnership seeks to support Its qualified providers that service the most underserved populations within the county and work in the most hard-to-retain positions. WET has made targeted efforts to promote the number of applicants and the number of awards for Riverside's public behavioral health employees. For FY 2021-2022, 30 Riverside County workers were selected into the program and were awarded up to 300,000 in eligible repayment loans. We look forward to opening additional cycles over the course of the next four years following the below plan.

4-Year SCRP Award Amounts

FY 21-22 Riverside	30	$10,000	$300,000
FY 22-23 Riverside	25	$10,000	$250,000
FY 23-24 Riverside	25	$10,000	$250,000
FY 24-25 Riverside	25	$10,000	$258,000

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. Last year, 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. RUHS-BH currently has 7 participating in this program. The mission of the NHSC is to provide incentives for professionals to work in rural and underserved areas. Award eligibility is based on the location of the employee's clinic.

Physician Education Loan Repayment Program

During this reporting period, WET promoted the Physician Education Loan Repayment program administered through CalHealthCares which provides repayment on educational debt for California physicians who provide care to Medi-Cal patients. Eligible physicians can apply for up to $300,000 in loan repayment in exchange for a five-year service obligation. CalHealthCares commits $340 million voter-approved, state tobacco tax revenues from Proposition 56 (2016) to support and incentivize physicians to increase participation in the Medi-Cal program. In April 2019, the California Department of Health Care Services (DHCS) launched CalHealthCares, and DHCS has contracted with PHC to administer the statewide program.

Additional programs promoted by WET to staff included the California Department of Health Care Access and Information (HCAI), formerly OSHPD, Licensed Mental Health Services Provider Education Program, Steven M. Thompson Physician Corps (STLRP), and the California State Loan Repayment Program (SLRP).

Application cycle will open again in 2023 and it is WET's overall goal to make loan assumption programs such as the Physician Education Loan Repayment program and

others through HCAI more visible to our employees and to ensure the infrastructure to support our applicants.

WET- LOOKING FORWARD

As we look forward toward the next 3 years our goal is to continue to support and sustain the program by working to maintain the unit at capacity by:

- Working toward ensuring that staff have the resources and support they need to complete their day to day task.
- Discussing and planning in advance so that staff can have time to collaborate and carry out their task in a timely manner.
- Ensuring that they have the training to equipped them to be efficient in doing their jobs
- Hiring the 4th out of 4 Clerical supports so that all areas of WET are at Capacity and a OAIII to cover the Lehman Center
- Also evaluating clinical supports to see if additional staff are needed.

Another goal is to continue to provide the Training and Technical assistance across the department by:

- Continuing to develop structure for DBT the new EBP that the department adopted
- Work to improve the Conference Center by upgrading systems to be able to have the newest versions and hybrid options
- Sheri Marquez, supervisor of TLC will expand coaching, consultation, supervision and trainings (Square Model, GET, and Solution Focus Brief therapy will be CE trainings).
- TLC/WET will also support and collaboration with other departments and providers of our consumers to be trained in The Square Model, GET, and SFBT trainings will be offered to Behavioral Health and providers.

- With Clinical Supervision development tracking of Clinical Supervisors and providing training will continue as well as TLC clinician will develop a support group for Senior CTs.
- TLC clinicians will also expand individual and group supervision to cover ASW's that are acquiring hours and have no LCSW.
- Also continue to research and be aware of up and coming changes to how treatment is provided and different modalities of treatment to be able to off the trainings for our department and the community based organizations.

As it relates to Career Pathways

- Continue to collaborate with Peer supports as it relates to training needs and support needs through SCRP collaboration and pipeline efforts
- Expand the CLAS program participation in collaboration with the proposal for a Department wide CTI tracking process
- Increase outreach by expanding our High School and Community College partnership and offer Get Psyched to more high school and college students.
- Looking toward hiring a coordinator to primary focus on volunteer supports and services and to

Looking forward to the Internship and Residency Programs goals would be to

- Maintain and increase the number of locations for students to intern and increase students across the department, looking closely at ways the desert can be supported with getting more interns with the goal of hiring them to stay with the department once graduated.
- Improve the collaboration with the DRMC residency process and have stable placements
- Increase intern involvement with the Substance Abuse units of the department.

Continue to make available the Financial Incentive Programs

- Maintaining or increase the number of participates in the 20/20 program in 22/23 fiscal year the students increased from 3 approved spots for the program to 5 approved spots.
- Continue to provide and promote financial incentives and supports for staff
- Looking at other ways and means for financial assistance for staff.

Section VI

Capital Facilities and Technology

MHSA 3-Year Plan and Annual Update

FY 23/24-FY 25/26

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.

"The Place" Renovation

One current CFTN plan is the renovation of the 25-bed permanent, supportive housing property for homeless consumers in Riverside called "The Place."

The Place has 24/7 on-site supportive services for homeless consumers who experience serious mental illness. The facility originally opened in 2007, and the renovation will allow for much needed building upgrades, increased bed capacity from 25-bed shared room to 33-bed single room, and increase the size of common living areas and group treatment areas.

The renovation is scheduled to complete in December 2024.

Wellness Villages

RUHS-BH Wellness 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 Villages will be architecturally designed and landscaped and offer a full continuum of behavioral health care in one location. The goal is to build a Wellness Village in each of the five supervisorial districts. RUHS-BH initially identified 2 locations: Hemet and Coachella. The space originally found in Coachella was terminated based on the selected developer's inability to obtain site control and failure to reach an agreement on the fundamental deal points. In addition, the Hemet project encountered a variety of challenges relating to water supply, fire-life safety design, off-site improvements, and compatibility with existing surrounding land uses.

City concern regarding limited transportation access to the site given Hemet's location relative to major transportation corridors. These challenges created a significant risk that the development of the Wellness Village project in Hemet would not be able to meet necessary deadlines. As a result, the County and RUHS-BH identified an alternative location in Mead Valley, an unincorporated area of Perris and where the first Wellness Village will be constructed.

Each village would include various programs within the Behavioral Health Continuum of Care model, but could vary within each district to tailor individual needs of the surrounding communities. Programs in each campus could include: crisis residential treatment, mental health rehabilitation, children's mental health urgent care, children's residential mental health care, substance use services and 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.

Stakeholders have requested more accessible services for children. This campus would include an Urgent Care for children and teens struggling with urgent emotional and/or behavioral concerns. Also planned is a children's residential treatment facility providing inpatient crisis stabilization, medication monitoring, and thorough evaluation services to determine 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 parents and caregivers whose children are receiving treatment.

In an effort to leverage and braid various funding sources, RUHS-BH has submitted several grant applications and as of December 2023, RUHS-BH has been awarded the State's largest single grant award in the amount of $75.9 million, with an additional amount of $4.5 million, with several other grant applications pending award notification. We anticipate construction would conclude by the end of 2026.

Franklin Adult Residential Facility

The Franklin Adult Residential Facility (Franklin ARF) will be an 81-bed ARF to serve as an augmented board and care facility providing 24-hour care and intensive support services in a homelike setting for adults with behavioral health disabilities, who are being transitioned from a higher level of care who require special care and intensive support needs.

The project consists of renovating a county-owned 40,850 square foot building into the 81-bed ARF, and will include an onsite mental health clinic. The renovations will accommodate single and double occupancy rooms, a nurse station, medication room, exam rooms, consultation room, office space, commercial kitchen and dining area, restrooms and showers, laundry facility, group rooms, recreational space, living room space and outdoor space, as well as necessary building structure improvements.

In an effort to leverage and braid various funding sources, RUHS-BH applied for and was awarded $6 million. The renovation is scheduled to complete in December 2024.

Behavioral Health Wellness Center

RUHS is proposing to build a 100-bed Behavioral Health Wellness Center (BH Wellness), to serve as an acute psychiatric facility. The proposed project would replace the existing 77-bed RUHS psychiatric Emergency Treatment Services (ETS) and Inpatient Treatment Facility (ITF). The BH Wellness will be located adjacent to the RUHS-Medical Center in Moreno Valley to include 180,000 square feet of space, housing 96-100 inpatient acute behavioral health beds, emergency treatment services, and space for support staff. It will be located adjacent to the current emergency room and provide direct access to physical emergency medical services to improve efficiencies in care and service, as well as reduce costs. The existing 77-bed inpatient psychiatric treatment facility has been in place for 31 years and consistently exceeds capacity. The facility is at the end of its useful life and is becoming a challenge to meet Department of Health Care Access Information (HCAI) regulations. This facility will also include a Voluntary Mental Health Urgent Care (MHUC) for pediatric, adolescent and adult patients to be served in separate but adjacent space to one another to in this voluntary alternative to the Emergency Room to provide screening, assessment, crisis intervention, referral and short-term treatment. A 15-station Sobering Center will also be onsite to serve as safe place for law enforcement and paramedics to bring individuals under the influence, as a diversion from an emergency department or criminal justice facility.

Upon completion of the proposed new BH Wellness, RUHS intends to repurpose the existing RUHS ETS/ITS facility in Riverside, CA and convert the space into 77+ bed Institute for Mental Disease (IMD). Currently, RUHS must contract with privately owned facilities in neighboring counties, primarily San Diego and Bakersfield. Although RUHS is not requesting funding to repurpose the existing facility, it is important to share building the new BH Wellness will allow RUHS to add bed capacity to the existing continuum of care.

The ITF and ETS replacement will be locked facilities and therefore the use of MHSA is not allowed, however the MHUC, Sobering Center and IMD are allowable under MHSA. RUHS-BH applied for and was awarded $3 million toward the MHUC and additional grant opportunities will be pursued in the future. Construction completion for the BH Wellness Center is anticipated at the end of 2028, and the 77+ bed IMD renovation will be pursued at a future date.

Section VII

Funding

MHSA 3-Year Plan and Annual Update

FY 23/24-FY 25/26

MHSA County Fiscal Accountability Certification

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Riverside County

- [x] Three-Year Program and Expenditure Plan
- [ ] Annual Update
- [ ] Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Matthew Chang, MD.	Name: Ben J. Benoit
Telephone Number: (951) 358-4501	Telephone Number: (951) 358-3800
E-mail: Matthew.Chang@ruhealth.org	E-mail: BenJBenoit@rivco.org
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)

Matthew Chang
Signature

Date

I hereby certify that for the fiscal year ended June 30, 2022, 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 12/14/2022 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, 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.

for Ben J. Benoit Tanya S. Harris
County Auditor Controller / City Financial Officer (PRINT)
Assistant Auditor-Controller

Tanya S. Harris 6/20/2023
Signature Date

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

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Riverside

Date: 5/1/23

	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 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	46,729,903	22,348,660	26,173,947	441,529	38,569,599	
2. Estimated New FY2023/24 Funding	200,961,047	50,240,262	13,221,121			
3. Transfer in FY2023/24[a/]	(15,700,000)			1,200,000	14,500,000	
4. Access Local Prudent Reserve in FY2023/24						0
5. Estimated Available Funding for FY2023/24	231,990,950	72,588,922	39,395,068	1,641,529	53,069,599	
B. Estimated FY2023/24 MHSA Expenditures	152,913,111	37,410,355	4,083,806	1,581,216	25,000,000	
C. Estimated FY2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	79,077,838	35,178,567	35,311,262	60,313	28,069,599	
2. Estimated New FY2024/25 Funding	132,031,570	33,007,893	8,686,288			
3. Transfer in FY2024/25[a/]	(16,100,000)			1,600,000	14,500,000	
4. Access Local Prudent Reserve in FY2024/25						0
5. Estimated Available Funding for FY2024/25	195,009,408	68,186,460	43,997,550	1,660,313	42,569,599	
D. Estimated FY2024/25 MHSA Expenditures	157,500,505	38,532,665	15,750,000	1,628,652	7,500,000	
E. Estimated FY2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	37,508,904	29,653,795	28,247,550	31,661	35,069,599	
2. Estimated New FY2025/26 Funding	129,333,218	32,333,304	8,508,764			
3. Transfer in FY2025/26[a/]	(1,700,000)			1,700,000	0	
4. Access Local Prudent Reserve in FY2025/26						0
5. Estimated Available Funding for FY2025/26	165,142,122	61,987,099	36,756,314	1,731,661	35,069,599	
F. Estimated FY2025/26 MHSA Expenditures	162,225,520	39,688,645	16,297,500	1,677,512	20,000,000	
G. Estimated FY2025/26 Unspent Fund Balance	2,916,602	22,298,454	20,458,814	54,150	15,069,599	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	24,217,189
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	24,217,189
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	24,217,189
8. Contributions to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	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.

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Riverside Date: 5/1/23

	Fiscal Year 2023/24					
	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	18,583,251	1,168,204	8,709,517	0	3,972,161	4,733,369
2. CSS-01 Transitional Age Youth	15,509,391	3,397,591	10,700,248	0	1,251,523	160,029
3. CSS-01 Adults	58,527,846	29,693,309	18,757,223	0	8,222,388	1,854,927
4. CSS-01 Older Adult	8,484,377	2,825,177	5,393,477	0	0	265,723
5. CSS-02 Crisis System of Care	5,915,754	1,973,032	183,183	0	28,971	3,730,568
6. CSS-02 Mental Health Courts and Justice Involved	1,430,863	407,892	582,921	0	391,694	48,356
7. CSS-03 Housing and Housing Programs	18,202,818	10,927,364	1,474,271	0	249	5,800,934
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	26,925,883	12,709,547	11,947,919	0	435,513	1,832,904
2. CSS-02 Mental Health Courts and Justice Involved	14,373,746	10,877,577	1,724,604	0	6,400	1,765,165
3. CSS-02 Children's Clinic Expansion and Enhancements	123,487,255	9,265,883	60,207,638	0	46,181,955	7,831,778
4. CSS-02 Adults Clinic Expansions and Enhancements	108,619,190	52,763,153	38,788,154	0	521,533	16,546,351
5. CSS-02 Older Adult Clinic Expansions and Enhancements	11,717,265	4,212,978	6,709,359	0	199	794,730
6. CSS-03 Lived Experience Integration of Care	8,178,649	3,538,643	2,711,837	0	1,198,170	729,998
7. CSS-03 Housing and Housing Programs	9,292,267	6,803,740	15,868	0	0	2,472,659
8.						
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	6,340,673	2,349,022	3,854,119	0	0	137,533
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	435,589,228	152,913,111	171,760,337	0	62,210,757	48,705,023
FSP Programs as Percent of Total	82.8%					

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Riverside

Date: 5/1/23

	Fiscal Year 2024/25					
	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	19,140,749	1,203,250	8,970,803	0	4,091,326	4,875,370
2. CSS-01 Transitional Age Youth	15,974,673	3,499,519	11,021,255	0	1,289,069	164,830
3. CSS-01 Adults	60,283,682	30,584,109	19,319,939	0	8,469,059	1,910,574
4. CSS-01 Older Adult	8,738,908	2,909,932	5,555,281	0	0	273,695
5. CSS-02 Crisis System of Care	6,093,227	2,032,223	188,678	0	29,840	3,842,485
6. CSS-02 Mental Health Courts and Justice Involved	1,473,789	420,129	600,408	0	403,445	49,807
7. CSS-03 Housing and Housing Programs	18,748,903	11,255,185	1,518,499	0	257	5,974,962
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	27,733,659	13,090,833	12,306,357	0	448,578	1,887,891
2. CSS-02 Mental Health Courts and Justice Involved	14,804,959	11,203,904	1,776,343	0	6,592	1,818,119
3. CSS-02 Children's Clinic Expansion and Enhancements	127,191,872	9,543,860	62,013,867	0	47,567,414	8,066,731
4. CSS-02 Adults Clinic Expansions and Enhancements	111,877,766	54,346,047	39,951,798	0	537,179	17,042,741
5. CSS-02 Older Adult Clinic Expansions and Enhancements	12,068,783	4,339,367	6,910,640	0	205	818,572
6. CSS-03 Lived Experience Integration of Care	8,424,008	3,644,803	2,793,192	0	1,234,116	751,898
7. CSS-03 Housing and Housing Programs	9,571,035	7,007,852	16,344	0	0	2,546,839
8.						
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	6,530,893	2,419,492	3,969,742	0	0	141,659
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	448,656,905	157,500,505	176,913,147	0	64,077,079	50,166,174
FSP Programs as Percent of Total	82.8%					

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Riverside Date: 5/1/23

	Fiscal Year 2025/26					
	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	19,714,971	1,239,347	9,239,927	0	4,214,066	5,021,631
2. CSS-01 Transitional Age Youth	16,453,913	3,604,504	11,351,893	0	1,327,741	169,775
3. CSS-01 Adults	62,092,192	31,501,632	19,899,538	0	8,723,131	1,967,892
4. CSS-01 Older Adult	9,001,076	2,997,230	5,721,940	0	0	281,906
5. CSS-02 Crisis System of Care	6,276,023	2,093,190	194,339	0	30,735	3,957,760
6. CSS-02 Mental Health Courts and Justice Involved	1,518,003	432,732	618,421	0	415,548	51,301
7. CSS-03 Housing and Housing Programs	19,311,370	11,592,841	1,564,054	0	264	6,154,210
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	28,565,669	13,483,558	12,675,547	0	462,036	1,944,528
2. CSS-02 Mental Health Courts and Justice Involved	15,249,108	11,540,021	1,829,633	0	6,790	1,872,663
3. CSS-02 Children's Clinic Expansion and Enhancements	131,007,628	9,830,176	63,874,283	0	48,994,436	8,308,733
4. CSS-02 Adults Clinic Expansions and Enhancements	115,234,099	55,976,429	41,150,352	0	553,294	17,554,024
5. CSS-02 Older Adult Clinic Expansions and Enhancements	12,430,847	4,469,548	7,117,959	0	211	843,129
6. CSS-03 Lived Experience Integration of Care	8,676,728	3,754,147	2,876,988	0	1,271,139	774,455
7. CSS-03 Housing and Housing Programs	9,858,166	7,218,088	16,834	0	0	2,623,244
8.						
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	6,726,820	2,492,077	4,088,835	0	0	145,908
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	462,116,612	162,225,520	182,220,542	0	65,999,392	51,671,159
FSP Programs as Percent of Total	82.8%					

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside

Date: 5/1/23

	Fiscal Year 2023/24					
	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 Reduction	27,019,009	26,558,462	421,715	0	0	38,832
2. PEI-02 Parent Education and Support	7,209,784	3,071,175	1,781,228	0	1,088,410	1,268,971
3. PEI-03 Early Intervention for Families in Schools	34,377	34,377	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,161,744	1,153,567	8,177	0	0	0
5. PEI-05 First Onset for Older Adults	924,128	924,128	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	1,280,139	1,280,139	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,022,080	2,022,080	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	427,450	427,450	0	0	0	0
12. PEI-05 First Onset for Older Adults	432,572	418,459	14,113	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,520,518	1,520,518	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	42,031,800	37,410,355	2,225,233	0	1,088,410	1,307,803

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside

Date: 5/1/23

	Fiscal Year 2024/25					
	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 Reduction	27,829,580	27,355,216	434,367	0	0	39,997
2. PEI-02 Parent Education and Support	7,426,077	3,163,311	1,834,664	0	1,121,062	1,307,040
3. PEI-03 Early Intervention for Families in Schools	35,408	35,408	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,196,596	1,188,174	8,422	0	0	0
5. PEI-05 First Onset for Older Adults	951,852	951,852	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	1,318,543	1,318,543	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,082,742	2,082,742	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	440,273	440,273	0	0	0	0
12. PEI-05 First Onset for Older Adults	445,549	431,013	14,536	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,566,133	1,566,133	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	43,292,754	38,532,665	2,291,990	0	1,121,062	1,347,037

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside

Date: 5/1/23

	Fiscal Year 2025/26					
	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 Reduction	28,217,069	28,175,872	0	0	0	41,197
2. PEI-02 Parent Education and Support	5,759,155	3,258,210	0	0	1,154,694	1,346,251
3. PEI-03 Early Intervention for Families in Schools	36,470	36,470	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,223,819	1,223,819	0	0	0	0
5. PEI-05 First Onset for Older Adults	980,407	980,407	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	1,358,099	1,358,099	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,145,225	2,145,225	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	453,481	453,481	0	0	0	0
12. PEI-05 First Onset for Older Adults	443,944	443,944	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,613,117	1,613,117	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	42,230,788	39,688,645	0	0	1,154,694	1,387,448

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside Date: 5/1/23

	Fiscal Year 2023/24					
	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-07 Tech Suite	3,879,616	3,879,616	0	0	0	0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	204,190	204,190	0	0	0	0
Total INN Program Estimated Expenditures	4,083,806	4,083,806	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside

Date: 5/1/23

	Fiscal Year 2024/25					
	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-08 Project TBD	5,000,000	5,000,000	0	0	0	0
2. INN-09 Project TBD	5,000,000	5,000,000	0	0	0	0
3. INN-10 Project TBD	5,000,000	5,000,000	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	750,000	750,000				
Total INN Program Estimated Expenditures	15,750,000	15,750,000	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside Date: 5/1/23

	Fiscal Year 2025/26					
	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-08 Project TBD	5,175,000	5,175,000	0	0	0	0
2. INN-09 Project TBD	5,175,000	5,175,000	0	0	0	0
3. INN-10 Project TBD	5,175,000	5,175,000	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	772,500	772,500				
Total INN Program Estimated Expenditures	16,297,500	16,297,500	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Riverside Date: 5/1/23

	Fiscal Year 2023/24					
	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	1,737,506	1,135,818	601,688	0	0	0
2. WET-02 Training and Technical Assistance	95,391	62,358	33,033	0	0	0
3. WET-03 Mental Health Career Pathways	36,746	36,746	0	0	0	0
4. WET-04 Residency and Internship	30,735	30,735	0	0	0	0
5. WET-05 Financial Incentives	315,559	315,559	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	2,215,937	1,581,216	634,722	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Riverside Date: 5/1/23

	Fiscal Year 2024/25					
	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	1,789,631	1,169,892	619,739	0	0	0
2. WET-02 Training and Technical Assistance	98,253	64,229	34,025	0	0	0
3. WET-03 Mental Health Career Pathways	37,849	37,849	0	0	0	0
4. WET-04 Residency and Internship	31,657	31,657	0	0	0	0
5. WET-05 Financial Incentives	325,026	325,026	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	2,282,415	1,628,652	653,763	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Riverside Date: 5/1/23

	Fiscal Year 2025/26					
	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	1,843,320	1,204,989	638,331	0	0	0
2. WET-02 Training and Technical Assistance	101,201	66,156	35,045	0	0	0
3. WET-03 Mental Health Career Pathways	38,984	38,984	0	0	0	0
4. WET-04 Residency and Internship	32,607	32,607	0	0	0	0
5. WET-05 Financial Incentives	334,776	334,776	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	2,350,888	1,677,512	673,376	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside Date: 5/1/23

	Fiscal Year 2023/24					
	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	5,000,000	5,000,000	0	0	0	0
2. Monroe Capital Project	5,000,000	5,000,000	0	0	0	0
3. Residential Campus	28,500,000	15,000,000	0	0	0	13,500,000
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	38,500,000	25,000,000	0	0	0	13,500,000

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside Date: 5/1/23

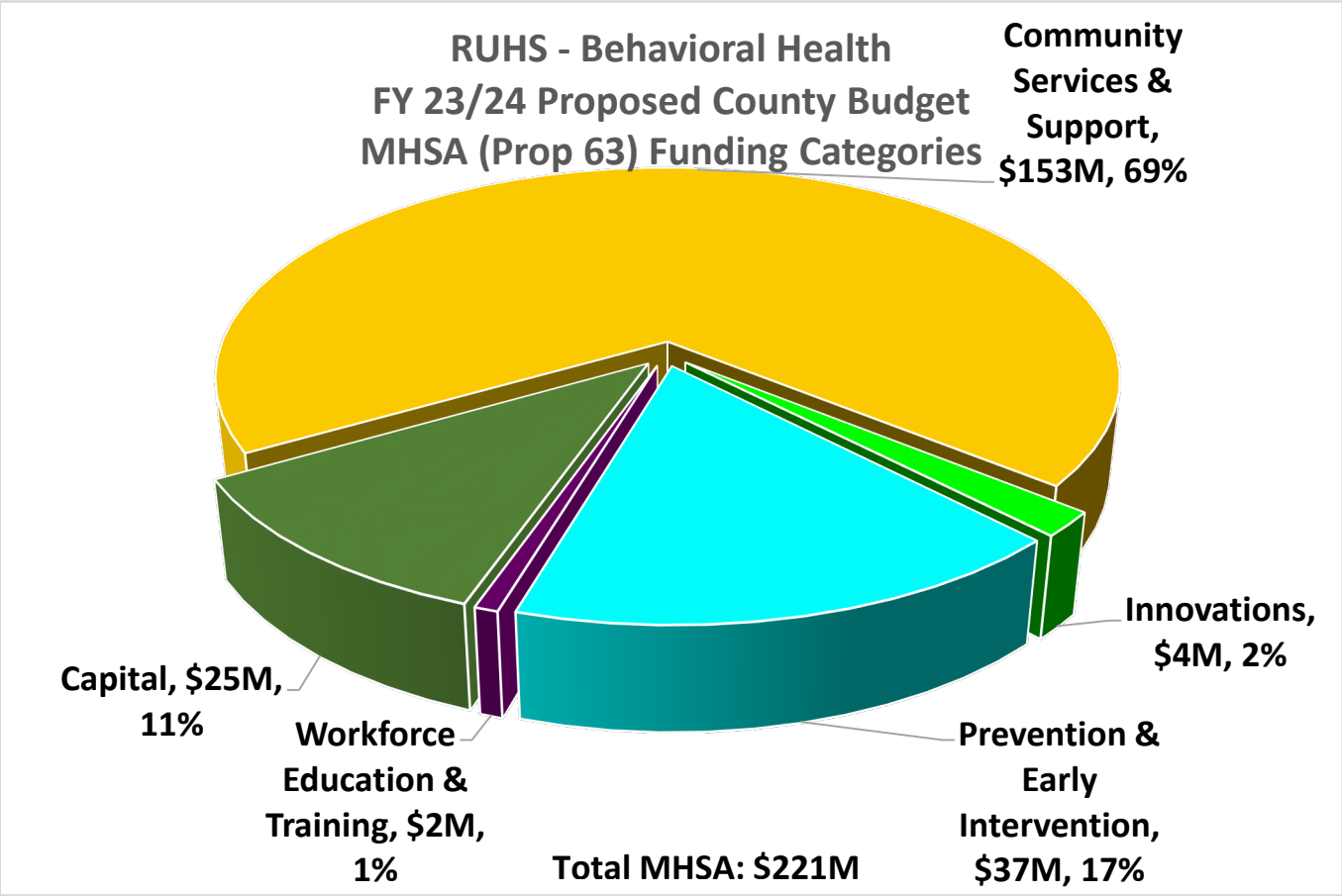
	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Diversion Campus	2,500,000	2,500,000	0	0	0	0
2. Residential Campus	9,500,000	5,000,000	0	0	0	4,500,000
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	12,000,000	7,500,000	0	0	0	4,500,000

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside

Date: 5/1/23

	Fiscal Year 2025/26					
	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. Wellness Campus	22,500,000	20,000,000	0	0	0	2,500,000
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	22,500,000	20,000,000				



Type	MHSA %	MHSA Funding
Community Services & Support	69.20%	$153M
Innovations	1.85%	$4M
Prevention & Early Intervention	16.93%	$37M
Workforce Education & Training	0.72%	$2M
Capital	11.31%	$25M
		$221M

Cost Per Client

MHSA Cost Per Client
FY 2021/2022

FULL SERVICE PARTNERSHIP

PLAN NAME:	CSS-01 Children's
UNIQUE CLIENTS:	3,155
COST:	$1,534,520
AVERAGE COST:	$486.38

PLAN NAME:	CSS-01 Transitional Age Youth
UNIQUE CLIENTS:	2,369
COST:	$2,519,717
AVERAGE COST:	$1,063.62

PLAN NAME:	CSS-01 Adults
UNIQUE CLIENTS:	10,526
COST:	$25,925,713
AVERAGE COST:	$2,463.02

PLAN NAME:	CSS-01 Older Adult
UNIQUE CLIENTS:	1,083
COST:	$1,888,829
AVERAGE COST:	$1,744.07

PLAN NAME:	CSS-02 Crisis System of Care
UNIQUE CLIENTS:	2,511
COST:	$2,487,799
AVERAGE COST:	$990.76

PLAN NAME:	CSS-02 Mental Health Courts and Justice Involved
UNIQUE CLIENTS:	209
COST:	$75,071
AVERAGE COST:	$359.19

PLAN NAME:	CSS-03 Housing and Housing Programs
UNIQUE CLIENTS:	5,929
COST:	$9,834,566
AVERAGE COST:	$1,658.72

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	CSS-02 Adults Clinic Expansions and Enhancements
UNIQUE CLIENTS:	15,063
COST:	$14,740,228
AVERAGE COST:	$978.57

PLAN NAME:	CSS-02 Children's Clinic Expansions and Enhancements
UNIQUE CLIENTS:	16,169
COST:	$8,621,117
AVERAGE COST:	$533.19

PLAN NAME:	CSS-02 Mental Health Courts and Justice Involved
UNIQUE CLIENTS:	4,676
COST:	$560,894
AVERAGE COST:	$119.95

PLAN NAME:	CSS-02 Older Adult Clinic Expansions and Enhancement
UNIQUE CLIENTS:	2,943
COST:	$3,680,150
AVERAGE COST:	$1,250.48

PLAN NAME:	CSS-02 Crisis System of Care
UNIQUE CLIENTS:	9,189
COST:	$9,398,321
AVERAGE COST:	$1,022.78

PLAN NAME:	CSS-03 Housing and Housing Programs
UNIQUE CLIENTS:	613
COST:	$939,721
AVERAGE COST:	$1,532.99

Cost Per Client

MHSA Cost Per Client-PEI
FY 2021/2022

PEI PROGRAMS- PREVENTION

PLAN NAME:	PEI-01 Mental Health Outreach, Awareness and Stigma Reduction
UNIQUE CLIENTS:	78,976
COST:	$22,600,152
AVERAGE COST:	$286.16

PLAN NAME:	PEI-02 Parent Education and Support
UNIQUE CLIENTS:	798
COST:	$2,629,491
AVERAGE COST:	$3,295.10

PLAN NAME:	PEI-04 Transitional Age Youth (TAY) Project
UNIQUE CLIENTS:	12,985
COST:	$1,031,371
AVERAGE COST:	$79.43

PLAN NAME:	PEI-05 First Onset for Older Adults
UNIQUE CLIENTS:	227
COST:	$1,363,659
AVERAGE COST:	$6,007.31

PLAN NAME:	PEI-06 Trauma Exposed Services For All Ages
UNIQUE CLIENTS:	277
COST:	$820,442
AVERAGE COST:	$2,961.88

PLAN NAME:	PEI-07 Underserved Cultural Polpulations
UNIQUE CLIENTS:	681
COST:	$1,707,555
AVERAGE COST:	$2,507.42

PEI PROGRAMS- EARLY INTERVENTION

PLAN NAME:	PEI-04 Transitional Age Youth (TAY) Project
UNIQUE CLIENTS:	220
COST:	$398,374
AVERAGE COST:	$1,810.79

PLAN NAME:	PEI-05 First Onset for Older Adults
UNIQUE CLIENTS:	4,019
COST:	$326,029
AVERAGE COST:	$81.12

Cost Per Client

MHSA Cost Per Client-Innovation
FY 2021/2022

INNOVATION PROGRAMS

PLAN NAME:	INN-06 Resilient Brave Youth
UNIQUE CLIENTS:	23
COST:	$185,656
AVERAGE COST:	$8,072.00

PLAN NAME:	INN-07 Technology Suite (Tech Suite)
UNIQUE CLIENTS:	1,205
COST:	$3,069,215
AVERAGE COST:	$2,547.07

Section VIII

Mental Health Services Act 3-Year Plan FY 23/24 – FY 25/26 Public Hearing Comments

Public Statements

1. *I'm disappointed the public hearings weren't offered in the Temecula area. It really feels that the input of the southwest area is important. I looked up proposals and I work with a lot of seniors. I don't see changes. I'm concerned about the older adult outreach.*

RESPONSE:

It is challenging to ensure all Riverside County residents have equal access to an in-person public hearing. It would be hard to focus access on only one at-risk population at the expense of others.

MHSA regulations require one public hearing county-wide. Riverside has developed one public hearing per service region: Western, Mid-Co, and Desert. In addition, Riverside learned the popularity of a virtual public hearing option during COVID restrictions. Because of the success of the virtual option – which allows people easy access a public hearing video 24/7 for over a two-week period – Riverside now offers both an in-person and virtual option. Data from our virtual public hearing indicates that he majority of participants were over the age of 55 with a high concentration of people over the age of 65. In addition, DVDs of the hearing can also be ordered for people who do not have easy access to the internet or have difficulty navigating the internet. DVD packets include a feedback form and an addressed and stamped envelope for easy return.

In order to increase education and feedback opportunities, Riverside also conducts MHSA presentations at community advisory groups at the start of the calendar year. The same information that is provided at a public hearing is provided at these presentations, and all feedback at the presentations is record for plan review.

You can learn more about the community participation process in the MHSA Community Planning and Local Review section of this 3-year plan.

The Riverside County Board of Supervisor appoints citizens from each district to the Behavioral Health Commission who have community oversight of Department operations. Each service region of the county also has their own Mental Health Board; membership is vetted throughout the central Behavioral

Health Commission. Moving forward, MHSA will ask each regional board to identify the city and preferred venue of their public hearing. Interested citizens can make their location preference known to their local boards.

BHC RECOMMENDATION:
The BHC recommends that the location of the regional Public Hearing be identified by the regional Mental Health Boards.

2. *I love the team here. I've been sitting with the stakeholders for about four or five years now and I've always been inspired by the leadership in Riverside. Very proactive and engaging with regards to changes that must be made. I just wanted to start off by saying that I'm a messenger, I'm a friend, and sometimes as an architect and a stakeholder there's sometimes comments can be taken a little bit out of context. I just want everyone to know, please don't shoot the messenger. So with all that said, school in early intervention services from what we come to discover particularly in schools are considered culturally disruptive to the African American population and I'll tell you why. I feel like those kids; victims of circumstance so are the staff. The problem lies in the welfare institution code definition of the severely and emotionally disturbed and the criteria for services. Those criteria, those services often times identify African American students who are in children family services, probation, special education and so this is why mental health services which you all know extremely well through a clinical module have seen the over representation of black students in the mental health system. Now this is not a badge of honor for those kids to be in there. In fact, it's more stigmatizing. I want to point out that it's not your issue because it is not in the welfare institution code. Prevention and Early Intervention determined to be marginalized there's a difference between equality and equity. Equality would say we got you know we got someone doing something for all these different cultures. Whether it's this issue and this issue. We appreciate that, but that's not enough for the young kids who are victims are—particularly the black kids who are in these systems because of hardship through redlining everything that we came to find out about structural racism today.*

So my recommendation as a potential innovation is to investigate non-clinical prevention and early intervention strategies pertaining to transitional age

youth. Your county is reaching 20% of this population and now the trauma is a crisis, racism is a crisis, we have innovative approaches to be more preemptive in how we engage students because on the flip side with k-12 which is where I started to learn what was happening is that is teachers are often times are pathologizing student behavior as mental disorders because they don't often times have that specialized treatment so by the time we get to the system the system says well we you are diagnosed and we treat you you're in the system and stigma begins. As they come into adulthood they drop out. I want to be a champion to you all my recommendation is to add this last one is because there's a lot of resources and a lot of foundations who are looking for communities to step up. I would really encourage you all to have some of your staff to convene in some of those meetings so that you can hear from the community a little bit more about what's happening because I definitely see a gap. When I go to planning meetings it's probably 70% staff 20% providers and the other 10% consumers. We really need to get out and start engaging the community a little bit so that we could create a system that is equitable for all.

RESPONSE:

Thank you for your support of the African American community, culturally informed PEI programs, and increased community involvement in planning and support of behavioral health care.

African American children, youth, and adults who are referred from children family services, probation, or special education are considered "inappropriately" served by MHSA. MHSA's goal is to make behavioral health care culturally informed and an active remedy for healing and growth, not as part of correction or punishment. PEI programs have expanded their school based programming to younger ages in order to reach social-emotional development earlier.

PEI has programming chosen by the Black community targeting black youth and their families. Building Resilience in African American Families (BRAAF) is funded county-wide for both boys and girls. The BRAAF Programs are accepting referrals for participation and do not have waiting lists at this time.

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 3-year plan, or by contacting the PEI unit at: PEI@ruhealth.org . Work plan 7 is specifically designed to address underserved cultural communities. 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.

The Innovation Plan approval process is different than the rest of the MHSA components. A plan must be proposed and accepted by the State before it can be implemented. An Innovation plan proposal must contain very specific research, stakeholder feedback, and data questions required for State review. If the plan requires a Request for Proposal (RFP), it would not be released unless a plan was already approved by the State.

Innovation Plan proposals are accepted via our network of community advisory groups. Proposing an idea with the related research review, and receiving community support, is a good first step to move an idea through the process of consideration. The more a community supports an idea that meets State Innovation criteria, the greater likelihood it will move through the proposal process.

BHC RECOMMENDATION:

The BHC recommends to sustain the culturally informed practices and outreach in the MHSA 3-year plan, and to promote community participation through the entire network of community advisory opportunities including BHC meetings, Regional Boards, the subcommittees under the BHC, the PEI and TAY Collaboratives, and the underserved cultural committees under Cultural Competency.

3. *I have a question about Coachella. Whether they've given up? Have you given up? Will you continue? What's going with that? We are short of beds out here. We have nothing out here. Everything goes out to Riverside. Treatment is very limited. Psychiatry is down here. We have to drive out to Coachella. It would be nice for you to expand. A lot of people in the population are in need. We have people who need it in the valley. We need a lot more hand and it would be great to see for the community. I just want to make sure that you're not giving up.*

RESPONSE:

MHSA funded programs are county-wide, and the Desert is no exception. This 3-year plan contains a regional grid that gives a summary overview per region of MHSA service programs. You can locate this grid in the MHSA Quick Looks section of this 3-year Plan. There are very few programs that are not also provided in the desert region.

The entire service system has been impacted by workforce shortages. One of the most difficult areas to recruit is for Psychiatrists. Riverside County already employs 51% of the eligible psychiatrists in the area. There are not enough mental health professionals to serve. The more rural the community, the more difficult it is to recruit. Most mental health professionals work in urban centers. The use of telehealth has helped here, but has not overcome the problem.

WET has some workforce development programing that is designed to help strengthen that pipeline and increase the number of candidates wanting to work in public behavioral health. This includes a psychiatric residency program that provides a learning opportunity in exchange for service to our communities.

We are not giving up. We want every Riversider who needs behavioral health care to have access to a caring, competent, and dedicated practitioner.

BHC RECOMMENDATION:

The BHC recommends the Department continue to work with Desert regional partners, stakeholders, and regional board to address the needs of the community in Coachella, and to sustain the programming in the MHSA 3-year Plan that supports the Desert community.

4. *My counter on the whole situation with Coachella and their building and this gentleman saying that they are the stepchild well, what he doesn't understand is not having anything is actually having zero for the community. That is what Blythe has. We are over 160,000 miles away from anything. The reason I started Peace from Chaos because my son committed suicide a year and half ago. Not having the mental health that we needed for him was the cause of all of that. If I had had a little bit of help and a little bit of resources, then maybe he would still be alive. Who knows? We don't know. I can tell you right now if they need a place for that resource building, that Wellness Village to be in. Take it to Blythe so that we can have something because we have nothing. What we have is a lot of people that have mental illness and our statistics in suicide are way high. the statistics. We are a population probably 16,000 and we've had 11 suicides in less than 6 months. So, we have an epidemic. We have a crisis. You know everyone keeps telling us that They're coming to Blythe and that they're going to do something for Blythe. God willing, they do; but, I'm still here to keep on fighting for our community and trying to get the resources that we need for them because I've been here for several hours and have had 3 calls from people who are not getting the services they need from the Blythe Mental Health Center. I have been here 3 hours and have had three calls that they're getting kicked out of mental health clinic in Blythe. Something's gotta give. Something has to give. We need services in Blythe and if you guys have funding—take care of your rural community people here in Coachella Valley, Palm Desert, Riverside, you already have doctors, clinics and all of those things. We have zero. Nothing. If we have someone in crisis, they have to go to Palm Springs because we don't the facilities to house these people or help these people if they have a crisis, they get sent to the hospital and then the hospital sends them home. Something's got to give. If Coachella Valley doesn't want a wellness village. Blythe does. If you need a place to put it, I'll buy the lot to put it there. We need something and I just want it on record that Blythe is part of Riverside County.*

RESPONSE:

Thank you for commitment and advocacy of this rural community. MHSA is not a specific program or location of services. MHSA was a Statewide proposition that was voted into law requiring a 1% tax on incomes over $1

million in order to expand mental health care. Essentially, it is a funding stream with regulations on how the funds can be used. MHSA dollars are only one source of funding for public behavioral health, and MHSA planning coincides with RUHS-BH program planning. As a result, service and program development in Blythe is already partially supported by MHSA funds.

The development of services in rural areas across California are impacted by sprawl, transportation, staffing recruitment and retention, and a lack of private providers. Mental health practitioners are more likely to practice in urban centers. This is even more difficult during this time of workforce shortages. It is a persistent problem that requires innovative approaches to resolve. Some current approaches already implemented included telehealth, partnering with community based organizations, providing differential pay for clinicians to practice in Blythe, and Department participation in programs that provide loan assumption or other financial incentives for applicants who are willing to work in Blythe. Current generations seem less attracted to increases in pay as an incentive, but are more apt to view time flexibility and convenience. The Blythe clinic has been authorized by the National Health Service Corp (NHSC) as a participant in a lucrative loan assumption program. Participants can earn up to $50K a year toward student loan debt in exchange for a work commitment to the Blythe clinic. Even with that incentive, Blythe currently has no NHSC participants.

Research has shown that providers tend to stay in rural centers when they are from the same community. Currently, RUHS-BH is partnering with Riverside County Human Resources to develop a graduate level learning cohort in conjunction with a university. This would be an on-line program with tuition discounts in order to encourage desert region paraprofessionals to pursue clinical degrees. Our goal is to encourage eligible paraprofessionals in Blythe to pursue the graduate education necessary to work as clinical therapists.

BHC RECOMMENDATION:

The BHC recommends receiving a progress report on program development in Blythe in order to better ascertain current efforts to address Blythe service delivery.

5. *I've dealt with mental health with several of my family members. The worst of it, is that we are actually from another state. I've dealt with mental illness with several of my family members. A couple of them live in other states. One of them is my sister. She actually passed way in 2016. She didn't have the support. My mother's currently having trouble. We had to rescue my mother from that state, bring her here thinking we were going to get her some services now. She gets here within for two weeks she was in a severe mental health crisis and they are saying they don't have services. They didn't have meds, they kept her in the emergency room for 2 days. They thought maybe she has to be put in a 72 hour hold. She is now recovering which took several months. The wellness village would be wonderful. I wish we knew how to support that. The training sounds great. But where is the stuff that will help at the ground level. People can use a lot of improvement. Clearly, you guys have done a lot of work. But we are missing the ground level. They are people being let out of facilities and letting them go on the street. There's not enough meds or beds. Staff isn't trained properly. A lot of oversight.*

RESPONSE:

It is tremendously difficult to watch a loved go through the pain of acute mental health distress and feel helpless about a confident solution. Community care provision can be a multi-layered; help seeking involves more than just the behavioral health department, and can included non-psychiatric emergency departments in non-county hospitals, law enforcement, and the coordination of crisis response and follow up care. How each of these providers is managed can look differently based on the organization and the individual within that organization. This can become even more confusing based on available resources, the application of mental health law, each organizations' legal counsel regarding the application of those laws, and the degree of clarity in which these laws are explained to consumers and family.

System navigation can become overwhelming. The Department is committed to simplifying this process and continues to work in partnership with health care organizations, hospitals, and law enforcement to make the processes clearer.

Because it is difficult and often requires support, Riverside County has a Family Advocate program staffed by people who have had an adult loved one

in the behavioral health care system. You can access the Family Advocate program at: 800-330-4522.

BHC RECOMMENDATION:

The BHC recommends to sustain supports and services to parents and families in the MHSA 3-year plan.

6. *I'd like to read the website. I'm just a consumer and being in this room with all these people there's a lot of distraction and I can't comprehend. I want to read this: 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. 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. So, my comment is who's checking to see if the behavioral health clinics are actually doing "whatever it takes". You guys are giving your money to these places. Is there someone checking if the consumers are actually getting the services that they need and are you holding any of these people accountable for the programs that aren't. This is my comment. I would like to see more accountability and some follow through and follow up to the consumers who are not getting the services that they need because the money is there but the services are not. We need somebody from a higher position to come in and look at what's going, where the gaps are, and how do we fill those gaps and how do we help those people. It's hard to ask for help; and, when we do get to the point to ask for help—and to not receive that help is lethal. It's killing our people. For someone to check in and see where that gap is—and what's happening there.*

RESPONSE:

It often takes a great deal of energy simply to seek care, and then to experience care that does not meet expectation can remove hope.

Thank you for raising this concern regarding quality and commitment to care. The Department has a Research and Evaluation unit that collects and organizes data based on service delivery. Variable such as timeliness to service and the amount of service a consumer receives are measure at both the program and employee level.

Additionally, the Department has a Quality Improvement division that audits employee performance in regards to Medi-Cal service regulations, and that investigate all service complaints. Every program lobby should contain grievance forms that allow consumers and their families to file formal grievances regarding service delivery. Quality Improvement can be found at: https://www.rcdmh.org/Doing-Business/Compliance .

The Riverside County Behavioral Health Commission (BHC) is an advisory body, composed of volunteers appointed by the Board of Supervisors, that 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.

Lastly, the State also conducts audits and program reviews of RUHS-BH operations. When deficiencies are reported, the Department is directed to participate in a Program Improvement Plan.

BHC RECOMMENDATION:

The BHC recommends and encourages community participation in the BHC meetings, the regional Mental Health Board meetings, and the subcommittees under the BHC to ensure greater information sharing and awareness of program quality, development, and needs.

7. *I walked in pretty late. But, what caught my attention is what seems to be a challenge is finding location here in the valley. I'm not certain of all the details of this challenge is or would it be something that has to do with political structures or the individual cities. I'm happy to at least be involved in maybe coordinating something that hasn't been tapped yet in the efforts. So, if you could lead me to the right person to talk to about this.*

RESPONSE:

The original locations for the Wellness Villages (Capital Facilities and Technology plan) were Coachella Valley and Hemet. The Department was not successful in securing a partnership with local city councils in order to create the necessary partnerships.

The first Wellness Village has found a home in Mead Valley! Planning and development have already started.

It is the goal of the Department to eventually have a Wellness Village in each supervisorial district.

BHC RECOMMENDATION:

The BHC recommends to sustain planning for the Wellness Village development in the MHSA 3-Year Plan.

8. *As a consumer who has used services on behalf of a family member. My wife improved using the services. HIPPA made it difficult for someone to get help for a family member. The only way was to attend with my wife. It wasn't easy. Reaching out to departments was sometimes hard. I was given numbers, left voicemails and it was hard to get a call back or get a follow up from someone. Certain documents were also hard to fill out. Everything else was overall great.*

RESPONSE:

Thank you for this testimony. It is tremendously difficult to watch a loved go through the pain of acute mental health distress and feel helpless about a confident solution. Community care provision can be a multi-layered; help seeking involves more than just the behavioral health department and can included non-psychiatric emergency departments in non-county hospitals, law enforcement, and the coordination of crisis response and follow up care. How each of these providers is managed can look differently based on the organization and the individual within that organization. This can become even more confusing based on available resources, the application of mental health law, each organizations' legal counsel regarding the application of those laws, and the degree of clarity in which these laws are explained to consumers and family.

System navigation can become overwhelming. The Department is committed to simplifying this process and continues to work in partnership with health care organizations, hospitals, and law enforcement to make the processes clearer.

Because it is difficult and often requires support, Riverside County has a Family Advocate program staffed by people who have had an adult loved one in the behavioral health care system. You can access the Family Advocate program at: 800-330-4522.

BHC RECOMMENDATION:
The BHC recommends to sustain supports and services to parents and families in the MHSA 3-year plan

9. *Impressed with WET but found the retention trend alarming. I suggest employee resource groups or networks such as (ERG's) so that employees feel supported. It will also bring more diversity.*

RESPONSE:
Thank you for your support of the workforce development programs. Your recommendation for ERGs will be provided to the WET Manager.

BHC RECOMMENDATION:
The BHC recommends sustaining WET programs as outlined in the MHSA 3-Year Plan.

10. *I am a pastor of a local church in Corona. I first established our Arabic speaking church with the thought of helping people regardless of ethics, religion, experience and values. Having gone through many of the same experiences, I believe it is our duty to help those in need to overcome adversity and navigate a new culture. Our church has been supporting everyone and anyone who has reach out to us from Riverside County. We have so many families who have immigrated from the Middle East after enduring so many challenges such as losing their homes, mental and physical abuse. These people came here looking for someone to take care of them and get away from the abuse. We have done this so far with our limited resources. We have provided with English*

classes and gain the knowledge they need in order to work. We have provided assistance to many families in need of things like furniture or finding housing. We provide counseling. We help in every way possible but we are so limited. Our Middle Eastern community is struggling. I have lived in Riverside County for many years and have not heard about the programs. Our church has been instrumental to bring clean water. We started a non-profit champion for families with disabled children. Something that hasn't been done before. The Middle Eastern community is in so much need. I am pleading with you to change this current situation. Especially, after knowing all the programs offered.

RESPONSE:

Thank you for your support and dedication to the Middle Eastern and Arabic speaking community. Department partnership with community based organizations and the natural help-seeking organizations within the community creates the best outcomes to people receiving care.

RUHS-BH has a Cultural Liaison to the Middle Eastern/North African Community. Your request for partnership will be provided to the liaison to explore planning in this area.

BHC RECOMMENDATION:

The BHC recommends to sustain programming to underserved cultural populations as described in the MHSA 3-Year Plan, and encourages community members to attend community advisory groups under Cultural Competency that represent their respective underserved cultural communities.

11. *I was thrilled to learn all the programs being offered to the county through the mental health clinic and for the Middle Eastern community. But from the last 10 years of living here, I have never been exposed and never knew what there was to be offered. My husband and I have been members and leaders at our local church that is attended by Middle Eastern people from all over the world—and that are residents to Riverside County. We have far-reaching relationships with many other Middle Eastern communities. We have youth and families that have endured so much trauma that has jeopardized the core of the families. Some examples of some of the things that we have worked through with families that we serve are the death of a 20-year-old daughter and sister in a*

car accident, the physical abuse of a wife and mother of young children, Families broken down by divorce, kids bullied at school, self-harm and suicidal ideations by some children and youth, college counseling, trauma and persecution from the country where the family immigrated from—and so much more. We do as much as much as we can with our very limited abilities to help and assist families and individuals stand on their own—and get through these types of struggles. However, we have truly exhausted our own resources. The Middle Eastern community is in need of more to address their needs. They seek out those who speak out their language because they feel safe and believe their core values are the same. Something must change in order to provide the services to those who actually need it. But, when they look to find it during their distress don't have anyone to turn to. We are in need of prevention, intervention, and treatment services all around because we are a small group on our own to help with many in our community who are struggling. Therefore, I strongly encourage you that there must be some quality assurance assessment to establish whether the audience in these services are actually being reached or somehow that communication is being lost in transit. Which seems to be the case. If that is the case, then why? I just encourage you that something has to change.

RESPONSE:

Thank you for your support and dedication to the Middle Eastern and Arabic speaking community. Department partnership with community based organizations and natural help-seeking organizations within the community creates the best outcomes to people receiving care.

RUHS-BH has a Cultural Liaison to the Middle Eastern/North African Community. Your request for partnership will be provided to the liaison to explore planning in this area.

BHC RECOMMENDATION:

The BHC recommends to sustain programming to underserved cultural populations as described in the MHSA 3-Year Plan, and encourages community members to attend community advisory groups under Cultural Competency that represent their respective underserved cultural communities.

12. *We have to find or a different dynamic to introduce the options and programs toward the people around us. A lot of people who are in churches don't want to seek counseling because they feel uncomfortable by knowing they are in need of mental health help. They try to fix the problem but in ways creating more problems. So introducing a program to any of the communities regardless of their religion. Last thing, have you ever thought about food? How food affects our mental health and critical thinking. It makes people more calm in understanding things. Maybe kind of adding to the program to at least—a seminar. I'm not talking about healthy options. So the education of understanding food in general—I think that something that would have a benefit.*

RESPONSE:

Thank you for your testimony. Nutrition and exercise are fundamental areas of wellness and recovery management. Peer support services review pathways to recovering in many of the peer education programs. You can learn more about these programs in CCS 03.

Stigma and related judgments around seeking behavioral health care are significant barriers to accessing care. The MHSA authors understood this and included stigma reduction activities as part of PEI. PEI's suicide prevention, mental health awareness, and stigma reduction programs are in PEI 01. Outreach and the creation of a community liaison to faith based communities is part of the PEI and Innovation plans.

BHC RECOMMENDATION:

The BHC recommends to sustain peer education programs and PEI stigma reduction activities as described in the MHSA 3-year Plan.

13. *I have the privilege of being 1 in 35 agencies that were selected to represent mental health culturally responsive mental health programs in the county. I'm really happy and feel proud. My program is called "Broken Crayons Still Color"—targeting African American women to remove the stigma of mental health in our community. I would like to read something. This is a letter we put together –all 36 agencies from Sacramento past SoCal. Although we*

appreciate the governor's effort to address the situation of many people in the state who have mental health illness and conditions, and we are also considering the unhoused. We are very concerned that the key provisions of the Mental Health Services Act has targeted in its proposal, PEI. Each of us is needing support of PEI which is prevention and early intervention. We are concerned about that. Each of our organization have specific concerns. But, one issue unites us all: preventing or preserving the continual and the current recommendations for local funding of PEI, prevention and early detection component. The small agencies—we need it. We are totally focused on our communities. We hear. We speak. We are in our communities and we want to give that information back to you so you can support the people on the ground that's doing great things on the ground. The promise of better addressing the mental health needs of California. Over time, MHSA has supported a broad continuum of prevention and early intervention services as well as the necessary infrastructure, technology, and training elements that effectively supports us small agencies and business. We represent a unique coalition of behavioral health local and state wide organizations dedicated to ensure that all Californians have equitable access to behavioral health solutions that working historical and cultural contacts. We are committed in collaborating to ensure the promise is realized. That's why we're here. I don't want to read them all. I just want to say it's critical that MHSA supports strategic points that continue the services that we have put in place for 5 years and they're working. We are part of 63 and thank you for sending it—all those involved and were still added. Research proves that statements and investments upstream in prevention can reduce the onset of mental illness—including serious mental illness. Our community based organization we meet people where they are and address the issues where they are. Its significant and consistent funding sources in prevention services, complex social promises will be effectively addressed including disparities and homelessness because that is our day-to-day life. We want PEI services, we need the funding, we want to keep it going.

RESPONSE:

Thank you for your commitment and service to the African American Community. Collaboration and partnership with community based organizations is the heart of PEI services.

Community based organizations are encouraged to participate in the quarterly PEI collaborative meetings to better understand Riverside County's plan, as well as, share ideas and help develop overall behavioral health goals.

Organizations that want to become part of PEI services can bid on Requests for Proposal (RFP), which are managed centrally through Riverside County Purchasing. You can receive notifications when RFPs are posted, by signing up at: https://purchasing.co.riverside.ca.us/

Additionally, PEI has email distribution and newsletters that also keep the community informed. You can sign up for these nonfictions at: https://www.ruhealth.org/behavioral-health/pei-community-education

Lastly, Cultural Competency also has an African American Community Liaison who hosts a regular community advisory group meeting for the Black community called African-American Family Wellness Advisory Group (AAFWAG). Community advisory meetings are great places to influence planning for services. You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction.

BHC RECOMMENDATION:

The BHC recommends to sustain programming to underserved cultural populations as described in the MHSA 3-Year Plan, and encourages community members to attend community advisory groups under Cultural Competency that represent their respective underserved cultural communities.

14. *I want to express my gratitude and to confirm the rigorous support and the desire for these programs to continue. Without PEI, that is the reason why they are problems with mental illness and mental challenges. The PEI program has made it possible for the incidents of mental illness to be reduced. Ever since we've been supported through PEI we have seen improvement and change in the community. We would like that to continue. Also, the other programs contribute to the well-being of our communities by hiring more people that are culturally sensitive to the underserved population like mine, AAPIs. The improvement of services that are culturally sensitive to other communities. I want to say thank you so much and thank you to PEI for giving us this opportunity. My only desire and my wish and my prayer is to continue the*

funding dedicated to organizations like ours. We are the ones that are making the leg between the real person on the street or homes to the services provided by the government—by the county. So, but without funding it's difficult because we have to make sure that things move. There are supplies that are needed. There are devices that must be purchased. There are transportation challenges. So, the funding is one thing. The other thing is to hire people and train people to do this kind of work. And to feel the commitment to serve the community. Perhaps this is minor or trivial—but how about a dedicated directory of services and providers. Because of this digital world we would like to know where are the websites we can reach people. We used to have a booklet from the county. But, I don't recall having a newer version of it. But a directory of services and certified providers would be really nice. One resource of information that is reliable that is truly serving communities like mine. We look forward to more partnerships.

RESPONSE:

Thank you for your dedication and partnership in serving the Asian-American/Pacific Islander (AAPI) community. Collaboration and partnership with community based organizations is the heart of PEI services.

Community based organizations are encouraged to participate in the quarterly based PEI collaborative meetings to better understand Riverside County's plan, as well as, share ideas and help develop overall behavioral health goals.

BHC RECOMMENDATION:

The BHC recommends to sustain programming to underserved cultural populations as described in the MHSA 3-Year Plan, and encourages community members to attend community advisory groups under Cultural Competency that represent their respective underserved cultural communities.

15. *I have had an opportunity to work with Diana, Julie, Leah and even David—I just wanted to know if for CBITS [Cognitive Behavioral Intervention for Trauma in Schools] if racial trauma module can be added to that. Because we talk about diversity, equity and inclusion and so we have that in the module. But I guess that's part of the CBITs training. So I think that would be beneficial—*

because if we are going to all these schools working with students being able to address the racial trauma. I think would be very important and hopefully increase the access to the students and their participation.

RESPONSE:

Thank you for your partnership and commitment to Riverside's Black, Indigenous, People of Color (BIPOC) communities. CBITS is part of PEI 06. Your recommendation regarding CBITS expansion will be provided to the PEI Manager.

BHC RECOMMENDATION:

The BHC recommends to sustain programming to underserved cultural populations as described in the MHSA 3-Year Plan, and encourages community members to attend community advisory groups under Cultural Competency that represent their respective underserved cultural communities

Written Public Comments

Which behavioral health services have you found helpful and would like to keep?

(1) **COMMENT:**

The Peer program, Peer Resource Centers, PEI classes such as Mental Health First AID and ASIST.

RESPONSE:

Riverside County has one of the most extensive peer programs in the State of California and has specific outreach, support, and education by consumer peers, parents of minor children who have received behavioral health care services, and family members of adults who carry a diagnosis. See CSS 03 for more information.

Each region of the county (Western, Mid-Co, Desert) has a Peer Resource Center open to all community members who identify as someone with

behavioral health challenges. Programs include wellness tool development, and service education.

Prevention and Early Intervention (PEI) is the second largest of the MHSA components. PEI offers several monthly trainings free to the community. Learn more about PEI in the Prevention and Early Intervention section of this plan.

BHC RECOMMENDATION:

BHC recommends sustaining the CSS peer programs and the PEI education programs as described above in this 3-Year Plan.

(2) **COMMENT:**

The special outreach happening for Native/Indigenous peoples and Black community. Early help for young people, houseless people and folks in recovery that is available for outpatients before it gets the point of inpatient services being necessary.

RESPONSE:

Outreach to underserved cultural communities is part of both the Prevention and Early Intervention and Innovation plans. Cultural Community Liaisons (CCL) are contracted to provide outreach and education, and to problem solve service access issues that can improve service disparities. Each of these CCLs also chairs a community advisory committee of their respective communities; these committees are open to all interested members of the community. You can learn more about cultural informed outreach in the Prevention and Early Intervention (PEI) plan.

Riverside University Health System – Behavioral Health (RUHS-BH) practices under the philosophy of providing care in the least restrictive environment. Preventing acute levels of care is always the goal. The MHSA plan includes voluntary Urgent Care services and Mobile Crisis Teams in each county region. You can learn more about these program in CSS 02 of this plan. MHSA also includes an extensive housing and homeless outreach plan. You can learn more about these services under CSS 04.

BHC RECOMMENDATION:

The BHC recommends to sustain outreach and programing to underserved cultural populations, and the expanded Crisis System of Care and Housing Programs in this 3-Year Plan.

(3) **COMMENT:**

Literature was helpful on this website. Peer support and women's group would like to keep.

RESPONSE:

Thank you for your support of these services.

BHC RECOMMENDATION:

The BHC recommends continued community education on behavioral health and sustaining peer oriented programming in this 3-Year Plan.

(4) **COMMENT:**

I utilize psychology and psychiatry services, as well as peer support counseling. I'd like to see these services provided to nursing home residents and health care workers. THIS WILL ABSOLUTELY save precious lives.

The current policies and procedures are not working, nor have they ever worked to benefit the lives of nursing home residents. CMS needs to be involved in these conversations on a state and county level. I just wish we nursing home residents weren't restricted from utilizing outside services that the general public are able to use, simply because it is falsely believed that CMS funding that is supposed to go towards such mental health services for residents is actually being used for what those monies were intended for. I assure you the majority of funding is not going towards the care of nursing home residents

RESPONSE:

Thank you for our advocacy of older adults and the disabled who reside in skilled nursing facilities, as well as those who provide them care. Some kinds of care reimbursed by insurance providers can be restricted. Changes to these practices would require advocacy at the legislative level. Evidence of any

inappropriate use of funds can be directed to the corresponding licensing body. Your recommendation to target peer support to nursing residents and their caregivers will be provided to the Peer Oversight and Accountability Deputy.

BHC RECOMMENDATION:
Though nursing home service reimbursement is not covered in MHSA regulations or MHSA planning, the BHC continues to advocate for the behavioral health needs of older adults and their caregivers.

(5) **COMMENT:**
All services are needed and would like to keep.

RESPONSE:
Thank you for your support of MHSA funded programs.

BHC RECOMMENDATION:
The BHC recommends to sustain programming as defined in this 3-year plan.

(6) **COMMENT:**
Perinatal behavioral health, peer support

RESPONSE:
MHSA funded programs include a perinatal program in the PEI plan (PEI 07), and peer support is described in CSS 03.

BHC RECOMMENDATION:
The BHC recommends to sustain peer programming and perinatal services in the 3-Year Plan.

(7) **COMMENT:**
Group therapy, small discussions, access to healthcare, being able to communicate with health care providers.

RESPONSE:

Thank you for your support of group treatment services, and for having accessible and supportive care providers.

BHC RECOMMENDATION:

The BHC recommends to sustain programming as defined in this 3-year plan.

(8) **COMMENT:**

All of MHSA, Cultural Competency Programs, 211, PEI

RESPONSE:

Thank you for your support of MHSA funded programs, culturally informed outreach and care, and resources access and training funded under Prevention and Early (PEI) Intervention planning. You can read more about Culturally Competency and PEI in the PEI plan in this document.

BHC RECOMMENDATION:

The BHC recommends to sustain the culturally informed outreach and programs, and the programs outlined in the PEI plan, in this MHSA 3-year plan.

(9) **COMMENT:**

I have found therapy helpful to me.

RESPONSE:

Thank you for your support of psychotherapy as a tool to create change in people's lives.

BHC RECOMMENDATION:

The BHC recommends to sustain therapeutic services as part of this MHSA 3-Year plan.

(10) **Comment:**

I have not utilized but I appreciate the work of MECCA [community advisory group for the Middle Eastern – North African population].

RESPONSE:

Thank you for your support and advocacy of the behavioral health needs for the Middle Easter – North African community.

BHC RECOMMENDATION:

The BHC recommends to sustain cultural outreach and education to the Middle Eastern North African community and all the tailored outreach to the identified underserved cultural and high risk populations of Riverside County in the MHSA 3-Year plan.

(11) **COMMENT:**

The continued focus on the full continuum of Prevention/Early Intervention needs and subsequent supportive services no community pressures

RESPONSE:

Thank you for your support of the Prevention and Early Intervention (PEI) plan.

BHC RECOMMENDATION:

The BHC recommends to sustain the programs and services of the PEI plan as outlined in this MHSA 3-Year plan.

(12) **COMMENT:**

All that was received, today! Great job on the presentation.

RESPONSE:

Thank you for your support of the MHSA education and stakeholder process.

BHC RECOMMENDATION:

The BHC recommends to sustain and continue to develop the MHSA community planning and participation process as outlined in the MHSA 3-Year plan.

(13) **COMMENT:**

Strengthening families, GONA.

RESPONSE:

Celebrating Families: Strengthening the Circle and Gathering of Native Americans (GONA) are part of the prevention programs funded under PEI Workplan 7: Underserved Cultural Populations. These programs are provided by a community contractor focused on the Native American community, and integrate traditional songs, drumming, prayer, and storytelling. All programs in Workplan 7 were identified by the cultural communities themselves through a focus group and survey process.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(14) **COMMENT:**

All programs are great! The Culturally competency program is really vital and I think definitely needs to stay. I also think the suicide prevention stigma reduction programming should stay. It still needs to priority in our country.

RESPONSE:

Thank you for your support of these programs. Culturally Competency is a required program under State compliance regulations, and an integral part of effective service delivery. Research indicates that culturally informed care has better outcomes for people seeking behavioral health care. RUHS has expanded outreach and engagement to more cultural and high risk communities over the past 2 years. These programs are funded out of both PEI and INN dollars.

Suicide Prevention is a priority in the PEI plan. Much related activity, including the Department's co-chairing of the Riverside County Suicide Prevention Coalition, can be located in PEI Workplan 01.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations, as well as the suicide prevention planning community-wide, in the MHSA 3-Year Plan.

(15) **COMMENT:**

All services are helpful and target various populations.

RESPONSE:

Thank you for your support of RUHS-BH programs and services, and your advocacy for culturally informed outreach and engagement.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(16) **COMMENT:**

All of it! It is great to see all of the expansion in schools is the bounce back and GGC expansion. I am impressed with the cultural representation and would be eager to see growth in the MENA programming. Expanding Dare 2 Be Aware youth conference into mid-county and desert will be wonderful addition to the plan.

RESPONSE:

Bounce Back is a program targeting children in grades K-5 to help build social emotional wellness, and Guiding Good Choices (GGC) is a program for parents to support developing healthy choices in their children.

RUHS-BH Cultural Competency has expanded our outreach in the last 2 years to include more cultural populations or high risk communities. The Middle Eastern/North African community was part of that expansion.

The youth conference called Dare 2 Be Aware is designed for high school age Riverside County Youth to encourage conversations around behavioral health, reduce stigma in talking about and seeking care, and to provide accurate behavioral health information that can be applied currently in youth's everyday lives. Though the conference has traditionally been held in the

western end of the county, bus transportation is coordinated and arranged by the conference organizers. Your request to expand the conference, or have it rotate regional locations, will be provided to the conference organizers.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations, as well as outreach and education geared toward youth, in the MHSA 3-Year Plan.

(17) **COMMENT:**

Peer groups, family groups, chat line, hotline

RESPONSE:

Peer and family services are highlighted in CSS 03. The Take My Hand chat application is part of the Help@Hand Innovation Plan. The Riverside County Help Line is part of PEI planning.

BHC RECOMMENDATION:

The BHC recommends to sustain these programs and services in the MHSA 3-Year Plan.

(18) **COMMENT:**

I loved everything especially the emphasis on the mental health wellbeing of black women.

RESPONSE:

Thank you for your support of outreach to the African American community. Research indicates that culturally informed care has better outcomes for people seeking behavioral health care. RUHS has expanded outreach and engagement to more cultural and high risk communities over the past 2 years. These programs are funded out of both PEI and INN dollars.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(19) **COMMENT:**

Speaker, Resources, Breathing exercise at the end of the “Tea for the Soul” Event.

RESPONSE:

Thank you for your support of outreach to the African American community. Events hosted by our Cultural Community Liaisons or sponsored by cultural community advisory groups are designed to meet wellness needs and start conversations around behavioral health. Research indicates that culturally informed care has better outcomes for people seeking behavioral health care. RUHS has expanded outreach and engagement to more cultural and high risk communities over the past 2 years. These programs are funded out of both PEI and INN dollars.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(20) **COMMENT:**

Access to therapy (covered by insurance) wellness workshops-defining trauma and community trauma.

RESPONSE:

Therapeutic services are a standard of practice in our outpatient care system, and trauma informed practices like Eye Movement Desensitization and Reprocessing (EMDR) are evidenced based trauma models provided in the MHSA plan. Trauma-Exposed Services are also the focus of PEI Workplan 06.

BHC RECOMMENDATION:

The BHC recommends to sustain therapeutic and trauma informed practices in the MHSA 3-year Plan.

(21) **COMMENT:**

Cultural liaisons are exceptional resource for the community.

RESPONSE:

Outreach to underserved cultural communities is part of both the Prevention and Early Intervention and Innovation plans. Cultural Community Liaisons (CCL) are contracted to provide outreach and education, and to problem solve service access issues that can improve service disparities. Each of these CCLs also chairs a community advisory committee of their respective communities; these committees are open to all interested members of the community. You can learn more about cultural informed outreach in the Prevention and Early Intervention (PEI) plan.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(22) **COMMENT:**

Community activities, Tea For The Soul, Advisory Committee.

RESPONSE:

Events hosted by our Cultural Community Liaisons or sponsored by cultural community advisory groups are designed to meet wellness needs and start conversations around behavioral health. Research indicates that culturally informed care has better outcomes for people seeking behavioral health care. RUHS has expanded outreach and engagement to more cultural and high risk communities over the past 2 years. These programs are funded out of both PEI and INN dollars.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(23) **COMMENT:**

The African American “Tea For The Soul” for Mental Health Month.

RESPONSE:

Events hosted by our Cultural Community Liaisons or sponsored by cultural community advisory groups are designed to meet wellness needs and start conversations around behavioral health. Research indicates that culturally informed care has better outcomes for people seeking behavioral health care. RUHS has expanded outreach and engagement to more cultural and high risk communities over the past 2 years. These programs are funded out of both PEI and INN dollars.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(24) **COMMENT:**

I really enjoyed today's event "Tea For The Soul." The speakers really helped me and were very inspiring

RESPONSE:

Events hosted by our Cultural Community Liaisons or sponsored by cultural community advisory groups are designed to meet wellness needs and start conversations around behavioral health. Research indicates that culturally informed care has better outcomes for people seeking behavioral health care. RUHS has expanded outreach and engagement to more cultural and high risk communities over the past 2 years. These programs are funded out of both PEI and INN dollars.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(25) **COMMENT:**

Awareness of mental health in the African American Community. Therapy.

RESPONSE:

Events hosted by our Cultural Community Liaisons or sponsored by cultural community advisory groups are designed to meet wellness needs and start conversations around behavioral health. Research indicates that culturally informed care has better outcomes for people seeking behavioral health care. RUHS has expanded outreach and engagement to more cultural and high risk communities over the past 2 years. These programs are funded out of both PEI and INN dollars.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(26) **COMMENT:**

Help@Hand should be 24hrs or at least after hours

RESPONSE:

Take My Hand is a live peer chat application that provides non-emergency, non-clinical support for people needing connection or who are experiencing distress. The service is currently available Monday through Thursday from 8:00 AM to 5:00 PM and Friday 8:00 AM to 4:00 PM. It is part of the Help@Hand Innovation Plan. Any program expansion has to consider degree of demand for services and staffing availability. Your recommendation will be provided to the Manager over the program.

BHC RECOMMENDATION:

The BHC recommends to sustain The Take My Hand application, and will request an update on the progress of the Help@Hand Innovation plan as it nears its conclusion in early 2024.

(27) **COMMENT:**

MHSA is great…But what about Blythe?

RESPONSE:

MHSA is not a specific program or location of services. MHSA was a Statewide proposition that was voted into law requiring a 1% tax on incomes over $1 million in order to expand mental health care. Essentially, it is a funding stream with regulations on how the funds can be used. MHSA dollars are only one source of funding for public behavioral health, and MHSA planning coincides with RUHS-BH program planning. As a result, service and program development in Blythe is already partially supported by MHSA funds.

Thank you for your support of this rural community. The development of services in rural areas across California are impacted by sprawl, transportation, staffing recruitment and retention, and a lack of private providers. Mental health practitioners are more likely to practice in urban centers. This is even more difficult during this time of workforce shortages. It is a persistent problem that requires innovative approaches to resolve. Some current approaches already implemented included telehealth, partnering with community based organizations, providing differential pay for clinicians to practice in Blythe, and Department participation in programs that provide loan assumption or other financial incentives for applicants who are willing to work in Blythe.

Currently, RUHS-BH is partnering with Riverside County Human Resources to develop with a university an on-line graduate level learning cohort, with tuition discounts, in order to encourage desert region paraprofessionals to pursue clinical degrees.

BHC RECOMMENDATION:

The BHC recommends receiving a progress report on program development in Blythe in order to better ascertain current efforts to address Blythe service delivery.

(28) **COMMENT:**

A lot of the behavioral health services seem helpful as long as you don't live in Blythe.

RESPONSE:

Thank you for your support of this rural community. The development of services in rural areas across California are impacted by sprawl, transportation, staffing recruitment and retention, and a lack of private providers. Mental health practitioners are more likely to practice in urban centers. This is even more difficult during this time of workforce shortages. It is a persistent problem that requires innovative approaches to resolve. Some current approaches already implemented included telehealth, providing differential pay for clinicians to practice in Blythe, and Department participation in programs that provide loan assumption or other financial incentives for applicants who are willing to work in Blythe.

Currently, RUHS-BH is partnering with Riverside County Human Resources to develop with a university an on-line graduate level learning cohort, with tuition discounts, in order to encourage desert region paraprofessionals to pursue clinical degrees.

BHC RECOMMENDATION:

The BHC recommends receiving a progress report on program development in Blythe in order to better ascertain current efforts to address Blythe service delivery.

(29) **COMMENT:**

Peer support Services, mobile crisis system of care, TAY programs

RESPONSE:

Thank you for the support of these programs. People can learn more about peer services (CSS 03), mobile crisis response (CSS 02), and services targeting Transitional Age Youth or TAY (CSS 01 and 02, PEI 04) in this 3-Year Plan.

BHC RECOMMENDATION:

The BHC recommends sustaining the programs listed above as part of the MHSA 3-Year Plan.

(30) **COMMENT:**

WET, CLAS, RUHS-BH Wellness Villages

RESPONSE:

MHSA Workforce Education and Training (WET) is designed to support the recruitment, retention, and skills development of the public behavioral health employees. Clinical Licensure and Support (CLAS) Program targets journey-level therapists and assist them with passing their State licensing exams.

The Wellness Villages are a fully conceptualized campus of services designed to support consumers and their families at each stage of recovery. The first Wellness Village has found a home location: Mead Valley. Stakeholder feedback was crucial in address the initial challenges of securing a location for this state-of-the-art project. Wellness Villages are partially fund using MHSA Capital Facilities and Technology dollars.

BHC RECOMMENDATION:

The BHC recommends sustaining the programs listed above as part of the MHSA 3-Year Plan.

(31) **COMMENT:**

Adult CSS Programs

RESPONSE:

Thank you for your support of Full Service Partnership (CSS 01), clinic expansion (CSS 02), crisis system of care (CSS 02), justice involved programs (CSS 02), peer services (CSS 03), and housing services (CSS 04) for adults challenged by behavioral health needs.

BHC RECOMMENDATION:

The BHC recommends sustaining the programs listed above as part of the MHSA 3-Year Plan.

(32) **COMMENT:**

Prevention and Early Intervention (PEI) focused programming is critical in ensuring the health and wellness of all our community members.

RESPONSE:

Thank you for your support of PEI programs. The goals of the PEI component include reducing stigma and preventing the onset of serious mental illness. There are 7 Workplans in the Riverside MHSA PEI Plan.

BHC RECOMMENDATION:

The BHC recommends sustaining the PEI programs listed above as part of the MHSA 3-Year Plan

(33) **COMMENT:**

Prevention and Early Intervention services for students such as SOAR [Suicide Overdose Awareness to Resilience] program

RESPONSE:

SOAR is a youth education program by RUHS Public Health. It is not MHSA funded, but Public Health is our RUHS partner and co-chair the Suicide Prevention Coalition.

BHC RECOMMENDATION:

The BHC recommends to sustain partnership programs in the MHSA 3-year Plan.

(34) **COMMENT:**

The PEI Program is truly the basis of all the efforts to reduce the incidence of mental illness in our community.

RESPONSE:

Thank you for your support of PEI programs. The goals of the PEI component include reducing stigma and preventing the onset of serious mental illness. There are 7 Workplans in the Riverside MHSA PEI Plan.

BHC RECOMMENDATION:

The BHC recommends sustaining the PEI programs listed above as part of the MHSA 3-Year Plan

(35) **COMMENT:**

Love all the PEI programs, a peripheral program: PAIS [Philippine American Intercultural School] immersion summer camp is a huge boom to cultural knowledge.

RESPONSE:

Thank you for your support of PEI programs. The goals of the PEI component include reducing stigma and preventing the onset of serious mental illness. There are 7 Workplans in the Riverside MHSA PEI Plan. Strategies of stigma reduction include outreach to underserved cultural communities, and sponsorship of behavioral health education at cultural events like this one.

BHC RECOMMENDATION:

The BHC recommends sustaining the PEI programs listed above as part of the MHSA 3-Year Plan

(36) **COMMENT:**

I believe that all of the programs identified were helpful and beneficial across the board and populations. I would like to keep all and continue to be innovative in creating programs that enhance and expand current programs so many more people and communities need help and acceptance.

RESPONSE:

Thank you for your support of the MHSA funded programs and services. Department program planning and MHSA planning coincide, and both can grow or change based on emerging needs.

BHC RECOMMENDATION:

The BHC recommends to sustain MHSA funded programs and services as outlined in this MHSA 3-year plan.

(37) **COMMENT:**

PEI (training and support program), WET (professional development trainings)

RESPONSE:

Thank you for your support of PEI and WET programs. The goals of the PEI component include reducing stigma and preventing the onset of serious mental illness. There are 7 Workplans in the Riverside MHSA PEI Plan.

WET is designed to address the recruitment, retention, and skills development of the public mental health workforce. The WET plan has 5 Workplans.

BHC RECOMMENDATION:

The BHC recommends sustaining the PEI programs listed above as part of the MHSA 3-Year Plan

(38) **COMMENT:**

I am a provider who refers consumers to mobile services and mental health urgent care. As a consumer, I see an individual therapist in Riverside County. I am currently trying to access an EMDR [Eye Movement Desensitization and Reprocessing] provider. I am also a client of Office of Aging, Inland Regional Caregiver Resource Center and VA caregiver support.

RESPONSE:

Thank you for your support of mobile services and mental health urgent cares (CSS 02), EMDR (WET 02), and PEI supports for older adults and their caregivers (PEI 05).

BHC RECOMMENDATION:

The BHC recommends sustaining the CSS, WET and PEI programs listed above as part of the MHSA 3-Year Plan.

(39) **COMMENT:**

PEI trainings, parenting (Triple P)

RESPONSE:

PEI trainings are free to the general community each month. Trainings include practical information on suicide prevention, trauma, and wellness. Triple P and Teen Triple P are parenting programs in the PEI plan that are designed to prevent social, emotional, behavioral, and developmental problems in children and youth.

BHC RECOMMENDATION:

The BHC recommends sustaining the PEI programs listed above as part of the MHSA 3-Year Plan.

(40) **COMMENT:**

Peer Support

RESPONSE:

Peer support is part of the MHSA plan in CSS 03.

BHC RECOMMENDATION:

The BHC recommends sustaining the peer support programs listed CSS 03 as part of the MHSA 3-Year Plan

(41) **COMMENT:**

Any behavioral health services that are affordable and open to the community. As well as easy to access, especially therapy.

RESPONSE:

Riverside University Health System -Behavioral Health is a county operated program designed to meet the behavioral health needs of low income, high need consumers and/or people who have public forms of health care insurance. MHSA funds are often braided into programs to provide an additional funding stream when no other funds are available. PEI programs are primarily open to the general community based on targeted areas of stigma reduction, preventative care, and risk data.

BHC RECOMMENDATION:

The BHC recommends sustaining the related programs in the MHSA 3-year plan.

(42) **COMMENT:**

Mental health urgent care

RESPONSE:

There are 3 service regions in RUHS-BH: Western, Mid-Co, and Desert. Each has their own mental health urgent care. The mental health urgent cares are partially MHSA funded under CSS 02.

BHC RECOMMENDATION:

The BHC recommends sustaining the urgent cares which are part of the Crisis System of Care in CSS 02 as part of the MHSA 3-Year Plan.

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:**

Are there any plans to incorporate some of the newer modalities to address behavioral health? e.g... Psychedelic-assisted therapy? EDMR [Eye Movement Desensitization and Reprocessing]? CES (Cranial Electrotherapy Stimulation) such as Alpha-Stim? We haven't had any big leaps in mental health treatment since the SSRI's of the 90's...and they have failed to live up to the initial promises.

RESPONSE:

The first cohort of Department therapists has been trained in EMDR countywide during the first quarter of 2023. Your other recommendations are not currently in the MHSA plan, but will be provided to our executive office for review.

BHC RECOMMENDATION:

The BHC recommends to sustain and argument training in EMDR at a pace that is revealed by outcome data, and will ask for updates on developing treatments and therapies under Department consideration.

(2) **COMMENT:**

The biggest gaps are not enough services that allow folks to just walk in when they are in crisis without a long waitlist or having to go thru another program like homeless shelters or DV abuse programs. Gaps also exist on campuses where we need more mental health services for college students or even K-12 students other than an academic counselor.

RESPONSE:

The lowest levels of care begin with Prevention, Early Intervention, Standard Outpatient Care, Full Service Partnerships, and then Crisis Services. MHSA authors emphasized these early levels of care in order to help reach people before they reach a crisis state. Data is collected on timeliness of service and regularly reviewed by the RUHS-BH executive office, program leadership, and by State reviewers. Over the past several years, our crisis system has expanded from emergency services only, to now include a mental health urgent cares open 24/7 in each region, mobile crisis teams that respond to people in mental health distress in the field, and crisis residential treatment that allows someone to have an extended period of more intensive treatment to stabilize after a crisis. Currently, the Department contracts with the Help-line as a central agent to dispatch mental health crisis teams to the general community.

Mental Health Services and prevention programs currently exist in schools. Schools also have received some direct funding for their own programs addressing student mental health and suicide prevention. In recent years, some school districts have been more cautious about allowing outside agencies provide services on campus due to safety concerns. RUHS-BH has developed a cooperative relationship with some Riverside County colleges and school districts that links these academic institutions directly to a mobile crisis team.

Your recommendation for more services will be provided to the Deputy over Children's and TAY programming.

BHC RECOMMENDATION:

The BHC recommends to sustain the programs that comprise the Crisis System of Care and those cooperative services offered at schools, and will request a progress report on school based mental health programs.

(3) **COMMENT:**

Would like more native practices for spiritual healing talking circle etc.

RESPONSE:

PEI Workplan 07 focuses on underserved cultural populations. Included in this Workplan are programs identified by the native community: Celebrating Families! Strengthening the Circle; and Gathering of Native Americans. You can learn more about these programs by reading the PEI Workplan 07 update.

Additionally, MHSA funds a cultural community liaison to the Native America community. Your suggestion to add more native practices to service planning will be provided to that consultant for further community exploration and advocacy.

BHC RECOMMENDATION:

The BHC recommends to sustain programs serving the Native American community in the MHSA 3-year Plan, and encourages community participation in the cultural competency advisory committees, the regional mental health boards, and the subcommittees under the Behavioral Health Commission. You can find a directory of these meetings under MHSA Community Advisory and Local Review.

(4) Comment:

The Affordable Connectivity Program and California Lifeline benefits service providers disqualify nursing home residents from their right to participate in accessing those benefits that keep us all connected. This glitch is because nursing home residents' addresses are the same as the nursing home

address which automatically comes up with an alert that it is a business. Please assist.

Nursing home residents aren't getting the mental health support we deserve! We need much more community involvement and community engagement INSIDE our communities nursing homes. Let me know if I can assist with spearheading NEW AND IMPROVED SYSTEM CHANGES that are critical to the mental health of aging adults and people with disabilities who are literally languishing in these health care facilities.

RESPONSE:

Thank you for our advocacy of older adults and disabled people who reside in residential care. MHSA plan includes specific supports for older adults in CSS plan, the PEI plan, and the Innovation plan.

The programs you list are State and Federal programs that require advocacy beyond just the local county stakeholder process for the MHSA plan, and may have unique regulations that make it difficult for nursing home residents to access these supports.

Your request for advocacy will be provide to our cultural community liaison for the Disabled Community for further exploration.

BHC RECOMMENDATION:

The BHC recommends to sustain programming that serves older adults throughout Riverside County outlined in the MHSA 3-year plan, and to continue to advocate for their needs.

(5) **COMMENT:**

Cultural Competence, in the past, the program used to reach out to Synagogues, Mosques, churches, Native America and other minorities. The program's outreach is limited to Hispanic and African American. Service that seem missing is "Cyber Addiction" for teens and adults that affect their school, work, and relationships.

RESPONSE:

The Cultural Competency unit has actually expanded outreach over the past 2 years. The program has traditionally targeted these underserved or

historically at-risk populations: African-American, Native American, Asian/Pacific Islander, Latino/Hispanic, Deaf and Hard of Hearing, and LGBTQ. Program expansion included: Middle Eastern/North African, communities of faith, US Military Veterans, and people with physical disabilities. Each of these identified communities has a contracted Cultural Community Liaison that reaches out to places of worship and other natural gathering places to engage, inform, and problem-solve service access issues. Each of the Liaisons hosts their own respective community advisory committee.

PEI Workplan 01 has specific outreach strategies designed for cultural communities, and PEI Workplan 07 has prevention programs chosen by cultural communities to reach and serve their related cultural communities. You can read more about these programs and their progress outcomes in the corresponding sections of the PEI Plan update.

The DSM5-TR, the established manual for behavioral health treatment diagnoses, does not recognize Cyber Addiction as an addiction, unless the behavior is focused on gambling. The Innovation Plan, Help@Hand, is a multi-project plan that focuses on the use of technology to support wellness. Help@Hand has included digital literacy and safe technology use as part of its educational platform. Your suggestion to include unhealthy cyber use to service education will also be provided to the Deputy over Transition Age Youth programs.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(6) **COMMENT:**

Love the representation.

RESPONSE:

Thank you for our support of our diverse communities. Research indicates that when outreach and services are culturally informed that people do better. We believe that everyone is capable of living well and productive lives given the right supports and opportunities.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(7) **COMMENT:**

To be completely honest, I haven't utilized any behavioral health services because of the cultural stigma surrounding this topic. I've been hesitant to use those resources out of shame and I've hear many stories about the "professionals" not understanding of our background and I do not want to expose myself to that type of environment.

RESPONSE:

Thank you for this vulnerable testimony. Seeking behavioral health care is a vulnerable act. Stigma adds to that vulnerability. People typically already judge themselves for needing care, so a lack of understanding can amplify the isolation and pain. You need to be offered unconditional regard and culturally informed care in order to get better.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(8) **COMMENT:**

I have never used anything or any resources. I would like to see more diversity and inclusion of the many different cultures, religions, languages and countries.

RESPONSE:

The Cultural Competency unit has expanded outreach over the past 2 years. The program has traditionally targeted these underserved or historically at-risk populations: African-American, Native American, Asian/Pacific Islander, Latino/Hispanic, Deaf and Hard of Hearing, and LGBTQ. Program expansion included: Middle Eastern/North African, communities of faith, US Military Veterans, and people with physical disabilities. Each of these identified

communities has a contracted Cultural Community Liaison that reaches out to places of worship and other natural gathering places to engage, inform, and problem-solve service access issues. Each of the Liaisons hosts their own respective community advisory committee.

PEI Workplan 01 has specific outreach strategies designed for cultural communities, and PEI Workplan 07 has prevention programs chosen by cultural communities to reach and serve their related cultural communities. You can read more about these programs and their progress outcomes in the corresponding sections of the PEI Plan update.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(9) **COMMENT:**

More inclusivity regards to language ASL Interpreters/Certificate Program backed by the county.

RESPONSE:

Having more access to ASL speakers is crucial. Currently, Workforce Education and Training has a financial incentive program (WET 05) that includes tuition reimbursement for qualifying coursework. Some staff have pursued advancements in ASL fluency or certification as a part of this program.

WET also provides additional selection points for ASL speakers who apply to be student interns, or who seek to advance their clinical degree under the 20/20 program, or who apply to some stipend and loan assumption programs.

BHC RECOMMENDATION:

The BHC recommends to sustain programming and workforce development identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(10) **COMMENT:**

More support services for refugees and asylum seekers.

RESPONSE:

RUHS-BH provides behavioral health care. MHSA funding is designed to address behavioral health care. Currently, all people who have no other resources and meet service eligibility – typically children with serious emotional disturbance or adults with serious mental illness - are offered care.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan.

(11) **COMMENT:**

Is there a way to open up funding to increase the Community Supports (start-up/contracted) in the rural populations? Not sure if this is in the rules, but it's what comes to mind.

RESPONSE:

There are no restrictions on MHSA funding based on population density. MHSA funds are designed as the funding source of last resort, so most planning and projects have braided funding streams. Non-county operated programs and services are awarded through the Request for Proposal process when a project goes out to bid, or providers meeting Medi-Cal requirements can apply to be managed care providers as a part of the network of private providers who take Medi-Cal payments.

The bigger challenge is developing or finding providers who want to work in mostly rural areas. Most mental health professionals work in urban centers, and current workforce shortages challenge service provision needs in rural areas even more.

Currently, the Cultural Competency unit is exploring supports offered through the federal Small Business Administration to determine potential planning to encourage more diverse providers to pursue contracts with the Department.

Community based organizations can bid on Requests For Proposal (RFP) that are centrally managed by Riverside County Purchasing. You can sign up for RFP notifications at: https://purchasing.co.riverside.ca.us/ .

BHC RECOMMENDATION:

The BHC supports partnering and contracting with Community Based Organization to provide behavioral health care services to the community.

(12) **COMMENT:**

I think scalability/capacity has to be an area of focus. Continue to expand services to trans/non-binary members utilizing the most current EBP's.

RESPONSE:

Thank you for your support of the trans/nonbinary community. The Cultural Competency unit has expanded outreach over the past 2 years. The program has traditionally targeted these underserved or historically at-risk populations: African-American, Native American, Asian/Pacific Islander, Latino/Hispanic, Deaf and Hard of Hearing, and LGBTQ. Program expansion included: Middle Eastern/North African, communities of faith, US Military Veterans, and people with physical disabilities. Each of these identified communities has a contracted Cultural Community Liaison that reaches out to places of worship and other natural gathering places to engage, inform, and problem-solve service access issues. Each of the Liaisons hosts their own respective community advisory committee.

The community advisory group for the LGBTQ population is the Community Advisory on Gender and Sexuality Issues (CAGS). We look forward to hearing your ideas regarding EBPs to meet the behavioral health needs of trans/nonbinary consumers.

BHC RECOMMENDATION:

The BHC recommends to sustain programming identified and supported by underserved cultural populations in the MHSA 3-Year Plan, and encourages community members to participate in the community advisory committees coordinated under the Cultural Competency Program.

(13) **COMMENT:**

Everyone who wants and need service, should be allowed to participate. I would add evidence based programs to all underserved communities.

RESPONSE:

The Cultural Competency unit has expanded outreach over the past 2 years. The program has traditionally targeted these underserved or historically at-risk populations: African-American, Native American, Asian/Pacific Islander, Latino/Hispanic, Deaf and Hard of Hearing, and LGBTQ. Program expansion included: Middle Eastern/North African, communities of faith, US Military Veterans, and people with physical disabilities. Each of these identified communities has a contracted Cultural Community Liaison that reaches out to places of worship and other natural gathering places to engage, inform, and problem-solve service access issues. Each of the Liaisons hosts their own respective community advisory committee.

PEI Workplan 01 has specific outreach strategies designed for cultural communities, and PEI Workplan 07 has prevention programs chosen by cultural communities to reach and serve their related cultural communities. You can read more about these programs and their progress outcomes in the corresponding sections of the PEI Plan update.

Though most PEI programs and Crisis System of Care programs are for general community and have few restrictions, on-going outpatient care can be restricted to those who have government forms of insurance or have no other ability to pay. Services provided by private insurance carriers will also need community advocacy to expand and meet the needs of their members.

MHSA has strong emphasis on Evidence Based Practices. In recent years, this has expanded to promising community based practices that may not have empirical data outcomes, but have the support of the community in which they were designed to serve.

BHC RECOMMENDATION:

The BHC recommends to sustain the use of Evidence Based Practices and Promising Community Based Practices when developing MHSA funded programs.

(14) **COMMENT:**

None – I really like all programming currently offered thru PEI. I would like to see general resilience building programming included. Many programs currently address resilience as attached to trauma. Maybe offering resilience building program stand alone and for general population.

RESPONSE:

Thank you for your support of MHSA PEI programs. PEI has a quarterly collaborative meeting where providers and community can meet to discuss plan progress and new ideas. If you have recommended programs, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends sustaining the programs in the PEI Plan and encourages the community to participate in the quarterly PEI collaborative meetings.

(15) **COMMENT:**

Specific prevention services and training for community colleges/universities. Assisting with expanding the active mind mental health club. Potentially developing peer-to-peer program for college campuses

RESPONSE:

PEI hosts several trainings a month on suicide prevention and mental health education every month. You can learn more about these trainings here: https://www.ruhealth.org/behavioral-health/pei-community-education.

PEI has a quarterly collaborative meeting where providers and community can meet to discuss plan progress and new ideas. If you have recommended programs or strategies, please consider attending to share your thoughts.

Your comment regarding program expansion will be provided to the PEI manager.

BHC RECOMMENDATION:

The BHC recommends sustaining the programs in the PEI Plan and encourages the community to participate in the quarterly PEI collaborative meetings.

(16) **COMMENT:**

Today I heard there may be some gaps in deaf and hard of hearing, MENA population. Keeping the Cultural Liaisons involved in the planning and community outreach is key. Workforce expansion is critical to the success of these programs a lot of the work can be done by non-clinicians. Would like to see more opportunities for community health workers as a job classification.

RESPONSE:

Thank you for your support of underserved cultural community outreach. The Cultural Competency unit has expanded outreach over the past 2 years. The program has traditionally targeted these underserved or historically at-risk populations: African-American, Native American, Asian/Pacific Islander, Latino/Hispanic, Deaf and Hard of Hearing, and LGBTQ. Program expansion included: Middle Eastern/North African, communities of faith, US Military Veterans, and people with physical disabilities. Each of these identified communities has a contracted Cultural Community Liaison that reaches out to places of worship and other natural gathering places to engage, inform, and problem-solve service access issues. Each of the Liaisons hosts their own respective community advisory committee. The goal is to have a Community Mental Health Promoters for each of these populations utilizing grass roots community organizations from these communities to engage these communities. The primary educator in these program is a typically community health worker.

Riverside also has a robust Peer Support program that includes people with lived experience as consumers, family members, or parents of minor children. These employees are specially trained to used their lived experience to engage, educate, and coach wellness, but they are not clinicians. Peer Support is also now recognized by the state as a certified job classification.

BHC RECOMMENDATION:

The BHC recommends to sustain cultural informed services and peer support development in the MHSA 3-Year Plan.

(17) **COMMENT:**

We need to have more mental health professionals that are culturally congruent. We need more perinatal mental health providers.

RESPONSE:

Mutuality can be a powerful tool in a therapeutic relationship. WET programs encourage the development of practitioners from diverse communities by providing additional selection points based on language and culture to student intern applicants (WET 04), certain stipend and loan assumption programs (WET 05), and workforce development programs like our 20/20 program (WET 05).

WET also has public behavioral health career pipeline activities (WET 03) that target high school and junior college students from underserved cultural communities. More strategic efforts to encourage more students from diverse communities to pursue public behavioral health careers will need to include a more robust partnership with each cultural community.

Perinatal care is an intersection of both medical care and behavioral care. Both specialties will need to assist with the development of related practitioners. PEI has a quarterly collaborative meeting where providers and community can meet to discuss plan progress and new ideas. If you have recommended programs or strategies, please consider attending to share your thoughts. Your comment will be provided to the PEI manager.

BHC RECOMMENDATION:

The BHC recommends to sustain workforce development programs and the perinatal programs in the MHSA 3-Year Plan.

(18) **COMMENT:**

Mental health services for women with postpartum depression who do not qualify for the mothers and babies program.

RESPONSE:

Perinatal care is an intersection of both medical care and behavioral care. Both specialties will need to assist with the development of related practitioners. PEI has a quarterly collaborative meeting where providers and community can meet to discuss plan progress and new ideas. If you have recommended programs or strategies, please consider attending to share your thoughts. Your comment to expand the perinatal programs in the PEI plan will be provided to the PEI manager.

BHC RECOMMENDATION:

The BHC recommends to sustain perinatal programing in the PEI plan and will request a progress report on RUHS-BH partnerships and services for the behavioral health needs of pregnant and new mothers.

(19) **COMMENT:**

None, except stronger partnerships with youth ministries.

RESPONSE:

The Cultural Competency unit has expanded outreach over the past 2 years. The program has traditionally targeted these underserved or historically at-risk populations: African-American, Native American, Asian/Pacific Islander, Latino/Hispanic, Deaf and Hard of Hearing, and LGBTQ. Program expansion included: Middle Eastern/North African, communities of faith, US Military Veterans, and people with physical disabilities. Each of these identified communities has a contracted Cultural Community Liaison that reaches out to places of worship and other natural gathering places to engage, inform, and problem-solve service access issues. Each of the Liaisons hosts their own respective community advisory committee.

Your comment will be provided to our Liaison for Communities of Faith.

BHC RECOMMENDATION:

The BHC recommends to sustain outreach to underserved and at risk communities, including faith based communities, as part of the PEI/Cultural Competency plan.

(20) **COMMENT:**

Marriage counselor.

RESPONSE:

Public Behavioral Health Care is designed do to meet the treatment needs of people with serious mental illness. Important, but adjunct counseling services such as marriage counseling, is excluded from Medi-Cal service authorization.

Primary relationship is a cornerstone to many people's sense of happiness and life satisfaction. Having relationship building supports may be an area to explore in the PEI plan. PEI has a quarterly collaborative meeting where providers and community can meet to discuss plan progress and new ideas. If you have recommended programs or strategies, please consider attending to share your thoughts. Your comment will be provided to the PEI manager.

BHC RECOMMENDATION:

The BHC encourages community to participate in the network of community advisory meetings that include the PEI collaborative, regional mental health boards, subcommittees under the BHC, and the cultural community advisory meetings coordinated through the Cultural Competency unit.

(21) **COMMENT:**

Exposure, how to find help for family that don't know or think they have a problem

RESPONSE:

The Family Advocate Program (CSS 03!) The Family Advocate program is staffed by people who have experienced this. They provide many supports from understanding how to engaged a loved one to understanding the limits and possibilities of mental health law.

They have a non-crisis support line: 800-330-4522.

BHC RECOMMENDATION:

The BHC recommends to sustain the outreach and education programs of the Family Advocate in the MHSA 3-Year Plan.

(22) **COMMENT**:

More outreach and services for the homeless and people getting out of prison.

RESPONSE:

MHSA Plan has an extensive programing to assist with homelessness that includes homeless outreach teams. You can learn more about these programs in CSS 04. MHSA plan also has supports for people who have been Justice Involved. You can learn more about these programs in CSS 02, and about forensic Full Service Partnerships in CSS 01.

The BHC hosts a Housing Subcommittee for further community feedback and discussion. This is an opportunity to learn more about programs and share your ideas. You can learn more about all the community advisory meetings in the MHSA Community Planning and Local Review section of this plan.

BHC RECOMMENDATION:

The BHC recommends to sustain the homeless and housing supports in the MHSA 3-Year Plan, and encourages community participation in the community advisory committees.

(23) **COMMENT:**

Need more outreach services, follow-up services.

RESPONSE:

Outreach services are identified in CSS 01, CSS 03, and CSS 04. Additional outreach and education is identified in PEI 01.

The Behavioral Health Commission hosts serval subcommittees that address specific populations including the Homeless, Veterans, each system of care based on age, and Criminal Justice. PEI also has quarterly collaborative

meetings. You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction.

If you have recommended programs or strategies, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends that community members participate in the regular community advisory and planning meetings to discuss and share ideas that assist in Department and MHSA Plan development.

(24) **COMMENT:**

We get funding, but where is it?

RESPONSE:

All MHSA funded programs and services are detailed in this report. The annual planning process concludes with a review by the Riverside County Behavioral Health Commission, and approval by the Riverside County Board of Supervisors. This approval authorizes the expenditures in the plan.

The Behavioral Health Commission hosts serval subcommittees that address specific populations including the Homeless, Veterans, each system of care based on age, and Criminal Justice. PEI also has quarterly collaborative meetings. Each of the 10 identified underserved cultural or high risk communities has a contracted Cultural Community Liaison that hosts their own respective community advisory committee. You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction. If you have recommended programs or strategies, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends that community members participate in the regular community advisory and planning meetings to discuss and share ideas that assist in Department and MHSA Plan development.

(25) **COMMENT:**

Behavioral health services are not helpful for the Blyth community. They do not have anything, all we hear is, “It’s coming” but never comes.

RESPONSE:

Thank you for your support of this rural community. The development of services in rural areas across California are impacted by sprawl, transportation, staffing recruitment and retention, and a lack of private providers. Mental health practitioners are more likely to practice in urban centers. This is even more difficult during this time of workforce shortages. It is a persistent problem that requires innovative approaches to resolve. Some current approaches already implemented included telehealth, partnering with community based organizations, providing differential pay for clinicians to practice in Blythe, and Department participation in programs that provide loan assumption or other financial incentives for applicants who are willing to work in Blythe.

Currently, RUHS-BH is partnering with Riverside County Human Resources to develop with a university an on-line graduate level learning cohort, with tuition discounts, in order to encourage desert region paraprofessionals to pursue clinical degrees.

Solutions will come with an active community partnership and understanding of the barriers to change, not just the identified goal.

BHC RECOMMENDATION:

The BHC recommends receiving a progress report on program development in Blythe in order to better ascertain current efforts to address Blythe service delivery.

(26) **COMMENT:**

Better HR Dept, short staffed in multiple depts., in-person trainings, not videos

RESPONSE:

Workforce shortages significantly impacted behavioral health professions recruitments. California, and the Inland Region in particular, was already struggling with not enough people going into the profession. Streamlining onboarding, Hiring Fairs, and offering differential pay for some

hard-to-fill job classifications have helped, but the pool of candidates for positions remains challenged. WET has active workforce development programs (WET 03 04 05) to help encourage more candidates to enter into public behavioral health careers. The Department hires the majority of the student interns who apply for work following their clinic internships countywide.

WET offers multiple modalities for training (WET 02), which includes in-person trainings, especially for those advanced training topics that require more instructor interaction to understand skill development. In order to optimize time management, some basic information and skills training are on-line and self-paced.

BHC RECOMMENDATION:

The BHC recommends to sustain the workforce development programs as outlined in the MHSA 3-Year Plan.

(27) **COMMENT:**

Change school-based early intervention services is culturally destructive among black student engages in juvenile justice, special education, child welfare systems.

RESPONSE:

The Behavioral Health Commission hosts serval subcommittees that address specific populations including Children's System of Care and Criminal Justice (which includes Juvenile Justice). PEI also has quarterly collaborative meetings. Cultural Competency has an African American Community Consultant who hosts a regular community advisory group meeting for the Black community called African-American Family Wellness Advisory Group (AAFWAG).

You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction. The strongest course of change is with a strong community support for new ideas or programs. If you have more specific recommended programs or strategies, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends that community members participate in the regular community advisory and planning meetings to discuss and share ideas that assist in Department and MHSA Plan development.

(28) **COMMENT**:

Increased coordination of all supportive services being offered to promote consistency in services, capacity building and sustainable outcomes. Especially for those experiencing homelessness or housing insecurity.

RESPONSE:

Many service teams have case managers, typically called Behavioral Health Specialists (BHS), who coordinate resources related to a consumer's treatment plan in conjunction with the other members of a multi-disciplinary team.

Our Homeless Program has BHS members on their teams. You can learn more about our Homeless and Housing programs in CSS 04. The Behavioral Health Commission also hosts subcommittees that address specific populations including the Homeless. You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction. If you have more specific recommended programs or strategies, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends to sustain case management, Full Service Partnership, and homeless outreach and service programs in the MHSA 3-year plan.

(29) **COMMENT:**

School-based early intervention services whereas students are referred for services via crisis centered special education, juvenile justice, child and family services is determined culturally destructive leading to the overlap of Black/AA in the mental/behavioral health system.

RESPONSE:

PEI has programming chosen by the Black community targeting black youth outside of any crisis or justice referral system. Building Resilience in African American Families (BRAAF) is funded county-wide for both boys and girls. The BRAAF Programs are accepting referrals for participation and do not have wait lists at this time.

The Behavioral Health Commission hosts serval subcommittees that address specific populations including Children's System of Care and Criminal Justice (which includes Juvenile Justice). PEI also has quarterly collaborative meetings. Cultural Competency has an African American Community Consultant who hosts a regular community advisory group meeting for the Black community called African-American Family Wellness Advisory Group (AAFWAG). You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction.

The strongest course of change is with a strong community support for new ideas or programs. If you have more specific recommended programs or strategies, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends to sustain prevention programming for underserved cultural populations as outlined in the MHSA 3-Year Plan, and encourages participation in the community advisory committees that support plan development throughout the year.

(30) **COMMENT:**

Service gaps – need more culturally relevant services for the underserved populations like AAPI and indigenous peoples. Need to hire more steps in the various agencies with cultural background

RESPONSE:

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 3-year plan 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.

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 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.

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%).

BHC RECOMMENDATION:

The BHC recommends to sustain prevention programming for underserved cultural populations, and related workforce development, as outlined in the MHSA 3-Year Plan.

(31) **COMMENT:**

Service gaps; the digital mental health literacy training should include instructions on how to self-regulate “outrage” while engaging in social media. This outrage is a driving factor in disruptive and unhelpful comments, and simply drives the algorithm to create more outrage.

RESPONSE:

Your comment will be provided to the manager over the Innovation Project Help@Hand that includes digital literacy as part of their program operation.

BHC RECOMMENDATION:

The BHC recommends that community members participate in the regular community advisory and planning meetings to discuss and share ideas that assist in Department and MHSA Plan development.

(32) **COMMENT:**

I think all programs are essential. I would like to see increased engagement that represent the population needing to be served and assistance to those programs to gain funding to provide programs and support. I wonder if engagement can be increased to the point where information is just known. If organizations are not connected they may not know how to become connected. Overall, more prominent to highlight programs and services offered by RUHS and other providers.

RESPONSE:

Communication and education of available services is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social media, streaming services and applications, radio stations, internet search

engines, billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

The Behavioral Health Commission hosts serval subcommittees that address specific populations including the Homeless, Veterans, each system of care based on age, and Criminal Justice. PEI also has quarterly collaborative meetings. You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction.

If you have recommended programs or strategies, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends to sustain outreach and education programs in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

(33) **COMMENT:**

I hope we eventually have funding for 24/7 mobile units and more mental health urgent care centers, I think both should increase telehealth options

RESPONSE:

You can learn the current extent of planning in these areas under CSS 02: Crisis System of Care.

Expansion of services is often dependent on outcome data, demand for the service, and the ability to staff a program.

Your comment will be providing to the Crisis System of Care Administrator.

BHC RECOMMENDATION:

The BHC recommends to sustain mobile crisis services and regional mental health urgent cares as outlined in the MHSA 3-year Plan.

(34) **COMMENT:**

More programs for Black families, parenting, mental health, outreach

RESPONSE:

Thank you for your support of the black community. PEI has programming chosen by the Black community targeting black youth and their families. Building Resilience in African American Families (BRAAF) is funded county-wide for both boys and girls. The BRAAF Programs are accepting referrals for participation and do NOT have wait lists at this time.

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 3-year plan 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. All Department services need to be culturally informed.

BHC RECOMMENDATION:

The BHC recommends to sustain prevention and early intervention that supports the black community in the MHSA 3-year plan.

(35) **COMMENT:**

Deal with homeless of Los Angeles/Compton.

RESPONSE:

This MHSA Plan is for Riverside County programs. You can learn more about MHSA funded services for the Riverside County Homeless in CSS 04.

BHC RECOMMENDATION:

The BHC recommends to sustain programs for Riverside County Homeless in the MHSA 3-year plan.

(36) **COMMENT:**

If there's a way to make it easier to access behavioral health services, especially to low-income and communities of color would be great.

RESPONSE:

Access barriers can include multiple areas such as stigma, awareness, location, service criteria, availability, and transportation. County services are designed to address the needs of people who are low income or who are dependent on government forms of insurance.

Central care access points include a central telephone number called the CARES line, regional mental health urgent cares, and behavioral health integration at Community Health Clinics.

Outreach to the black community includes a Mental Health Promoters program and a Cultural Community Liaison who hosts a regular community advisory group meeting for the Black community called African-American Family Wellness Advisory Group (AAFWAG).

You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction. The strongest course of change is with a strong community support for new ideas or programs. If you have more specific recommended programs or strategies, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends to sustain prevention and early intervention that supports the black community in the MHSA 3-year plan.

(37) **COMMENT:**

I think they are great we need more visibility of resources.

RESPONSE:

Thank you for your support of the MHSA funded programs and services. Communication and education of available services is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social

media, streaming services and applications, radio stations, internet search engines, billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

The Behavioral Health Commission hosts serval subcommittees that address specific populations including the Homeless, Veterans, each system of care based on age, and Criminal Justice. PEI also has quarterly collaborative meetings. You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction. If you have recommended programs or strategies, please consider attending to share your thoughts.

BHC RECOMMENDATION:

The BHC recommends to continue the marketing and promotional plans as supported by the MHSA 3-year Plan, and encourages community members to share their ideas at community advisory meetings.

What other thoughts or comments do you have about behavioral health services or about the MHSA plan?

(1) **COMMENT:**

Trauma lodges in the body. Mindfulness needs to be trauma-informed, in order to avoid re-traumatization. Safety is paramount.

RESPONSE:

Thank you for this reminder of the importance of trauma healing as part of comprehensive care. Trauma Informed Systems (TIS) is a Department approved and promoted approach to care and service operation. Adding somatic therapies such as EMDR have evidence based outcomes that demonstrate that transforming the bodies response to trauma can impact the emotional wellness of the person.

BHC RECOMMENDATION:

The BHC recommends to sustain the trauma informed practices defined in the MHSA 3-Year Plan.

(2) **COMMENT:**

I really hope to see more mental health support that centers Native & Indigenous practices that are local to Riverside, and specifically from Cahuilla and other local tribes. Cultural competency in general is needed. A conference was held in SB County that highlighted the work of each cultural group and the biggest issues for that community. Something similar would be great for educators & community groups in Riverside.

RESPONSE:

Research indicates that people have better outcomes when care is culturally informed. The success of the Native American programs in PEI Workplan 7 have demonstrated this. RUHS-BH has a Cultural Community Liaison to the Native American communities who hosts a community advisory group for Native Americans. Your ideas would be an asset here so that the CCL can develop the proposals related to meeting the greater behavioral health needs of Riverside's Native and Indigenous people.

BHC RECOMMENDATION:

The BHC recommends to continue to the work of the Cultural Community Liaisons and their ability to advise the Department on outreach, programs, and services necessary for underserved cultural populations.

(3) **COMMENT:**

Great work on the most aspects of behavioral health.

RESPONSE:

Thank you for your support of these MHSA funded programs.

BHC RECOMMENDATION:

The BHC recommends to sustain programming as defined in this 3-year plan.

(4) **COMMENT:**

Very comprehensive

RESPONSE:

Thank you for your support of these MHSA funded programs.

BHC RECOMMENDATION:

The BHC recommends to sustain programming as defined in this 3-year plan.

(5) **COMMENT:**

I like this plan, we do need more inclusivity and diversity, so this is very important and needed to get everyone that needs support.

RESPONSE:

Thank you for your support of culturally informed care and practices. Research indicates that people have better outcomes when provided culturally informed care. 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 3-year plan or by contacting the PEI unit at: PEI@ruhealth.org.

PEI Work plan 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.

BHC RECOMMENDATION:

The BHC recommends to continue to the work of the Cultural Community Liaisons and their ability to advise the Department on outreach, programs, and services necessary for underserved cultural populations.

(6) **COMMENT:**

Helping the community to understand the feedback that was received that resulted in a changed or shift in service deliverables. There is a perception that their input is not impactful.

RESPONSE:

The change process always appears slow when the needs are immediate. But all change moves in phases, the early stages often less visible. This is similar to change process in our lives – even when we see the goal we want to achieve, it requires time, preparation and planning, and mastery of new habits to become successful. The same change that those seeking behavioral health care must master often mirrors the same change process for systems – and requires more people to be at the same phase of change.

Elements of change include:

Innovation: What is the new idea? Has it been tried before? What are the barriers? What is the scope and size of the change and where do we start?

Adopters: Who needs to embrace the change for the change to happen? How can they be influenced? This is where active community involvement can help. Once voice can generate an idea; multiple voices can get the idea adopted. Partnership can create the plan.

Communication: How are new ideas being envisioned? Does everyone share the same concept around the change? How can the vision be more clearly expressed so that everyone sees the problem and the idea the same way?

Time: Because change is contingent on the variables above, and everyone will be at different places at different phases, repetition is necessary and repetition takes time. When change requires multiple systems or people that repetition can take even longer. Change is not just about the outcome, but is also about the much less visible process to get there. Am I on the bench noting the team isn't making touchdowns? Or am I on the field as a member of the team to reach the goal?

Voicing a concern is the first step. Understanding the elements of the change process, including barriers, and then becoming part of the solution is the next step.

Input from stakeholders revolutionized our Crisis System of Care that went from a police response and psychiatric emergency rooms to Mental Health Urgent Cares, Crisis Intervention Training for law enforcement, Mobile Crisis Teams (including therapist and officer partner teams), community access to mobile teams via the Helpline, Crisis Stabilization programs, a sobering center, and adult residential programs. This change process took more than 10 years to be fully realized, and continues to develop and grow with stakeholder feedback.

BHC RECOMMENDATION:
The BHC recommends to sustain outreach and education programs in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

(7) **COMMENT:**
I want to see traditional healing practices added.

RESPONSE:

Traditional healing practices can be very specific to the culture. There are 10 Cultural Community Liaisons (CCL) contracted under Cultural Competency and Innovation. Each CCL has their own community advisory group. You can learn more about these groups in the MHSA Community Planning and Local Review section of this 3-year plan.

Please consider attending a related advisory group to share more about specific practices.

BHC RECOMMENDATION:
The BHC recommends to sustain culturally informed practices in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

(8) **COMMENT:**

Continued digital literacy and outreach via social media, TV, ads, etc. Was impressed at the # of people accessed sites via internet so more data is needed on this.

RESPONSE:

Digital literacy is a part of the Innovation Plan, Help@Hand. Your comment will be providing to the manger over this project.

BHC RECOMMENDATION:

The BHC recommends to continue to explore the outcomes of the Help@Hand Innovation plan, and will request a final report when the final data is completed.

(9) **COMMENT:**

Services should include life coaches.

RESPONSE:

The title “life coach” is not a formal county job classification. But, Peer Support Specialists are trained to provide coaching on reaching wellness goals or developing wellness skills. Peer Support Specialist is a now a certified profession in the State of California.

You can learn more about Peer Support in CSS 03.

BHC RECOMMENDATION:

The BHC recommends to sustain peer programming and development in the MHSA 3-year Plan.

(10) **COMMENT:**

We need more mental health support groups that are culturally affirming.

RESPONSE:

PEI Workplan 7 has several prevention programs that are tailored to underserve cultural communities. These programs are taking referrals at this time.

There are 10 Cultural Community Liaisons (CCL) contracted under Cultural Competency and Innovation. Each CCL has their own community advisory group. You can learn more about these groups in the MHSA Community Planning and Local Review section of this 3-year plan.

Please consider attending a related advisory group to share more about specific practices.

BHC RECOMMENDATION:

The BHC recommends to sustain culturally informed practices in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

(11) **COMMENT:**

There are not enough services specifically for African Americans.

RESPONSE:

Thank you for your support of the black community.

PEI has programming chosen by the Black community targeting black youth and their families. Building Resilience in African American Families (BRAAF) is funded county-wide for both boys and girls. The BRAAF Programs are accepting referrals for participation and do NOT have wait lists at this time.

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 3-year plan 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. All Department services need to be culturally informed.

BHC RECOMMENDATION:

The BHC recommends to sustain culturally informed practices in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

(12) **COMMENT:**

I appreciate the commitment for the black community.

RESPONSE:

Thank you for your support of the Black Community. Research indicates that people do better when their care is culturally informed.

BHC RECOMMENDATION:

The BHC recommends to sustain culturally informed practices in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

(13) **COMMENT:**

We need more staff at the Blythe clinic to provide all the services needed for Blythe consumers.

RESPONSE:

Thank you for your support of this rural community.

The development of services in rural areas across California are impacted by sprawl, transportation, staffing recruitment and retention, and a lack of private providers. Mental health practitioners are more likely to practice in urban centers. This is even more difficult during this time of workforce shortages. It is a persistent problem that requires innovative approaches to resolve. Some current approaches already implemented included telehealth, providing differential pay for clinicians to practice in Blythe, and Department participation in programs that provide loan assumption or other financial incentives for applicants who are willing to work in Blythe.

Currently, RUHS-BH is partnering with Riverside County Human Resources to develop with a university an on-line graduate level learning

cohort, with tuition discounts, in order to encourage desert region paraprofessionals to pursue clinical degrees. People who already live in the community tend to stay and work in the community.

BHC RECOMMENDATION:

The BHC recommends receiving a progress report on program development in Blythe in order to better ascertain current efforts to address Blythe service delivery.

(14) **COMMENT:**

Offer an innovation RFP for non-clinical prevention intervention for children, youth and TAY. Outcome learning: increase access to CHCD, youth and TAY. Ability to scale county-wide.

RESPONSE:

The Innovation plan approval process is different than the rest of the MHSA components. A plan must be proposed and accepted by the State before it can be implemented. An Innovation plan proposal must contain the very specific research, stakeholder, and data questions required for State review. If the plan required an RFP, it would not be released unless a plan was already approved by the State.

Innovation plan proposal are accepted via our network of community advisory groups. Proposing an idea with the related research review and receiving community support is a good first step to moving an idea through the process of consideration. The more a community supports an idea that meets State Innovation criteria, the greater likelihood it will move through the proposal process.

BHC RECOMMENDATION:

The BHC recommends to sustain outreach and education programs in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

(15) **COMMENT:**

I love the partnership that we have and the ability to provide feedback.

RESPONSE:

Feedback is at the heart of the MHSA community process. Thank you for your participation.

BHC RECOMMENDATION:

The BHC recommends to sustain programs in the MHSA 3-year Plan.

(16) **COMMENT:**

The MHSA plan keeps expanding to create more services which I truly applaud and appreciate.

RESPONSE:

Thank you for your support of MHSA funded programs. MHSA planning and Department service planning coincide and is impacted by outcome data, trending needs, and stakeholder feedback like yours!

BHC RECOMMENDATION:

The BHC recommends to sustain programs in the MHSA 3-year Plan.

(17) **COMMENT:**

We are so eager to leave the pandemic behind. We mustn't lose sight of the challenges of folks with long COVID, children and disabled people. We need to have hybrid meetings and services in order to remove barriers. We need to think about recovering from a shared group trauma.

RESPONSE:

Thank you for this reminder as we transition within and from this pandemic.

BHC RECOMMENDATION:

The BHC recommends to sustain programs in the MHSA 3-year Plan.

(18) **COMMENT:**

I appreciate the expansion and want to continue to see increased services and programs for the BIPOC communities especially the Black, African American communities with increased outreach that is specifically tailored to this population. I can appreciate the stigma reduction initiatives because this is essential. I'd like to see more on stigma reduction. I would want to see the racial trauma measure added to CBITS [Cognitive Behavioral Intervention for Trauma in Schools] programs.

RESPONSE:

Thank you for your support of the Black community. Your recommendation regarding CBITS expansion will be provided to the PEI Manager. CBITS is part of PEI 06.

BHC RECOMMENDATION:

The BHC recommends to sustain culturally informed practices in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

(19) **COMMENT:**

Behavioral health services are readily available and target various cultural gaps.

RESPONSE:

Thank you for your support of MHSA funded programs and culturally informed care.

BHC RECOMMENDATION:

The BHC recommends to sustain programs in the MHSA 3-year Plan.

(20) **COMMENT:**

I am super excited about increased housing for unhoused consumers. I think we need additional short term and long term housing as 1/3 of the unhoused have a mental health condition that contributes to homelessness.

RESPONSE:

Thank you for your commitment to the homeless. Homeless and housing programs are reviewed in CSS 04.
Your comment will be shared with the Housing Programs Administrator.

BHC RECOMMENDATION:

The BHC recommends to sustain housing programs as outlined in the MHSA 3-year plan.

(21) **COMMENT:**

I think free programs and increased access and outreach is essential to reach Black families.

RESPONSE:

County behavioral health programs are designed as the safety net – support for people with low income or who are dependent on government forms of insurance. On-going outpatient care for people who do not have insurance and meet service criteria is based on a generous sliding scale fee. Those with private insurance can access most Crisis System and PEI services at either free or no cost.

PEI has programming chosen by the Black community targeting black youth and their families. Building Resilience in African American Families (BRAAF) is funded county-wide for both boys and girls. The BRAAF Programs are accepting referrals for participation and do not have wait lists at this time.

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 3-year plan 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. All Department services need to be culturally informed.

BHC RECOMMENDATION:

The BHC recommends to sustain culturally informed practices in the MHSA 3-Year Plan, and encourages community members to share their feedback and ideas at community advisory groups that inform plan development all year long.

Suggestions for Increased Awareness of Services

What are some ways that the county can increase awareness about behavioral health care services offered in your community?

(1) **SUGGESTION:**

All the PEI and Parent Partner programs are great - is there a "short list" of the available classes/programs for easy reference at-a-glance?

RESPONSE:

You can find a breakdown of PEI Services at: https://www.ruhealth.org/behavioral-health/pei-our-services. You can learn more about Parent Partner supports by calling: 888–358-3622. There is a downloadable pamphlet from Parent Support and Training here: https://bit.ly/peersupporttraining2023

(2) **SUGGESTION:**

More conferences, workshops, presentations and open town hall type forums on the issues that are coming up in the community. One of the best ways to fight back stigma and discrimination is to encourage open dialogue with community members about the issues so they have better understanding.

RESPONSE:

Your recommendation will be provided to the Managers over Cultural Competency and PEI (PEI 01) and Peer Programs (CCS 03) who provide, contract with Mental Health Promoters, or develop outreach presentations for the community.

(3) **SUGGESTION:**

Awareness fairs

RESPONSE:

The Cultural Competency unit has expanded outreach over the past 2 years. The program has traditionally targeted these underserved or historically at-risk populations: African-American, Native American, Asian/Pacific Islander, Latino/Hispanic, Deaf and Hard of Hearing, and LGBTQ. Program expansion included: Middle Eastern/North African, communities of faith, US Military Veterans, and people with physical disabilities. Each of these identified communities has a contracted Cultural Community Liaison that reaches out to places of worship and other natural gathering places to engage, inform, and problem-solve service access issues. Each of the Liaisons hosts their own respective community advisory committee.

The CCLs can request sponsorship of existing community events which typically includes an outreach table, and can work with community based organizations to support the development of awareness fairs.

(4) **SUGGESTION:**

Send county workers into nursing homes, just like you have workers go into the Coachella Valley rescue mission. Establish relationships with nursing home social workers and case managers, as well as with us residents. We shouldn't stop being citizens of our communities and forgotten about when we enter long term care.

RESPONSE:

Thank you for your commitment to people living in long term care environments. Some nursing home residents are Department clients who receive care through the Public Guardians Office and continue to have

Department case managers who visit and monitor their care. There ae some system restrictions on providing outpatient services to people who received comprehensive care in a residential setting. Ombudsman programs have been set up to monitor care in licensed residential care settings.

Your concern will be provided to both the Administrator over Older Adult Programs, and the Cultural Community Liaison to the Disabled Community.

(5) **SUGGESTION:**

More consultation with Native American community events

RESPONSE:

Thank you for your support of the Native American Community. Your recommendation will be provided to the Cultural Community Liaison for the Native American Community.

(6) **SUGGESTION:**

More direct and personal outreach, visiting families and just having conversations about it. If there are MENA [Middle Eastern North African] adults discussing this topic in general, it will lower the stigma and have more productive conversation

RESPONSE:

Thank you for your support of the MENA community. Your recommendation will be provided to our Cultural Community Liaison to the MENA community.

(7) **SUGGESTION:**

I did not know about this before today, I think this should be more accessible and publically known to. I want more advocacy and more inclusion to this.

RESPONSE:

Communication and education is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social media, streaming services and applications, radio stations, internet search engines,

billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

The Behavioral Health Commission hosts serval subcommittees that address specific populations including the Homeless, Veterans, each system of care based on age, and Criminal Justice. PEI also has quarterly collaborative meetings. You can learn more about these meetings and how to attend in the MHSA Community Planning and Local Review section of this plan introduction. If you have recommended programs or strategies, please consider attending to share your thoughts.

(8) **SUGGESTION:**

Start small…find a passionate number of a community that is already well known…and get them to advocates

RESPONSE:

Your recommendation will be provided to the outreach and engagement programs under PEI and Cultural Competency (PEI 01), as well as, our Peer Support system of care (CSS 03)

(9) **SUGGESTION:**

Events held on the weekend, not day work hours like May is Mental Health Month.

RESPONSE:

Your recommendation will be provided to the outreach and engagement programs under PEI and Cultural Competency (PEI 01), as well as, our Peer Support system of care (CSS 03)

(10) **SUGGESTION:**

Mosques, tabling, drop-in hours at prime locations (mosque, church, campus, Anaheim businesses)

RESPONSE:

Each county has their own Behavioral Health Department and MHSA plan. This plan is for Riverside County.

Your suggestion to create known support or education hours at existing community gathering places will be provided to our Cultural Community Liaisons.

(11) **SUGGESTION**:
Providing flyers and information across languages like Arabic, Dari, Farsi.

RESPONSE:

Spanish is the only threshold language beside English in Riverside County, but more materials need to be developed with specific behavioral health topics in a multitude of Riverside County languages.

Your recommendation will be provided to the Cultural Community Liaison for the Middle Eastern/North African population for research into existing culturally informed materials or the development of new ones.

(12) **SUGGESTION:**
Continue the focus on innovation communication streams (social media, virtual structure) to reach our communities to keep them informed.

RESPONSE:

Communication and education is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social media, streaming services and applications, radio stations, internet search engines, billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

The use of electronic and social media to reach more people is a necessity. Your recommendation will be provided to the Department's Public Information Specialist.

(13) **SUGGESTION:**
Request for providers to cycle in assisting with the marketing of PEI initiatives. Include department in contracts/MOU.

RESPONSE:

Having both community and county providers of human services understand the continuum of care and the related available services supports accurate problem-solving at times of help seeking.

Your recommendation will be provided to the PEI Manager.

(14) **SUGGESTION:**

Look at expanding power sharing among community organizations to help promote/BH services.

RESPONSE:

Orienting community organizations to our continuum of care, service eligibility, and points of access would be a great partnership with the community. Your recommendation will be provided to the Deputy of Peer Oversight for further outreach exploration.

(15) **SUGGESTION**:

General marketing material advertised in the community, liaison for each college to share resources, expansion of currently mental health promoters.

RESPONSE:

Communication and education is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social media, streaming services and applications, radio stations, internet search engines, billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

PEI supports local Active Minds chapters on college campuses. These campus organizations normalize mental health, decrease stigma, and promote access to care. These organizations may serve as good places to orient to service delivery. Your recommendation will be provided to the PEI Manager.

There is a current, active goal to expand mental health promoters to each of the underserved or high risk populations recognized by Cultural

Competency. Recently, Requests for Proposal were established by the Riverside County Procurement Office.

(16) **SUGGESTION:**

To spread awareness about behavioral health services in the community, nonprofit organizations can host/plan events surrounding behavioral health.

RESPONSE:

Partnering and providing support to community based organizations, places of worship, and natural community gathering places to reach the communities they know best is a primary strategy in the PEI plan.

(17) **SUGGESTION:**

More community health workers and liaisons to continue the great work that is being done.

RESPONSE:

There is a current, active goal to expand mental health promoters to each of the underserved or high risk populations recognized by Cultural Competency. Recently, Requests for Proposal were established by the Riverside County Procurement Office.

Expansion of the Cultural Community Liaisons will require more data outcomes to demonstrate the effectiveness of their work. Cultural Competency is currently working with our Research and Evaluation unit to standardized data collection to improve reporting and inform planning.

(18) **SUGGESTION:**

Billboards, TV, Radio, Media

RESPONSE:

Communication and education is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social media, streaming services and applications, radio stations, internet search engines,

billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

(19) **SUGGESTION:**

That mental health is mostly to be ashamed of but talking about it is the first step in healing.

RESPONSE:

Stigma and shame grow with secrecy. Often this is accompanied by painful feelings that also make behavioral health symptoms worse. Talking about the normal experiences of behavioral health, coping, and resiliency normalizes them as real and essential in our everyday lives. When we lead with understanding, judgments have less power.

Many of the outreach and engagement activities in PEI 01 are designed to increase awareness and start a dialogue. Related PEI trainings also teach accurate mental health information and steps on starting a healthy dialogue with others. You can learn more about PEI services here: https://www.ruhealth.org/behavioral-health/pei-our-services

(20) **SUGGESTION:**

Hosting events such as AAFWAG [African American Family Wellness Advisory Group] sponsored “Tea for the Soul” event.

RESPONSE:

Sponsoring and hosting culturally informed events related to behavioral health or the inclusion of behavioral health is a great way to welcome people into a conversation that otherwise can be hard to hold. Each of the Cultural Community Liaisons, and their respective community advisory groups, has the ability to recommend sponsorship of community events.

(21) **SUGGESTION:**

Have more people like cultural liaison integrated in the community.

RESPONSE:

There is a current, active goal to expand mental health promoters to each of the underserved or high risk populations recognized by Cultural Competency. Recently, Requests for Proposal were established by the Riverside County Procurement Office.

Expansion of the Cultural Community Liaisons will require more data outcomes to demonstrate the effectiveness of their work. Cultural Competency is currently working with our Research and Evaluation unit to standardized data collection to improve reporting and inform planning.

(22) **SUGGESTION:**

Continue to work with the faith community and other partners that understand community needs.

RESPONSE:

Partnering and providing support to community based organizations, places of worship, and natural community gathering places to reach the communities they know best is a primary strategy in the PEI plan.

There is a dedicated Cultural Community Liaison to Faith Communities.

(23) **SUGGESTION:**

More publicity, more information on social media, user-friendly website, resource shares in abundance.

RESPONSE:

Communication and education is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social media, streaming services and applications, radio stations, internet search engines, billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

(24) **SUGGESTION:**

Bring awareness through mailers and share info/offerings with Kaiser patients.

RESPONSE:

Though PEI programs and much of our Crisis System of Care target the general community, ongoing outpatient care is designed to meet the needs of people who are low income or dependent on government insurance. Though RUHS has some existing partnerships with Kaiser, Kaiser has an independent behavioral health care system for its members.

(25) **SUGGESTION:**

To visit colleges and high schools.

RESPONSE:

RUHS-BH has several partnerships and affiliation agreements with local school districts and academic institutions. Some of these offer on campus services, others to support youth who require behavioral health care as an overall education plan. Some are designed to partner with schools to advance behavioral health professions as a career. Annually, the Department participates in a multi-department symposium geared toward educating each other on services available to youth.

(26) **SUGGESTION**:

My community lacks mental health facts.

RESPONSE:

Stigma and shame grow with secrecy. Often this is accompanied by painful feelings that also make behavioral health symptoms worse. Talking about the normal experiences of behavioral health, coping, and resiliency normalizes them as real and essential in our everyday lives. When we lead with understanding, judgments have less power.

Many of the outreach and engagement activities in PEI 01 are designed to increase awareness and start a dialogue. Related PEI trainings also teach accurate mental health information and steps on starting a healthy dialogue with others. You can learn more about PEI services here: https://www.ruhealth.org/behavioral-health/pei-our-services

(27) **SUGGESTION:**

Community activities with community people involved.

RESPONSE:

Partnering and providing support to community based organizations, places of worship, and natural community gathering places to reach the communities they know best is a primary strategy in the PEI plan.

Sponsoring and hosting culturally informed events related to behavioral health or the inclusion of behavioral health is a great way to welcome people into a conversation that otherwise can be hard to hold. Each of the Cultural Community Liaisons, and their respective community advisory groups, has the ability to recommend sponsorship of community events.

(28) **SUGGESTION:**

Social media really helps to get the word out. Maybe also giving information to different medical services.

RESPONSE:

Communication and education is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social media, streaming services and applications, radio stations, internet search engines, billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

(29) **SUGGESTION:**

More health and wellness fairs. Coverage of programs provided

RESPONSE:

Partnering and providing support to community based organizations, places of worship, and natural community gathering places to reach the communities they know best is a primary strategy in the PEI plan.

Sponsoring and hosting culturally informed events related to behavioral health or the inclusion of behavioral health is a great way to welcome people into a conversation that otherwise can be hard to hold. Each of the Cultural Community Liaisons, and their respective community advisory groups, has the ability to recommend sponsorship of community events

(30) **SUGGESTION:**

The county should have a very active social media page. Where they constantly post activities and awareness. I know they have a social media page not but is not very active and the least active, the least interactive it is. And the least consumers will know about it.

RESPONSE:

Our Public Information Specialist envisioned social media as a person to person approach, where information shared is more “neighborly” and less marketing. This approach has created results: Behavioral Health has one of the most active social media when compared to other parts of the RUHS.

Help@Hand, our Innovation Plan using modern technology as a wellness tool, has opened up other possibilities as well.’

But there is always room to grow. Your recommendation will be provided to our Public Information Specialist and to the manager over Help@Hand.

(31) **SUGGESTION:**

Allow managers and front line staff to participate in community planning activities.

RESPONSE:

Large events hosted by the Department typically have planning committees that include staff from all levels of service.

(32) **SUGGESTION:**

Continue to offer resources for public schools as most referrals for youth come through the school’s as a stepping point.

RESPONSE:

RUHS-BH has several partnerships and affiliation agreements with local school districts and academic institutions. Some of these offer on campus services, others to support youth who require behavioral health care as an overall education plan. Some are designed to partner with schools to advance behavioral health professions as a career. Annually, the Department participates in a multi-department symposium geared toward educating each other on services available to youth.

(33) **SUGGESTION:**

Having events such as mental health month

RESPONSE:

Hosting or sponsoring events that either have a behavioral health focus or include behavioral health as part of their platform is one great tool to bring awareness. You can learn more about MHSA funded events in PEI 01.

(34) **SUGGESTION:**

I hope to see a dedicated directory of all their new and important services and programs, accessible to the ordinary people, especially those without access to internet in such digital devices.

RESPONSE:

Producing printed Guides to Services directories has proved challenging throughout the years. Due to a service and location changes, information in the guides would already start to expire by the time they had been printed. Virtual and downloadable versions could be updated digitally. But, it is understood that some people do not have this access, and others simply prefer written materials. Your recommendation will be provided to our Public Information Specialist.

(35) **SUGGESTION:**

We should give fliers out at the clinics when consumers check out. We should text their phones when we want to get their feedback. Committee meetings should be broadcast on social media platforms

RESPONSE:

Marketing materials will often accompany larger department events. Typically, most email distributions of upcoming events at least include a downloadable flyer.

The Department is currently advancing our information technology to include hybrid or virtual meetings. This not only includes the use of new hardware, but also ensuring the bandwidth that would allow such digital media to be clear and not disrupted.

(36) **SUGGESTION:**

I think more partnerships with schools may assists with increased awareness. Services may not be offered but a collaboration and consistent presentations and meetings regarding services offered would be great for students, parents, and school administrators and personnel.

RESPONSE:

RUHS-BH has several partnerships and affiliation agreements with local school districts and academic institutions. Some of these offer on campus services and behavioral health crisis response, others to support youth who require behavioral health care as an overall education plan. Some are designed to partner with schools to advance behavioral health professions as a career. Annually, the Department participates in a multi-department symposium geared toward educating each other on services available to youth.

(37) **SUGGESTION:**

General outreach at colleges, wellness boards in community, uniform advertisement, suicide prevention/MH events on college campus, monthly wellness events/nonconventional activities

RESPONSE:

Communication and education is a challenge in a large geographic county. Current engagement includes the use of Community Health Promoters and Cultural Community Liaisons to provide classroom style presentations to underserved cultural communities, media campaigns on social media, streaming services and applications, radio stations, internet search engines, billboards, email blasts and distribution lists, an RUHS website, and attendance at cultural, community, and local health fairs.

(38) **SUGGESTION:**

1. Could Help@Hand kiosks be placed in senior centers and libraries? 2. Can Man Therapy head inspection be promoted in barbershops or posters printed and given to barbershops? 3. Could the Pearls program expand to include a caregiver component?

RESPONSE:

Unfortunately, the Innovation Plan Help@Hand is in the final year of implementation. The funding for this project ends in early 2024. Some expansion may be limited by the expiration of the plan. Marketing materials for Man Therapy have been produced. Your recommendations will be provided to the manager of the Help@Hand project.

Caregiver support is provided as a separate program in PEI 05. But, your recommendation will be provided to the PEI Manager.

(39) **SUGGESTION:**

More African-American therapists.

RESPONSE:

Mutuality can be a powerful tool for both access to care and culturally informed care. 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 underserved cultural backgrounds are in even greater demand 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.

WET programs provide additional selection points for workforce development programs from underserved cultural communities. In our most recent cohort of graduate student interns, 13% reported being Black/African-American.

(40) **SUGGESTION:**

Start promoting in schools and have information in different language.

RESPONSE:

Schools have their own operating systems that are independent of RUHS. RUHS-BH has several partnerships and affiliation agreements with local school districts and academic institutions. Some of these offer on campus services and behavioral health crisis response, others to support youth who require behavioral health care as an overall education plan. Some are designed to partner with schools to advance behavioral health professions as a career. Annually, the Department participates in a multi-department symposium geared toward educating each other on services available to youth.

Spanish is the only threshold language beside English in Riverside County, but more materials need to be developed with specific behavioral health topics in a multitude of Riverside County languages

Section IV

RUHS-BH MHSA Annual Prevention and Early Intervention and Evaluation Report for the Mental Health Services Oversight and Accountability Commission

MHSA 3-Year Plan and Annual Update FY 23/24-FY 25/26

MHSA Annual Prevention & Early Intervention Program & Evaluation Report FY 20/21

This appendix provides the data necessary to meet the Annual Prevention and Early Intervention (PEI) Program and Evaluation report in accordance with the CCR regulations and the MHSOAC waiver enacted for PEI data collection and reporting.

The following report is structured according to the RUHS-BH, MHSA PEI Plan project areas, and begins with an overall summary of all PEI participants and PEI project areas; followed by a section for each project area, with a project area narrative and a data-reporting table for each PEI program. Each reporting table includes the program name, unduplicated clients served, demographic data, implementation challenges, successes, lesson learned, and relevant examples of successes for each program.

The narrative for each project area section that precedes the data tables will address any PEI programs for which data collection and reporting was either not completed due to the nature of the program, or where data collection and reporting is evolving.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

The goals of this PEI project area is to increase community outreach and awareness about mental health information/resources, and to reduce stigma. These activities are designed to outreach to underserved populations, increase awareness of mental health topics, and to reduce stigma and discrimination.

Most of these programs have limited data collection, so more narrative information is included for these programs. Some Outreach programs (Stand Against Stigma, Community Mental Health Promoters (CMHPP), and Integrated Screening Project) collected more detailed demographic data which is provided on the data table at the conclusion of this project area section.

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

Program Type: Suicide Prevention
Media and Mental Health Promotion and Education Materials
RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org was promoted through the campaign as well as word of mouth and as a result there was a total of 256,722 page views in FY20/21 with 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. Cable spots totaled **80,167** and radio totaled **976**. Ads on streaming platforms were increased including video services and apps(ESPN, AMC, ROKU, Apple TV etc) which yielded **1.2 million** video completions and a **97%** video completion rate.

Program Type: Suicide Prevention
Toll Free, 24/7 "HELPLINE"
The "HELPLINE" has been operational since the PEI plan was approved and in FY20/21 the hotline fielded 4,103 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline. This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the "HELPLINE". This has many benefits for the caller as it allows for access to local supports and services because the "HELPLINE" is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention. Currently the data available for this program includes the number of calls received. Some demographic data was being collected for this program however the categories differ from those in the PEI regulations, with regards to age and race/ethnic categories.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

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 to support the CalMHSA statewide efforts. has continued through the 3YPE Annual Plans and the community planning process. This supports the statewide efforts at a local level as a way of leveraging on messaging and materials that have already been developed, and 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. Additional benefits this year of the statewide efforts include suicide prevention and mental health educational materials with cultural and linguistic adaptations. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these campaigns.

The **Directing Change Program** and Student Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. In order to sup-port the contest and to acknowledge those local students who submitted videos, RUHS – BH held a virtual awards ceremony In FY20/21, 40 films were submitted by 97 Riverside County students.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: **Integrated Screening Project**

Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction

Program Description: The Behavioral Health Integrated Screening Project is a collaboration between Riverside University Health System (RUHS) - Behavioral Health and RUHS-Federally Qualified Health Centers (FQHC). This collaboration integrates behavioral health and physical health care and allows greater opportunity to identify early signs of mental illness while also reducing disparity in access of services to the unserved or underserved populations of Riverside County. The FQHC sites are: Banning, Corona, Hemet, Indio, Jurupa, Lake Elsinore, Palm Springs, Perris, Riverside Neighborhood, and Rubidoux. The Patient Health Questionnaire (PHQ)-2 and 9 are commonly used and validated screening tools.

Number of unduplicated individual participants or audience members during FY20/21: 56,858

Program Demographics-The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	2106
Transition Age Youth (16-25)	8148
Adult (26-59)	35713
Older Adult (60+)	10891
Declined to Answer	
Race	
American Indian or Alaska Native	153
Asian	2146
Black or African American	4984
Native Hawaiian or other Pacific Islander	167
White	28045
Other	20009
More than one race	
Declined to Answer	1354
Ethnicity	
Hispanic or Latino as follows	
Central American	592
Mexican American	10349
South American	121
Multiple Hispanic	
Other Hispanic	
Did not specify Hispanic/Latino group	8947
Asian as follows	
Filipino	733
Vietnamese	175
Japanese	42
Other Asian	
Did not specify Asian group	1196

Preferred Language	
English	38512
Spanish	17518
Bilingual	
Other	828
Declined to Answer	
Gender	
Male	22080
Female	34775
Transgender Male to Female	72
Transgender Female to Male	43
Other	
Declined to Answer	3
Sexual Orientation	
Lesbian	
Gay	
Bisexual	
Yes, did not specify	1539
Unknown	
Other	
Not LGBQ/Declined to Answer	
Disability	
Yes	
No	
Declined to Answer	
Veteran Status	
Yes	119
No	
Declined to Answer	

Program Reflection (Integrated Screening Project)

Implementation Challenges:

Time: Busy schedules and productivity requirements restrict access to medical staff and impede ability to engage in meaningful trainings/psychoeducation.

COVID: Continued COVID safety measures restrict access to staff for trainings and eliminate ability to engage in in-person outreach activities with patients in clinic. Also unable to bring outside PEI contractors into clinic for classes/ groups.

Success:

Began involvement in Ambulatory Quality Depression Workgroup focused on improving administration of PHQ-9 depression screeners to all patients.

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. The workgroup referenced above has instituted procedures to improve follow-up to screeners that indicate a clinical need improving patient linkages to the appropriate mental health care to meet their need.

Established positive working relationships with staff members, including providers, medical teams, BH Integration and BH Specialty staff, leading to 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.

Lessons Learned:

Positive working relationships are essential for a trusting environment.

Integration takes time as it involves changing a long-standing culture of medical care.

Relevant Examples of Success/Impact:

May is Mental Health Month activities in CHC: goody bags to staff including MH education, info on MH resources in area, etc.

Specialty Behavioral Health consumers successfully engaged in primary care referral and received medical care for first time in years.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: **Stand Against Stigma**
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: The Contact for Change program outreaches to individuals and organizations, by working within the community and collaborating with schools, businesses, community organizations, and faith-based organizations, to provide activities that include Speaker's Bureau "Stand Against Stigma" presentations, which are utilized to educate and outreach to target audiences to address the unique issues that those with mental illness experience as they relate to mental health and interpersonal issues, with the aim of reducing stigmatizing attitudes.
Number of unduplicated individual participants or audience members during FY20/21: 223

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	26
Adult (26-59)	182
Older Adult (60+)	9
Declined to Answer	6
Race	
American Indian or Alaska Native	3
Asian	12
Black or African American	35
Native Hawaiian or other Pacific Islander	0
White	58
Other	1
More than one race	16
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	97
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	97
Asian as follows	12
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	12

Preferred Language	
English	213
Spanish	3
Bilingual	5
Other	0
Declined to Answer	2
Gender	
Male	28
Female	191
Transgender Male to Female	0
Transgender Female to Male	0
Other	3
Declined to Answer	1
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	26
Unknown	3
Other	0
Not LGBQ/Declined to Answer	194
Disability	
Yes	23
No	192
Declined to Answer	8
Veteran Status	
Yes	8
No	215
Declined to Answer	0

Program Reflection

Implementation Challenges:

During the 2020-2021 fiscal year there was a change in provider. The original provider, RI International provided 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 to "Stand Against Stigma". RUHS-BH staff were enlisted to assist at the RUHS Medical Center during the height of the pandemic (September 2020-April 2021) with Operation Uplift that 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.

Success:

Despite the change in provider and impacts of COVID, there were a total of 26 presentations held in fiscal year 2020-2021, that 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 high likelihood to recommend the program to others.

Lessons Learned:

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 more over this platform, and have had to learn how to conduct outreach to community locations during the pandemic.

Relevant Examples of Success/Impact:

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."

Program Reflection (Stand Against Stigma)

Relevant Examples of Success/Impact:

"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!"

Outreach Activities

Type of Outreach	Number of Events
Presentation	26

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: **Promotores (CMHPP)**
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: In partnership with the Agency Vision y Compromiso, the Promotores CMHPP program trained lay workers in the community (promotors) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early intervention services in the **Hispanic/ Latinx community**
Number of unduplicated individual participants or audience members during FY20/21:

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	595
Adult (26-59)	5376
Older Adult (60+)	529
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	3857
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	125
Spanish	5721
Bilingual	194
Other	0
Declined to Answer	0
Gender	
Male	1741
Female	4760
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	8
Unknown	0
Other	0
Not LGBQ/Declined to Answer	0
Disability	
Yes	0
No	0
Declined to Answer	0
Veteran Status	
Yes	0
No	0
Declined to Answer	0

Program Reflection : Community Mental Health Promotion Program (CMHPP)
Promotores(as) de Salud Mental y Bienestar

Implementation Challenges:

Access to technology continues to be a challenge, as many members of the community do not have 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 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 the satisfaction survey privately.

Success:

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 at a public location such as parks, churches, and local shopping centers.

In addition to moving to a hybrid (virtual/in-person) model, and keep the community members engaged in presentations, as well to collect the required data, the creativity of the staff (raffles, incentives, Loteria) was a fundamental element in the program's success.

Lessons Learned:

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 curriculum addressing needs identified in the community due to the COVID-19 pandemic was critical.

Program Reflection : Community Mental Health Promotion Program (CMHPP)
Promotores(as) de Salud Mental y Bienestar

Relevant Examples of Success/Impact:

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.

From the Community:

"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."

Outreach Activities

Type of Outreach	Number of Events
Presentation	1,637

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: **African American (CMHPP)**
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: In partnership with the Black/African American Health Coalition, the Black/African American CMHPP program trained lay workers in the community (promotors) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early intervention services in the **Black/African American** community.
Number of unduplicated individual participants or audience members during FY20/21: 1,426

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	4
Transition Age Youth (16-25)	193
Adult (26-59)	976
Older Adult (60+)	206
Declined to Answer	47
Race	
American Indian or Alaska Native	1
Asian	3
Black or African American	1017
Native Hawaiian or other Pacific Islander	0
White	352
Other	13
More than one race	5
Declined to Answer	35
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	255
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	3

Preferred Language	
English	1344
Spanish	46
Bilingual	5
Other	2
Declined to Answer	29
Gender	
Male	537
Female	849
Transgender (unknown male to female)	0
Transgender Female to Male	0
Other	0
Declined to Answer	40
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	2
Unknown	0
Other	0
Not LGBQ/Declined to Answer	1424
Disability	
Yes	0
No	0
Declined to Answer	1426
Veteran Status	
Yes	0
No	0
Declined to Answer	1426

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: **Native American (CMHPP)**

Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction

Program Description: In partnership with the Agency Riverside/San Bernardino County Indian Health Inc. , the Native American CMHPP program trained lay workers in the community (promotors) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early intervention services in the **Native American** community.

Number of unduplicated individual participants or audience members during FY20/21: 1,036

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	4
Transition Age Youth (16-25)	347
Adult (26-59)	594
Older Adult (60+)	54
Declined to Answer	37
Race	
American Indian or Alaska Native	942
Asian	4
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	48
Other	3
More than one race	13
Declined to Answer	21
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	42
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	4

Preferred Language	
English	1,010
Spanish	0
Bilingual	6
Other	3
Declined to Answer	20
Gender	
Male	380
Female	625
Transgender Male to Female	1
Transgender Female to Male	2
Other	13
Declined to Answer	15
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	14
Unknown	0
Other	0
Not LGBQ/Declined to Answer	1022
Disability	
Yes	0
No	0
Declined to Answer	1036
Veteran Status	
Yes	0
No	0
Declined to Answer	1036

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: **Asian-American/Pacific-Islander (CMHPP)**

Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction

Program Description: In partnership with Asian Pacific Counseling and Treatment Centers, a division of Special Service for Groups, Inc. (SSG) , the Asian-American/Pacific-Islander CMHPP program trained lay workers in the community (promotors) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early intervention services in the **Asian-American/Pacific-Islander** community.

Number of unduplicated individual participants or audience members during FY20/21: 894

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	61
Transition Age Youth (16-25)	105
Adult (26-59)	237
Older Adult (60+)	58
Declined to Answer	433
Race	
American Indian or Alaska Native	0
Asian	436
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	15
Other	11
More than one race	0
Declined to Answer	427
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	5
Asian as follows	
Filipino	105
Vietnamese	9
Chinese	177
Korean	145
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	199
Spanish	1
Bilingual	2
Other	266
Declined to Answer	426
Gender	
Male	139
Female	316
Transgender Male to Female	0
Transgender Female to Male	1
Other	0
Declined to Answer	438
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	21
Unknown	0
Other	0
Not LGBQ/Declined to Answer	873
Disability	
Yes	0
No	0
Declined to Answer	873
Veteran Status	
Yes	0
No	0
Declined to Answer	873

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and Linkage

Program Name: **Lesbian Gay Bisexual Transgender Queer (CMHPP)**
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: In partnership with Borrego Health Medical ,the Lesbian Gay Bisexual Transgender Queer (LGBTQ) CMHPP program trained lay workers in the community (promotors) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early Intervention services in the **Lesbian Gay Bisexual Transgender Queer** community.
Number of unduplicated individual participants or audience members during FY20/21:

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	122
Adult (26-59)	164
Older Adult (60+)	38
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	19
Black or African American	98
Native Hawaiian or other Pacific Islander	7
White	91
Other	16
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	93
Asian as follows	
Filipino	0
Vietnamese	0
Chinese	0
Korean	0
Other Asian	0
Did not specify Asian group	19

Preferred Language	
English	324
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	106
Female	62
Transgender Male to Female	70
Transgender Female to Male	67
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	258
Unknown	2
Other	0
Not LGBQ/Declined to Answer	64
Disability	
Yes	0
No	0
Declined to Answer	0
Veteran Status	
Yes	0
No	0
Declined to Answer	0

Program Reflection : Community Mental Health Promotion Program (CMHPP)
Native American, Asian American/PI, African American, LGBTQIA+

Implementation Challenges:

Access to technology continues to be a challenge, as many members of the community do not have 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 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 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.

Success:

From July 1, 2020, to June 30, 2021, promotors 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 of 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 at 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 their collaboration with the 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, and keep the community members engaged in presentations, as well to collect the required data, the creativity of the staff (raffles, incentives, electronic forms) was a fundamental element in the program's success.

Lessons Learned:

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 curriculum addressing needs identified in the community due to the COVID-19 pandemic was critical.

Program Reflection : Community Mental Health Promotion Program (CMHPP)
Native American, Asian American/PI, African American, LGBTQIA+

Relevant Examples of Success/Impact:

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.

From the Community:

"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 was 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."

Outreach Activities

Type of Outreach	Number of Events
Presentation	958

PEI Plan Project Area #2: Parent Education and Support

The goal of this PEI project is to increase parent/caregiver skills in order to reduce risk factors and increase protective factors in their children. Providing services in non-traditional settings to enhance parental knowledge, skills, and confidence in managing their children's disruptive behaviors. These programs include Triple P Parenting, Teen Triple P Parenting. Mobile PEI, and Strengthening Family Program

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Positive Parenting Program (Triple P)**
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: Triple P is a multi-level system of parenting and family support strategies for families with children from birth to age 12. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.
Number of unduplicated individual participants or audience members during FY20/21: 263

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	21
Adult (26-59)	238
Older Adult (60+)	4
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	2
Black or African American	7
Native Hawaiian or other Pacific Islander	3
White	234
Other	7
More than one race	8
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	1
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	193
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	1
Did not specify Asian group	1

Preferred Language	
English	168
Spanish	94
Bilingual	0
Other	0
Declined to Answer	1
Gender	
Male	38
Female	224
Transgender Male to Female	1
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	2
Unknown	1
Other	0
Not LGBQ/Declined to Answer	260
Disability	
Yes	8
No	253
Declined to Answer	2
Veteran Status	
Yes	4
No	259
Declined to Answer	0

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Positive Parenting Program (Triple P) - Teen**
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: Teen Triple P is a multi-level system of parenting and family support strategies for families with children from 13 to age 18. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.
Number of unduplicated individual participants or audience members during FY20/21: 88

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	86
Older Adult (60+)	0
Declined to Answer	2
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	3
Native Hawaiian or other Pacific Islander	0
White	83
Other	2
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	7
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	64
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	42
Spanish	40
Bilingual	6
Other	0
Declined to Answer	0
Gender	
Male	6
Female	82
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	1
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	1
Other	0
Not LGBQ/Declined to Answer	86
Disability	
Yes	0
No	87
Declined to Answer	1
Veteran Status	
Yes	0
No	87
Declined to Answer	1

Program Reflection (Triple P and Triple P Teen)

Implementation Challenges:

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.

Success:

Countywide, both Triple P and Teen Triple P served 351 parents in FY 20-21. The majority of parents served in Triple P and Teen Triple P were Hispanic/Latinx, 73.8% and 80.7%, respectively, which is an underserved group in Riverside County. Service data showed that countywide 77.9% of parents completed the Triple P Program, and 78.4% of parents completed the Teen Triple P program. Across both programs, parents had a 78% program completion rate. Parents were overall highly satisfied with both programs.

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 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 significantly increased pre to post. Analysis of the APQ measure indicated that overall, parents had a significant increase in involvement with their teen and in 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 parent's report of general conflict between parent and teen in both regions.

Lessons Learned:

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.

Program Reflection (Triple P and Triple P Teen)

Relevant Examples of Success/Impact:
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.”

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Strengthening Families Program (6-11)**

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support

Strengthening Families Program (SFP) is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 6 to 11 years old. SFP's goals include strengthening parenting skills, building family strengths, enhancing youth's school "success, and reducing risk factors for behavioral, emotional, and social problems in high-risk children (those from communities that are underserved, low-income, exposed to violence, trauma, and other stresses).

Number of unduplicated individual participants or audience members during FY20/21: 211

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	10
Adult (26-59)	163
Older Adult (60+)	3
Declined to Answer	35
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0.
White	173
Other	0
More than one race	1
Declined to Answer	37
Ethnicity	
Hispanic or Latino as follows	
Central American	7
Mexican American	120
South American	0
Multiple Hispanic	1
Other Hispanic	0
Did not specify Hispanic/Latino group	45
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	48
Spanish	113
Bilingual	8
Other	0
Declined to Answer	42
Gender	
Male	65
Female	107
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	39
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	2
Unknown	2
Other	0
Not LGBQ/Declined to Answer	207
Disability	
Yes	4
No	171
Declined to Answer	36
Veteran Status	
Yes	3
No	169
Declined to Answer	39

Program Reflection (SFP)

Implementation Challenges:

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 restriction 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.

Success:

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.

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 in regard to 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 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.

Lessons Learned

The program had to be 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.

Relevant Examples of Success/Impact:

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."

Relevant Examples of Success/Impact *continued (SFP)*
"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!"

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Mobile PEI**
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: Three Riverside County mobile units provide mental health services, Parent and Child Interaction Therapy (PCIT), and a variety of prevention interventions to families in the West, Mid-County and Desert regions of Riverside County. The Mobile PEI prevention activities include; pro-social groups, parenting classes, parent consultations, provider consultations, and outreach.
Number of unduplicated individual participants or audience members during FY20/21: 206

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	91
Transition Age Youth (16-25)	0
Adult (26-59)	115
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	3
Native Hawaiian or other Pacific Islander	0
White	57
Other	31
More than one race	0
Declined to Answer	115
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	44
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	0
Spanish	0
Bilingual	0
Other	0
Declined to Answer	206
Gender	
Male	59
Female	32
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	115
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	206
Disability	
Yes	0
No	0
Declined to Answer	206
Veteran Status	
Yes	0
No	91
Declined to Answer	115

Program Reflection (Mobile PEI)

Implementation Challenges:

Clients in remote areas are often first time recipients of services related to social and emotional health. A lack of access, awareness and understanding services in addition to the stigma related to mental health present barriers to families assessing needed services, which also may hinder families from being open to receiving services.

Educational and behavioral health systems having different agendas and expectations and at times poor school administrative support can create challenges when working on school campuses. Administrative support at partner school sites is essential to:

- Ensure students in need of services are appropriately identified, referred and linked to needed services.
- Allow students to be excused from class without consequence to participate in mental health treatment activities.
- Having secure access and consistent parking in order to navigate and park a new mobile therapy unit, approximately 25 feet in length with access for staff and families to restroom facilities and staff to breakrooms on campus.
- Maintain HIPPA privacy for clients.
- Decrease barriers and stigma for social and emotional health services.
- Allow staff on campus in order to provide the needed behavioral health services and parenting classes to the community.
- Enhance teacher awareness and develop a better system understanding of social and emotional needs as well as affective prevention, early intervention and treatment services.

Balancing continuity of care with ongoing changes related to the COVID-19 pandemic. Subsequently need to re-arrange or reschedule appointments based on family voice and choice to accommodate telehealth services and/or face to face clinic and/or home visits depending on current COVID-19 protocols.

Hiring staff for both clinical work and a willingness to operate mobile vehicles when available including driving and other additional duties as assigned which include: (Note – units not available during the FY20/21, but staff hired on during 20/21 hired with the expectation of performing tasks noted below)

- Driving and parking of an approximate 25 foot long, mobile therapy unit (Sprinter Van)
- Completing daily pre trip/post trip inspections including:
  - Mileage logs
  - Observation of Exterior – Cleanliness
  - Observation of Interior – Cleanliness
- Filling vehicle with fuel weekly
- Mobile therapy unit set up
  - Set out safety cones
  - Set up toys
- Mobile therapy unit end of day clean up
  - Clean up toys
  - Put safety cones away

Department staffing challenges. During the FY20/21 there was one vacancy within the PEIMS program as well as other staff out on leave. It was necessary to utilize alternative Preschool 0-5 Programs staff to assist with coverage needs and provide services to children and families via telehealth and/or face to face services at alternative clinic sites and/or within the community outdoors pending COVID protocols.

Program Reflection (Mobile PEI)

Implementation Challenges *continued*

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 the 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, PEIMS 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 with many challenges within 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 own school sites/districts with teachers and educational instruction rather than readily referring to mental health services as they had prior to COVID-19 pandemic. During the COVID-19 pandemic and this past FY20/21 the total number of referrals decreased resulting in PCIT therapy rates declining slightly compared to other fiscal years as well as light touch services.

Success

A total of 2,965 mental health services were provided totaling 2,489 hours to children and/or their families during the FY 20/21. A total of 91 children in FY 20/21 received mental health services in 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 child and parents reported feeling their relationship with their child and their child's behavior improved. In the FY 20/21, 23 parent consultations serviced 19 caregivers in elementary schools and early head starts in 7 different school districts. In the FY 20/21 there were 4 provider consultations and consultations were provided to 5 providers.

Although significant challenges continued to occur related to the COVID-19 pandemic during FY 20/21 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 in order 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 clinic or community locations while following COVID-19 protocols. Some alternative community locations included sessions at the park or in the family's backyard. Staff were able to adhere to families treatment goals and meet their needs accordingly.

Program Reflection (Mobile PEI)

Lessons 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, school in service days and such 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 prior to employment commencement. Staff have 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 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 in order to 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 in order 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 in order 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.

Success Story

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).

Program Reflection (Mobile PEI)

Success Story *Continued*

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.

PEI Plan Project Area #3: Early Intervention for Families in Schools

The goal of the project is to provide a family based intervention to teach parents effective communication skills, improve family functioning, build social support networks, and decrease children's risky social behaviors in a setting that is de-stigmatizing to a lot of families, which is school. The program implemented in this project area was Peace 4 Kids. In previous fiscal years this services was provided by RUHS-BH staff co-located at two middle school campuses in one of the more resource deficient, high-risk communities in the County. The project is now in a Request for Proposal stage to acquire a community-based contracted provider to deliver this service. This service was not provided in FY 20/21 so no data tables are included

PEI Plan Project Area #4: Transition Age Youth (TAY) Project

This project area is designed to address specific outreach, stigma reduction, and suicide prevention activities for (TAY) at highest risk of self-harm. Targeted outreach is used to identify and provide services for LGBTQ TAY, TAY in the foster care system and those transitioning out of the foster care system, runaway TAY, and TAY transitioning onto college campuses. The program includes a TAY Resiliency Project with multiple programs offered including; Stress and Your Mood, Peer-to Peer outreach , Speakers Bureau, Peer mentoring, and Coping and Support Training (CAST).

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☒ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Stress and Your Mood (SAYM)**

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: Stress and Your Mood (SAYM) is an early intervention for depression program based on the Cognitive Behavioral Therapy (CBT) model, with modifications for transition age youth (TAY). SAYM was developed to improve access to evidence-based treatment for TAY with depressive disorders and sub-clinical depressive symptoms, with referrals given to those in need of medication evaluation with prescribing psychiatrists to ensure continuity of care. SAYM services have three phases: Conceptualization; Skills and application training; and Relapse prevention. Services are low-intensity and time limited, and can be provided in either or both group and in individual sessions.

Number of unduplicated individual participants or audience members during FY20/21: 55

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	3
Transition Age Youth (16-25)	52
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	4
Black or African American	8
Native Hawaiian or other Pacific Islander	0
White	9
Other	0
More than one race	5
Declined to Answer	2
Ethnicity	
Hispanic or Latino as follows	27
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	27
Asian as follows	4
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	4

Preferred Language	
English	54
Spanish	0
Bilingual	0
Other	0
Declined to Answer	1
Gender	
Male	9
Female	45
Transgender Male to Female	0
Transgender Female to Male	1
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	11
Unknown	2
Other	0
Not LGBQ/Declined to Answer	42
Disability	
Yes	0
No	50
Declined to Answer	5
Veteran Status	
Yes	0
No	54
Declined to Answer	1

Program Reflection (Stress and Your Mood)

Implementation Challenges:

COVID provided the biggest implementation challenge. Virtual learning made engagement from 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.

Success:

There were students that 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 in the beginning of the school year, program staff were persistent in maintaining the relationship with schools that had received service pre-COVID.

Lessons Learned:

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 for 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.

Relevant Examples of Success/Impact:

An example of 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 over the course of the program gain the communication skills, problem solving skills, and courage to have the more difficult conversations with their parents, with the goal becoming understanding each other better and working towards improving their trust level.

Program Reflection (Stress and Your Mood)
Relevant Examples of Success/Impact:
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."

Prevention and Early Intervention Program Summary

Riverside University HEALTH SYSTEM Behavioral Health

Type of Program: ☒ Prevention ☐ Early Intervention ☒ Outreach ☐ Access& Linkage

Program Name: TAY Resiliency Project **: CAST (Coping and Support Training)**

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/ informational groups to at-risk youth and families. Additionally, the program educates the public about mental health, depression, and suicide, while also working to reduce stigma towards mental illness among TAY (16-25 years old) individuals who are considered to be at high-risk. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Other activities include Speaker's Bureau "Honest, Open, Proud" presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues) and CAST (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts).

Number of unduplicated individual participants or audience members during FY20/21: 16

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	16
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	1
Native Hawaiian or other Pacific Islander	0
White	11
Other	0
More than one race	1
Declined to Answer	3
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	10
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	15
Spanish	1
Bilingual	0
Other	0
Declined to Answer	
Gender	
Male	1
Female	13
Transgender Male to Female	0
Transgender Female to Male	0
Other (Transgender, but did not specify)	0
Declined to Answer	2
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	6
Unknown	0
Other	0
Not LGBQ/Declined to Answer	10
Disability	
Yes	0
No	16
Declined to Answer	0
Veteran Status	
Yes	0
No	16
Declined to Answer	0

Prevention and Early Intervention Program Summary

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: TAY Resiliency Project **: Mentoring**

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/ informational groups to at-risk youth and families. Additionally, the program educates the public about mental health, depression, and suicide, while also working to reduce stigma towards mental illness among TAY (16-25 years old) individuals who are considered to be at high-risk. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Other activities include Speaker's Bureau "Honest, Open, Proud" presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues) mentoring, and CAST (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts).

Number of unduplicated individual participants or audience members during FY20/21: 9

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	9
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	4
Other	0
More than one race	5
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	2
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	9
Spanish	0
Bilingual	0
Other	0
Declined to Answer	
Gender	
Male	3
Female	6
Transgender Male to Female	0
Transgender Female to Male	0
Other (Transgender, but did not specify)	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	5
Unknown	0
Other	0
Not LGBQ/Declined to Answer	0
Disability	
Yes	0
No	9
Declined to Answer	0
Veteran Status	
Yes	0
No	9
Declined to Answer	0

Program Reflection (TAY Resiliency Project-CAST and Mentoring)

Implementation Challenges:

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 became more 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. This resulted in much smaller numbers served than previous fiscal years for both CAST and Mentoring

Success:

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 were creative in using technology and programs/apps to make material more visually appealing. "Nearpod" was one of those programs that gave the P2P program an opportunity to create polls, have bulletin board during virtual sessions, and use different engagement tools in the program to help engage students in the sessions and material.

Lessons Learned

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 within the provider's organization would allow for more referrals and increased advocacy for the TAY population within the county.

Outreach Activities

This section is only for Outreach programs.

Type of Outreach	Number of Events
Public Event	
Other (Workshop)	

Program Reflection (TAY Resiliency Project-CAST and Mentoring)
Relevant Examples of Success/Impact:
CAST enrolled 16 youth and 75% completed the CAST program. Outcomes showed Countywide, participants displayed the greatest improvement with the decrease of serious conflicts and tensions (30% decrease), followed by an increase in the sense of belonging received from the group (29% increase), and an increase in the belief that they learned something useful in the group (15% increase). The Mentoring program was able to mentor 9 youth. Goal Action plans for mentored youth showed steady increases in goal accomplishment through out their mentorship experience. "*One of the most helpful things about this mentoring service was just having someone to talk to about my problems and what's stressing me out and listening to someone and relaxing."*– Mentee

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access& Linkage

Program Name: **Street Outreach—Safe Place**
Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project
The Youth Outreach Project was started in FY 2020-2021. Operation Safehouse, Inc. was funded through MHSA-PEI to train and educate the community on the Safe Place program in Riverside County to Transition Age Youth (TAY) who are homeless, a runaway or at risk of running away, through their Safe Place and Street Outreach to Youth Program.
Number of unduplicated individual participants or audience members during FY20/21: 4,075

Program Demographics

The following demographic information may be duplicated, due to different types of services that may be provided to the same people within the same fiscal year (data is based on daily sign-in sheets submitted by Operation Safehouse, Inc. during the fiscal year 2020-2021).

Age	
Children/Youth (0-15)	150
Transition Age Youth (16-25)	2,372
Adult (26-59)	1,553
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	33
Black or African American	526
Native Hawaiian or other Pacific Islander	0
White	493
Other	18
More than one race	121
Declined to Answer	2,131
Ethnicity	
Hispanic or Latino as follows	753
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	753
Asian as follows	33
Filipino	0
Korean	0
Chinese	0
Other Asian	0
Did not specify Asian group	33

Preferred Language	
English	0
Chinese	0
Korean	0
Other	0
Declined to Answer	4,075
Gender	
Male	1,637
Female	2,298
Transgender Male to Female	21
Transgender Female to Male	3
Other	16
Declined to Answer	100
Sexual Orientation	
Lesbian	53
Gay	15
Bisexual	123
Yes, did not specify	0
Unknown	2,903
Other	11
Not LGBQ/Declined to Answer	970
Disability	
Yes	0
No	0
Declined to Answer	4,075
Veteran Status	
Yes	0
No	0
Declined to Answer	4,075

Program Reflection (Operation SafeHouse Street Outreach)

Implementation Challenges:

The Street Outreach Team is having trouble meeting its targeted goals. The impacts of COVID-19 have limited outreach efforts and youth are more scarce. Since schools were virtual for the majority of the year, 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 in 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 using 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 to not to use**.**

Success:

A notable achievement for the Street Outreach Team, amidst the outbreak, the team discovered new ways to interact with clients as well as house youth in need. Outreach is focused on bringing community awareness about our Safe Place program. This will ensure youth being able to go to many different locations and get the services they need. Outreach is maintaining its 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. We have 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. Operation Safehouse conducted a total of 45 educational presentations, with a total attendance of 1,247 people.

Lessons Learned:

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 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 are limited.

Relevant Examples of Success/Impact:

Operation SafeHouse Street Outreach Team came into contact with self-referred client in July 2021. The 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 in to 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.

Operation SafeHouse Street Outreach Team came into contact with female client in July 2021. The client was referred to the Street Outreach Team by the Main Street Transitional Living Program staff. The client stated she has been kicked out of her parents' 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.

Program Reflection (Street Outreach—Safe Place)
Relevant Examples of Success/Impact:
Operation SafeHouse Street Outreach Team came into contact with client in November 2021. The 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 has 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. Operation SafeHouse Street Outreach Team came into contact with client in July 2021. The 16-year-old female client was referred to the Street Outreach Team by the Operation SafeHouse youth shelter staff. The Street Outreach Team contacted the client and she stated her mother's boyfriend makes her feel uncomfortable and unsafe as he stares at her often. The client elaborated the boyfriend has been accused of child molestation in the past and is fearful of him. The client stated she has attempted to talk with her mother about her fears but her mother takes her boyfriends' side. The client was accepted into the Operation SafeHouse youth shelter.

PEI Plan Project Area #4: TAY Project Suicide Prevention

Teen Suicide Prevention and Awareness Program

PEI funded the Riverside County University Health System – Public Health, Injury Prevention Services (RUHS-PH) to continue implementing the Teen Suicide Awareness and Prevention Program (TSAPP), and continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. 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 are 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. In this Fiscal Year 1,581students were trained. The program supported 61 school sites in FY20/21. By focusing on a peer to peer approach with the SP program it helps to bridge the trust among students and utilize the program to its full potential. Individuals in each service group are identified as SP outreach providers with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers have training on topics such as: leadership, identifying warning signs to suicide behavior, local resources to mental/behavioral health services, and conflict resolution

Trainings are also provided that target the staff and parents of students. RUHS-PH provides Gatekeeper trainings to school staff, and designed to introduce the topic of suicide intervention. The goal of this training is to equip participants to respond knowledgeably and confidently to a person at risk of suicide. Just as "CPR" skills save lives, training in suicide intervention makes it possible for trained participants to be ready, willing, and able to help a person at risk. A total of 1,650 school personnel received training from the TSPAP program. In addition, RUHS-PH works with Riverside County Helpline to provide suicide prevention and awareness trainings to parents and community members This will help to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness. RUHS-PH staff provided these presentations to 582 parents and community members.

PEI Plan Project Area #5: First Onset for Older Adults

This project focuses on the first onset of depression in the older adult population. Programs in this project include in home services as well as services that are portable. Collaboration includes partners that have experience and expertise with the older adult population in Riverside County, i.e.: Office on Aging. Targeted outreach is used to identify and provide services for underserved cultural populations, specifically LGBTQ older adults.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☒ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Cognitive Behavioral Therapy (CBT) for Late Life Depression**
Project Area as Defined by PEI Plan: PEI#5 Early Onset for Older Adults
Program Description: CBT for Late Life Depression is a structured problem-solving program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues. It includes specific modifications for older adults experiencing symptoms of depression. Clients are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and redevelop them to be more adaptive and flexible thoughts. Emphasis is also placed on teaching clients to monitor and increase pleasant events in their daily lives using behavioral treatment procedures.
Number of unduplicated individual participants or audience members during FY20/21: 21

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	21
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	2
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	16
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	3
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	3
Asian as follows	2
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	2

Preferred Language	
English	21
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	16
Female	5
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	5
Gay	16
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	0
Disability	
Yes	4
No	0
Declined to Answer	0
Veteran Status	
Yes	3
No	18
Declined to Answer	0

Program Reflection (CBT for Late Life Depression)

Implementation Challenges:

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 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 a deeper depression and 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. 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.

Success:

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 22 clients in the CBT-LLD program. Relevant forms were made available in a digital fillable format making it easier for clients to complete and return. New staff were hired during the fiscal year and training for staff was able to happen quickly.

Lessons Learned

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.

Relevant Examples of Success/Impact:

The Provider gave the following success story of a client that completed services in FY 20/21
“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 the course of six months, the client attended a total of 25 CBT-LLD therapy sessions. Focus of initial therapy was on behavioral activation. Client gains were immediate. Client progressed onto the main part of therapy embracing the concepts of cognitive distortions. Client also explored unhelpful core beliefs and attitudes. A major stressor in client's life was his high-level of ongoing anger and his high-level of emotional reactivity. 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 were 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.”

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Care Pathways**
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: A 12 session support group for caregivers of older adults. Outreach, engagement, and linkage to the support groups target caregivers of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia.
Number of unduplicated individual participants or audience members during FY20/21: 92

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	42
Older Adult (60+)	43
Declined to Answer	7
Race	
American Indian or Alaska Native	0
Asian	3
Black or African American	10
Native Hawaiian or other Pacific Islander	0
White	77
Other	1
More than one race	0
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	25
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	25
Asian as follows	3
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	3

Preferred Language	
English	85
Spanish	6
Bilingual	1
Other	0
Declined to Answer	0
Gender	
Male	10
Female	82
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	92
Disability	
Yes	0
No	0
Declined to Answer	92
Veteran Status	
Yes	0
No	0
Declined to Answer	92

Program Reflection (Care Pathways)
Implementation Challenges:
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.
Success:
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 virtue of 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 provided them a tool for tele-med and to stay in touch with family and friends.
Lessons Learned
Dispel 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 are able to 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).

Program Reflection (Care Pathways)

Relevant Examples of Success/Impact:

Female caregiver (72) for her spouse (82) with alcohol-induced dementia was introduced to services at the Office on Aging through a community after care group held near her home. Typically, this group would be made up of persons who had graduated Care Pathways and were requesting ongoing support. This caregiver was referred by a friend and attended the group very occasionally starting in 2018; although she was encouraged by other support group attendees to take Care Pathways, she was reticent and attended and listened mostly in the monthly group setting. Eventually she started to share a little at a time including the challenge of caring for an autistic grown son, as well as her spouse; she remained on the fringes of the group attending sporadically. Her attendance became more regular in 2020 when the monthly support group was established online. In late 2020, as her husband's conditioned began to change, she finally asked to attend the next Care Pathways series. She joined a small group of women in January 2021 led by an experienced facilitator. Although her pre and post scores did not raise flags and the scores did not decrease significantly, the fact she asked for more support was significant. She shared more in the small group and offered support and tips to others. It was evident that she had good copings skills and had established a routine in the house, principally for her disabled son's benefit, but it served her well in the caregiver role for her spouse. Following the Care Pathways series, she was encouraged to engage in case management to develop a plan or at least discuss long-term care plans. This caregiver is in a unique situation in that she has 2 dependents, one being a child that is significantly younger than she is and will require assistance for many more years. She was enrolled in case management in May 2020 and has received ongoing support and encouragement from her case manager. In addition to discussing long term planning, she has also benefitted from the regular contact in which she received emotional support and encouragement. She reported that the lessons and discussion around self-care in Care Pathways resonated and she appreciated the case manager's continued coaching to prioritize her self-care; this resulted in her taking a few trips. Most significantly she was encouraged to go see her 90+ year old father in the mid-west as she knew he was declining. Following that trip she expressed how grateful she was that she made the trip, as her father passed away within a month after her visit. Through this experience she has learned to ask for help from her sister-in-law and daughter and from her case manager. She was able to take a second meaningful trip to a family celebration and has since asked for respite for self-care time. She continues with case management and with the monthly groups although recently she has been missing the monthly meetings, because she has reached out to friends to get reacquainted; we applaud her in doing these little things for herself.

This example is noteworthy because the caregiver was given the space and time to reach out for resources when she felt the need, all the while surrounded by other caregivers and staff who understood her challenges and provided a supportive environment to learn and share. She would not have typically been screened in for a case management program due to the fact there weren't 3 apparent issues that needed to be addressed at the time of enrollment, but through the OOA Family Caregiver Program, she agreed to the option to enroll in an evidence based coaching program and that has met her needs. Her scores were not significant when she entered or exited Care Pathways, but the fact she had taken so long in asking for additional help the facilitator knew she may be in some denial and made a concentrated effort to address her unmet needs through case management when the series was over. The caregiver continues to come to monthly groups when she doesn't have another fun activity planned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: XPrevention ☐ Early Intervention X Outreach ☒ Access& Linkage

Program Name: **Embedded Staff-Office on Aging**
Project Area as Defined by PEI Plan: PEI#5 Early Onset for Older Adults
Program Description: Embedded Staff is a Prevention and Early Intervention program in which Riverside University Health System-Behavioral Health (RUHS-BH) 'Mental Health Liaisons' and the Riverside County Office on Aging work collaboratively to (1) identify older adults who are either at risk of depression or are experiencing the first onset of depression and (2) link them with early intervention programs, such as Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD). Additionally, the Mental Health Liaisons link older adults with other resources and services, as needed, to reduce depression and suicide risk.
Number of unduplicated individual participants or audience members during FY20/21: 27 CBT-LLD

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	27
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	21
Other	1
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	12
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	27
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	4
Female	23
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	27
Disability	
Yes	0
No	0
Declined to Answer	27
Veteran Status	
Yes	0
No	27
Declined to Answer	

Program Reflection (Embedded Staff Office on Aging)

Implementation Challenges:

When clients have chosen to conduct session 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.

Success:

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 application, HEAP applications, 1 time payments for high utility bills) allowing the client to fully focus on therapy and the 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 home. Those clients were eager to engage in service virtually.

Lessons Learned

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.

Relevant Examples of Success/Impact:

Embedded staff participated in 124 outreach events reaching 4,377 people and processed 160 referrals trough Office on Aging. 11% of those were referred to CBT-LLD. 69% of CBTLLD clients successfully completed their treatment goals. CBT-LLD 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.

Access and Linkage to Treatment (Embedded Staff Office on Aging)

This section is only for Access and Linkage programs.

Number of referrals to SMI treatment programs: 0
Number of participants enrolled into SMI treatment programs: 0
Number of referrals to PEI programs: 17
Number of participants who enrolled into PEI programs: 17
Number of referrals to other Non-PEI programs: 6
Number of other referrals:

Note: Not all individuals met criteria for referrals.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Healthy IDEAS**
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: Facilitated by the Riverside County Office on Aging. It is a care management program for older adults who are at high risk for developing mental health problems, primarily depression and anxiety. Healthy IDEAS intervention focuses on behavioral activation and social support and is utilized for those who are demonstrating symptoms of depression and anxiety.
Number of unduplicated individual participants or audience members during FY20/21: 30

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	1
Adult (26-59)	6
Older Adult (60+)	23
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	24
Other	0
More than one race	0
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	12
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	12
Asian as follows	0
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	22
Spanish	8
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	10
Female	20
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	30
Disability	
Yes	21
No	9
Declined to Answer	0
Veteran Status	
Yes	1
No	29
Declined to Answer	0

Program Reflection (Healthy IDEAS)

Implementation Challenges:

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 with 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.

Success:

CareLink/Healthy IDEAS is fully staffed and Healthy IDEAS trained. Staff is excited to enroll and implement Healthy IDEAS.

Lessons Learned

Practitioners learned the importance of listening and learning from the client to adapt to new ways of interacting during a pandemic in order 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 on gaining client's trust to then engage in Healthy IDEAS.

Relevant Examples of Success/Impact:

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. 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.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **PEARLS**
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: The **P**rogram **t**o **E**ncourage Active and **R**ewarding **L**ive**S (PEARLS)** is an evidence-based program designed for people aged 60 years or older, who are experiencing minor depression or dysthymia. PEARLS is an in-home intervention that utilizes an empowering, skill-building approach based on three core elements: program solving treatment (PST), social and physical activation, and pleasant activity scheduling. These three elements contribute to the empowerment of participants by encouraging them to engage in behaviors that will help them reach their goals.
Number of unduplicated individual participants or audience members during FY20/21: 61

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	
Transition Age Youth (16-25)	
Adult (26-59)	
Older Adult (60+)	61
Declined to Answer	
Race	
American Indian or Alaska Native	
Asian	1
Black or African American	10
Native Hawaiian or other Pacific Islander	2
White	26
Other	19
More than one race	2
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	
Central American	
Mexican American	
South American	
Multiple Hispanic	
Other Hispanic	
Did not specify Hispanic/Latino group	19
Asian as follows	
Filipino	
Vietnamese	
Japanese	
Other Asian	
Did not specify Asian group	1

Preferred Language	
English	61
Spanish	
Bilingual	
Other	
Declined to Answer	
Gender	
Male	11
Female	50
Transgender Male to Female	
Transgender Female to Male	
Other	
Declined to Answer	
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	0
Disability	
Yes	5
No	
Declined to Answer	46
Veteran Status	
Yes	
No	61
Declined to Answer	

Program Reflection (PEARLS)

Implementation Challenges:

The name of "PEARLS Counselor" has given some challenge. 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.

Success:

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.

There has been great success in targeted outreach efforts. It has been a great change to focus on "outreach plans" and meet as a department to problem solve and work on ways to implement these plans. These outreach plans are designed to plan and track our 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.

PEARLS has also had another great success in recording sessions. 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 purpose." 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 then the idea or asking permission to record their PEARLS session. This has been a success in this area of meeting this fidelity component.

Lessons Learned

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, 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, provider focused on getting more monolingual Spanish marketing material into the Casablanca community.

Program Reflection (PEARLS)

Relevant Examples of Success/Impact:
Participants that completed the PEARLS program made the following comments: “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.” “I benefited 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.” “It's been a positive experience because it holds me accountable. And when that accountability is in the back of your head, it's not a fearful thing, but it's a reminder that this program will only work if I'm doing the work. It makes me more aware of what I want to do and where I want to be.”

PEI Plan Project Area #6: Trauma-Exposed Services for All Ages

Through the community planning process the high need for services for trauma exposed individuals was a priority. This project includes programs that address the impact of trauma for youth, TAY, and adults.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Cognitive Behavioral Intervention for Trauma in Schools**
Project Area as Defined by PEI Plan: PEI#6 Trauma-Exposed Services for All Ages
Program Description: CBITS is a cognitive and behavioral therapy group intervention to reduce children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.
Number of unduplicated individual participants or audience members during FY20/21: 23

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	23
Transition Age Youth (16-25)	
Adult (26-59)	
Older Adult (60+)	
Declined to Answer	
Race	
American Indian or Alaska Native	
Asian	1
Black or African American	1
Native Hawaiian or other Pacific Islander	
White	6
Other	14
More than one race	1
Declined to Answer	
Ethnicity	
Hispanic or Latino as follows	
Central American	3
Mexican American	7
South American	
Multiple Hispanic	
Other Hispanic	
Did not specify Hispanic/Latino group	4
Asian as follows	
Filipino	
Vietnamese	
Japanese	
Other Asian	1
Did not specify Asian group	

Preferred Language	
English	23
Spanish	
Bilingual	
Other	
Declined to Answer	
Gender	
Male	11
Female	10
Transgender Male to Female	
Transgender Female to Male	1
Other	
Declined to Answer	1
Sexual Orientation	
Lesbian	1
Gay	
Bisexual	4
Yes, did not specify	
Unknown	
Other	
Not LGBQ/Declined to Answer	9
Disability	
Yes	3
No	
Declined to Answer	
Veteran Status	
Yes	
No	
Declined to Answer	

Program Reflection (CBITS)

Implementation Challenges:
The biggest implementation challenge faced during FY 20/21 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 we neared the end of the school year, 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 on-line/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.
Success:
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.
Lessons Learned:
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.
Relevant Examples of Success/Impact:
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 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 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."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Seeking Safety**
Project Area as Defined by PEI Plan: PEI#6 Trauma-Exposed Services for All Ages
Program Description: An evidence based practice that utilizes cognitive-behavioral therapy model for relapse prevention and coping skills to help participants with PTSD and substance use disorders. It is conducted in group or individual formats.
Number of unduplicated individual participants or audience members during FY20/21: 13

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	2
Transition Age Youth (16-25)	10
Adult (26-59)	1
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	2
Black or African American	3
Native Hawaiian or other Pacific Islander	0
White	8
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	5
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	2
Did not specify Asian group	0

Preferred Language	
English	13
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	4
Female	9
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	1
Gay	0
Bisexual	1
Yes, did not specify	0
Unknown	1
Other	0
Not LGBQ/Declined to Answer	10
Disability	
Yes	9
No	4
Declined to Answer	0
Veteran Status	
Yes	0
No	9
Declined to Answer	0

Program Reflection: (Seeking Safety)

Implementation Challenges:

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.

Operation Safehouse is the contract provider implementing Seeking safety for the TAY population. FY20/21 was their first year of the contract, 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 Operation Safehouse program was short staffed, and did not have a facilitator in the Desert and Western regions for a majority of the Fiscal Year.

RUHS-BH staff provide Seeking Safety to the Adult population 26-59 years. RUHS-BH staff were enlisted to assist at the RUHS Medical Center during the height of the pandemic (September 2020- April 2021) with Operation Uplift that 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.

Success:

Most participants identified as Hispanic/Latinx at 38.5% and 15.4% identified as LGBTQ, both target underserved cultural populations to be served by this program.

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.

Lessons Learned:

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 in order to reach and screen potential participants.

Program Reflection: (Seeking Safety)

Relevant Examples of Success/Impact:
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 set up 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"

PEI Plan Project Area #7: Underserved Cultural Populations

Through the community planning process, input was solicited from key community leaders from unserved and underserved cultural populations. The key community leaders gathered feedback and information from the communities that they represent and provided specific PEI recommendations regarding needed services. Specific interventions for the following underserved groups are included: Hispanic/Latino, African American, Native American, and Asian American. The Filipino American Resource Center provided outreach presentations and as such has limited demographic information.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Building Resilience in African American Families (BRAAF) - Boys**
Project Area as Defined by PEI Plan: PEI #7 Underserved Cultural Populations
Program Description: This project is a multi-intervention strategy with prevention and early intervention programs being provided throughout Riverside County. The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health issues. The BRAAF Project will utilize four evidence-based practices: Africentric Youth and Family Rites of Passage Program (ROP), Cognitive Behavior Therapy (CBT), Guiding Good Choices (GGC), and Parent Support Groups in three different Riverside County regions.
Number of unduplicated individual participants or audience members during FY20/21: 97

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	53
Transition Age Youth (16-25)	
Adult (26-59)	44
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	85
Native Hawaiian or other Pacific Islander	0
White	1
Other	0
More than one race	0
Declined to Answer	11
Ethnicity	
Hispanic or Latino as follows	0
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	0
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	97
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	56
Female	41
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	97
Disability	
Yes	0
No	40
Declined to Answer	13
Veteran Status	
Yes	0
No	42
Declined to Answer	11

Program Reflection (Building Resilience in African American Families (BRAAF) - Boys)
Implementation Challenges:
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 had the ability to log on because they did not have internet access.
Success:
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. BRAAF staff worked to help families understand how to use Zoom. In addition to converting the program online and keep 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.
Lessons 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 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.

Relevant Examples of Success/Impact: (Building Resilience in African American Families (BRAAF) - Boys)
Participant statements about the program: "The difficult time that happened was with my mom because she was paralyzed and was in the hospital. I had faith in the doctor's ability to help her." (Imani) "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." "I am not so quick to take things personally and to watch not what I say but how I say it." "I changed how I communicate with my kings and ladies. It makes me feel better to not allow their foolishness to make me feel upset as a father and a provider. Someone said to turn it into humor. Since I have been turning it into humor, I like it." "I have been encouraged to have family meetings and ask my kids how they are doing. The program is just a reminder for me." "The family meetings are very consistent but we do have more meetings to check-in to see if they are okay and what is going on with them as individuals." "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."

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: The target population to be served is African American children and their parents/guardians that live in communities with high rates of poverty and community violence.
Number of referrals to a PEI RUHS-BH program: 0
Number of referrals to Mental Health Treatment (county clinic or private provider): 0

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Building Resilience in African American Families (BRAAF) - Girls**
Project Area as Defined by PEI Plan: PEI #7 Underserved Cultural Populations
Program Description: This project is a multi-intervention strategy with prevention and early intervention programs being provided throughout Riverside County. The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health issues. The BRAAF Project will utilize four evidence-based practices: Africentric Youth and Family Rites of Passage Program (ROP), Cognitive Behavior Therapy (CBT), Guiding Good Choices (GGC), and Parent Support Groups in three different Riverside County regions.
Number of unduplicated individual participants or audience members during FY20/21: 30

Program Demographics

The

Age	
Children/Youth (0-15)	12
Transition Age Youth (16-25)	0
Adult (26-59)	13
Older Adult (60+)	0
Declined to Answer	5
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	29
Native Hawaiian or other Pacific Islander	0
White	0
Other	1
More than one race	
Declined to Answer	
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	1
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	30
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	1
Female	24
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	5
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	30
Disability	
Yes	1
No	11
Declined to Answer	18
Veteran Status	
Yes	0
No	30
Declined to Answer	0

Program Reflection (Building Resilience in African American Families (BRAAF) - Girls)
Implementation Challenges:
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 had the ability to log on because they did not have internet access.
Success:
A major success was that BRAAF converted to an online program despite the pandemic and family connectivity issues serving a total of 17 girls. A total of 17 participants were enrolled in the Rites of Passage Program with 53% of Girls completing the 9-month program. BRAAF staff worked to help families understand how to use Zoom. In addition to converting the program online and keep 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.
Lessons 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 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. This has enhanced meaningful parental interaction with the girls. A clear lesson is that crisis presents opportunity. The team was able to use 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.

Relevant Examples of Success/Impact: (Building Resilience in African American Families (BRAAF) - Girls)
Participant statements about the program: "Our daughter has found more confidence in herself and she has become more outspoken. We knew she was always talented and smart but she has always held things in. Being around people she can identify with has helped her. In school, I could see her confidence drop. Now, she is more confident and wants to try new things. Overall, it has been a good experience for her." "The cultural component is huge and has helped my daughter build confidence; being around other people she can identify with 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." "Having something to do after school with other kids." "Discipline made me have more responsibility at home, and changed my parents' perception of me." "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" "My parents saw more mature actions from me by taking on more responsibilities." "I have fewer problems with my parents. I have faith in my parents." "Ten virtues have helped me, especially controlling my thoughts and actions. I haven't had too much of a yelling problem." "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." "I am more confident. Some of the stuff we learned in school are sometimes not true. But, I learned true things about my culture that I didn't learn in school."

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: The target population to be served is African American children and their parents/guardians that live in communities with high rates of poverty and community violence.
Number of referrals to a PEI RUHS-BH program: 0
Number of referrals to Mental Health Treatment (county clinic or private provider): 0

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Mamas y Bebes**
Project Area as Defined by PEI Plan: PEI #7 Underserved Cultural Populations
Program Description: Mamás y Bebés (MyB) is a prenatal intervention, focused on both Spanish and English speakers, designed to prevent the onset of major depressive episodes (MDEs) during pregnancy and postpartum. The intervention is an 8-session course that uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues. The program helps participants create a healthy physical, social, and psychological environment for themselves and their infants.
Number of unduplicated individual participants or audience members during FY20/21: 105

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	19
Adult (26-59)	84
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	2
Asian	4
Black or African American	4
Native Hawaiian or other Pacific Islander	0
White	93
Other	0
More than one race	0
Declined to Answer	2
Ethnicity	
Hispanic or Latino as follows	86
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	86
Asian as follows	4
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	4

Preferred Language	
English	48
Spanish	51
Bilingual	4
Other	1
Declined to Answer	1
Gender	
Male	0
Female	105
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	105
Other	0
Not LGBQ/Declined to Answer	0
Disability	
Yes	0
No	0
Declined to Answer	105
Veteran Status	
Yes	0
No	0
Declined to Answer	105

Program Reflection (Mamas y Bebes)
Implementation Challenges:
Implementing the program virtually makes it 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 in lieu 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.
Success:
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 was 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. One provider experienced great success with retention of participants. Of the 64 participants enrolled, 61 graduated in the Western Region.
Lessons Learned
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.

Relevant Examples of Success/Impact (Mamas y Bebes)
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 were 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.** "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." "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." "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".

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: Hispanic/Latino
Number of referrals to a PEI RUHS-BH program: 0
Number of referrals to Mental Health Treatment (county clinic or private provider): 0

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access& Linkage

Program Name: **Keeping Intergenerational Ties in Immigrant Families (KITE)**
Project Area as Defined by PEI Plan: PEI #7 Underserved Cultural Populations
Program Description: Keeping Intergenerational Tie in Immigrant Families (KITE) is a – An evidence-based parenting program based on the Strengthening Intergenerational Ties in Immigrant Families (SITIF) curriculum designed for the Asian American community that teaches behavioral parenting skills to improve intergenerational intimacy. It is a culturally-sensitive, community based intervention to strengthen the intergenerational relationship, and promotes immigrant parents' emotional awareness and empathy for their children's experiences, cognitive knowledge, understanding of differences between their native and American cultures.
Number of unduplicated individual participants or audience members during FY20/21: 85

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	85
Race	
American Indian or Alaska Native	0
Asian	85
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	0
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	85
Filipino	3
Korean	21
Chinese	44
Other Asian	5
Did not specify Asian group	12

Preferred Language	
English	8
Chinese	44
Korean	19
Other	2
Declined to Answer	12
Gender	
Male	9
Female	64
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	12
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	52
Unknown	0
Other	0
Not LGBQ/Declined to Answer	33
Disability	
Yes	1
No	70
Declined to Answer	14
Veteran Status	
Yes	72
No	0
Declined to Answer	13

Program Reflection (Keeping Intergenerational Ties in Immigrant Families (KITE))

Implementation Challenges:

This program seeks to serve the diverse underserved community of Asian-American/Pacific Islander (AAPI). Accessing this population was more challenging in Mid-County region, where there is less of this population located/ concentrated. The provider worked to provide outreach workshops in order 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.

Success:

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 successfully 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

Lessons Learned:

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 for community members attending outreach workshops.

Relevant Examples of Success/Impact:

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 situation first, then analyze why my child do 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 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.”

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☒ Outreach ☐ Access& Linkage

Program Name: **Filipino American Mental Health Resource Center (FAMHRC)**
Project Area as Defined by PEI Plan: PEI #7 Underserved Cultural Populations
The Filipino-American Mental Health Resource Center started in FY 2017-2018. The resource center intends to provide mental health resources to the Filipino-American and Asian American populations in Riverside, Perris, Moreno Valley, Menifee, and other surrounding cities with high density of Filipino Americans in order to educate, support, and link Filipino Americans experiencing emotional and mental health problem/crises with the Riverside County University Health Systems-Behavioral Health (RUHS-BH).
Number of unduplicated individual participants or audience members during FY20/21: 155

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	7
Transition Age Youth (16-25)	43
Adult (26-59)	81
Older Adult (60+)	0
Declined to Answer	24
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	1
Other	0
More than one race	0
Declined to Answer	8
Ethnicity	
Hispanic or Latino as follows	9
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	9
Asian as follows	137
Filipino	129
Korean	1
Chinese	3
Other Asian	0
Did not specify Asian group	4

Preferred Language	
English	133
Chinese	0
Korean	0
Other	19
Declined to Answer	3
Gender	
Male	44
Female	102
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	9
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBQ/Declined to Answer	155
Disability	
Yes	0
No	0
Declined to Answer	155
Veteran Status	
Yes	0
No	0
Declined to Answer	155

Program Reflection (Filipino American Mental Health Resource Center (FAMHRC))

Implementation Challenges:

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.

Success:

Continued partnership with a community based mental health agency that specifically serves the Asian/PI population assisted with community connection and shared virtual events.

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 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.

Lessons Learned:

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 connection which added complications to engagement with the community.

The program increased their presence on social media platforms and saw an increase in engagement with new community members.

Relevant Examples of Success/Impact:

Some comments from participants include:
"I learned about how discrimination and racism affects 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 about 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. I t also provided me with resources and the knowledge necessary to support my loved ones on 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 making us feel less alone when we have shared experiences & also the importance of making changes!! Thank you again."