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

ITEM: 3.60
(ID # 26441)
MEETING DATE:
Tuesday, December 03, 2024

FROM : RUHS-BEHAVIORAL HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Mental Health Services Act Annual Plan Update for Fiscal Year 2024/2025, All Districts. [$0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt the Mental Health Services Act (MHSA) Annual Plan Update for Fiscal Year 2024/2025.

ACTION:Policy

Matthew Chang
Matthew Chang, Director 11/7/2024

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:	December 3, 2024
xc:	RUHS-BH

Kimberly A. Rector
Clerk of the Board
By: [signature]
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: 2024/2025	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Riverside University Health System - Behavioral Health (RUHS-BH) operates a continuum of care system that consists of County-operated and contracted service providers delivering a variety of mental health treatment services within each geographic region of Riverside County.

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. MHSA imposed 1% taxation on personal income exceeding $1 million. These funds were designed to transform, expand, and enhance mental health services to individuals in California. Counties are required to conduct an extensive community planning process and submit a new MHSA plan every three (3) years to the State. MHSA regulations require an Annual Plan Update for each year following the submittal of the Three-Year Plan. The County Behavioral Health Director and the County Auditor-Controller sign a certification before the County Board of Supervisors adopts the plan. Several significant MHSA requirements must be met before the Annual Plan Update is submitted to both the California Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC).

The Annual Plan Update requires:

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

A total of 67,209 people (in English and Spanish) saw the MHSA Annual update FY24/25 Public Hearing promoted on Facebook, Instagram, and NextDoor countywide over a 14-day period.

The promotion reach increased from calendar years 2023-2024 by approximately 126.65%. In-person public hearings were held in each of the 3 service delivery regions: Western, Mid-County, and Desert. A total of 111 people attended the in-person public hearings. Each public hearing was preceded by a two-hour forum where the community engaged with the MHSA administration team and learned more about each of the 5 components of the MHSA plan, the new Behavioral Health Service Act (BHSA) legislation, and RUHS-BH program access information. An ad hoc committee of the Behavioral Health Commission met on June 25, 2024, 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 July 03, 2024.

Impact on Residents and Businesses

The MHSA Annual Plan Update for Fiscal Year 2024/2025 outlines key services offered by Riverside University Health System-Behavioral Health (RUHS-BH) to enhance community health and safety. These services are part of a comprehensive approach to behavioral health designed to meet the specific needs of Riverside County and are categorized under the Mental Health Services Act (MHSA) into five main areas:

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

Key updates for the fiscal year include:

Expansion of Mobile Crisis Management Teams (MCMT): RUHS-BH has broadened its MCMTs, which are specialized teams comprising experts in crisis response, homelessness, and substance use. These teams are focused on addressing both immediate crises and long-term recovery needs for individuals with complex issues.

Growth in Community Behavioral Assessment Teams (CBAT): There are now CBATs operating at 17 sites countywide, pairing law enforcement officers with Clinical Therapists. These teams respond to behavioral health-related calls, improving community safety and providing effective responses. Feedback from cities with CBATs has been positive, noting their beneficial impact on community care.

The Mead Valley Wellness Village aims to increase capacity in the Continuum of Care by building a Wellness Village to serve as 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, Substance Use Disorder, and homelessness for adults, adolescents, and children, allowing consumers and their families to progress through different levels of care, from intensive treatment to more independent recovery. This facility will include 449,757 square feet of county-owned land in the

unincorporated area of Mead Valley with the purpose of helping reduce the burden of untreated behavioral health conditions in our communities and meet the increasing demands of care needed by integrating mental health, substance use, and physical health services to break down the barriers to individuals achieving the best health outcomes.

The Eating Disorder Intensive Outpatient and Training- program (ED IOP) aims to address the challenges of eating disorders in Riverside County. The recently approved Innovation program will establish an Eating Disorder Hub to improve treatment, training, and education for medical professionals, families, and community members. It focuses on the mental, physical, and cultural needs of individuals, while also tackling issues such as coordinator of care, the need for integrated training for healthcare providers, and enhancing engagement with diverse families. The goal is to improve diagnosis, care, and understanding of eating disorders across the communities.

These initiatives are designed to address the diverse needs of our community and improve overall behavioral health services in Riverside County.

Additional Fiscal Information

There are sufficient appropriations in the Department's FY2024/2025 budget. No additional County funds are required.

Attachments

Attachment A. MHSA Plan FY 24/25

Gregg Gu

Gregg Gu, Chief of Deputy County Counsel 11/8/2024

MHSA

Mental Health Services Act Plan FY 24/25

Table of Contents

Land Acknowledgement 4
MHSA County Compliance Certification 5
MHSA Quick Look 6
What is the Mental Health Services Act (MHSA)? 6
Public Hearing PowerPoint 8
Plan Highlights 22
Regional Grid 33
MHSA Community Planning and Local Review 36
Local Stake Holder Process 36
Stakeholder Partner and Participation Directory 37
MHSA Annual Update Planning Structure 49
30-Day Public Comment 50
MHSA Capacity Assessment 53
Community Services and Supports 59
What is Community Services and Supports (CSS)? 60
CSS-01 Full Service Partnerships 60
What is Full Service Partnership (FSP)? 60
Children's 61
Transitional Age Youth (TAY) 83
Adults 86
Older Adults 102
CSS-02 General System Development (GSD) 109
What is General System Development (GSD) 109
Crisis System of Care 125
Mental Health Court and Justice Involved 138
CSS-03 Outreach, Engagement 165
CSS-04 Housing 205
Prevention and Early Intervention (PEI) 214
PEI Overview 216

Who We Serve –Prevention and Early Intervention 223
PEI-01 Mental Health Outreach, Awareness, and Stigma Reduction 224
PEI-02 Parent Education and Support 255
PEI-03 Early Intervention for Families in Schools 264
PEI-04 Transition Age Youth (TAY) Project 265
PEI-05 First Onset for Older Adults 273
PEI-06 Trauma-Exposed Services 289
PEI-07 Underserved Cultural Populations 298
Innovation 324
Workforce Education and Training (WET) 363
What is WET? 364
WET-01 Workforce Staffing Support 365
WET-02 Workforce Staffing Support 366
WET-03 Mental Health Career Pathways 397
WET-04 Residency and Internship 407
WET-05 Financial Incentives for Workforce Development 424
WET Looking Forward 431
Capital Facilities and Technology 434
MHSA Funding 440
Public Hearing Comments and Responses Public Comments 462
Addendum 561
MHSA Annual Prevention & Early Intervention Program & Evaluation Report 562

Introduction

Land Acknowledgement

The Cahuilla (Íviullatem), Cupeño (Kúupangaxwichem), Luiseño (Payómkowichum), Serrano (Marraʽyam), Gabrieleño (Tongva), and Chemehuevi (Nuwuvi) Peoples, and their ancestors have been here since time immemorial. Riverside University Health System-Behavioral Health (RUHS-BH) acknowledges the traditional, ancestral, and contemporary homelands of the first Native Americans of Southern California whose land it occupies and serves. The Cahuilla, Cupeño, Luiseño, Serrano,Gabrieleño, and Chemehuevi Peoples have cared for people, land, water bodies, animals, plant beings, with great integrity, reciprocating care to each other.

RUHS-BH acknowledges the reciprocal relationship of caring for one another and extends wellness and behavioral health services to: Cahuilla, Cupeño, Luiseño, Serrano, Gabrieleño, and Chemehuevi Peoples, all Indigenous Peoples, and all underserved residents of Riverside County.

RUHS-BH wants to create relationships built on trust and accountability with its community members. With this land acknowledgment, RUHS-BH will be respectful and mindful to tribal sovereignty, culture, and beliefs of the Native Americans of this land.

MHSA County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Riverside County

Local Mental Health Director	Program Lead
Name: Matthew Chang, MD.	Name: David Schoelen
Telephone Number: 951-358-4501	Telephone Number: 951-955-7106
E-mail: Matthew.chang@ruhealth.org	E-mail: DSchoelen@ruhealth.org
County Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

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

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

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

Matthew Chang, MD. ____________________ 6/10/02024

Local Mental Health Director/Designee (PRINT) Signature Date

County: Riverside

Date: ____________________

Introduction

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)?

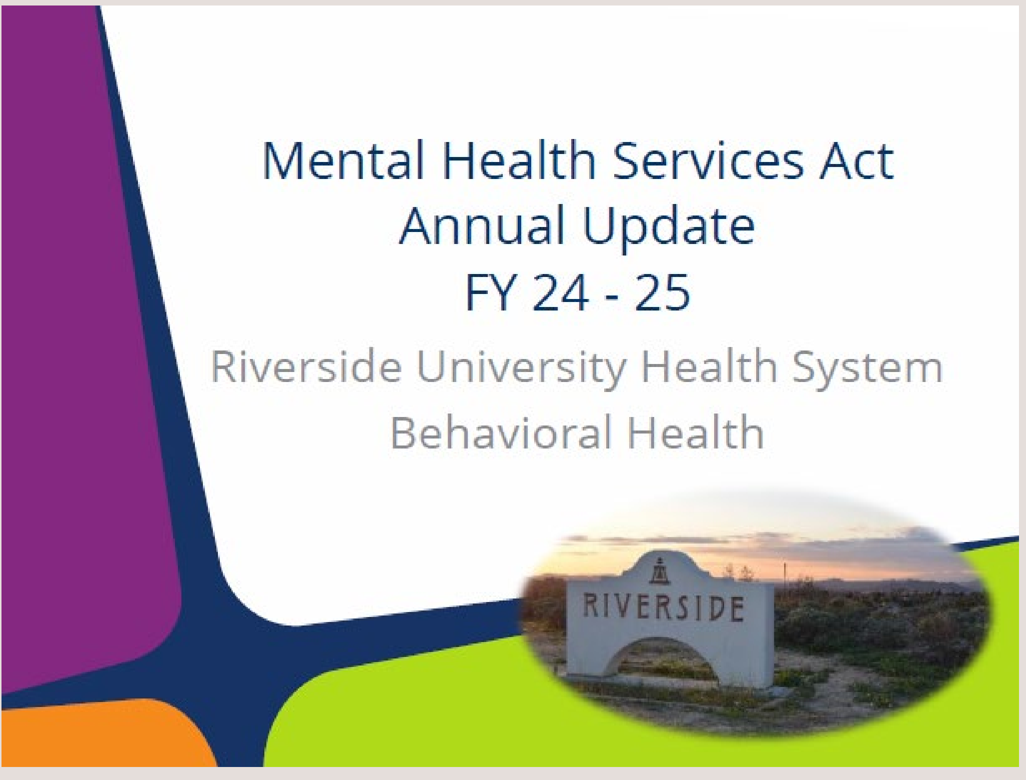
The 3YPE serves like a consumer's care plan in a clinic program. It describes goals, objectives and interventions based on the stakeholder feedback and the possibilities and limits defined in State regulations.

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. The current 3-year plan is dated FY 23/24 – FY 25/26, and was approved last year. This is will be the final MHSA 3-year plan before the new Behavioral Health Services Act (BHSA) Plan is due in July 2026.

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. This year's plan is an Annual Update.

Public Hearing Powerpoint



What is MHSA?

- 2004 CA voter approved ballot proposition (Prop 63)
- 1% income tax on incomes over $1 million dedicated to the public mental health service system
- MHSA has rules/regulations on how the money can be spent
- CANNOT pay for most involuntary programs
- The funding of last resort - braided funding
- Includes a Community Participation and Planning Process
  - 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

What is the MHSA Plan?

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

What is the MHSA Plan?

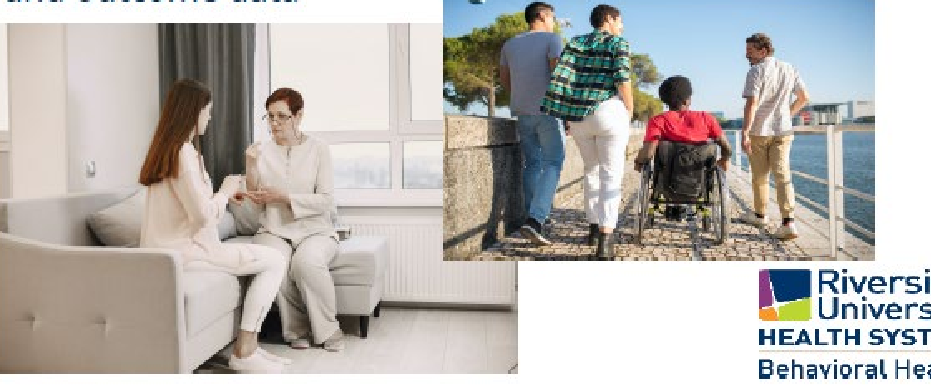
- Two types of MHSA plans
  - 3-Year-Plan (FY 23/24 -25/26)
  - **Annual Update**

Riverside University HEALTH SYSTEM Behavioral Health

Introduction

MHSA Plan in Development

- Current data, research, stakeholder feedback 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



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)**

CSS

- Largest Component – 76%
- Full Service Partnerships (FSP) – Over 50%
- Clinic expansion – includes adding Peer Support, positions and contracts to increase capacity
- 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

CSS Plan Update Highlights

Introduction

PEI

- Next largest component – 19%
- 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

PEI Annual Update Highlights

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)
- New Proposal: Eating Disorder Intensive Outpatient and Training Program
  - https://www.ruhealth.org/behavioral-health/innovation-inn

INN Annual Update Highlights

Introduction

Introduction

WET

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

WET Annual Update Highlights

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.

Current projects include:

- Mead Valley Wellness Village
- The Place renovation (new complete date: 12/2024)
- Franklin Avenue Adult Residential Facility (Augmented BC)

CFTN Annual Update Highlights

Introduction

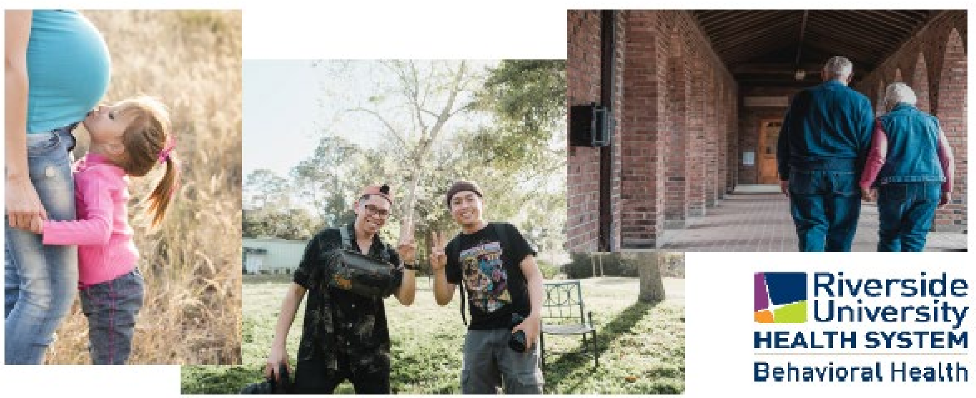
What's Next?: Public Posting & Hearing

- April 2024 : 30 day posting
  - Read/comment on draft
- May 2024: Public Hearings
  - Provide plan feedback

Riverside University HEALTH SYSTEM Behavioral Health

Public Hearing: Virtual

- "Public Hearing in your Pocket" videos 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 Person

- Preceded by Forum
- 1 hearing per service region
  - Location chosen by the Regional MH Boards

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
  - Smaller recommendations can be more readily adopted
  - Larger recommendations require larger community support and need time to be developed prior to implementation

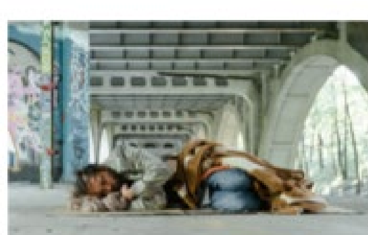
Contact Info

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: (interim) David Schoelen
  - DSchoelen@ruhealth.org
  - bhculturalcomp@ruhealth.org

What is BHSA?

- Behavioral Health Services Act (BHSA)
- Proposition 1
  - Becomes law January 2025
  - Embedded timelines: 1st new plan due July 2026
- Changes Components from 5 to 3:
  - Housing; FSP; Behavioral Health Services
- Includes SUD services
- Focuses on the unhoused and youth



BHSA: Reform

- New structure for planning, data, reporting, and accountability across ALL BH funding streams
- Greater State oversight and approval
- Will require refinement amendments
- DHCS will be tasked with creating the corresponding regulations

Component 1: Housing

- 30% of the total funding allocation
- 50% of this component must be spent on the chronically homeless with a focus on encampments
- Housing First model, may include recovery housing
- Up to 25% may be use on capital projects with DHCS approval
- NO mental health or SUD treatment/services can be funded under this component
  - Outreach, Navigation, Supportive Services

Introduction

Component 2: FSP

- 35% of the total funding allocation
- Requires Evidence Based Practices including Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Individual Placement and Support (IPS) Employment services, and high fidelity wraparound for youth and families
- Requires assertive field-based initiation for SUD services including MAT
- DHCS to develop levels of care and step down metrics

Component 3: BHS

- 35% of the total funding allocation
- Requires new sub-category: 51% of these funds must be used for Early Intervention programs
  - "may include services that prevent, respond, or treat BH crisis"
  - 51% Early Intervention funds must be used on youth under 25
  - Removes all reference to Stigma Reduction and county population based prevention
  - Expands outreach to urgent care, hospitals, EDs and schools
- WET, CF/TN, Innovation projects across all funding categories
  - State dedicates some funds for Workforce Initiatives, Innovation Partnership Fund, and Population Based Prevention

Riverside University HEALTH SYSTEM Behavioral Health

Planning and Reporting

- Starting July 2026: New 3 Year Plan format
- ALL funding sources and programming
- Expands stakeholders
- Stakeholder process for annual updates not required
- New accounting reporting

Introduction

Plan Highlights

Community Services and Supports (CSS)

Crisis System of Care

- Riverside County Mobile Crisis Response for Behavioral Health is now available 24/7. The Mobile Crisis Response Teams include clinical therapists, case managers, addiction counselors, and peer support specialists. This team is dispatched to the location of the behavioral health crisis with the goal to deescalate the situation, link to ongoing care, and avoid unnecessary emergency department care, psychiatric hospitalizations, or law enforcement involvement. The Mobile Crisis Teams are countywide and have successfully diverted 70% of contacts from law enforcement and inpatient admissions. The Crisis Teams can be accessed by calling 951-686-HELP.

- RUHS-BH is also partnering with the Riverside Sheriff's Office 911 Dispatch to add two clinical therapists to the dispatch center to assist with immediate diversion of calls that could be addressed by the mobile crisis teams instead of law enforcement.

- Community Behavioral Health Assessment Teams (CBAT) are police officer and RUHS-BH clinical therapist partnership teams that respond to behavioral health calls in the community as dispatched by law enforcement. These teams bring together the safety and authority of law enforcement with the clinical and engagement expertise of behavioral health. Based on stakeholder feedback, the number of CBAT continues to expand. Current CBAT are located at: Menifee PD; Corona PD; Beaumont PD sharing with Cabazon Sheriff; Cathedral City PD; Palm Desert Sheriff; Hemet Sheriff; Jurupa Sheriff; Perris Sheriff; Thermal Sheriff; Lake Elsinore; Riverside PD (2 teams); Moreno Valley RSO; Hemet PD; Indio PD; Temecula RSO; and Murrieta PD.

Justice Involved

- Justice Enhanced Care Management (ECM) teams will launch in 2024. ECM services mean the consumer accesses a single Lead Care Manager who provides **comprehensive care management** and coordinates all health-related care and services. These teams will

provide ECM services to adults and juveniles while in jail, or juvenile detention facilities, and will continue to provide ECM services to these same consumers after their release.

- Community Assistance, Recovery, and Empowerment (CARE) Act, more commonly known as CARE Court, launched in October 2023. Clients of CARE Court are court ordered to engage in supportive behavioral health treatment. This new collaborative court team engages, assesses, and provides wraparound case management services to consumers with schizophrenia spectrum disorders. This new program complements existing similar collaborative court programs like assisted outpatient treatment (AOT).

Prevention and Early Intervention (PEI)

The intent of Prevention & Early Intervention is 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. There are seven work plans with several programs and services in each. PEI providers continued to show success in meeting program goals and objectives and reaching the target populations.

- Help@Hand, as an Innovation Component Plan, has come to an end. Innovation Plans cannot last more than 5 years. Help@Hand included several projects. The following project will move to the PEI Plan to sustain their success:
  - ManTherapy.org is a web-based campaign that 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 resulting in accurate information about the state of their mental health.
  - La Clave is a culturally informed program for the Latine community that helps family members understand the onset symptoms of serious mental illness using cultural references as teaching topics. The earlier

the intervention after a psychotic break has shown a greater recovery prognosis.

- Take My Hand -- TakemyHand is a peer-to-peer live chat interface operated by RUHS-BH Certified Medi-Cal Peer Support Specialists providing chat support using real-time conversations for people (16 & over) seeking non-crisis emotional support. The Take My Hand technology costs will now be funded in the PEI plan.

Work Plan 1: Mental Health Outreach, Awareness, and Stigma Reduction – Strategies that focus on mental health stigma reduction, education about mental health symptoms, and increasing access for underserved communities.

- The Community Mental Health Promoter programs focus on target populations including Latino/a/x, African American, Native American, Asian/PI, LGBTQ+. Providers engaged with 8,660 community members delivering 1-hour presentations with information about: anxiety, depression, mental health, schizophrenia, self-care, substance abuse, suicide prevention, trauma, and bipolar disorder. This program was released for competitive bid during FY22/23 and resulted in one new provider. We will re-release soon to find providers for populations currently not being served.

- PEI also funds the administration and activities under the Cultural Competency Program Some highlights include:

  - Collaboration with the Research and Evaluation Unit to create inclusive demographic and outcome forms to improve community outreach reporting.
  - Collaboration with Workforce Education & Training to develop a training program to increase the understanding of working with people with disabilities, and design training for bilingual/Spanish clinical therapists to enhance services to Spanish-speaking clients.
  - Collaboration with the San Jacinto Chapter of the National Alliance on Mental Illness to create Caring Across Cultures: Multicultural Symposium on Mental Health. The event featured an expert panel, a keynote speaker, resource tables, music, food, and festivities that highlighted the traditions of diverse cultures of Riverside County.

- PEI Administration continued to offer trainings, virtually and in-person, available to the general community focused on mental health awareness, self-care and wellness, trauma and resiliency, and suicide prevention. Trainings are free and available every month. For FY22/23, 1,613 participants countywide attended the 87 trainings that were offered.

- The Suicide Prevention Coalition hosted its 2nd Annual Conference with more than 350 attendees with others watching the livestream. The theme: Bridging the Gap Between Spirituality and Suicide Prevention, included one keynote presentation focused on the essentials of suicide prevention in faith communities and two panels with 11 local faith leaders. You can find the recording on the SPC website, along with lots of other related information, at www.rivcospc.org.

- This year marked the return of Active Minds' Send Silence Packing exhibits on our local college campuses since the pandemic held at UCR and Mt San Jacinto College, Menifee campus. The Send Silence Packing traveling exhibit is an immersive experience utilizing mixed mediums to increase awareness and reduce stigma associated with mental health concerns and suicide. The exhibits were well received by students and faculty.

- May is Mental Health month returned to in-person events and expanded to include one event in each of the three regions.

    - The Palm Desert event include 80 vendors and a Mental Health panel discussion on the importance of caring for our physical and mental health. The annual Desert Art Show displayed nearly 500 art pieces submitted by consumers; it was very well attended, and many art pieces were sold.

Introduction

- The Mid-County event was held in Menifee, in partnership with the City of Menifee, with close to 80 vendors and DJ Jesse Duran from Kola radio.
- The Western region event, at Fairmount Park, was also emceed by Kola's Jesse Duran and featured a Wellness Corner, a dance contest, and performances from consumers of RUHS-BH.

- The Dare to Be Aware youth conference was held in Riverside for the first time since COVID in February 2023. This mental health conference for high school youth focused on positive relationships and connection. There were 10 schools with 315 youth in attendance. In 2024, the conference will expand to include a Palm Springs conference as well.

- PEI, in partnership with the Suicide Prevention Coalition, will be offering short-term grief counseling for survivors of suicide loss at no cost to Riverside County residents. This pilot will offer 6-8 free sessions to suicide loss survivors through community-based clinicians trained in suicide bereavement. Applications are being accepted continuously until enough providers are obtained to adequately address the needs of the County or funding is no longer available. You can find the application at www.rivcospc.org.

Work plan 4: Transition Age Youth (TAY) – outreach, stigma reduction, and suicide and self-harm prevention activities. This includes targeted outreach for LGBTQ TAY, TAY in or transitioning out of foster care, runaway TAY, and TAY transitioning into college.

- The Directing Change Statewide Program and Film Contest for FY22/23 included 212 Film Submissions from 24 schools & CBOs by 586 youth. Riverside County Eleanor Roosevelt HS won 1st place for the Mental Health Matters category. The Riverside County Local Screening and Recognition Ceremony was held on May 4, 2023, at the Fox Theater with approximately 350 students, advisors, families, and other community members in attendance. RUHS-BH co-hosted the event with RCOE and RUHS-PH.

Innovation (INN)

Our only current Innovation project, Help@Hand, a five-year multidimensional project concludes in February 2024. This collaboration between 14 California Cities and Counties was created to determine how technology fits within the behavioral health care system. The Help@Hand Riverside website is: https://helpathandca.org/riverside/. Over the past year, the project has expanded and grown. Highlights from Help@Hand include:

- 64 Kiosks have been installed in waiting areas throughout Riverside County and serve as points of service navigation and education. 10 more kiosks are planned to complete deployment of 74 kiosk total. Here you can also find a link to the MHSA plan and how to provide feedback. THE KIOSK EXPERIENCE (https://riversidehelpathand.org/) is a great way to locate useful resources and support at your fingertips including *Programs and Services*, *Epic my Chart*, and *Check-in appointments* for medical patients.

- 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.co. TakemyHand was recognized as a CA State Challenge Award Recipient. TakemyHand has two landing pages: One for the English-speaking audience: TakemyHand.co and one of the Spanish Speaking audience: TomamiMano.co. TakemyHand is available as an iPhone App at the App Store and will be available as Android app at the Google Store in late December 2023. The total number of TakemyHand chats from January through November 2023 is 1,626.

- Deaf and Hard of Hearing Needs:
    - Currently, we have implemented a TakeMyHand pilot using ASL video chat with two Deaf Peer Chat Operators to offer support to the Deaf Community.

- Digital Literacy ASL Videos. In partnership with Sorenson and The Center on Deafness Inland Empire (CODIE), 10 Digital Health Literacy videos were produced and adapted to ASL. The ten videos produced by the Help@Hand statewide collaborative as well as the 10 ASL digital literacy videos adapted by Riverside are available at the Help@Hand Kiosks countywide.
- Deaf and Hard of Hearing Needs Assessment Digital Survey. In collaboration with CODIE, Qualtrics, Red Pepper Consulting, UCI, Sorenson and the Evaluation team, a Deaf and Hard of Hearing Needs Assessment survey was developed. The survey has 27 questions that contains 81 ASL videos. The survey also includes an ASL county resources video that features the TakemyHand™ Live Peer Chat resource as well as the local CARES line, Urgent Care Mental Health facilities and crisis lines. The survey is currently available through the CODIE Website at codie.org.

- 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. There are 102 consumers who participated in utilizing the A4i app. 12 clinic sites and 50 staff members participate in the pilot. You can see videos of real-life testimonies of how A4i has impacted the life of pilot participantsA4i: https://vimeo.com/showcase/10798859.

- Recovery Record. The Recovery Record app is a leading global product for eating disorder management. Features include check-ins, CBT self-monitoring, DBT and ACT skills, outcome tracking, meal monitoring, clinical goal review, and motivation enhancement. The RUHS-BH Recovery Record pilot has 18 consumers and 50 staff members. Analysis of the App data is underway.

- Man Therapy. 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. From January through November 2023, a total of 12,225 self-assessments were completed in Riverside County.

- The Whole Person Health Score (WPHS). 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 improve their overall health by looking at six domains: *Physical Health, Emotional Health, Resource Utilization, Socioeconomics, Ownership, and Nutrition and Lifestyle*. The WPHS assessment tool was digitized in order to automate the distribution of the assessment tool via text and email. Since the end of 2023, 12,098 text and email invitations have been sent, resulting in 978 WPHS assessment completed. The Behavioral Health Cohort has completed an additional 87 WPHS assessments.

- La CLAve. La Clave is a culturally informed program for the Latine community that helps family members understand the onset symptoms of serious mental illness using cultural references as teaching topics. Earlier intervention after a psychotic break has shown a greater recovery prognosis.
  - Riverside has implemented billboards and advertisement kiosks countywide to promote La CLAve resources.
  - 4 la CLAve facilitator trainings were completed. Aside from RUHS Staff members, staff from community organizations such Vision y Compromiso, JFK Foundation Organization, Affordable Counseling Services, NAMI Temecula, and Peace from Chaos completed facilitator trainings. La CLAve Movie DVDs and retractable banners were

Introduction

distributed to the outpatient clinics and community organization who participated in La CLAve facilitator trainings.

- La CLAve content was also integrated within the TakeMyHand™ mobile app and website.
- Most recently, Univision en Español and NBC Palm Springs reached out to collaborate with Help@Hand to promote La CLAve in the Desert region.

Workforce Education and Training (WET)

- Advanced Clinical, Evidence Based Practices, and Recovery Training: Included mandatory requirements like Nonviolent Crisis Intervention and Trauma Informed Systems, as well as the Board of Behavioral Science Continuing Education (CE) requirements for licensed therapists such as Law and Ethics. Evidence Based Trainings like Seeking Safety, Eye Movement Desensitization and Reprocessing, Trauma Focused CBT, and Dialectical Behavioral Therapy, and specialized training for our eating disorder clinicians. WET offered 407 CE trainings, and 33 trainings that focused on advanced behavior health topics.

- The WET Internship programs continue to be one of the largest behavioral health internship programs in the Inland Empire. In this past academic year, the Graduate, Internship, Field, and Traineeship (GIFT) coordinated internships for 37 masters and bachelors level students countywide. Over 51% are bilingual (46 % speak the threshold language of Spanish). Many had lived experiences as consumers or family members. These graduating interns become a prime candidate pool for hiring new Department therapists.

- WET developed and received approval to implement centralized oversight and development of Department clinical countywide. This includes: central coordination of the legally necessary clinical supervision required for journey level therapists, ensuring compliance with the State's clinical supervision requirements for staff to perform clinical supervision, collecting supervision related data to help drive training development, and providing training support to clinical supervisors.

- The Clinical Licensure and Support (CLaS) program also plays an important role supporting our unlicensed therapists to be ready for licensure. Department CLaS participants continue to grow with an increase from 20 to 29 applicants. Also, this year, CLaS supported 16 Clinical Therapists to pass their licensure test and to promote into being licensed therapists.

Capital Facilities and Technology (CFTN)

- Mead Valley Wellness Village. 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 Village 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. The premier Wellness Village is being developed in Mead Valley.

- Renovation has begun on an augmented adult residential facility on Franklin Avenue in the City of Riverside. When complete, this adult residential facility will provide approximately 81 beds with integrated, onsite full-service partnership (FSP) services. The facility is expected to open in December 2024. This facility would provide a level of service comparable to the department's existing adult residential and care facility location in Palm Springs (Roy's Desert Springs & Windy Springs Wellness Center combination).

- Approximately 5 new apartment communities are expected to open in 2024. Each community will have reserved units for homeless households who also carry a severe mental health diagnosis. Additionally, each community will have

Introduction

on-site RUHS-BH care support and navigation staff to provide supportive services. More information about these developments can be accessed at our Homeless Housing Opportunities Partnership and Education (HHOPE) administration.

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 31 single room beds, and increase the size of common living areas and group treatment areas. This renovation began during the last planning cycle but has a new, estimated completion date. The renovation is scheduled to complete in late 2024.

Regional Grid

Stakeholder 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 Plan FY 2024/2025.

Regional Key Program Grid MHSA Annual Update FY 24-25

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)

	Western Region	Mid-County Region	Desert Region
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
CARE Court (Includes mobile access countywide)	X		

Regional Key Program Grid MHSA Annual Update FY 24-25

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

CSS: Outreach and Engagement

	Western Region	Mid-County Region	Desert Region
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

Regional Key Program Grid MHSA Annual Update FY 24-25

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

	Western Region	Mid-County Region	Desert Region
Trasistion Age Youth (TAY) Project:			
Stress and Your Mood	X	X	X
TAY Peer-to-Peer Services	X	X	X
Active Minds Chapters (Send Silence Packing)	X	X	X
Outreach to Runaway Youth/Safe Places	X	X	X
Teen Suicide Awareness & Prevention Program	X	X	X
First Onset for Older Adults:			
Cognitive Behavioral Therapy for Late-Life Depression	X	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

Introduction

Introduction

MHSA Community Planning and Local Review

Understanding the Stakeholder Process

Who Is a Stakeholder?

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

Local Stakeholder Process

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

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

Stakeholder Partner and Participation Directory

2024 MEETING SCHEDULE

BEHAVIORAL HEALTH COMMISSION & REGIONAL ADVISORY BOARD

(Hybrid Option Available, Meetings and locations subject to change. For further information, please contact the assigned Committee Executive Assistant. Thank you)

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, Riverside, CA 92507- Entrance 1, Conference Room 1051

January 3, 2024	February 7, 2024	March 6, 2024	April 3, 2024
May 1, 2024	June 5, 2024	July 3, 2024	August – DARK
September 4, 2024	October 2, 2024	November 6, 2024	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 Street, Indio, CA 92201

January 9, 2024	February 13, 2024	March 12, 2024	April 9, 2024
May 14, 2024	June 11, 2024	July 9, 2024	August – DARK
September 10, 2024	October 8, 2024	November 12, 2024	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

January 4, 2024	February 1, 2024	March 7, 2024	April 4, 2024
May 2, 2024	June 6, 2024	July 11, 2024	August – DARK
September 5, 2024	October 3, 2024	November 7, 2024	December – DARK

For further information and to confirm location, please contact Hilda Gallegos at (951) 943-8015 or Elizabeth Lagunas at (951) 940-6215.

WESTERN REGIONAL BOARD

1st Wednesday of the month at 3:00 p.m. at 2085 Rustin Avenue, Riverside, CA 92507- Entrance 1

January 3, 2024	February 7, 2024	March 6, 2024	April 3, 2024
May 1, 2024	June 5, 2024	July 3, 2024	August – DARK
September 4, 2024	October 2, 2024	November 6, 2024	December - DARK

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

BEHAVIORAL HEALTH COMMISSION - STANDING COMMITTEES 2024 MEETING SCHEDULE

(Hybrid Option Available, Meetings and locations are subject to change. For further information, please contact the assigned Executive Assistant. Thank you)

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 ***(Meeting location rotated between Riverside & Perris)***	*4th Tuesday @ 12:00pm 3125 Myers Street Riverside, CA 92503*	*2nd Wednesday @ 12pm 2085 Rustin Avenue Riverside, CA 92507*	*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* ***(Location differs in Feb. & Nov.)***	*1st Wednesday @ 10:00 am 2085 Rustin Avenue Riverside, CA 92507*
January 25, 2024	January 23, 2024	January 10, 2024	January 9, 2024	January 3, 2024	January 9, 2024	January 3, 2024
February 29, 2024	February 27, 2024	N/A	February 13, 2024	February 7, 2024	February 13, 2024	N/A
March 28, 2024	March 26, 2024	March 13, 2024	March 12, 2024	March 6, 2024	March 12, 2024	March 6, 2024
April 25, 2024	April 23, 2024	N/A	April 9, 2024	April 3, 2024	April 9, 2024	N/A
May 30, 2024	May 28, 2024	May 8, 2024	May 14, 2024	May 1, 2024	May 14, 2024	May 1, 2024
June 27, 2024	June 25, 2024	N/A	June 11, 2024	June 5, 2024	June 11, 2024	N/A
July 25, 2024	July 23, 2024	July 10, 2024	July 9, 2024	July 3, 2024	July 9, 2024	July 3, 2024
August – DARK	August – DARK	N/A	August – DARK	August – DARK	August – DARK	N/A
September 26, 2024	September 24, 2024	September 11, 2024	September 10, 2024	September 4, 2024	September 10, 2024	September 4, 2024
October 31, 2024	October 22, 2024	N/A	October 8, 2024	October 2, 2024	October 8, 2024	N/A
November 21, 2024	N/A	November 13, 2024	November 12, 2024	November 6, 2024	November 12, 2024	November 6, 2024
December – DARK	**TBA**	N/A	December - DARK	December – DARK	December – DARK	N/A
Committee Executive Assistant Elizabeth Lagunas (951) 940-6215	**Committee Executive Assistant Saida Spencer (951) 358-7348**	**Committee Executive Assistant Jared Buckley (951) 955-1530**	**Committee Executive Assistant Rachel Zapata (951) 210-1459**	**Committee Executive Assistant Sandy Awad (951) 955-7156**	**Committee Executive Assistant Cynthia Peterson (951) 358-5891**	**Committee Executive Assistant Miriam Resendiz (951) 955-7138**

Let's talk about Mental Health

People start to heal the moment they feel heard. -Anonymous

Prevention and Early Intervention

Quarterly Collaborative Lunch Meeting

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

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

2024 Schedule

- **Wednesday, March 27, 2024 12:00pm - 2:00pm**
- **Wednesday, May 29, 2024 12:00pm - 2:00pm**
- **Wednesday, August 28, 2024 12:00pm - 2:00pm**
- **Wednesday, November 27, 2024 12:00pm - 2:00pm**

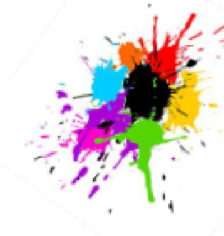
All meetings will be held via Zoom. Zoom link and meeting invitation is sent out at the beginning of the month of each meeting.

For more information or to RSVP, please 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 2023/24 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.

2023/2024 dates below:

July 26th 2023	February 28th 2024
August 23rd 2023	March 27th 2024
September 27th 2023	April 24th 2024
October 25th 2023	May 22nd 2024
November 22nd 2023	June 26th 2024
December 27th 2023	July 24th 2024
January 24th 2024	August 28th 2024

Desert TAY Collaborative Meeting Upcoming Dates
February 8th 2024
March 14th 2024
April 11th 2024
June 13th 2024
July 11th 2024
September 12th 2024
October 10th 2024
November 14th 2024
December 12th 2024
2pm - 3pm
Desert TAY FLOW
78-140 Calle Tampico La Quinta

CULTURAL COMPETENCY MEETINGS

Introduction

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

02 **APIDANH**
Asian Pacific Islander
3:30-5p.m.
Meets Bi-monthly. o n the 2nd Tuesday

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

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

05 **DCAN**
Deaf Collaborative Advisory Network
4-6 p.m.
Meets on the last Monday of every month

06 **HISLA**
Hispanic, Latinx
3-5 p.m.
Meets bi-monthly on the 3rd Wednesday

07 **MENA**
Middle Eastern North African/ Mecca
2:30-3:30 p.m.
Meets Bi-monthly on the Third Wednesday

08 **Native American**
3:30- 5:p.m.
Meets on the third Monday of every month

09 **WADE**
Wellness & Disabilities Equity Alliance
1-2:30 p.m.
Meets on the 1st Friday of every month

010 **Spirituality and Faith Based**
10-11:30 a.m.
Meets on the 2nd Tuesday of every month

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)**
      - **Hispanic-LatinX (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 2024

Western Regional Mental Health Board	February 07
Desert Regional Mental Health Board	February 13
Cultural Competency Reducing Disparities	February 14
Community Advocating for Gender and Sexuality Issues	February 20
Adult System of Care	February 29

Wellness & Disability Equity Alliance	March 01
Behavioral Health Commission	March 01
Veteran's Committee	March 06
Criminal Justice Committee	March 08
RUHS-BH Manager's Meeting	March 11
Housing Committee	March 12
Older Adult System of Care	March 12
Asian American Task Force	March 12
Native American Advisory Group	March 13
Transitional Age Youth Western Collaborative	March 13
Transitional Age Youth Desert Collaborative	March 14
Middle Eastern North African Advisory Group	March 22
Deaf and Hard of Hearing	March 25
Children's Committee	March 26
Transitional Age Youth Mid-County Collaborative	March 27
Prevention and Early Intervention Collaborative	March 27
HispanicLatinX	March 28
Housing Continuum of Care	April 03
Mid-County Regional Board	April 04
Spirituality And Faith Based Advisory Group	April 09
Children's Coordinators	April 09
African American Family Wellness Advisory Group	April 17

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

Hispanic-LatinX 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

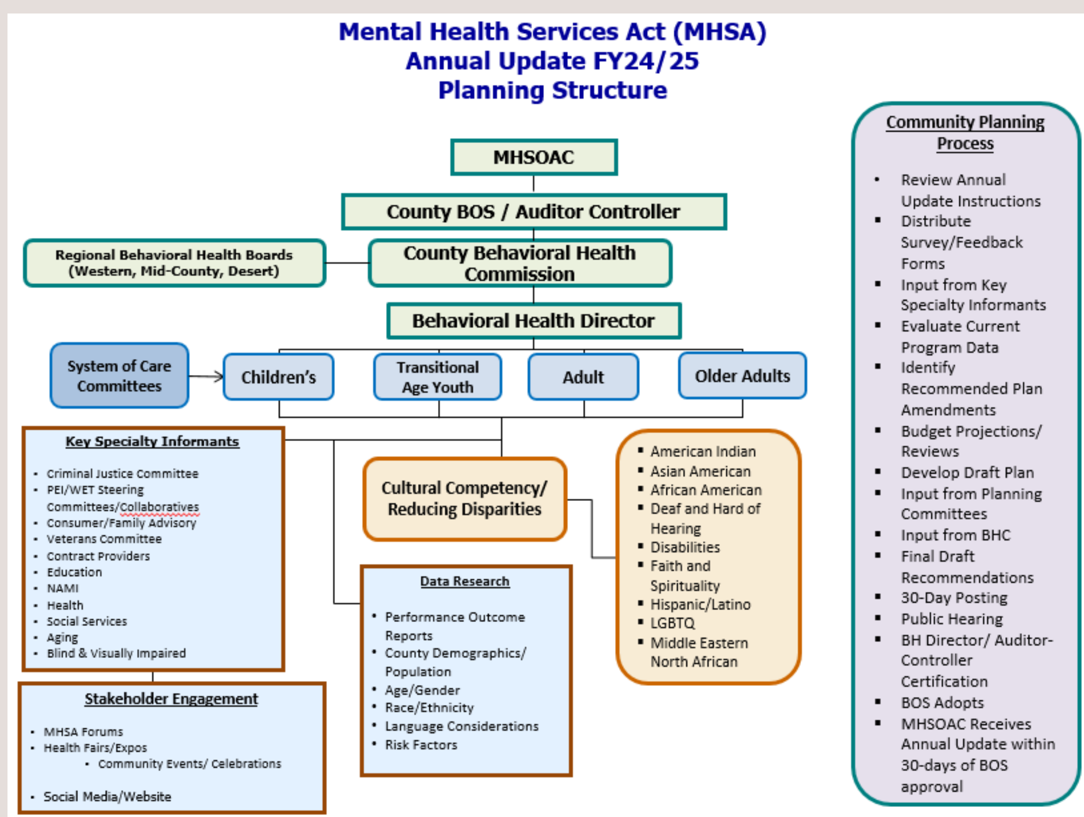
Older Adult System of Care

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 Planning Structure



30-Day Public Comment

The Draft MHSA Annual Update FY 24/25 was posted for a 30-day public review and comment period, from April 22 through May 22.

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 Annual Update FY 24/25 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 included 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 the RUHS-BH website from May 20 – May 31 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:

- Mid-County Region, May 23, 2024
- Western Region, May 28, 2024
- Desert Region, May 30, 2024

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.

Results of Virtual Public Hearing Process

A total of 67,209 people (in Spanish and in English) saw the MHSA Annual Update FY 24/25 Public Hearings promoted on their Facebook or Instagram news feeds countywide, and people engaged with the post over a 14-day period. The percentage increase in impressions from calendar years 2023 to 2024 was approximately 126.65%

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. A total of 111 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 Act and program access information was also available.

An ad hoc committee of the Behavioral Health Commission met on June 25, 2024 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 July 03, 2024

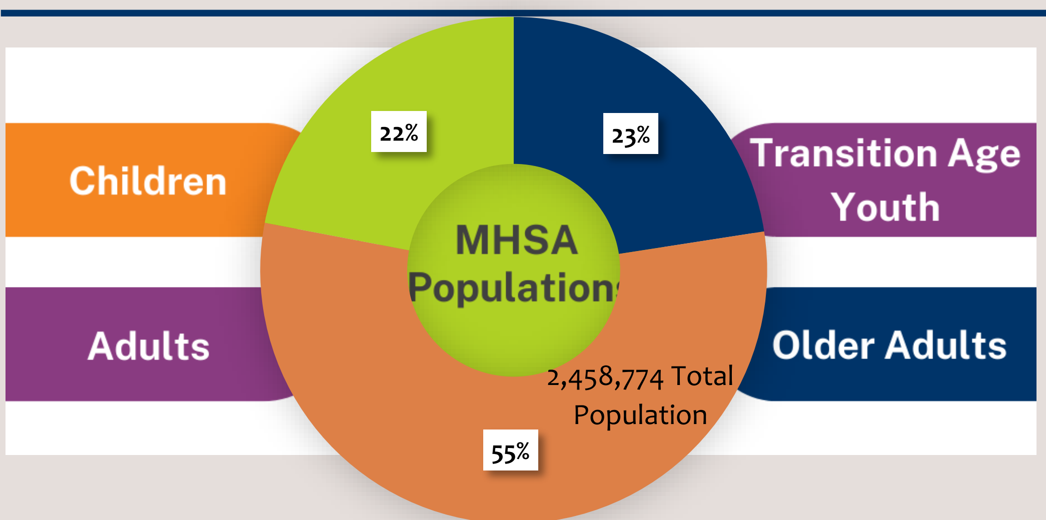
MHSA Capacity Assessment

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 2010-2023. 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

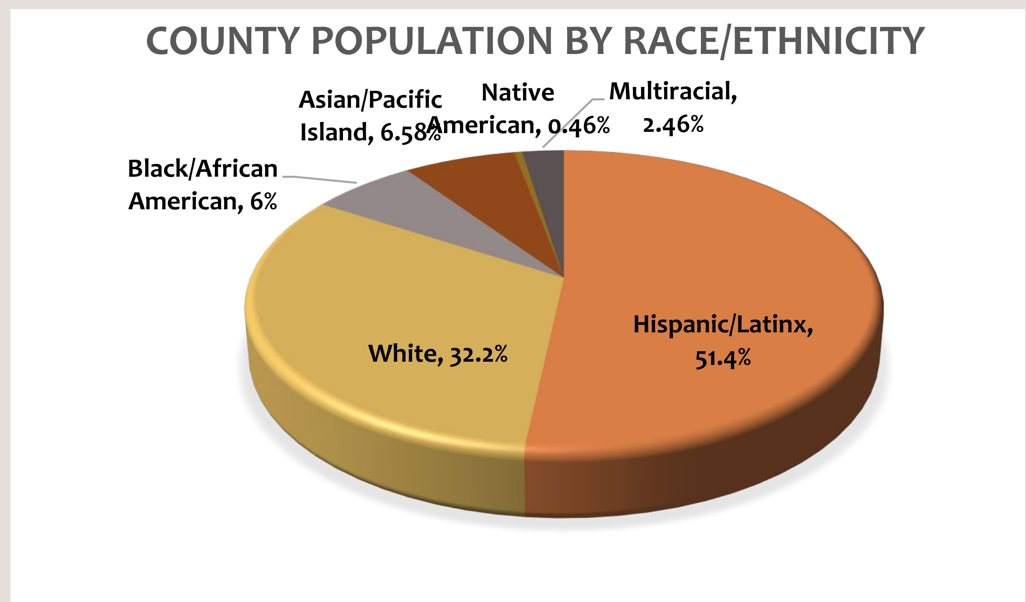
County Population by Age



■ Youth < 18 yrs- 586,874 ■ Adults 18-59 yrs- 1,343,974 ■ Older Adults 60+ yrs- 575,503

and the youth under age 18 has been decreasing over the last 5-10 years. Transition Age Youth (TAY) age 16-25 represent 14.6% of the population totaling 360,846 youth. Riverside County has two large Race/Ethnic groups representing 83.6% 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 6.5% 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 11.4% of the population (272,432) 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 14.8%. Additionally, 17% of the population (412,816) has income that is 200% above the poverty level, which qualifies many for social safety net benefits. The population at 200% and those living below the poverty line represent 28.4%

of the County population. The median household income for Riverside County reported in U.S. Census data was $74,755 in 2022, which means one-half the population is below $74,755 and one-half the population is at $74,755 or above. Census data on earnings for the last year for those working year-round full time (820,976 people) showed 24.9% (204,541) of those working full time earned $34,999 or less per year.

The department of Health Care Services (DHCS) data on Medi-Cal eligible for the most recent month showed the County has nearly 1 million Medi-Cal recipients (999,246). The Medi-Cal beneficiaries six-month average is 1,038,500 which is 42% of the overall County

population. Children and youth aged 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 2023 Point in Time Homeless Count for Riverside County indicated 3,725 homeless people both sheltered and unsheltered; 65% (2,441) were unsheltered and 35% (1,284) were sheltered. The 2023 count was an overall increase of 12% from the previous year. However, most of that increase was in the homeless unsheltered population. Homeless families with children with children increased 12% (143) from the previous year. Riverside and Indio were the two cities with the highest homeless count. The Desert region in District 4 had the highest total number of homeless persons. The top three primary factors reported as contributing to unsheltered homelessness were Family disruption, lack of income, and unemployment.

Identifying Underserved and Unserved Populations

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.

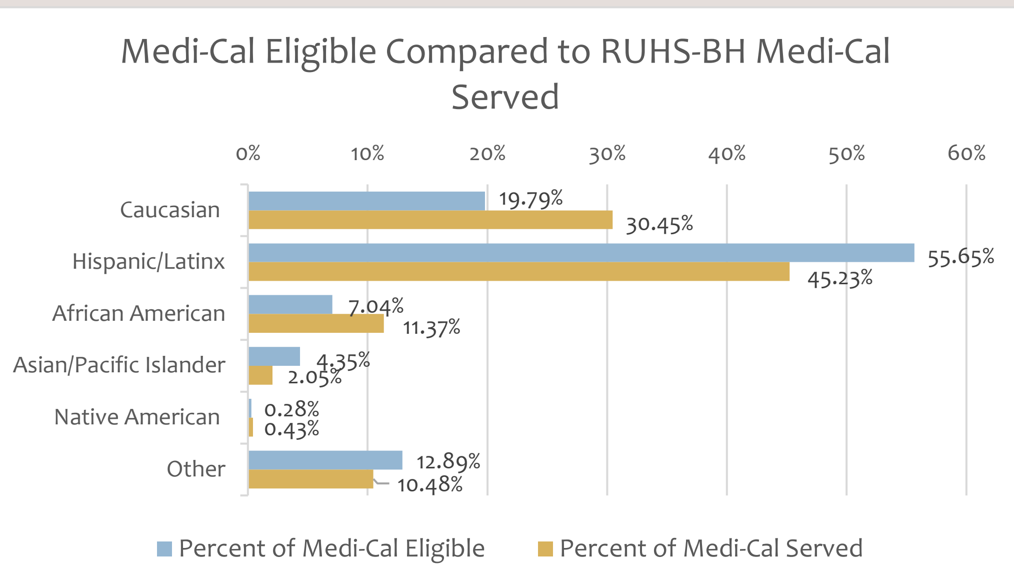
Disparities can be identified by utilizing Medi-Cal penetration rates. This is calculated as the proportion of Medi-Cal consumers served out of the total number of people with Medi-Cal eligibility. The California Department of Health Care Services uses Medi-Cal paid claims to provide penetration rates 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%

Introduction

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.

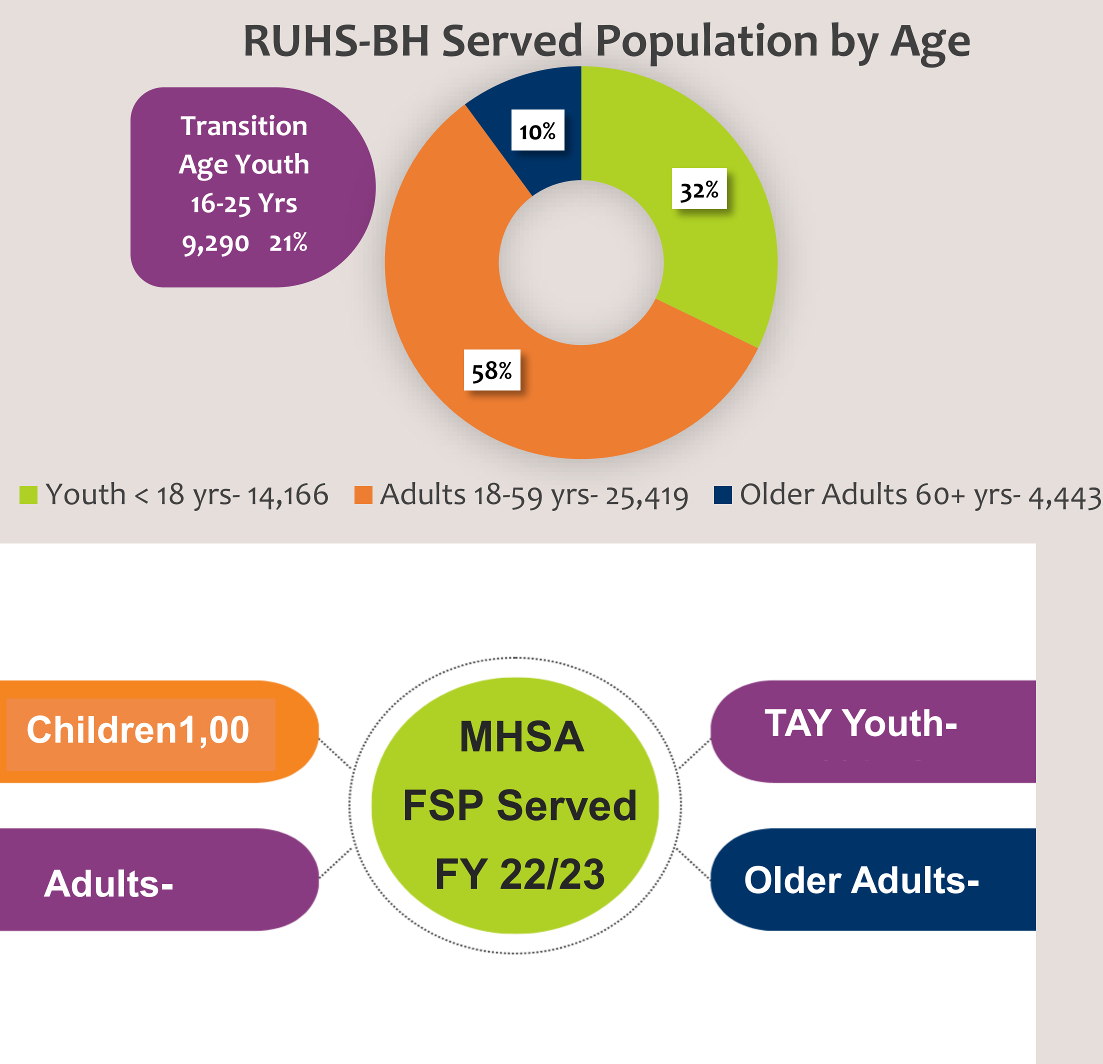
Comparisons between Medi-Cal population of beneficiaries to mental health clients served provides useful information on disparities. The following figure below shows Medi-Cal Eligible Compared to RUHS-BH Medi-Cal Served.



- 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 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. Retaining staff that have been trained in evidenced based practices continues to be a challenge. Stigma and transportation.

Section II

Community Services and Supports

MHSA Annual Update FY 24/25

Community Services and Supports

What is Community Services and Supports (CSS)?

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

CSS-01 Full Service Partnerships

What is Full Service Partnership (FSP)?

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

Children's

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 Supervisor of Mid- County MDFT program.

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. More adolescents are using sprayed Marijuana that result in being overwhelmed with toxicity affect that lead to no appetite, anxiety, depression, lack of ability to regulate emotions. In addition, there is an increase in 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/exposure, eating disorder and other symptoms that required medical clearance.

Goals for the next three years include the following:

1) Provide more opportunity for staff to train and get exposed to trauma model and what's new in term of street drugs, toxicity, and the effect on regulating emotions. There's an increased in adolescents and family members having trauma experiences, Sprayed Marijuana that led to aggression and Cybersex 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) Continue doing live supervisor or DVD review in a monthly basis.

CSS

4) Plan and develop a MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes. This was a previous goal that got postpone when the dept MDFT trainer retired.

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 service mode was individual, client supportive services, intensive care coordination services, and collateral services.

Mid-County MDFT Program

Mid-County region currently has 1 Clinical Therapist II, 1 Clinical Therapist III and she is on training to become the Trainor of MDFT program, two vacant Clinical Therapist positions, two Behavioral Health Specialist II who are part time due to 20/20 program, one Certified Nurse's Assistant performing the role of a Community Services Assistant, and a vacant Office Assistant II, and one Supervisor. The Behavioral Health Services Supervisor (BHSS) for MDFT Mid-County is also the Supervisor of Western Expansion MDFT program. 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; In addition, there are more adolescent are using sprayed Marijuana that result in being overwhelmed with toxicity affect that lead to no appetite, anxiety, depression, lack of ability to regulate emotions. All of the above resulted in adolescent opened to program with more severe emotional and behavioral disturbance. Another challenge is we have adolescents being raised by non-biological parents (aunts/uncles, other relatives); Parent has their own mental illness and substance use, adult caretaker working longer hours and unavailable for family or parent session; staff not able to see consumer at school

due 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 filling out vacant positions quickly and train them accordingly so the team can have sense of cohesiveness.

2) Continue having clinical therapists do live supervision and taping of session for review on regular basis.

3) Increase staff exposure to models that address what's new in term of street drugs, toxicity, anxiety and depression. Newer staff that were hired on are less experienced treating co-occurring diagnosis such as depression and anxiety.

4) Plan and develop a MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes. This was a previous goal but got postponed when Dept MDFT trainer retired.

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.

CSS

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 2 years 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) Increase LIVE supervision to at least once a quarter.

2) Increase supervisor presence on MDFT campus. Supervisor has already begun going to site a minimum of once weekly.

3) Plan and develop a MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes. This was a previous goal that got postpone when dept MDFT trainer retired.

Notable Data Points:

- For fiscal year 2022/2023, there were 21 youth enrolled in program with 71% consumers being Latino/Hispanic, 10% where Caucasian population and 0% African American/Black.
- The largest proportions of MDFT consumers were between ages of 15 to 16 with 76% male and 24% female.
- Follow up data showed a decreased in hospitalization (100%), crisis intervention (37.5%), and arrests (100%).

- Expulsion decreased by 91% and suspension decreased 71%.
- 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
2. Housing
3. Safety
4. Social Recreational
5. Medical/Health
6. Financial
7. Spiritual
8. Legal
9. Emotional/Psychological
10. School/Work

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

Overall/ County wide accomplishments for 2022/2023, please see individual program reports.

Desert Wraparound

2023 Accomplishments

Seven successful Wraparound graduations – many other cases made progress while with us.

Increase in more field-based services as a result of reduced Covid fears – this resulted in an increase in IHBS billed services

Increase in focus, teaching and implementation of the Wraparound Principles with families.

Improved working relationships with Probation Dept. Newly assigned Probation supervisor attends most Wraparound staff meetings, along with our assigned POs. She is included in case consultations as needed. Probation has been very open to learning more about Wraparound Program and Principles, as well as the Recovery Model overall. It's been wonderful!

Increase in community engagement, resulting in exposing youth and families to new experiences, healthier activities, services and local resources. Just a few to mention - 1) The team established relationship with manager at Indio Municipal Golf Course, resulting in free golf driving range for our kids. Three youth have discovered golf for the first time and love it! 2) After meeting with manager, Living Desert Zoo and Botanical Gardens now

provides us with a free "chaperone" ticket, on a 1:1 youth-staff ratio! Peers and BHSs took four youths there for their very first time and they all loved it. 3) Met with staff at Birth Choice of the Desert and learned about their services. They ended up being a very strong support to our expecting teen, before and after birth, and long after her successful WA graduation

Jennifer Hunter started providing regular individual coaching sessions with our facilitators this past year. This has resulted in the facilitators feeling well supported, increased their self-confidence and increased their learning and adherence to high-fidelity Wraparound model.

TAY Peer Support Specialist was hired this past year (first after many years of not having one). He was very involved in gangs and drugs in his youth and into adulthood. Our kids that are involved in gangs, bond and connect with him extremely well. He has really helped them see that a new life path is possible for them. He bridged a significant gap we had experienced for a long time. Our youth show great trust and respect for him.

2024 Goals

Continue to strive towards establishing new local vendors

Increase number of referrals by educating both POs and other BH programs about our services

Continue to strive towards decreasing financial stress on staff in terms of accessing our funding and being able to deliver those services to families. Hoping for availability of Gift Cards to reduce staff needing to put consumer goods on their own credit cards.

First time - TAY PSS position now open to Blythe. Will be interviewing soon!!!

Increase Senior Peer involvement in Wraparound, including 1:1 and group coaching with PPs and TAY PSSs. Senior Peers will be presenting Recovery Language presentation at the March All-Staff meeting, which will include POs and PHN.

At monthly all-staff meeting, each of the four clinics will rotate presenting activities/icebreakers to everyone that they can take back to their Wraparound families to

make sessions more fun, interesting and engaging. More sharing of ideas with each other will increase team-bonding.

Increase community engagement by attending more community events and collaboratives.

Acquire more county cars to be able to deliver needed IHBS service

Strive towards getting staff approved for Wraparound conference, June 12-14 in Garden Grove.

Continue with Wraparound facilitator coaching by Jennifer Hunter

Improve coworker relationships through team-building activities, once per quarter.

Interagency Services for Families (ISF) Wraparound:

The ISF team serves Western Region youth and families. The ISF teams are comprised of a Behavioral Health Services Supervisor, two Office Assistants, 3 Clinical Therapists, 3 Behavioral Health Specialists II, a Behavioral Health Specialist III, 4 Peer Support Specialists (Parent Partners and TAY Peer), a Community Services Assistant, a Public Health Nurse and one probation officer. The team is supported by a Supervising Probation Officer as well.

Progress on 3-Year Plan Goal Progress:

- Expand service volume to Medi-CAL recipients who are not on formal probation.
  - Referral sources expanded to school districts, direct referrals from IEHP, Behavioral Health Mobile Crisis Unit, and non-minor dependents referred from the Riverside County Department of Probation
  - Additional support provided to families by starting up a parent support group for ISF Wraparound families which includes parenting classes taught by ISF Wraparound Parent Partners.

- Filing staff vacancies to support complete teams in fidelity with the model and support increased service provision.

- Following Wraparound Coaching Training, strategies were put in place to regularly review Wraparound standards with direct staff. Individual coaching with RUHS Wraparound Coach provided to facilitators. Staff also attended in-services provided by the RUHS Wraparound Coach.

- Continued participation in the Wraparound Training Collaborative to expand regularly scheduled Wraparound basic and advanced trainings.
    - All Wraparound direct and support staff received basic Wraparound Trainings and refresher trainings. Wraparound direct staff attended multiple advanced Wraparound Trainings throughout the year through the University of California Davis Continuing and Professional Education Program.

Mid-County Wraparound:

The Mid-County Wraparound Team has continued to expand services, including outpatient clinic, IEHP, and non-ward Probation referrals. The Mid-County team is comprised of one Behavioral Services Supervisor, two Office Assistants, 4 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 an increase in utilization of our safety line, primarily from non-SB families. Services continued to increase to non-SB children, providing early intervention to these families. Referrals for non-SB children continue to surpass 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 continued for both identified client and family members. Mid-County resumed its bi-annual Unity Gathering in November and had an excellent turn out.

CSS

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. Relationship with IEHP case managers has improved and referrals have increased from this source.
- All staff attain proficiency in high fidelity Wraparound.
  - Wraparound topics are discussed weekly in staff meetings and case reviews. We have developed a Wraparound specific case review sheet to ensure principals are addressed when consulting. We are currently taking the whole program through the Wraparound process to develop a program mission statement and goals.
- Increase direct contact with local Probation offices to improve collaboration and services.
  - Continued staff turnover at Probation has made it difficult to ensure they are well informed about Wraparound, but we are working with the local supervisors to help identify appropriate youth earlier. Referrals have begun to increase.
- Collaborate with school districts for direct referrals, as available.
  - On hold due to high level of referrals from BH clinics and other community partners.
- Build community partnerships via contact with Churches and community centers.
  - This year we strengthened our relationship with a community center in Lake Elsinore, holding our Unity Gathering at their location.

Youth Hospital Intervention Program (YHIP)

Western YHIP Region

Western YHIP team work collaboratively to provide intensive full-service partnership (FSP) outpatient mental health services for youth at risk for psychiatric hospitalization

and/or post discharge for suicide attempts and self-injurious behaviors. YHIP main goal is to decrease recidivism for both inpatient admission and crisis psychiatric emergency department by increasing stabilization and enhance safety. Areas of catchment for Western YHIP are Moreno Valley, Riverside, Corona, Jurupa Valley, Eastvale and Norco.

Western YHIP is currently staffed with a Behavioral Health Service Supervisor, three Clinical Therapists, two Parent Partners, one TAY Peer and one Office Assistant. We have an additional Clinician and a BHS II who are on the onboarding process. All clinicians are trained to use the Child Adolescents needs and strengths tool (CANS). All staff members are trained in the area of cultural competency.

Western YHIP works in collaboration with the consumer in the development of treatment plan and goals. The program encourages the participation of support persons (family or others) to increase support system and to help consumer achieve and maintain their mental and behavioral goals. Western YHIP provides offers a variety of options for treatment including individual psychotherapy and family therapy, parent support and psychoeducation, transportation, linkage to medication management, case management and crisis support after office hours.

Western YHIP currently has one clinician who has been trained in Eating Disorder, TFCBT and EMDR to provide Evidence Based treatment. Two clinicians are enrolled in upcoming TFCBT training for the month of July 2024. All clinicians are 5150 certified to help clients who are a danger to themselves or others.

Goals for the next three years include the following:

1) Strengthen community connections by inviting representatives of community organizations to give presentations in order to promote learning and increase resources.

CSS

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

3) Increase collaboration between school districts and YHIP to reinforce support for youth encountering academic difficulties, social struggles and addressing barriers to school attendance due to mental health challenges

4) Implement youth group support involving TAY Peer and BHS II for skills buildings to reinforce

healthy mental gains.

5) Continue to increase collaborative work and care coordination with contract providers in order to ensure mental health services linkage and support in a timely manner.

Notable Data Points:

- Served during this reporting time was a total of 125 partnership enrollments

- A predominant number of those served were female at 70% and 30 % were male.

- Service provided to Hispanic (63%), Caucasian (11%), African American/Black (7%) and 17% were identified as others

- 68% of the partners has a diagnosis of Major Depressive Disorder

- Hospitalization showed a reduction of 47% and crisis decreased at a rate of 52.8%

- School suspensions decreased by 96.6% and no expulsions rates at a 100% change rate.

- 37% of youth's school attendance improved and 23% improvement in academic performance

- 30% of the youth served met their goals; 16% of the partners moved out of the county, 28% of the partners left the program, 13% of the partners could not be located, 7% needed residential care and 6% of the youth's target criteria not met.

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 can 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

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. Update: During the 22/23-year, Mid-

County YHIP has engaged in outreach strategies to build up these relationships. This has includes supporting more client cases with dependents of the court and work with schools on educating them on YHIP services and how families can access YHIP services.

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 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. Update: During the 22/23-year, Mid-County YHIP's clients with substance use challenges has increased minimally; however, collaboration with SAPT programs has strengthened, decreasing the amount of time clients spend waiting to be connected to SAPT programs and resources.

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 as re-hospitalization. Trainings will focus on effective coordination of care and family system work to support change. Update: Utilization of Child Family Team meeting as a supportive intervention has increased over this 22/23 year. Additionally, there has been an increased focus on family collateral services.

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. Update: Mid-County

YHIP is maturing in its engagement with community partners to support a whole system of support to clients and resisting "silos" of services.

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 the 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 2 out of 3-year period:

- 1 CT staff and 3 CT staff vacancies
- 1 Parent Partner
- 0 TAY Peers and 2 staff vacancies
- 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

CSS

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. Update: A large number of services are still predominantly happening in the Temecula/ Murrieta areas based on referrals; however, there was an increased in services to clients and families who live in the Lake Elsinore area and Menifee areas.

- 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. Update: Within the 22/23-year, Mid-County YHIP were delegated the responsibility of monitoring the daily hospital census and either connecting those clients to FSP support in their area of residence or initiating level of care discussions with contracted providers. These would either result in no change to the service provider or an escalation to FSP services by the Mid-County YHIP team to support a higher level of service need for the client.

- 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. Update: Youth Connect has been effective in connecting client's appropriate to YHIP services and making sure that clients that don't need a YHIP level of support are connecting to other service providers-freeing Mid-County YHIP to serve those in greater need.

Notable Data Points:

- Served during this reporting time was a total of 101 partnership enrollments
- A predominant number of those served were female (76%)
- Hispanic/Latino partners out of that group made up 37% and 31% were Caucasian

- 36% of the partners has a diagnosis of a Major Depressive Disorder – which is a decrease from last report's 47%
- 24% of partners' grades improved and 44% remained above average
- 19% of partners' school attendance improved and 66% remained the same
- Only 5% of those served had SUD problems at intake. 20% of those served treated their SUD problem.
- 60% of those who did not have a Primary Care Physician obtained a PCP while in the program
- 51% of the partners served met their goals entirely
- 47.17% of the partners who entered 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. Update: Goal was not met due to low staff, but goal will continue to be a focus.

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. Update: Goal has been met, where the CANS is implemented and reviewed during CFTM's. Treatment team has been working on completing CFTM's at the beginning of treatment to assist with meeting the requirements of the FSP program.

3) More integration of substance abuse services and groups for youth that struggle with co-occurring disorders. Update: The program was able to hire a BHS III that has been

working on getting consumers linked to services and is providing support and psychoeducational treatment to youth and parents/guardians.

4) Decrease no show rate by offering services in the home, community, and or school. Update: Goal has been met; team has done a good job of offering services where the consumer is at to avoid any barriers to treatment.

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. Update: Goal continues to be ongoing, but there has been success in making sure there is linkage between program and community resources to ensure support and success to the youth served.

6) Provide TF-CBT, EMDR, and/or DBT training for all staff. Update: Goal continues to be a priority; current clinician will be trained in TF-CBT and all staff are currently trained in DBT.

Notable Data Points for FY22/23:

- Served during this reporting time was a total of 50 youth enrollments
- A predominant number of those served were female (73%)
- 66% were Hispanic/Latino, 15% were Caucasian and 4% were Black/African American, and 16% were identified as other
- 44% of consumers were 11-14 years old, 44% were 15-16 years old, and 8% were 17-18 years old
- Hospitalizations & crisis support services went up slightly from intake to follow up
- Expulsions rates were affected positively at a 100% change rate
- Suspension decreased by 94%
- 75% of youth's school attendance improved or stayed the same and 63% grades improved or stayed above average
- 65.5% of the youth served met their goals entirely

CSS

Outpatient System of Care Children’s FSP Tracks

Western Region Children’s Clinics FSP Tracks

The Western Region Children’s Clinic FSP tracks are located at Moreno Valley Children’s Interagency Program (MVCHIP), Children’s Treatment Services (CTS), and Riverside Family Wellness Center. These tracks are designed for youth that need intensive, specialty mental health services including but not limited to Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Therapeutic Behavioral Services (TBS), 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.

Annual Update:

A total of 227 youth enrolled in the Western Region Children’s FSP tracks for FY22/23. Children’s Treatment Services (CTS) Clinic FSP track enrolled and served 34 children. Most children served were 15 years old to 17 years old (65%). CTS had a 76% reduction in Hospitalizations and a 74% reduction in Crisis emergency room use. Expulsions and suspensions also improved. The Moreno Valley Children’s Interagency Program (MVCHIP) FSP track enrolled and served 157 children. The majority (55%) were age 14 years old or younger. Hospitalizations and crisis emergency room use decreased. MVCHIP children had a 35% improvement in school grades and a 28% in school attendance. Out of 98 children closing from the program 51% met goals and successfully closed from the FSP. Riverside Family Wellness FSP track enrolled and served 36 children. More than 58% of the children served were aged 15 or older. Hospitalizations and crisis emergency room use decreased by more than 40%. Suspensions and expulsions decreased, and school grads and attendance improved.

Plans are in development for the 24/7 after hours support line for the FSP members. 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). In the meantime, Western Region Children's Programs have developed a workaround to ensure FSP consumers with the highest needs at CTS, MVCHIP, and Family Wellness have access to 24/7 support line. CTS FSP consumers have access to ISF Wraparound support line, MVCHIP has access to YHIP West Region 24/7 support line, and Riverside Family Wellness Center's FSP consumer have access to MDFT Western Region 24/7 support line.

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). The Western Region Children's goal for the year is to increase Intensive Case Management (ICC) services and Intensive Home Base Services (IHBS). To do so, FSP programs aims to hire additional BHSII, TAY Peers, and Parent Partners.

Progress Data for FY22/23 (Countywide): Countywide, the Children's FSP expansion led to a total of 1005 youth being served in Children's FSP tracks. Overall, arrests and physical health emergency department visits went down significantly, while hospitalizations and mental health crisis services increased slightly. Grades and Attendance improved or stayed above average from intake to follow up. A small percentage of youth did not have a PCP prior to enrollment but more than half of the participants were linked to PCP while in partnership.

Mid-County Region Children's Program FSP Tracks

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 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 23-24 Overall Average Referral Wait Time- 21.1 days

- VCSS Perris- 36.4 days
- VCSS Hemet- 5.7 days

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

FYTD 23-24 Overall Combined Treatment Goal Achievement- 80%

- VCSS Perris- 88%
- VCSS Hemet- 72%

3) Increase Percentage of Clients receiving ICC, IHBS and CFTM's from baseline of:

- Percentage of Clients receiving ICC:
- Hemet ICC 79%
- Perris ICC 29%

Percentage of Clients Receiving IHBS:

- Hemet IHBS 48%
- Perris IHBS 19%

Percentage of ICC Clients Receiving CFTM's

- Hemet 10%
- Perris 34%

4) Other Notable Data

- FYTD 23-24 Overall Total Served
  - 290 Clients
- Overall Demographics
  - 60% Female
  - 40% Male
  - 11% African American/Black
  - 17% Caucasian
  - 53% Hispanic/Latinx
- Overall Average Length of Stay
  - 9 months

Central Children's Region: Journey TAY FSP

The Journey TAY Program outreaches to youth transitioning from adolescent services to adulthood ages 16 – 25. The program is 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, (2) Mental Health Peer Specialists, (3) Clinical Therapists and (.5) Psychiatrist. Journey TAY FSP experienced significant staffing challenges over the course of fiscal years 22-23 and 23-24. The Office Assistant III position was vacated on 8/25/22, it remained vacant for five months. The Office Assistant II position was vacated 10/23/23 and remains vacant. The

CSS

Community Service Assistant position remained vacant for years, it was filled on 12/28/23. One of the Behavioral Health Specialist positions was vacated on 4/6/23, it remained vacant for five months. The LVN position was vacated on 6/23/23, it remained vacant for almost seven months. The Peer position was vacated 5/17/22, it remained vacant for almost six months. Clinical Therapist positions were vacated on 4/20/23, 8/10/23 and 8/24/23 respectively. Two of the three Clinical Therapist positions remained vacant for five months, the third position remains vacant. The program did not have a psychiatrist from 9/12/23 to 11/28/23. During that time, psychiatry coverage was arranged through a combination of occasional nurse practitioner coverage and referral to the Resident Education and Continuity Clinic (RECC).

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 was not added to Journey TAY. As a result, the program 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 was discontinued.

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

Journey TAY continued to make referrals to the Family Advocate program until able to hire a Family Advocate for the program.

Next 3-Year Goal/s

- 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 served.

A Family Advocate was hired on 11/2/2023. The Family Advocate has been incorporated into meetings with family members and consumers, the monthly TAY and Family Focused Housing Collaborative, and the monthly Western Region TAY Collaborative. The Family Advocate attends and translates for families at doctor appointments, assists

consumers and families with accessing records through My Healthpointe, and in collaboration with the treatment team, responds to crisis issues. The Family Advocate meets with family members and consumers to assist with engaging into mental health services, supports family members in attending family mental health presentations and family advocate mental health support groups.

FYTD 23-24 Perris TAY

Mid- County Region- Victor Community Support Services TAY FSP

The Victor Community Support Services (VCSS) TAY FSP is located in Perris and provides primarily community/home-based services throughout the region, including intensive case management and 24/7 phone support. Groups, some individual services and medication support is provided at the program site. Youth served are ages 16-25 with long standing histories of mental health issues, risk of ongoing acute hospitalization, homelessness or incarceration. Multi- disciplinary teams provide supports and services, which may include, but not be limited to mental health services such as individual therapy, medication support, behavioral support, group therapy, skill building, vocational support, housing assistance, Peer support services and family support. Substance abuse referral and linkage, as well as recovery supports are also provided.

Progress on goals:

1) Increase census average to contract maximum of 90 This goal discontinued – unable to meet because of decreased staff due to currently maximizing contract funding.
2) Treatment goals met: increase from 66% to 70%
    - Treatment goal met for the current fiscal year to date: 89%

   New Goal – Sustain Tx Goals met at or above 70%.
3) Increase Percentage of Clients receiving ICC, IHBS and CFTM's from baseline of:
    - Percentage of Clients receiving ICC: 11%

CSS

- Percentage of Clients Receiving IHBS: 6%
- Percentage of ICC Clients Receiving CFTM's :83%

Notable Data

- VCSS TAY FSP served 87 clients in the current fiscal year to date.
- 57% were female; 43% were male; 11% were African American/Black, 16% were Caucasian, 48% were Hispanic/Latinx.
- 41% of consumers were 16-19 years old.
- VCSS TAY FSP served 9 clients diagnosed with an eating disorder in the current fiscal year to date. This is a new service line for VCSS TAY.

Adults

Adult Full Service Partnership (FSP)

FSP Outreach and Facilitated Care Linkage

We conduct 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.

Psychiatric Liaisons from outpatient full-service partnership programs play a vital role in bridging the gap between psychiatric facilities and directly operated county outpatient mental health services, facilitating seamless transitions and continuity of care for individuals in need of psychiatric support. Intended outcomes include reducing

homelessness, incarceration, psychiatric hospitalization, and increasing independent living and overall quality of life.

Western Region: Jefferson Wellness Center FSP

For FY 22-23, 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 their success in accomplishing goals that are important to the member such as 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.

CSS

The program has integrated and assigned a full time BHS II staff Liaison 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

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 for the FY 22-23. This data is from The Full-Service Partnership Adult Outcomes Report for fiscal year 2022 - 2023.

Jefferson Wellness Center FSP:

- The program served and enrolled in FSP 396 clients in FY 22/223 at the Jefferson Wellness program.
- 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 Individual Therapy Services.
- Arrests were down 91% for Jefferson Wellness Center clients.
- Acute hospitalizations were down 53% for Jefferson Wellness Center clients, and crisis emergency room use decreased by 47%.
- The percent of clients living on their own increased from 16% to 22% percent.
- Homelessness decreased from 17% to 15%.

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.
- Decrease acute hospitalizations for Jefferson Wellness Center clients, and crisis emergency room utilization.
- Continuous focus on lowering criminal justice involvement, reductions in homelessness, fewer hospitalizations and emergency department visits.
- 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.

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 are 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. 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 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 setbacks, 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.

Goals for Windy Springs Wellness Center:

1. Decrease in psychiatric hospitalizations.
2. Increase in housing stability and maintenance as evidenced by fewer consumers returning to unhoused status
3. Decrease in number of conservatees returning to IMD level of care.
4. Decrease in incarceration as evidenced by data gathered.
5. Increase in accessing SUD services.

CSS

The data from these programs continues to show improvement in several key life indicators including: decrease in hospitalizations, decrease in interactions with law enforcement, improvement in housing stability including maintaining housing in least restrictive environments, decrease in behavioral health crisis, improved follow through with medical care, and decrease in the use of non-prescribed medication or recreational drug use.

The Desert Region Windy Springs FSP served 258 consumers in FY 22/23,

- 66% had a schizophrenia psychosis diagnosis.
- Race/Ethnicity data showed 39% served were White and 36% were Hispanic/Latinx, and 12% were Black/African American with 2% Asian/PI.
- 71% were male and 29% were female, and 48% were age 40 or older.
- The majority of consumers 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 Individual Therapy Services.
- Arrests were down 98% for Windy Springs consumers.
- Acute hospitalizations were down 42% for Windy Springs consumers, and crisis emergency room use decreased by 44%.
- Homelessness decreased from 14% to 5%.
- Residential placement in a supportive care setting increased from 28% to 53%.

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. A central goal of this program is early engagement into intensive case management services to enhance symptom reduction and assist consumers with meeting longer term goals. This program provides intensive case management and outpatient care. The Oasis Case Management Team is

serving 93 FSP consumers, an increase of nearly 50% from the previous year. We have increased the Oasis Case Management services to include in-reach services to hospitalized consumers. Goals of this program are to improve the follow up care into outpatient FSP or clinic outpatient care. Outpatient care is provided onsite to 50 board and care consumers and includes intensive case management and group and individual therapy services. Evidenced Based Practices utilized include Dialectical Behavioral Therapy.

Goals for Oasis Case Management Program:

1. Decrease in psychiatric hospitalizations.
2. Maintain housing in least restrictive setting, including entering community housing vs. board and care.
3. Improve linkage and follow-up with both FSP and non-FSP outpatient services as evidenced by consumer entering outpatient RU and transitioning out of Oasis Case Management program when appropriate.

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.

CSS

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:

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 22-23, the Blaine FSP served and FSP enrolled 105 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.

- Reduce serious mental health symptoms, homelessness, incarceration, and psychiatric hospitalization.
- Continuous focus on lowering criminal justice involvement, reductions in homelessness, fewer hospitalizations and emergency department visits.
- Increase field base treatment modality individual and group treatment.

Desert Outpatient Adult FSP Tracks:

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 programs current FSP Consumers census are as follows: Indio Outpatient Clinic: 40, Banning Outpatient Clinic: 45, Blythe Outpatient Clinic: 10. These clinics 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 Banning Outpatient Clinic has seen success in creating a distinct FSP team inside of the Outpatient clinic. The team consists of a Clinical Therapist, Behavioral Health Specialist, and a Peer Support Specialist. This has resulted in an increase in field-based services, improved engagement into treatment services to include psychiatry and therapy (group and individual), and increased facilitation of entry into permanent housing. Another contributing factor in the increase of the FSP census in Desert Adult Outpatient programs is the entry of all consumers who enter ITF while the consumer is still on the unit. Outpatient staff works collaboratively with liaisons on ITF to open consumers into services and complete the PAF for enrollment into FSP services. Upon discharge from the psychiatry facility, the FSP team works to engage the consumer into services.

Evidenced Based Practices utilized in Desert Adult Outpatient clinics include Dialectical Behavior Therapy and Seeking Safety. Goals of delivering these EBPs in conjunction with providing these more intensive FSP level services are to decrease psychiatric hospitalization and incarceration, increase supports to assist consumers with obtaining

and maintain housing and assisting consumers with developing life skills to create sustainable self-sufficiency.

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, including decreasing barriers to accessing care due to staff engaging in field visits and linkage with community resources such as housing. The staff who have been able to provide this level of care have verbalized their enjoyment in working more intensively with this consumer population and also acknowledge the challenges when consumers experience relapses in their recovery. The newly defined FSP team has experienced some challenges as the FSP caseload quickly increased due to ITF entries and overall improved community engagement.

Desert Adult Outpatient Goals:

1. Increase in the number of unique FSP consumers served in outpatient clinics.
2. Increase in the number of field-based services provided.
3. Increase engagement into psychiatry and other therapeutic services as evidenced by an increase in number of services provided.

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 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-135 enrolled and served.

- Lake Elsinore Behavioral Health Adult Clinic / FSP Track-71 enrolled and served.
- Perris Family Room / FSP Track -47 enrolled and served.
- Temecula Behavioral Health Adult Clinic/ FSP Track-62 enrolled and served.
- Mid-County Behavioral Health Adult clinics served 4,588 consumers in their non-FSP tracks, and 315 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 to establish 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
- The Art of Crocheting
- Art E-Group O
- Art of Storytelling
- The Body Keeps the Score
- Chair Yoga
- Chronic Pain/Wellness
- Cognitive Behavioral Therapy/Anxiety
- Creative Coping Movement
- Creative Journaling/Diario Creativo
- Creative Recovery
- Dialectical Behavior Therapy – English and Spanish
- Family Support/Apoyo Familiar
- Holistic Self-care
- Kickback Art
- Life Skills (FSP Only)
- Mindfulness/Conciencia Plena
- Pathways to Success (Provided by Pathways)
- Peer Support Group
- Prompts & Journaling Group *
- Rap
- Recovery Management (FSP Only)

- Rhythmic Expressions
- Substance Abuse

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
- Art and Creativity – English and Spanish
- Mastering Anxiety
- Wise Mind (DBT)
- Peer Support - English and Spanish
- Recovery Management
- Family Support – English and Spanish
- Whole Health
- Ecotherapy

Temecula Behavioral Health Adult Clinic / FSP Track Groups

- Dialectical Behavior Therapy
- Kick Back Art
- "We All Have Parts" (psychoeducational group to accompany EMDR/individual trauma therapy)
- Clinic Cinema (Peer-led discussion group viewing a mental health theme movie each week)
- Vinyls and Validation (Peer-led discussion group based on music as a recovery tool)

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	1,352
HEMET FSP	3377FA	199
LAKE ELSINORE	33MUNA	581
LAKE ELSINORE FSP	33MUFA	52
PERRIS	3383NA	885
PERRIS FSP	3383FA	106
TEMECULA	33MTNA	508
TEMECULA FSP	33MTFA	58

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

Follow up on goals: Hemet and Perris Mid-County Adult FSP met their goal to increase numbers by 20%. Hemet had an increase of 42% and Perris had an increase of 85%.

Lake Elsinore and Temecula were not able to meet their goal. Lake Elsinore had a decrease of 12% due to staffing challenges. They operated with 1 Clinical Therapist and were unable to provide more services to the much-needed community. Temecula had a decrease of 3% due to staffing challenges as well. Clinic operates with 2 case managers, and they don’t have a Community Services Assistant to be able to provide transportation to clients in need. Current staff are unable to serve more clients as caseloads increase.

CSS

- Second goal, to Increase community outreach and engagement through participating in community events and collaborating with community groups, Mid-County Adult Clinics was successful with this goal. Below is a list of events that Lake Elsinore and Hemet were able to participate in to increase community outreach and engagement.

Lake Elsinore

June 16, 2023, Health & Safety Fair for employees at Scotts Miracle Grow in Temecula. (Man Therapy, Help@ Hand and Temecula SAPT and Lake Elsinore participated.

Hemet

- Hemet Police Night Out –August 2022
- NAMI (No table just assisted) –November 2022
- WIC Health Event –December 2022
- Longest Night- December 21, 2022- First one in Mid-County
- Tahquitz High: January 2023
- United Methodist Church –Homeless Event- April 2023
- May is Mental Health Month Mid-County – May 11, 2023
- Summer Solstice- June 21, 2023
- Parent Resource Center in San Jacinto- July 2023
- Hemet Police Night Out –August 2023
- Fentanyl Overdose Event- September 16, 2023
- Recovery Happens: Fairmont Park- October 2023
- NAMI: November 2023
- Longest Night- December 21, 2023

Older Adults

Older Adults Full Service Partnership (FSP)

Western Region Older Adult Full Service Partnership 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 served 141 consumers who have a history of difficulty engaging in or sustaining treatment in a traditional outpatient behavioral health setting. This program addresses the needs of older adult consumers who are homeless or at risk of homelessness and suffer from a severe and persistent mental illness. Another focus of service is addressing the complicated needs of community members who have a history of intermittent stays in acute and/or longer term care institutions. The Western SMART FSP team utilized a "whatever it takes approach" to meet the consumers where they are in their recovery, whether it is contemplation, acceptance, readiness, etc. The team collaborates with community resources to address social determinants such as social, emotional, 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, Community Health Centers (CHCs) and other medical resources such as In-Home Supportive Services (IHSS), Enhanced Care Management (ECM), and Inland Empire Health Plan (IEHP) teams, etc.

Services are provided by a multidisciplinary treatment team that includes 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. 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 staff provide a multitude of therapy groups and individual therapy (DBT, Seeking Safety, Grief & Loss, WRAP, COLOR for co-occurring consumers, Healthy Relationships, etc.) in addition to intense case management, substance abuse counseling, nursing support, psychiatry follow up, peer support and family advocacy. In addition, the nursing team facilitates a "Living Well with Chronic Conditions" group, utilizing coaching and psychoeducation on a variety of topics, which began during the past year.

The SMART FSP team partners with several community entities on a weekly basis, including Adult Protective Services (APS) embedded staff, IEHP/Molina/ECM teams for integrated care, the Representative Payee's office, Riverside County HHOPE Housing Program and the Housing Authority, in addition to the Office on Aging, Substance Abuse

CSS

Prevention and Treatment/Arlington Recovery Center-Riverside (SAPT/ARC) and Sobering Center, etc. 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. Clinic Supervisors implemented a quarterly meeting in Fall 2023 with the SAPT supervisors and staff to address barriers to treatment for the older adult consumers. These meetings have been instrumental in communicating needs for discharge planning as well as ongoing treatment.

The Western Region FSP program currently serves 141 FSP consumers as of March 5, 2024, with some discharging and re-enrolling. The census increased by about 50 members during the past year as the clinic opened Inpatient Treatment Facility/Hospital (ITF) admitted clients into FSP programs. Our clinical therapists collaborate closely with ITF staff social workers to engage consumers for at least 60 days. The clinic Family Advocate has also recently begun to expand engagement by meeting with consumers at the hospital prior to discharge to help facilitate a smoother transition to services post discharge. Our Senior Clinical Therapist, along with clinic supervisors, has successfully tracked the ITF referrals opened to FSP, which have approached 100 since implementation in January 2023.

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, these FSP participants exhibit an impressive willingness to begin addressing substance abuse issues, especially since the program has had two dedicated 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 continue to facilitate a "Living in Balance"/COLORs group for Co-Occurring Disorders, 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 decrease in living in emergency

shelters or homeless settings, and many can regain stable housing and permanent supportive housing. Once their basic needs are met, consumers can pursue higher level goals, such as employment or volunteer work. Our FSP Substance Abuse counselors continue to work 1:1 with the consumers to assist with linkage to the ARC/Sobering Center and residential treatment. Many consumers have participated in outpatient/residential treatment and maintained sobriety in the past year.

During the past year, a Family Advocate group, called "Food for the Heart" was implemented, which assists clients who are experiencing food insufficiencies. The Family Advocate links consumers to food banks and other resources to meet their needs so that they are empowered to maintain independence and self-sufficiency.

Plans for FY 2024-2025 are to continue the 3-Year Plan goal to continue to increase the number of FSP consumers regionally by at least 10% each year. The program is receiving between 15 and 20 new referrals each week from a variety of sources, such as APS, Office on Aging, self-referrals, ITF/hospital discharges, transfers from other programs, etc., and has seen an approximate 42% increase in consumer referrals.

We also hope to see some new innovative evidenced-based practices for Older Adults implemented in the future (e.g., Mindfulness-Based Stress Reduction, Tai-Chi, etc.) Staff continue to introduce consumers to technology through our Help@Hand Tech Innovations Dept., including participation in the A4i project, many of whom completed the program and received monetary incentives. With the assistance of staff, consumers have also been enrolled in the Whole Person Health Portal and have completed surveys to obtain monetary incentives for participating. Clinic supervisors are proposing/recommending a request for a clinic Nurse Practitioner (NP) to enhance and increase our integrated care services. The addition of a Nurse Practitioner would be invaluable to the clinic as the psychiatrists would be able to more efficiently step down their less acute clients to managed NPs to decrease caseloads. NPs would be able to assist with prescribing/furnishing medications and perform psychiatric diagnostic assessments and overall physical health assessments, TB tests, etc., which can expedite tasks/forms required for housing, disability, benefits, etc.

CSS

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 244 FSP consumers combined in FY 22/23 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 served 103 consumers who have a history of difficulty engaging in or sustaining treatment in a traditional outpatient behavioral health setting. The Desert FSP program addresses the integrated needs of older adult consumers who are homeless or at risk of homelessness in Riverside County Desert areas who suffer from a severe and persistent mental illness. Another focus of our FSP integrated services 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 FSP 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 and partner 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. The Desert FSP team works 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 FSP staff are trained to be culturally aware of the unique needs of the older adult population and possess an understanding of this

population’s perception of medical and behavioral health care. Fostering autonomy of decision-making is essential in establishing and maintaining consumer trust in the therapeutic relationship.

The Desert FSP program served 103 FSP consumers with some discharging and re-enrolling. The total enrollment last year was 103. It is evident that consumers make consistent attendance in the program a priority in their recovery. The Desert FSP team continues to provide multiple in-person services. Consumers who participate in this FSP 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 can 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

CSS

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 9,437 (6,592 youth; and 2,845 parents and community members) in FY22/23. 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 (17%) 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 425 TDM meetings serving 420 youth in FY22/23.

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 545 youth in FY22/23. 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 Seneca.

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. This has been an area of focus in this past year and will continue to be in the coming year. This will include the development of specific reports that will be available to county operated as well as contracted providers to monitor the number of ICC, IHBS and CFTs provided to their consumers.

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. The 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 has been established to serve the three regions of the County. The program serves youth and young adult who are experiencing their first psychotic episodes. The Department had historically provided 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 includes Clinical Therapists, Transition Age Youth Peers, Parent Partners, Behavioral Health Specialists and a Psychiatrist. The teams

CSS

began receiving technical assistance from UC Davis. This has included training on the Coordinated Specialty Care Model in FY 22/23…10 youth were enrolled in the FEP program.

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 223 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

CSS

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 an 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 (FFT) have been offered to youth upon release over the past several years, however, after full evaluation of the use of both models, the decision was made, in conjunction with Probation, that FFT would be discontinued as it was very difficult to maintain fidelity to the model. Within the juvenile justice facilities, several groups were offered including Aggression Replacement Therapy and substance abuse treatment. In FY 21/22, Wraparound FSP served 190 youth. The State is developing the High Fidelity Wraparound requirements and when they are released the department will ensure that all of the Wraparound requirements are met. This will include, as a part of the Family First Prevention Services Act (FFPSA) that Wraparound is offered to all youth who are stepping down from the STRTP level of care.

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. Every Adult Clinic now has an FSP tract which has expanded access to more intensive services when needed. The consumer can easily transition from FSP to non-FSP within their home clinic. The Department has made a commitment to expanding crisis and intensive services, which

CSS

includes 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.

This addition of in-patient hospital linkage to FSP and the out-patient system are having a significant impact on volume and capacity in the clinics. The Department has continued to employ a full-time Liaison at the In-Patient Facility (ITF) to support consumers' post hospital discharge linkage to FSP programs and the Out-Patient Clinics.

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 providing 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), EMDR, 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. The first

cohort of staff trained in Eye Movement Desensitization Reprocessing (EMDR) therapy served 47 consumers with this evidenced based practice that is specifically designed for adults that have experienced trauma and or have post-traumatic stress disorder. 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.

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 implementation in TIS has continued with various practices throughout the department to reinforce this trauma informed approach. For example, many staff meetings begin with a TIS moment which may be trauma care from a consumer perspective or trauma care to supporting staff as they do their work.

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 daily. 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). 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 – 79 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 FACILITY HAS BEEN CLOSED
- Restorative Transformation Center, in Riverside, CA – operated by Telecare Corporation – 30 beds with 10 beds to be available to Public Guardian conservatees

In Fiscal Year 2022-2023, LTC opened an FSP track within LTC for LPS conservatees that have been hospitalized in an acute care setting or have been placed in a transitional residential care facility, including the Riverside County Telecare Mental Health Rehabilitation Center in Riverside. While the residential treatment facility provided wraparound services for each consumer, the LTC program continued to provide case management, placement coordination, and linkage services for **114** conservatees, with the goal of transferring the conservatees into less restrictive, lower levels of care, Additionally, the residents of one particular adult residential facility (board and care) are currently being referred for FSP services to another outpatient FSP to facilitate the consumers' access to wraparound services and enhance their overall functioning and capacity for self-sufficiency while living at this community-based facility. Six of these residents will be served by the Mature Adults FSP, while the remaining 35 will be served by the Corona Wellness and Recovery FSP. Like the previous year, the LTC program will continue to provide case management, placement coordination, and linkage services for its conservatees,

CSS

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. A system for measuring the outcome data is being developed by the Public Guardian Analyst, and a data study is expected by the next MHSA Annual Plan.
3. Generate FSP referrals for all conserved consumers residing in adult residential facilities in Riverside County, to ensure that each conservatee is receiving wraparound services through regional FSP programs. The ultimate goal is to optimize the adaptive functioning of each individual and facilitate his or her ability to gain self-sufficiency and live independently with assistance from community-based supports and services, without the need for being managed by a court-ordered conservator.

GSD: Resident Community Clinic

The Residency Program in psychiatry is fully accredited and has partnerships with the UCR School of Medicine and RUHS-BH. RUHS-BH provides a range of professional supports and opportunities for the residents to develop into 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.

Part of their training opportunities includes the Resident Community Clinic located next to the county psychiatric hospital. This is a teaching clinic that provides initial follow up

for some clients newly discharged from acute care, or provides specialized care not normally found in the standard outpatient system of care.

GSD: Disaster Relief

RUHS – Behavioral Health Mental Health Rehabilitation Center

In 2020, COVID-19 impacted the entire healthcare system, therefore RUHS-BH initiated Emergency Surge Plans. As a result, RUHS-BH opened a 38-bed Mental Health Rehabilitation Center (MHRC) to relieve pressure on the RUHS Inpatient Treatment Facility (ITF) and the connected Emergency Treatment (ETS) program for COVID-19 psychiatric patients who would require intensive medical care to allow for distancing within the facilities. Since the opening of the MHRC, the program has had a positive response, and over the first year, successfully graduated 40 clients to a lower level of care. Despite this movement, both ITF and the MHRC remained consistently at capacity, which allowed the department to recognize the need to expand the bed capacity to provide these much-needed services to the clients. As a result, DHCS approved an increase in bed capacity to 59-beds. MHRC expansion is going well, and the additional 21 consumer beds will start to be filled from appropriate ITF transfers on 3/28/22.

MHRCs provide a wide range of alternatives to acute psychiatric hospitalization on the principles of residential community-based treatment. The programming provides comprehensive mental health and psychiatric treatment services in a safe, welcoming inpatient environment for adults with serious mental illness and counseling to aid clients in developing the skills to move toward a less structured setting.

GSD: Clinic Expansion/Enhancements: Older Adult Integrated 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.

CSS

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 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/psychotherapeutic services as part of assessment and evaluation. Older Adult clinic programs and expansion staff combined served 472 older adult consumers through a two-track system: Wellness and Recovery Programs and Full-Service Partnership (FSP) Programs at each clinic location.

The clinic Wellness and Recovery Programs track is 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 spectrum of behavioral health services including psychiatric services, medication management, physical health screenings, case management, individual therapy, and 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 Adult Protective Services (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 Health Insurance Counseling & Advocacy Program (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 19% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 28%. The Caucasian group served was 47% and the Black/African American group served was 15%. The Asian/Pacific Islander group served 1% which is less than the county population of 8% Asian/Pacific Islander.

Finally, RUHS-BH is committed to sustainable and ongoing efforts to address the unmet needs and social determinants 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: Integrated Care Services for All Ages

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

CSS

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. CWRC has had consistent staffing for the last 2 years which has helped in growth and consistency for staff and clients.

CWRC hopes to maintain the smooth flow within the clinic to link clients and their family members to different specialties within the clinic. This means, continuing to integrate 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.

3-Year Plan Goals:

1. Increase MH Groups to have more effective programming
2. Increase FSP services for both Adults and Children as well as increase in family services.
3. Implement Integrated Service Delivery (ISD) system through use of Whole Person Health Score.
4. Smoother referral process between CWRC and Corona Community Health Center that is located 1st floor of the building.

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 in the following cities: Banning, Corona, Hemet, Indio, Jurupa, Lake Elsinore, Moreno Valley, Palm Springs, Perris, Riverside, and Rubidoux.

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. As of December 31, 2023 mobile crisis response teams are now available throughout the county 24 hours a day, 7 days a week and 365 days a year.

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

CSS

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).

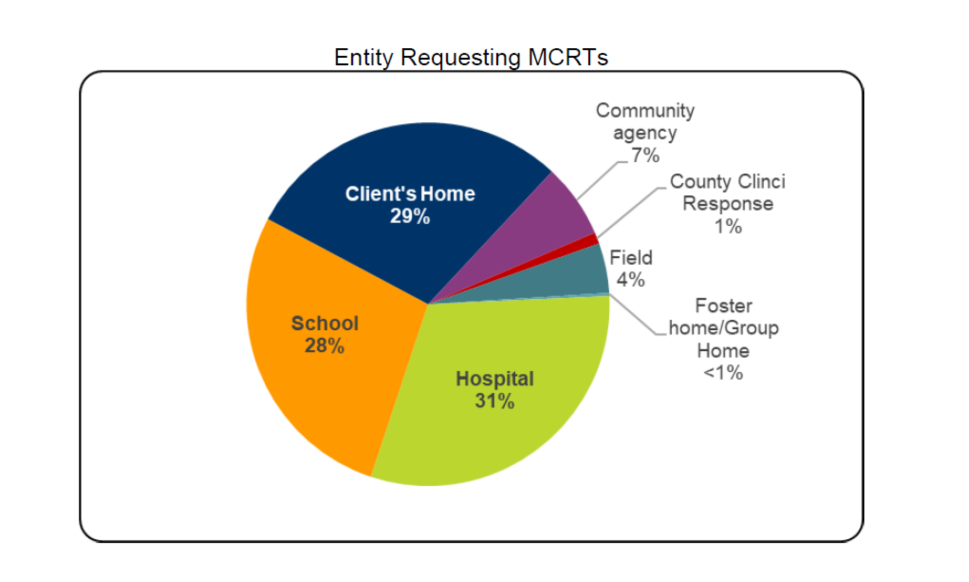
MCRT teams responded to over 1800 requests for mobile crisis response in FY 22/23. Please see figure below for data.

MCRT Crisis Requests 1,854	
West	669
Mid-County	759
Desert	426

Avg. Num. of Requests per Month

155

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



Response times were an hour or less for 60% of responses. Overall, 12% of legal holds were discontinued by MCRT teams. A total of 70% of requests for mobile crisis response were diverted from an inpatient admission, or crisis emergency room use. After MCRT contact 92% of those served did not show any inpatient psychiatric admissions within 60 days of MCRT team contact. Thirty-four percent (34%) 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.

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

CSS

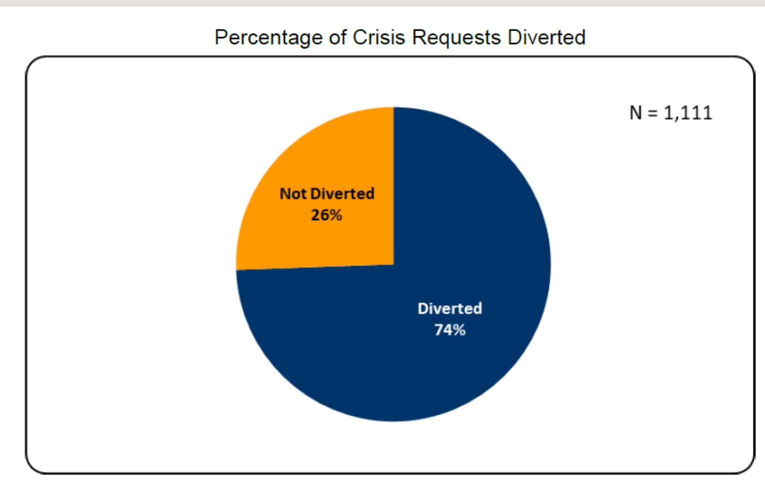
Clinical Therapists, Peer Support Specialist, Behavioral Specialists III (substance use counselors) and Behavioral Health Specialists II. These staff have specialty training in crisis intervention, risk assessment, peer support, intensive case management services to include homeless outreach and housing 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 to engage homeless and unengaged individuals into services. In Fiscal Year 22/23 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 2022/2023 was focused on training and responding to the needs of the community.

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 2022/2023 Mobile Crisis Management Teams responded to 2010 requests for crisis intervention and outreach. Mobile Crisis Management Teams were able to safety plan and divert 74% of crisis requests from an inpatient admission as well as link 45% of individuals served to outpatient services. Please see figure below for data.

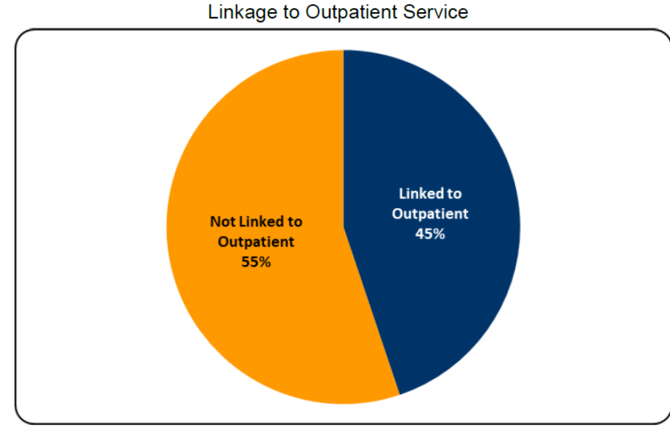
MCMT Requests for Crisis Service 1,174	
West	357
Mid-County	371
Desert	446

Percentage of Crisis Requests Diverted



MCMTs was able to divert 74% of crisis requests from an inpatient admission.

Linkage to Outpatient Service



Forty-five percent (45%) of individuals served by MCMTs were linked to outpatient services after contact with teams. Some individuals (n = 40) linked to outpatient services were already participating in outpatient services prior to their contact with teams.

CSS

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).

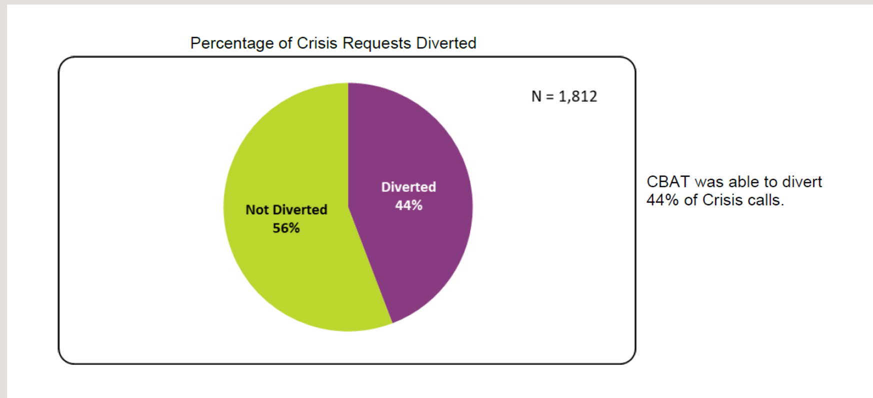
The expansion of the CBAT program speaks to its success. The co-responder model has demonstrated the value in emergency response with regards to timeliness to a crisis, the value of two professions working together to address the clinical and legal ramifications, diversion, stigma reduction and linkage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

The data below includes team request numbers for the FY2022-2023. During the 2022/2023 fiscal year CBAT teams responded to 4464 requests, see Figure below.

CBAT Requests 4,464	
Crisis	2,345
Homeless Outreach	583
Welfare Check	1,536

Avg. Number of Calls per month
372

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, 44% of the individuals experiencing a mental health crisis were diverted by CBAT.



Individuals are considered diverted if they were diverted with a safety plan or were diverted to the Mental Health Urgent Care. Additionally, 29% 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.

Annual Update: Progress Report on 3-Year Plan

Here is the Executive Summary (progress update) on MPS for FY 22/23:

Executive Summary of Findings

Caseload

- Between 7-1-2022 and 6-30-2023, the mobile psychiatric services team served 102 consumers
- 176 consumers were identified on the MPS list of consumers needing MPS engagement. MPS served 102 (58%) out of the 176 consumers identified.
- 79 out of the 102 consumers (77%) were identified from the refined high utilizers list generated in FY2022/2023. The other 23 consumers served were from the previous FY "high utilizers " lists, or were referred to MPS program.

Demographics

Of the 102 Consumers:

- A majority identified as Hispanic/Latinx or (36%) or White (37%).
- More than two-thirds of the consumers were male (69.6%) were male
- The average age of consumers was 38 years old.
- Diagnosis for the 102 consumers served by MPS showed half the consumers had a primary diagnosis of schizophrenia/psychosis (58%). More than one half of the 102 (57%)consumers MPS served had co -occurring SUD diagnoses.

Direct Service Data

- The MPS team provided a total 2,530 services and 3,539 hours of service.
- A majority of services (80%) were in the field in a community location in order to meet consumers where they are at. .
- Many of these MPS services were mental health rehabilitation (38%), medication services (30%), consumer support services (14.5%), and case management (6.2%).
- Consumers also received services in other programs after their first service with MPS, 74% of the 102 consumers served by MPS went on to receive services from other outpatient mental health or substance abuse services.

Program Outcomes

- 74% of the 102 consumers MPS served were linked to and received services in-county outpatient and/ or substance abuse programs
- 54 consumers (53%) of the 102 directly served by MPS who received direct services had at least one hospitalization in the year prior to their first MPS service.

Hospitalization and Crisis facilities utilization records for consumers who received direct service from MPS were used to examine any changes in utilization. Comparisons for the 90 days prior to MPS first service and 90 after MPS first service were used to examine changes in utilization.

- Crisis CSU admissions at Emergency Treatment services or the Telecare Psychiatric Health Facility decreased 44%, and admissions at the MHUC decreased 41%.
- Inpatient psychiatric hospitalization decreased 16%.

Consumers Served: The MPS outreach team served a total of 102 consumers from July 1st, 2022, to June 30, 2023. The team served primarily the Western region of Riverside. The top 40 list that is used to identify consumers who need a focused outreach and services included 176 consumers. Considerable outreach efforts may be needed to locate and engage the consumers into direct services. Not all consumers are found or agree to accepting services.

Direct Services Data: A total of 102 consumers received direct services from MPS. Table 1 is a summary of the MPS direct services provided. The mobile psychiatry team provided a

total of 2,530 services totaling 3,539 hours to 102 consumers between July 1, 2022 to June 30, 2023. Many of these services were mental health rehabilitation (38%), medication services (30%), consumer support services (14.5%), and case management (6.2%). Crisis intervention is outpatient CPT code.

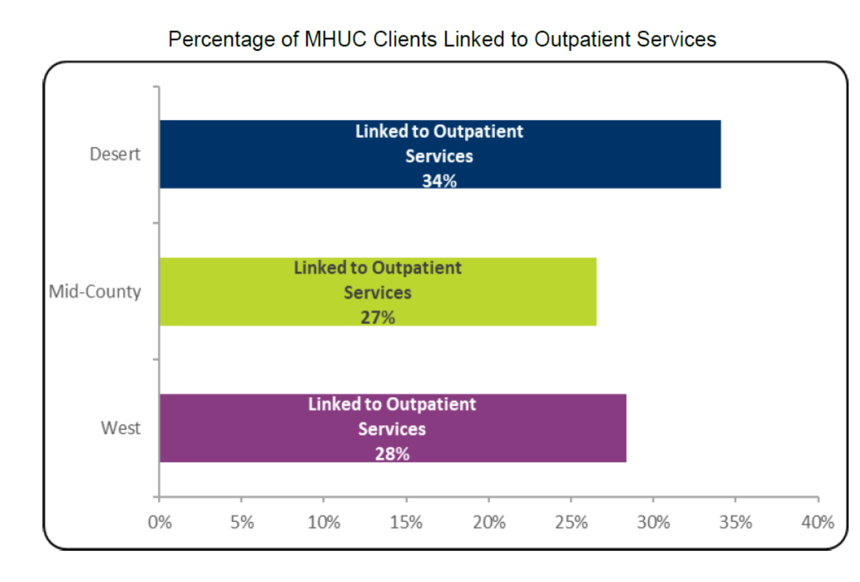
MPS Warm Handoff/Linkage to Other Programs/Clinics: Data showed that after the initial encounter with the MPS team, 74% (n=75) of consumers received on-going county mental health (MH) outpatient and/or substance use disorder services (SUD) and 26% of consumers did not receive services from programs other than MPS.

See MPS Report FY 22/23 enclosed for more information.

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



CSS

CSS

support for walk-in self/family referrals. While the facilities serve primarily consumers aged 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 2022/2023 fiscal year MHUCs had a total of 9895 admissions and served 5,669 individual consumers (July 1, 2022-June 30, 2023.

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.

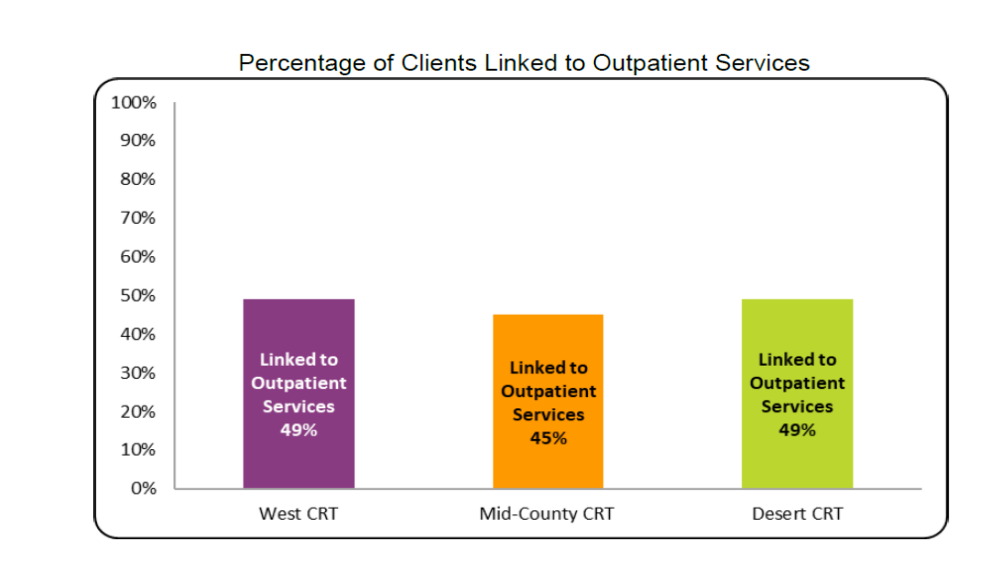
Continue 3-year Plan Goals:

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 need 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.

CSS

The Crisis Residential Treatment (CRT) facilities had 1133 admissions and served 815 consumers during the 2022/2023 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 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.

3 Year Plan Goal

Readmission Rates for CRTs			
Days to Readmission	West	Mid-County	Desert
0 to 15 Days	7%	7%	10%
16 to 30 Days	5%	3%	6%
0 to 30 Days	13%	10%	16%

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 Proposition 63, MHSA funding and is in the Downtown Riverside area. The 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 22/23 there were a total of 151 referrals received across all three regions of which 44 were accepted into the program and a total of 81 successfully “promoted” from the program. For the court to consider a participant ready to “promote” from the Mental Health Court program, certain criteria must be met. The criteria requires that a participant have a stable place to live, actively engaged in their outpatient treatment for at least 90 consecutive days, have not produced a positive urinalysis over the last 90 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, HOME Court, Assisted Outpatient Treatment (AOT) and Incompetent to Stand Trial (IST) Mental Health Diversion

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 22/23 Mental Health Court received 427 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 Court 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 427 referrals received, the court granted Mental Health Diversion in 140 of those cases. Because the Mental Health Diversion program may last anywhere from 12 – 24 months, the treatment plan prepared by Mental Health Court 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 Court staff then work towards implementing said treatment plan and

CSS

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 30 – 90 days for a progress hearing. During this reporting period, 37 of participants successfully completed the Mental Health Diversion program will allow them to have their charges dismissed and their record of arrest sealed.

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, 2022 through June 30, 2023, the Veterans Treatment Court program received 68 new referrals. In addition, 116 referrals were received to assess Active Duty, Reserve, and Veterans who were interested in the Military Diversion program, which is 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 FY22/23 there was a total of 78 participants who graduated from Veterans Treatment Court or Military Diversion.

Incompetent To Stand Trial (IST):

As of February 2024, Riverside County has 20 individuals who were found incompetent to stand trial and are awaiting transfer to a State Hospital for competency restoration with Felonies. These individuals spend an average of two months in Riverside County Jail waiting for an available State Hospital bed. The County's mission is to provide intensive community-based psychiatric treatment for these individuals. Rather than allowing them to remain in custody awaiting transfer to a State Hospital for competency restoration, they will be transferred to residential mental health treatment step-down programs where they will receive a wide array of behavioral health services. The ultimate purpose of this program is not restoration for adjudication but rather long-term psychiatric stabilization such that following completion of the Felony Incompetent to Stand Trial (FIST) program, one's legal charges can be dismissed, and he or she may reside in the community with on-going supportive behavioral health services.

During this review period, the IST Diversion program received 71 referrals, of which 20 candidates were found to meet the requisite criteria and accepted into the program. A frequent challenge encountered by behavioral health staff during the assessment and review process is finding out that the client has no interest in receiving mental health/medication services. Knowledge of this is a determining factor for the Court and often leads to a swift rejection of the program, so that the Department of State Hospitals is aware that the person will not be diverted and to move forward with placement at one of their facilities.

Assisted Outpatient Treatment (AOT) Program (Laura's Law) – is a community-based referral program for immediate family members, treating agencies, licensed mental health professionals, peace officers and judicial officers, who believe someone they know could potentially benefit from court-ordered mental health/substance use services. As part of this process, a team consisting of a clinical therapist, case manager and peer support specialist, will engage the consumer and offer the person outpatient services to address their needs. If the consumer continues to reject efforts to involve them in outpatient services, then the AOT staff are able to escalate the referral to the AOT Review Committee and AOT Psychologist for further review and determination. If the AOT Committee and Psychologist believe court-ordered services are recommended as a means of stabilizing the consumer in the community, a petition will be filed by County Counsel in the Civil Court. Should the Court agree with the treatment plan submitted as part of the petition, the Court will order the Consumer to follow through and participate in the recommended plan for up to six months. During this reporting period, the AOT program received 42 referrals, of which 22 consumers were able to be linked with outpatient services.

HOME (Homeless Outreach, Mediation and Education) Court – is an alternative sentencing program developed for those who are facing criminal prosecution and are suffering from homelessness. The program promotes community-based treatment to assist those individuals struggling with homelessness, or are in imminent danger of becoming homeless, and who are facing prosecution for quality-of-life infractions, misdemeanors and low-level felonies. The overall goal of this program is to reduce recidivism and protect public safety by collaboratively working together with our justice partners, to address and treat the underlying needs of the participants, through engagement in FSP level services, intensive

CSS

case management and ongoing support from all members of the program, to ensure that each participant has the resources and opportunity they need to succeed in the community. This will be accomplished through recognizing each participant's accomplishments and efforts they have made to resolve their cases and work towards re-integration as a successful and productive member of the community. While in the program, participants will focus on gaining residential stability, employment and/or education, substance and mental health rehabilitation, learning life skills, counseling and family reunification. Over the course of FY 22/23, the HOME Court program received 89 referrals from the court.

Overall Program Challenges: Obtaining housing for our consumers participating in the various Mental Health Court programs continues to be a challenge as we are often presented with individuals who are coming directly out of our community jails, who have no income or credit and/or have criminal charges, which causes landlords in an already tight housing market to not rent to them. There is also a constrained supply of beds for individuals for whom we are seeking institutional housing (such as adult residential facilities).

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

CSS

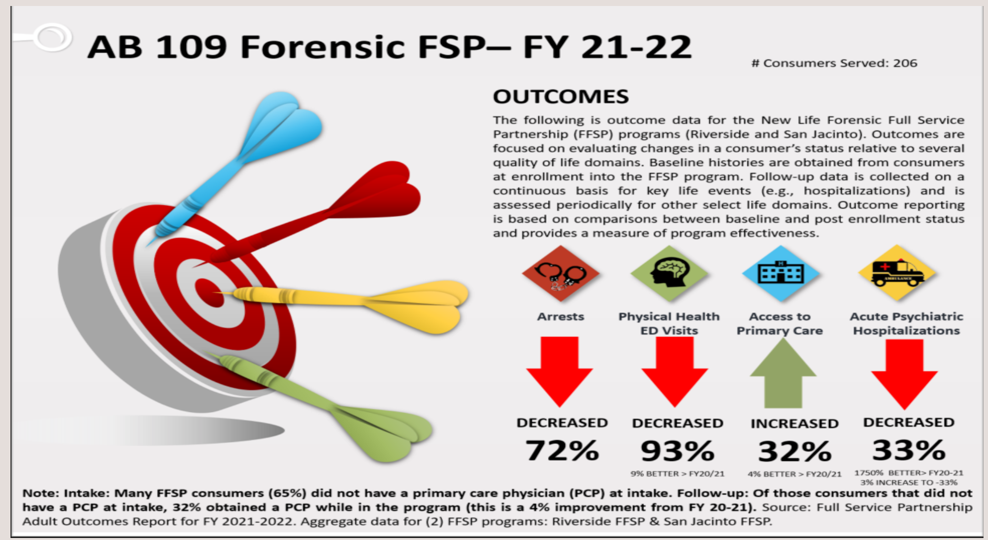
Program Curriculum	Evidence-Based Rating	Brief Program Description
Anger Management	EBP – Well Supported	Class that helps individuals identify triggers for anger and deal with emotions that may lead to reoffending or relapse. The curriculum includes coping skills to address specific behaviors.
CORE	Emerging 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

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:



CSS

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

Annual Update: Progress Report on 3-Year Plan

Here is a progress update on the 3-year Plan & Goals for Laura's Law:

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

- **Goal:** Consumer adherence to behavioral treatment in AOT with eventual stepdown to voluntary outpatient behavioral health services based on retention and attrition rates

Progress Update: In progress. We are continuing to evaluate Laura's Law cases and treatment with the goal of stepdown to voluntary outpatient services. There have been numerous instances where engagement with our Laura's Law team has led to consumers agreeing to re-engage with outpatient treatment in lieu of their case being sent to courts to mandate treatment.

- **Goal:** Increase number of served to 100 individuals within 3-year plan

  Progress Update: We are on target to surpass our goal of 100 individuals served in Laura's Law within the 3-year plan. In fact, we have received (24) referrals for Laura's law in the last two months.

- **Goal:** Reduce hospitalizations

  Progress Update: We have been able to prevent psychiatric hospitalizations by 100% by connecting consumers to least restrictive crisis options such as linkage to Crisis Stabilization Units, Crisis Residential Treatment, Sobering Centers, and county clinics.

- **Goal:** Reduce arrests

  Progress Update: We have been able to reduce criminal behavior, including arrests, by 80% compared to baseline scores of consumers.

- **Goal:** Reduce physical health emergency admissions

  Progress Update: There has been a 50% reduction in consumers visiting emergency departments for non-physical health emergencies.

- **Goal:** Reduce mental health emergency department visits

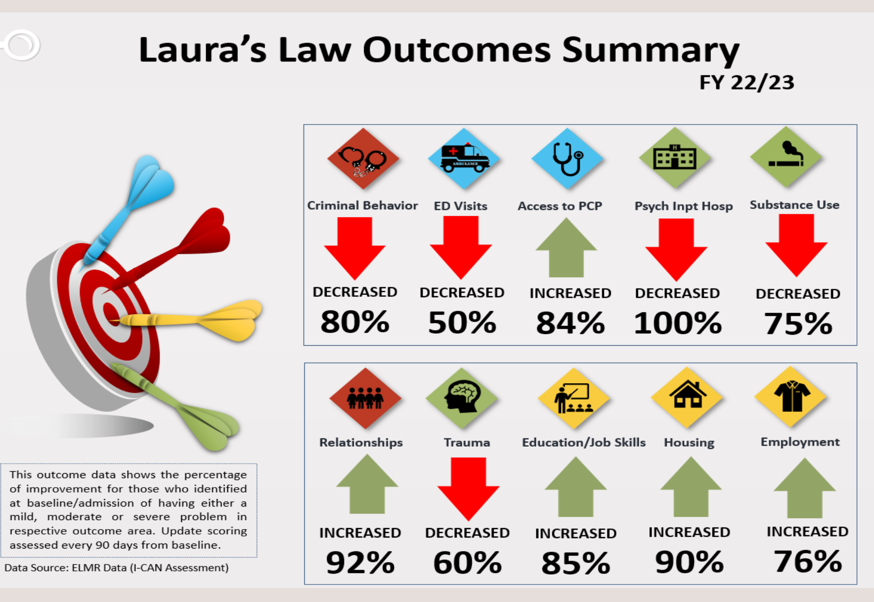
  Progress Update: This goal was modified and replaced with the following other outcomes areas in the table below since emergency department outcome is covered in the preceding goal above.

CSS

- **Goal:** Increase access to primary care physician

Progress Update: There has been a 84% improvement in consumers visiting emergency departments for non-physical health emergencies.

Below is the Laura's Law Outcomes Summary showing consumer improvements in areas of focus:



GSD: Adult Detention

Program Goal Progress for Behavioral Health Services:

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

Update:

During this reporting period, Behavioral Health Detention Services is continuing its efforts to significantly increase the amount of Group Therapy offered to its population- with an emphasis on providing treatment to some of our most vulnerable and serious mentally ill consumers. For Fiscal Year 2022- 2023, Behavioral Health provided treatment services to approximately 10,944 consumers. Of this figure, almost half (48.08%) were identified as having an Acuity Rating ranging from Moderate to Acute.

Behavioral Health- Detention Services successfully enrolled 6,182 consumers in Evidence-Based Individual and/or Group Therapy. This is a 265% increase (formerly N=2331) from the previous reporting year. Services offered included the following Groups:

Group Types	N	%
Other	2,840	45.94%
New Directions	1,608	26.01%
Anger Management	660	10.68%
Discharge Planning	549	8.88%
Dialectical Behavioral Therapy	256	4.14%
Wellness Recovery Action Plan (WRAP)	139	2.25%
Seeking Safety	130	2.10%
Grand Total:	6,182	100.00%

Contributing factors that have supported such a drastic increase in treatment services entail the aggressive recruiting efforts by Behavioral Health Administration; the adaptation of the Behavioral Health Program Guide which outlines the amount and types of treatment services consumers can expect to receive given their treatment needs; and lastly, the receding environmental restrictions associated with the Global Pandemic.

Therapeutic Groups continue to be the focus, and ideal treatment for Behavioral Health-Detention Services consumers. In feedback received from Group participants, many

CSS

acknowledge the new skills they were acquiring while others appreciated the therapeutic environment in general. Once participant shared, "Being able to discuss the material with others, getting different points of views. Also, being heard was really good." Collaborations with the Sheriff's Department are ongoing with the goal of identifying new provisions for treatment space and time allocations to maximize participation for all consumers in need of this service.

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

Discharge Planning Services take place as soon as a consumer enters custody. A trained Qualified Mental Health Professional addresses the consumer's needs for continuity of care including medications, whether the individual has medical benefits, housing needs, residential substance abuse treatment services, in addition to a standardized risk assessment. Behavioral Health also works collaboratively with the Sherriff's Department, Correctional Health Services, and ancillary support services from other Behavioral Programs such as Outpatient Services and Crisis Mobile Assessment Team, to provide post release medications, resources, community linkage and transportation services, if necessary.

Update:

During this reporting period, Behavioral Health- Detention Services has provided and/or offered over 8,000 consumers discharge planning services. Approximately 1,400 consumers continued to receive Behavioral Health Services within 60 days post release- a slight increase from the previous year's reporting (N=1,329). Of this figure, 6.3% (N= 631) were identified as having previously received Full -Service Partnership services.

Behavioral Health- Detention Services has also expanded its Medication Assisted Treatment (MAT) Services to include offering Buprenorphine as well as Methadone, partnered with a community an Opioid Treatment Program, as medication treatment options. In collaboration with Correctional Health Services, consumers arrested with a current MAT medication prescription (Buprenorphine or Methadone) will be permitted to continue the prescription while in custody. Additionally, those consumers who are either at high risk of relapse and/or experiencing moderate withdrawal symptoms can be

induced on MAT medication (Buprenorphine) as well. Upon release, the consumer is provided Medication Assisted Treatment referrals, Narcan Nasal Spray along with education on how to administer it, and a five-day prescription to support linkage to a Narcotic Treatment Program post- release. For Fiscal Year 2022- 2023, Behavioral Health provided MAT medications for 532 consumers. As Behavioral Health continues to augment this service to all inmates who demonstrate a clinical need for MAT Services, this figure is anticipated to rise sharply.

Behavioral Health- Detention Services continues to seek out relevant, innovative ways for which it can continue to address the needs of its population. As treatment services expand, our goal continues to be to deliver resources to consumers with the highest needs for successful re- entry into the community.

- **Total number of inmates receiving Behavioral Health services.**
  - 10,944 *(9,109 unique)* inmates received a BH service in FY22-23
    - Breakdown of max acuity ratings of inmates with a BH service

Acuity Rating	N	%
Mild	2,951	26.96%
None	2,018	18.44%
Severe	1,859	16.99%
Moderate	1,692	15.46%
Acute	1,594	14.57%
No Rating Provided	589	5.38%
Minimal	125	1.14%
Moderate_Severe	67	0.61%
Stepdown_to_Moderate	49	0.45%
Grand Total	**10,944**	**100.00%**

  - Of the 10,944 consumers served, approximately 91.1% (N=9,972) were released within FY22-23.
    - 631 (6.3%) individuals were linked to FSP service post release.

Acuity Rating	N	%
Severe	294	46.59%
Moderate	135	21.39%
No Rating Provided	66	10.46%
Mild	47	7.45%
Stepdown_to_Moderate	37	5.86%
Acute	29	4.60%
None	22	3.49%
Minimal	1	0.16%
Grand Total	**631**	**100.00%**

- **Number of MAT consumers and the number of consumers prescribed Naltrexone or Suboxone.**

- 532 inmates had a MAT prescription
- 513 inmates were prescribed Naltrexone or Suboxone *(Buprenorphine HCl-Naloxone HCl Sublingual)*

➢ Total number of inmates linked to MH Services in the community (range is within 30 to 60 days).

- 1,135 (11.4%) individuals linked to MH services within 30 days post release.

Acuity Rating	N	%
Severe	397	34.98%
No Rating Provided	231	20.35%
Moderate	204	17.97%
Mild	108	9.52%
Acute	82	7.22%
None	55	4.85%
Stepdown_to_Moderate	55	4.85%
Minimal	3	0.26%
Grand Total	**1,135**	**100.00%**

- 1,340 (13.4%) individuals linked to MH services within 60 days post release.

Acuity Rating	N	%
Severe	460	34.33%
Moderate	271	20.22%
No Rating Provided	243	18.13%
Mild	144	10.75%
Acute	83	6.19%
None	75	5.60%
Stepdown_to_Moderate	61	4.55%
Minimal	3	0.22%
Grand Total	**1,340**	**100.00%**

➢ Number of unique consumers with Discharge Planning Services.

- 6,457 unique consumers received or were offered discharge planning services in FY22-23.
  - 2,435 unique consumers had a progress note indicating a discharge planning service.
  - 174 unique consumers had a group note indicating a discharge planning service.
  - 6,457 unique consumers were offered a discharge planning service.
- *8,017 unique consumers received discharge planning services in FY22-23 or were offered a discharge planning service during their booking that was active in FY22-23.*
  - *2,435 unique consumers had a progress note indicating a discharge planning service.*
  - *174 unique consumers had a group note indicating a discharge planning service.*
  - *7,851 unique consumers were offered a discharge planning service.*

➢ Number of consumers who received individual and/or Group Therapy Services.

- 6,182 individual and/or group therapy services were provided
- 1,168 unique consumers received individual and/or group therapy services

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:

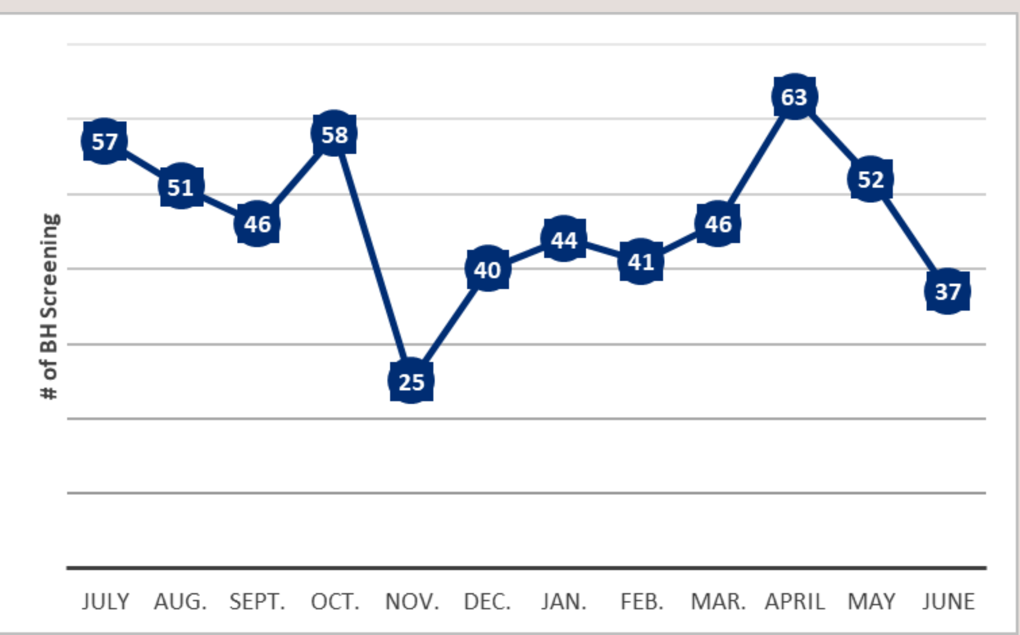
- Tier 1: The Detention program
- Tier 2: The Camp program (i.e., youth with moderate-level offenses that are ordered to lockdown treatment) called the Youth Treatment and Education Center (YTEC) treatment program
- Tier 3: The Secure Track Program (i.e., youth with severe-level offenses who are court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

Behavioral Health Screenings

Riverside University Health System-Behavioral Health (RUHS-BH) screens all youth for behavioral health needs at admission into Juvenile Hall. Screening data from Juvenile Justice is collected monthly from the beginning to the end of each calendar month. Between July 1, 2022—June 30, 2023, 560 screenings were conducted. As shown in *Figure*

1, the number of screenings conducted during each month ranged from a low of 25 completed in the month of November to a high of 63 screenings completed within the month of April. Pre-release behavioral health evaluations were also conducted for a few youth. Within the fiscal year, 25 youth had a pre-release behavioral health evaluation.



Behavioral Health Assessments and Referrals

	July. 2022	Aug. 2022	Sept. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	April. 2023	May. 2023	June. 2023
Substance Abuse History	33	30	22	46	20	36	35	31	35	38	32	21
Current Withdrawal	0	0	0	1	0	0	0	0	2	1	0	0
Developmentally Disabled Youth	0	0	0	0	0	0	0	0	2	0	0	0

Behavioral health screenings identify youth with various developmental, behavioral health, and substance abuse issues. *Table 1* shows additional information on screened youth. Very few incoming youth were currently experiencing withdrawal, and none were developmentally disabled.

After screening, some youth are provided with additional assessment services. As shown in *Table 2* below, between 1 and 9 assessments were conducted by RUHS-BH staff monthly within FY 22/23; averaging 3 assessments per month.

Furthermore, some youth may have already received a behavioral health assessment prior to their admission into juvenile hall because some youth entering juvenile hall are already receiving behavioral health services when admitted; that information is available to juvenile hall staff via the County Electronic Management of Records (ELMR) system.

	July. 2022	Aug. 2022	Sept. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	April. 2023	May. 2023	June. 2023
Assessments	1	0	3	2	9	0	3	5	4	0	2	1

Table 3 shows the number of behavioral health referrals, by referral type, that were received each month of FY 22/23 according to the monthly service report. Requests to serve youth come from within Juvenile Hall itself as well as externally from the court.

Table 1: Additional Characteristics screened Youth by Month

Table 3: Juvenile Hall Referrals per Month

	July. 2022	Aug. 2022	Sept. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	April. 2023	May. 2023	June. 2023
Court Referrals	5	3	3	0	1	7	5	2	5	0	7	0
Juvenile Hall Referrals	155	111	81	126	95	121	121	144	95	257	118	156

Behavioral Health Service Data

Service data for all youth who were served in one of the four Riverside County Juvenile Justice facilities within FY 22/23 was obtained from the RUHS-BH electronic health records (ELMR) system. During FY 22/23, RUHS-BH Juvenile Justice provided behavioral health

services to a total of 565 youth. *Figure 2* below shows the number of youth who were served at each facility. Since at times youth are transferred from one facility location to another, youth may be served by more than one facility location over the course of the fiscal year. Also, some youth in the Youth Treatment and Education Centers (YTEC) may start out in Juvenile Hall, thus having service in both types of facilities. Due to some youth being served at more than one facility, the total in *Figure 2* below reflects the unique number served at each location and does not sum to the total unduplicated youth (n=564) served within the fiscal year.

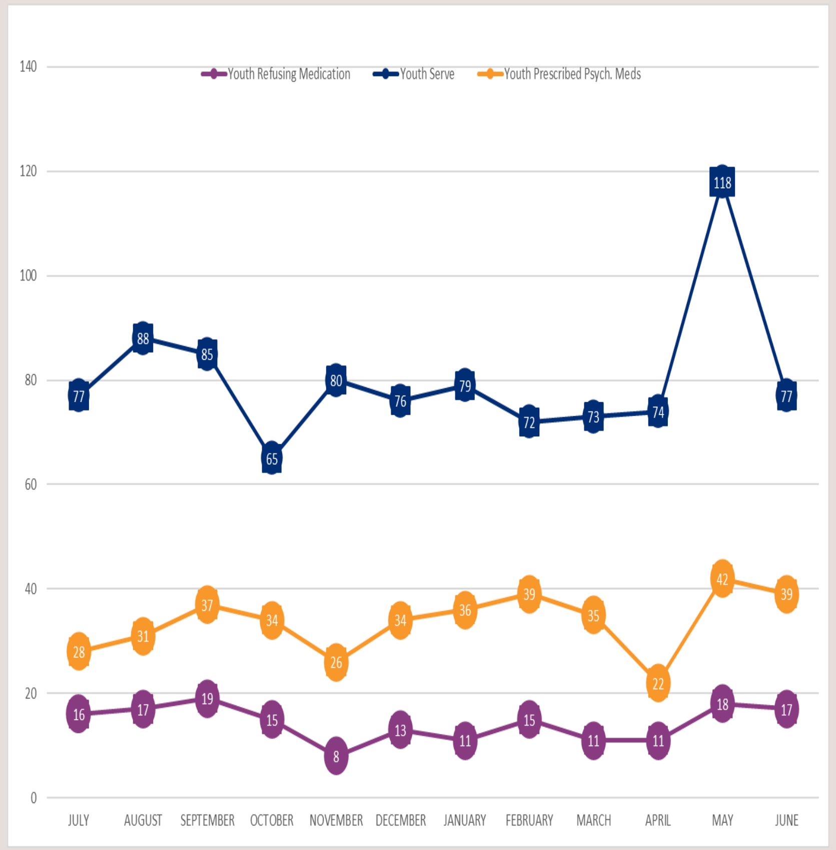
Figure 2. Number of Youth Receiving Behavioral Health Services in FY 22/23 by Facility Location

Facility Location	# of Youth Serve
Juvenile Hall- YTCE	115
Juvenile Hall-Indio	105
Juvenile Hall-Murrieta	247
Juvenile Hall-Pathways To Succe	98

Behavioral Health Medication Data

Figure 3 shows the number of youth served by month which ranges from 65 to 118, according to the monthly service report within FY 22/23 anywhere from 8 to 19 youth were prescribed psychiatric medications; however, some of those refused their medications at least once during the month. The youth refusing medication trend line below indicates the number of youth refusing medication at least once in that month.

Figure 3. Number of Behavioral Health Cases, Youth Prescribed Medications, and Youth Refusing Medications, per Month



Demographics

As shown in *Figure 4*, according to RUHS-BH electronic health record data, during FY 22/23 more males (88.1%) received services than females; and 73.8 % of the youth served were between the ages of 15-17

Figure 4. Youth Gender

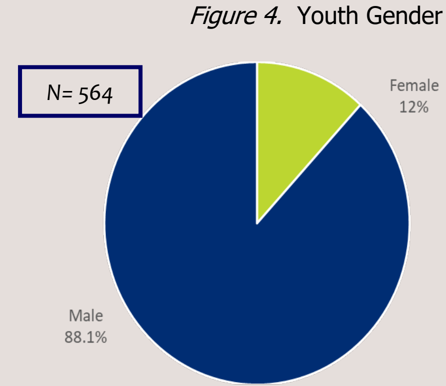
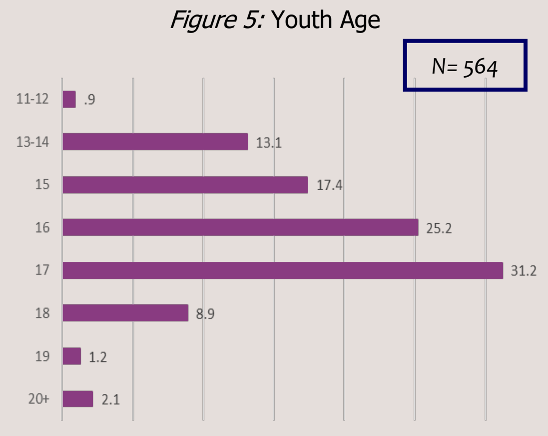


Figure 5: Youth Age



CSS

Demographic data on the ethnicity of those served within FY 22/23 was gathered from the RUHS-BH electronic health record. As shown in *Figure* 6, the Hispanic/Latino (44%) was the larger group. The next largest reported ethnicities were unknown/not reported (20%) and 18% Black/African American. There is some disproportionality of those in Juvenile detention and that is reflected in the race/ethnicity data for Black/ African American youth which is a much larger proportion than the 6% of Black/African American youth in the overall County population.

Figure 6. Ethnicity of those Served

N= 564

Unknown/Not reported 20%

African American/Black 18%

American Indian or Alaska Native 1%

Caucasian 10%

Other 5%

No Entry 2%

Hispanic 44%

Diagnoses

As shown in *Figure 7*, the largest percentage of primary diagnoses were for Other (34%). Other common diagnoses were AD/D (28%), and Adjustment (13%).

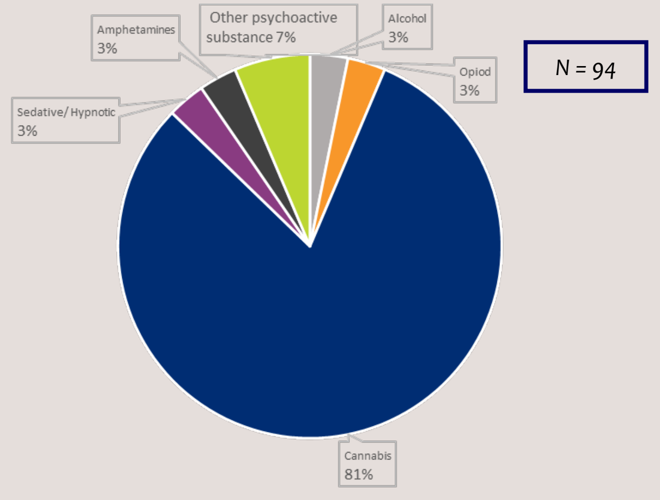
Figure 8 shows the primary and secondary diagnoses of those with SUD diagnoses. The overwhelming majority where cannabis diagnoses at 81%

Figure 7. Primary *Mental Health Diagnoses* of those Served

N =543

Mood 6%
AD/D 28%
Anxiety 5%
BiPolar 2%
Drg/Alc 1%
Major Depression 9%
Adjustment 13%
SchizPsych 2%
Other 34%

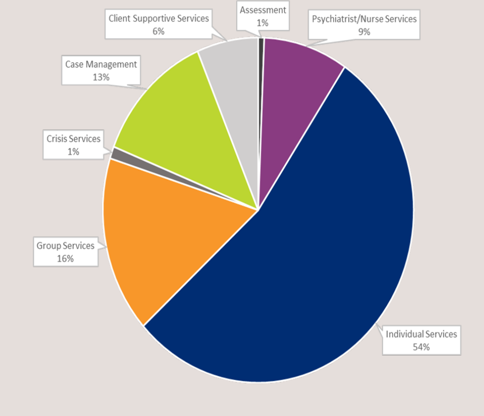
Figure 8. Primary and Secondary *SUD Diagnoses* of those Served



Service Data

As shown in *Figure 9,* data from the RUHS-BH electronic health record shows that half (70%) of the behavioral health services provided were individual or group, with Case Management (13%) being the next most common service provided.

Figure 9. Services Provided by Category

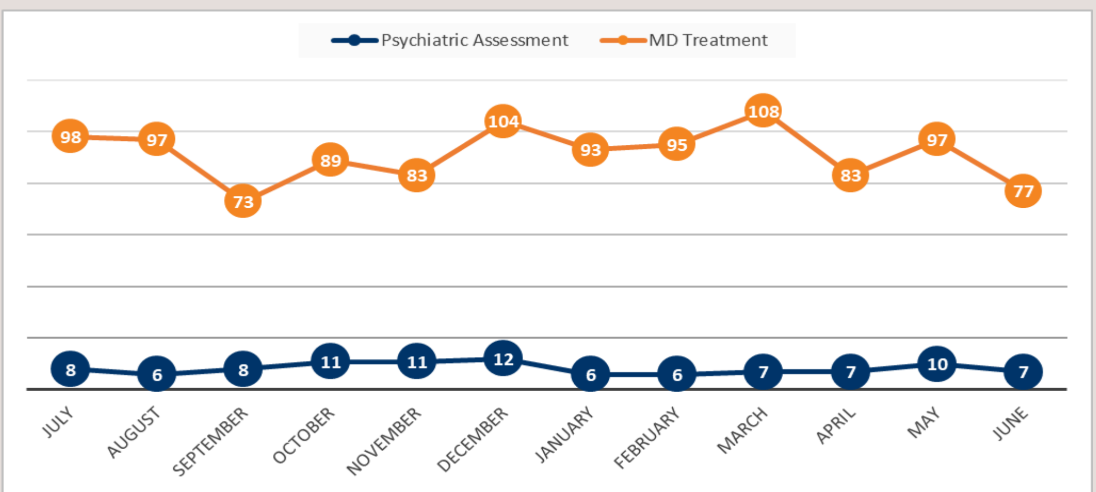


N=12,190 Services

Service Category	Description
Assessment	Clinical assessment services (non-medication-related)
Psychiatrist Services	Medication-related services, including medication evaluation
Individual Services	Individual sessions with the client and client's family/ non-family
Group Services	Group
Crisis Services	Crisis intervention (75 minutes or more)
Case Management	Case management
Client Supportive Services	Other supportive services

Figure 10 shows that according to the RUHS-BH electronic health records between 73 and 108 medication treatment services by psychiatrists and 5 and 12 psychiatric assessment services were provided monthly.

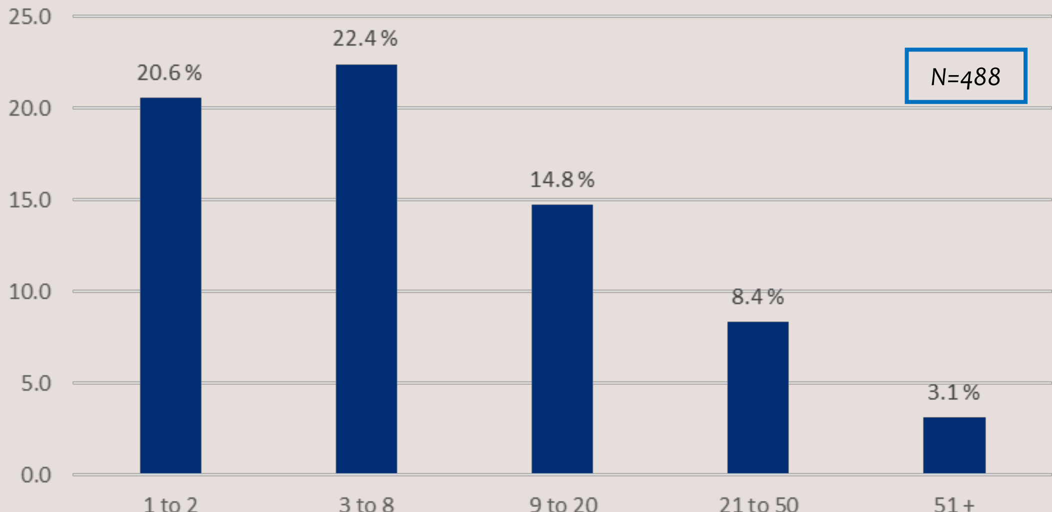
Figure 10 . Number of Psychiatric Services by Month



Service Data

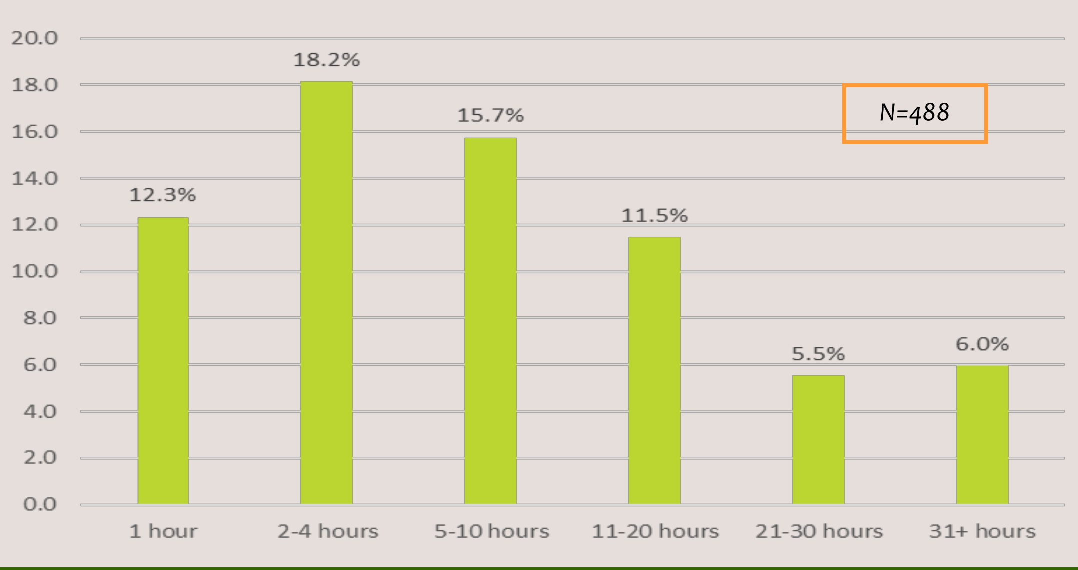
The number of services that each youth receives is affected by the duration of their stay at the Juvenile Hall. *Figure 10* below shows that 20.6% of the youth received 1-2 services; however, 26.3% received nine or more services according to the RUHS-BH electronic health records.

Figure 11. Number of Services Provided to Youth at Juvenile Halls



The hours of service that each youth receives is affected by the duration of their stay at the Juvenile Hall. *Figure 11* below shows that 46.2% of the youth received 1 to 10 hours of services. Almost 23% of the youth received services for 11 hours or more.

Figure 12. Hours of Service Provided to Youth at Juvenile Halls



Service Data YTEC

Figure 12 shows that over 62.3% of youth at YTEC received 21 or more services within the 22/23 fiscal year according to the RUHS-BH electronic health records.

Figure 12. Number of Services Provided to Youth at YTECs

Behavioral Health Services After JVH/YTEC

Out of the 564 individual on the current year 54% of the cases were closes during the current year. Out of those served in Juvenile Hall and/or YTEC that still open, 84% received behavioral health services at an outpatient RUHS-BH program within 120 days of their last service in custody. Only 13% of those served in Juvenile Hall and/or YTEC received substance use services at an outpatient RUHS-BH program within 120 days of the last service in custody.

Consults: Risk Behaviors / Crisis Issues

Among the Juvenile Justice behavioral health services that are provided by RUHS-BH are those related to risk behaviors. *Table 4* shows that according to the monthly service report

within each month there have been between 1 to 27 consults for crisis issues in a month, with Suicide Watch Consults being the most frequent. There were 6 by suicide attempts in FY 22/223 according to the RUHS-BH Juvenile Justice staff.

Table 4: Consults per Month Related to Risks/Safety

	July. 2022	Aug. 2022	Sept. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	April. 2023	May. 2023	June. 2023
Suicide Watch Consults	21	17	6	11	1	0	11	10	12	14	6	7
Safety Cell Consults	0	0	0	0	0	1	0	0	0	0	0	0
Physical Restraint Consults	0	0	0	0	0	2	0	0	1	0	0	0
4011.6 Consults	0	0	0	0	0	1	0	0	0	0	0	1

According to the monthly service report, there have been 0 to 5 School Threat Assessment and Response (STAR) Reports conducted a month, for a total of 2 reports in FY 22/23 (*See Table 5).*

Table 5: Youth with STAR Protocol per Month

	July. 2022	Aug. 2022	Sept. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	April. 2023	May. 2023	June. 2023
STAR Reports	0	2	0	0	3	0	2	3	3	1	0	0

CSS

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 its 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.

CSS-03 Outreach, Engagement

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.

CSS

Outreach and Engagement: Consumer Peer Services

This reporting year Consumer Peer Services has focused on the demands for increasing staff. We promoted line staff to fill vacancies in Senior positions and Consumer Peer Services and added additional Senior Peer Support Specialists to support the entire Department with the following additions:

- Riverside Peer Support & Resource Center
- Indio Peer Support & Resource Center
- Perris & Temecula Peer Support & Resource Center
- Children's/TAY Services – Mid County
- Children's/TAY Services – Desert
- SAPT - Western Region
- HHOPE Program- Desert & Mid County
- Crisis SOC – Desert & Mid County
- Education & Training – 2 positions

- **Peer Support and Resource Centers:**
    - Recovery-oriented Classes offered five days a week to anyone wishing to connect to natural and community supports
    - Staffing recruitment under way for all Indio (half staffed now), Perris and Temecula
- Four locations of the Peer Support & Resource Centers

Riverside (Now Open!)- serving 213 Unique Individuals (4 PSS/1 OA/1SPSS)

2085 Rustin Avenue, Riverside

Temecula Closed doors 1/1/22 due to staffing shortages- scheduled to re-open early 2023

(2 PSS/1 OA Split /1SPSS Split)- PSS & OA Vacant

40925 County Center Drive, Suite 120, Temecula,

Perris (2 PSS/1 OA Split/1 SPSS Split)-PSS& OA Vacant

450 E. San Jacinto Blvd., Entrance 3, Perris, scheduled to open early 2023

Indio (Now Open!) – Serving 45 Unique Individuals (Half Staffed) (4PSS/1SPSS/1 OA) -2 PSS & OA Vacant

44199 Monroe Street, Indio, CA

- **Building Peer Leaders, A Medi-Cal Peer Support Certification Training** (Formerly Peer Employment Training)
    - Peer Support Specialist Certification Training proposal plan was approved by the State of California CalMHSA, now authorizing Riverside Peer Programming to train for State Certification of Peer Support Specialists (PSS).
    - "Building Peer Leaders" was revitalized and re-developed to meet all domains of learning as defined under California regulations for the certification of PSS. With additional specialties of Family Member/Parent Trainings, Unhoused, Crisis, and Justice involved in contracting process now with CalMHSA.
    - Under CalMHSA contract – RUHS-BH has trained 12 individuals for initial Certification
    - 2 Additional SPSS for Education & Training Approved from EO office
    - Staff Development Officer- In Hiring Process now
    - One Line Staff PSS for Education Program

State Certification for current Peer Support Staff

- SPSS across the Department have been training and mentoring all line staff peers in SAMSHA Core Competencies of Peer Support, Foundational Principals of Peer Support and Values & Ethics in preparation of taking State Exam.

- Consumer Peer Services trained 113 individuals in 6-hour virtual Law & Ethics for Peer Supports course as required for grandparenting into State Certification.

- PSS Staff volunteered to participate as "Early Test Takers" for CalMHSA- completing and passing their exams in early October of 2022 **– 51 State Certified Peers in Riverside County Workforce!**

- Other staff who are grandparenting are currently scheduling exam dates now!

- **Six open Peer Support Positions on Innovations Tech Suite Project (currently in recruitment)**

- **Public Guardians office has requested Consumer Peer Services**

- monitoring high needs consumer family visitation living in board & care – monitoring duties have been converted to Peer Support Services rooted in core competencies, and foundational principals of peer support

- **RUHS-Medical Center Support**

- Medical Center continues to call on Consumer Peer Services for individuals receiving palliative care who need extra support

- **RUHS-BH Emergency Services**
- Consumer Peer Services continues to support Emergency Treatment Psychiatric Hospital with supporting individuals of the Community who are voluntarily seeking services with ETS/ITF to normalize the process with stigma reduction interactions and engagements.

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 – **Goal Met**
- 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- **Goal Partially met, we received some submitted surveys, staff do not seem to be driving consumers to the kiosks to complete surveys.**
- 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" articles in the UCI Quarterly Evaluation Reports (e.g., LGBTQIAN2+ Spotlight and RUHS-BH TakeMyHand Live Peer Chat, etc.) – **Goal Met**

CSS

- The Peer Support Team began the first Digital Mental Health Literacy classes- – **Goal Met by providing over 40 classes County wide in our SOC.**
- The Peer Support Team developed the RUHS-BH Free Apps Brochure, early Marketing Materials and the Quarterly Newsletter- – **Goal Met**
- Held@Hand-related Outreach Events – In-person and Virtual - **Goal Met**

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.

Operation Uplift – Extended COVID-19 Response

The Peer Support Services 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 Support 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 Support 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. - **GOAL MET**

RUHS-BH Peer Services continues to support Medical Center staff with peer support for staff on a bi-monthly basis and as requested by Medical Center Executive Team.

Progress made at the RUHS Emergency Treatment Services and Inpatient Treatment Services location to place three full time Medi-Cal Peer support Specialists to provide

direct services in inpatient settings. Personnel Control Numbers have been approved. Meetings to promote recovery-oriented services and integration of peers on the clinical teams are slated for March and April of 2024.

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.- **GOAL MET**

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.

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 – **GOAL 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. Groundwork 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 – **GOAL 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. – **GOAL 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,**

CSS

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. **Goal Met**

- 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. **In Progress**

- 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. **In progress**

- 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. **Goal Met**

- 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. **Goal Met**
- 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. **Goal Met**
- 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). **Goal Met**
- 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. **Goal In Progress - The Temecula PSRC has been opened and progress has been made opening up more resource centers.**
- 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. **GOAL MET – BH Policy 164 Has been updated in 2024.**
- 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. **GOAL MET - The job class of Peer Policy & Specialist Has been changed to Program Manager.**

CSS

- To plan develop and launch a peer support workshop for RUHS-BH Medical Center Staff, Supporting Each Other – Peer Support Skills for Healthcare Workers. **Goal in progress Training is being developed.**

Contracted Program

In downtown Riverside, RUHS-BH contracts with RI International to provide peer support and art education in a studio environment. Peer Support Specialists provide ongoing support and hands-on assistance to people working toward recovery and resiliency goals with the use of painting, creative writing, multi-media art, crochet and quilling. These services are also offered to area clinics and programs to include art-focused recovery groups, facilitated by Peer Support Specialists.

CSS-03 Parent Support and Training Program: Clinic/Program Parent Partners Support

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. A newly implemented training is our Parent Partner supplemental training. The specific content of this supplemental training focuses on more advanced topics, specialized skills, or additional tools and resources to enhance the Parent Partners' ability to support and engage with their peers. It's a positive step to invest in the ongoing professional development of Parent Partners, as it can lead to a more skilled and knowledgeable support network for the community.

There is a monthly county-wide meeting for all Parent Partners (Peer Support Specialists, with Parental/Caregiving of a Minor or TAY aged youth 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. **UPDATE: Countywide Parent Partner meetings now have an official training component providing opportunities for Parent Partners to earn continuing education credits for their State Peer Certification.**

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.

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. **UPDATE: Parent Support is now partnering with the Youth Training Education Center (YTEC) program through probation in order to provide Parenting classes to youth who are parents and in placement through the Youth Training Education Center. Additionally, we are collaborating with Probation on a Parenting Support and Resource team for families preparing for their youth to return home from placement.**

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.

CSS

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.

UPDATE: A new Senior Parent Partner has been assigned to SAPT and DRC programs countywide. Facilitating Parenting Classes, providing support to parents in the MOM's program and Plan of Safe Care.

This fiscal year 22/23, Parent Partners worked to link over 200 families and TAY with our housing partners. Parent Partners within the Administration unit provide supports to the broader community as well. In FY22/23 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 in English and Spanish

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 were provided in a virtual environment.

UPDATE: Open Doors Support group is now in person in both English and Spanish. We have added an Open Doors Support group for TAY aged parents as well.

FY 2022/2023

Current Group locations:

- Open Doors Riverside (Community Parent Support)
- Open Doors Riverside – Spanish (Community Parent Support)
- Open Doors Riverside, TAY parent Support (community 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 22/23, 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 Events Countywide
May is Mental Health Month (Children’s Event)

Family Day @ PSRC Riverside (Rustin event)
Recovery Happens

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 22/23, the Parent Support & Training program served a total of 3,000 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 250 parents in the community during the fiscal year 22/23. 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 400 community members attending these presentations during the fiscal year 22/23. These presentations covered a range of topics, including mental health, substance abuse prevention, and community resources for families.

This fiscal year also brought us more father engagement with the Nurturing Fathers Program. We have successfully completed 2 rounds of classes and have graduated 20 fathers. Currently we have 2 more cycles in progress. One class being a virtual option and the other in person and in Spanish.

- **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

CSS

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.

- **NEW Nurturing Fathers Program** – NFP is an evidence based, 13 week course designed to teach parenting and nurturing skills to men. Each 2 ½ hour class provides proven, effective skills for healthy family relationships and child development.

  UPDATE: PSTP has successfully completed 2 Nurturing Father's cycles with a total for 17 graduates. Currently we have 2 Nurturing Fathers cycles being facilitated. One virtually (English) and one in person (Spanish).

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: 3,000 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 22/23, PS&T had 50 youth volunteers assisting at events and 15 parent volunteer working alongside their office assistant and 1 assisting with facilitating the nurturing fathers program.

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

CSS

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.

UPDATE: Parent Support has successfully completed 2 Nurturing Fathers cycles and currently facilitating 2 of them. Parent Support has partnered with the Inland Empire Fathers Coalition to plan our very first fathers resource event in June. We hope to continue this partnership in order to fulfill our goal of engaging more fathers.

- 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 can 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 regarding 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, 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 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 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.

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. Family Advocate Program has added a Crisis email to interact with our Behavioral Health crisis teams. YTD 250 referrals have been made and processed.

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

CSS

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

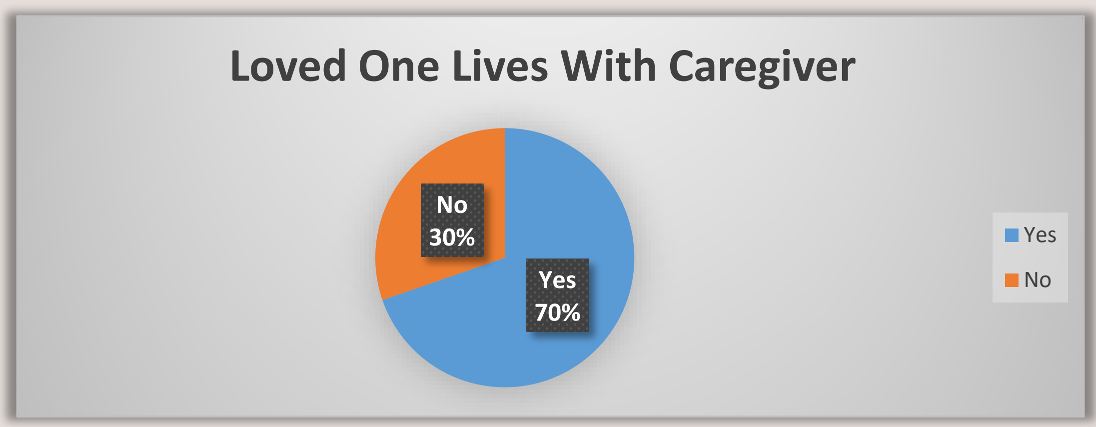
FAP networks with community agencies through outreaching at local universities, colleges, high schools and middle schools, providing educational materials resources to staff and students on mental health and stigma reduction. FAP attends health fairs, and shares information on trainings to culturally 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

CSS

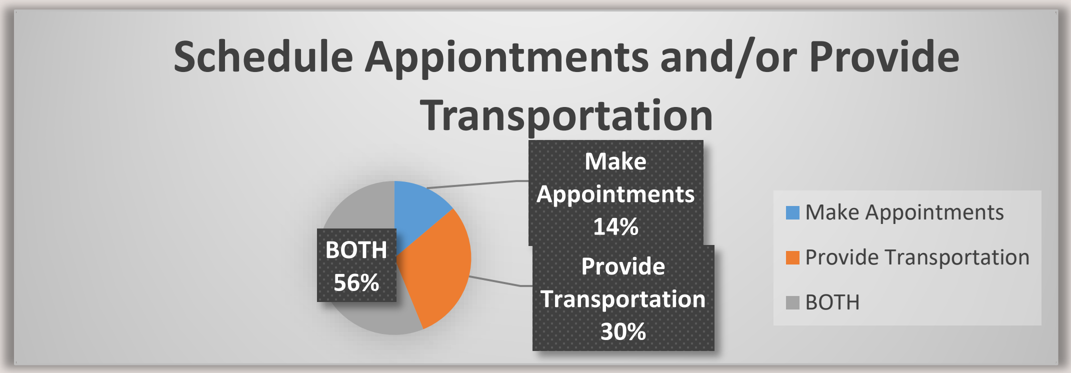
the African American community. FAP assists in various anti-stigma campaigns where behavioral health outreach is not traditionally given, such as community centers and faith-based organizations. Outreach takes place in Veteran clinics and hospitals to provide information on NAMI Home Front, an educational 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.

No Updates – program active

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 can assist families to navigate these

CSS

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. Family Advocate Program has been task to participate in the California CARE Court Program. This program Rather than cycling through jails and emergency rooms, CARE Court gives vulnerable individuals and those who care for them another path to access key services that can help keep them safe. Family members, roommates, clinicians, and others can petition the court to seek approval for this program. Family Advocate Program has been able to petition over 25 clients YTD.

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 **– GOAL MET – active support groups in all SAPT clinics, held in-person and on virtual platforms.**
- Recovery Management for family members **Goal Met- Senior Family Advocate SAPT Program has integrated recovery management to family members by outreach and engagement and monthly support groups**.
- Forensics' support groups – **GOAL MET – held on virtual platforms County wide.**

CSS

- Have an active role in Mental Health Urgent Care – **GOAL MET – Senior Family Advocate leads the Inpatient/Outpatient Collaboration Committee that meets monthly with MHUC, Emergency Treatment Services Staff and BH Staff to troubleshoot challenges with transitions between levels of care and to collaborate within the teams to facilitate timely to services for the people we serve.**

- **Expand Family Advocate staff into the Crisis Residential Treatment Facility (CRT)**

GOAL Not Met

- Family Advocate providing support and education at the RUHS-Behavioral Health Moreno Valley Medical Center campus. Also assist with discharge and after-care planning. **Goal in progress – Family Advocate Program has received referrals from the Medical Center Moreno Valley as an after- care process.**

- Expand the collaboration with law enforcement to provide continue education to the community on how to interact with law enforcement on crisis calls. **GOAL MET – Family Advocates participate each month in the Crisis Intervention Training with officers from Riverside PD and Riverside County Sheriff's Department. They chare their lived experiences and other insights for the participants.**

- Develop a Family Advocate Email that will be used to get more referrals from the community and County partners. **GOAL MET – Crisis referrals for families are now directed to a Family Advocate email and are addressed daily. This service went live on June 28, 2023.**

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

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 need 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.

This position has been vacant since August 2022, when the long term incumbent resigned. Workforce shortages for this specialized position have made it hard-to-fill. Cultural Competency is working closely with Workforce Education and Training to access therapist interns who have backgrounds in the military as potential candidates for this recruitment.

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 624 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. In 22/23, CES has fielded over **26,556**

calls for homeless assistance and has referred over 1,092households 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 3,052assessments of homeless individuals/households.

The HHOPE program currently has 16 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 engagement of chronically homeless individuals and families. 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 2028. 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 54,145 bed nights of emergency housing for consumers in need for Fiscal Year 22/23.

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 a unique community based very-low demand permanent supportive housing project. The Path follows a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. This residence operates through a contract nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing must have a diagnosed behavioral health challenge and be chronically homeless. The contractor employs 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 is partially funded by HUD permanent supportive housing grants. All individuals referred to this housing program, 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 this program through FY 22/23

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 % 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, together with the prominent role it plays in the continuum of housing for RUHS-BH consumers, positions these programs for continued success as a valuable contact point for homeless individuals with severe mental illness.

RUHS-BH remains committed to serving the extremely high-barrier individuals including youth, adults and older adults who were formerly chronically homeless with severe and persistent mental health challenges. Many of those we serve are individuals who were high-utilizers of hospitals, jails, and Emergency Medical Services. By continuing to use the Housing First approach without precondition and coordinating matching care with

our Full Service Partnership Behavioral Health Clinics we continue to expand our services and provide the needed supports for our target population. 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 22/23, Four hundred and ninety-five (495) residents graduated to living in their own apartments of which one hundred and seventy-three (173) received no ongoing housing subsidy and the remaining three hundred and twenty-two (322) 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 90 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 MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than units of affordable housing throughout Riverside County. Integrated within each MHSA-funded project were 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:

CSS

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 complex. Each apartment community includes at least one 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 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 meet 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, 19/20, and 22/23. 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 624 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.

CSS

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. These four projects are now complete and open for occupancy. 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. Two of the eight projects are now complete and open for occupancy. The remaining projects are expected to open between now and the Summer 2026.

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

CSS

Section III

Prevention and Early Intervention

MHSA Annual Update FY 24/25

Prevention and Early Intervention

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

Cultural Competency Outreach and Engagement Activities

Asian American/Pacific Islander Mental Health Resource Center

Inland SoCal Crisis and Suicide Helpline and 211

Take My Hand Peer Chat

Network of Care

"Dare to Be Aware" Youth Conference

Stand Against Stigma (Formerly known as Contact for Change)

Up2Riverside Media Champaign

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 & Preschool 0-5 Program

Guiding Good Choices

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 (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)

- Bounce Back

Seeking Safety

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

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), one Behavioral Health Specialist (BHS), 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 FY22/23 three Requests for Proposals (RFP) were released and three 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 including an 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. The PEI team attended 30 outreach events reaching 7,456 community members.

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

VOL 6 ISSUE 1 • FEB 2023

PEI PULSE

OFFICIAL NEWSLETTER OF PREVENTION AND EARLY INTERVENTION

OUR GOAL IS 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.
- Increase education and awareness of Suicide Prevention; implement strategies to eliminate suicide in Riverside County; train helpers for a suicide-safer community.
- Address a condition early in its manifestation with relatively low intensity and relatively short duration (less than one year).

PEI COLLABORATIVE

Upcoming Meetings:

March 29, 2023
Noon - 2:00 P.M

*5th Wednesday of the month

Zoom Meeting– Please register in advance
http://bit.ly/3luqOF5

After registering, you will receive a confirmation email and instructions on how to join.

RUHS - Behavioral Health, Prevention and Early Intervention (PEI) invite 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 of 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.

www.ruhealth.org/behavioral-health/prevention-early-intervention

This issue:

PEI Goals & Collaborative
PAGE 01

Main Article
Latinx/ Hispanic Communities and Mental Health
PAGE 02 & 03

PEI Provider Spotlight
"Vision Y Compromiso"
PAGE 04

Partners in Increasing Awareness
PAGE 05

Free Training
PAGE 06

Announcements, Events, and Updates
PAGE 07

MATTHEW CHANG, M.D.
DIRECTOR
"RUHS-BH believes that people with mental illness can and do recover and go on to lead rich, productive and satisfying lives"

Prevention and Early Intervention is funded by the Mental Health Services Act (MHSA)

Riverside University HEALTH SYSTEM Behavioral Health

It's UP to US

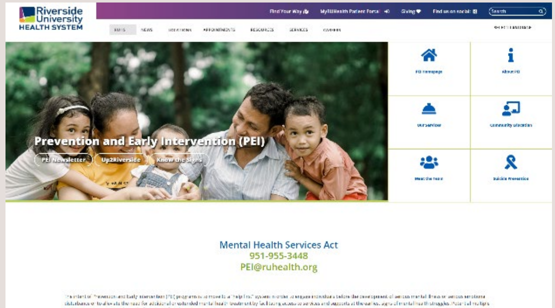
partnership development to improve the delivery of services. Additionally, a quarterly newsletter, the PEI Pulse, is disseminated electronically and available on our website.

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. Post-COVID, contract providers continue to struggle with recruitment and enrollment across programs. Virtual options are offered, when appropriate. Outcome data demonstrates positive impacts in the lives of participants. 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.

In Fiscal Year 22/23, 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 FY22/23, there were 143 training days with 2,822 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 FY22/23 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.

The PEI website, https://www.ruhealth.org/behavioral-health/prevention-early-intervention, 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. This site serves as the PEI Directory of Services, ensuring contact and program information is up-to-date and readily accessible to the community. 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 FY22/23 Summit was back in person. The theme for the Summit was "Healing our Communities: Resilience in Action" We had presentations by Susan Lowe and Dee Hankins. Susan Lowe presented "Supporting Families to Reclaim Their Brilliance by Reframing Historical Trauma with Intergenerational Resilience" which helped PEI providers gain an understanding of intergenerational and historical trauma, as well as the concept of intergenerational resilience. Dee Hankins is a motivational speaker who shared about challenges in his life growing up and resilience – where it comes from, why it is important, and how to activate it.

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 Take Action for Mental Health. 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 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. Riverside County stakeholders agreed to maintain this commitment for the current 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.

The effects of the Statewide PEI Project go beyond county lines. Influencing all Californians in the message of *Take Action for Mental Health* is critical for creating a culture of mental wellness and wellbeing regardless of where individuals live, work, or play. Key statewide achievements of the Statewide PEI Project in FY 2022-2023 include:

- Take Action 4 Mental Health disseminated physical and digital materials for May is Mental Health Month, Suicide Prevention Week and Month in September, National Rural Health Day, Winter Wellness, and Student Athlete Suicide Prevention
- Directing Change Hope & Justice Held Seven Topics for Monthly Submissions

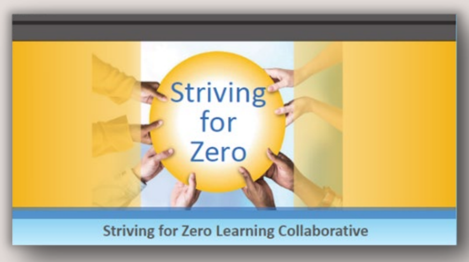
The Suicide Prevention Technical Assistance Team conducted two statewide webinars

The Suicide Prevention Technical Assistance team conducted regular meetings with PEI contributing counties throughout the year to provide technical assistance and resource navigation

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 FY22/23, 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



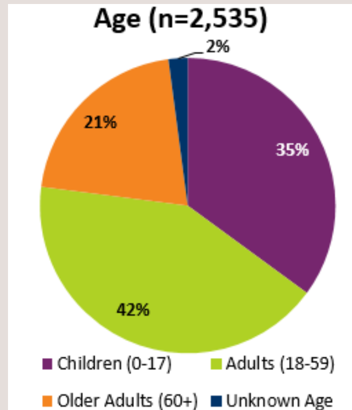
supports for May is Mental Health Month and Suicide Prevention Awareness Month, among other activities, as described throughout this document.

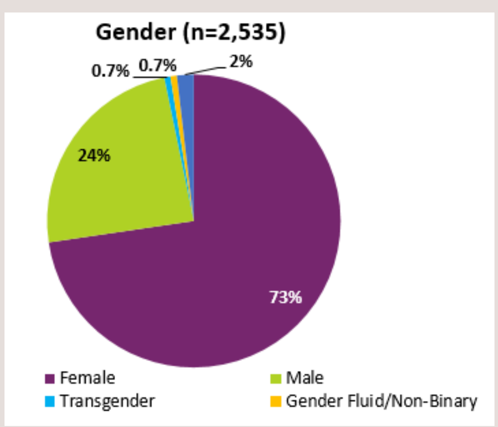
Who We Serve – Prevention and Early Intervention

In FY22/23 102,289 Riverside County residents were engaged by Prevention and Early Intervention outreach and service programs. Of those, 2,535 individuals and families participated in PEI programs (excluding outreach) and 4,267 middle school and high school age youth and 693 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=2,535)	County Census (n=2,447,642)
Caucasian	15%	32.4%
Hispanic/Latinx	50%	51.7%
Black/African American	9%	6.3
Asian/Pacific Islander	6%	7.4%
American Indian	1.4%	.03%
Other/Unkn/ Multi-Racial	20%	2.5%





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. Innovative and Outcome-Driven
7. 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 Community Liaisons (CCLs), and Cultural Advisory Committees bring a breadth of diversity, knowledge, and expertise, which strengthens our capacity to reduce disparities throughout our behavioral health system of care

Cultural Competency Reducing Disparities Advisory Committee

The Cultural Competency Reducing Disparities (CCRD) Advisory Committee is a committee including RUHS-BH staff, members of the cultural subcommittees, community-based organizations, community leaders, and consumers. CCRD works to identify cultural barriers and unmet needs with underrepresented populations. Partnering with Workforce Education and Training, CCRD promotes and hosts workforce training.

The CCRD committee prioritized the recommendations as follows:

1. Hiring bilingual staff
2. Cultural Competence Staff Training
3. Sustainability
4. Dissemination of information
5. Availability of Resources

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

The Cultural Competency Program Manager continually seeks opportunities for Cultural Learning and Cultural Humility. The CCRD Advisory Committee places a high value on continual learning, mutual acceptance, and honoring cultural traditions, and enlists the support of local diverse communities to offer and share their stories of mental health

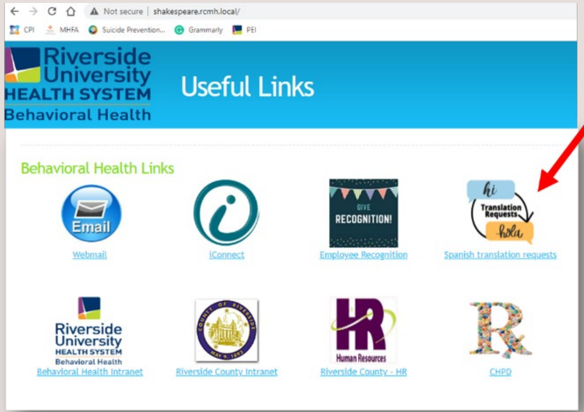
adversity, recovery, and healing. CCRD and all its subcommittees are committed to being inclusive and respectful of each other.

In FY 22-23, the Cultural Competency Program was able to:

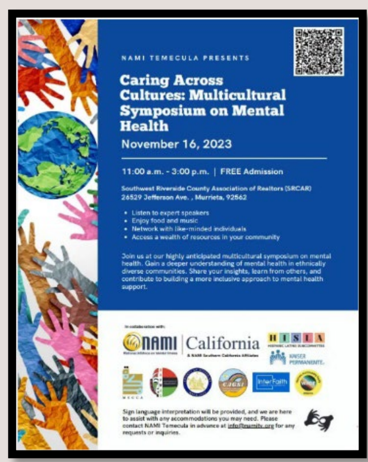
- Hire a new Cultural Competency Manager, 90 days into the year.
- Continue to improve the service delivery infrastructure and goals, as defined in the California State required Cultural Competency Plan. In collaboration with Research and Evaluation a Data Collection Tool and Protocol was developed to provide an assessment of the services provided to help the unit to summarize the results and incorporate them into program planning operations. Quarterly meetings with RUHS-BH Research and Evaluation started taking place to determine outcomes and progress. These strategies are helping the unit reach the objectives established on data collection and assessment of service needs.
- Participated in the Quality Assurance/Quality Improvement (QI) Committee, helping identify ways to increase the provision of culturally sensitive internal processes and services to our consumers.

As part of the Language Services offered by the program, the RUHS-BH translation policy and protocol for incoming English/Spanish requests was updated. The update included:

- A streamlined system for submitting requests using the online portal.
- Recruited and selected new members for the committee, increasing membership by 150%.
- A reduction in the time taken to complete the requests by 80%.
- The Translation Committee created an approved glossary to aid translators in accessing previously approved terms.



- Additionally, a survey was created to assess satisfaction with interpretation services provided for community events, meetings (in-person and virtual), and video relays (e.g., YouTube). This survey aims to collect community feedback on our interpretation services, including positive and negative experiences. The goal is to identify areas of improvement.
- The Cultural Competency Program participated in a 10-month cross-county collaboration with San Bernardino County's Department of Behavioral Health. The collaboration focused on assisting in the capacity building of Black-owned community-based organizations to fill gaps in the infrastructure to support these agencies in the "Continuum of Sustainability."
- Worked collaboratively with Workforce Education & Training to:
    - Plan and develop a training program to increase the understanding of working with people with disabilities.
    - Collaborated with The Lehman Center in designing a training for Spanish-speaking clinical staff to better serve Spanish-speaking clients with the goal of implementing it in the 4th quarter of 2024.
- The Caring Across Cultures: Multicultural Symposium on Mental Health was a significant event in the field of cultural competency this fiscal year. The symposium was organized in collaboration with NAMI and celebrated the diverse cultures represented in Riverside County. The event featured an expert panel, a keynote speaker, resource tables, music, food, and festivities that highlighted the various traditions of the cultures present. As a result of the success there is a plan to expand the Multicultural Symposium on Mental Health to the Western and Desert regions of the County



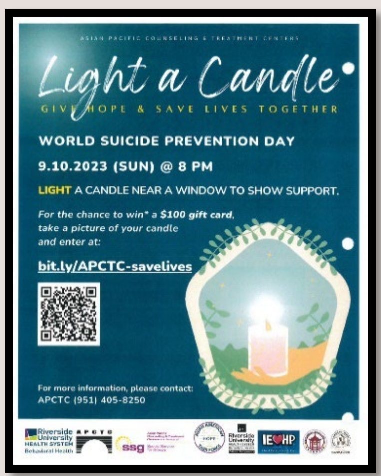
Cultural Groups Activity Reports

The subcommittees for Cultural Communities have been established and convene on a monthly or bi-monthly basis, with the active participation of community members. Through their collaboration with the CCLs, these subcommittees have secured

PEI

sponsorships worth approximately $160,000 to support community service providers in delivering culturally appropriate mental health workshops and outreach events in the identified communities

Asian Pacific Islander Desi American & Native Hawaiian (APIDANH) - Dr. Ernelyn Navarro:



In September 2022, for Suicide Prevention Month, the Asian Pacific Islander Desi American & Native Hawaiian (APIDANH) subcommittee, along with partnering agencies and stakeholders, implemented a suicide prevention campaign which included a World Suicide Day "Light a Candle" photo contest, a webinar on "Culture-based depression screening and evaluations in Chinese American Immigrants," an online panel discussion about lived experiences, and an in-person event focused on "Senior Blues" in the Korean community.

Hosted the first Neurodiversity Resource Fair and Workshop for Autism Awareness Month (April 2023), in collaboration with the WADE Alliance.

Supported community partners to apply for the "Stop the Hate" grant funding to support our efforts in educating Riverside County residents about violence against Asians and available resources for victims of hate crimes.

We are also working on a pilot program integrating Korean dramas to facilitate mental health awareness and discussion among Asian Americans.

PEI

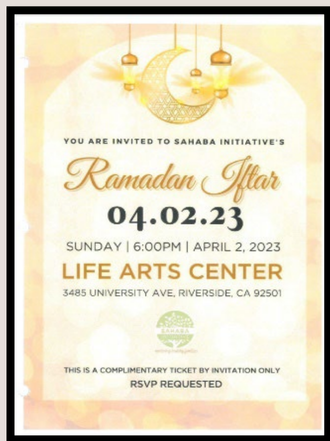
African American Family Wellness Advisory Group (AAFWAG) – Hazel Lambert

AAFWAG implemented an annual Community Service Recognition Award Ceremony. The purpose of the recognition ceremony serves as a tool to support, encourage, and infuse continuous quality improvement of service providers' activities. The recognition ceremony is in its second year and has seen an increase in stakeholders' participation and a pathway to re-establishing trust among the African American communities.

There were many initiatives to strengthen local and civic engagement with elected officials that took place, such as the instrumental passage of state legislation for "Black Health Equity Week."

Increased AAFWAG memberships with stakeholders from community colleges, universities, senior centers, and parent groups.

AAFWAG sponsored events, workshops, and outreach to foster mental health discussions in the community, such as Black History Month, Juneteenth, Mental Health Awareness "Tea for the Soul", Laughing for the Health of It, and Celebrating Recovery – Hemet Black Voices of the Valley.



Middle Eastern and North African (MENA) – Riba Eshanzada, LCSW Inclusive Research with UCR School of Social Policy: By partnering with the UCR School of Social Policy, this effort worked to ensure that MENA communities were not overlooked or marginalized in research efforts. This inclusive approach allowed for a more accurate understanding of the challenges, needs, and strengths of the MENA population, ultimately informing policies and programs that better serve the community.

Advocacy and Awareness: Through presentations, meetings, and collaborations with key stakeholders such as PEI providers, Rep. Elios Reyes, and the Riverside County Sheriff's Department, advocacy efforts were made for the specific needs of the MENA community. These efforts aimed to raise awareness, build bridges, and ensure that the voices of the community were heard and respected in decision-making processes.

Allyship and Interfaith Engagement: Through Allyship Presentations, interfaith events such as Sahaba Initiative's Interfaith Brunch and Ramadan Dinner, and participation in conventions like the Muslim American Society annual convention, the promotion of dialogue, respect, and solidarity among different religious and cultural groups within the community was the focus.

Wellness and Disability Equity Alliance (WADE) – Dakota Brown

Created partnerships with Inland Empire Disability Collaborative, Building Bridges for Special Needs, HARP Positively Aging Project, SoCal Adaptive Sports, Let's Kick Aids Survivor Syndrome, Riverside County Office On Aging, CA Dept of Rehabilitation, and Public Health Equity Coalition.

Sponsored *World Disability Day* at The Living Desert, Building Bridges/Fenixia adaptive Gala: *The Stars Come Out Tonight*, and *Autism Acceptance Walk CV* in Palm Desert.

In the current fiscal year, WADE is working on adapting products and services for people with low or no vision. We met with the Blind Support Services (BSS) leaders and technicians to brainstorm solutions and learn how to adapt our products and services to people with low or no vision. We are now building a BSS Emotional Wellness Hub, which includes a county kiosk, charging station, brochure stand, and high-contrast materials accessible to screen readers.

Hispanic/Latinx (HISLA) – Shirley Guzman

The efforts to support the RUHS Mental Health Clinic in Blythe have continued throughout the year to improve service quality. The community has seen positive improvements. Consumers report that clinic staff treat them with dignity and respect, give them appointments promptly, return their phone calls, and are satisfied with the services.

Deaf Collaborative Advisory Network (DCAN) – Rachel Postovoit, LCSW

Through continued collaboration between RUHS-BH "Help@Hand" Innovation program, the Cultural Competency program, and the Center On Deafness Inland Empire (CODIE), the TakemyHand live peer chat now has a video chat capability to access live peer support services in ASL. It has hosted 11 chats since it became available in the second half of 2023 with the objective to provide an inclusive and safe space to everyone in our community.

Spirituality & Faith Based – Rev. Benita Ramsey

The development of a training for mental health professionals, focusing on spirituality's significance in person-centered mental health care, in collaboration with Workforce Education and Training is in progress. The implementation of this program is expected to take place early in 2025.

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 Asian American Pacific Islander Mental Health Resource Center (AAPI

PEI

MHRC), going into its 6th year in 2023, continued to encounter the scarcity of local AAPI bi-cultural & bi-lingual mental healthcare providers. The online sites they can use as community resource referrals are often not accessible to older AAPIs who expressed not being comfortable with virtual or online therapists and challenges with navigating the internet on their own. This fiscal year, one of the primary challenges continued to be staff turnover. Since the outreach positions are entry level, part-time positions with the hourly rates less than minimum wage, these factors created difficulties with recruitment.

The resource center moved to a new location in Moreno Valley because the previous property (a church) was sold. As a result, the program incurred unplanned additional expenses for rent and staff time for the relocation. The AAPI MHRC experienced success with the increased frequency of their educational presentations and workshops through their Self-Care Sundays and monthly "Ugnayan" Mental Health Education series. By offering these presentations as hybrid events, it allowed the team to find speakers outside the Inland Empire and attendance became more consistent. In addition, the team was creative with integrating mental health topics with various activities that promoted resiliency and stress management skills, such as movie night (e.g., Disney movie, Turning Red, to explore intergenerational trauma and cultural identity). The outreach activities were both in-person and online. They increased community engagement through their social media – promoted their events and provided educational information, such as suicide prevention.

Overall, there were a total of 12 AAPI MHRC outreach activities conducted by AAPI MHRC staff, with a total of 402 people reached during all events. There were also a total of 9 events and presentations completed by AAPI MHRC staff during fiscal year 2022-2023, where 8 events were specifically for the Monthly Mental Health Educational Workshops and 1 event was specifically for the Quarterly Culturally Specific Mental Health Events. All of these events were conducted either virtually using Zoom-meeting format or in-person at the AAPI MHRC main office, with a total of 131 attendees from all of the 9 events. The AAPI MHRC had a positive impact on the community. Of those surveyed, 100% "Strongly Agreed" or "Agreed" that they would recommend to their friends and family members to attend a similar presentation. After the presentation, 91.6% participants "Strongly Agreed" or "Agreed" that they felt they were better able to talk about mental health

issues with their family and friends. After the presentation, 97.2% participants "Strongly Agreed" or "Agreed" that mental illness can be managed and treated. 90.2% participants "Strongly Agreed" or "Agreed" that they would feel comfortable seeking help for themselves or their family members regarding mental health issues after the presentation.

Some comments from participants include:

- "Liked the greater exposure to cultural perspectives regarding mental health services as a catalyst for challenging our own preconceptions and aid in recognizing health as holistic and biopsychosocial."
- "Wonderful experience."
- "We enjoyed the presentation very well. Fun day!"
- "Learned a lot regarding taking care of myself. Thank you for the presentation."
- "Enjoyed the presentation and fellowship."
- "The information is very helpful. We deal with mental health issues everyday."
- "Presenters did an excellent job. My husband and I really enjoyed this very special Filipino bonding. Looking forward to the next presentation."
- "I am so happy to know that as a community, we are closing the stigma of getting mental health help."

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

PEI

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 kind of intervention – who calls and why – informs better response systems.

This last year, the Inland SoCal Crisis Helpline implemented the SAMSHA Crisis Care Model. This model aligns with access to care for physical health emergencies. The model provides (1) someone to talk to (911/988/951-686-HELP), (2) someone to come to you (ambulance/crisis mobile team via 951-686-HELP), and (3) a place to go (ER/mental health urgent care via 951-686-HELP). We first needed to fully align with the American Association of Suicidology (AAS). After this alignment application and assessment, the Inland SoCal Crisis Helpline became the 122nd organization to receive AAS Crisis Center Accreditation. The other significant challenge to creating and launching this infrastructure is to support a community point of access for crisis mobile services. After expanding the workforce with social service staff and Masters of Social Work interns, the line became the community point of access for the Riverside County Crisis Mobile Unit. Initially, they provided 12 hours per day. Now, they provide 24/7 mobile unit access.

- Call volume increased by 8.4% over the prior year and by 31.7% over the last two years. There were 5,405 calls in 2022-2023 compared to 4,985 calls in 2021-2022 and 4,103 calls in 2020-2021.
- Active rescues for imminent risk to life held steady, even though call volume increased. In 2022-2023, there were 79 active rescues via 911 dispatch for calls involving imminent or active harm to self or others. In addition to the pandemic's declining impact, this suggests that our expanded prevention workshops and new partnership with crisis mobile are effective at reducing harm.
- Community awareness of the Crisis Helpline is lifesaving. There were multiple in-progress suicide attempts at the time of call, including loss of consciousness on the

phone. Callers kept the Crisis Helpline in their minds and chose to call us first during that desperate life-saving moment. Continuing to have the locally based Crisis Helpline service is a key intervention.

- The Crisis Helpline is the public front door phone number for community members to request screening and prospective dispatch of the Mobile Crisis Unit or referral to a Mental Health Urgent Care Center. The Inland SoCal Crisis & Suicide Helpline and the Riverside County Crisis Mobile Unit (RCCMU) began partnering in 2022 on local crisis care. In this first partnership year, the Crisis Helpline assessed and warm transferred 174 calls to RCCMU for in-person support.
- Mental health post-pandemic did not recover equitably. The proportion of crisis callers who are Black, Indigenous, and People of Color (BIPOC) increased 21.8% in the last five years. In the last12 months, there was a 12.3% spike in call volume from Latinx callers. Based on lived experience feedback, the Latinx call volume increase may actually reflect increased Indigenous call volume.
- Crisis Helpline internships support next generation behavioral health professionals. With more than 100 students having completed the Crisis Helpline's intern program since 2020, 100% of recent program graduates report wanting to stay in the behavioral health profession long-term.

Take My Hand Peer Chat
Program Type: Suicide Prevention

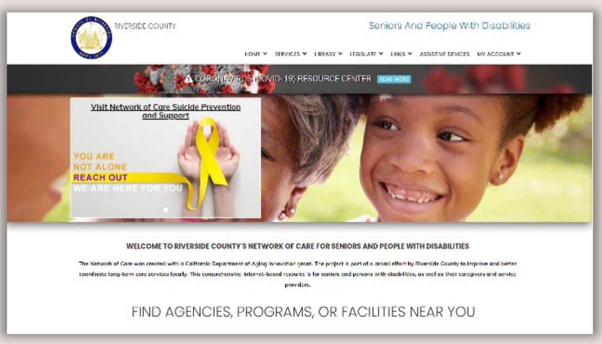
RUHS-BH Tech Suite Innovations project launched Take My Hand, a peer-to-peer live chat

interface operated by RUHS-BH Certified Medi-Cal Peer Support Specialists providing chat support using real-time conversations for people (16 & over) seeking non-crisis emotional support. The Tech Suite Innovations project has come to an end. Due to the success of Take My Hand, and in order to keep these services in our County, Take My Hand will be supported, in part, through PEI funding which will cover the chat service technology component only.

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 FY22/23 the website had 148,605 visits and 367,360 page views.



May is Mental Health Matters Month
Program Type: PEI Stigma and Discrimination Reduction Program

In May 2023, we returned to our in-person resource fairs for the first time since the

pandemic. On May 3rd the Desert region kicked off the festivities with their first Resource Fair at the Palm Desert Civic Center Park. There was close to 80 vendors there representing the department of behavioral health, as well as local community organizations. The day opened with the Cahuilla Bird Singers and land acknowledgement from Dr. Sean Milanovich (RUHS-BH's cultural

community liaison) and opening remarks from local dignitaries such as La Quinta Mayor (Linda Evans), Palm Desert Mayor Pro Tem (Karina Quintanilla), and representation from BOS Perez's office. The event included mental health activist and female professional boxer, Mia St. John followed by a Mental Health panel discussion with Mia St. John and local high school coaches who brought to light the importance of caring for our physical and mental health. The afternoon also consisted of a Salsa dancing lesson, and a performance by the 80's tribute band, LDD80s. Also, in the month of May, the annual Art Show was held, showcasing nearly 500 art pieces submitted by consumers, it was very well attended and lots of the art pieces were sold. On May 11th the event for the Mid- County region was hosted in partnership with the City of Menifee at Central Park. Menifee's City Council formally recognized the month of May as Mental Health Awareness Month and presented RUHS-BH a proclamation. The event included close to 80 vendors representing the department of behavioral health, as well as local community organizations. DJ Jesse Duran from Kola 99.9 emceed the event, and the Jimi Hendrix tribute band, ElectriCo performed at the event. The event also opened with the land acknowledgement and bird songs from the Cahuilla Bird Singers. An article from the Valley News featured the event and partnership with the City of Menifee. A highlight from the article also included how a community member who attended the event ran into the team who helped to save his life. Daniel Smith of Perris shared about the supports he received from RUHS-BH's Lake Elsinore-SAPT & Mobile Crisis Management Teams. On May 18th the final event was held at Fairmount Park in Riverside. The event also opened with the land acknowledgement and bird songs from the Cahuilla Bird Singers. The event included a Wellness Corner with

author, Dr. Nashira Kayode. She presented her journals and was available to sign and give away free wellness journals to those in attendance. The Wellness Corner also had a Chair Yoga session. Jesse Duran from Kola 99.9 emceed the event, and there was a dance contest and performances from consumers of RUHS-BH. The city of Eastvale also issued a proclamation to recognize May is Mental Health month.

"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. In February 2023, this event returned for the first time since the pandemic. There were 263 attendees from 10 high schools throughout Riverside County. The theme for the day was Healthy Relationships w/ presentations by Jeremy Bates & Jason Tate. The goals are to increase awareness and reduce stigma related to mental illness.

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

The program consists of a small team of presenters who share their lived experience with mental illness and their recovery journey to reduce stigma and spread messages of hope. During the course of fiscal year 2022-2023, the team underwent staffing changes/shortages. The presenters also undergo extensive training and development of their personal lived experience before it is ready to be shared in a community presentation. This onboarding time for new presenters, as well as the program structure of needing at least two team members to facilitate the presentations, impacted the number of presentations that the program was able to implement for the duration of this year. Finding locations that would provide physical space and time for an in-person presentation was a challenge; therefore, most presentations were held virtually. The virtual aspect did make the presentations more accessible to community; however, it was more difficult to obtain feedback surveys for data analysis from virtual attendees.

There was a total of 200 people who attended a Stand Against Stigma presentation in the 2022-2023 fiscal year. Of those surveyed, post-test results revealed a statistically significant increase in participants' affirming attitudes regarding recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Additionally, approximately 65% of those surveyed identified as Hispanic/Latinx, which is an underserved population in Riverside County.

Overall, the attendees to these presentations reported strong satisfaction with the enthusiasm and knowledge of the Speaker's Bureau presenters, and a high likelihood to recommend the program to others.

Some of the comments shared by attendees included:

PEI

- "I would like to thank the presenters as I believe they are brave to be able to tell their stories and I also believe that story telling is one of the best ways to reach others."
- "Thank you for the presentation. Your stories are amazing and give hope."
- "I am forever grateful to [presenter], not only for sharing today, but for her help earlier when I needed it most. I am alive today because of her. [Presenter], you are so strong, and such an inspiration, and you matter; you have and continue to make a difference in this world."

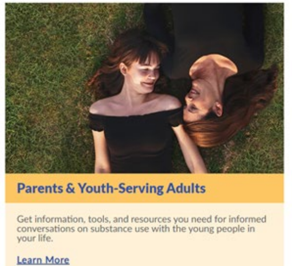
Up2Riverside Media Campaign

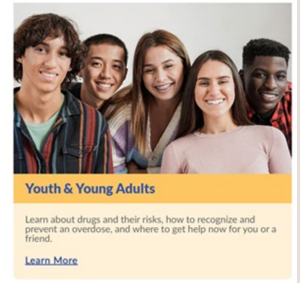
Program Type: PEI Stigma and Discrimination Reduction Program

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 FY22/23, the website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result, there was a total of 772,976 page views and 280,477 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. 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 155,387 and radio totaled 100,090. 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 3.4 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. Overall, the fiscal year 2022-2023 paid media campaign delivered a total of 65M+ impressions and 345K+ clicks. Through digital tactics that were part of the paid media campaign, there were a total of 280,477 new users driven to the It's Up to Us Riverside campaign website. The average session duration on the website was 1:50, showing users were engaged with the website content.

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.





Promotores de Salud Mental y Bienestar Program
Program Type: Outreach for Increasing Recognition of Early Signs of Mental Illness Program

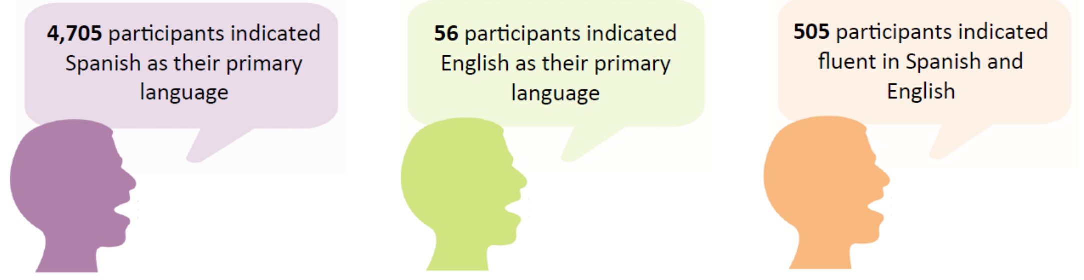
Visión y Compromiso
Promotores
1,399 Presentations
5,350 Attended

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

PEI

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 – these build trust in the community. Relationships 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, 2022 to June 30, 2023 promoters for the Promotores Hispanic/Latinx CMHP program provided a total of 1,399 1-hour mental health presentations across the Western and Desert regions of Riverside County. A total of 5,350 people were recorded attending a presentation, which includes people who had attended more than once. Half of the presentations (49%) provided by Promotores CMHPP were on Mental Health, Anxiety, and Depression. The remainder of topics (51%) discussed were Trauma, Effects of Drugs and Alcohol, Bipolar Disorder, Suicide Prevention, and Schizophrenia, collectively.



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.

The CMHP Program providers continued to learn and engage with the communities they serve on how to build trust in order to create those key partnerships that will increase access and sustainability. Additionally, providers have learned that when they feel empowered that it increases their confidence, and their ability to share about and promote the program. This can also encourage individuals from the community to share their stories, which can help to reduce stigma and open conversations.

RUHS-BH Tech Suite Innovations project launched La Clave, a program for the Latinx community that helps initiate the conversation about mental illness, reduces fear and shame associated with mental illness, and teaches how to support someone with mental illness. This curriculum is a 1-hour workshop that serves as a guide to the symptoms of serious mental illness and is culturally tailored for the Hispanic/Latinx population. Riverside County PEI Promotores were trained in this model, and it is utilized as one of the ten topics offered through this program. The Tech Suite Innovations project has come to an end. Due to the success of La Clave, and in order to keep these services in our County, La Clave will now become a part of the PEI plan.

Feedback from participants includes:

- "This information is important and the more we talk about it, the more we are open to services and elimination of stigmas."
- "Knowing what people go through after the death of loved ones, and the coping skills they need."
- "I love the fact that she really wants people to know how important it is to seek help with our mental health."
- "The information presented was simple to understand and non-invasive making it easier to engage."

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, 2022, to June 30, 2023, promotors for the four Community Mental Health Promotion Programs (CMHPP) provided a total of 598 1-hour mental health presentations countywide, with a total of 2,904 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.

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:

- "It's given me a truly thorough list of helpful resources in our area."
- "It helped me to learn what to do to help my kids. To protect themselves for bully and emotion swing at school and at home. The speaker is very knowledgeable in subject. We always like to participate in her session."
- "I like this presentation. I hope to see them again and I can tell my friends and family something that can help them."
- "There is always a light at the end of the tunnel and there is always an out and a long journey ahead."

An RFP was released during FY22/23. As a result, the populations awarded were: Asian/Pacific Islander (AA/PI), Native American (NA), Middle Eastern/North African (MENA). Another RFP will be re-released soon for the non-awarded populations: African American, LGBTQ+, Spirituality/Faith-Based, People with Disabilities, Deaf/Hard of Hearing, and Veterans

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. PEI continues to fund depression screeners at all RUHS Community Health Centers. 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

PEI

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. FY2022-2023 there were 251,749 screeners

Total Screens

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
2022-2023	72,172	179,577	251,749

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.

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.

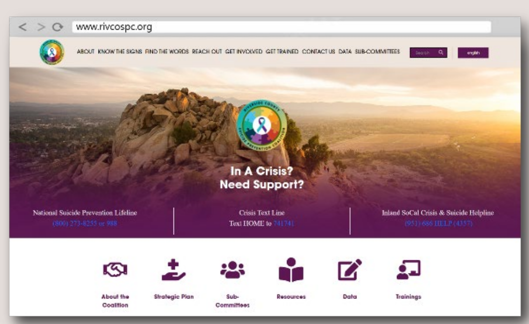
Building Hope and Resiliency: A Collaborative Approach to Suicide Prevention in Riverside County is the Riverside County suicide prevention strategic plan. As part of our statewide partnership, PEI participated in a suicide prevention learning collaborative. The plan was created through a data-driven 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, 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.

The Suicide Prevention Coalition and the PEI Admin team developed the 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.



The Riverside County Suicide Prevention Coalition (RivCo SPC) entered its third year during fiscal year 2022-2023. Challenges continued with the recruitment and maintenance of subcommittee membership. There had also been sub-committee co-chair vacancies and changes, which continues to create more work for the remaining sub-committee members and makes it difficult to meet the objectives set forth in the strategic plan.

PEI

There were several initiatives that the SPC spearheaded during this time that encountered challenges. One being the continued efforts around the creation of a Suicide Fatality Review Team in partnership with our local Sheriff's Department and Coroner's Office. The SPC continues to find ways to engage key partners in this initiative and to find and address barriers. In November 2022, the SPC hosted a Suicide Fatality Review Team Collaborative Meeting with several other counties to discuss training, partnerships, and processes related to developing an SFR Team. A new grant with CDPH focused on youth suicide prevention will include the development of a Suicide Fatality Review team. RUHS-BH is partnered with RUHS-PH to carry out the grant. The grant includes multiple components, and more information will be shared in next year's update.

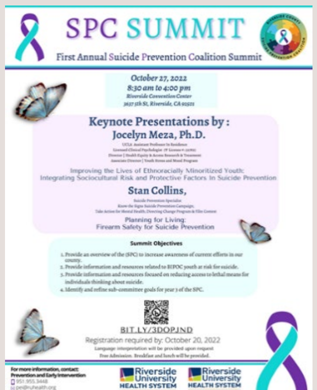
PEI, in partnership with the Suicide Prevention Coalition & the Postvention sub-committee, will be offering short-term Clinical Bereavement Counseling for survivors of suicide loss at no cost to residents of Riverside County. This pilot project will offer 6-8 free sessions to suicide loss survivors through community-based clinicians who will be trained in a specific approach to support suicide bereavement. Licensed clinicians were recruited across different community organizations and healthcare providers to attend a training with Dr. Sally Spencer-Thomas in January 2023; however, the training was poorly attended, and has resulted in this initiative being postponed until fiscal year 2023-2024. Applications are currently being accepted on an on-going basis, until the County determines it has obtained enough providers to adequately address the needs of the County, issues a new procurement for this program, or funding is no longer available. You can find the application at www.rivcospc.org.

The SPC has been very community focused and has made efforts to engage the general public and other organizations in suicide prevention efforts. The SPC has made use of their website to share frequent updates such as posting upcoming events, past meeting minutes, current articles, etc.; however, the SPC leadership team has experienced difficulties in keeping the website up to date due to delays in work order tickets being processed by IT. This results in the coalition advertising outdated information on the website.

Despite the noted challenges in fiscal year 2022-2023, the SPC has experienced many successes. In Spring 2022 the coalition established its newest subcommittee, Engaging

Higher Education, as the direct result of feedback received from the community regarding the need for targeted prevention, intervention, and postvention supports for transitional-aged youth and young adults. In the Summer/Fall of 2022, the SPC hosted webinars for service providers and the community at large to educate individuals on the National Suicide & Crisis Lifeline's transition to 988. Additionally, the SPC received a Proclamation from Riverside County Board of Supervisors, recognizing September as Suicide Prevention Month in Riverside County, and developed a calendar of in-person and virtual events for the entire month of September to encourage community members of all ages to play an active role in suicide prevention.

In October of 2022 the SPC was able to host the First Annual Riverside County Suicide Prevention Summit with 220+ in attendance. The event focused on means safety and suicide prevention efforts for Black, Indigenous, and People of Color (BIPOC) youth. At the event, 108 commitment cards were received from attendees that were interested in joining the local effort. The SPC was also able to collaborate with Find Your Anchor (FYA) to launch approximately 250 FYA boxes into the community to increase awareness, reduce stigma, and encourage help seeking behaviors for those in crisis. The Summit was well attended, with 220+ in attendance, and on feedback surveys 83.6% of respondents rated the summit as excellent overall. Moving forward, the summit will be referred to as a "conference" and the focus will be on community education and stigma reduction rather than recruitment.



In March 2023, the SPC hosted an outreach table at the Daisy Walk for Military and Veteran Suicide Prevention in Murrieta. The SPC was also represented at all 3 RUHS-BH May is Mental Health Month Events in May 2023.

The SPC/PEI partnered with RUHS-Public Health and the Riverside County Office of Education to host the Riverside County Directing Change Screening & Recognition Ceremony on May 4, 2023, at the Fox Theater in Riverside. Key leadership from the SPC was also involved in the Directing Change Advisory Council, including the PEI Administrative Services Manager, Diana Gutierrez, and Suicide Prevention

Coordinator, Myeshia Bobo. Approximately 350 students, school staff, families, and community members attended the event.

Throughout the year, the SPC provided updates to the community at large on the current efforts of the SPC subcommittees through quarterly meetings. Additionally, the hosted quarterly meetings consisted of educational presentations from subject-matter experts in the field of suicide prevention. Topics covered included: Adverse Childhood Experiences and Resilience ACE|R and Marginalized Communities, Means Safety and BIPOC Youth Risk Factors for Suicide, Postvention Responses, and First Responder Suicide Prevention. The growth of the SPC also justified the hiring of a Behavioral Health Specialist II in June 2023 to assist with SPC event and project coordination.

RUHS-BH Tech Suite Innovations project launched Man Therapy to promote mental health awareness and suicide prevention amongst middle-aged White/Caucasian males.

The SPC partnered in this effort and the SPC logo was featured on all billboards and materials throughout the County. The Riverside County Man Therapy landing page also links individuals to the SPC website for local information and resources. The Tech Suite Innovations project has come to an end. Due to the success of the Man Therapy campaign, and in order to keep these services in our County, Mantherapy.org will now become a part of the PEI plan. Man Therapy is a web-based campaign focused on men that uses humor and male stereotypes to start the conversation and get men to think differently about their mental health.

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 training 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. PEI hosted 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. In June 2023, the coalition welcomed 19 provisional safeTALK trainers and 24 provisional ASIST trainers to their subcommittee after the completion of their respective LivingWorks Training for Trainers course. Trained trainers represent 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 FY22/23 19 training courses were offered with 341 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 FY22/23 14 training courses were offered with 289 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 teach 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 FY22/23 16 training courses were offered with 231 participants.

- **Virtual Trainings**

The PEI Administration team developed a series of four virtual training courses that were offered throughout the pandemic. The training was 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 FY22/23, 17 training courses were conducted, reaching 141 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 FY22/23, nine training courses were conducted reaching 132 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 FY22/23, five training courses were conducted, reaching 96 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 FY22/23, six training courses were conducted, reaching 156 participants.

Some comments from participants include:

- "What Was Most Helpful About the Course? 1. How to approach someone at threat of suicide; 2. psychosis + violent/aggressive behavior."
- "[Instructor] was very knowledgeable on the topic. She gave great examples. Very encouraging and friendly. Thank you!"
- "This was a good training. I would never have imagined that it is OK to ask someone directly."
- "I would give a higher rating if possible. The training was very informing and lively despite such a heavy topic. I would definitely recommend the training to others!"
- "Extremely beneficial training that can be applied to my work and outside work life!"
- "Great, informative session/training. I work one-on-one with a lot of students so knowing this information and how to bring up the conversation is really useful/helpful. Thank you."
- "As much as role plays are difficult to do, they provided the best hands-on training."
- "It was a privilege to be trained by our trainers. They did a wonderful job and gave us the tools to be better prepared to handle these situations."

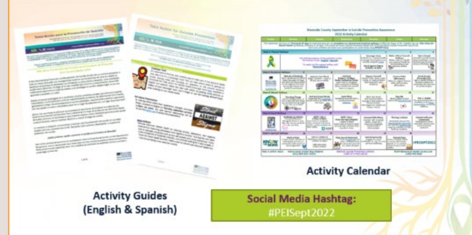
Suicide Prevention Community Activities

- **Suicide Prevention Week Proclamation:** RUHS-BH received a proclamation from the Riverside County Board of Supervisors recognizing September 2022 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 as community-based providers for not only suicide prevention week but the entire month of September.

- **Suicide Prevention Month Activities:**

In 2022 Suicide Prevention Month focused on Thriving at all Ages. 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. Community members were encouraged to use the social media hashtag #PEISept2022 to share photos, videos, and commentary related to these events. In partnership with CalMHSA, we received Journal Outreach Mini Kits: a Mental Health Thrival Kit for Students that was created by Directing Change. The kit includes a notebook, pen, journaling bookmark and sticker sheet. For students the notebook includes writing prompts, coloring pages, mindfulness activities, and doodling space to stimulate mindfulness, reduce stress and worry, and work through thoughts and emotions they are experiencing. The notebook also lists youth suicide warning signs and a resource list. For educators there is a landing page with mental health resources that can be used to support their students as well as information about helping students submit films, music, or artwork to the Directing Change program. In addition, we received general outreach toolkits in English & Spanish. These included the following items: Know the Signs poster and display, Know the Signs bilingual pull-out pen, Know the Signs brochures, wristbands, green ribbons, Know the Signs tip cards (on: Know the Sings, Find the Words, Reach Out, Breathing tips/coping card), and decals. Toolkits were distributed to school and community partners.



- **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.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program)
Program Type: Prevention Program

Triple P Parenting served 232 parents. 88% completed

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 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, Triple P and Teen Triple P combined served 290 parents in the 2022-2023 fiscal year. The majority of parents served in Triple P and Teen Triple P identified as Hispanic/Latinx, 68.1% and 74.1%, respectively, which is one of the targeted underserved populations in Riverside County.

PEI

The provider shared that they were able to create new partnerships with school districts they had not been at before, which helped to open up services to new areas of the County. They were also able to utilize professionals in the community, who had trust and credibility, to help promote and spread the word about available classes, increasing their advertising exposure.

Teen Triple P Parenting served 58 parents. 72% completed

Across both the Triple P and Teen Triple P programs, parents had a 78.1% program completion rate. Parents were overall highly satisfied with both programs.

Behavior Problems Decreased

Overall, parents had significant increases in involvement with their children/teens, increases in positive parenting practices, decreases in inconsistent discipline practices, and decreases in parental experiences of depression, anxiety, and stress. 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 Depression, Anxiety and Stress Scale (DASS-21) also showed that parents experienced a decrease in their depression, anxiety, and stress levels. Outcomes from Eyberg 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. Countywide, outcomes of the Strength and Difficulties Questionnaire (SDQ) indicated that teen total problems of emotional, conduct, hyperactivity, 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 countywide, parents had a significant increase in involvement with their teen and in positive parenting practices. There was a decrease in poor monitoring practices, however this decrease was not statistically significant. Countywide, analysis of the Conflict Behavior Questionnaire (CBQ) indicated a statistically significant decrease in parent's report of general conflict between parent and teen.

Overall, parental engagement and demand for the teen curriculum/classes has been lower throughout the County. The provider has found that accessing some of our underserved populations was more challenging (e.g., the religious/spiritual communities, deaf and hard of hearing), and that they are continuing to build relationships and trust to better serve these populations. The provider learned about different strategies to access and reach the community. The provider created a general interest form link accessible by a QR code which allowed them to scheduled classes based on the demands of parents.

Additionally, while there has been a return to in-person classes, the provider learned that there was still a demand from parents to make virtual classes available, which has been helpful for parents to be able to attend and work the class around family and work schedules.

Positive Parenting Practices Improved

Feedback from participants included:

- "I learned to remain patient and be clearer when giving requests to my child. Also giving time to my son and myself."
- "I learned that as difficult as it might be expressing things we struggle with, discussing this as a group with other parents seem to be a lot more helpful than just speaking to your partner."
- "That we exchange ideas with other mothers and know that I am not the only one who has a bad moment with my child's behavior."
- "I really liked the examples & tips the facilitators gave us as far as knowing when & when not to praise your child or knowing when to use logical consequences."

Mobile Mental Health Clinics and Preschool 0-5 Program
Program Type: Prevention Program

The Preschool 0-5 Program is made up of multiple components including SET-4-School, Prevention and Early Intervention Mobile Services (PEIMS), and the Growing Healthy Minds Initiative. The 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 during the COVID pandemic, it seemed a good time to make this transition. As of January 2024, Preschool 0-5 will have four sprinter vans delivered and ready to begin providing services at our contracted school sites.

A total of 2,280 mental health services were provided during fiscal year 2022-2023, totaling 1,905 hours to children and their families. A total of 101 children received Parent-Child Interaction Therapy (PCIT) and mental health services in the West, Desert, and Mid-County Regions.

Families living in remote locations frequently face challenges due to limited availability and awareness of services alongside the enduring consequences of the pandemic.

Moreover, the stigma surrounding mental health diminishes the probability of seeking help. This reveals an ongoing need for families to seek additional support in accessing other resources, accounting for 43.9% of case-management provided during this fiscal year. In response to the community support sought by families, we facilitated 29 parent consultations during this fiscal year. These consultations offered valuable social-emotional education, parenting skills, and connections to resources, addressing concerns that may not necessitate intensive therapeutic interventions.

During this fiscal year, schools were also supported through eight provider consultations, 7.3 hours of education to teachers and administrative staff on specific skills to use when managing aggressive/disruptive behaviors, on child brain development, and trauma informed approaches. Countywide, significant improvements were made in treatment scores demonstrated in the Parent Stress Index (PSI) and Eyberg Child Behavior Inventory (ECBI) measures completed:

Behavior Problems Decreased

- Significant decrease in the frequency of child problem behaviors and in the extent to which caregivers perceived their child's behavior to be a problem, for clients who completed PCIT.
- Pre and Post PSI scores showed a statistically significant decrease in parent stress level.
- 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.
- IY Dinosaur Group and parenting group of 6 weeks was offered during the year.

The PEI staff play a crucial role in discovering methods to provide services to families facing challenges such as limited resources, transportation issues, and geographical barriers. Thanks to our endeavors, families can efficiently access services, learning positive parenting techniques that have notably transformed lives and family dynamics. Despite the challenges presented by the pandemic, safety precautions on school campuses, and the absence of our mobile units in the past two fiscal years, PEI staff consistently provided high-quality behavioral health services. They successfully attended

Parent's stress levels decreased

to the needs of children and families within the community. Our PEI team has been fortunate to experience numerous successes in supporting children and families, with one outstanding example being the story of George.

George, who was 4 years old when referred to us by one of our PEI school sites due to persistent behavioral challenges in the classroom and his caregiver contemplating removing George from school to address the concerns. The following is a direct testimonial from George's grandmother regarding their experience and success with our program and services, specifically PCIT and Incredible Years-Dinosaur Group. (Please note that the caregiver has authorized permission to use real names and share their story):

Hello,

I would like to sincerely thank Savanah for all her hard work and help she provided George and I. I am extremely impressed with her skill and technique she used to help George and I. These techniques saved my sanity. I was able to learn how to support George in being more appropriate in regulating his emotions and actions through Parent-Child Interaction Therapy. George also gained appropriate social skills and problem-solving techniques through IY Dinosaurs School. Through all the support we received, it gave me the confidence and trust that George can and is successful at school. I am truly thankful to Savanah and Preschool for their kindness and patience. I have confidence in my ability to redirect George when necessary. I'm grateful for this organization. The weekly sessions saved my sanity and are a life lesson that I can use for my growing family today and in the future. I will happily refer others who are in need as I was.

Sincerely, grateful grandmother

<u>Preschool Program Highlights:</u>

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, six therapists were trained in the model by UC Davis.

Preschool 0-5 Programs had six additional clinicians trained in Trauma Focused - Cognitive Behavioral Therapy who recently completed all nine 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.

Strengthening Families Program (6-11) (SFP)

Program Type: Prevention Program

SFP Enrolled 127 families with 167 parents/guardians 72% completed

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,

PEI

emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week.

Countywide, the program enrolled 127 families comprised of 167 individual parents/caregivers. Approximately 72% of families met program completion standards by attending 10 or more sessions and completing all outcome measures. The majority (86%) of parents/caregivers reported being Hispanic/Latinx, which is an underserved population in Riverside County. Additionally, half of all parents identified Spanish as their primary language, and half the groups provided were done in Spanish. There was a particularly noteworthy improvement in Inconsistent Discipline, as well as improvements in child behavior and family cohesion. Families also reported decreases in conflict. 89% of participants reported being satisfied or very satisfied with the program. 92% indicated the course helped their family very much. 100% would recommend the course to other families. Countywide, improvement in all dimensions of the APQ, in child behavior as measured by the SDQ, and in all Family Relationship Index (FRI) subscales were statistically significant - evidence that families were strengthened through participation in SFP.

Children's conduct and Emotional Problems Improved

Providers transitioned back to fully in-person classes mid-cycle during fiscal year 2022-2023. This transition caused some families to drop out of the program. Another challenge that our providers faced when delivering services is that not every school site that they partnered with was able to be accommodating. Providers would have to wait for the after-school program to finish and the school administrators would at times forget that the providers were holding the program at their site. The onboarding and training of new staff was a challenge as well. The providers learned more about collaborating and coordinating with different organizations and school sites so that they could have the space needed for the program to run. This included increasing contact and partnership with frequent communication to administration. Managing the classroom during program implementation was also something that the providers improved their skillset on during fiscal year 2022-2023. Validating children and parents

allowed the providers to create safe spaces for learning and facilitated families being more open-minded to new concepts.

- These great sessions have helped me understand and remember my child is still a child and how I need to talk to her and encourage her good behavior. Thank you!
- Thank you for being a support system for our family.
- I've always wanted to take a parenting class. Here I've learned so many new techniques to improve my daughter's behavior. I've also learned when to reward and correct, and ways to punish without disrespecting her.
- I am glad I signed my daughter and myself up for this class. It gave me new ideas on how to react to situations and helped me understand my child's behavior better. She really liked the class and was always excited to be here. Thank you for all you taught us and for all you do!
- This program helped us a lot as a family—in respect, patience, self-esteem, values, and love. I personally found parts of a puzzle that I could not finish on my own, and that perhaps could have affected my little ones. Thanks to this program I have already changed the way I teach my children. Thanks to these wonderful people who helped us and made this program possible!
- I loved the program, and we tried to put everything we learned into practice. Sad that it's over.

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,

PEI

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
- Managing Conflict: How to Control and Express Your Anger Constructively
- Avoiding Trouble: How to Say No to Drugs & Other Problem Behaviors (Children are invited this session)
- Involving Everyone: How to Strengthen Family Bonds

This will be a future funding opportunity through the Request for Proposal process. Due to staffing shortages, the RFP has been delayed. 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. Due to staffing shortages, the re-release of this RFP has been delayed. The goal is to have PEACE4Kids programs in at least one school district per region.

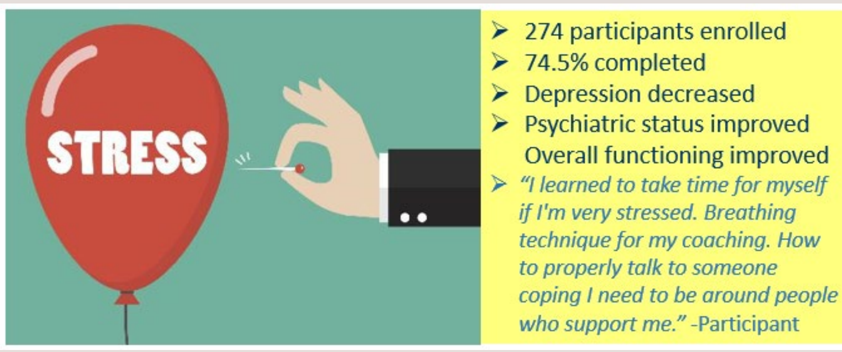
PEI-04 Transition Age Youth (TAY) Project

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. These two plans have been packaged into one contract for a service provider to deliver the full scope of both programs. Connecting the programs into one contract did not result in higher levels of inter-program referrals. In FY23/24, these programs will be re-released for competitive bid and will be separated into two distinct contracts, one for Stress and Your Mood and one for Peer-to-Peer. This will allow for a greater range of service providers to bid for contract.

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. A total of 274 participants enrolled in the SAYM program in fiscal year 2022-2023, with a program completion rate of close to 75%. Youths who participated in the SAYM program showed decreases in the frequency of depression symptoms. Clinicians' ratings also showed that the youth psychiatric status improved following the SAYM Program. The CGI-I was completed by clinicians after each module (1 and 2) and at conclusion of the SAYM services. The rating is based on the level of improvement compared to the youth's status at enrollment. By the conclusion of SAYM Program, 91.8% of participants improved in some capacity. Most of the youth (72.1%) were noted as "Much Improved" or "Very Much Improved". Across modules, there seems to be a cumulative affect where clients' level of improvement kept increasing as they continued in the program. This illustrates the importance of clients completing the SAYM program. Pre- to post-comparisons on the Youth Outcome Questionnaire total scores showed statistically significant decreases on the majority of subscales.



Consent for participation in services was a barrier that had not been faced at this level in previous years. While clinicians legally have the right to treat 16 and 17 year-olds, many schools would only allow them to provide treatment if the student had caregiver consent. This was a deterrent for some students enrolling in the program. Increased communication and partnership with school administration and teachers at sites is necessary to help work on some of the challenges/barriers around calling students from class. More education with school staff around the benefit of early intervention programs, like Stress & Your Mood, on school campuses is needed, especially helping staff see how these services being present on campus will help staff too. These programs allow outside partners to work with students that identified staff on campus might not have time to work with.

New clinicians started in the Stress & Your Mood program. Using their contacts, they expanded to districts that had not received services in the past. There was also an increase in outreach efforts to the local community colleges, which led to partnerships allowing SAYM to work on new college campuses.

Students who completed the program also said they learned the following:

- "A lot about myself and my behavior. How to control my negative thoughts and ways to correct myself."
- "Coping with stress and depression. How to communicate problems with people."
- "Different ways to help my mental health."
- "Growth, communication, gain trust, and controlling of emotions."
- "Had to bring myself back when my thoughts take over, the breathing method."
- "How to appreciate myself better and talk about my issues."

- "How to ask for help when I'm stressed."

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 FY22/23, there were 41 outreach events in the Desert region with a total attendance of 1,052. There were 55 Speaker's Bureau Honest, Open, Proud presentations by the TAY peers reaching 1,175 individuals. Pre- and Post-tests were collected from 1,010 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 health 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 enrolled 121 students, 58% completed. There were statistically significant increases in Self Esteem, Personal Control for Depression, and all Personal Control for School. Countywide, there were statistically significant increases in participants' average post-test scores from their pre-test scores for Mood Management, Drug Use Management, and in School Smarts Management.

The Peer Mentorship program enrolled 27 TAY. Session attendance varied: 37% attended between 17 to 32 sessions, 14.8% attended between 9 to 16 sessions, and 14.8% attended between 4 to 8 sessions. The majority of mentees were female at 77.8%, while males accounted for 18.5%. Also, 3.7% of mentees identified as gender fluid. 44% of mentees identified as LGB. Most mentees reported being in the 16 to 17 age group. Most mentees identified as Hispanic/Latinx (58.8%). Improvements were found in mentees ratings of goal achievement with 85.7% reporting a positive change in goals related to coping/mood and 71.4% relationships/support. All mentees were overall satisfied with the Peer Mentoring program.

In FY22/23 Peer to Peer held 11 LGBTQ+ support groups utilizing the "My Identity My Self" curriculum to support TAY youth. A total of 95 attended of which 60 were TAY the majority were in the 16 to 17 age group (74%). Transgender and gender fluid youth accounted for over 40% of those attending (14.3% transgender, 27.1% gender fluid). Satisfaction surveys were collected for these support groups (n=43). Approximately 95% of participants reported that they would participate in this program again; and 100% 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 42 Directing Change workshops in FY22/23 with 351 participants. Satisfaction surveys were collected from 251 participants. The data showed satisfaction with the workshops being a good use of participants' time, and that the participants would recommend this workshop to a friend. Below are some youth comments:

- "This was a great workshop experience, I liked that it was a great way to spread awareness for resources to help with mental health and many others."
- "I liked all the presentations because some of them kind of helped me with related stuffs"

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.

Just under 30% of participants identified themselves as part of the LGBTQ+ community. There was an increased interest in mental health services and LGBTQ+ focused services on many campuses in the County. As a result, some schools started requiring consent to participate in prevention-focused activities. This impacted students' willingness to participate, especially in LGBTQ+ support groups. There were also schools that decided to stop services after they were in progress due to the political pressure associated with mental health and prevention services being offered on their campuses. Policies in place on some campuses are detrimental to underserved student populations and increased stigma, created barriers, and reduced access to safe, supportive services. Continuing to educate school administrators about the benefits of student participation in LGBTQ+ programs on campus without the need for parental/caregiver consent is really needed and important. Policies in place in some schools are not creating safety for some underserved students and removing access and increasing stigma. Increased communication and partnership with school administration and teachers at sites is necessary to help work on some of the challenges/barriers around calling students from class. More education with school staff around the benefit of prevention services, like Peer to Peer, on school campuses is needed, especially helping staff see how these services being present on campus will help staff too. These programs allow outside partners to work with students that identified staff on campus might not have time to work with

Schools became increasingly protective over instruction time, dictating more than in the years before COVID, which classes students were allowed to be pulled from to participate in services. This often resulted in smaller groups for many group services. It also made doing make-up sessions more challenging.

Participants in Peer to Peer made the following comments:

- "This group helped me with my anxiety, and I opened up more. I also learned about coping skills."

- "I learn that I can be myself no matter what people say about me. I also been feeling a little bit confident in myself ever sense I join the program."
- "It made me realize that I do have a say in what I feel and do. That I shouldn't be ashamed of who I am and what opinions are. That it's okay to be who I am and grow from it as well."
- "It brought me to be more understanding of others."
- "It has helped me to be more accepting of myself."
- "This mentor helped me a lot mentally with schoolwork or outside of school!"
- "I think and feel more about important decisions."

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 encounter the youth. Crisis intervention and counseling strategies are used to facilitate the reunification of the youth with an identified family member. In FY22/23, no Safe Place training was conducted, and no training data submitted. However, a total of 28 educational presentations, with a total attendance of 1,491 were facilitated.

Overall, there were a total of 2,645 youth and adults that received street outreach services during fiscal year 2022-2023. 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. Most of the youth and adults who were provided street outreach were Female (46.1%) followed by Male (34.9%). There was a small percentage of youths and adults who reported themselves as non-binary (1.1%) and Transgender (0.2%), while 17.7% chose not to respond. Of those who indicated Transgender, two people reported Transfeminine (Male to Female) and two people reported Transmasculine (Female to Male). The youth and adults who responded to the Race/Ethnicity question were mainly Hispanic/Latino (23.1%), followed by White/Caucasian (12.2%), Black/African American (12.2%), and Multi-racial (1.5%). Less than 1% were Asian (0.9%) and American Indian/Native (0.4%). The majority of youth and adults (49.6%) chose not to respond. The majority of youth and adults (62.2%) chose not to respond to the LGBTQI category question, while 31.8% categorized as Straight. There are also smaller percentages of youths and adults who categorized themselves as Bisexual (3.7%), Gay (1.7%), Lesbian (0.2%) and Pansexual (0.4%), while the remaining >0.1% categorized as Queer, or Trans- collectively. There was a total of 79 youth (68 were in Western/Mid-County region, and 11 were in Desert region) who either entered the Operation Safehouse shelter or were placed/referred to a safe location (TLP) during the fiscal year 2022-2023.

In fiscal year 2022-2023, the Safe Place Street Outreach Team experienced challenges in meeting their program goals. Notably, staffing of the program was a primary contributor. The program had to start with a brand-new team, in addition to experiencing a change in organizational leadership with a new director. These changes caused disruptions in the program getting up and running.

Active Minds/Send Silence Packing
Program Type: Suicide 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 training has been offered on their campuses for both faculty and students.

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 has been updated. The Send Silence Packing traveling exhibit is an immersive experience utilizing mixed mediums to guide the visitor through the mental health journey of several American youth and young adults to increase awareness and reduce stigma associated with mental health concerns and suicide. Send Silence Packing is a full-day exhibit that includes personal stories from individuals impacted by suicide, an interactive wall display, as well as local and national resources to connect visitors to. All personal stories have been revised to meet safe messaging best practices when sharing suicide attempts or losses. Participants are encouraged to read and/or watch videos of these personal stories to end the silence around mental illness and suicide. The exhibit also encourages visitors to connect with local and national support resources for

themselves and others in need. After attending, most visitors tell three or more people about what they learned and many reach out to a friend in need or seek their own support services because of the information they received. Unfortunately, in FY22/23 the exhibit was not held due to COVID-19. We did bring the exhibit back to Riverside County in October 2023. PEI funded two exhibits at UCR and Mt San Jacinto College. The exhibits were well received, and we hope to continue this partnership in the future. Greater details will be shared in the next annual update.

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 has partnered with RUHS-Public Health and Riverside County Office of Education to co-host this event.

In FY22/23 212 Riverside County films were submitted from 24 schools and CBOs with 586 participants, a substantial increase from the previous year. Riverside County youth tied for 1st place in the Walk in Our Shoes: Words Matter category and received 2nd place in two other categories in the annual film contest as well as several special recognitions at the state level. The monthly contest throughout the year offers opportunity for youth to submit a variety of media entries. Riverside County youth won 1st place in October 2022, November 2022, and April 2023

PEI

and received 2nd or 3rd place in September 2022, October 2022, November 2022, February 2023, and April 2023.

On May 4, 2023, Riverside County hosted 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). Approximately 350 students, advisors, families, and other community members were in attendance. It was truly a night to remember. Riverside County also 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/.

RUHS-BH, PH, and RCOE will co-host again the Riverside County Screening and Recognition Ceremony on May 16, 2024 at the Fox Theater in Riverside.

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 FY22/23. The 16 districts served were Alvord USD, Banning USD, Beaumont 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.

Injury Prevention Services (IPS) has established strong relationships with many school districts throughout Riverside County, which helped in our initial meetings with school district personnel. During these meetings, IPS staff introduced the Suicide Prevention program and discussed the requirements. Once we identified the sixteen (16)

participating school districts, we scheduled dates to meet with selected service groups virtually to provide a two-hour suicide prevention training to the 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. In addition, TSAPP staff heavily promoted the Directing Change Film Contest and encouraged many student groups to participate in the state-wide contest. This was accomplished through a supplemental contest offering prizes to student groups that submitted a completed video.

The next phase of the program was to schedule and offer suicide intervention/gatekeeper training to staff of the participating school districts. This opportunity ensured that school site staff were able to properly support the students involved with the program, with intervention services or resource information. This year the interest in suicide intervention training continued due to the passage of AB-2246, which requires 7th – 12th grade school sites to have a suicide policy in place that requires suicide intervention training for all level of staff.

Finally, Injury Prevention Services, with the help of the Know the Signs statewide campaign and website, continued to implement a suicide prevention presentation geared for parents and community members. Following the website format, the presentation covered warning signs, risk factors, verbal/nonverbal cues, strategies to initiate dialogue with suspected youth and resources available to individuals in crisis.

Despite IPS's 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 post COVID-19 pandemic and moving back to in-person trainings and campaigns. In addition, other challenges faced included, school advisors on occasion were difficult to keep in contact with, and it became challenging for program staff to receive all require documentation from the school sites. Despite these hurdles, program staff was able to complete the required objectives.

PEI

IPS 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 the goal of raising awareness around the issue of teen suicide and promoting the resources available to youth. The purpose of the retrospective evaluation was to see the effectiveness of the program and to analyze how students benefitted from the TSAPP program. The program received a total of 2,945 post-surveys from the middle and high school sites. Once the program was concluded for the school year, 169 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.

Evaluation of students who participated in training demonstrated:

- 87% were more knowledgeable after the presentation about resources available to someone who may be in crisis.

- 89% claimed that after the presentation, they could identify the risks factors for someone who could potentially be in crisis.

- 82% claimed that after the presentation, they could identify the warning signs of suicide in their peers.

A retrospective evaluation with students who were trained and participated in the campaigns showed 74% claimed they were more knowledgeable about the resources that are available to help someone who may be in crisis.

Students shared their most memorable moment participating in the Teen Suicide Awareness and Prevention Program:

- "My most memorable moment when participating in the Teen Suicide Awareness and Prevention Program was the informative slides that took place throughout the program. These slides helped me become more aware of the worldly challenges suicide may offer and how we can prevent them."

- "I liked when they gave us supplies at the end. This way, they show that they cared for us and gave us materials to help. They gave us contact numbers and different papers to guide us through the situation."

"Realizing how close it hit to home. I've gone through being suicidal before and a lot of people didn't notice. And I realized it was a bigger problem when I participated.

Additional impacts of the program for FY22/23 include:

- Conducted one-hundred and fifty (150) Teen Suicide Prevention trainings to over 4,267 high/middle school students
- Conducted seven (7) QPR trainings, impacting 192 community and school personnel
- Conducted one (1) ASIST training, impacting 27 staff members
- Conducted six (6) SafeTALK training, impacting 139 student personnel
- Conducted twenty-two (22) Parent/Community workshops, reaching approximately 335 members
- Distributed a total of 21,258 resources and incentives. Most campaigns and outreach efforts were completed in-person, but virtual was also an option.
- Coordinated 102 Suicide Prevention campaigns, impacting 85,855 students across Riverside County.
- A cost ratio average of approximately $4.54 was spent on each student impacted by the program.

PEI

PEI-05 First Onset for Older Adults

There are currently five programs 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. It includes specific modifications for older adults experiencing symptoms of depression. The intervention includes strategies to facilitate learning within this population such as repeated presentation of information using different modalities, slower rates of presentation, and greater use of practice along with structure in modeling behavior. 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. The intervention consists of up to 20 (approximately 60-minute) sessions, following a structured manual.

The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. Inland Caregiver Resource Center continues to provide this service. The LGBTQ Community Center of the Desert continues to provide services in the Desert to the LGBTQIA+ community, which has historically been a place where people show up for connection in a safe space with others like themselves.

Clinicians from both providers completed the certification process during the fiscal year. They successfully demonstrated their ability to implement the model to fidelity with multiple clients.

In total, The LGBTQ Center of the Desert and Inland Caregiver Resource Center provided CBT for Late Life Depression to a total of 128 participants within fiscal year 2022-2023. Clients self-reported a decrease in depressive symptoms through their participation in the program. Overall, the average PHQ-9 score at enrollment into treatment was 13 (indicating moderate depression) and 4 at discharge (indicating minimal levels of depression). All of the items on the Quality of Life survey showed improvement, with most 85% of the total 13 items showing statistically significant positive change, indicating that participants were engaging in more social behavior and pleasurable activities.

128 participants were served by the CBTLLD program

One provider made great effort to engage with faith-based communities and received a letter of endorsement from the local Catholic Diocese. This letter opened the door for clinicians to make announcements at parishes and table at the churches in target areas.

The ability to provide flexible service options to clients helped with retention. While there were clients that were eager to engage in in-person services, there were still many clients that wanted to do telehealth. The ability that our providers have to meet the needs and wants of the client encouraged clients to enroll and complete services.

Outreach that leads to new client referrals or new client enrollments has been very challenging since returning to in-person services.

Staff turnover was challenging for both providers. Finding clinicians that are the right fit to want to work exclusively with older adults has not been easy. Some clinicians also work very limited hours making training difficult to schedule and extend the time before they are ready to see clients using the model.

The RUHS-BH Office on Aging liaisons noticed a significant increase in the severity of referrals coming from some outside partners. These referrals required increased contact and follow-up in order to get them connected to appropriate resources that could provide the best service.

Access to the appropriate technology is also a challenge for the population this program serves. Many potential clients do not have their own phone. They might still live independently but their primary contact is a relative who does not live with them. This significantly slowed down the process of being able to screen a potential client and if they enrolled in services, often would slow down or interrupt the service delivery.

Depression significantly decreased after program participation

Providers have shared that previous clients are one of the best referral sources. When clients share the resource with their social network it often leads to that person contacting the agency for information or screening.

Providers shared that Spanish-speaking clients did best with in-person treatment compared to virtual services. They noted higher engagement and more follow-through with their Spanish-speaking clients when they were seen in-person.

Clients that completed the program had the following to say about their participation in the CBT-LLD program:

- "I found CBT to be very practical and helpful method. The therapist was excelled in her guidance, questions, explanations, and tools."
- "My therapist was a very supportive and caring person. I would recommend the program to my friends."
- "So grateful for the great therapy I received. This program really helped me over the past 22 weeks. Thank you so much!"
- "Special thanks to the County and the organization for having these programs. I appreciate all the support I received. It truly made a different in the way I manage my emotions."
- "My mantra now is I don't need to suffer needlessly. And I am more focused on solutions."

Program to Encourage Active, Rewarding LiveS (PEARLS)
Program Type: Prevention Program

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. The PEARLS intervention is time limited and, ideally, distributed over a period of 19 weeks. Each session is structured and designed to assist participants in defining and solving their problems, becoming more socially and physically active, and experiencing more pleasant activities. This program is provided by one contract provider countywide.

80 participants were served within the PEARLS program

During the 2022-2023 fiscal year, 108 prospective participants were screened and 80 served. Of those that participated in the program, there was statistically significant reductions in depression and anxiety symptoms. There were also statistically significant increases in scores that measure physical activity and quality of life.

PEARLS Coaches have continued to increase their knowledge of the model and increased flexibility to meet the needs of participants as best as possible. The provider has increased the number of in-person services happening and established an office in the Mid-County region. They have also used their networking partnerships and relationships to leverage the use of office space in community-based locations that their target populations frequent. The Program Supervisor became a PEARLS trainer which will aid in on-going staff training and training of new staff when turnover occurs. Two of the regions have maintained the same PEARLS Coaches for multiple years, adding trust and consistency for community partners and referral sources.

Depression and anxiety symptoms significantly decreased.

Increasing program visibility in the Desert region has been a challenge. The provider has continued to collaborate strategically with key agencies and professionals in the area; however, they are still finding difficulties with establishing trust and generating referrals for our unserved and underserved populations. Staffing to meet the needs of the community in the region has also been somewhat of a challenge in order to meet the language and appointment availability of the potential participants.

The provider continues to learn that a "one size fits all" mindset does not work in community-based programs. PEARLS participants need to have a connection and trust

with their Coach before effective work can begin. On-going participant engagement is key to client retention and has been a focus of the provider to increase program completions.

Feedback from PEARLS participants included:

- It was a lifeline for me. I was not talking to anyone. You helped me get out more and find my circle.
- I'm very thankful. Since I started talking to you, you gave me motivation. Now I take my meds.
- It was excellent. It helped me improve as a person.
- PEARLS helped me become more aware. I want to be able to address things to come to a resolution and not ignore them.
- I like that someone calls often to check on me and see how I'm doing.
- It was very nice talking to my counselor and my counselor's voice was very calming in itself. Even if I didn't feel like talking, after talking to my counselor I felt much better.
- I like the 1-on-1. It is beneficial and provided me with a huge sense of encouragement. I like it on Zoom because it's convenient, no need to travel. I like to exchange of ideas, share my thoughts, and like being able to have options available.

I've referred my friends to the 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.

The Care Pathways program's main goals are to reduce the risk for depression and to impact the caregivers' sense of well-being by reducing the emotional distress of caregivers. This is accomplished by providing useful information and providing the opportunity to share and bond with others. During the 2022-2023 fiscal year, 97 individuals participated in the Care Pathways program support groups. A majority (79%) of participants enrolled completed the program. The majority (89%) of participants were female and 52% were age 60 or older. A little over a third (34%) of the support group participants had been providing care for 2 years or less. The race/ethnicity of the participants was 58% Caucasian and 33% Hispanic/Latino. The caregiver's relationship to the person being cared for was often a parent (57%) or a spouse (22%). Depression was statistically significantly decreased, and participants reported feeling lower levels of stress and were very satisfied with the program.

97 people enrolled
79% completed program

The Office on Aging developed a close collaboration with Joslyn Senior Center, which increased their ability to promote the classes through their media outlet and resulted in them moving the ongoing support group to Joslyn Senior Center's location. Spanish support groups started following years of classes focused on Spanish speakers. Graduates of Care Pathways requested an "after care support group" that now meets bi-monthly online and can serve/reach the caregivers countywide. While conducting outreach for Care Pathways, they were asked to share a virtual training module on dementia care with a local healthcare facility and assisted in providing training to their staff. This partnership helped to develop a relationship with this facility.

Fiscal year 2022-2023 had its share of challenges; the most impactful being staffing vacancies. For three-fourths of the year, the program continued to be one facilitator short. For the last quarter of the fiscal year, the program experienced even less program staffing, with being two facilitators short. Additionally, the residual effects of the social distancing required during the pandemic forced online classes to continue to be offered. The online classes have proven to have a lower retention rates than in-

person classes and that directly affected the overall retention rate for the year. The team learned a new feature of closed captioning on the virtual platform, Zoom, while providing classes to a caregiver who was an advocate for the disabled. Subsequently, they have been able to continue using that feature still to benefit the hard of hearing and increase accessibility of services. Online classes require a greater effort in making connection and building rapport with the attendees that comes more naturally with in-person settings.

Depression scores and Feelings of distress decreased

Overall, caregivers reported high levels of satisfaction; 72.3% of participants who completed a satisfaction survey reported that the support groups helped them in reducing the stress associated with being a caregiver and 93.9% of participants reported that they would recommend the support group to friends in need of similar help.

Participant success story:

Spousal caregiver (73) cares for her husband (88) with Alzheimer's. She was referred by an Office on Aging case manager to a Spanish Care Pathways online class. This spousal caregiver had to overcome her concerns and fear of using technology and learned overtime how to access the class and support groups offered online. She made tremendous headway in class, acknowledging that she needed help and started to share more with her children. When she first arrived in class, she was feeling defeated and down. Through the peer and facilitator support in Care Pathways, she became empowered and took steps to realize she had some control of the situation. This spousal caregiver took the initiative to have her husband attend day care regularly and although there have been challenges, she continues to take him to the day program. She has found courage and support through participating with the online "after care group." She has been more open with her children about the care situation instead of shouldering the burden alone; because she now shares about the challenges, she is getting emotional support from one of her sons. This spousal caregiver has been encouraged by her class peers to keep up with her hobby of gardening and has come to realize how important it is to continue with her own activities. She reports to be more content.

Feedback from participants included:

- "This class has made such a positive influence in my life. Thank you!"
- "I learned that is very important to put my personal needs first. So I can take good care of my love one. Thank you so much."
- "This course has helped in so many ways. Eye opening as knowing I am not the only one going through this, I truly appreciate this class, students, material, and support throughout this course. Knowing we are not alone in this journey is a blessing. I have turned my family and friends to take this course as it will be beneficial for them either now or in future. Words cannot express how thankful I am to have joined this course. Keep up the great work!"
- "I took this class with my mom as we are both caregivers for my dad. I am so grateful to have had this class to help us both in our roles."
- "Going to miss this class as well as the instructor & people. I'm very grateful to have been given the opportunity to gain the knowledge."

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 FY22/23, two Clinical Therapists staffed this program.

The primary goals of this program are for the Riverside University Health System-Behavioral Health (RUHS-BH) 'Mental Health Liaisons' and the Riverside County Office on Aging to work collaboratively to identify older adults who are either at risk of depression or are experiencing the first onset of depression and to link these older adults to early intervention programs, such as Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD). In addition to referring older adults to early intervention programs, the

PEI

Mental Health Liaisons are trained to provide CBT and CBT-LLD. MH Liaisons also link older adults with other resources and services, as needed, to reduce depression and suicide risk.

The global pandemic had residual effects on services and data collection for FY 2022-2023.The state guidelines have allowed in-person gatherings, as well as opening of public places for the majority of the fiscal year. Recently, Mental Health Liaisons (MH Liaisons) have transitioned back into more in-person community outreach and presentations, as per the contract guidelines, in addition to providing virtual sessions allowing for a hybrid approach to outreach activities.

Within the fiscal year fiscal year 2022-2023, Embedded Staff held 103 outreach events. The majority of the events took place at community meetings (40.8%) and at public events (18.4%). The Mental Health Liaisons processed 306 referrals in FY 22/23; where approximately 11% were to CBT-LLD, 78.6% of which resulted in enrollment in CBT-LLD. Nearly 41% of the total referrals were to 'Other' (e.g. private insurance)

The Office on Aging liaisons provided CBT-LLD services to a total of 28 participants. The majority of the CBT-LLD participants were female (78.6%), and between the ages of 70-74 (35.7%). Of those participants that completed services in FY22/23, 36.8% reported successfully completing their treatment goals. Over half (63.2%) of the remaining participants discontinued the program due to changes in personal circumstances (e.g. moved out of area) or partially completed their goals. Participants showed a statistically significant decrease in depression and anxiety. Participants reported statistically significant improvements in how they felt about the amount of time they spend with other people, the amount of friendship in their lives, and about their emotional well-being.

Participants' depression symptoms significantly decreased.

The liaisons worked to find new community partners to refer individuals to that offer low-cost therapy. This has been a big help and resource for clients. When people do not meet PEI criteria and do not have health insurance, finding a resource for therapy has been a challenge. Being able to learn about new resources in the community to close this gap has allowed people to get services when they might not have otherwise. Flexibility regarding

service delivery to best meet clients' needs has been a critical component of the success of this fiscal year. Telehealth, in-person, and in-home options were all made available to clients. Clients were more receptive to receiving service knowing they had options for attending sessions. In-person outreach events were back in full swing. Health fairs, presentations with community partners, and other tabling opportunities allowed for more immediate screening.

APS referrals have been increasingly more challenging. Many of the clients referred have a severe mental illness and require a lot more follow-up to move the referral to an appropriate service. Referral follow-up and attempts to engage potential clients have been more difficult. Many do not have a working phone or a point of contact that can assist in the process. Liaisons learned that when a potential client initially refuses service, they might just need time to think through all the options that have been presented. Checking in after a week or two allowed people to digest the information and either enroll or accept referrals to other services.

Feedback from participants include:

- The program is important for the people who help us in these situations and make our lives better. Make a better life because you can always learn! [Translated from Spanish]
- This program has helped me how to manage better and positively my emotions and feelings. [Translated from Spanish]
- Thanks to this program for helping me move forward [Translated from Spanish]
- I liked the support and the help I got form the program
- The person that has helped me is very young but with a lot of experience despite not having lived many experiences. Does their job well! [Translated from Spanish]

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

PEI

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.

29 Older Adults enrolled in Healthy Ideas

During Fiscal Year 2022-2023, 29 of the 191 CareLink clients were identified as being at risk for depression and therefore, were enrolled into Healthy IDEAS. Depression symptoms for Healthy IDEAS participants showed a statistically significant decrease, with a 34% decrease in depression scores from pre to post. In addition, participants' satisfaction with their emotional well-being increased. Participants' satisfaction with the amount of time they spent with other people and how they feel about their health in general increased. The greatest improvement was seen in the amount of friendship in their life and their emotional well-being. Participants reported they were helped the most by home visits (100%) and by telephone contacts (67%).

Upon the first introduction and discussion about the signs and symptoms of depression and the Healthy IDEAS intervention, many clients decline. The program has learned that as the case manager builds rapport with the client, and the client gains a better understanding of depressive symptoms, then they are more willing to engage and participate in Healthy IDEAS. The biggest challenge to implementation in fiscal year 2022-2023 was getting referrals to the program that met eligibility requirements. The program has encountered clients who did not meet the requirements on the depression screening tool (PHQ-2), didn't have a qualifying minimum score of 16 on their CES-D, or had a history of behavioral health treatment or an existing behavioral health diagnosis. The program also experienced challenges maintaining client engagement. Clients that did qualify for the program would either choose not to participate or be unable to participate due to an exacerbated illness, hospital admission, or loss of contact.

A compelling example of the success of Healthy IDEAS is one of the clients, Ms. M., who participated in the program. Ms. M. is a divorced female who lives alone. She was adjusting to being single but had expressed that "being alone has been the worst." She wanted to have a companion and/or friend that she could share activities with, but it had been difficult for her to trust again. As a result, she was isolating herself and not engaging in any activities outside of her home or with peers, which exacerbated her feelings of depression. She kept busy taking care of her two small dogs and completing household tasks. Once she was willing to participate in Healthy IDEAS and explore ideas and activities, she started to realize that there is hope after being divorced. The client started to be active at the local senior center twice a week, began participating in Zumba and Fit After 50 classes (both classes are on the same day). Exercising and engaging with her peers helped minimize her isolation. She enjoyed the classes, and she is living a healthier lifestyle as well. Being active has motivated her to reach out to friends and socialize more. Additionally, the client was referred to PEI for individual counseling, where she receives weekly sessions. The client is using the coping skills she has learned to help reduce the cycle of depression she has been stuck in. Combining Healthy IDEAS and other PEI services helped to reduce her symptoms. The CES-D was readministered, and her score decreased by 10 points, from 33 to 23. The client was ecstatic about her progress.

Participants' depression symptoms significantly decreased.

PEI-06 Trauma-Exposed Services

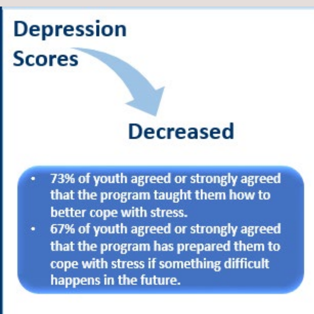
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
Program Type: Prevention Program

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is designed to reduce the duration and harmful effects of trauma for youth (ages 10-15 years) most at risk of developing mental health problems as a result of direct and/or indirect traumatic experiences. CBITS aims to increase resiliency and the development of coping strategies for program participants, reduce symptoms resulting from exposure to traumatic experiences, and reduce the need for ongoing services within the mental health system. Four providers were contracted to provide CBITS services. Eligible youth who decide to enroll in the program receive ten group sessions and one to three individual sessions in the school setting. For the purposes of Prevention and Early Intervention (PEI),

completion of the program was defined as attending 8 or more sessions. In addition, parents and guardians participate in two educational sessions with the clinician. CBITS uses cognitive-behavioral techniques, including: psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure to help children reduce symptoms related to traumatic experiences and depression.

A total of 258 youth participated in CBITS during the 2022-2023 FY with 82% completing the CBITS program. Over half of participants were female (64%). Over two-thirds of the participants were Hispanic/Latinx (71%). English was the preferred language for 82% of participants. Outcome evaluations in youth completing the program showed a statistically significant decrease in overall PTSD symptom severity. Countywide youth showed statistically significant decreases in symptoms of depression. 73% of youth agreed or strongly agreed that the program taught them how to better cope with stress. 67% of youth agreed or strongly agreed that the program has prepared them to cope with stress if something difficult happens in the future.

Grades 5-10th
258 students enrolled in CBITS, 82% completed



Two new providers started providing service during the second half of the 2022-2023 fiscal year. One of the new providers is serving a district that had been difficult for other providers to work with, now giving students in one of the more remote areas of the county access to this service. Staffing across providers remained consistent throughout the fiscal year. And when turnover did occur, providers had plans in place and were able to hire in a timely manner. Training was also able to happen quickly when new staff needed to be trained. This allowed for few disruptions to groups starting or that were ongoing.

Providers continued to nurture existing partnerships with schools where service had been provided in previous fiscal years. They also expanded to schools that had not had CBITS before (or in many years). In doing so, one provider was given a dedicated classroom only for the CBITS program staff. This really allowed the program staff to integrate into the school environment. Students would often stop by between classes or during lunch to

spend time in the space. Additionally, caregiver engagement increased across providers this fiscal year. Facilitators were creative and persistent in setting up opportunities to meet in person or virtually and calling to speak to them about their child. Leading with strengths and praise for the students helped to put the caregivers at ease and be more open to conversations and learning about their student and trauma overall.

Challenges during fiscal year 2022-2023 primarily centered around difficulty with logistics at schools regarding passes and calling participants out of class. Each school has a different process for getting students from classes. When providers need to rely on school staff (who are very busy and now tasked with extra responsibility), it often creates a hurdle for students getting to the group on time, or at all. This continues to create issues with overall attendance and increases the number of make-up sessions that facilitators need to conduct with students. Those make-ups are often done 1:1, which removes the benefits of group service even for just that 1 to 2 sessions. Some schools were more than happy to allow facilitators to take lead on completing passes and/or contacting teachers directly, which significantly reduced challenge at those specific school sites. Additionally, providers found that schools had become increasingly protective of academic instruction time post-COVID. When trying to navigate schedules to identify which classes students could be pulled from to participate, providers often ended up with smaller groups. Students were also missing elective/non-core classes, which they tend to enjoy. This would also sometimes increase absences when students wanted to stay in class rather than go to group. Getting consistent space at some schools also made implementation difficult at some new sites. Even with discussions regarding the specifics needed to implement group successfully, providers found that some sites would not communicate those specifics to all parties involved in finding space on campus. Facilitators and students were very flexible when these issues would arise.

Time with teachers is challenging and when working with middle schools, it's hard to know which teacher to prioritize sharing information about the program. Laminating the teacher-focused handouts before putting them in mailboxes reduced the number that were thrown away and increased the number of teachers reaching out about the

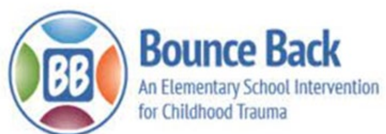
program and referring students. The program found that self-referrals work best with older middle school and high school students.

Students that completed the program made the following comments about their time in the group:

- "Things I learned in the program are how to cope with stress and how to think positively."
- "I learned how to cope with my stress and what to do when I'm sad or mad."
- "How to identify stress and how to cope with it."
- "How to look at problems in different ways or solve them."
- "I learned that talking about events that happened is good for you."
- "I learned how to be nicer."
- "How to deal with stress."
- "Deep breathes are the best."
- "How to cope with anxiety, stress, and problems."
- "I learned how to deal with stress and other emotions that I may have. Learned how to act positively not in a negative way."

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 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.

Seeking Safety served **228** participants with **80%** completed

Enrollment in the Seeking Safety program requires a screening process to determine program eligibility. A total of 411 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, 95.9% scored at or above a 20 on the PCL-5. A total of 228 participants attended at least one Seeking Safety session. Of those 228 participants, 80% met the completion criteria of attending six or

Coping Skills Improved

PTSD Symptoms Decreased

PEI

more sessions which include the five core program sessions of Safety, PTSD: Taking Back Your Power, Detaching from Emotional Pain (Grounding), Asking for Help and either When Substances Control You, Setting Boundaries in a Relationship, or Healthy Relationships. A little over half of the participants were transition age youths between the ages of 16-25 years old. A majority of participants identified as Hispanic/Latino, 72%. The majority of participants identified as female, 73%. A quarter of the participants identified as LGBTQ+, 26%. Overall, participants' scores showed a decrease in PTSD symptoms following participation in the program. Participants' scores also 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.

Tabling events proved to be successful outreach on high school campuses, as students feel it is their choice to join the group as opposed to counselor referrals. Partnerships with other PEI programs has helped with referrals into the program, and also building connections with new school sites and organizations, such as the SAFE Clinics who work with victims of sexual assault and domestic violence.

When trying to provide services to the older TAY (18-25 years old) and the adult population (26-59), it proved difficult for the providers to find days and times that would work for a "working" population. Often, group enrollment was low due to scheduling conflicts, and at times participants dropped out of the program due to changes in work schedules. There were also challenges in providing services to the younger TAY through school sites. Providers trying to coordinate room availability with school sites was a barrier in days and times services were able to be provided on campus. Student attendance made it difficult at times to schedule make-up sessions. Virtual sessions were offered as well, but were not preferred by the younger TAY, who did not want to be at home with their parents to receive sessions. Furthermore, some school sites required parent consent for participation in the program, which deterred some students from accessing services. At times, when establishing new partnerships with different organizations to expand reach of the program, things did not always move forward, and the organizations stopped communicating with the providers. There appeared to be a lot

of need to move approvals up the chain of command, but that movement seemed to get stuck somewhere along the way, and without resolution.

Providers learned ways in which to present the program in a positive light to help reduce stigma around "trauma." Finding words and phrases that promote healthy coping skills for those who have experienced a "stressful life event" has been helpful in the marketing of the class. The providers also learned that the order of the lessons can make an impact with the participants' willingness to open-up, and to help create a safe environment. Providers also found different things to enhance the curriculum and discussion topics, such as use of YouTube videos to assist with teaching 'Grounding' exercises.

Providers state that students have shared with them how they are glad that they gave the program a chance and in turn they have been able to improve their relationships with family members. Another student chose to write a supplemental college entry essay about the program and her group facilitator, and the positive impact the program had on her. The group facilitators have seen/heard about students going on to succeed and live better lives after the program (academically, personally, professionally, how they relate to others, improved self-esteem, etc.).

Some comments from participants include:

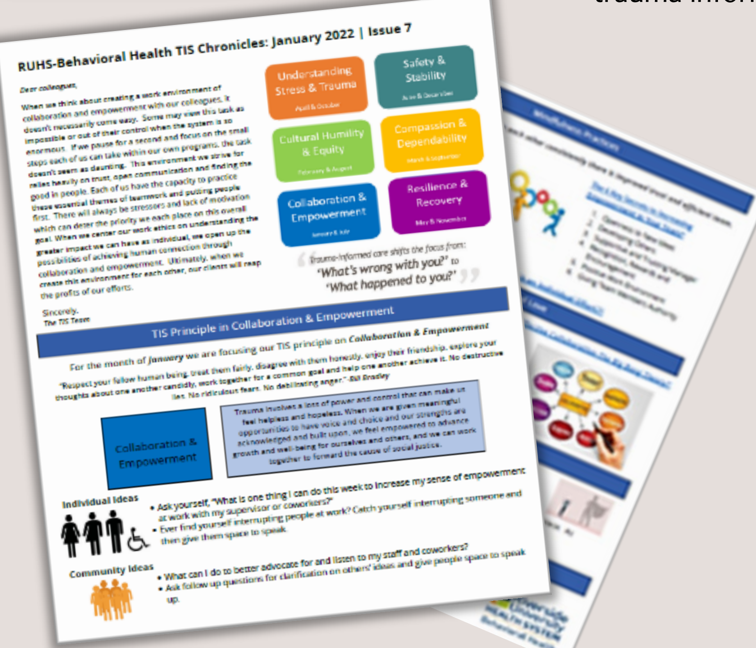
- "Being able to understand the emotions that I am dealing with. Build a toolbox as to not let negative emotions get the best of me. Helpful just being in a group setting speaking to mentor and peers is helpful in itself."
- "Being more communicatively open about my feelings and thoughts. Sharing and trusting my personal life with my peers. Emphasizing and learning from others."
- "Connecting the dots of my PTSD and more coping strategies like grounding techniques."
- "Gave me hope for healing."
- "Getting to know others & their struggles helped me understand my own."
- "Has given me the hope that I was lacking in my life and ways to cope with dealing with PTSD and with overall life stressors."
- "Having a voice in a particular subject and communication."

- “Helped me identify positive thinking patterns and using coping skills.”
- “Helped me learn a lot of coping skills & how to identify negative feelings and people. How to manage feelings.”
- “I am able to process my emotions and not have anxiety or outburst of anger.”
- “I am better able to communicate and feel that I can control my emotions and express my needs better.”
- “The program has helped me navigate current and past trauma, anxiety, and stress, and given me the tools to continue my healing journey and tackle future obstacles.”
- “Well, it's helped me change my perspective on things. And I've also tried to feel more positive about things happening in my life. Overall, this program is doing its job well.”

Trauma-Informed Systems
Program Type: Prevention Program

Leadership Engagement
Training: Trauma 101
Embedded trainers
Champions & Catalysts
Policy and Practice
Evaluation

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-Behavioral Health TIS Chronicles: January 2022 | Issue 7

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

Collaboration & Empowerment

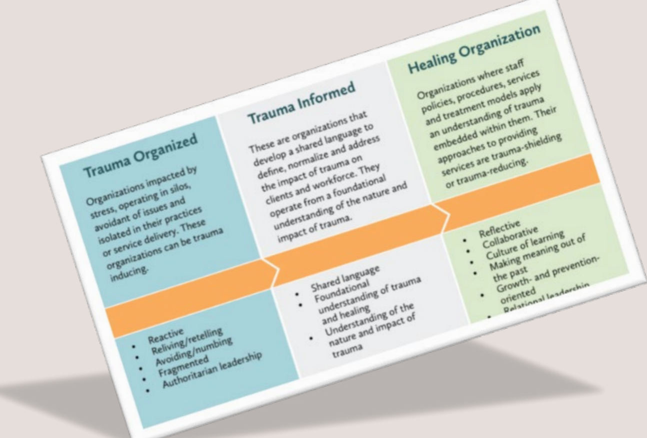
Individual Ideas

Community Ideas

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.

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. Training is offered once per month. The training was converted into a virtual platform, allowing training to continue during COVID restrictions. Training is now available both virtually and in-person. 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 1,460 staff. In FY 22/23, we trained 324. 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 were identified as priority populations in all the PEI programs being implemented. Demographic information, including ethnicity and culture, is gathered for PEI programs to ensure that the priority populations are receiving the programs. The mental health awareness and stigma reduction activities also include a focus on the unserved and underserved populations throughout the county.

Hispanic/Latinx Communities: 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

Mamás y Bebés (MyB) is a perinatal intervention program, 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. 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. Three community-based organizations (CBO) were

PEI

funded by the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) to implement the program. Reach Out is a local non-profit CBO serving underserved communities; Riverside Community Health Foundation is a nonprofit organization supporting health and well-being in Riverside communities through a variety of programs; and California Health Collaborative is a non-profit organization supporting and enhancing the quality of life and health for people of California particularly the underserved and underrepresented.

Countywide, 171 moms enrolled into the program. Of the 171 enrolled, 162 completed the program (attended at least 6 of 8 sessions and completed pre/post measures) – a 95% completion rate. Most of the women (81.7%) identified as Hispanic/Latinx, followed by those identifying as African American (5.3%), Caucasian (4.8%), and Asian American (2.4%); 51% reported English as their primary language, while 44% reported Spanish. The program helped reduce depressive symptoms for moms countywide. At enrollment, the average CES-D score was 16.14, indicating mild clinical depression. At program completion, the average CES-D score countywide was 12.95, indicating a statistically significant decrease in depression symptoms. One of the program providers hosted in-person program graduation events throughout the year, allowing moms to gather, meet, and continue to provide a source of support to each other after their group service had completed.

Depression significantly Decreased

One of the biggest challenges providers faced during fiscal year 2022-2023 is having appropriate resources to refer moms to when they needed a higher level of care beyond what this program provides. Finding clinicians who have expertise in perinatal mental health is challenging and often their services are cost prohibitive to the moms that the program serves. Providers also noted difficulty with engagement with participants enrolled in the group/services. Some became non-responsive after enrolling and were difficult to reach or were never reached. This became a lost opportunity to provide on-going support to these moms. Outreach at places that seemed like a natural fit for the population providers need to reach proved to be more challenging than anticipated. Many physician offices and clinics were not receptive to offering information/flyers to moms they served in their practices. Ongoing work building relationships is needed.

PEI

All providers learned that moms continue to prefer online/virtual groups. It allows the providers to offer a variety of days/times to best meet the needs of the communities that they serve. It has been a slow process finding partner organizations to host in-person classes. Providers have revisited previous partners where in-person classes were held and have found that their services have also shifted to virtual. This also impacts outreach opportunities since there is less foot traffic in these places where moms and pregnant women used to go for other services pre-COVID.

Participants that completed the Mamás y Bebés program shared the following statements.

- "I like that the program encourages self-care since I have not done that the last few years and knowing the development of my children is very important the first three years are special."
- "I liked the relaxation exercises I have done them and feel great, when I do them my baby moves, I also learned the different stages of babies all of the information is really good."
- "I liked having a group where I can talk about pregnancy and feel understood, I also learned that it is very important to communicate with my children and begin reading with them."
- "My baby was born recently, and the birth was very difficult, and I had a lot of complications, but I can recognize I just feel bad and it is normal what I have gone through. I can express my emotions and sentiments with my family without feeling bad for asking for help."
- "What has been most helpful is all the tools I have learned from this class. I have learned more in this class then I have in my counseling for depression. Because of this class I no longer need to take my depression medication. I recommend this class."

African American Communities:

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 when needed but moved back to in-person services. The afterschool component of the program was largely offered in-person and much of the parent component was offered virtually.

BRAAF Leadership meets quarterly with the PEI team and this year focused on a return to project intent as it was designed by the African American Family and Wellness Advisory Group (AAFWAG) as well as re-establishing fidelity to the Rites of Passage and Guiding Good Choices programs. Due to changes in PEI Administrative oversight, in addition to the staffing changes in regional programs, drift from program fidelity occurred. To ensure a return to program fidelity several resources/actions were put in place.

- Increased program structure and focus on program fidelity – clarification of program components
- A comprehensive training plan was put in place
- A contract between RUHS-BH PEI and a BRAAF consultant was put in place for the development of Master BRAAF training and includes the following:
    - The development of a comprehensive Rites of Passage manual based upon the research and teachings of Dr. Aminifu Harvey
    - The development of a 3-day Foundational BRAAF training for all existing staff which will also be required attendance for any new staff moving forward
    - The development of a full program module curriculum (still in development)

PEI

- On-site technical assistance, training, and program support by the BRAAF Master Trainer/Consultant for all providers that includes assistance with lesson planning and contractor orientation for new staff

Guiding Good Choices – development of local trainers (RUHS-BH PEI staff) to ensure quality training that adheres to model fidelity and supports sustainability

The providers have been responsive and eager to implement the program. All staff have attended all trainings. The teams have partnered well and sought the technical assistance of the BRAAF Master Trainer/Consultant.

In fiscal year 2022-2023, a total of 24 girls were enrolled in the program with a completion rate of 63%, and a total of 35 boys were enrolled in the program with a completion rate of 51%.

During fiscal year 2022-2023, agencies struggled to maintain the momentum that was established under original leadership. The primary contract liaison, Staff Development Officer with PEI, left the PEI Administrative unit. With the change in program oversight and support, program fidelity concerns were identified that impacted program implementation.

The Desert region agency's founder passed away a couple of years ago and the team continues to struggle to uphold the contractual obligations to the level she did. She was hands on and instrumental in identifying and utilizing the skills of her team to meet the requirements of the contract as well as the needs of the community. The team noted that her departure caused delays in approvals, resource allocation and strategic decisions related to the ongoing implementations and the direction of the company. This team also struggled with finding clinicians for their programs and is still seeking a licensed mental health professional to serve in the role of Program Director. The team was challenged with having full enrollment for both the boys' and girls' programs.

The Western region's agency leader left the agency and his broad reach into the targeted community did not transfer to the staff that replaced him. Western region had staff turnover for all positions within the program that resulted in disruption and loss of programmatic knowledge. Poor onboarding and training practices at the agency resulted in new staff's lack of understanding of the program and inability to carry out the program

as designed. The program was under-enrolled and contacts with regional school districts and organizations were lost.

Mid-County region's agency lost almost the entire team at the start of FY22/23. As a result, many positions between both the boys' and girls' programs were unfilled, and staff covered both programs. As a result, there was a substantial drift from program fidelity. Poor onboarding and training practices at the agency resulted in new staff's lack of understanding of the program and inability to carry out the program as designed. Both the boys' and girls' programs were under-enrolled. In addition, the provider's location had a flood that made the location uninhabitable. The provider attempted to find an alternate location but decided to terminate the contract early. The mid-county program closed in April 2023.

A multi-component project comprised of several evidence-based and evidence-informed programs requires a comprehensive training plan and structured approach to technical assistance and support. In previous years, onboarding, program orientation, and initial training were left to individual providers to give to newly hired staff. Over time, this led to drift from program fidelity and some staff reporting a lack of training at all. While some programs come with structured training from the developer, some program developers were less structured and ongoing sustainability efforts were challenged. RUHS-BH PEI utilized the experiences of FY22/23 to develop a more robust and structured training plan to assist current and future staff in not only model fidelity but also to foster their own competence and skill development. This foundational training and ongoing support will assist with staff retention and improve overall performance and outcomes of the program.

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

PEI

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.

Thirty-five youth between 11-13 years of age were served in the BRAAF program in the 2022-2023 fiscal year. Of the 35 youth who attended at least one session, 18 (51.4%) 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, 30% had below average to poor grades, this percentage dropped to 0%, at the conclusion of the program. Scores from the Resiliency measure suggest that youth reported an "Average" sense of mastery at intake, and this was maintained at the conclusion of the program. Similarly, the Sense of Relatedness scores at intake were in the average range and remained so at the conclusion of the program. Using countywide data, there were no statistically significant changes in the scores on either subscale. Sample size was too small to analysis a statistical comparison by region.

Participants showed a positive view towards their cultural identity as measured by the Multidimensional Inventory of Black Identity (MIBI). Countywide, participants scored an average of 3.95 at pre, and post ROP, they scored an average of 3.94. This change at post was not a statistically significant change. Overall, the participants' scores indicated that they expressed high centrality (importance of their Black/African American identity) at intake into the program. Countywide, there was no change in the Multigroup Ethnic Identity Measure

Countywide scores on the Cohesion subscale showed a statistically significant difference from pre to post. According to the Cohesion scale, the families initially felt separated, but following ROP, they felt connected. Although, regional sample sizes were small; on average, for the Desert region and Mid-County region, the mean pre-score and post-score showed families maintained feeling relatively connected at the start to end of the program.

Participant statements about the program include:

- "Taught me about my culture and helped me with my people skills."
- "I used to not do so good in school but going through the program changed that. Now, I'm doing great in school."
- "I think more highly of myself."
- "I liked how everyone was participating and how nice everyone is."
- "I made new friends and got to work on myself."
- "People really care about 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. 32 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, parental involvement significantly improved, and inconsistent discipline practices significantly decreased. Overall, the parents reported high satisfaction with the GGC program.

Parent comments about what they learned in the program:

- "How to use constructive criticism, family meetings instead of yelling. Talking about expectations and how I feel.
- "Effective refusal skills. How to be consistent with parenting skills. Ideas for family meetings."
- "How to feel comfortable having conversations with my son that I usually would have my spouse do."

PEI

- “I learned to approach situation differently, everything doesn't need to be approached aggressively.”

Parent comments about what they liked in the program:

- “The staff support with the kids. When there is a problem with the Kings, the "Babas" step in to support. Also help with homework.”
- “Facilitators are very supportive and understanding.”
- “The parents interacting with one another and discussing their concerns or issues amongst us all.”
- “The program was candid; the instructors were open and gave good feedback. The topics were reflective.”

Parent Support Groups (PSG)

After Guiding Good Choices parenting classes end, parents are encouraged to attend 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 sense of commonality when hearing each other’s experiences. For example, one parent mentioned that he/she “felt comfortable opening up and discussing things with the other parents.” Parents also stated that they were able to gain effective parenting skills. For example, one parent mentioned that they were taught “other ways to communicate with a teenager.” Overall, the parents were satisfied with PSG.

Parent comments about what they learned and liked about attending the support groups:

- “Numerous techniques to assist the boys with self-awareness and cultural knowledge.”
- “There are resources available to us as a family. I learned how to open my mind to other possibilities.”
- “It's always good to talk with someone about things that are bothering me. Sometimes the other parents are going through similar things, and we can help each other.”

- What I liked about the PSG program is:
- "I felt comfortable opening up and discussing things with the other parents."
- "A chance to learn other ways to communicate with a teenager."
- "Learned how to find other ways to help/cope."

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 FY22/23, 11 youth benefited from services in CBT. These sessions were conducted in-person and/or via videoconferencing 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. Ten parents of youth who participated in CBT completed the pre and post SDQ survey for their youth. The total scores before and after 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' emotional symptoms and conduct problems subscales significantly decreased following CBT. The significant decrease indicated that the youth exhibited fewer maladaptive behaviors related to behavior regulation.

Youth comments about they learned and liked about CBT:

- "How to make myself calm in stressful positions or how to deal with current problems."
- "My thoughts affect my feelings, and my feelings affect my behavior."
- "To understand my feelings and express them better."
- What I liked about the program is:
- "It changed me to be nice to my sister and mom."

PEI

- “I had someone I could talk to.”
- “[The counselor] listens to you and helps.”

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. The Mid-County provider requested to terminate their contract early and ended services in April 2023.

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.

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-four youth between the ages of 10-13 years of age enrolled in the BRAAF program in the 2022-2023 fiscal year. Of the 24 youth, 15 completed the ROP program.

The youth in the program showed an improvement in their school performance. Before joining the program, 9% of parents reported that their daughters had a sudden drop in school performance. After the program, all parents reported no such incidents, showing a positive change. Additionally, before the program, 33% of the youth had been suspended

from school, which decreased to 18% after the program, indicating a reduction in school suspensions.

Nine participants completed both pre and post-measures for the Resiliency Survey. The scores on the Sense of Mastery scale increased by an average of 6.0 points. This increase was statistically significant. This suggests a significant improvement in participants' Sense of Mastery from the pre-measure to the post-measure. However, there was no statistically significant change in participants' sense of relatedness from pre-measure to post-measure. It's worth noting that both the Sense of Mastery and Sense of Relatedness scores were in the "Average" range at both intake and follow-up, indicating that, on average, youth reported similar levels of these resiliency factors at the beginning and end of the program.

Both regions administered the Teen MIBI measure, consisting of nine items. Countywide, total scores did not show statistically significant change, however, participants' scores remained about the same at pre and post, indicating a relatively high level of importance placed on their Black/African American identity both before and after the program. Countywide, there was a slight increase in the Ethnic Identity Search scale of the MEIM measure, however, this change did not reach statistical significance. In contrast, there was a notable improvement in Affirmation, Belonging, and Commitment. Countywide, participants' scores increased from the pre-test to the post-test. It is worth noting that scores in this subscale were already relatively high at the beginning of the program and remained positive at the conclusion of the program. These findings suggest that youth continued to have a positive view of their ethnic identity throughout their participation in the program. Countywide, there was no statistically significant difference in scores on the Cohesion subscale from pre to post. However, there was a slight increase in scores from the pre-assessment to the post-assessment. On average, the scores consistently remained within the 'separated to connected' range on the subscale. Overall, the average satisfaction score for the youth is 4.17, indicating they were satisfied at the conclusion of the program.

Comments from participants include:

- "The program taught me about how there were more black people in history and the different hardships of black people."

- “I used to have an attitude but how I am very positive.”
- “The program changed me because it helped me to realize who I am.”
- What participants liked about the program:
- “I liked the fun activities we did and bonding with my brothers and sisters.”
- “I liked how they were hard on us but stilled showed they cared.”
- “I liked some lessons, the people, and the trips.”

Guiding Good Choices (GGC)

This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family and teach skills that allow children to resist drug use successfully. A total of 20 parents participated in at least one session of GGC, and 11 parents (55%) completed the five-class parenting course this 2022-2023 fiscal year. Before and after the course, the parents completed the Alabama Parenting Questionnaire (APQ). While the county's results showed a notable increase in poor monitoring and supervision, no substantial improvements were observed in the other measured areas, based on the pre-course and post-course assessments. Overall, the parents reported high satisfaction after GGC.

Parent comments include:

- “Giving kids space when they're angry, allowing them a chance to process anger.”
- “I learned more about setting boundaries and bridging the gap between me and my daughter. There was a bigger emphasis on family time. .”
- “How to get closer, talk more and holding family meetings. Listening and understanding each other more.”

- What I liked about the GGC program is:
- “The presentation and realness of the curriculum, the practicableness of the topics.”
- "Loved the support and being able to talk openly about parenting styles and having a community of people we can relate to.”

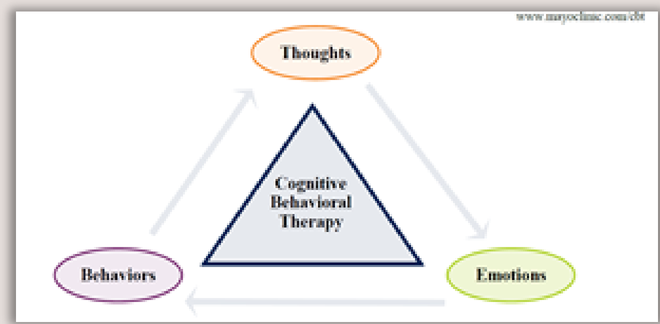
Parent Support Groups (PSG)

After Guiding Good Choices parenting classes end, parents are encouraged to attend 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. A prominent theme that emerged was the parents' ability to establish a warm and secure environment where they felt comfortable expressing their concerns and asking questions about parenthood. For instance, one parent shared that they could "speak freely without fear of judgment." In a satisfaction survey, parents consistently rated survey items between 4.50 and 4.80, highlighting their overall satisfaction with the PSGs.

Parent comments about what they learned and liked about attending the support groups:

- “How to have family time and listen to my daughter.”
- “I learned how not to get mad so fast at my kids.”
- “How to deal with anger.”
- “As a group we can work through anything.”
- “Everyone we're able to speak freely without judgement.”

"That every single person was very supportive and open to altering advice to one another."



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 FY22/23, ten youth were served in CBT. These sessions were conducted in-person and via videoconferencing 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. Nine parents of youth served in CBT completed the pre and post SDQ survey for their youth. The results did not indicate a statistically significant change in the scores for the four behavioral subscales, suggesting that the youth continued to face similar difficulties even after completing one-on-one CBT sessions. Additionally, there was no significant change observed in prosocial behaviors. It's important to note that the small sample size may have limited our ability to detect significant improvements resulting from the CBT sessions. For this fiscal year, we observed that when comparing the scores from CDI-II, there was no statistically significant change evident in either emotional behavior or functional problems.

Participant comments about what they learned and liked include:

- "Something that I learned is [the clinician] helped me cope with everything."
- "I learned how to deal with stressful situations, my parents fighting with my sister, listening, and to help my family more."
- "I learned that it is important to tell people how I feel also I learned that I need to watch what I say but still say it in a respectful way to get what I need to say out."

- “That I could tell someone my problems without getting judged.”
- “Being able to talk and she actually listened to me and hear what I'm saying.”
- “Something I liked is she helped me with my problems.”

Quantitative data outcomes do not tell the full story of the impacts of the BRAAF program. To address concerns that have arisen over the years 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 the 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:

- The program “taught me to speak for myself and how to talk to my parents.”
- I learned “instead of arguing, it’s better to let things cool down before talking.”
- “[The program] helped me to be more mature around the house and be respectful to parents because they provide for me and give me shelter.”
- “I don’t give up as quickly anymore.”
- “I feel more determined to do things.”
- “I changed at school because of code switching, where you have to be more respectful and have etiquette at home.”
- “I became more mature and my own person.”
- “I stopped talking back at teachers.”
- “I don’t argue with my parents and teachers.”

Youth reported changes in how they felt about their culture:

- "I feel better because I'm more knowledgeable about the past."
- "I feel more comfortable being an African American person because I came from great people."
- "I feel more confident in myself and more confident about being black."
- "The program made me feel proud and don't let people call me out of my name."
- "The program made me feel better about being African American."
- "Made me realize about African American history and be proud of it."
- "To be grateful for our ancestor because the fought for us.

Parents noted changes in their children:

- "My son is more respectful with other people."
- "My son does his chores without me telling him."
- "My son is nicer, before he was scared to tell me things. Now I stop before I say anything."
- "They are comfortable talking to us about their problems."
- "My girl changed dramatically … now she lets other peoples' opinions matter, we are still working on it."
- "My daughter was shyer, now when she sees someone getting bullied, she tries to be a leader and step in."
- "She went from being arrogant to being open-minded. Overall, this program is very good, and more people should push their kids to go."

Parents report a sense of camaraderie and mutual benefit from the support groups.

- "It has changed, it teaches us how to approach different situations and receiving their response. And if it's not the response you want don't immediately go on them… They are comfortable in talking to us about their problems."
- "It teaches us to stay stern but less aggressive. Now my son is more respect – top tier. He changed a lot. The program helped him a lot."
- "It helps me deal with [my son] easier and the classes help approach him. Talking to him in a nice way has helped… it allows me to understand him and talk to him. I could see the difference in him and in school. It's been a huge difference."
- "The group discussion was amazing, we got to feel safe, we felt safe, and bounds off each other. Our kids were going through similar things. We have lots of support."

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. All three providers worked together to plan the event that included interactive games, traditional cultural practices, guest speakers, and resources. This event includes youth and families from both the Boys and Girls programs. The theme for FY22/23 was "Reclaiming our Tribe: Wealth, Abundance, and Prosperity."

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.

PEI

PEI

Gathering of Native Americans (GONA) is a culture-based intervention and planning process where community members gather to address community-identified 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.

A total of 473 Native American/American Indian individuals were served during the FY 2022-2023, through the combined GONA events and Celebrating Families program.

During the fiscal year 2022-2023, there were 31 parent participants enrolled in the Celebrating Families program. A total of six class cycles were completed from all three regions of Riverside County. Twenty-two participants completed the program, a 71% completion rate. The majority, 90.3%, of parent participants were female and were between 40 years old and 49 years old. Most enrolled participants, 70.9%, identified themselves as American Indian/Alaskan Native and 12 different tribes were represented in the six class cycles. The provider was able to implement more activities with physical interactions with the in-person classes. Parents who completed the outcome measures showed increases in parenting involvement and positive parenting, as well as an increase in family strength and resilience. Participants report overall high satisfaction with the program.

Facilitating both virtual and in-person sessions was a challenge, as the provider moved between the two modes of service delivery to meet the needs of rather widespread tribal service areas. Getting meals to families who participated in the program virtually also became a challenge. The team was using food delivery services; however, not all parts of the community had this kind of accessibility due to being in more remote, tribal locations. For virtual classes, it also was a challenge in getting the workshop materials out to

families. Not all families had mail service delivery, or if they did it was located at a P.O. Box that they did not check regularly because of their remote locations and residing on reservations. This required the provider to have to hand deliver materials to families.

Even though the program was shortened to an 11-week format, families cited that the length of the program was a challenge. Getting all members of the family to participate was challenging, as many families had their children involved in after school sports that conflicted with group time. Transportation for families to in-person class sites was difficult at times and arranging childcare for the youngest family members.

This was also the first year that the provider was able to organize a full, two-day Gathering of Native Americans (GONA) event. There were over 400 attendees to the GONA event, in which the community came together to reflect on and heal from historical trauma, understand coping strategies to heal from trauma and substance use, and develop a sense of belonging with a focus on embracing cultural traditions. A total of 95 post-GONA satisfaction surveys were submitted by attendees. Overall, the survey analysis showed highly positive results from all parent participants. Additionally, 17 Facilitator Debrief Surveys were collected from the GONA events and showed positive feedback from the facilitators about the events.

There was no CBT activity completed for the fiscal year 2022-2023, due to employee turnover and there was also no clinician who could be solely assigned to lead this activity by the contracted organization.

Participants from Santa Rosa Tribal TANF expressed increased awareness of the impact that historical trauma had on the functioning of their community and families with respect to family dynamics even with abstinence/recovery. Participants from more remote communities expressed changed perceptions of not being "alone" in their experiences and an increase in a sense of tie to community and belonging.

Feedback from participants in the Celebrating Families program:

- "I learned how to use "I Messages". Recognizing my anger triggers as well as body cues and how to handle them safely."
- "How to praise my children more, to be better supporter for my children to talk to my children about drugs and alcohol."
- "Being able to express my past childhood openly without being judged and getting the help that I truly needed. Being a part of this program has changed my perspective and learning new things to become a better dad."

Feedback from community members who participated in the GONA event:

- "This was my first time here and I had a great time of learning things about my native culture. Love to be invited to your next one!"
- "Well run event! We need more of these events to help promote the awareness of addiction and mental health issues in the community."
- "Great medicine to help heal our hearts-mentally, spiritually, physically, and emotionally-thank you!"

Asian American/Pacific Islander Communities:

Keeping Intergenerational Ties in Ethnic Families (KITE)
Program Type: Prevention Program

Intergenerational/Intercultural conflict is a significant stressor in immigrant families that occurs because of differential acculturation between migrant parents and their children (Ying, 2007). More specifically, Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) is a community-based educational intervention that aims to strengthen the intergenerational relationship between immigrant parents and their school-age children and adolescents. Parents are introduced to methods that may be used to cope with the stresses of parenting and migration, that are adapted from a course on the prevention of depression (Munoz & Ying, 2002). 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, KITE. The KITE program was designed to offer Prevention and Early Intervention services for Asian-American Pacific Islander (AAPI) parents with school aged children and adolescents (ages 6 to 17 years old).

7 KITE class series offered
(4 in Chinese, 2 in Tagalog/English, and 1 in Korean)
66 participants enrolled
91% completion rate

During the fiscal year 2022-2023, there were a total of 66 parent participants within Riverside County who enrolled in a total of 7 KITE parenting program series (4 class series were offered in Chinese, and 3 class series were offered in Korean, Tagalog, and English. Of these, 60 parent participants successfully completed the program. The total completion percentage for the KITE program during the fiscal year 2022-2023 was extraordinarily high, at 90.9%. Additionally, during the fiscal year 2022-2023, KITE program workshops were offered to the Asian-American Pacific Islander (AAPI) communities, and KITE program outreach activities were also conducted. Due to the COVID-19 restrictions, as well as parents' and/or coordinators' schedules, most of the workshops and program outreach activities were also completed virtually via Facebook groups and WeChat, while some were also conducted in-person. There was a total of 21 KITE workshops offered with a total of 207 AAPI attendees, and there was a total of 37 KITE outreach activities that reached out to a total of 2,488 people within the AAPI community within Riverside County.

For the fiscal year 2022-2023, the demographic data shows that the majority of participants for the KITE Program were Female, 83.3%, who mostly resided in the city of Eastvale, 53.3%. The KITE parent participants were predominantly Chinese, 75.0%, who preferred to use Mandarin/Chinese as their primary language. Additionally, 80% of participants responded that they were the "First-Generation Americans," and 26.7% of the total participants responded "Yes," that they do have conflicts with their children due to different cultural beliefs. Based on responses on their children's ages, 51.6% of parent participants indicated that their children were between the ages of 6 and 10 years old and 36.7% reported their children's ages between 11 and 17 years old, while 11.7% of participants indicated that their children were under the age of 6.

There were three survey measures collected at the beginning and at the end of the KITE Program, as well as post–satisfaction surveys collected at the completion of the program. Overall, parents reported improved relationships and increases in parenting involvement and positive parenting. These were statistically

Over 95% participants were satisfied with KITE program

significant changes. Overall, analysis on the post-satisfaction surveys showed highly positive results, that the majority of parent participants (95% or more) responded to either "Strongly Agree" or "Agree" to all of the survey statements. The majority of parent participants also provided very positive feedback regarding the KITE parenting programs, with many commenting that they understood their children more, that their relationships with their children were much closer, that they communicated better, and that they were able to bridge the cross-cultural gaps with their children.

The KITE program successfully conducted 21 parent workshops in the Western and Mid-County regions combined, surpassing the target of 20 workshops for both regions. The workshop topics continue to be pertinent to AAPI families, including: Five Love Languages of Children, Parent Self-Care, Bi-Cultural Parenting, Navigating School Systems, etc.

In fiscal year 2022-2023, the program was also able to successfully conduct 4 virtual parenting class cycles in Chinese and Filipino (Tagalog/English), with 60 parents completing the course. The provider noted how over the course of the parenting classes, their parent specialists were able to build trusting relationships with the parents, enabling open discussions about the challenges they or their children faced. This rapport helped reduce mental health stigma and facilitated linkages to mental health services and other valuable school and community resources. Additionally, the program was able to participate in 37 outreach activities that reached out to a total of 2,488 people within the AAPI community within Riverside County. Through these outreach events, information about various services offered by the Asian Pacific Counseling and Treatment Center (APCTC), including KITE, behavioral health programs, and other beneficial community resources for families (e.g., anti-Asian hate resources, post-COVID-19 pandemic resources) were disseminated. Collaboration with various school districts and participation in cultural events enabled the program to reach target communities where no active or established AAPI community organizations existed.

In the fiscal year 2022-2023, the federal COVID-19 Public Health Emergency officially concluded. Despite its formal declaration, the public continued to exercise caution in safeguarding themselves. In addition, Asian American/Pacific Islander (AAPI) bias-

motivated incidents and hate crimes persisted, contributing to a lingering sense of unease in public spaces and reluctance of AAPI communities to participate in in-person events that are not mandatory. This contributed to challenges in recruiting AAPI families for KITE workshops and parent groups, along with parents' fatigue with virtual sessions carried over from the pandemic. In addition, there were AAPI parents who wanted to enroll or enrolled in the KITE parenting class but did not meet program requirements (e.g. children did not fit age group requirement, parents dropped out before meeting class attendance requirements to qualify as completed due to returning to work following businesses re-opening, etc.). Hence, the KITE program was not able to achieve the target goal of 80 combined Western and Mid-County parenting course participants. Furthermore, it was a challenge for the provider to find alternative meeting times for parenting groups (e.g., weekends) or explore other engagement incentives (e.g., providing meals), as the staff on the contract are part-time and have other responsibilities to attend to, and the contract was not budgeted to provide meals to parents.

The provider helped to promote their workshops and parenting classes through mass emails and various social media platforms; however, they learned that these approaches were insufficient in recruiting participants. Consequently, the provider has relied on continuing to employ more traditional approaches by directly visiting and posting/sharing flyers in places where AAPIs gather, such as schools, churches and faith-based organizations, restaurants, healthcare providers, markets, afterschool tutoring centers, etc. In addition, one-on-one outreach to individuals and community leaders, and word of mouth promotion proved effective and will continue to be utilized in the upcoming fiscal year.

Facing the challenge of recruiting participants for virtual sessions, the program anticipates more in-person sessions in the new fiscal year; however, they will continue to be responsive to the needs and requests of community members and continue to offer virtual and hybrid virtual-in-person sessions for parents who face transportation/accessibility challenges or those still concerned about COVID-19 exposure. Additionally, they will continue to develop relevant parenting workshop topics (e.g., Helping Children Transition Back-to-School Post-Pandemic, etc.), to further engage parents and caregivers. The implementation of incentives for workshop and parenting

PEI

classes has proven successful in increasing interest, and the program intends to maintain this approach. Recognizing the continued rise in costs (inflation), the team plans to increase funding allocation for participation incentives to promote both engagement and completion of the program.

In fiscal year 2022-2023, the provider successfully co-hosted the KITE program with the Corona-Norco Unified School District, providing both virtual and in-person courses at one of their elementary school sites with a high AAPI enrollment. This collaboration led to the successful completion of the KITE program by 35 AAPI parents. The Parent Center of Corona-Norco Unified School District acknowledged the value of the services and honored the provider with the "Partner with a Purpose" award at their 1st annual gala. This achievement not only recognized the provider's efforts but also established a positive precedent for future collaborations.

The program also successfully hired a new KITE Parent Specialist in December 2022 who resides in and is more familiar with the Mid-County region. Through this staff's dedicated efforts to outreach to the significant Filipino communities in Murrieta, Menifee, and Temecula, more community members and church leaders have heard about the programs. Hence, there was an increase in Filipino parenting workshops and two Filipino parenting classes completed in Mid-County during the 2022-2023 fiscal year. More workshops and parenting classes are anticipated next year, with the growing interest in the Filipino community in Mid-County, which has historically been hard to engage.

Some of community outreach highlights included the program's active participation at the Riverside Lunar New Year Festival, Eastvale Lantern Festival, and Temecula Parol Festival, which were attended by hundreds to thousands of community members. Various APCTC Riverside program information and community resource materials (behavioral health resources, anti-AAPI hate resources, wellness kits) were disseminated.

Parents who have completed the KITE parenting program shared the following statements about how the program has influenced their lives:

- "After understanding some of the pressures of children that I have considered, I feel that I need to put myself in their shoes. So, I changed and became more tolerant and understanding of children."

"I feel I am more willing to look and assess at situations more and taking into consideration my child's perspectives. I feel I am able to use the different parenting techniques as a tool in successfully responding to different problems/situations. I also feel there is a positive improvement with my relationship with my child after completing this course."

Section IV

Innovation

MHSA Annual Update FY 24/25

Innovation

The Mental Health Services Act (MHSA) allocates funding to expand and transform the

MHSA INNOVATION Component Plans History

Plan#	Project Name	Years of the Plan	Description	Status
INN-01	Recovery Arts Core Project	01/2009 – 06/2012	Mobile, community-based, peer-delivered art education and services to consumers that include presentations on recovery, art classes, and peer education to increase the quality of services and recovery for consumers.	Expired
INN-02	Recovery Learning Center (RLC)	Western 04/2011 – 04/2016 Desert 05/2012 – 04/2017	Peer recovery coaches who provide WRAP, recovery coaching, and other peer support services for consumers to develop wellness skills and empower personal responsibility to achieve goals.	Expired
INN-03	Family Room Project	04/2012 – 05/2017	Family Advocates and Peer Specialist facilitate the engagement of family members in the consumer's recovery, identify barriers to family involvement, model effective communication between the family members, facilitate referrals to services and supports in the community for the family, and respond to the ongoing needs of the family as they progress in recovery.	Expired
INN-04	Older Adult Self-Management Health team project	04/2012 – 05/2016	A team approach for intensive collaboration and coordination of treatment with primary care providers and other agencies to provide support services to older adults with both mental health and physical health needs.	Expired
INN-05	TAY Drop-In Center	08/2015 – 08/2020	Drop-in centers that focus on the engagement and skill development of TAY youth provide TAY PSS training and expand behavioral health care including treatment for first-episode psychosis as well as other specialized services.	Expired
INN-06	Resilient Brave Youth (approved as Commercially Sexually Exploited Children)	02/2017 – 02/2022	Field-based coordinated care teams that provide adapted TF-CBT, parent support, peer support, and any other assistance needed to engage and treat CESC youth.	Expired
INN-07	Help@Hand Collaborative (approved as Technology Suite)	02/2019 – 02/2024	Collaboration between 14 counties/cities to bring interactive technology tools into the public mental health system through a "suite" of applications designed to educate and improve identification and early detection of signs and symptoms of mental illness, connect individuals seeking help in real time via peer chat app, and increase access to mental health services no matter where people are located in their county.	Expired
INN-08	RUHS Mindful Body and Recovery Program (approved as Eating Disorder Intensive Outpatient Program and Training Project)	07/2024 – 06/2029	Providing an acute level of care via a three-pronged approach including training, education, and an Intensive Outpatient Program Clinic serving as the project hub, RUHS seeks to address the lack of an effective and integrated treatment approach to reach those currently suffering from an eating disorder, those who diagnose and treat them, and those who support them; thereby reaching as many people as possible.	Pending Active

public behavioral health system with the expectation that time-limited Innovation Projects will creatively enhance mental health practices or approaches, informing and contributing to the learning of the County. The MHSA's Innovation component aims to explore and develop new mental health models that improve the quality of services, promote collaboration, and increase access to services

What is a Mental Health Services Act Innovation Project?

- An Innovation Project is essentially a research project to determine if a particular mental health need can be solved using a practice that was not previously used to solve that same need anywhere in the world.
- Research measurement tools and data collecting are part of the plan design. The data collected is based on the hoped or expected outcome of the project.
- The focus of Innovation Projects should not be on filling in the gaps of missing services. Instead, each Innovation Project must have significant learning goals.

There must be something new learned by the introduction of the project. The results should add knowledge to the mental health field and should be generalizable to other programs or counties.

- Each Innovation Project has a designated end date for evaluation purposes. Funding for the project is limited to 3-5 years. If a project is considered successful, other funding sources to sustain it must be explored and accessed.

Mental Health Services Act Innovation Project Defined

An Innovation project is defined as:

- A project that "the County designs and implements for a defined period and evaluates to develop new best practices in mental health services and supports."
- A project that should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/ approaches of another community.

Innovations Regulations Requirement Categories

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- Applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.
- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services on-site.

An Innovative Project must have a primary purpose that is developed and evaluated with the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups.

- Increases the quality of mental health services, including measured outcomes.
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing.

Funded to provide research, the Innovation component of the Mental Health Services Act plays a pivotal role in advancing knowledge in the field of public behavioral health. Through the promotion of innovation in the availability and delivery of quality and accessible services, we strive to transform mental healthcare and mental health outcomes for individuals and communities.

Working with community and county partners, the innovation team assesses current situations and offerings, creates original proposals, implements the ideas, and evaluates the innovative/not yet tried approach to find breakthrough solutions and learning outcomes to enable better provision of mental health services. We create awareness and reach out to our community countywide, increasing awareness and interaction with our programs, through traditional advertising (such as billboards, bus skins, and bus stop surrounds), and digital, radio, and social media marketing.

The road to securing proposal approval and funding by the CA state commission is long, including broad topic research, learning objective development and examination, county department, division and community input, stakeholder review and feedback, plan revision AND internal approval by a local Mental Health Commission and the County Board of Supervisors. After which, the Innovation Plan is submitted for final review by the Commission staff and ultimately the Commissioners. If the project is approved, implementation begins. The test of success in an innovation project is about transforming the system itself and sharing the knowledge with others.

INN-07 Help@Hand – previously known as Technology Suite (TechSuite)

Approved by the Mental Health Services Accountability and Oversight Commission (MHSOAC) on September 27, 2018 and subsequently approved by the Riverside County

Board of Supervisors on January 29, 2019, Riverside University Health Systems - Behavioral Health (RUHS-BH) became part of the TechSuite INN collaborative Cohort #2 in March of 2019. The Help@Hand statewide collaborative project, originating with 12 Counties and two (2) Cities, employed interactive technology-based mental health solutions to help shape the future and improve accessibility and outcomes to connect people with care across the state and to better understand how technology works within the public behavioral health system of care. The vision of Help@Hand was to save lives and improve the well-being of Californians by integrating promising technologies, opening doors to mental health support and wellbeing.

This project was initially approved for three years; however, through the evolution of the project and ongoing learning, counties determined a longer timeframe was better suited for projects of this scale, and the term was extended to five years, with approval from the MHSOAC. The five-year multidimensional Help@Hand innovation project concluded on February 26, 2024.

The Cohort Learning Goals for Help@Hand were:

1. Detect and acknowledge mental health symptoms sooner

2. Reduce stigma associated with mental illness by promoting mental wellness

3. Increase access to the appropriate level of support and care

4. Increase purpose, belonging, and social connectedness of individuals served, and

5. Analyze and collect data to improve mental health needs assessment and service delivery

Help@Hand also strove to provide diverse populations with access to mobile applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional and behavioral challenges, connect individuals seeking help in real time, and increase user access to mental health services.

RUHS-BH worked collaboratively with other Riverside County partners to participate in the design, testing, and evaluation of the various components of the H@H project. Examining the safety & security of the users and their data, incorporating feedback from

a variety of stakeholders, exploring innovative technology applying the learning, and incorporating lessons learned, all contributed to determining if and how technology fits into the behavioral health system of care.

The H@H Riverside Project's primary focus areas for the project were:

- Early Detection and Suicide Prevention
- Improved Outcomes for High-Risk Populations
- Improved Service Access for Rural Regions and Underserved Communities, and
- Bringing interactive technology tools into the public mental health system.

Participation in the collaboration of counties and cities resulted in both individual county learning and collaborative learning through the continuous sharing of successes, challenges, information, resources, and learning.

TARGET POPULATIONS

One element of the H@H innovation project was to examine how different aspects of technology were utilized and received by different target populations. RUHS-BH sought feedback and input to understand the needs and desires of their county stakeholders.

The Help@Hand programming reached various beneficiaries by accessing Transitional Age Youth (TAY), older adults and isolated seniors, monolingual communities, hearing and visually impaired Communities, higher risk populations: first onset; re-entry; FSP consumers; eating disorders; and, suicide prevention, and traditionally underserved Riverside County communities: Hispanic/Latino, Native American/American Indian, African American, Asian-Pacific Islander, LGBTQ, Deaf and Hard of Hearing, Disabled, Middle Eastern American/North African American, and Spirituality/Faith-Based communities.

The goal was to improve access to these underserved communities, especially in rural areas (Blythe, Mecca, Thermal, in particular) and to ensure technology was available to our programs that provide service to members in our Western, Mid-County, and Desert regions. RUHS-BH marketed to consumers who had historically experienced barriers to accessing services provided in clinics and provided outreach to consumers to utilize this technology in addition to their existing services.

INN

ADMINISTRATION

We continued our partnership with CalMHSA serving as the administrative and fiscal intermediary to facilitate the program management aspect of Help@Hand including contracting with technology vendors, supporting shared evaluation, and maximizing outreach and marketing of the Help@Hand collaborative.

UCI also provided administrative and evaluative support through the facilitation of collaborative requests and communication with the Mental Health Services Oversight and Accountability Commission (OAC).

Some of our funding and administration also remained at the Riverside County level.

EVALUATION

Experts from the University of California, Irvine (UCI) were contracted to evaluate the state-wide collaborative's H@H activities. Ongoing learning was shared amongst counties and cities as an integrated part of the project; key accomplishments supporting both progress and learning for the cities/counties, the collaborative overall, and the larger behavioral health community. The evaluation team collected and published findings regularly to the collaborative and individual counties.

In-house evaluations were also conducted through the Riverside County Quality and Research - Evaluation Unit for Recovery Record, App4Independance (A4i), parts of La CLAve, and TakemyHand™. Man Therapy provided much of its own evaluation; however, our evaluation team was provided access to the raw data and post-training data for digital literacy. The final evaluations from UCI and Riverside County will be available for final reporting no later than the end of 2024.

Additionally, to assist with overall collaborative evaluation, and based on feedback from the Collaborative, CalMHSA hosted an in-person Retrospective Workshop in Sacramento, CA on November 6, 2023, for current Collaborative members. Four of the Riverside H@H team participated. It was an opportunity to share, face-to-face, between counties, best practices, learnings, recommendations, and transition planning for pending project close-out.

Ongoing evaluation occurred throughout the project with the H@H team participating in alternating:

- Biweekly virtual collaboration meetings to discuss challenges, successes, and recommendations with the participating counties/cities, UCI, and CalMHSA
- Biweekly local team meetings with the entire Riverside County H@H team including: CODIE (Center on Deafness Inland Empire) and the Deaf and Hard of Hearing Cultural Community Liaison, the peer specialists, evaluation team, and program staff, and
- Biweekly Project Management meetings with the Riverside County H@ H leads, a UC Irvine representative, the Innovation Lead, and the CalMHSA RIVCO portfolio manager to discuss updates, challenges, and needs.

PEER SPECIALIST INVOLVEMENT

Peers played an integral role in the H@H project. The vision of the Peer Role in Help@Hand was to incorporate Peer input, expertise, knowledge, and lived experience at all levels of the project, and to support and promote the use of the apps through Peer outreach and training. As this was a multi-dimensional project, there were several aspects of the project to support from outreach and engagement to app development and customization, project management, and evaluation. Impressed by the role that the Peer Specialists played in the A4i project, A4i Inc. has reworked its business model to incorporate more Peers in the implementation process.

RUHS-BH developed a peer support website to introduce online service resources across Riverside County to provide access and linkage to intervention. TakemyHand™, a free, anonymous, safe and confidential web-based, live peer chat values the lived recovery experiences of peers who are trained in peer support to connect with people to provide support, wellness strategies, and resources for non-crisis challenges, promoting the motto: “your journey to wellness starts here.”

MARKETING AND BRANDING

Marketing, branding, and outreach were essential elements of the Help@Hand effort as they supported the overall awareness, adoption, and sustainability of the project and products. Many apps and project logos helped promote the full H@H project offerings.

Through our branding, we aimed to create a cohesive identity that resonated throughout the H@H offerings; utilizing the main H@H Innovation project logo along with the programmatic logo either created by the H@H team or that of our partnering organization.

In May 2023, RUHS-BH trademarked TakemyHand™ through the United States Patent and Trademark Office. RUHS-BH updated the language on their flyers, brochures, presentations, and other collateral after the trademarking of TakemyHand™ distributing branded items (e.g., t-shirts, folders, stickers, business cards) at community outreach events and branded t-shirts and stigma reduction backpacks at "Learn & Earn" digital

literacy group sessions. Tailored flyers, infographics, and swag were developed for the DHoH community, youth, and diverse communities.

A key component of marketing and outreach is a website that allows stakeholders to access information about the Help@Hand project. With continuous input and support from project Peers, stakeholders, and the Collaborative, the shared/main landing page was maintained to promote Help@Hand's web presence. Cities/Counties were responsible for providing content to update their sub-pages. Riverside County's original webpage was helpathandca.org/riverside/. With the ending of the project, our website has transitioned to the current site https://helpathand.info where a repository of knowledge can be found about the project and where resources remain to be utilized by others.

A range of marketing and promotion approaches were utilized to share the evolving mental health-oriented technological opportunities to stakeholders and consumers for all H@H programs and services:

- Paid social media
- Snapchat ads
- Meta social
- Radio ads
- Google AdWords
- Billboards
- Sunline bus ads
- Posters
- Wallet cards
- Coasters
- Stickers
- T-shirts
- Gift cards
- Bus shelter ads
- Bus wraps and
- Miscellaneous promotional items

INN

Creatives were provided in English and Spanish and included the ASL symbol

IMPLEMENTATION PROGRESS

While the development and implementation of the many components of the H@H project was challenging and time-consuming, success was attained. We witnessed measurable success through our targeted efforts toward improving mental health outcomes and service access, along with early detection through prevention for High-Risk Populations, Rural Regions, and Underserved Communities.

We were successful in:

- Integrating digital mental health tools into the system of care via A4i (targeting the recovery processes for those experiencing psychosis and schizophrenia).
- Promoting the use of the Recovery Record App (providing Eating Disorder (ED) management from the privacy of a mobile phone).
- Providing information, training, and an online self-assessment survey through La CLAve to help families identify and treat serious mental illness in their loved ones by providing language access and resources.
- Offering male-specific wellness assessments, tips and tools to help men improve their mental health and well-being via Man Therapy.
- Witnessing improved comfort level with technology by our older adults by bridging the gap between knowledge and usability.
- Improving the ability to navigate and utilize technology in the use of both the myHealthpointe 2.0 Consumer Portal and an introduction to the Whole Person Health Score Assessment tool and
- Advancing access through the continuation of the provision of Spanish-speaking peers and the addition of American Sign Language signing peers' availability to address the needs of consumers through the TakemyHand™ peer chat.

Throughout the various programs, we saw improvement and increased usage, witnessing and hearing accounts of real-life stories of recovery from the consumers who participated in these initiatives. An increase in general knowledge and awareness of resources was also expressed by consumers. Additionally, the 80% visitor chat satisfaction rate for approximately 2000 chats in 2023 through TakemyHand™ and the documented A4i

participant crisis reduction, reflected the goal of advancing the role of digital mental health tools assisting in reaching and providing access to consumers and providers in mental health care.

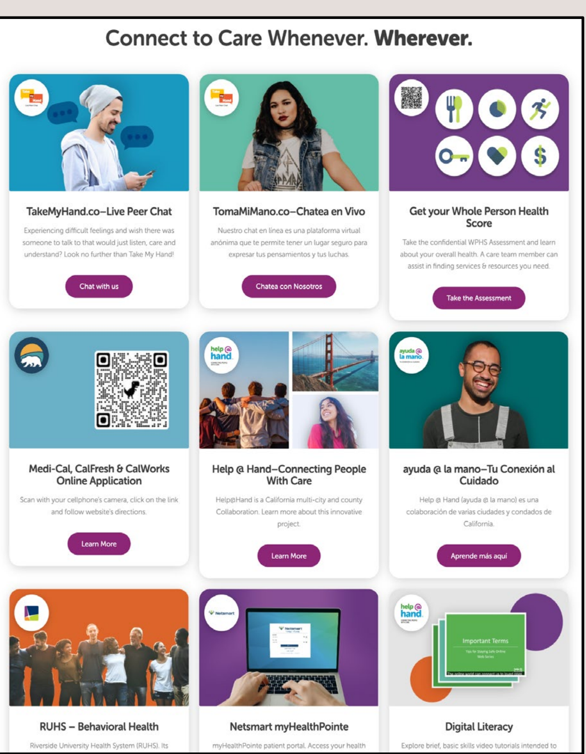
STAKEHOLDER ENGAGEMENT

The voice of stakeholders throughout the project was a critical component. Over the past year, we continued our commitment to providing programming updates, announcements, and presentations on the many components of the H@H project. We were also dedicated to informally gathering reactions, feedback, and ideas from our numerous interactions with stakeholders, bringing back the information to the larger group for discussion, follow-up, and action. For example, from these interactions, new resources were developed geared toward youth and diverse groups. The members of the H@H team engaged in the following activities:

- Veterans, Cultural Community Liaison subcommittees, Logistics meetings, and Adult System of Care meetings to gain feedback on community needs
- National Alliance on Mental Illness (NAMI) meeting - attended all meetings to hear needs and share services and resources
- Various Mental Health and other wellness-oriented events throughout the year to share resources
- Solicited feedback on all projects
- Presentations and program announcements and/or updates:

  - Adult System of Care Committee
  - Behavioral Health Commission
  - Children's Committee
  - Criminal Justice Committee
  - Cultural Competency Reducing Disparities Committee
  - Desert Regional Board meetings
  - Eating Disorder Collaborative meetings
  - Legislative Committee
  - May is Mental Health Month Fairs Western, Mid-County & Desert

- Mid-County Regional Board meetings
- NAMI San Jacinto meetings
- Older Adults System of Care Committee
- Riverside Resilience community meetings
- TAY Collaborative meetings Desert, Mid-County, and Western
- Housing Committee
- Veterans Committee
- Suicide Prevention Coalition PEI Collaborative
- Peace from Chaos
- Mission y Compromiso



OUTREACH

Riverside University Health System's commitment to outreach transpired throughout the Help@Hand project, this year was no different. Outreach Activities took place regularly to promote available services and to educate and reduce stigma among the Riverside community. The Help@Hand team promoted TakemyHand™, La CLAve, and Man Therapy at the different stakeholder committee meetings. The team also was very active in setting up booths at various community events countywide. Presentations on the various innovation initiatives took place upon request from various community/county organizations and clinic managers and supervisors.

RUHS-BH sought to transform emotional wellness by providing education and access to mental health services while analyzing our new digital solutions. We aimed for technology with a human touch. We took the opportunity to promote our work through an interview in 2024 with the Society for Digital Mental Health "Implementation of Digital Tools in the System of Care," and two nationwide presentations "Transforming Emotional Wellness across Riverside County & beyond with Technology" at the 6th Annual Technology in Psychiatry Summit, McLean Hospital, and "Implementation Challenges in County Mental Healthcare Settings" at the Society for Digital Mental Health 2023, where we shared our knowledge and expanded our educational reach. To learn more about our work over the past year, visit our new website https://helpathand.info.

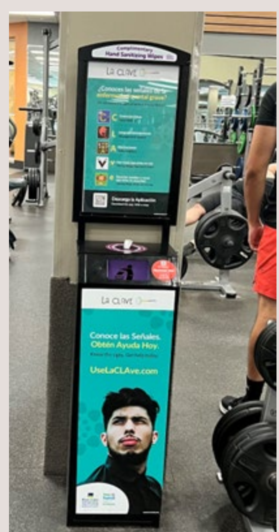
RUHS-BH participated in a variety of community events to promote TakemyHand™ and their other Help@Hand efforts. These events included but are not limited to:

- National Innovative Communities Conference
- Safety and Wellness Health Fair at Scotts Turf Company
- Temporary Assistance for Needy Families (TANF) Native Community: Morongo
- Rural Zip Code Outreach: Perris
- Child Support Backpack event: Riverside, Community Members
- Outreach: Rural zip code outreach Banning/Beaumont, Idyllwild
- Movies Under the Stars: Nuevo
- Inland Empire Disabilities Expo: Riverside County
- Student Health Resource Fair Riverside City College

- Learn4Life Back to School
- Moreno Valley College-Suicide Prevention Month
- Annual Mead Valley/Good Hope Town Hall
- Riverside's Inland Empire Pride
- Deaf Festival: Riverside

Television exposure also occurred to further inform the community of the H@H offerings:

- Dr. Steven Lopez, La CLAve project director, and Maria Martha Moreno, H@H Project Manager, were interviewed by Univision Despierta Palm Springs to talk about La CLAve integration in TomamiMano.co. The goal was to encourage the community to visit TomamiMano.co and learn about La CLAve so they could learn the signs of a serious mental illness and, if needed, seek early treatment
- Univision en Español and NBC Palm Springs reached out to collaborate with Dr. Steven Lopez and Help@Hand on promoting La CLAve in the Desert region to educate and help reduce stigma in the desert community which has a large percentage of Spanish-speaking residents and
- Marisela Gil, Medi-Cal Certified Peer Support Specialist took part in a 30-second La CLAve commercial that was featured on UNIVISION, MYTV, UNIMAS, and TikTok, YouTube, CTV/OTT, and Geo-Video Pre-Roll.



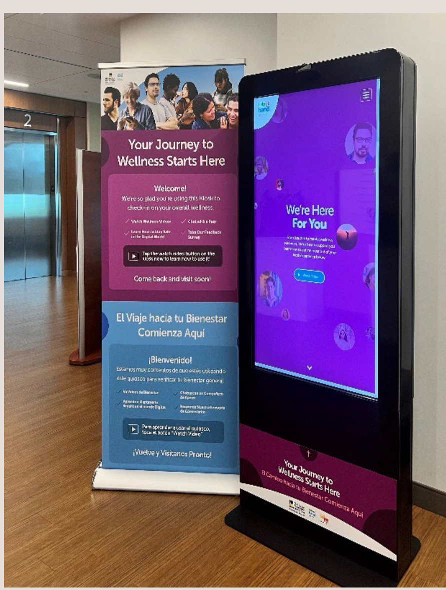
Above: *Kiosk Ads were featured at locations throughout Riverside County*

Source: *Riverside University Health System - Behavioral Health. (2023)*

PROJECT UPDATES/HIGHLIGHTS

Riverside County's Help@Hand Project has evolved over the many program years. Last year, the project expanded its technological offerings and reach with the same occurring this last project year. Help@Hand continued to connect people to care utilizing technology-based mental health solutions designed to engage, educate, assess, and intervene with individuals experiencing symptoms of mental health challenges. In 2023, Riverside University Health Systems - Behavioral Health (RUHS-BH) also examined the following projects, in anticipation of the Help@Hand Innovation project ending in February 2024 and regarding the best chance of continuation of the programming. This past year continued to see expansion and successes in the many Help@Hand Riverside innovative components:

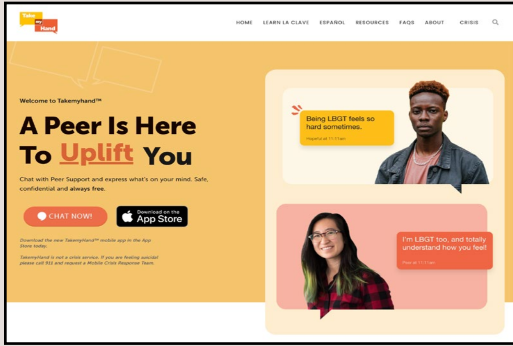
- TakemyHand™
- A4i pilot
- Recovery Record pilot
- Whole Person Health Score
- Deaf and Hard of Hearing needs assessment
- Kiosk Installations
- Digital Mental Health Literacy Training
- La CLAve
- Man Therapy

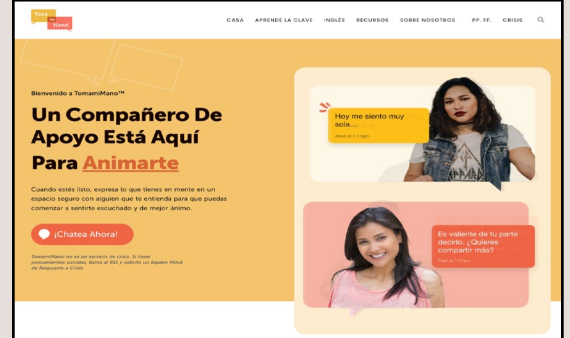


Last year saw the goal of installing additional **Kiosks** in open-to-the-public clinic sites throughout the County. This year, Phase II kiosk deployment, with upgraded technology, continued. Sites received either an iPad Pro kiosk or a large 55" Peerless kiosk, depending on expressed need. By program end, 77 Kiosks had been installed in waiting areas throughout Riverside County, with 10 additional mobile kiosks slated to be placed in pivotal locations throughout Riverside County, totaling 87 and serving as points of service navigation and education. THE KIOSK EXPERIENCE continued, and will continue, to be a great way to locate useful resources and support at one's fingertips. Community members can locate a kiosk on the kiosk map locator on the new Help@Hand Riverside webpage (https://helpathand.info) or via this kiosk map locator: https://arcg.is/0qnOuj.

- In addition, the Help@Hand Innovation Program collaborated closely with RivCoONE, a countywide initiative for Integrated Service Delivery, coordinated by Dr. Kumar, Chief Health Information Officer to develop and design a special kiosk landing web page (https://thrive.ruhealth.org/#/home) that is being utilized in the two kiosks delivered and installed in the Jurupa Health Care Clinic. Funding, knowledge, and technical expertise from the Help@Hand Innovation program were critical components to the launch of the RivCoONE Integrated Service Delivery initiative. The specially designed kiosk landing page provides links with access to *Programs and Services* (IConnect), *Epic my Chart*, *Other Department and Programs*, and *CheckIn appointments* for medical patients.
- In June 2023, RUHS-BH began discussions about introducing kiosks at five Riverside County prison sites with the idea that the kiosks would serve as a resource for inmates and facilitate their enrollment in behavioral health services before release. This strategic endeavor aligns with the broader California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative that supports individuals transitioning from incarceration to community reintegration. However due to the fact that they were already utilizing laptops for similar purposes, approval challenges and the late promotion of the idea in relation to the project end date, this did not occur.

- As part of supporting the successful utilization of the kiosk technology, and due to consumers' frequent need to unplug the kiosks so they can charge their phone devices, the Help@Hand program deployed **charging stations** in 15 clinic and community sites countywide, including six (6) to community college centers. This solution-based innovation, especially in high-traffic clinic sites, proved to be very popular. The charging station featured the TakemyHand™ branding and QR Code so individuals visiting the clinic lobby could quickly connect to a TakemyHand™ live Peer for emotional chat support. Additionally, in





the most recent deployment phase, the charging stations feature both, TakemyHand™ and La CLAve branding providing a connection to even more wellness information. La CLAve teaches about detecting the signs of a serious mental illness to motivate the community to seek early treatment.

***Above**: The English-language and Spanish-language versions of the TakemyHand™ website*

***Source**: https://takemyhand.co. Riverside University Health System - Behavioral Health. (2023).*

The **TakemyHand™ Live Peer Chat**, continued to provide a peer-to-peer live chat interface using real-time conversations for people seeking non-crisis emotional support surrounding wellness, building resiliency, and exploring the recovery process for those who may struggle with emotional difficulties and/or substance use challenges.

The Chat, open and free to the Riverside County public age 16 or older, works on a PC, laptop, tablet, iPad, and smartphone, or can be accessed at a kiosk or directly online at TakeMyHand.co. TakemyHand™, recognized as a CA State Challenge Award Recipient for innovative and creative spirit toward finding new, effective, and cost-saving ways to

provide programs and services to its citizens, has two landing pages: One for the English-speaking audience: TakemyHand.co and one for the Spanish-speaking audience: TomamiMano.co.

TakemyHand™ is now available as an iPhone App at the App Store and as an Android app at the Google Store. In early 2023, RUHS-BH applied to add the TakemyHand™ app to the Apple Store. After approval by Apple, the English-language TakemyHand™ app became available to Apple iPhone users in June 2023. In late 2023, RUHS-BH applied to add the TakemyHand™ app to the Google Play Store. The TakemyHand™ app became available to Android users through the Google Play store in January 2024. As previously mentioned, the TakemyHand™ Live Peer Chat service and logo was also approved as a trademark by the United States Patent and Trademark Office on August 22, 2023.

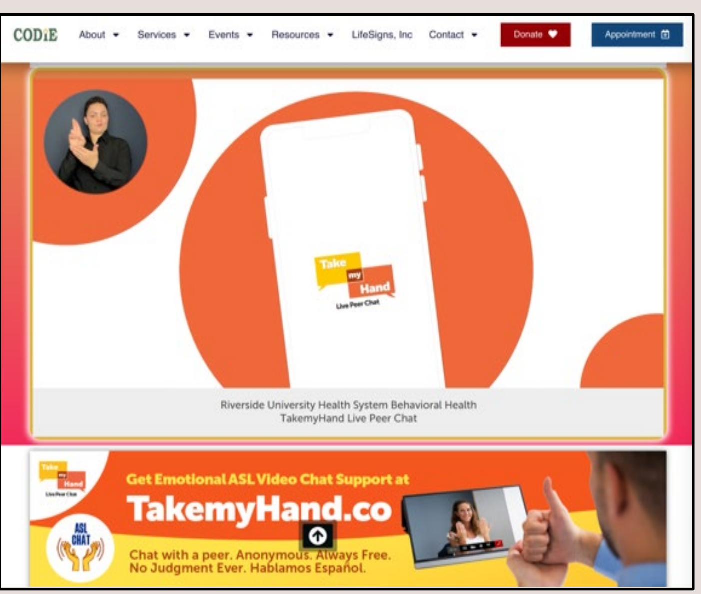
The RUHS-BH team continued to implement and improve TakemyHand™ in 2023. An Expansion of TakemyHand™ occurred this year. TakemyHand™ Peer Support Operators are integrated throughout RUHS-BH departments; there these extra peers were made available for Chat coverage due to increased activity. Additionally, In early 2023, RUHS-BH launched TomamiMano™, the Spanish-language version of the TakemyHand™ website. Consumers can access TomamiMano™ by visiting https://tomamimano.co. They can also visit https://www.takemyhand.co and click the "Español" tab.

RUHS-BH worked with La CLAve, an organization that seeks to initiate discussions on serious mental illness (SMI) in the Latino community, to enhance TomamiMano™. La CLAve had existing tailored learning materials for the Latino community focused on identifying the signs of SMI and seeking early treatment. In August 2023, RUHS-BH worked with La CLAve to integrate these learning materials into TomamiMano™.

Increased support for our Deaf community was provided this year through an ASL video on the terms of services for TakemyHand™ and a video chat Pilot. The ASL video, produced in collaboration with Sorenson, is incorporated within the Terms of Service animated video of TakeMyHand.co. RUHS-BH created a video explaining the terms of service for

TakemyHand™ to consumers. RUHS-BH reviewed and approved the English-language terms of services video script, and Dreamsyte, a website management company, produced the video. RUHS-BH made the English-language video publicly available in March 2023, the Spanish-language video in May 2023, and the ASL video in June 2023. To watch the videos, please visit: https://www.takemyhand.co.

The pilot with two Deaf Peer Chat Operators was also implemented to offer emotional video chat support to the Deaf Community. An American Sign Language (ASL) Platform was also added. RUHS-BH collaborated with the Center on Deafness Inland Empire (CODIE) in 2023 to create an American Sign Language (ASL) video chat feature on TakemyHand ™ for the Deaf and Hard of Hearing (DHoH) community. In August 2023, the RUHS-BH Help@Hand Senior Peer Support Specialist trained and onboarded a volunteer CODIE staff member and a DHoH community member as ASL TakemyHand™ Peer Support Operators. In October 2023, RUHS-BH began contract negotiations to pay the trained DHoH community member. Due to contract challenges, the launch of the ASL TakemyHand™ video chat pilot was delayed until December 2023. TakemyHand™ billboards countywide promoted the ASL video chat availability, along with the non-ASL chat option. 17 ASL video chats occurred through the pilot. 1,758 total TakemyHand™ chats were conducted in 2023.

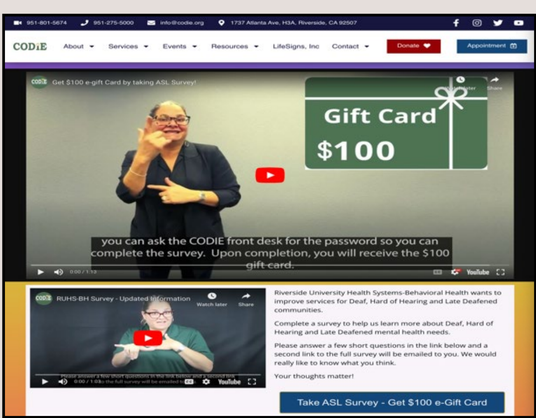


***Left**: Marketing for the TakemyHand™ ASL video chat platform on CODIE's website*

***Source**: https://codie.org.* Center on Deafness Inland Empire *(2023).*

In 2023, RUHS-BH continued conducting its **<u>Deaf and Hard of Hearing Needs Assessment Digital Survey</u>** targeting their Deaf and Hard of Hearing (DHoH) community, a core audience for the RUHS-BH Help@Hand project. The assessment aims to understand the needs of the DHoH community and builds on their 2020 assessment. In collaboration with The Center on Deafness Inland Empire, known as CODIE, Qualtrics, Red Pepper Consulting, UCI, Sorenson, and the Evaluation team, a Deaf and Hard of Hearing Needs Assessment survey was developed to gather information on improving mental health services for Deaf, Hard of Hearing, and Late Deafened communities. The 27-question survey contained 81 ASL videos. The focus groups and stakeholders' feedback shared that it was imperative to incorporate corresponding ASL videos for each of the survey questions.

The survey also included an ASL county resources video that included the TakemyHand™ Live Peer Chat resource as well as the local CARES line, Urgent Care Mental Health facilities, and crisis lines. The survey was available through the CODIE Website at codie.org to collect information from this community. Between May 2022 and February 2024, RUHS-BH and the Center on Deafness Inland Empire (CODIE) also emailed the needs assessment survey and made it available to complete at several in-person events throughout the County in 2023. As of February 2024, a total of 73 surveys were completed.



***Above**: Gloria Moriarty, CODIE staff and RUHS-BH Help@Hand collaborator, promoting the DHoH needs assessment on CODIE's website. **Source**: https://codie.org. Center on Deafness Inland Empire. (2023).*

Survey security became an issue in January 2023 when there was a cyber bot attack, with over 2,500 surveys completed by bots. Following this, RUHS-BH partnered with the software company Red Pepper to prevent future attacks. After performing security updates and testing, CODIE republished the survey on their website with a new link.

RUHS-BH and CODIE decided to continue distributing the needs assessment survey through February 2024 and are now creating a report with findings and recommendations from the survey results.

App for Independence **(referred to as 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 helping 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.

The HEARTS event was held in-person, streamed, and recorded. The showcase shared information about the A4i pilot, lessons learned, and consumer testimonials with

community members, healthcare professionals and others interested in digital health innovations.

102 consumers participated in utilizing the A4i app. 12 clinic sites and 50 staff members participated in the pilot. Staff members participating in the pilot earn digital therapeutic certificates: https://www.a4i.me/a4i-care-team-champion-certificate/. A *Health Empowered by A4i Riverside's Transformative Showcase – (HEARTS A4i)* Showcase event occurred November 15, 2023 to explore how A4i has revolutionized healthcare at RUHS-BH. The event was designed to inform, engage, and inspire healthcare professionals, consumers, and digital health enthusiasts on lessons learned, consumer and system outcomes, and to show how A4i is leading the way in healthcare innovation, scaling peer support, and enhancing the overall healthcare experience of individuals living with a serious mental health condition. Consumer and care team panels were part of the programming. Videos with real-life testimonies of how A4i has impacted the lives of pilot participants were also a key component of the HEARTS A4i Transformational Showcase. Some of the HEARTS A4i videos can be viewed at: https://vimeo.com/showcase/10798859.

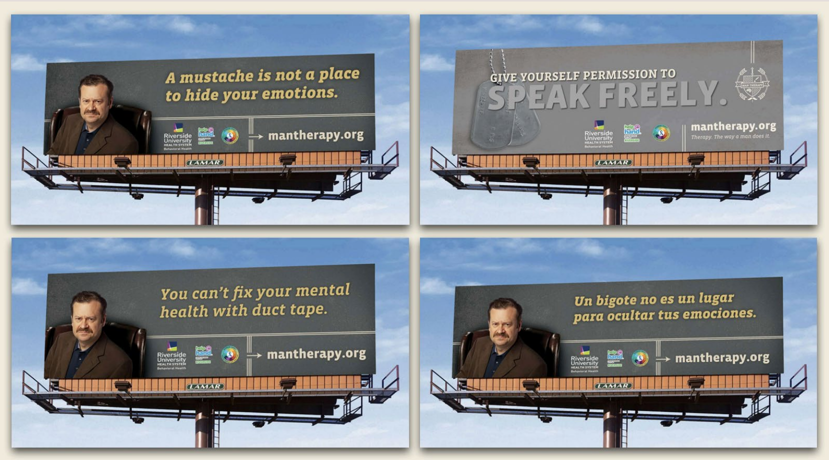
"I don't get a lot of insight as a therapist by what they tell me. This is literally something that I can see visually […] You can explore more with them. And I think that provided an opportunity that I really didn't have previously. Especially on those days where they don't want to talk."

– Clinical Therapist

In 2023, H@H began its **Recovery Record Pilot** to support consumers in the RUHS-BH Outpatient Eating Disorder (ED) Program. The Recovery Record app is a leading global product for eating disorder management. In close collaboration with our trained clinical staff, the goal, using the Recovery Record mobile app, was to improve outcomes for our Eating Disorder Consumers, a high-risk population in our system of care. Features included check-ins, CBT self-monitoring, DBT and ACT skills, outcome tracking, meal monitoring, clinical goal review, and motivation enhancement. The recovery record pilot had 26 consumers sign up to utilize the app and 58 staff members with access to the Recovery Record clinical license.

RUHS-BH worked with the ED Program Administrator to identify and enroll ED Champions (providers specialized in supporting eating disorder consumers). The team used emails, flyers, announcements, and presentations at County meetings to inform and receive buy-in from identified ED Champions; efforts reached over 280 staff members. 23 pilot consumers actively utilized Recovery Record with a participating provider. Consumers sustained a high level of engagement collectively logging 5,276 CBT- self-monitoring entries or an average of 203 per consumer. Embracing the vision of an Innovation project, we also shared findings with Sacramento County on technology-enhanced best practices for Eating Disorders (ED) treatment based on our utilization of the Recovery Record App.

RUHS-BH developed an "RUHS Welcome Packet" for newly onboarded ED Champions. The packet included a flyer about the pilot, an infographic explaining pilot process steps, survey instruments, and instructions for retrieving participant e-gift card incentives. RUHS-BH also created and distributed periodic newsletters with updates and tips for utilizing the app in sessions.



Man Therapy is designed to combat mental health stigma among men helping them address anger, stress, substance abuse, and suicidal thoughts head-on. 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. Targeting working-aged men to get them 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, online self-assessment utilizing the 24/7 digital platform (mantherapy.org)

Given RUHS-BH's interest in making the campaign available to Spanish-speaking, working aged men in Riverside County, Man Therapy® also translated its website into Spanish, going live February 21, 2024. They also reviewed their most popular ads for cultural suitability in June 2023. Man Therapy® collaborated with RUHS-BH to train three Peer Support Specialists as Man Therapy® Ambassadors to later train staff and community members on the availability and use of Man Therapy® resources.

In early 2023, RUHS-BH conducted presentations introducing Man Therapy® at various meetings, including the Desert Leadership Team Meeting, Adult System of Care Meeting, Behavioral Health Veterans Committee Meeting, Help@Hand Collaboration meeting, Quality Improvement Committee, Suicide Prevention Committee, Riverside County

Behavioral Health Commission, and Partners Against Crime. In June 2023, the RUHS-BH Help@Hand team also showcased Man Therapy® at the National Innovative Communities Conference.

Continuing a County-wide marketing campaign promoting Man Therapy, with the support of paid digital ad advertisement, there has been a consistent increase in self-assessments completed on the Man Therapy website for Riverside County. Since Men Therapy was brought to Riverside County, Man Therapy has been completed not only in Riverside County but also across the state of California. As the sole contractor for Man Therapy in California, Riverside County has seen a significant increase in website traffic, and the 20-Point Head Inspections assessments in Riverside County and state-wide. Through the end of 2023, there has been a total of 16,033 self-assessments completed in CA compared to only 1,576 in 2022. Man Therapy has been well-received in the Riverside community; with 9,534 completed head inspections this year, throughout our three County regions, this demonstrates a consistent increase in self-assessments completed for Riverside County. The Help@Hand team was approached by several local organizations that showed interest in partnering with Man Therapy.

<u>**The Whole Person Health Score (WPHS)**</u> 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 an interest in improving their overall health by looking at six domains of health: *Physical Health, Emotional Health, Resource Utilization, Socioeconomics, Ownership and Nutrition, and Lifestyle* and help clinical care teams to support them. In collaboration with Dr. Leung Geoffrey, Public Health Officer;

INN

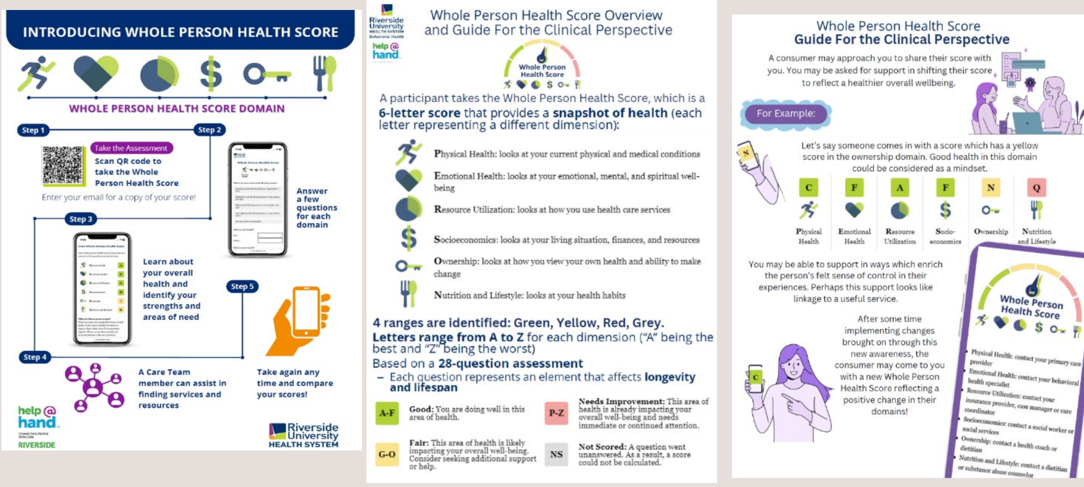
Dr. Vikram Kumar, Chief Health Information Officer; and Bijan Sasaninia, WPHS Program Coordinator, the Whole Person Health Score assessment tool was digitized and incorporated with a cloud-based Qualtrics platform to automate the distribution of the assessment tool to consumers via text and email.

RUHS digitized the adult WPHS assessment tool and the adolescent WPHS assessment tool for the Qualtrics platform in January and July 2023, respectively. This allowed individuals to complete the WPHS assessment tool through anonymous and/or unique links through text message/email links, QR codes, and/or iPads and kiosks located in clinic lobbies. The QR Code was also previously offered via our digital literacy workshops. Clinical care teams can view responses as well as summaries of score distribution, demographic information, and response rates.

The cloud-based Qualtrics platform and Dashboards were configured into separate cohorts: Behavioral Health, Medical Center, and RivCo ONE, a countywide initiative for Integrated Service Delivery, to allow the ability for staff members from each department to have access to their department caseload information. All went live in 2023. RUHS tested the digital version of WPHS with clients, patients, and consumers. To date, for the three cohorts, over 12 thousand invites have been sent via text to complete the WPHS, and from those invites, 1563 WPHS assessments were completed, the majority, 766 from Behavioral Health. The WPHS is also available via an anonymous QR Code.

In partnership, RUHS-BH and the RUHS-MC (Medical Center) marketing team, the WPHS logo was created. The logo was used on various marketing items with QR codes for an anonymous survey link to the adult WPHS assessment tool. Limited distribution of the adolescent WPHS assessment tool occurred due to the parental consent requirement

RUHS marketing team created an English consumer guide to introduce the WPHS assessment tool and how to use it. RUHS –BH translated this consumer guide into Spanish and created a clinician guide that describes the purpose of the WPHS assessment tool, how to use the tool, how to read scores, and how to support patients/clients based on different scores.



Above: *WPHS consumer guide (left) and clinician guide (right)*

Source: *Riverside University Health System - Behavioral Health. (2023)*

Distribution of WPHS within RUHS

RUHS distributed the WPHS assessment to patients, clients, and consumers in 2023:

- **Riverside County Medical Center and community clinics:** RUHS medical clinicians emailed and texted patients unique links to complete the WPHS assessment tool. Patient navigators also sent the tool to consumers who had not yet been seen by a provider. Clients could also complete the assessment through iPads and kiosks located in County clinics.
- **Banning Clinic:** RUHS began planning a pilot to integrate the WPHS tool into clinical workflows at the County's Banning Clinic. The pilot began In January 2024.
- **Behavioral Health Clients:** RUHS-BH emailed and texted unique client links for the tool. Clients could also access an anonymous survey link online, via QR code, and on iPads and kiosks located in clinic lobbies. RUHS emailed behavioral health clinicians introductory information about the WPHS assessment tool, encouraged them to promote the WPHS assessment tool to their clients by

INN

sharing the anonymous QR Code, and provided materials to help them support their clients after receiving their WPHS score. Individuals who completed the WPHS assessment via the code received a $60 gift card.

- **County Departments:** The County began distributing WPHS through ***RivCoONE***[1], an integrated services delivery initiative in Riverside County. This allowed RUHS to reach community members who access various County services, such as public school services and child support services.
- **Learn and Earn Events:** These events introduced consumers to the WPHS assessment tool and helped them navigate the myHealthpointe2.0 Consumer Portal, a consumer electronic health record portal. Attendees received a $60 gift card and promotional materials.
- **Train the Trainer Programs and Peer Presentations:** County staff conducted three train the trainer programs at clinics to introduce clients to the WPHS assessment tool. Although intended for clients, behavioral health providers were also encouraged to join. RUHS promoted the WPHS assessment tool to staff and Peers at Workforce Education and Training sessions and presentations so they may encourage clients and patients to complete the tool. Several also completed the tool themselves.
- **Future County Workplans:** RUHS included the WPHS assessment tool in their Performance Improvement Plan. The intention is to formally integrate use of the WPHS assessment tool throughout all County departments for client referral to resources.

Dissemination of WPHS beyond RUHS

The County disseminated the WPHS assessment to the wider community in 2023:

- **Community Outreach:** The County promoted the tool at the Riverside City College for Community Resource Event in August 2023, Moreno County College for Suicide Prevention Awareness in September 2023, Moreno College Get Psyched Mental Health Day, and Recovery Happens–Fairmont Park in October 2023.
- **Juvenile Justice Programs:** Riverside County began discussions with the Supervisor of the Juvenile Justice Division of county programs to administer the adolescent WPHS

[1] The following county departments participate in RivCoONE: Riverside County Department of Public School Services, RivCoDCSS Child Support Services, Riverside County Probation, County of Riverside Facilities Management, County of Riverside Office of County Counsel, Housing and Workforce Solutions, Riverside County Veterans Services, First 5 Riverside, Riverside University Health System, Riverside County Office on Aging, and Riverside County Information Technology

assessment tool with their youth at Youth Treatment and Education Center (YTEC) and Pathways to Success (PTS) programs and the adult WPHS assessment tool with the youths' family. These conversations have continued as Riverside County determines what adjustments may need to be made to the assessment to support this population.

Riverside County analyzed the WPHS assessment tool response data from the Qualtrics platform and shared summary reports of response data from the Riverside County Medical Center and community clinics, RUHS-BH, and RivCoONE with the Help@Hand evaluation team.

Having brought the **La CLAve** (or "the key") message to Riverside, the program's reach continues to expand. Through A partnership with Dr. Steven Lopez and Dr. Alex Kopelowicz, La CLAve project directors, the program's mission is to inform and motivate the Spanish-speaking community to seek early treatment for serious mental illness, with the goal of helping individuals and their families recognize the symptoms of serious mental illness and obtain treatment as quickly as possible.

Riverside employed billboards and advertisement kiosks countywide to promote La CLAve resources and reduce mental health stigma. Five la CLAve facilitator trainings were completed. Aside from RUHS Staff members, other members from community organizations such Vision y Compromiso, JFK Foundation Organization, Affordable Counseling Services, NAMI Temecula, Asian Pacific Counseling and Treatment Center, Olive Crest, and Peace from Chaos completed facilitator training. La CLAve is a guide to the symptoms of serious mental illness to promote early identification and assistance. La

CLAve content was integrated within the TakemyHand™ mobile app and website and went live in September 2023. La CLAve Movie DVDs and retractable banners were distributed to most of the outpatient clinics and to the community organizations that participated in La CLAve facilitator training. Univision en Español and NBC Palm Springs showcased Dr. Steven Lopez and Help@Hand to promote La CLAve in the Desert region to educate and help reduce stigma in the desert community which has a large percentage of Spanish-speaking residents. More information can be found at uselaclave.com

<u>Digital Mental Health Literacy</u> has been a commitment since the Help@Hand Innovation project's inception and has continued throughout the development and implementation of all aspects of the project. With brief basic skills video tutorials, we continued 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.

<u>Digital Literacy Workshops</u> continue to provide consumers with education and training on how to navigate their consumer portal "myHP" and the Whole Person Health Score Assessment tool. A "Reduce Stigma Backpack" was distributed to each of the consumers who participated in this 1.5-hour digital literacy workshop. The "Reduce Stigma Backpack" contained a T-shirt with an inspirational TakemyHand™ reduce stigma message specially designed by our Help@Hand Peer Team, TakemyHand™ socks, a blanket, hand sanitizer,

and a notebook journal. It also contained a Whole Person Health Score bookmark, tissue, and lip balm. In addition, a $60 e-gift card incentive was also distributed upon completion of the workshop. As part of expanding digital literacy activities among consumers, a $40 e-gift card incentive is offered to consumers who activate their myHP consumer portal. Verification on the status of myHP account was completed by Help@Hand staff before distributing the incentive.

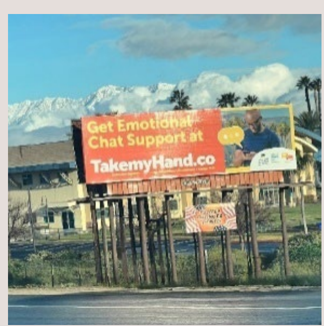
Digital Literacy ASL Videos were created to address the Deaf and Hard of Hearing Needs. In partnership with Sorenson Communications, a company specializing in Deaf-communication products, and The Center on Deafness Inland Empire, known as CODIE. Ten Digital Health Literacy videos were produced and adapted to ASL. The ten videos produced by the Help@Hand statewide Collaborative as well as the 10 ASL digital literacy videos adapted by Riverside are available at the kiosks countywide.

In partnership with Painted Brain, a leader in innovative peer-driven services and training in behavioral health, digital literacy, and the arts, we continued to bring digital literacy training to staff and consumers through facilitated information sessions to teach consumers to use smartphone devices, learn about online security and promote the use of wellness apps via "Appy Hours," group learning sessions.

In April and May 2023, Painted Brain led six virtual workshops with 45 staff members in the Desert, Western, and Mid-County regions of the County. The workshops trained staff on digital literacy topics (e.g., online safety and privacy, anti-phishing, and anti-scamming) and prepared them to train others. RUHS-BH analyzed the participants' satisfaction survey; results can be found in the Help@Hand Statewide Evaluation: Year 5 Mid-Year Report.

Consumers had the opportunity to participate in these different learning group sessions: Online Safety: Safety & Privacy, Anti-Phishing & Anti-Scamming and Wellness APPs: Super Better, Don't Panic, and PTSD. Between August & October 2023, RUHS-BH partnered with Painted Brain to host 39 Appy Hour events on internet safety and technical support for a total of 447 individuals aged 16+ years attended across the Western, Mid-County, and Desert regions.

Workshops	Number of Workshops	Number of Attendees
Internet Safety	15	178
Technical Assistance for Specific Wellness Apps	24	269
TOTAL	**39**	**447**



RUHS-BH also launched Learn and Earn digital literacy events. In December 2023, RUHS-BH launched the “Learn and Earn" program. The program provides digital literacy training and promotes the Whole Person Health Score assessment survey and myHealthPointe2.0, a consumer electronic health record portal. Learn and Earn participants received an electronic gift card and RUHS-BH Help@Hand branded “Reduce Stigma” Backpack with swag from the various innovation initiatives. RUHS-BH conducted 37 Learn and Earn workshops in the months of December 2023, January 2023, and February 2024.

NEXT STEPS

Building on the success of the Riverside County H@H Innovation Project, we have incorporated many of the project components into the Riverside County portfolio of care.

The **Kiosks** will continue to be available to engage the community, introduce technology, and serve as an access point to educational and emotional wellness resources. THE KIOSK EXPERIENCE has continued to be a great location to find links to other useful resources, such as links to educational information, and health and youth support. Kiosk locations will continue to be found on the kiosk map locator on the Help@Hand Riverside page.

RUHS-BH will continue to maintain kiosks that have been installed in the county sites having worked with Jaguar to transition kiosk IT support to the RUHS IT team by the end of February 2024. Kiosks that were installed in community organizations will be maintained by the organization itself. As the kiosks are currently installed throughout Riverside County, transferring responsibility to our RUHS-BH IT Department will ensure monitoring and maintenance.

In addition, RUHS-BH installed additional kiosks (and charging stations) at several community college locations, including Riverside Community College (1 kiosk and 5 charging stations), Norco Campus (1 charging station), Moreno Valley Campus (1 kiosk). Due to delays in approvals, additional kiosks and charging stations were unable to be placed during the H@H project period.

Our participants continue to express positive feedback about their experience with A4i and are excited to hear that it will continue after the H@H Innovation project has ended. The BH-Consumer Affairs department will be leading the continuation of the A4i app as the peer specialists can continue to support consumers in the recovery process through the utilization of the App. They will be able to be reimbursed for services through the department and be able to extend their reach county-wide.

Man Therapy will continue as part of the Riverside County Behavioral Health program offerings providing information, tips, tools, and resources for men to improve their mental health and support them and their families before the men are in crisis. Through a partnership with the Suicide Prevention Coalition and the MHSA Prevention and Early Intervention department, the goals remain to shatter the stigma, increase help-seeking behavior, and reduce suicide among working-age men. This is an ideal location for the project as it has the same goals and addresses a high-need yet difficult-to-reach population, working-aged men.

La CLAve will also continue as part of the Riverside County Behavioral Health program offerings falling under PEI where they will continue to promote the mission to inform and motivate the Latinx community to seek early treatment for serious mental illness with the goal to reduce the time it takes people with serious mental illness to obtain treatment. Supporting the hope that knowing the symptoms will help people recognize them promptly and not dismiss them as ongoing life problems; thereby, helping people get care for their loved ones as quickly as possible. La CLAve will be integrated into the existing Promotores program geared toward outreach and educating the community on serious mental illness; thereby providing the best home for the program, clinicians, and department to continue the good work of the program while expanding their knowledge.

TakemyHand™ Live Peer Chat will continue providing free, anonymous access to live Certified Peer Support Specialists, with lived experience in recovery from a behavioral health condition, trained to interact with others mutually and without judgment. These skilled coaches will continue to support consumer wellness, respond to questions, and provide assistance connecting callers to resources. With Consumer Affairs, the home of the peer specialist, operating this platform, continuity of service will occur.

The use of **Recovery Record** will also continue, as an endorsed resource for Riverside County Eating Disorder Clinicians and their outpatient consumers with eating disorders.

RUHS-BH will explore funding options for supporting continued Learn and Earn **digital literacy** events beyond February 2024.

Whole Person Health Score implementation and usage will continue. Riverside County Medical Center took ownership of the WPHS assessment tool after RUHS-BH ended their Help@Hand participation in February 2024. The Medical Center contracted with an external entity, The Brigham and Women's Hospital, Inc. to validate the tool. Patients,

clients, and community members will continue to have access to the WPHS. RUHS-BH will also continue to plan their pilots at Banning and Corona Clinics (where a H@H clinical staff member trained the clinic staff on how to use the WPHS). RUHS-BH also included the WPHS assessment tool in one of its Performance Improvement Plans (PIP). Workflows are planned by RUHS-BH, on how staff would administer the WPHS in discussion with consumers during consultations to assess the necessary level of care and how to integrate the tool within the behavioral health system of care. The intention is to formally integrate the use of the WPHS assessment tool throughout all County departments for client referral to resources.

Digital Mental Health Literacy Trainings (DMHLT) will continue under BH-Consumer Affairs where they will continue to implement digital literacy training on a variety of topics such as safety and wellness. The H@H Senior peer specialist, who received training in DMHLT through the H@H project, will continue to train others to implement.

To learn even more about the range of Riverside County offerings connecting our community members to Care and promoting wellness in our county, visit our new https://HelpatHand.info website. Look for our continued efforts to offer resources in English Spanish and American Sign Language.

Riverside University Health System's commitment to treating the whole person extends to creating a healthy community. We want to continue to support communities and individuals to live their best lives by continuing and building on the learning provided through the Help@Hand Innovation project. We will continue to work to transform emotional wellness by recognizing the importance of mind and body health, providing

education on signs and symptoms of mental illness, connecting in real time and improving access to mental health services through our next innovation project.

INN-08 Eating Disorder Intensive Outpatient and Training Program (ED-IOP)

Over the past year, we have also been actively developing a new Innovation Project Proposal, an Eating Disorder Intensive Outpatient and Training Program. Designed to address the challenges of battling an eating disorder, the project aims to provide an Eating Disorder Hub where we can examine how to best treat, train, and educate our Riverside County Community addressing the current treatment, training, and educational needs that exist in a County that doesn't directly provide ED care beyond basic outpatient services. Honoring and recognizing the need for mental, physical, and cultural care that reflects the whole person, along with targeting medical and behavioral health professionals, families and caregivers, actual ED consumers, and the community at large, we seek to ensure the availability of information, training, and treatment leading to improved diagnosis, care and understanding surrounding eating disorders.

We will investigate challenges to diagnosing and treating eating disorders, some of which include the following:

1. Difficulty coordinating behavioral health care with primary medical care
2. Need for integrated ED training for psychiatrists, physicians, and other medical staff and lack of eating disorder training that incorporates effective eating disorder practices for diverse groups
3. Lack of knowledge on how to best work with families from diverse backgrounds to increase engagement and follow through with treatment recommendations, and of eating disorders and treatment options in diverse and underserved communities

PROJECT AIM

One of the overarching goals of the proposed Eating Disorder Intensive Outpatient Program and Training Project is to develop a model of intensive outpatient services that integrates an ED-IOP with outpatient primary care to develop a model of integrated behavioral health and primary care for eating disorders. In order to achieve this level of integrated care it is also a goal of this project to develop and implement a training component that will not only include the proposed clinic setting directly providing

services but also training that will be disseminated to RUHS psychiatry residents, RUHS family medicine residents, emergency department physicians, and other medical staff. Over the course of this Innovation project, it is expected that both the medical primary care staff and the behavioral health staff will have developed training materials and integrated protocols to determine the best methods to coordinate care for the complex needs encountered when treating eating disorders. A third overarching goal is education for the family of youth in eating disorders services and education aimed at the broader Riverside County community.

Operating an ED-IOP will provide the experiences and learning opportunities to develop the best method for educating and providing support for family members of the individual in eating disorder services. Community education presentations that have been culturally tailored to traditionally underserved groups will be developed to increase help-seeking and reduce stigma and barriers to accessing care.

As we seek to address the challenges of eating disorders in the Riverside County community, we will examine the following Learning Goals:

- Will the establishment of a county-operated ED-IOP program that integrates behavioral and physical health care increase access to high-quality eating disorder services for diverse groups of youth in Riverside County?
- Will the establishment of an ED-IOP clinic that functions as a hub for integrated ED training and ED consultation increase the knowledge, confidence, and competency of RUHS primary care physicians, psychiatric residents, emergency department doctors and nurses, and behavioral health staff?
- Will the development and provision of family support groups and education that incorporates parent(s)/caregiver(s) voices increase continued engagement in treatment services, and reduce stigma?
- Will the development of culturally tailored community education presentations increase knowledge of eating disorders among specific cultural groups, decrease stigma, and increase attitudes toward help-seeking?

This project was approved by the MHSOAC, on February 22, 2024, for implementation. We are now awaiting approval by the Riverside County Board of Supervisors. Preliminary

discussions are leaning toward naming the program: **RUHS Mindful Body and Recovery Eating Disorder Program.**

Section V

Workforce Education and Training

MHSA Annual Update FY 24/25

WET

Workforce Education and Training

What is Workforce Education and Training (WET)?

"Education. Vocation. Transformation."

The Workforce Education and Training 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-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. In the past few years, WET and the Lehman Center, which is under WETs direction, had experienced ongoing changes to our team, their hiring issues with limited qualified candidates on list. Staff coverage continues to be an area of focus. When there have been vacancies throughout the year, it is a priority to fill those positions with qualified dedicated staff. The Lehman Center has been able to fill all their positions in this last year. While WET continues to recruit and fill positions, there have been 2 added position, which are the Administrative Services Assistant position, which has the primary role of the day to day operations of Conference Center. Another position that was added was a Clinical Therapist II position to oversee a component of the internship program and to coordinate the Volunteer Services program, as well as other duties in line with the WET work plans. Prior to the addition of the new CTII position all clinical positions were filled for both teams, however the continued focus, at least for WET, was to fill all Office assistant positions. This remains to be the only challenge to the programs as it relates to being fully staffed.

When writing the 3-year plan there was a focus on returning to a pre-COVID level of service delivery and much work and research has been done to do so. This has been done by increasing technological use to provide WET services and to update processes and

WET

procedures to ensure that WET is providing a product and services to the overall system, that are effective and efficient.

It is importance to maintain a fully staffed team not only because workforce staffing and supports is our 1st workplan but because we continue to take pride in overseeing the operations of our Department's Conference Center. We want to continue to provide resources through trainings and continue to collaborate with our 10 southern county WET partners to enhance our work.

WET-02 Workforce Staffing Support

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, Advanced Treatment, and Recovery Skills Development Program
- Cultural Competency and Diversity Education Development Program
- Professional Development for Clinical and Administrative Supervisors
- Community Resource Education
- Lehman Center Support
- Collaborative Involvement
- Social Media Communication and Interaction

Trainings

Workforce Education & Training (WET) strives to educate, innovate, empower, and transform the learning and lives of our Riverside University Health System – Department of Behavioral Health (RUHS-BH) workforce. A main purpose of our work is to provide necessary training to all staff within our service system. This training plan component is

intended to increase the mental health services workforce and improve viable staff trainings. There have been several shifts in the presentation of trainings. Shifting from solely virtual trainings through Microsoft TEAMs and Zoom, to a now hybrid model. To date, WET has effectively implemented they hybrid model of trainings by providing virtual live trainings, virtual self-paced trainings as well as In-Person trainings. All trainings are provided by subject matter experts who are either certificated/certified county staff, individual contracts or contracted agencies.

Training audiences have expanded to included Department employees, employees of partner agencies, partner academic institutions and the community. All instructors, whether contracted or Department staff, are provided with the 5 Essential Elements of the MHSA to ensure training content is relevant:

- Community Collaboration
- Cultural Competency
- Client and Family-Driven
- Wellness Focus which includes Recovery and Resilience
- Integrated Services

Wherever possible, WET brought back existing, well-received trainings, as well as scheduled new training opportunities.

Program improvements, changes, updates, growth

WET has renewed agreements with its three Continuing Education providers to facilitate the provision of Continuing Education (CE) for Certified Alcohol and Drug Counselors, Registered Nurses, and Behavioral Health Licensed Professionals. The organization remains committed to assessing the community's needs by regularly examining our consumer population profile and workforce requirements. To address the virtual demands of our workforce, we utilize advanced training software, Articulate 360, which significantly improves the learning experience. This software grants our workforce access to e-learning curriculums, promoting professional development through enhanced custom interactions. Additionally, we continue to leverage virtual platforms such as ZOOM and Microsoft Teams to ensure trainers have convenient access to conduct virtual courses.

During this last year WET offered a variety of advanced training topics in meeting the needs of our workforce. W.E.T. Offered 407 Continuing education units and 33 were advanced topics. Some of the advanced topics included:

Opioid Addiction

Solution Focus Brief Therapy

Integrated Model of Genogram, Ecomap, and Timeline

Square Model

CBT for PTSD

Suicide Harm and Trauma

Seeking Safety

Non-Violent Crisis Intervention (NCI)

Motivational Interviewing

Transcare Series

Evidence Based Practices (EBP)

WET remains dedicated to supporting evidence-based advanced treatment practices to effectively cater to the needs of our community consumers. Noteworthy evidence-based practices endorsed by the department encompass Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family-Based Therapy, Eating Disorder Practices, Cognitive Behavioral Therapy, Motivational Interviewing, and Eye Movement Desensitization and Reprocessing, among others. In response to the escalating demand for trauma-informed practices, WET continues to provide Trauma-Informed Systems 101, enhancing our ability to serve consumers better.

Our commitment extends to training all department staff in Trauma-Informed Systems, aligning with our ongoing mission to educate our workforce under this model. Staff members receive ongoing support through various evidence-based practice (EBP) training sessions, boosters, and regular practitioner meetings. These supportive initiatives contribute to the successful implementation and fidelity of the endorsed practices.

Furthermore, the research and evaluation team actively participates in training efforts, ensuring that consumer data is systematically captured to better address the evolving needs of the community.

Eating Disorder Practice

With eating disorders being one of the most fatal mental illnesses after opioid overdose, our department continues to evolve in its ability to meet the need to serve our consumers affected by this disorder. There have historically been disparities in the diagnosis and treatment of eating disorders in racial/ethnic minorities and those from low socioeconomic background – a demographic that Riverside County mostly serves. Riverside County leads as a government entity providing these essential services for an eating disorder diagnosis. The internal infrastructure that was established prior to the pandemic continues to provide a solid foundation for our Eating Disorders (ED) Program, which is built on the principle of a team approach to provide intensive treatment. This infrastructure is led by our Eating Disorder Administrator and consists of our Eating Disorder Champions, expert practitioners in eating disorders, who provide the consultation and guidance to our ED Practitioners. We continue to provide bi-monthly micro trainings to the department's ED practitioners with our subject matter expert, who also provides bi-monthly consultations with our ED Champions. The ED Champions provide consultations to ED practitioners twice a month and as needed. The success of this foundation of this structure is evident in our ability to continue to provide quality services for this serious diagnosis throughout the department despite the turnover of our practitioners. Our program structure has also been a model to other counties. In February 2023, Riverside County hosted Sacramento County Behavioral Health staff to provide guidance in creating their own Eating Disorder Program structure.

There are currently over 200 Eating Disorder practitioners who are RUHS staff and contract providers. The main treatment models our department practices to treat Eating Disorders are the evidence based treatments of Family Based Treatment and Dialectical Behavioral Therapy. We have been providing annual trainings on these models for new practitioners. Bi-monthly, our subject matter expert provides a 90-

minute refresher training on these topics or other models that enhance the skills of our practitioners. This past fiscal year, the micro - training topics included FBT Refresher for ED, DBT for ED, Exposure Therapy, ED Assessment and Medical Complications.

With a strong structure in place, our department has been able to move forward with being innovative in its ability to increase its impact with treating eating disorders. As technology evolves, our program must adapt its interventions to better meet the need of our consumers. In partnership with Help @ Hand, we were able to pilot the Recovery Record App to use as a tool for our ED practitioners to help support eating disorder treatment. Recovery Record is a HIPAA compliant app based on Cognitive Behavioral Therapy and best evidence based practice. The pilot began with the Eating Disorder Champions, then expanded to all ED practitioners, including contract providers. Our program is also collaborating with Innovations to create our own Intensive Outpatient Program to meet the high need of these services.

Lastly, in January 2023, our Eating Disorder Enrollment went live in our electronic records system so that we can track our data for our consumers diagnosed with an Eating Disorder.

Eye Movement Desensitization and Reprocessing (EMDR)

For FY 22/23 Eye Movement Desensitization and Reprocessing (EMDR) became an addition to the Evidenced Based Practices (EBP's) list that the county has adopted for staff development and enrichment. Increasing the variety of modalities to our behavioral health department not only allows staff to further their professional growth but also be able to help more consumers in their journey to attaining their goals.

EMDR is an evidenced based practice focused on helping people heal from various symptoms and emotional distress that is associated with traumatic memories and/or life experiences. EMDR has had a great amount of research to indicate that this EBP has shown to alleviate symptoms of distress, increase cognitive insight and functioning (EMDR Institute Inc.). This worldwide used EBP has been effective with a range of symptoms, behaviors, and diagnoses; with the ability to be used on children, teens and adults alike.

Working diligently to bring EMDR to our county was a focus and goal for some time, that finally gave way in winter of 2022/2023. The first cohort of 30 clinicians to be trained in EMDR was specifically hand-picked in a collaboration of deputy directors and supervisors in Behavioral Health. The 30 clinicians had to meet qualifications, abide by the requirements of the training agreement and maintain fidelity of the EBP after full completion of training.

The Workforce, Education and Training (WET) department provided clinicians with two EMDR books "*Getting Past Your Past*" and "*Eye Movement and Desensitization and Reprocessing Therapy* "both by Francine Shapiro, for pre coursework associated with the basic training. EMDR basic training was broken down into 3 parts from February through April 2023. Each month of basic training consisted of 3 full days of instruction, practicum and consultation. At the conclusion of the training, 30 clinicians were successfully trained and ready to take on consumers and their needs.

Once having had completed the training, clinicians were given the opportunity to ask questions, share concerns, and obtain feedback from facilitators for the duration of one month after training. In order to maintain support for clinicians, our facilitators continue to hold free support groups where our trained clinicians can attend virtually and gain the support to continue with the practice. These virtual support groups are held by EMDR Professional Training 2x per month for 2 hours.

Following the basic training, we worked to create a system where clinicians can voice their concerns, ask each other questions, share and exchange resources and have open dialogue with the EMDR leadership team via a Teams chat. We were also able to recruit clinicians that were already EMDR trained outside of the county to join and support our newly trained clinicians. This is an ongoing effort to continue to recruit any clinicians that have been previously trained to join the cohort and learn, support and continue with the EBP. The goal is to have all trained clinicians follow the same protocols for gathering data, continue with the fidelity of the EBP and learn from one another.

In June 2023, we held our first EMDR clinician meeting, created to keep clinicians up to date on future advanced trainings, support groups in-house, discuss data and tracking, explore and resolve barriers and difficulties, share resources, ask questions and keep an

open form of communication with the leadership team. So far, it has shown to be a great space to discuss all things EMDR and provide updates to the cohort.

The fruition of this long sought after EBP is coming to light and has received positive feedback in the basic training stage. Clinicians have really stepped forward and showed excitement and motivation in being able to continue to help consumers around the county.

EMDR Basic Training Survey (30

Question	Average Score		
	Part I	Part II	Part III
This course was relevant to my professional expertise	4.96	4.96	4.6
The instructor demonstrated substantial knowledge and expertise of the topic	4.96	4.8	4.5
The information was current and accurate	4.92	4.8	4.4

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 22-23 for department staff. In our meetings, we have also brought in different learning opportunities, including topics such as: "Detaching from Emotional Pain",

WET

"Compassion", "Respecting Your Time", and "Self-Nurturing." Through our Southern Counties Regional Partnership (SCRP), trained approximately 33 staff in Introduction to Seeking Safety.

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 2023-2024.

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.

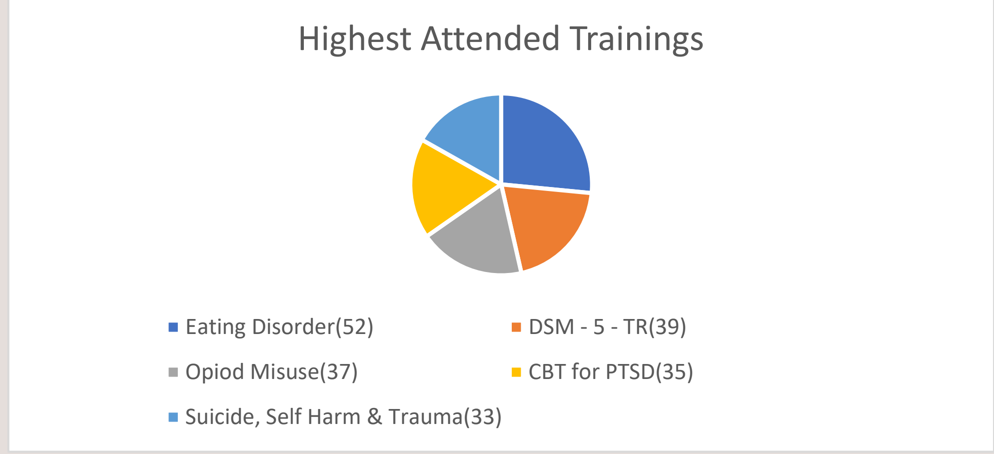
The Non-Violent Crisis Intervention (NCI) program is a mandatory training for our approx. 2,110 staff members in Behavioral Health. The biggest challenges faced due to the COVID-19 pandemic had been unable to certify for hands-on-part of curriculum and distributing training material to participants.

Despite challenging circumstances, the training team came 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 came up with strategies to support the 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, the WET training team worked closely with Riverside County's Learning Management System and Crisis Prevention Institute to incorporate a hybrid NCI model. In this model, direct service staff participate in the in-person one day training, which includes all verbal, personal safety and holding (in other programs called restraints) skills; while administrative staff 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 added an additional five trainers to the NCI training team however lost two trainers to promotions, totaling 8 NCI trainers. In May 2023, NCI Hybrid model rolled-out department wide. From July 2022-June 2023 WET held 16 trainings and trained 267 staff members.

Data, data, data- and cool charts or graphs where you can- related to your program (s) WET for fiscal year 22/23 was able to offer Trainings that were offered included Suicide Harm and Trauma, Domestic Violence, and CBT for PTSD. Culturally specific trainings offered included TransCare for the Generalist Clinician and Gender Affirming Care to better serve our LGBTQ community. Advancing more services for our LGBTQ population is priority at they are at higher risks for suicide.



WET

The target audiences for these trainings included RUHS–Behavioral Health clinical and administrative staff, contract providers, community members, and retirees. A total of 98 trainings were held where 394 continuing education (CE) credits were offered. There were 13-advanced topics. Across all trainings, WET hosted a total of 1,953 attendees.

All WET sponsored trainings were assessed via a standard evaluation. Attendees evaluated the overall content of the training, instructor methods, how well the training was delivered, and the training facility. On average, using a standard 5 point scale where 5 indicates strong agreement, our trainings have produced the following evaluation trends and outcomes:

Content learned can be applied to my work and professional contexts.	5
This course enhanced my professional expertise.	5
This course was relevant to my professional expertise	5
There was a good balance between theoretical and practical concepts.	4
Diversity/Multi-cultural/Language concepts were addressed.	3
The instructor demonstrated substantial knowledge and expertise of the topic.	4
The instructor kept me engaged.	4
The instructor was responsive to questions, comments, and opinions.	5
The instructor presented course materials in a coherent and logical manner.	5
The instructional materials were well organized.	5
Visual aids, handouts, and oral presentations clarified content.	4
Teaching methods and tools focused on how to apply course content to my work environment.	4
The amount of material presented was appropriate for the amount of time provided.	4
The materials provided are likely to be used as a future reference.	3
Facility was comfortable and adequate for training.	5
All facility needs were met.	5
Facility was accessible.	5

Our workforce shared the benefits of the various advanced trainings offered during the fiscal year 22/23. Some of the highlight trainings include Domestic Violence; Cognitive Behavioral Therapy(CBT); and Suicide Assessment Intervention training.

Training Comments:

9/26/2022 Domestic Violence – Natalie Liberman

The best part of this course was:

- Discovering the 10 myths of domestic violence and how it impacts my work
- Learning about integrating interventions, counseling skills, and ongoing issues with couples
- Interactive discussions and an open environment

5/10/2023 Cognitive Behavioral Therapy – Matthew Rensi

- The videos helped bring it all together
- The instructor was very engaging and knowledgeable which made me feel comfortable asking questions
- The materials provided were amazing and I will use them with clients

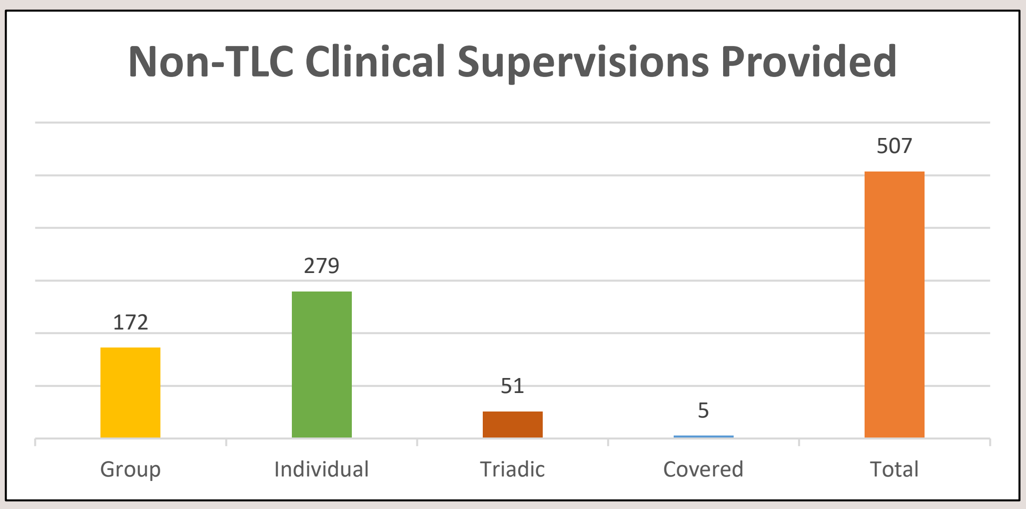
5/24/23 Suicide Assessment and Intervention-Deborah Silveria, PhD

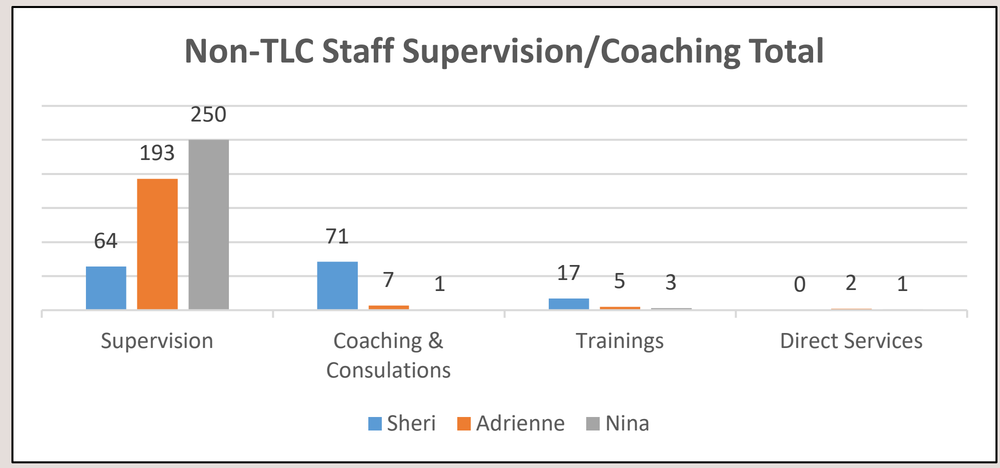
- The resources presented, answered my questions and the examples provided were extremely helpful
- Learning about the different safety plans and interventions to utilize with clients.
- Presentation of material in various modes such as PowerPoint, videos, and techniques used were helpful

The Lehman Center (TLC) Support

TLC student interns provided clinical services in our adult and children's clinics. TLC staff provided clinical supervision and specialized training for TLC interns as well as other GIFT

students. TLC provided multiple individual and group clinical supervisions for clinical therapists in Behavioral Health and Public Health. TLC developed and conducted an ongoing group for 24 Senior Clinical Therapist in Behavioral Health. This group provided information on BBS regulations and emerging legal mandates. It also created and provided 3 trainings based on SCRP competencies for supervision, working with therapists effectively, and has become a significant support to that group. TLC created and facilitated the Clinical Supervision in Public Behavioral Health SCRP meetings. TLC has developed and provided CE approved trainings for Behavioral Health and county providers. TLC provided consultations, coaching, and mentoring for Behavioral Health and Public Health staff as referred by supervisors. TLC provided leadership and/ or support for Administrative Supervisor group, Trauma Informed Services champions, All County Supervisors, and All County Supervisors professional hour.





Collaborative Involvement

WET continues to be a part of the Interagency symposium and was an integral part of the planning for the event during 22/23 year. The symposium title was Unmasking the Opioid Crisis: Awareness Brings Wellness & Recovery to Families & Communities, and during this event WET's outreach coordinator provide guided meditation for the attendees

Ongoing collaboration persists between Prevention and Early Intervention (PEI) and WET, focusing on diverse trainings designed for our workforce and community partners. Both units share common objectives, including the reduction of stigma and the promotion of mental health awareness. Sustaining this collaborative spirit involves organizing diverse training sessions, including safeTALK, Applied Suicide Intervention Training (ASIST), and Mental Health First Aid (Adults & Youth Curriculum). Notably, these training opportunities are provided to attendees at no cost.

Cultural Competency and Diversity Education Development Program

The WET Coordinator and the Cultural Competency Coordinator meet regularly to review the status of RUHS-BH's training to assist staff with developing culturally informed practice and service, as well as, the identification and necessity of trainings addressing the unique needs of each cultural community. As recommended WET has prioritized by our internal Cultural Competency and Reducing Disparities (CCRD) workgroup. Cultural Community Liaisons include the following populations: Wellness & Disability Equity Alliance, Middle Eastern & North African, Hispanic/Latinx, African American, Asian American, LGBTQ, Spiritualty, Deaf & Hard of hearing, and Veterans. WET attends various workgroups to gather information on needs of community and utilizes information to better inform training plans for the department. The plan is to continue to build the collaboration among cultural competency to best serve the needs of the community.

MHSA New 3-Year Plan: Crisis Intervention Training (CIT)

<u>Program Narrative</u>

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 complete 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 meet 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 calls

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	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

Riverside County that have received training in mental health awareness.	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.

Annual Update: Progress Report on 3-Year Plan

Here is CIT program's progress report on the 3-year plans and goals:

- **Goal:** 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.

Progress Update: The CIT program has developed new curriculum for other first responders such as firefighters, paramedics and emergency medical technicians (EMTs). The curriculum consists of 8 hours of course material as planned. Currently, we are rolling out the first phase of trainings that are 8 hours in-person. We are coordinating training dates with emergency contractors to hopefully begin training implementation by end of March 2024. The second phase will include virtual training options. We are working to expand training offered to students training to be firefighters, paramedics and emergency medical technicians (EMTs).

- **Goal:** 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.

Progress Update: Goal attained as we developed new CIT training pre/post evaluation tools to evaluate attendees' knowledge, attitudes and beliefs regarding mental health, crisis de-escalation techniques, and utilization of community resources available. See below for newly developed CIT pre/post evaluation tools:

Form ID # ________ Training Name: ____________________ Training Date: ___________

Riverside County CIT Training: **Pre-Training Evaluation**

The following survey is for research purposes only. Your responses will remain anonymous and no identifiable information will be provided to your supervisor/head of department.

To answer each question, please circle a number:

1. How comfortable are you with your current knowledge of mental illness?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Not Comfortable		Moderately		Very Comfortable

2. How aware are you of community resources available to people with mental illness?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Not at all		Moderately		Very Aware

3. How would you rate your knowledge of civil commitment laws?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Poor		Moderate		Excellent

4. How would you rate your knowledge of the professional liability that can arise when dealing with people with mental illness who are in crisis?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Poor		Moderate		Excellent

5. How familiar are you with the roles of various actors in the mental health system (e.g., the hospitals, the courts)?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Not at all		Moderately		Very Aware

6. Do you believe the average person with a mental illness is more or less aggressive (such as temper outbursts and verbal threats) than an individual not suffering from mental illness?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
More Aggressive		The Same		Less Aggressive

Adapted from Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide, 2018.

WET

WET

Form ID # ________ Training Name: ____________________ Training Date: ___________

Riverside County CIT Training: **Post-Training Evaluation**

The following survey is for research purposes only. Your responses will remain anonymous and no identifiable information will be provided to your supervisor/head of department.

To answer each question, please circle a number:

1. How comfortable are you with your current knowledge of mental illness?

1 ☐ Not Comfortable 2 ☐ 3 ☐ Moderately 4 ☐ 5 ☐ Very Comfortable

2. How aware are you of community resources available to people with mental illness?

1 ☐ Not at all 2 ☐ 3 ☐ Moderately 4 ☐ 5 ☐ Very Aware

3. How would you rate your knowledge of civil commitment laws?

1 ☐ Poor 2 ☐ 3 ☐ Moderate 4 ☐ 5 ☐ Excellent

4. How would you rate your knowledge of the professional liability that can arise when dealing with people with mental illness who are in crisis?

1 ☐ Poor 2 ☐ 3 ☐ Moderate 4 ☐ 5 ☐ Excellent

5. How familiar are you with the roles of various actors in the mental health system (e.g., the hospitals, the courts)?

1 ☐ Not at all 2 ☐ 3 ☐ Moderately 4 ☐ 5 ☐ Very Aware

6. Do you believe the average person with a mental illness is more or less aggressive (such as temper outbursts and verbal threats) than an individual not suffering from mental illness?

1 ☐ More Aggressive 2 ☐ 3 ☐ The Same 4 ☐ 5 ☐ Less Aggressive

Adapted from Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide, 2018.

7. Do you believe the average person with mental illness is more or less likely to commit a violent crime than an individual not suffering from mental illness?

1 ☐ More Likely | 2 ☐ | 3 ☐ The Same | 4 ☐ | 5 ☐ Less Likely

8. How well prepared do you feel when handling people with mental illness in crisis?

1 ☐ Not at all | 2 ☐ | 3 ☐ Moderately | 4 ☐ | 5 ☐ Very Prepared

9. Overall, how well prepared do you think other law enforcement officers are to handle people with mental illness in crisis?

1 ☐ Not at all | 2 ☐ | 3 ☐ Moderately | 4 ☐ | 5 ☐ Very Prepared

10. How would you rate your comfort level dealing with people with mental illness in crisis?

1 ☐ Not Comfortable | 2 ☐ | 3 ☐ Moderately | 4 ☐ | 5 ☐ Very Comfortable

Please answer the following questions:

What was your overall impression of CIT training?

1 ☐ Poor | 2 ☐ | 3 ☐ Moderate | 4 ☐ | 5 ☐ Excellent

How well do you feel the training was organized?

1 ☐ Poor | 2 ☐ | 3 ☐ Moderate | 4 ☐ | 5 ☐ Excellent

Please comment on the aspects of CIT training that you found most effective:

___

___

Please comment on the aspects of CIT training that you found least effective:

___

___

What recommendations do you have to improve CIT training?

___

___

Adapted from Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide, 2018.

WET

WET

- Additional goals and objectives of the CIT program will be:

Riverside University HEALTH SYSTEM Behavioral Health

7. Do you believe the average person with mental illness is more or less likely to commit a violent crime than an individual not suffering from mental illness?

1 ☐ More Likely   2 ☐   3 ☐ The Same   4 ☐   5 ☐ Less Likely

8. How well prepared do you feel when handling people with mental illness in crisis?

1 ☐ Not at all   2 ☐   3 ☐ Moderately   4 ☐   5 ☐ Very Prepared

9. Overall, how well prepared do you think other law enforcement officers are to handle people with mental illness in crisis?

1 ☐ Not at all   2 ☐   3 ☐ Moderately   4 ☐   5 ☐ Very Prepared

10. How would you rate your comfort level dealing with people with mental illness in crisis?

1 ☐ Not Comfortable   2 ☐   3 ☐ Moderately   4 ☐   5 ☐ Very Comfortable

Please answer the following question:

Considering the last year, on average, how many encounters do you think you have made involving a person with mental illness while on the job? ____________________

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. **Progress Update:** We provided our Overview Presentation of this new CIT training to emergency contractors. We are in the process of coordinating training dates.
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. **Progress Update:** Pending training rollout.
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. **Progress Update:** Pending training rollout.
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. **Progress Update:** Pending training rollout. Resources have been developed by CIT staff. Resources include resources for consumers as well as first responders such as firefighters, paramedics and EMTs.

WET

CIT provided the following additional trainings during FY 22-23:

Course Title	Date(s)	Multi-Day Training	Location	Attended	Instructor(s)
Adult Corrections Officer Core Course *(4-Day)**	1/11/2022	1/11/23- 1/17/23	Ben Clark Training Center	49	Lydia Session, Robin Smith
Adult Corrections Officer Core Course *(4-Day)**	2/22/2023	2/22/23- 2/27/23	ECTC COD	11	Lydia Session, Robin Smith
Adult Corrections Officer Core Course *(4-Day)**	5/3/2023	5/3/2023- 5/9/23	Ben Clark Training Center	48	Lydia Session, Robin Smith
Chaplain Academy	3/13/2023		Ben Clark Training Center	8	Lydia Session, Robin Smith
Corrections Crisis Intervention Training	12/1/2022	12/1/22- 12/2/22	Ben Clark Training Center	22	Lydia Session, Robin Smith
Corrections Crisis Intervention Training	6/1/2023	6/1/23- 6/2/23	Ben Clark Training Center	27	Lydia Session, Robin Smith
Crisis Intervention Training	12/6/2022	12/6/22- 12/7/22	Ben Clark Training Center	23	Lydia Session, Robin Smith
Crisis Intervention Training	1/31/2023	1/31/23- 2/1/23	Ben Clark Training Center	29	Lydia Session, Robin Smith
Crisis Intervention Training	3/14/2023	3/14/23- 3/15/23	Ben Clark Training Center	22	Lydia Session, Robin Smith
Crisis Intervention Training	5/16/2023	5/16/23- 5/17/23	Ben Clark Training Center	35	Lydia Session, Robin Smith
Classified Employee Orientation: Wellness	3/22/2023		Ben Clark Training Center	33	Lydia Session, Robin Smith
Adult Corrections Officer Supplemental Course (2-day)*	11/2/2022	11/2/22- 11/4/22	Ben Clark Training Center	17	Lydia Session, Robin Smith
Adult Corrections Officer Supplemental Course (2-day)*	5/10/2023	5/10/23- 5/11/23	Ben Clark Training Center	19	Lydia Session, Robin Smith
Probation Transfer Academy	12/15/2022		Research Park	22	Lydia Session, Robin Smith
Probation PCO Academy	2/23/2023	2/23/2023, 3/6/23	Research Park	20	Lydia Session, Robin Smith
Classified Employee Orientation: Wellness	6/28/2023		Ben Clark Training Center	100	Robin Smith
Inmate Classification *(No Sign-In Sheet)*	5/10/2023		Ben Clark Training Center	26	Lydia Session, Robin Smith

As illustrated in the table above, **CIT provided training for 511 law enforcement personnel**.

Community Education on Programs and Resources

The Community Resource Educator (CRE) role within Riverside University Health System – Behavioral Health (RUHS-BH) has transitioned from a singular position to an integrated component of the RUHS marketing team, specifically through collaboration with the Marketing Media Communications Coordinator and the Senior Public Information Specialist. This change signifies a strategic enhancement of RUHS's community engagement and resource distribution efforts, leveraging the department's extensive marketing and communication resources.

This integration has broadened the scope and effectiveness of the department's initiatives, enabling a more robust connection with community resource organizations and facilitating access to essential resources for consumer and family needs. The combined expertise of the marketing roles ensures the development of a comprehensive library of community resources, educational materials, and promotional content, alongside a proactive approach to staff and community education on vital support services.

Significantly, this approach has amplified RUHS's ability to engage with the public through social media and other digital platforms, marking a leap forward in real-time conversation and interaction with the community. The initiative has led to notable increases in social media reach and engagement, demonstrating the success of integrating the CRE functions into a broader marketing strategy.

The CRE's contribution to developing a collaborative platform to share resources, iConnect, and an employee recognition program highlights the role's ongoing importance in fostering collaboration, acknowledging staff achievements, and enhancing service delivery within a recovery-based framework. These efforts are now supported by greater resources and a unified marketing strategy, ensuring a more impactful and cohesive approach to community outreach, staff development, and departmental recognition.

In summary, integrating the CRE's responsibilities into the RUHS marketing framework represents a strategic move to maximize the department's outreach and support capabilities. This alignment leverages existing marketing strengths and ensures a comprehensive and effective strategy for community engagement, resource education, and staff development aligned with RUHS's broader objectives.

Social Media's Role in Enhancing Behavioral Health Resources

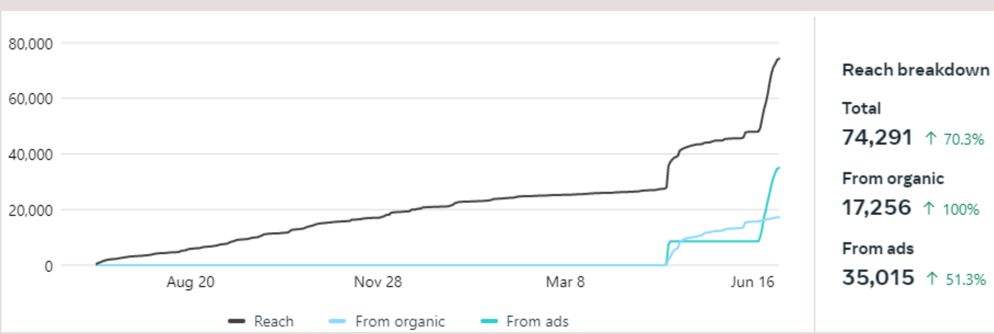
In today's digital age, social media is a pivotal platform for communication and interaction, impacting how we disseminate and discuss behavioral health resources. Riverside University Health System – Behavioral Health (RUHS-BH) has strategically embraced social media to amplify our voice within the community, offering vital insights and resources on mental health and substance use.

Our proactive engagement on social media platforms enables us to join ongoing conversations, transforming passive content dissemination into active dialogues. This approach ensures we're not just broadcasting messages but are actively listening and responding to our community's needs and experiences.

We've implemented two marketing strategies to foster meaningful connections: Business to Human (B2H) and Human to Human (H2H). The B2H strategy is tailored to recognize and address the unique needs of individuals behind the screen, moving beyond generic promotions to offer personalized engagement. Meanwhile, the H2H

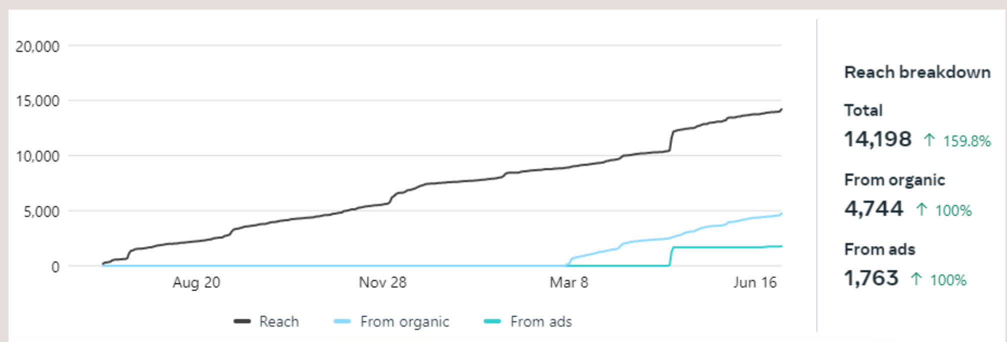
strategy underscores the authenticity of our interactions, showcasing the dedicated efforts of our employees in real-time events and daily operations.
This dual-strategy framework has significantly expanded our social media footprint, consistently increasing our reach and impact year over year. The FY 22-23 data underscores this success, revealing a remarkable surge in engagement across both Facebook and Instagram platforms:

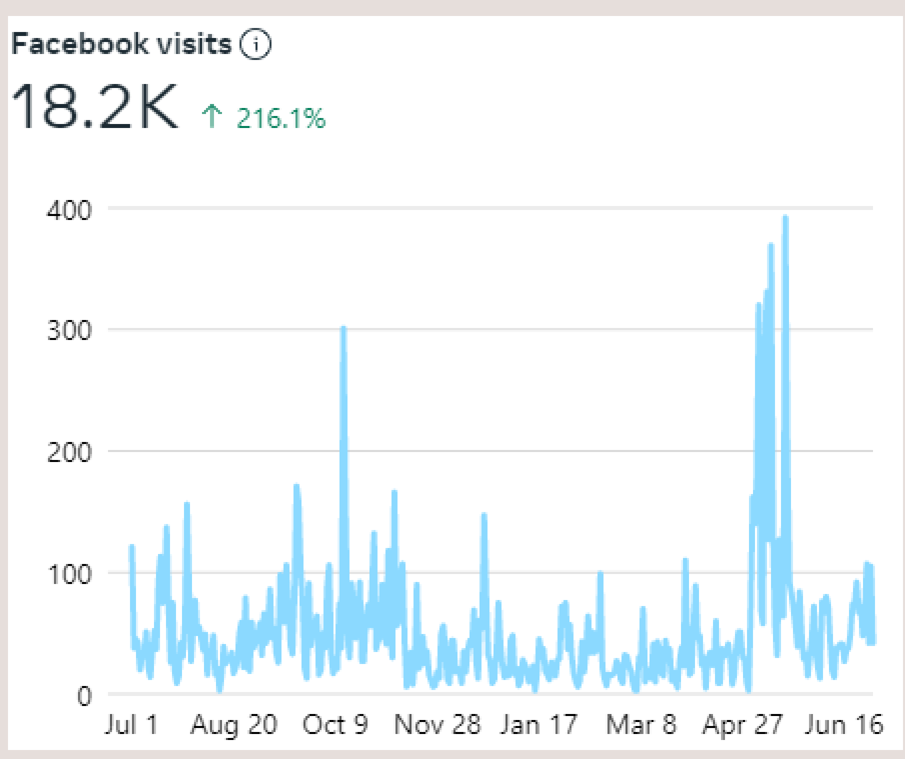
- **Facebook Reach**: Expanded by 66% to 74,291, demonstrating a robust increase in our content's visibility.
- **Instagram Reach**: Skyrocketed by 136.1% to 14,198, highlighting the growing interest and engagement with our mental health initiatives.



WET

Facebook Visits: Soared by 193.5% to 18,233, indicating heightened community interest and interaction with our page.





WET

WET

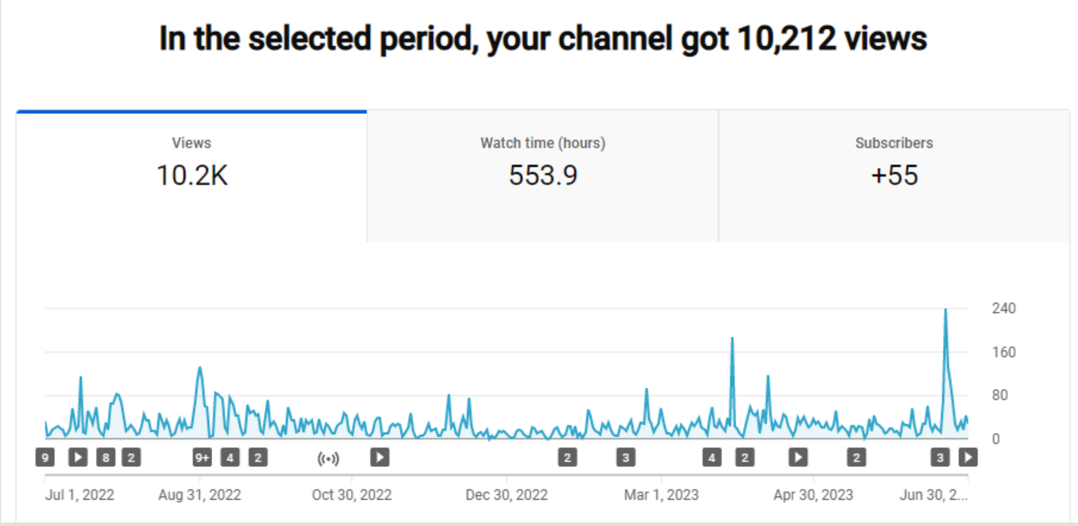
- **Instagram Profile Visits**: Grew by 109.5% to 4,544, reflecting an increasing number of individuals seeking information about our services.

Additionally, the demographic distribution of our followers emphasizes the appeal of our content, with a notable majority being women (over 81% on both platforms), underscoring the importance of tailoring our strategies to meet the diverse needs of our audience.

YouTube's Impact on Behavioral Health Awareness

Complementing our social media efforts, RUHS-BH's YouTube channel played a crucial role in fiscal year 22-23, enhancing our ability to reach and engage with the community through video content. The channel achieved:

- **Total Views:** Garnered 10,212 views, showcasing the community's interest in behavioral health topics.



- **Viewer Demographics:** Demonstrated significant engagement from both genders, with 36% male and 64% female viewership. Age-wise, the content resonated strongly with the 25–34 age group, which constituted 80.2% of our viewers, emphasizing the relevance of our messages to younger adults.

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

WET

Pipeline and Outreach Efforts

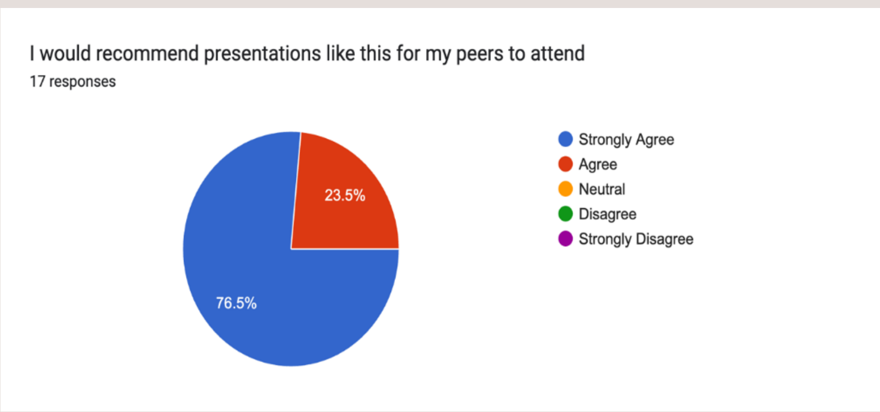
This action of the plan is designed to use different strategies to promote careers in behavioral health, support local career pipeline efforts, provide accurate information related to mental health, and to, in general, reeducate stigma wherever we can in the communities we serve.

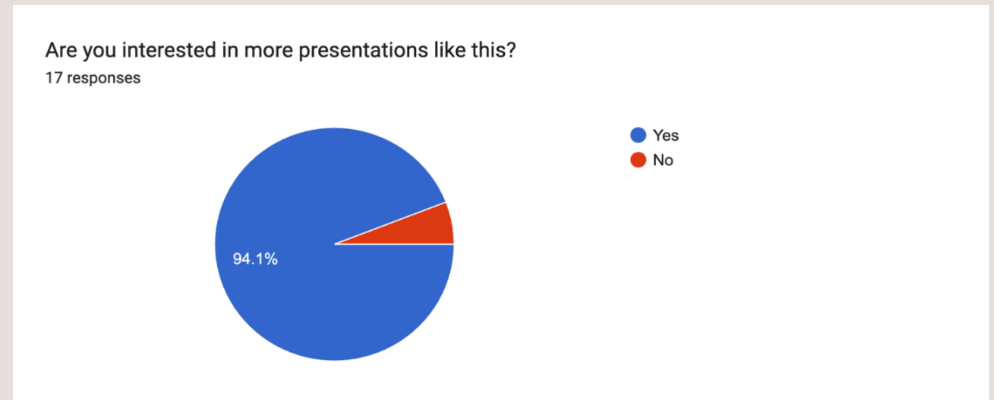
While the Covid-19 pandemic continued to affect our work with universities and colleges in the early part of 2022, faculty and administrators established effective virtual learning environments for their students interested in mental health topics and careers in Behavioral Health. In collaboration with UC Riverside's School of Medicine, we 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:

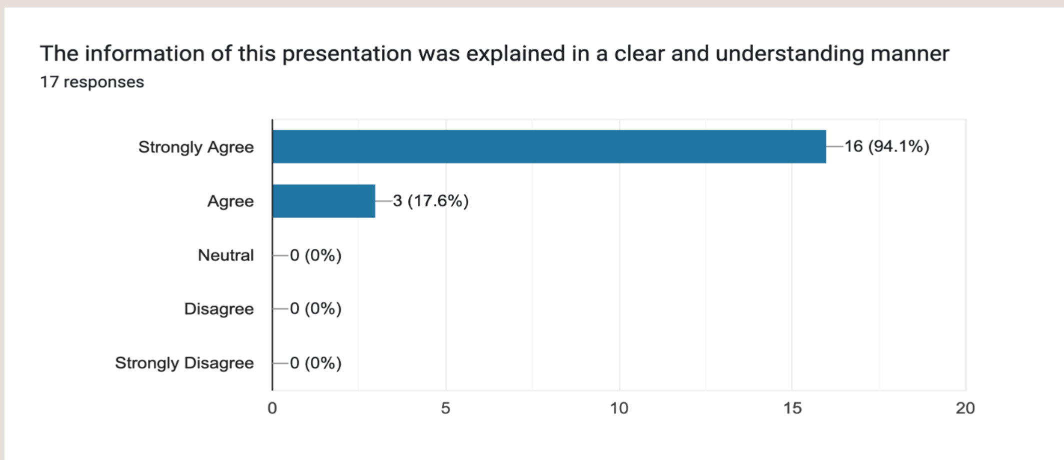
<u>Norco College LGBTQ+ History Month Presentation: Cultural Influences & Mental Health</u>

Google Form Feedback Results. Presenters: Julie Houston, Kevin Phalavisay

Date: October 6th 2022







WET

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."

Increased efforts were made this reporting period to collaborate with Cultural Competency program Liaisons in providing information on educational and career pathways into behavioral health to underserved communities. Through partnership with Cultural Competency's Asian American Task Force (AATF) and Middle Eastern North African (MENA)/ MECCA, presentations on educational and career pathways were provided to college students who are members of the Asian Pacific Island Social Work Club (APISWC) and the Middle Eastern Student Center (MESC) and Middle Eastern Student Assembly (MESA) at the University of California, Riverside campus.

In spring of 2022, in-person activities were permitted on campus allowing WET to participate in career fairs and community presentations. 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/in-person 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. During this reporting period we provided training on Intro to Psychosis to Health Academy students at Eleanor Roosevelt High School. In addition, WET provided a Careers in Behavioral Health presentation to CSUSB students enrolled in the MSW program, highlighting the Clinical Therapist I position.

Partnership increased this reporting period as WET participated in the following outreach events to promote the educational and career pathways into the public behavioral health service system reaching approximately 1,316 students and community members throughout the year.

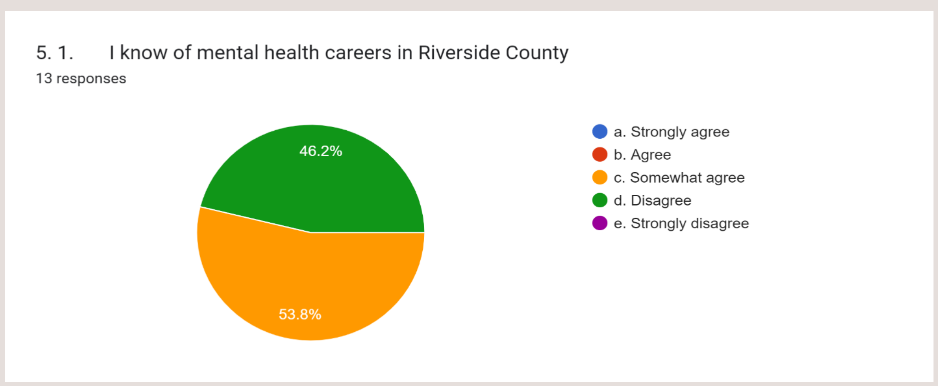
- Val Verde Unified School District Wellness Fair
- CCHS Health Academy Professional Interview Day
- Emerging Professionals Event California State University, San Bernardino
- Riverside Unified School District Educational Option Center Career Fair
- Norco College Safety and Wellness Expo
- Moreno Valley College Emerging Career Spotlight Guest Speaker- Social Work
- Riverside City College Health and Wellness Fair

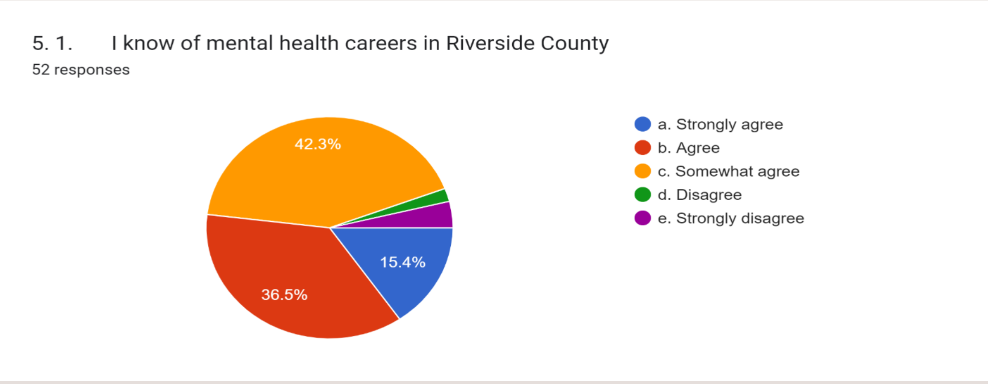
- Pinacante Middle School Wellness Fair
- Moreno Valley College Spring Career Fair
- RUHS-BH May is Mental Health Month events in Palm Desert, Mid-County, and Western Regions.

Due to the Covid-19 pandemic, the Get Psyched Conference, which had been previously held in person at the Rustin Conference Center, was not held between 2019-2021. However, in November 2022, through partnership with Vista Del Lago High School Community Health Worker Academy, WET provided the first virtual Get Psyched event. 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.

The following are pre and post measures taken from the event.

PRE-TEST RESULTS- POST TEAST RESULTS-





WET

Efforts were made during this reporting period to hold the Get Psyched conference in person and to connect both with high school students and with community college students. Through collaboration and partnership with Vista Del Lago High School and Moreno Valley College (MVC), Get Psyched will be hosted at the MVC campus in October 2023.

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.

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.

In 2022-23, we have begun again to rebuild the program. Although the growth has been slow, this due in part to the continued concerns regarding the public health crisis and staffing changes that occurred, eighteen individuals were placed in programs throughout the County in the 2022-2023 year.

Historically, the Volunteer Services Program thrived, with over 120 volunteers annually that served thousands of hours in our clinics and special community events. Data has shown 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

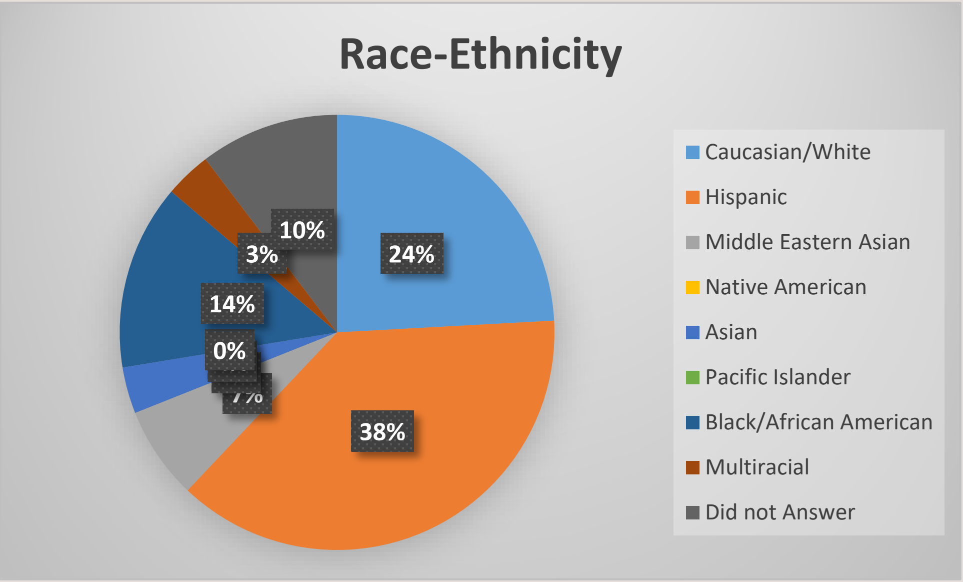
Clinical Licensure Advancement Support (CLAS) Program

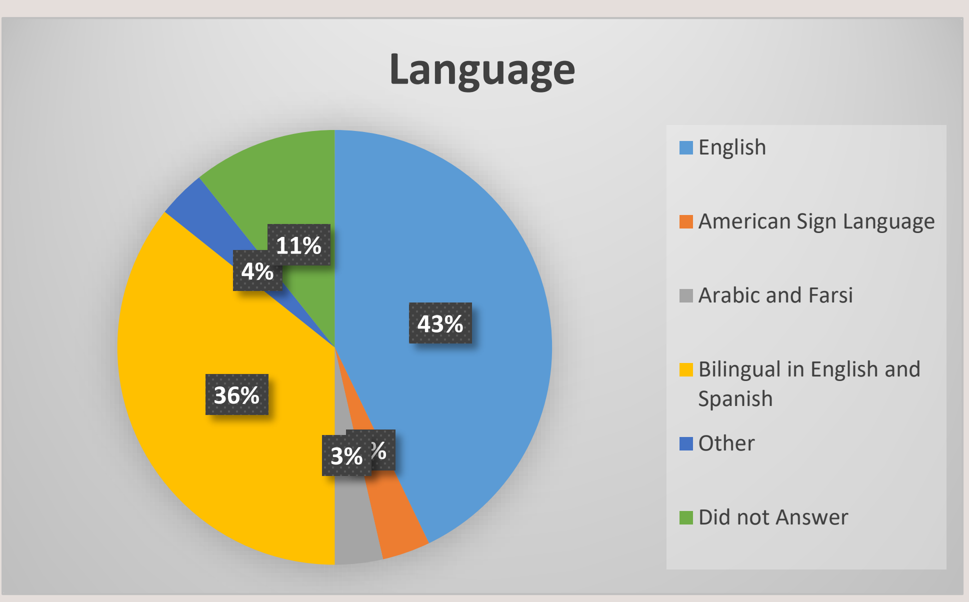
The Clinical Licensure Advancement and Support (CLAS) Program was designed to support the Department's journey level clinical therapist in their professional development and preparation for state licensing. Participants received one online test bank material specific to their licensure, one hour weekly study group, individual coaching, 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 remains steady at 28 applicants. For new applicants, approximately 54% of participants are bilingual in Spanish, Arabic or American Sign Language, and 76% identify as non-white. This past year, 16 CLAS participants passed their clinical exam.





The virtual platform established in 2020 in response to the COVID pandemic has become the standard practice for CLAS activities. Because virtual meetings eliminate travel time, it has allowed more participants to participate in virtual mini lessons, individual coaching/mentorship, and study groups. Mini lessons are offered every other month. This past year, the mini lesson topics were on DSM5TR Update, Treatment Planning, Crisis Management, Diagnosis Overview, and Theories. Many CLAS participants have shared that they find these mini lessons, which target specific topics from the test and applying test strategies to practice questions, the most helpful in preparation for their exams. This year, we are looking forward to adding new mini lessons, 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. Also, based on participant feedback, we now offer an additional test preparation program for CLAS participants as many have requested.

Clinical Supervision Supports

Our agency recognizes it is essential to have strong clinical supervision in order to increase the quality of consumer services. We continue to build from the collaboration with the Southern California Regional Partnership on its efforts to improve clinical supervision in our region. Our county has continued to strengthen our clinical supervision program, building off the Competency-Based Clinical Supervision training and Train the Trainers Initiative to strengthen and improve clinical supervision in the region that began in 2019. In 2021, Riverside County created a clinical supervision workgroup and lead in creating a collaborative on clinical supervision with our SCRP partners. 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.

The WET team has aided both our RUHS-BH program supervisors and our pre-licensed clinical by providing clinical supervision to help fill in the gap when the supervisor is unable provide supervision. An example of this is when a Clinical Therapist I (CT I) is unable to receive their supervision hours from their direct supervisor due to licensure

WET

requirements. The supervisor contacts the WET team and if available, we provide group or triadic supervision or add the staff member to our waitlist to help the CT I meet the pre-licensed staff's requirements of the Board of Behavioral Sciences towards licensure, which assists RUHS-BH in keeping the staff member eligible to work. The WET teams' clinical staff (including those from the Lehman's Center clinics) assist in providing clinical supervision for these pre-licensed staff members.

Clinical Supervision Workgroup

Those who participated in the initial competency-based training 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. The challenges with the workgroup have been a decrease in members due to many of our members needing to take additional responsibilities or were promoted, which impacted their ability to regularly attend these meetings. This has a direct impact on meeting and achieving the identified goals. Currently, the group has presented these mini lessons to the senior clinical therapist group. Our goal is still 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 for use in RUHS-BH. The workgroup also ensured that the new 2022 supervision laws that took effect with BBS were communicated regularly with clinical supervisors across the department 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 included clinical supervisors specifically working in the outpatient setting while the

other is reserved for supervisors in the detention setting, but the meetings were discontinued after turnover and staff resignations. Despite this challenge we were able to form a new consultation group in Fall 2022. Future goals include expanding the consultation groups to increase support for clinical supervisors in our agency.

County Collaborative on Clinical Supervision

Riverside County continues to lead the clinical supervision collaborative with the SCRP counties. We initially reached out to the SCRP members in November 2021 to share ideas and problem solve similar clinical supervision challenges in our region. The collaborative continues to meet every two months to discuss best practices in public behavioral health. This past year, we shared ideas and resources from each of our counties, such as sharing training curricula and how each county has implemented new state regulations, such as Cal-Aim. We also discussed ways to improve support to clinical supervisors and improve trainings. The group was highlighted in this year's SCRP clinical supervision conference as a model of intercountry collaboration. However, as a group, we continue to experience similar challenges with staff retention and lack of LCSW clinical supervision coverage, and continue to discussed ways that these issues can be addressed. 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

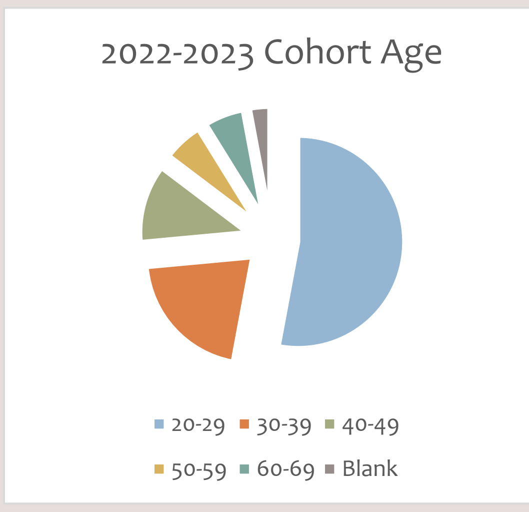
- Alcohol and Other Drugs (AOD) Program and Mentored Internship Program(MIP)
- Psychiatric Residency Program Supports

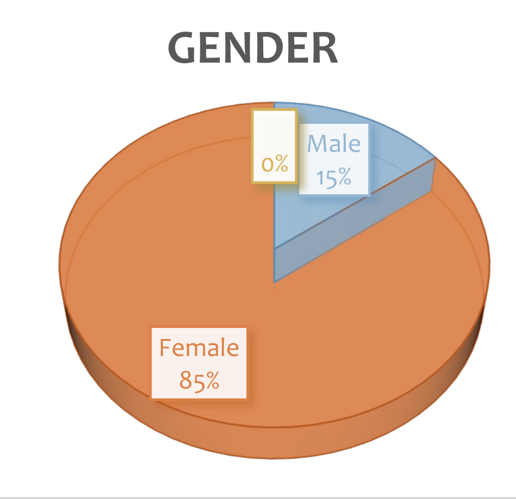
Graduate Internship, Field, and Traineeship (GIFT) Program

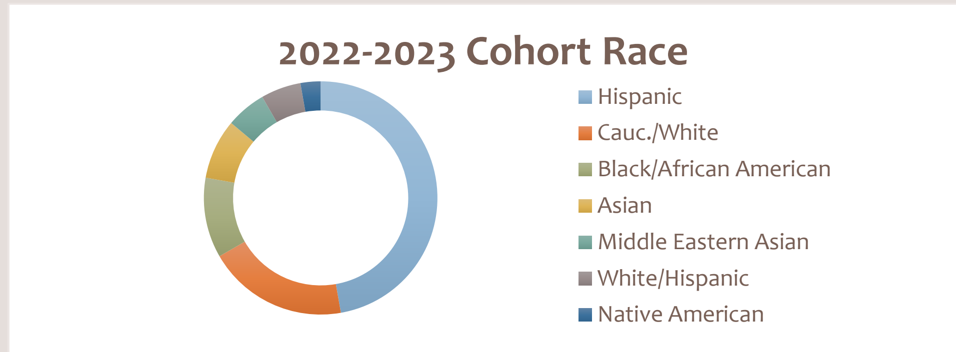
The Graduate Intern, Field, and Traineeship (GIFT) Program, as part of Workforce Education and Training, is a highly competitive and sought-after program in the region and continues to remain one of the largest internship programs in the Inland Empire. The Staff Development Officer of Education (SDO), who oversees this program, interviewed over 75 applicants, and in so, screened students to identify those who met the values of the Department workforce development needs, MHSA values, and who demonstrated a passion for public, recovery-oriented services. The individuals chosen through the interview process showed a commitment to the underserved, those with lived experience as a consumer or family member or had cultural and linguistic knowledge required to serve the consumers of the County of Riverside. The picture below is WET's Staff Development Officer of Education, Sherie Park, LMFT, at a student recruitment fair for the GIFT Program.

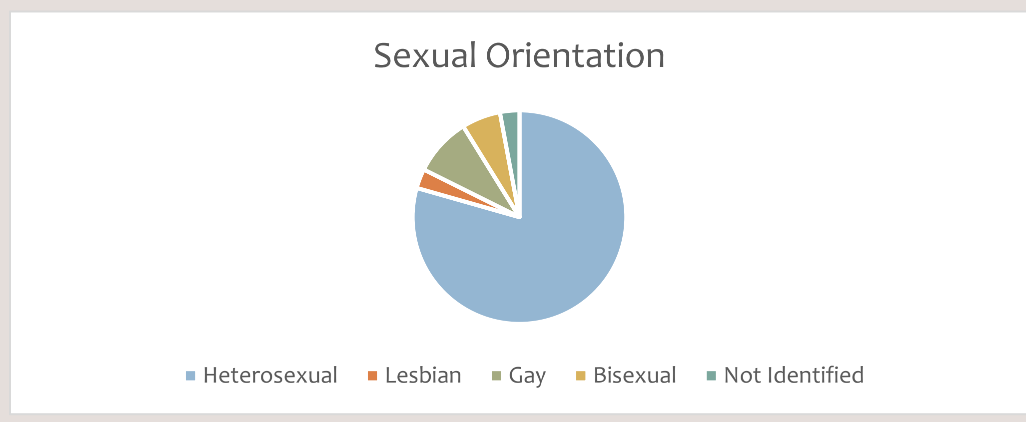
The 2022-2023 cohort consisted of 34 students, and represented 6 university programs, all of which have RUHS-BH completed Affiliation Agreements. In 2022-2023, the GIFT Program received 120 applications and coordinated internships for 33 master or bachelor level students in the GIFT Program. Forty-two percent of the students in the cohort were multi-lingual with 33% of those being Spanish speakers, which is the threshold language for Riverside County. Many of the students in the cohort had previous lived experience (as a consumer or family member). Demographically, 56% identified as

Hispanic or Hispanic mixed with another race, 21% Caucasian or white, 12% as African American, and less than 1% identified as other races (Asian, Middle Eastern Asian, and Native American). Note: the pie charts below represent the 2022-2023 GIFT & 20/20 Program Demographics.









WET

WET

Each student in the program received a two-week pre-placement Student Orientation to enhance their field/practicum learning in behavioral health. These trainings were conducted by WET and other staff members and included the following topics: A Program Overview, Thriving in Public Service, Co-Occurring Disorders, Risk Assessment, Trauma Informed Services, Genogram/Eco Map/Timelines, Differential Diagnosis, RUHS-BH Support Services, Mental Health First Aid (Adult), Mental Health First Aid (Children), and Cultural Competency Training. In addition to the Student Orientation, students received three other trainings (Square Model, Solution Focused Brief Therapy, and the Student Spring Meeting) designed specifically for the cohort, which provided hands-on practical learning experiences for them to implement with their clients. Students can also attend most other trainings offered for our staff with supervisor permissions.

All students in our GIFT Program received weekly individual supervision and for those desiring additional supervision, group supervision was made available by our WET team. Our WET team clinical staff provided 38% of the weekly individual supervision required by the students' universities. WET also served as a support and backing for all members of the learning team: the clinical field site, the student, and the university. This allowed for standardized support, monitoring, and oversight.

In order to become a part of the GIFT Program, our graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. The Department continues to hire many of the graduating student cohort each year. This enables us to not only meet the workforce development needs for this hard-to-fill job classification but confirms that the GIFT Program prepares our students to succeed in public mental health services. To assist with the transition from student to professional, our SDO assists in collaboration with our Human Resources team to help facilitate the interview process for the graduates of the GIFT Program for the position of CT I with RUHS-BH supervisors.

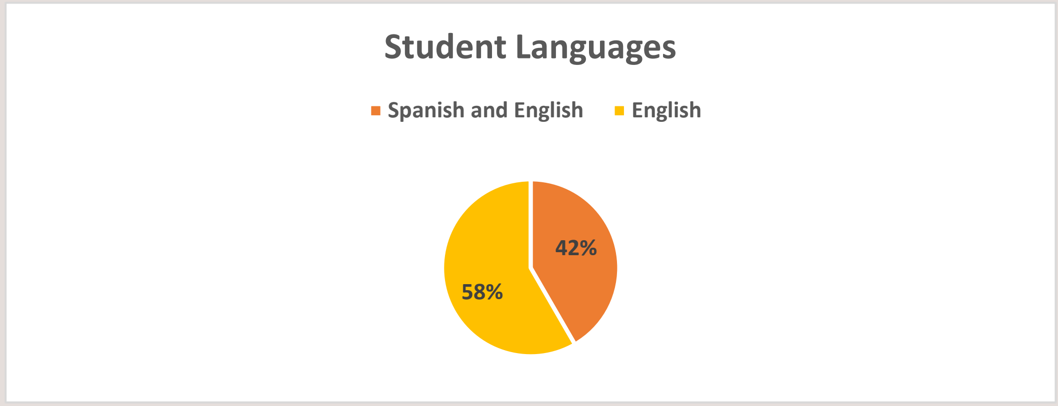
Each of our GIFT Program students were placed in clinics or programs in RUHS-BH throughout the County; the three regions represented 10 placements in the Western region, 5 placement sites in Mid-County and 4 in the Desert region.

GIFT & The Lehman Center (TLC)

The Lehman Center (TLC) recruits student interns from the GIFT program students. Three out of five TLC interns accepted CT1 positions with RUHS. One out of five was admitted to advanced standing and committed to MSW Internship with TLC for 2023-2024, but due to family obligations had to withdraw. One out of five did not apply to RUHS due to moving out of the area post-graduation. Students reported they 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 an OAII. TLC recruited student interns who represent the community and clients served. TLC trained the Spanish speaking students how to use the Spanish DSM-V and provide services in Spanish. TLC provided Culture training for both student interns and other Behavioral Health Staff.

TLC provided Culture training for student interns and other Behavioral Health Staff. TLC assisted with WET booth at May is Mental Health Month Fair at Fairmount Park. Adrienne Jordan, of TLC, assisted with holding the Public Forum for the MHSA plan community feedback in Hemet. TLC students did community outreach through the TLC booth at the May is Mental Health Month Fair at Myers, the Point in Time homeless count, Halloween Drive Thru Event at Myers, and The Longest Night. TLC continued to utilize telehealth to serve clients and families of clients when they tested positive or were ill to avoid gaps in services. TLC coordinated with Blaine Clinic and Children's Treatment Services to complete assessments, openings, and treatment for their clients.

Sheri Marquez, of TLC, expanded trainings in a collaboration with Behavioral Health TOPPS program and Hemet Unified School District. She increased the CEU trainings provided by Behavioral Health. She provided training exchange for San Bernardino County



Mental Health. She provides support to managers and supervisors through referrals to her coaching/mentoring program.

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 renewed their own CANS certifications and assisted student interns with their CANS certification. TLC provided individual and small group coaching, consultation and large group trainings. Senior CT's started group supervisions for ASW's due to the lack of LCSW's available to provide clinical supervision as required by BBS. Senior CT's also provided individual supervision to nine CT1's across various programs to address need for LCSW supervision. Adrienne provided individual coaching with Senior CTs who were struggling in their role based on BHSS requests for extra support.

Sheri expanded trainings and provided CE's for the Integrated Model of Genogram, Ecomap and Timeline, Solution Focus Brief Therapy, and The Square Model. She provided additional group supervision for non-TLC students. She continued to provide group supervision for CT 1s in Behavioral and Public Health.

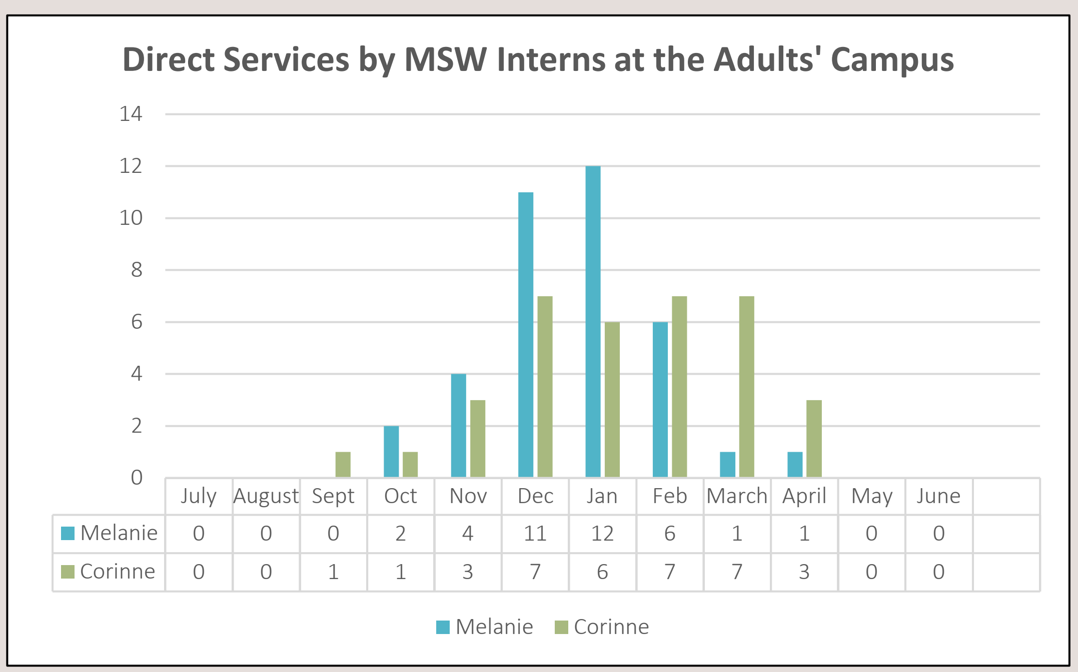
Question	Average Score
This training increased my understanding of the subject matter	4.93
Did the instructor(s) present the training materials in a clear and cohesive way?	4.93
Was the instructor attentive to questions?	4.99

One of the biggest challenges was the switch to Cal AIMS. Due to the Cal-Aim shifts, we had to make and adjust changes to trainings, our training binder, processes/procedures, documentation, etc. The process from the county and the state was slow and affected the development of our binder and policies in the clinic. There were multiple issues that were

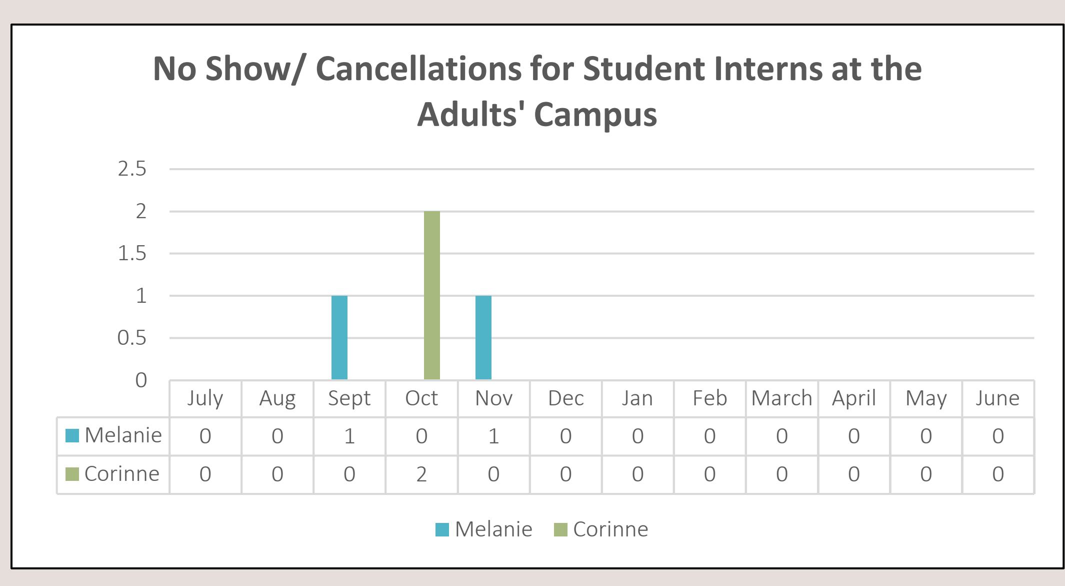
difficult regarding COVID testing, COVID illness, and coverage. Access to ELMR and completion of background checks were severely delayed which delayed and decreased the students' time to provide services to clients. There were also significant and consistent problems with ELMR being down especially from November 2022 to January 2023. Due to changes in and lack of BHSS at Blaine, it was difficult to maintain consistent processes, procedures, and plans to assist Blaine with client services. Other challenges were assessment no show rates and having pending referrals already being linked with other clinics due to delayed ELMR access/start time for students.

The TLC staff reviewed student feedback for student Binders and revised according to Cal AIM (revised policy, procedures, documentation examples, workflow charts). The TLC staff continue to update the Square Model training to be consistent with Cal AIMS changes. Senior CTs assisted with retaining clinical staff in department through supervision. Nina Le, of TLC, continued group supervision for ASW's due to the need for required LCSW supervision. Adrienne started an additional CTI group for ASWs due to a high waiting list and staff losing direct service licensure hours. Adrienne developed, recruited members for, and started a Senior CT Group. Senior CTs continued the Clinical Supervision Workgroup and began presenting trainings to disseminate information on SCRP competencies for clinical supervision developed by the Clinical Supervision Workgroup for feedback and in preparation for request of CEUs in the Senior CT Group.

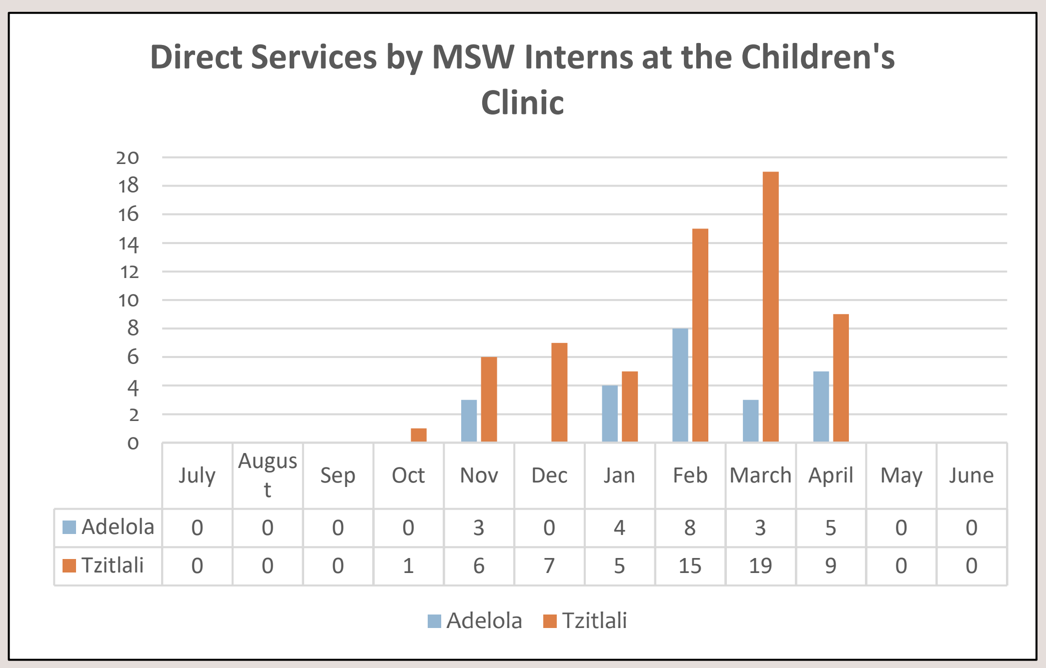
TLC added a second group supervision for student interns not placed at TLC due to demand/requests and secured a Substance Use 101 presentation through SAPT for students (1st time). See below, the last graph for this section demonstrates overall services for both the Children's and Adult Campuses.



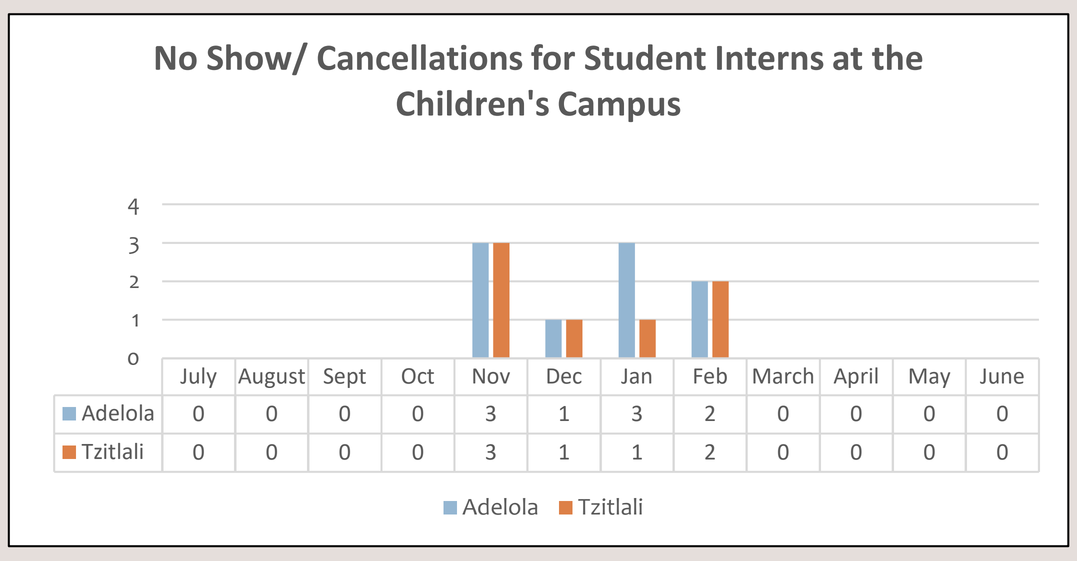
	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Melanie	0	0	0	2	4	11	12	6	1	1	0	0
Corinne	0	0	1	1	3	7	6	7	7	3	0	0



	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Melanie	0	0	1	0	1	0	0	0	0	0	0	0
Corinne	0	0	0	2	0	0	0	0	0	0	0	0



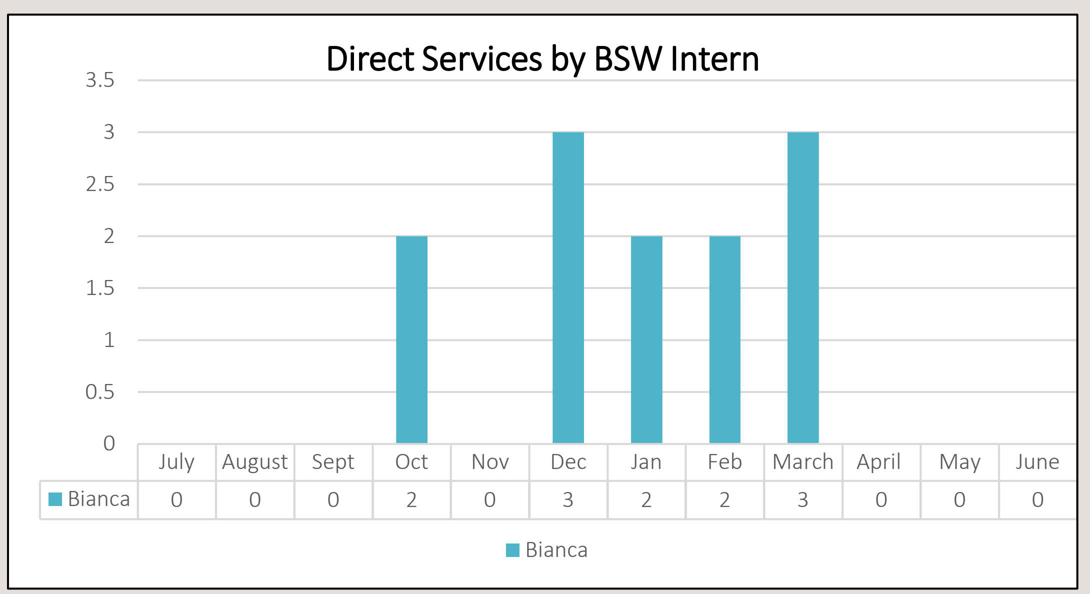
	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Adelola	0	0	0	0	3	0	4	8	3	5	0	0
Tzitlali	0	0	0	1	6	7	5	15	19	9	0	0



	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Adelola	0	0	0	0	3	1	3	2	0	0	0	0
Tzitlali	0	0	0	0	3	1	1	2	0	0	0	0

WET

WET



MHSA IN ACTION

"The support I have received with Nina Le, LCSW, in group and triadic supervision has been vital to my continued growth as an ACSW and clinical therapist working with RUHS-BH. I am eternally grateful for the opportunity to participate in supervision and receive mentorship from Nina. Nina has played an instrumental role in my personal growth as a clinician and the level of care I provide for my clients. I have been privy to group discussions, consultations, and coaching that have allowed me to fine-tune skills and learn new ones necessary to continue helping the community I serve. I have been able to stay abreast of licensure requirements and changes needed to continue excelling in my career, thanks to my supervision with Nina.

Nina Le has provided a safe and supportive environment in which to share vulnerabilities and challenges that have risen throughout my career as a clinician with the county. Nina's passion for social work and mental health is felt and seen through her work and support for our communities and her supervisees. The opportunity to obtain a spot in an LCSW supervision group in the county is minimal. Thus, I could not be more grateful for the opportunity to receive supervision with Nina Le through the Lehman Center. Lastly, the value and need for clinical supervision through the Lehman Center is crucial for providers needing mentorship and guidance to continue providing quality care for clients and the communities served."

Barbara Rodriguez, MSW, ACSW

Clinical Therapist I, Lake Elsinore Children's OP Services

"The Lehman Center has played a crucial role in my continuous growth as a Clinical Therapist I within the past year. I have been meeting with Adrienne Jordan, LCSW on a weekly basis for individual supervision and with Nina Le, LCSW for weekly group supervision (Clinical Therapist I group). I have also been able to meet with Sheri Marquez, LMFT when she is covering for either Adrienne or Nina so that units of supervision are not missed.

As a self- reflection, I feel like my skills and knowledge as a CT I have improved from meeting with Adrienne, Nina, and Sheri. As an associate who is still learning and accruing direct hours for licensure, it is very important for me to consult about challenging cases and crisis that occur within my clinic to assure that I am providing the best possible care

to consumers. It is always very helpful being able to present a case, review diagnosis and treatment plans, and further discuss legal and ethical issues that can impact client care. With client care being the top priority while providing services, I feel comfortable in implementing strategies and plans with clients and their families after discussing a case in supervision as I know I will receive feedback on the information presented. This also helps my confidence as a clinician grow because I am then able to follow up on progress in a case and continue brainstorming ways to support clients.

Group supervision is a different setting that also plays a key role in my growth as I can hear from the other group members who have knowledge and expertise in a variety of different backgrounds. I have obtained very useful information such as resources, community linkages, and services provided by different programs/agencies across the county of Riverside that I have provided to families on my caseload and have added to my personal toolbox should they be needed later.

The closer that I get to completing my direct hours of licensure, it has become even more important for me to continue preparing for the clinical exam and in both settings, individual and group supervision, Adrienne and Nina implement material useful for the clinical exam such as vignette questions, diagnosis questions, theories, risk assessments, and treatment planning. I am very appreciative of the County of Riverside for allowing The Lehman Center to provide clinical supervision to associate social workers, like myself, so that I can continue growing as a professional and expand my skills to provide the best possible treatment to consumers."

Ana Romero

Clinical Therapist I, Mid-County Wraparound

"I would like to share my experiences with the supervisors at the Lehman Center. I have been very fortunate to work closely with Nina, and Sheri, as they have provided supervision foe me. I am lucky enough to be able to receive supervision form Nina on a weekly basis. Nina has been such a great support for me. When I needed extra support me through various work concerns, Nina has always had an open door and a listening ear. Nina has provided a wealth knowledge during case presentations, and has also been able to suggest interventions, and questions to ask families, so I can provide the best client care. Nina has been able to foster many great learning opportunities in group supervision

by allowing us to have case presentations, ask clinical questions, present interventions and resources, that not only help ourselves, but the other clinicians that are a part of this group. Nina constantly pushes us to go beyond surface level things, and to dig deeper to find out, what may be happening with a client of family. Nina has also helped make me stronger in my diagnosing, by knowing many things contribute to a diagnosis.

I have also received supervision from Sheri. Sheri was able to step in and provide supervision to me when I needed it the most. Sheri has such a wealth of knowledge that even speaking to her for 5 minutes, I have come out learning something new. Sheri has pushed me to be a better clinician by challenging me to learn more, and make sure I understand the reason, and the background of the intervention I am providing. Sheri has also created a space that allows other to feel safe and share information with hear. She is available with a listening ear, and an open door. Sheri has been able to provide resources, information, interventions, training, and reading that I value, and still use. Even when Sheri was no longer providing supervision to me, still was a support whenever it was, and is needed. Sheri had increased my knowledge and confidence in the ways I complete assessment, and writer notes, thanks to her in-depth training.

I am thankful that I have been able to cultivate such great relationships with Nina, and Sheri, as they have been pivotal not only in my career in clinical work, but as support systems when they are needed in other ways. Nina and Sheri have shown time and time again that she is willing to go above and beyond to support others."

Kaira Turner, ACSW

Clinical Therapist I, Preschool 0-5 Program

"Throughout my time at The Lehman Center, I had the amazing opportunity to participate in supervision led by Sherie and Nina & Adrienne. This experience was, and continues to be, very valuable to me as I continue to grow and enhance my clinical abilities. Supervision was truly a time I felt challenged to expand my thought process and think outside the box. From Sheri's weekly lessons on the different modalities or trainings to Nina & Adrienne giving us the opportunity to speak about our ongoing cases, I have benefited immensely. Thank you, Nina, Adrienne & Sheri for your ongoing support and devotion to our

WET

education. I am very proud to be a Lehman Center Alum and I'm so excited to keep growing into the amazing therapist I aspire to be."

Melanie Bedolla, MSW

Clinical Therapist I, Corona Wellness and Recovery Center

"I would like to start this letter by conveying how grateful I am that I matched with this placement (TLC) and was able to have 3 wonderful supervisors that are now the voice of reason in my head.

I truly believe being a part of the GIFT program was destiny for me. My school had another internship lined up for me that on paper, was a perfect fit. However, something inside of me made me choose the GIFT Program and TLC, which truly prepared me in ways I had not even imagined.

I was able to expand my network and knowledge on various evidence based practices and interventions. But even more than that, I was able to hone my style of therapy, which has saved me multiple times with my clients. I made friends that I can reach out to for support, even today, and of course had the best guidance from my supervisors.

If it wasn't for TLC and GIFT I don't think I would have felt as confident going into the workforce. I honestly feel that what I learned during this internship has helped me more than what I learned in school. It was a great place to explore and improve areas I was not so confident in because it was a safe space to make mistakes.

Again, I want to thank everyone who was involved in my journey. Without you guys, it would not be the same."

Tzitlali Alvarez

Clinical Therapist I, TAY Stepping Stones

"To whom it may concern,

My name is Bianca Flores and I am a previous intern with GIFT Riverside County from August 2022 to June 2023 as a bachelor student of social work.

Throughout my internship experience, I was able to benefit from various training sessions that were offered which allowed me to enhance the skills I needed to become a better social worker. The information and knowledge I was able to receive from the guest

speakers and their experience was something I was not able to learn from simply reading a textbook. Learning alongside Sheri Marquez and how she taught the New Square Model is something that has stuck with me and that I will continue to use when I start my master's program this upcoming year. I am thankful for all of the experience I gained from TLC as I got to work with a variety of populations on a macro, micro, and mezzo level. Without the training I received at TLC I would not have applied for my master's program but it
was their push, program, and training that helped me see that I wanted to be a clinician."

Bianca Flores,

Former BSW Intern at The Lehman Center

Alcohol & Other Drugs (AOD) Pro9gram and MIP

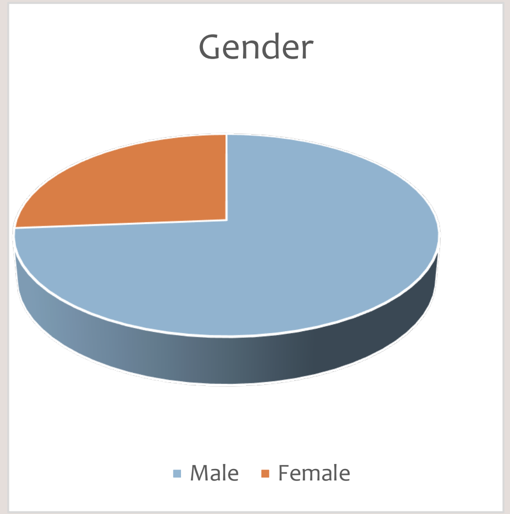
Alcohol & Other Drugs Internship Program

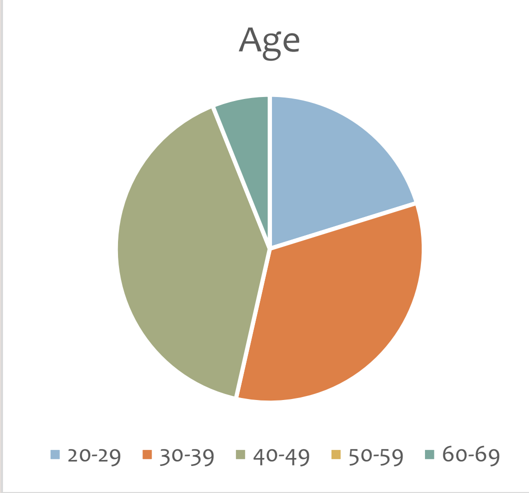
Much like our GIFT Program, the Alcohol and Other Drugs student internship provides a way to combine the academic learning with hands on clinical and treatment skills. This combination of learning with application allows them to develop the confidence and competence of basic skills, as well as the values 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.

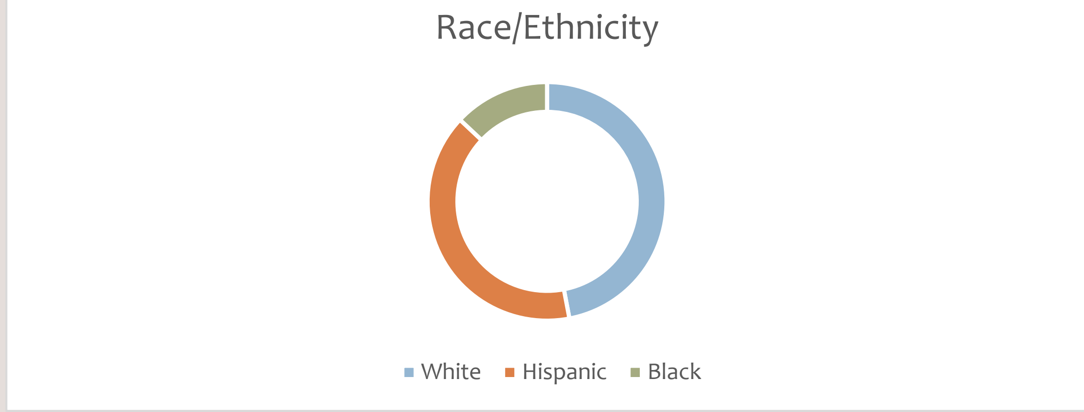
In the year 2022-2023, the AOD Student Internship Program placed 15 students in the Substance Abuse, Prevention and Treatment (SAPT) clinics for internship. During this process WET was able to both update and establish new Affiliation Agreements with substance abuse counselor programs with various universities/schools 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.

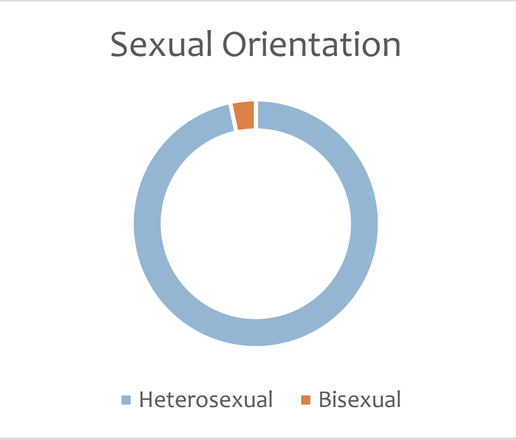
WET

Of the 15 students placed, the primary gender was female, with the majority being 30-49 years of age, with one third 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. Below are charts to depict the demographics of the AOD & MIP internships.









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 at two Substance Abuse Prevention and Treatment Program sites in the Western and Desert regions.

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.

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 UCR Residents.

In addition to the UCR School of Medicine residents, residents from the Desert Regional Medical Center also completed 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 were 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 assisted in successfully onboarded and placed eight 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 Paid Academic Support Hours (PASH) and 20/20 Program
- Textbook and Tuition Reimbursement
- Loan Repayment Program

PASH & 20/20 Program

The 20/20 and PASH Program was developed as a staff incentive program to encourage and support staff who have their bachelor's degree to pursue graduate study in preparation for Clinical Therapist I (a hard-to-fil position) job openings within RUHS-BH. WET began overseeing the program in 2007; program records indicate that the program originally began in 1992. Due to fiscal constraints, the program was suspended in 2008-2010. The program reopened in the fall of 2011.

With the recommendation of WET, the Department expanded the targeted areas of workforce development beyond bilingual/bicultural skills to include certified skill in treating chemical dependence, 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 to support employees who were accepted into a graduate program completing only their academic portion (prior to the internship phase).

In 2013, 2016, and 2019 the program parameters were revised to strengthen the program, to streamline the application process and to enhance quality selection. In addition, significant changes were made to the selection process, number of candidates to be accepted and the commitment agreement. In 2022 the program was granted an additional student from the previous cap at three students. In the 2022-2023, four candidates were newly accepted into the program, with one student continuing in their 20/20 Program for the2022-2023 program year. The payback commitment remains at a period of 5 years working in RUHS-BH.

From 2012 to the present, the department has enjoyed an increase in both an interest in the program and in the number of applicants. Generally, employees who complete the 20/20 Program remain employed with the department for some time. From 2012 to 2022, 57 employees were accepted into the program and 25 continue to serve RUHS-BH. Most of the former 20/20 students who have left RUHS-BH have left for relocation purposes and other opportunities outside of the County.

WET

Year	Accepted into the Program	Currently working for RUHS-BH
2012/2013	3	1
2013/2014	5, *1 dismissed from program and didn't complete	0
2014/2015	6	2
2015/2016	6, *2 dismissed from program and didn't complete	2
2016/2017	10	4
2017/2018	7	3
2018/2019	7	2
2019/2020	3	2
2020/2021	3	3
2021/2022	3, *1 dismissed from program and didn't complete	2
2022/2023	4	4

PASH & 20/20 Program

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

Riverside County encourages the development of a department sponsored Tuition Reimbursement to support employee skill development and to create pathways to career advancement, which is an incentive program for our staff. WET proposed and developed an infrastructure to manage the Textbook & Tuition Reimbursement Program. In doing so, a partnership with the 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 147 employees who have accessed or benefitted from Textbook & Tuition Reimbursement. Employees have benefited from this incentive program earning degrees, certificates, or credentials with their Career Development Plans supporting the advancement of the following RUHS-BH job classifications: Accountant II or above, Analyst II or above, Clinical Therapist I or

WET

above, Behavioral Health Specialist III or above, Licensed Vocational Nurse or Licensed Psychiatric Technician. Each of these job classifications are hard-to-fill positions within RUHS-BH.

The table below demonstrates the number of awards for the Textbook & Tuition Reimbursement Program from its inception in 2013:

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
FY 2022-23	16	$32,732.65

In the 2022-2023 year, there were 16 applications received and approved for the Textbook & Tuition Reimbursement Program. During the 2022-2023 fiscal year, a total of $32,732.65 was awarded to program participants. The program has two components designed to address separate needs, Part A and Part B (see the breakdown below for each of these parts). Most of the requests for participation in this program are Part A applications, as this pertains to the pursuit of a degree or certificate.

Program	Part A	Part B
• 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 required for your job classification • Part A is run by Human Resources Educational Support Program (ESP)	• If you want to take a *one class/course* NOT intended as a requirement for a 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 Licensure that RUHS-BH requires as a condition of your continued employment • Part B is run by RUHS-BH Workforce and Education (WET)

Loan Repayment Programs

National Health Service Corps (NHSC)

For fiscal year 22/23 the NHSC opened their loan repayment program (LRP) application cycle during spring of 2023. During this open period, an email flyer was sent out to the behavioral health department informing staff of the NHSC open cycle with qualification information, deadline dates, q&a's, webinar support, and NHSC sites. The response from staff came in the form of questions regarding site qualification, documents needed to apply and job position questions. Currently, we have 8 sites that are NHSC approved and active with qualifying HRSA scores. The NHSC opens their application cycle 2x per year and therefore staff have another opportunity to apply. The county is actively working to continue to keep these sites active and approved and future plans are to obtain more NHSC sites.

Physician Education Loan Repayment Program

During this reporting period, WET promoted the Physician Education Loan Repayment program administered through CalHealthCares which provides repayment on

WET

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).

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 2022-2023, 30 Riverside County workers were selected into the program, however 28 accepted, out of those 28, 15 awardees have remained in their service commitment. Upon completion of their service agreement CALMHSA will disburse up to $150,000 in eligible repayment loans. Since this LRP funding was on track to reimburse loans at the rate of $250,000 for this fiscal year and only up to $150,000 will be released, this will allow for more staff to be selected in the next two cycles. See the original estimated schedule of repayments chart and the Adjusted Chart which will need to make future adjustments due to unspent funds in FY 21-22 and 22-2

Original 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
Adjusted SCRP Spenddown
4-Year SCRP Award Amounts
FY 21-22 Riverside 17 $10,000$170,000 ($160,000 unspent funds)
FY 22-23 Riverside 15 $10,000$150,000 ($100,000 unspent funds)
FY 23-24 Riverside 25 $10,000$250,000 To Be Determined
FY 24-25 Riverside 25 $10,000$258,000 To Be Determined

WET Looking Forward

As we look forward to the next year within our 3 year plan our goal, as it relates to Workforce Staffing Support, is to continue to maintain the focus on reducing vacancies and having a full team:

- Working toward ensuring that staff have the resources and support they need to complete their day to day task such as…
- Discussing and planning in advance so that staff can have time to collaborate and carry out their task in a timely manner, which is in line with a Trauma Informed System guiding principal of collaboration and empowerment.
- Ensuring that they have the training to equipped them to be efficient in doing their jobs by continuing to increase trainings that are specialized and advance that also provide continuing education units.
- Also assessing clinical supports to see if additional staff are needed. Specifically as it relates to clinical supervision.

Another goal is to continue to provide the Training and Technical assistance across the department by:

- Continuing to develop structure for EMDR which is the newest EBP that the department adopted
- Continue to improve the Conference Center by upgrading systems to be able to have the newest versions and hybrid options
- Sheri Marquez, supervisor of TLC expanded coaching, consultation, supervision and trainings to include Square Model, GET, and Solution Focus Brief therapy which all have been approved for continuing education units. Now in line with the goal of providing more advanced level trainings, the Narrative, Culture, and Non-Suicidal Self Injury will be going through the process to become CE trainings.
- TLC/WET will also continue to support and collaborate with other departments and providers of our consumers to be trained, in addition to offering trainings to Behavioral Health.
- Providing centralized support to Clinical Supervision and increase available trainings while TLC clinician will continue to provide 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 offer the trainings for our department, community based organizations and other agencies that reach out to WET for training supports.

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 stipend 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 in the local Riverside

area and the desert areas as well. Also assessing ways in which different cultural groups can be represented at the Get Psyched events.

- Approved for the coordinator position to focus on volunteer supports and services.

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

Section VI

Capital Facilities and Technology

MHSA Annual Update FY 24/25

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

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 31 single room beds, and increase the size of common living areas and group treatment areas. This renovation began during the last planning cycle but has a new, estimated completion date. The renovation is scheduled to complete in late 2024.

Mead Valley Wellness Village

Building on our commitment to enhance the infrastructure of behavioral health services through innovative and strategic initiatives, Riverside County has made significant progress in the development of the Mead Valley Wellness Village. Set to commence construction in 2024, the Mead Valley Wellness Village is an example of comprehensive care in Riverside County. This project is built on the Behavioral Health Continuum of Care model, designed to address the region's critical health issues by offering a broad range of services. The Village increases access to healthcare by centralizing services on

CFTN

one campus, ensuring timely, efficient, and comprehensive care. The setup eliminates patient wait times and obstacles to accessing the right level of care, ensuring individuals receive appropriate treatment exactly when and where they need it.

The Mead Valley Wellness Village embodies our vision of delivering person-first treatment for Behavioral Health in a setting that promotes recovery and well-being. The architectural and landscape design of the Village ensures a welcoming environment that supports a full continuum of behavioral health care.

Services and Programs

The Mead Valley Wellness Village offers a variety of services, from treatment for mental health and substance use challenges to supportive housing and outpatient care for people of all ages. The Village also provides dental care, mammograms, access to a pharmacy, and employment support. This approach offers comprehensive care under one roof, simplifying the progression for residents to access the assistance and support they need for their health, well-being, and successful reintegration into the community.

Services and Programs Offered:

- **Residential Behavioral Health Programs:** The Village includes specialized facilities for substance use disorder treatment, crisis residential treatment, mental health rehabilitation, and other critical services. Programs are designed to offer both immediate and long-term support.
- **Residential Facilities:** To support a holistic recovery journey, the Village offers communal living environments for individuals and families actively participating in outpatient treatment services. Spaces are designed to foster a sense of community and belonging, crucial for long-term recovery and well-being.
- **Outpatient Behavioral Health Programs:** Catering to a wide range of needs, the outpatient services cover mental health and substance use disorders. This includes urgent mental health care for children, adolescents, and adults, as well as comprehensive primary physical health services across all age groups.

- **Comprehensive Health and Wellness Services: T**he Village provides a suite of additional services to address the holistic needs of the community, including specialized and general health services, dentistry, mammograms, X-rays, and an onsite pharmacy. The inclusion of a WIC office for nutritional support and education underscores the Village's commitment to comprehensive wellness.
- **Integrated Vocational Services:** The Wellness Village goes beyond traditional healthcare models by incorporating opportunities for vocational development and employment support.

Progress and Milestones

Significant strides have been made towards completing the Mead Valley Wellness Village. Key milestones include:

- **Site Identification and Collaboration**: After exploring initial locations, Mead Valley was selected as the ideal site for the first Wellness Village, following a collaborative effort with community stakeholders.
- **Design and Planning**: The Village's design and planning phase is underway, with a focus on creating a therapeutic environment that supports the campus' continuum of care philosophy.
- **Community Engagement**: Stakeholder feedback underscored the need for more accessible services for children and teens. A planned mental health urgent care and children's residential treatment facility are vital to meeting local demand.
- **Funding and Grants**: Efforts to leverage and weave in various funding sources have been successful, with several grant applications submitted to support the project's financial sustainability.

Next Steps

Construction is anticipated to open in late 2026. Riverside County remains committed to this groundbreaking project, recognizing its potential to transform behavioral health services in our community. We will continue to engage with stakeholders, pursue

CFTN

additional funding opportunities, and refine our service offerings to ensure the Mead Valley Wellness Village meets the evolving needs of Riverside County residents.

Franklin Avenue Augmented Adult Residential Facility

Renovation has begun on an augmented adult residential facility on Franklin Avenue in the City of Riverside. When complete, this adult residential facility will provide approximately 81 beds with integrated, onsite full-service partnership (FSP) services. The facility is expected to open in December 2024. This facility would provide a level of service comparable to the department's existing adult residential and care facility location in Palm Springs (Roy's Desert Springs & Windy Springs Wellness Center combination).

Apartment Communities

Approximately 5 new apartment communities are expected to open in 2024. Each community will have reserved units for homeless households who also carry a severe mental health diagnosis. Additionally, each community will have on-site RUHS-BH care support and navigation staff to provide supportive services. More information about these developments can be accessed at our Homeless Housing Opportunities Partnership and Education (HHOPE) administration.

San Jacinto New Life Clinic

This 5,070sq ft location will house the San Jacinto New Life Clinic, the San Jacinto Forensics Full-Service Partnership team, and a Justice Outreach team. These outpatient programs will provide consumers with a variety of services, such as field-based treatment, support for consumers involved in the criminal justice system, therapy, case management, referrals & linkage to other services.

Program and Clinic Renovations

Myers Roof Renovation Project. The Myers Children's Campus roof and HVAC system has reached end of life and is in the process of being replaced.

Renovations at the Indio clinic on Monroe will allow expanded access for multiple programs providing an array of behavioral health services, including youth full-service partnership and hospital discharge support and linkage programs, peer support, housing, mobile crisis, substance abuse and prevention, CalWorks and collaborative court programs.

Blythe Integrated Clinic Expansion - The expansion in Blythe adds 2,240 sq ft to the current Blythe Behavioral Health Clinic to provide increased services and support to the community, including adult and children's mental health, substance abuse, mobile crisis and housing.

Section VII

Funding

MHSA Annual Update FY 24/25

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Riverside County

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

Local Mental Health Director	County Auditor-Controller / 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, 2023, 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 December 12, 2023 for the fiscal year ended June 30, 2023. I further certify that for the fiscal year ended June 30, 2023, 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.

Ben J. Benoit
County Auditor Controller / City Financial Officer (PRINT)

Signature Date 6/19/24

[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)

FUNDING

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Riverside

Date: 5/1/24

	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	35,862,099	24,052,993	23,161,655	2,084,670	40,975,469	
2. Estimated New FY2023/24 Funding	148,607,706	37,151,926	9,776,823			
3. Transfer in FY2023/24[a]	(7,000,000)			2,000,000	5,000,000	
4. Access Local Prudent Reserve in FY2023/24						0
5. Estimated Available Funding for FY2023/24	177,469,805	61,204,919	32,938,478	4,084,670	45,975,469	
B. Estimated FY2023/24 MHSA Expenditures	126,063,111	37,410,355	4,083,806	1,581,216	12,500,000	
C. Estimated FY2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	51,406,694	23,794,564	28,854,672	2,503,454	33,475,469	
2. Estimated New FY2024/25 Funding	105,057,965	26,264,491	6,911,708			
3. Transfer in FY2024/25[a]	(2,000,000)			2,000,000	0	
4. Access Local Prudent Reserve in FY2024/25						0
5. Estimated Available Funding for FY2024/25	154,464,659	50,059,055	35,766,380	4,503,454	33,475,469	
D. Estimated FY2024/25 MHSA Expenditures	118,150,872	30,811,333	5,471,035	1,836,968	27,000,000	
E. Estimated FY2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	36,313,787	19,247,722	30,295,345	2,666,487	6,475,469	
2. Estimated New FY2025/26 Funding	106,390,786	26,597,696	6,999,393			
3. Transfer in FY2025/26[a]	(2,500,000)			2,500,000	0	
4. Access Local Prudent Reserve in FY2025/26						0
5. Estimated Available Funding for FY2025/26	140,204,573	45,845,418	37,294,738	5,166,487	6,475,469	
F. Estimated FY2025/26 MHSA Expenditures	121,695,398	31,735,673	5,661,153	1,892,077	1,500,000	
G. Estimated FY2025/26 Unspent Fund Balance	18,509,175	14,109,745	31,633,585	3,274,410	4,975,469	

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: 5/1/24

	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	18,083,251	668,204	8,709,517	0	3,972,161	4,733,369
2. CSS-01 Transitional Age Youth	7,509,391	1,397,591	4,700,248	0	1,251,523	160,029
3. CSS-01 Adults	88,527,846	39,693,309	18,757,223	0	28,222,388	1,854,927
4. CSS-01 Older Adult	7,484,377	1,825,177	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 Inv	1,080,863	57,892	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	19,925,883	5,709,547	11,947,919	0	435,513	1,832,904
2. CSS-02 Mental Health Courts and Justice Inv	8,373,746	4,877,577	1,724,604	0	6,400	1,765,165
3. CSS-02 Children's Clinic Expansion and Enha	123,487,255	9,265,883	60,207,638	0	46,181,955	7,831,778
4. CSS-02 Transition Age Youth Clinic Expansio	0	0	0	0	0	0
5. CSS-02 Adults Clinic Expansions and Enhanc	88,619,190	32,763,153	38,788,154	0	521,533	16,546,351
6. CSS-02 Older Adult Clinic Expansions and En	11,717,265	4,212,978	6,709,359	0	199	794,730
7. CSS-03 Lived Experience Integration of Care	8,178,649	3,538,643	2,711,837	0	1,198,170	729,998
8. CSS-03 Housing and Housing Programs	9,292,267	6,803,740	15,868	0	0	2,472,659
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	6,340,673	2,349,022	3,854,119	0	0	137,533
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	422,739,228	126,063,111	165,760,337	0	82,210,757	48,705,023
FSP Programs as Percent of Total	116.5%					

FUNDING

FUNDING

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: 5/1/24

	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	19,384,867	756,889	9,602,509	0	5,110,718	3,914,751
2. CSS-01 Transitional Age Youth	17,065,600	3,465,550	12,055,752	0	1,514,744	29,554
3. CSS-01 Adults	50,630,050	20,585,792	19,504,084	0	4,015,306	6,524,868
4. CSS-01 Older Adult	8,924,945	3,061,195	5,734,192	0	992	128,566
5. CSS-02 Crisis System of Care	7,525,051	2,382,377	1,246,503	0	358,893	3,537,279
6. CSS-02 Mental Health Courts and Justice Inv	1,249,008	7,998	654,767	0	491,840	94,403
7. CSS-03 Housing and Housing Programs	16,040,775	10,314,318	1,765,731	0	398	3,960,328
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	15,283,579	7,320,262	7,502,960	0	146,529	313,827
2. CSS-02 Mental Health Courts and Justice Inv	7,810,023	3,823,231	1,863,700	1,001,467	7,054	1,114,571
3. CSS-02 Children's Clinic Expansion and Enha	158,892,242	6,598,567	70,776,786	0	63,865,870	17,651,019
4. CSS-02 Adults Clinic Expansions and Enhanc	102,149,295	39,472,691	42,171,605	3,067,317	1,015,106	16,422,576
5. CSS-02 Older Adult Clinic Expansions and En	13,929,666	5,245,271	8,134,866	0	2,770	546,759
6. CSS-03 Lived Experience Integration of Care	9,464,685	3,947,371	3,658,720	66,610	1,415,211	376,773
7. CSS-03 Housing and Housing Programs	10,731,457	8,678,616	22,368	0	925	2,029,549
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
CSS Administration	7,114,408	2,490,743	4,342,001	101,150	150,513	30,000
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	446,195,651	118,150,872	189,036,544	4,236,544	78,096,870	56,674,821
FSP Programs as Percent of Total	102.3%					

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: 5/1/24

	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	19,966,413	779,596	9,890,584	0	5,264,039	4,032,193
2. CSS-01 Transitional Age Youth	17,577,568	3,569,517	12,417,424	0	1,560,187	30,440
3. CSS-01 Adults	52,148,951	21,203,366	20,089,206	0	4,135,765	6,720,614
4. CSS-01 Older Adult	9,192,693	3,153,030	5,906,218	0	1,021	132,423
5. CSS-02 Crisis System of Care	7,750,802	2,453,848	1,283,898	0	369,659	3,643,397
6. CSS-02 Mental Health Courts and Justice Inv	1,286,478	8,238	674,410	0	506,595	97,235
7. CSS-03 Housing and Housing Programs	16,521,998	10,623,748	1,818,703	0	410	4,079,138
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	15,742,086	7,539,870	7,728,049	0	150,925	323,242
2. CSS-02 Mental Health Courts and Justice Inv	8,044,324	3,937,928	1,919,611	1,031,511	7,265	1,148,008
3. CSS-02 Children's Clinic Expansion and Enha	163,659,009	6,796,524	72,900,089	0	65,781,846	18,180,550
4. CSS-02 Adults Clinic Expansions and Enhanc	105,213,774	40,656,871	43,436,753	3,159,337	1,045,560	16,915,253
5. CSS-02 Older Adult Clinic Expansions and En	14,347,556	5,402,629	8,378,912	0	2,853	563,161
6. CSS-03 Lived Experience Integration of Care	9,748,626	4,065,792	3,768,482	68,608	1,457,668	388,076
7. CSS-03 Housing and Housing Programs	11,053,401	8,938,974	23,039	0	953	2,090,435
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
CSS Administration	7,327,840	2,565,465	4,472,262	104,185	155,029	30,900
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	459,581,520	121,695,398	194,707,641	4,363,640	80,439,776	58,375,066
FSP Programs as Percent of Total	102.3%					

FUNDING

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: 5/1/24

	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: 5/1/24

	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	19,086,208	18,522,347	530,276	0	0	33,585
2. PEI-02 Parent Education and Support	6,969,679	2,779,611	1,811,446	0	1,108,548	1,270,074
3. PEI-03 Early Intervention for Families in Schools	18,931	18,931	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,732,747	1,720,268	12,479	0	0	0
5. PEI-05 First Onset for Older Adults	908,610	908,610	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	2,134,833	2,134,833	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,364,243	2,364,243	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	373,408	373,408	0	0	0	0
12. PEI-05 First Onset for Older Adults	463,643	448,516	15,126	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,540,567	1,540,567	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	35,592,868	30,811,333	2,369,327	0	1,108,548	1,303,660

FUNDING

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: 5/1/24

	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	19,112,610	19,078,017	0	0	0	34,593
2. PEI-02 Parent Education and Support	5,312,979	2,862,999	0	0	1,141,804	1,308,177
3. PEI-03 Early Intervention for Families in Schools	19,499	19,499	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,771,876	1,771,876	0	0	0	0
5. PEI-05 First Onset for Older Adults	935,868	935,868	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	2,198,878	2,198,878	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,435,170	2,435,170	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	384,610	384,610	0	0	0	0
12. PEI-05 First Onset for Older Adults	461,972	461,972	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,586,784	1,586,784	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	34,220,247	31,735,673	0	0	1,141,804	1,342,769

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside   Date: 5/1/24

	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

FUNDING

FUNDING

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside

Date: 5/1/24

	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 ED IOP	5,725,803	5,197,483	528,320	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	273,552	273,552	0	0	0	0
Total INN Program Estimated Expenditures	5,999,355	5,471,035	528,320	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: 5/1/24

	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 ED IOP	5,923,565	5,379,395	544,170	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	281,758	281,758	0	0	0	0
Total INN Program Estimated Expenditures	6,205,323	5,661,153	544,170	0	0	0

FUNDING

FUNDING

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: 5/1/24

	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: 5/1/24

	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	2,327,314	1,521,378	805,935	0	0	0
2. WET-02 Training and Technical Assistance	204,856	134,808	70,049	0	0	0
3. WET-03 Mental Health Career Pathways	10,330	10,330	0	0	0	0
4. WET-04 Residency and Internship	44,240	44,240	0	0	0	0
5. WET-05 Financial Incentives	126,211	126,211	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	2,712,952	1,836,968	875,984	0	0	0

FUNDING

FUNDING

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: 5/1/24

	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	2,397,133	1,567,020	830,113	0	0	0
2. WET-02 Training and Technical Assistance	211,002	138,852	72,150	0	0	0
3. WET-03 Mental Health Career Pathways	10,640	10,640	0	0	0	0
4. WET-04 Residency and Internship	45,567	45,567	0	0	0	0
5. WET-05 Financial Incentives	129,998	129,998	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	2,794,340	1,892,077	902,263	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: 5/1/24

	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. Monroe Capital Project	500,000	500,000	0	0	0	0
2. Franklin Adult Residential Facility and Clinic	15,500,000	12,000,000	0	0	0	3,500,000
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	16,000,000	12,500,000	0	0	0	3,500,000

FUNDING

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: 5/1/24

	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. Franklin Adult Residential Facility and Clinic	23,000,000	18,500,000	0	0	0	4,500,000
2. Monroe Capital Project	3,000,000	3,000,000	0	0	0	0
3. Hulen Place Project	5,000,000	500,000	0	0	0	4,500,000
4. Myers Roof Renovation	2,000,000	2,000,000	0	0	0	0
5. San Jacinto New Life Project	2,000,000	2,000,000	0	0	0	0
6. Blythe Clinic Expansion	1,000,000	1,000,000	0	0	0	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	36,000,000	27,000,000	0	0	0	9,000,000

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

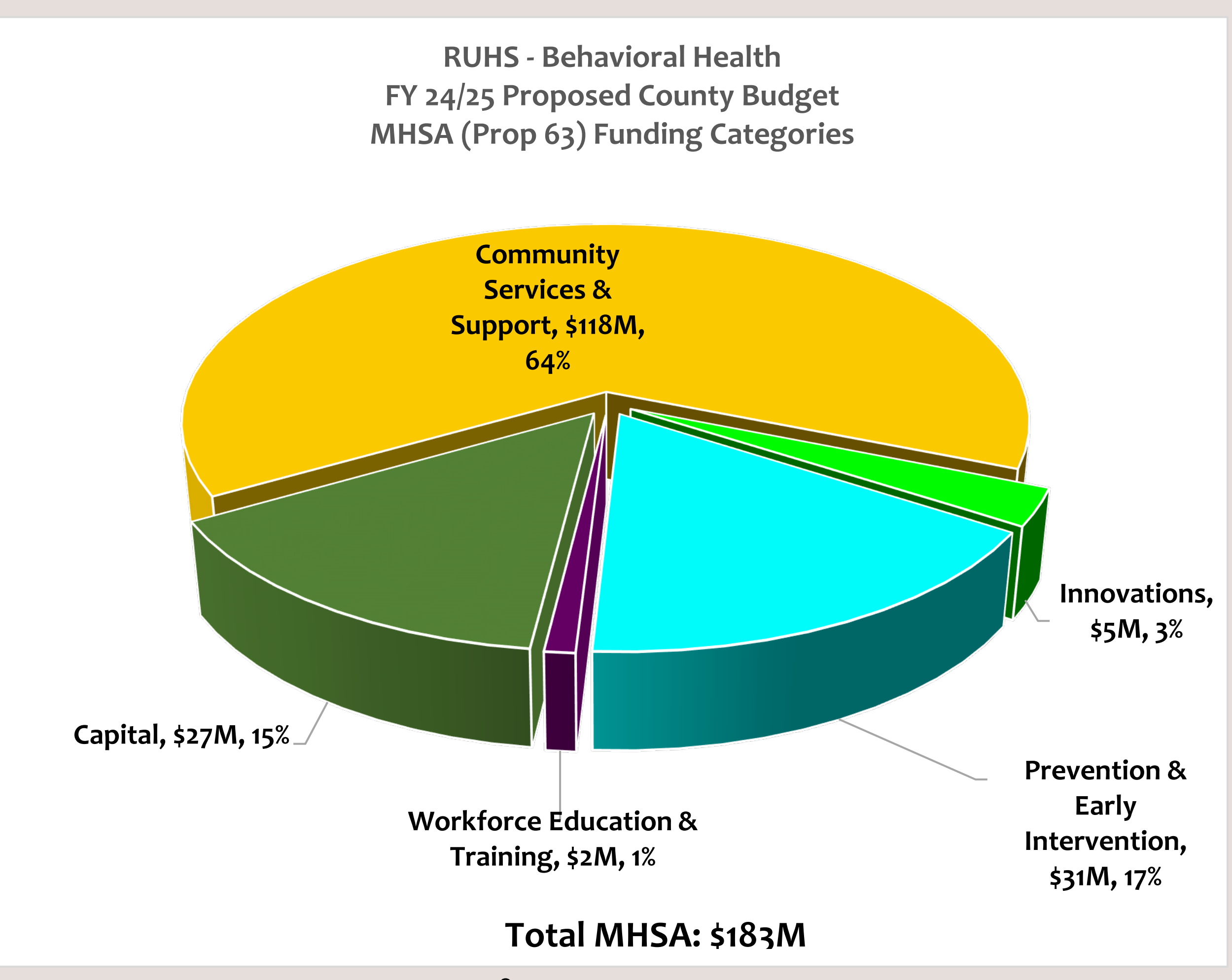
County: Riverside

Date: 5/1/24

	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. Monroe Capital Project	1,500,000	1,500,000	0	0	0	0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,500,000	1,500,000	0	0	0	0

FUNDING

Type	MHSA %	MHSA Funding
Community Services & Support	64.47%	$118M
Innovations	2.99%	$5M
Prevention & Early Intervention	16.81%	$31M
Workforce Education & Training	1.00%	$2M
Capital	14.73%	$27M
		$183M



Cost Per Client

MHSA Cost Per Client
FY 2022/2023

FULL SERVICE PARTNERSHIP

PLAN NAME:	CSS-01 Children's
UNIQUE CLIENTS:	1,607
COST:	$903,156
AVERAGE COST:	$562.01

PLAN NAME:	CSS-01 Transitional Age Youth
UNIQUE CLIENTS:	2,257
COST:	$2,724,942
AVERAGE COST:	$1,207.33

PLAN NAME:	CSS-01 Adults
UNIQUE CLIENTS:	10,871
COST:	$38,144,886
AVERAGE COST:	$3,508.87

PLAN NAME:	CSS-01 Older Adult
UNIQUE CLIENTS:	1,187
COST:	$2,108,344
AVERAGE COST:	$1,776.20

PLAN NAME:	CSS-02 Crisis System of Care
UNIQUE CLIENTS:	4,132
COST:	$4,671,543
AVERAGE COST:	$1,130.58

PLAN NAME:	CSS-02 Mental Health Courts and Justice Involved
UNIQUE CLIENTS:	129
COST:	$47,604
AVERAGE COST:	$369.03

PLAN NAME:	CSS-03 Housing and Housing Programs
UNIQUE CLIENTS:	5,591
COST:	$18,094,514
AVERAGE COST:	$3,236.36

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	CSS-02 Adults Clinic Expansions and Enhancements
UNIQUE CLIENTS:	15,336
COST:	$22,415,598
AVERAGE COST:	$1,461.63

PLAN NAME:	CSS-02 Children's Clinic Expansions and Enhancements
UNIQUE CLIENTS:	15,211
COST:	$10,897,035
AVERAGE COST:	$716.39

PLAN NAME:	CSS-02 Mental Health Courts and Justice Involved
UNIQUE CLIENTS:	4,843
COST:	$3,709,329
AVERAGE COST:	$765.92

PLAN NAME:	CSS-02 Older Adult Clinic Expansions and Enhancement
UNIQUE CLIENTS:	3,054
COST:	$4,023,800
AVERAGE COST:	$1,317.55

PLAN NAME:	CSS-02 Crisis System of Care
UNIQUE CLIENTS:	9,387
COST:	$10,491,381
AVERAGE COST:	$1,117.65

PLAN NAME:	CSS-03 Housing and Housing Programs
UNIQUE CLIENTS:	154
COST:	$1,934,108
AVERAGE COST:	$12,559.14

PLAN NAME:	CSS-03 Lived Experience Integration of Care
UNIQUE CLIENTS:	194
COST:	$825,965
AVERAGE COST:	$4,257.55

FUNDING

Cost Per Client

MHSA Cost Per Client-PEI
FY 2022/2023

PEI PROGRAMS- PREVENTION

PLAN NAME:	PEI-01 Mental Health Outreach, Awareness and Stigma Reduction
UNIQUE CLIENTS:	92,588
COST:	$21,658,806
AVERAGE COST:	$233.93

PLAN NAME:	PEI-02 Parent Education and Support
UNIQUE CLIENTS:	690
COST:	$2,685,453
AVERAGE COST:	$3,891.96

PLAN NAME:	PEI-04 Transitional Age Youth (TAY) Project
UNIQUE CLIENTS:	8,328
COST:	$1,130,642
AVERAGE COST:	$135.76

PLAN NAME:	PEI-05 First Onset for Older Adults
UNIQUE CLIENTS:	206
COST:	$1,634,100
AVERAGE COST:	$7,932.52

PLAN NAME:	PEI-06 Trauma Exposed Services For All Ages
UNIQUE CLIENTS:	486
COST:	$1,261,695
AVERAGE COST:	$2,596.08

PLAN NAME:	PEI-07 Underserved Cultural Polpulations
UNIQUE CLIENTS:	630
COST:	$1,561,603
AVERAGE COST:	$2,478.73

PEI PROGRAMS- EARLY INTERVENTION

PLAN NAME:	PEI-04 Transitional Age Youth (TAY) Project
UNIQUE CLIENTS:	274
COST:	$362,516
AVERAGE COST:	$1,323.05

PLAN NAME:	PEI-05 First Onset for Older Adults
UNIQUE CLIENTS:	3,654
COST:	$368,453
AVERAGE COST:	$100.84

Cost Per Client

MHSA Cost Per Client-Innovation
FY 2022/2023

INNOVATION PROGRAMS

PLAN NAME:	INN-07 Technology Suite (Tech Suite)
UNIQUE CLIENTS:	8,899
COST:	$6,195,175
AVERAGE COST:	$696.17

FUNDING

Section VIII

Public Hearing Comments

MHSA Annual Update FY 24/25

Written Public Comments

Which behavioral health services have you found helpful and would like to keep?

(1) **Comment**: Family advocate is the only program I have received services from.

RESPONSE: The Family Advocate is a program comprised of staff who have the lived experience of loving a family member who carries a diagnosis of a major mental illness. RUHS-BH recognizes the unique stressors of family members and encourages family to be at the center of a client's care system and support. Family Advocates use their experience and special training to help support, guide, and inform family members on partnering with their loved one, understanding the diagnosis, and navigating the behavioral health care system. You can read more about the Family Advocate Program in CSS 03 in this plan.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) recommends sustaining peer services, including the Family Advocate Program, in the MHSA Annual Update FY 24/25.

(2) **Comment**: Family Advocate, crisis teams, CBAT, Drug Rehabilitation, NAA & AA, All programs to assist with Mental Health and Drug/Substance Abuse. Need more programs after 6pm due to work.

RESPONSE: Crisis Response Teams, including Community Behavior Assessment Teams (CBAT) that partner law enforcement with a clinical therapist, have expanded over time because of stakeholder feedback like yours. The Crisis Response Teams are now 24/7 and can be access by calling 951-686-Help. There are also 24/7 regional Mental Health Urgent cares. You can learn more about the urgent cares, and any RUHS-BH

programs by calling the CARES Line at 1-800-499-3008. You can read more about crisis programs countywide in CSS 02 in this plan.

Though some legislation in the last few years has expanded MHSA funding for substance use, MHSA has not been a traditional source of funding for substance use only programs. MHSA does support programs for people challenged by co-occurring recovery.

If you require an appointment outside of normal business hours for regular attendance, please address your need with your program. Some contracted community providers also have after hours appointments, and you may qualify for a referral.

BHC RECOMMENDATION: The BHC recommends sustaining the crisis response programing as defined in the MHSA Annual Update FY 24/25.

(3) **Comment**: Man Therapy, Directing Change, Equine Therapy, The Indio Peer Center at Monroe-great programs.

RESPONSE: Man Therapy was a part of the MHSA Innovation Plan, Help@Hand, that explored the use of modern technologies to support behavioral health recovery. It is a campaign and website marketed specifically to men, who traditionally are less likely to seek help for behavioral health challenges. Help@Hand Plan expired in February 2024, but Man Therapy will continue under Prevention and Early Intervention (PEI) Plan funding. You can learn more about Man Therapy, and all the Help@Hand programs, in the Innovation component chapter of this plan.

Directing Change is a mental health awareness campaign for youth who develop public service announcements on a mental health related topic. It is a statewide competition. PEI recognizes Riverside County participants and award winners at a special event every year. You can learn more about Directing Change under Workplan 01 of the PEI plan in this document.

Equine Therapy is a RUHS-BH supported specialized, therapeutic practice that uses horses and unique interventions led by trained therapists.

Peer Centers are located in each region and are staffed by employees, Peer Support Specialists, who carry their own mental health diagnosis and have been specially trained to use their lived experience to support the recovery of others. The Centers offer a variety to recovery supports to assist members in socialization, community integration, and overall wellness. You can learn more about the Peer Resource Centers in CSS 03 of this plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(4) **Comment**: I am very pleased with most services, as with anything there is room for improvement.

RESPONSE: Thank you for your support of RUHS-BH programs and services. Continued program development coincides with program implementation. Stakeholder feedback, trending needs, and funding opportunities provide on-going influence on the direct growth, enhancement, or reinvention of programs.
A copy of the final MHSA plan will be posted to the Department website upon Board of Supervisors' approval. You can find the current plan and related documents here: https://www.ruhealth.org/behavioral-health/MHSA

BHC RECOMMENDATION: The BHC recommends sustaining the programs described in the MHSA Annual Update FY 24/25.

(5) **Comment**: I have found Equine Therapy helpful. I would like to see this expanded meaning more trained staff in Equine Assisted Therapy and Learning Training (EGALA) and more advertisement of Equine opportunities to staff and consumers.

RESPONSE: Equine Therapy is a RUHS-BH supported specialized, therapeutic practice that uses horses and unique interventions led by trained therapists. Your comment will be provided to Equine Therapy Program Manager.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(6) Comment: INN, The Tech Suite, PEI

RESPONSE: INN or Innovation is a MHSA component designed to test new methods in behavioral health care to determine their efficacy prior to adoption into the overall service system. The Tech Suite, also known as Help@Hand, was an Innovation plan that expired in February of 2024. Many of the projects have been integrated into the greater MHSA plan, including the Prevention and Early Intervention (PEI) plan. You can read more about Innovation in the Innovation chapter this document, and more about PEI in the PEI chapter of this MHSA Plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs described in the MHSA Annual Update FY 24/25.

(7) Comment: All

RESPONSE: Thank you for your support of RUHS-BH programs and services.
BHC RECOMMENDATION: The BHC recommends sustaining the programs described in the MHSA Annual Update FY 24/25.

(8) Comment: Peer services, more family advocate services

RESPONSE: Thank you for your support of peer services and programs. You can learn more about MHSA funded peer programs in CSS 03 of this plan.
BHC RECOMMENDATION: The BHC recommends sustaining the peer programs described in the MHSA Annual Update FY 24/25.

(9) **Comment**: Justice Involved family support group, family support group, family advocate topics/programs/presenters-mental health topic presentations

RESPONSE: The Family Advocate is a program comprised of staff who have the lived experience of loving a family member who carries a diagnosis of a major mental illness. RUHS-BH recognizes the unique stressors of family members and encourages family to be at the center of a client's care system and support. Family advocates use their experience and special training to help support, guide, and inform family members on partnering with their loved one, understanding the diagnosis, and navigating the behavioral health care system. The Family Advocate has employees dedicated to helping families when a loved one enters the justice system. You can read more about the Family Advocate Program in CSS 03 in this plan.

BHC RECOMMENDATION: The Behavioral Health Commission (BHC) recommends sustaining peer services, including the Family Advocate Program, in the MHSA Annual Update FY 24/25.

(10) **Comment**: Counseling

RESPONSE: Counseling and psychotherapy are foundational services in RUHS-BH programming.
BHC RECOMMENDATION: The BHC recommends sustaining the programs described in the MHSA Annual Update FY 24/25.

(11) **Comment**: Mental, psychological, social

RESPONSE: Thank you for your support of RUHS-BH programs and services.

BHC RECOMMENDATION: The BHC recommends sustaining the programs described in the MHSA Annual Update FY 24/25.

(12) **Comment:** Community outreach/mental health promotion, cultural competency is a very important piece in all the services RUHS or Riverside County can provide. We can't afford to lose it.

RESPONSE: Thank you for your support of mental health awareness and promotion, especially in traditionally underserved communities. Research has shown that culturally informed care has better outcomes for participants.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs described in the MHSA Annual Update FY 24/25.

(13) **Comment:** PEI programs for minorities (SITIF/CMHPP) because it is the first contacts of many people to share about their struggles. Without the forefront of community mental health promotes and other educators, community member would not be receptive to linkages to mental health services and stigma would still be the biggest barrier.

RESPONSE: Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) is a community based educational intervention aimed to strengthen the intergenerational relationships between immigrant parents and their school-age children and adolescents. Community Mental Health Promoter Programs (CMHPP) are community members from underserved cultural populations that are specially trained to provided mental health education to their communities. You can learn more about this program in PEI Workplan 07.

Thank you for your support of culturally informed behavioral health care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(14) Comment: MECCA

RESPONSE: MECCA is the title of the behavioral health, community advisory subcommittee for Middle Eastern/North African community members of Riverside. Thank you for you support of culturally informed behavioral health care. You can learn more about cultural outreach and advisory programs in the PEI Workplans 01 and 07.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(15) Comment: Therapy

RESPONSE: Counseling and psychotherapy are foundational services in RUHS-BH programming.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(16) Comment: Outpatient services and 988 system

RESPONSE: Thank you for your support of RUHS-BH programs and services. The outpatient system of care is a critical link the overall behavioral health system of care. The 988 is a 3 digit Suicide and Crisis Lifeline that is supported by Riverside County.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(17) **Comment**: Female doctors.

RESPONSE: As of 2024, more than 168 million people—almost half of the United States population—live in federally designated mental health professional shortage areas (HPSA), meaning that they lack enough mental health providers. Some 65 percent of rural communities don't have any local psychiatrists. Mental health practitioners of all professions are in great demand. Diversifying the workforce, including by gender, is important. You can learn more about Riverside County's behavioral health workforce development strategies in the WET plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(18) **Comment**: Speech therapy, psychologists

RESPONSE: Speech therapy is not typically provided by behavioral health care programs, but the Riverside University Health System, is an integrated health care system that takes a no wrong door approach to care. Clients who require allied health care are connected to providers that will address overall wellness needs.

Psychologists are one of the therapeutic professions employed in behavioral health, but the primary professional job classification is a licensed or licensed-eligible master's level practitioner. The majority of these therapists are trained as marriage and family therapists or clinical social workers.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(19) **Comment**: Therapy, peer specialist

RESPONSE: Thank you for your support of RUHS-BH programs and services.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(20) Comment: Transportation system to appointments

RESPONSE: Transportation is an adjunct service provided by some programs and services. Transportation challenges can be a barrier to care adherence and are important to problem solve with your treatment program.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(21) Comment: REACH, Housing domestic violence victims

RESPONSE: Regional Emergency Assessment at Community Hospitals (REACH) units work collaboratively within community hospital emergency departments to decrease the need for inpatient hospitalizations, as well as decreasing the amount of time that hospital medical staff is dedicating to patients in psychiatric crisis. The MHSA Plan is one of the funding sources for our homeless and housing services called Homeless Housing Opportunities Partnership and Education (HHOPE) program. You can read more about HHOPE in CSS 04.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(22) Comment: Any programs that consider cultural and religious counseling.

RESPONSE: Thank you for your support of mental health awareness and promotion, especially in traditionally underserved communities. Research

has shown that culturally informed care has better outcomes for participants.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(23) **Comment:** MHSA Prevention and Early Intervention

RESPONSE: Thank you for your support of Prevention and Early Intervention programs.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(24) **Comment:** While I haven't used your services, I think our community is in dire need for behavioral health services.

RESPONSE: Anyone who has an interest in behavioral health care in Riverside County is considered a community stakeholder. We all benefit when quality care is accessible to people who need it. Understanding the public continuum of behavioral health care is important even if a person has private medical insurance or other resources.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(25) **Comment:** I don't receive any mental health services but would appreciate to have opportunity to increase my knowledge on.

RESPONSE: Thank you for your interest in public behavioral health care and wanting to understand the continuum of care. You can learn more about the breadth of RUHS services here: https://www.ruhealth.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(26) Comment: Mental Health Therapy

RESPONSE: Counseling and psychotherapy are foundational services in RUHS-BH programming.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(27) Comment: I have not had the chance to use any yet, but I would love to try them.

RESPONSE: The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. The majority of clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(28) Comment: I have not had the opportunity to utilize the resources.

RESPONSE: Anyone who has an interest in behavioral health care in Riverside County is considered a community stakeholder. We all benefit when quality care is accessible to people who need it. Understanding the public continuum of behavioral health care is important even if a person has private medical insurance or other resources.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(29) **Comment:** Helping kid with disabilities like cerebral palsy and autistic etc.

RESPONSE: Help systems are often separated in order to develop expertise and concentrate services within a specialization. Cerebral Palsy is a motor disability, typically receive care by a neurologist. Autism is a developmental disability, and care is typically coordinated by a State Regional Center. But people often require integrated care based on holistic needs. Children with motor or developmental disabilities may also have behavioral health challenges that require an integrated treatment plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(30) **Comment:** All of them.

RESPONSE: Thank you for your support of RUHS-BH programs and services.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(31) **Comment:** Didn't use any but keep them all for others.

RESPONSE: Anyone who has an interest in behavioral health care in Riverside County is considered a community stakeholder. We all benefit when quality care is accessible to people who need it. Understanding the public continuum of behavioral health care is important even if a person has private medical insurance or other resources.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(32) **Comment:** I did not request for any mental health services.

RESPONSE: Anyone who has an interest in behavioral health care in Riverside County is considered a community stakeholder. We all benefit when quality care is accessible to people who need it. Understanding the public continuum of behavioral health care is important even if a person has private medical insurance or other resources.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(33) **Comment**: So far I haven't had to use any.

RESPONSE: Anyone who has an interest in behavioral health care in Riverside County is considered a community stakeholder. We all benefit when quality care is accessible to people who need it. Understanding the public continuum of behavioral health care is important even if a person has private medical insurance or other resources.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(34) **Comment**: All are useful and very helpful for the patients' families.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(35) **Comment**: Take advice to people to help.

RESPONSE: The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. The majority of clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(36) **Comment**: General well health

RESPONSE: The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. The majority of clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(37) **Comment**: Inpatient services/more inpatient services

RESPONSE: The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. The majority of clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

Acute levels of care are a necessary part of the continuum. MHSA authors hoped that people needing care could be reached and served prior to reaching that acute level of need. MHSA regulations prohibit the use of funds in most involuntary or restrictive settings.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(38) Comment: Therapy, Anger Management

RESPONSE: The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. Most clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(39) Comment: Trainer who understand Islam

RESPONSE: Research has demonstrated that culturally informed care has better outcomes for participants. Understanding and integrating culture, including spirituality and faith, can be integral to behavioral health treatment planning.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs as described in the MHSA Annual Update FY 24/25.

(40) **Comment:** Psychiatrist if can get close to me.

RESPONSE: Psychiatry is an essential service in the Behavioral Health Care continuum of services. RUHS-BH provides programs and clinics countywide. You can learn more about programs and services near you here: https://www.ruhealth.org/map-locations . Or you can call the central line for RUHS-BH services called the CARES line here: 1-800-499-3008.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(41) **Comment:** Urgent care for behavioral health

RESPONSE: The RUHS-BH continuum of care includes a crisis system of care. The crisis system care includes one mental health urgent care in each of Riverside County's service regions: West, Mid-Co, and Desert. You can read more about the mental health urgent cares in CSS 02.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(42) **Comment:** Clinical social workers

RESPONSE: Clinical Social Workers and Marriage and Family Therapists are the primary disciplines that comprise our Clinical Therapist job classification. Behavioral Health professions can be hard to recruit due to high demand for these professions and shortages of graduates. You can read more about behavioral health workforce development strategies in the WET plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(43) Comment: Counseling services for anxiety and depression especially post-partum depression.

RESPONSE: Psychotherapy is an essential service in the Behavioral Health Care continuum of services. Clinical Depression regardless of etiology is treated in the behavioral health system of care. The Prevention and Early Intervention plan has a targeted post-partum program called Mamas y Bebes, designed to prevent the onset of a major depressive episode during pregnancy and postpartum. You can learn more about this program in PEI Workplan 07.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(44) Comment: Urgent Care in Perris City needs behavioral therapists. Wait time is too long.

RESPONSE: Many Californians have unmet behavioral healthcare needs, and while there is a shortage of providers throughout the state, the Inland Empire and Central Valley regions are experiencing the greatest shortages. Demand for mental health professionals is high, and shortages make recruitment and retention even more challenging. RUHS-BH partners with our contractors, such as the Perris Mental Health Urgent Care, to offer incentives and supports for professionals serving the inland region. Expanding help teams to include more paraprofessional and peer staff has helped meet the need, but workforce development issues remain. You can read more about MHSA workforce development in the WET plan.

If you have concerns about RUHS-BH services or RUHS-BH contracted programs, you can contact Quality Improvement at: https://www.rcdmh.org/Doing-Business/Compliance

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(45) **Comment**: Free full health service.

RESPONSE: County services are the safety net for people with no or few resources. Behavioral Health Care service programs provide care regardless of a person's ability to pay, and each client receives a sliding scale fee determination based on their own individual resources.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(46) **Comment**: Family support group, substance family support group, NAMI, New Life Resource Services, Advocates support group in the courts, CARES and the new justice support group, peer support groups.

RESPONSE: New Life programs focus on the behavioral health care of consumers who have had interactions with the justice system. The Collaborative Courts offer a combination of court authority with behavioral health treatment supports to address non-violent convictions. CARES (1-800-499-3008) is the central access number for the community to request county behavioral health care. Peer Support services are available for people who carry a diagnosis, the parents of minor children who carry a diagnosis, and for adult family members caring for their adult loved ones who carry a diagnosis. You can learn more about the Family Advocate in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(47) Comment: Cultural Competency seems to be assisting diverse populations.

RESPONSE: RUHS-BH Cultural Competency has outreach and behavioral health advocacy for 10 traditionally underserved cultural populations and populations that may experience higher risk: Military Veterans; People with physical disabilities; Deaf and Hard of Hearing; African American; Latino/Hispanic; Asian-Pacific Islander; Native American; Middle Eastern/North African; LGBTQ; and Faith Based Communities.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(48) Comment: I would like to have more support for groups in mental health.

RESPONSE: RUHS-BH has an extensive peer support system of care that includes supports for people who carry a diagnosis, who are the parents of minor children who carry a diagnosis, or the family members of adults who carry a diagnosis. You can read more about the peer support system of care in CSS 03. Additionally, there several local community-based organizations that also provide supports, such as the National Alliance on Mental Illness (NAMI). You can learn more about NAMI and find a local chapter here: https://www.nami.org/findsupport/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(49) Comment: Take My Hand, Brother to Brother, Riverside Health System

RESPONSE: Take My Hand is the peer chat support included as part of the last Innovation component plan, Help@Hand. INN or Innovation is a MHSA component designed to test new methods in behavioral health care to determine their efficacy prior to adoption into the overall service system. Help@Hand was an Innovation plan that expired in February of 2024. Many of the projects have been integrated into the greater MHSA plan including Take My Hand.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(50) **Comment:** Currently I am being trained at NAMI in hopes that it will prepare me for Certified Peer Support Specialist (CPSS).

RESPONSE: National Alliance on Mental Illness (NAMI) offers support and education to assist families and community members on better understanding mental illness, the behavioral health system, and how to partner with a loved one who has mental health challenges. RUHS-BH has an active partnership with NAMI and supports family integration into the treatment plan when recognized by the client. Congratulations on your journey! This is a great step. You can learn more about NAMI here: https://www.nami.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(51) **Comment:** Innovation, Having kiosks available and great way to locate useful resources and support.

RESPONSE: INN or Innovation is a MHSA component designed to test new methods in behavioral health care to determine their efficacy prior to adoption into the overall service system. The Tech Suite, also known as Help@Hand, was an Innovation plan that expired in February of 2024. Navigation and Education Kiosks were part of Help

and Hand. The kiosks will receive maintenance and upgrades as part of their continued contribution to integrating technology into behavioral health care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(52) Comment: Not too much to be honest. There needs to be more help for the young adults.

RESPONSE: Transitional Age Youth (TAY), ages 16-25, is a specialized system of care in RUHS and includes both targeted services and programs. You can read more about TAY services in CSS 01 and 02. TAY are also targeted in Prevention and Early Intervention. You can read more about these programs in PEI Workplan 04. Services for people of any age can be accessed by calling the CARES line: 1-800-499-3008.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(53) Comment: I would like for the family support groups to remain available always.

RESPONSE: Thank you for your support of the Family Advocate and family focused support resources. You can read more about the Family Advocate in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(54) **Comment:** Mental Health Urgent Care we need CSU + CRT for youth/children in Mid-County/Hemet

RESPONSE: Thank you for your support of the crisis system of care. Stakeholder feedback has been critical in the expansion of crisis response care options that include 24/7 mobile behavioral health crisis teams, law enforcement and therapist partnership response teams, regional Crisis Stabilization Units/Mental Health Urgent Cares, and crisis residential treatment. In additional to stakeholder feedback, program expansion is informed by data regarding use and outcomes, area risk data, and the concentration of other resources/health care access like the number of people who carry private insurance. You can read more about the Crisis System of Care in CSS 02.
Some mental health services and supports are also available through your local school district. Please contact your school's counseling services for more.
The integration of a continuum of care for children, including crisis residential care, is planned as part of the Mead Valley Wellness Village, scheduled to open by the end of 2026. You can learn more about the Village in the Capital Facilities and Technology chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(55) **Comment:** One on One mental health therapy

RESPONSE: Counseling and psychotherapy are foundational services in RUHS-BH programming.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(56) Comment: Family support groups

RESPONSE: Thank you for your support of the Family Advocate and family focused support resources. You can read more about the Family Advocate in CSS 03

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(57) Comment: The Arabic poetry night.

RESPONSE: Sponsorships and events that target cultural communities, invite awareness and dialogue around behavioral health that can otherwise be stigmatized or uncomfortable. These are typically developed or made in coordination with Cultural Community Liaisons, contracted to reduce service access barriers for traditionally underserved or at-risk populations. You can learn more about the liaisons and their subcommittees in the MHSA Community Planning and Review chapter of this document. Or by contacting: https://www.ruhealth.org/behavioral-health/cultural-competency-program

Thank you for your support of cultural informed outreach and education.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(58) Comment: All keep everything going the way it is, Mental Health is very important.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(59) **Comment:** Youth Therapy, Outreach

RESPONSE: Transitional Age Youth (TAY) is a specialized system of care in RUHS and includes both targeted services and programs. You can read more about TAY services in CSS 01 and 02. TAY are also targeted in Prevention and Early Intervention. You can read more about these programs in PEI Workplan 04.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(60) **Comment:** Medication assisted mental health services, peer to peer services, family support services, FSP.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(61) **Comment:** FSP/PEI/WET/Crisis unit/Eating Disorder/Training

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(62) **Comment:** CMHPP

RESPONSE: Community Mental Health Promoters Programs (CMHPP) provide culturally informed behavioral health outreach and education. You can read more about CMHPP in PEI Workplan 01.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(63) Comment: Family cultural programs, older adults

RESPONSE: You can read more about culturally informed, family focused behavioral health care education in PEI workplan 07. RUHS-BH has an older adult system of care. You can read more about the Older Adult System of Care in CSS 01 and 02.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(64) Comment: Implementing apps in our system of care like Take My Hand, A4i, recovery record. Also Man Therapy-all of these have been a huge success and have saved lives. I would like to see more group options and having them outside.

RESPONSE: INN or Innovation is a MHSA component designed to test new methods in behavioral health care to determine their efficacy prior to adoption into the overall service system. The Tech Suite, also known as Help@Hand, was an Innovation plan that expired in February of 2024. Many of the Help@Hand programs have been integrated into the overall service system. You can read more about these programs in the Innovation chapter of this plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(65) **Comment**: Senior behavioral health/group meetings, substance abuse, mental health issues

RESPONSE: RUHS-BH has an Older Adult System of Care that includes a continuum of programs specifically designed to meet the behavioral health needs of seniors. You can read more about the older adult system of care in both CSS 01 and CSS 02. Additionally, PEI has programs directed at First Onset of Symptoms in later life. You can read more about these programs in PEI Workplan 05.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(66) **Comment**: Therapy, case management.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(67) **Comment**: Group therapy and individual

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(68) **Comment**: All of my current groups serve to motivate me in moving forward on myself.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(69) Comment: Group therapy, monthly meetings

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(70) Comment: Support groups offered to consumers in outpatient setting. Offering Spanish services including therapy, groups, and outreach. Incentives for consumer participation.

RESPONSE: Thank you for your support of accessing care in the preferred language of the consumer. RUHS-BH had dedicated bilingual/Spanish positions. Workforce development includes strategic development of bilingual practitioners. You can read mor about these strategies in the WET chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(71) Comment: Crisis/Suicide helpline, API mental health resources, CMHPPs, Directing Change, PCIT, Partnerships w/Faith communities.

RESPONSE: You can learn more about the RUHS-BH Crisis System of Care in CSS Workplan 02. You can learn more about suicide prevention activities in PEI Workplan 01. You can learn more about cultural outreach

and service programs, including partnership with faith communities, in PEI workplan 01 and 07.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(72) **Comment**: Children's and TAY services are helpful. SAPT services are effective. Peer/Parent Partner/Family Advocate services are thriving and changing lives. Very excited for eating disorder services and the Wellness Village.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care. The newly approved Eating Disorder Intensive Outpatient and Training Program is a MHSA Innovation component plan. You can read more about the project in the Innovation chapter of this document. You can read more about the Mead Valley Wellness Village in the Capital Facilities and Technology chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(73) **Comment**: Behavioral Health Family Support Group at Blaine Street Clinic. Substance Family Support group meetings at Rustin Ave.

RESPONSE: Thank you for your support of family related programming in our outpatient system of care. You can read more about the Family Advocate program in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(74) **Comment**: Insured under Kaiser, the collaboration/partnership of having signing therapist (Dr. Wilson) to work with my teenage deaf daughter has been so helpful.

RESPONSE: The public health care system is designed for people who have the fewest resources and who have no insurance or are dependent on government insurance. Language is an important variable in service access. Identifying and reducing barriers to access is a primary goal of our Cultural Community Liaison for the Deaf Community.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(75) **Comment**: As the parent of a person with a serious mental illness, our experiences with the county MH system. Families have been limited in recent years; she became eligible for Medi-Medi would say that 20 years ago when she was first diagnosed, county "programs" were not of much help. For many of us, NAMi is the only thing that keeps us going.

RESPONSE: Parents and families have unique roles as the primary support in the lives of people who carry a behavioral health diagnosis. RUHS-BH has an active partnership with NAMI and supports family integration into treatment planning when recognize by the client. System navigation and support programs like Parent Support and Training and the Family Advocate have expanded over time using MHSA funding. You can learn more about these programs in CSS 03. You can also learn more about NAMI here: https://www.nami.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(76) **Comment:** Our daughter has been seeing her doctor at the Blaine Center of Riverside County and she is pleased with all the services she has available.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(77) **Comment:** The continued focus on PEI is an important aspect of behavioral health care in California is critical. This work leads itself to generational changes.

RESPONSE: Thank you for your support of Prevention and Early Intervention programs.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(78) **Comment:** Substance and family support groups, NAMI

RESPONSE: Thank you for your support of the RUHS-BH continuum of care. RUHS-BH has an active partnership with NAMI and supports family integration into treatment planning when recognized by the client.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(79) **Comment:** Riverside Mental Health Court, New Life Adult Clinic, Substance Abuse Program

RESPONSE: Thank you for your support of the specialized programing for consumers in the justice system and for substance abuse treatment and prevention. You can read more about justice involved programs in CSS 02.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(80) Comment: Blaine Street Clinic

RESPONSE: The Blaine St. Clinic is an adult services outpatient program in the West Region. Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(81) Comment: Have only recently become aware of MHSA/RUHS services

RESPONSE: Anyone who has an interest in behavioral health care in Riverside County is considered a community stakeholder. We all benefit when quality care is accessible to people who need it. Understanding the public continuum of behavioral health care is important even if a person has private medical insurance or other resources. There are multiple opportunities to learn more about behavioral health care and use your voice to shape them. In addition to the Behavioral Health Commission, each region has their own mental health board. These bodies were set up to ensure citizen oversight of services.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

PUBLIC COMMENTS

(82) **Comment**: The display cards show a good direction on all the platforms. They show an easy and direct to understand. Cross County collaboration gives variety expansion of help which is great.

RESPONSE: Thank you for your support of community education on programs and services.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(83) **Comment**: IEHP rides (transportation), holistic treatment/groups (focusing on mind, body, spirit), artistic side (art classes), community outreach evets.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care, supports, and outreach.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(84) **Comment**: I am currently new to knowing about the strengthening families' program. I've worked with about 25 families in the past few months and feel it's a great program due to its preventive based approach.

RESPONSE: Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) is a community based educational intervention aimed to strengthen the intergenerational relationships between immigrant parents and their school-age children and adolescents. You can read more about the program in PEI Workplan 07.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(85) Comment: Please keep programs that help youth with trauma exposed services such as seeking safety. Another great program that is helpful is the strengthening families' program.

RESPONSE: Thank you for your support of trauma informed programs and services. You can read more about Trauma-Exposed Prevention and Early Intervention plan in PEI Workplan 06.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(86) Comment: Anything that helps those who are "stuck in the middle" i.e., those who are not in serious mental health danger but need help and cannot wait months to see someone.

RESPONSE: The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. Prevention and Early Intervention programs are designed for people who do not carry a diagnosis or who have been experiencing non-critical symptoms for less than a year. The majority of clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(87) **Comment**: National alliance on mental illness (NAMI) the peer-to-peer course started me on recovery (after 12 years of medications that didn't work), also family to family.

RESPONSE: Thank you for your support of family and peer programs and services. You can read more about peer programming in CSS 03. RUHS-BH ha an active partnership with NAMI and supports family integration into treatment plan when recognized by the client. You can learn more about NAMI here: https://www.nami.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(88) **Comment**: BH clinics (outpatient), staff training and development, student internship program, peer supports/parent partners

RESPONSE: Thank you for your support of outpatient continuum of care (CSS 01 and 02), peer services (CSS 03) and workforce development (WET)

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(89) **Comment**: Peer support programs are helping and hope they stay forever. The stories of consumers turned to peers who also turn into successful members of society are heartwarming and give hope about where stakeholder money is going to.

RESPONSE: Thank you for your support of peer programs. You can read more about the RUHS-BH peer support care system in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(90) Comment: I like services that are created and initiated from the beginning with the community's input. Instead of pushing through programs on public purchase without our input.

RESPONSE: The community participation process, also known as the stakeholder process, is an essential element of MHSA. You can learn more about the variety of committees that are designed to provide information, discuss behavioral health care needs, and seek your feedback in the MHSA Community Planning and Local Review chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(91) Comment: Peer to peer services, supporting non-profits offering MH services. Street outreach programs.

RESPONSE: You can learn more about peer services in CSS 03. All organizations meeting county procurement guidelines can submit a bid during a Request for Proposal period. Non-profit organizations can read more about the procurement and getting started resource documents here: https://purchasing.co.riverside.ca.us/

Thank you for your support of RUHS-BH outreach strategies and efforts. Key outreach efforts are conducted by FSP (CSS 01), Homeless Outreach Teams (CSS 04), and PEI (Workplan 01).

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(92) **Comment**: I think each of the 5 sectors are of great importance. Our entire nation is in the midst of a mental health crisis, we should be adding funding, not reducing funds and services.

RESPONSE: Thank you for your support of behavioral health care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(93) **Comment**: I loved learning about all the wonderful prevention and early intervention programs you offer. I loved the Suicide Prevention Coalition, and it looks to be making a great change in our county. The new website looks amazing too! I really hope the BHSA keeps these services for my community.

RESPONSE: Thank you for your support of PEI programming. You can learn more about the Suicide Prevention Coalition and how to become involved at: https://www.rivcospc.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(94) **Comment**: I found that the talk service through the phone useful because it's so accessible

RESPONSE: RUHS-BH has a number of "warm lines" that can assist callers to receive care for non-crisis needs. These include: the Cares Line (800-499-3008); The Family Advocate (800-330-4522); and Parent Support for Minor Children (888-358-3622). For people who require crisis support, they can reach the crisis teams through 951-686-HELP.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(95) Comment: PEI

RESPONSE: Thank you for your support of Prevention and Early Intervention programming.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(96) Comment: Therapy, Medicine, psychiatrists and support groups

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(97) Comment: Mobile services and family support groups

RESPONSE: You can learn more about Riverside's Mobile Crisis Response Teams in CSS 02. You can learn more about family support groups through the Family Advocate in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

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**: Allow family members to be allowed private information regarding our loved one, when they clearly require help and support.

RESPONSE: Confidentiality is determined by law. General information regarding behavioral health care navigation or general diagnosis and treatment education can be provided, but not as it pertains to any identified individual without their consent. Some care options for people who do not voluntarily seek care have expanded under Laura's Law and CARE court. You can learn more about these Justice Involved programs under CSS 02.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(2) **Comment:** Missing: Psychodynamic therapy and also somatic classes to increase body-mind awareness. Also, does the county have any programs to address animal hoarding? This is a real mental health issue with big consequences.

RESPONSE: Therapeutic interventions strategies are determined by program model and site. Long Term psychodynamic therapy is typically no longer a standard in both private and public behavioral health care. Some programs have integrated somatic treatments into their clinic offerings – from yoga and mindfulness to Eye Movement Desensitization and Reprocessing (EMDR). If you have additional recommendations, please share your ideas with your program or provider. Animal Hoarding can be a form of Obsessive Compulsive Disorder. Service and treatment options would be determined after a formal intake assessment and the individual needs presented.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(3) **Comment:** I would like to see services move into modern times you should offer text appointment reminders and digital check-in. Telehealth services and services that are done in the home. Making lobbies more friendly. Offering incentives for participating in services.

RESPONSE: Introducing modern technology to support recovery plans in behavioral health care was the focus of the Help@Hand Innovation Project. Telehealth appointments are available at most outpatient programs. You can learn more about the variety of projects within that Help@Hand plan in the Innovation chapter of this document. RUHS-BH has piloted a text notification process with limited clinics.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25 and requests a progress report on technology and text integration into the service system.

(4) **Comment:** More services in Spanish. I want to see the American Sign Language peer support hotline that was in trial return. More funding to the Eating Disorder Program.

RESPONSE: RUHS-BH is committed to ensuring services are provided in the preferred language of the client. We have a large bilingual workforce. You can read more about bilingual therapist development in the WET plan. Please inform your program of your interest in more Spanish language services. The Take My Hand live peer chat continues to operate, including with ASL speaking peers. Your support of the program will be provided to the program manager. The recently approved MHSA Innovation plan is for an Eating Disorder Intensive Outpatient and Training Program. This is a 29-million-dollar project over the next 5 years.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(5) **Comment:** There are not many support services for older women who experience eating disorders. Suicide prevention services are generally geared towards those in crisis who are actively planning suicide but those who are close are not able to receive immediate help before they reach a point of suicidal activity.

RESPONSE: Eating Disorders have the second highest mortality rate of all behavioral health disorders after opioid addiction. Your comment will be passed onto the manager of our eating disorder programs. Prevention and Early intervention plans include support of trauma-informed systems and the development of protective factors. These are community and system changes, but services for people experiencing the early signs and symptoms of distress, depression, and behavioral health needs that can lead to suicidal ideation can receive care to treat signs before they develop to a crisis state. You can learn more about the spectrum of suicide prevention via the PEI supported Suicide Prevention Coalition: https://www.rivcospc.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(6) **Comment:** I would like to see more Muslim, and MENA mental health professionals made available to me**.** Someone who understands my cultural and religious background is critical to me receiving the care I need. I've yet to be provided one.

RESPONSE: Mutuality and cultural competency are a critical component of care. Increasing the number of diverse applicants into the public behavioral health workforce is a goal of the WET plan. RUHS-BH also contracts with a MENA (Middle Eastern/North African) Liaison whose role is to assess barriers to access for the MENA community, recommend solution, and develop related planning. You can learn more about MENA outreach and activities in PEI Workplan 01. Your comment will be provided to the MENA community liaison and the Cultural Competency Unit.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(7) **Comment:** Lack of understanding of Muslim specific values, principles when providing counseling, and easily accessible facilities.

RESPONSE: Mutuality and cultural competency are a critical component of care. Increasing the number of diverse applicants into the public behavioral health workforce is a goal of the WET plan. RUHS-BH also contracts with a MENA (Middle Eastern/North African) Liaison whose role is to assess barriers to access for the MENA community, recommend solution, and develop related planning. You can learn more about MENA outreach and activities in PEI Workplan 01. Your comment will be provided to the MENA community liaison and the Cultural Competency Unit.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(8) **Comment:** More diversity for behavioral health specialists (race, sex and religion, and language) Easier way to make appointment.

RESPONSE: Mutuality and cultural competency are a critical component of care. Increasing the number of diverse applicants into the public behavioral health workforce is a goal of the WET plan. RUHS-BH has 10 cultural community liaisons whose role is to assess barriers to access for their respective communities, recommend solution, and develop related planning. You can learn more about liaison outreach and activities in PEI Workplan 01.

Appointments for behavioral health care can be accessed through one central phone number: The Cares Line at 1-800-499-3008.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(9) **Comment:** Language and culture are a big barrier. It's important to have people familiar with our culture to have adequate help for the older generation mental health barrier. They can't get therapy if they can't communicate.

RESPONSE: Mutuality and cultural competency are a critical component of care. Increasing the number of diverse applicants into the public behavioral health workforce is a goal of the WET plan. RUHS-BH has 10 cultural community liaisons whose role is to assess barriers to access for their respective communities, recommend solution, and develop related planning. You can learn more about liaison outreach and activities in PEI Workplan 01.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(10) **Comment:** Community based workshop for Arab/Muslims to bring community together.

RESPONSE: RUHS-BH, through PEI plan funding, provides specific outreach and education to the Middle Eastern/North African (MENA)community. This includes a dedicated MENA Community Liaison for behavioral health care, and a Mental Health Promoters Program. These programs support and develop culturally informed behavioral health education to the MENA community. You can learn more about these programs in PEI Workplan 01.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(11) **Comment:** Need more behavioral health programs that cater towards Muslim mental health needs. More Muslim women/men behavioral health specialists for their community.

RESPONSE: Thank you for your support of the Muslim and MENA community. Mutuality and cultural competency are a critical component of care. Increasing the number of diverse applicants into the public behavioral health workforce is a goal of the WET plan. RUHS-BH also contracts with a MENA (Middle Eastern/North African) Liaison whose role is to assess barriers to access for the MENA community, recommend solution, and develop related planning. You can learn more about MENA outreach and activities in PEI Workplan 01. Your comment will be provided to the MENA community liaison and the Cultural Competency Unit.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25 and requests a report on which demographics are collected by the Department.

(12) **Comment:** Need more shelters and food banks as well as good after school programs for the youth.

RESPONSE: Shelters, food banks, and after school programs are not typically part of the behavioral health system of care. MHSA funded programs utilize and coordinate with these programs. RUHS-BH has programs that interface with schools, and provide some forms of emergency housing as part of the HHOPE program. You can learn more about HHOPE in CSS 04.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(13) **Comment:** There should be more effort in correctly finding the "right" treatment for an individual. Ex: Matching patient to therapist and not randomly assigning.

RESPONSE: Having good therapist/client fit is important for creating relationship and rapport. All clients in the RUHS-BH system have the option to request a new or alternate provider within their program.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(14) **Comment:** Lack of resources in our community (Hemet) Lack of Spanish speaking staff. Especially CT's and MD's Clinic (Hemet) environment. Lack of transportation. Lack of TAY and Children's MH urgent care. Lack of childcare for clients.

RESPONSE: The Development of behavioral health resources is a collaboration of county, city, and sometimes private sector authorities and funding. Each of these can pose barriers to opening or expanding programs.

There is a shortage of mental health professionals; therapist and psychiatrists with diverse backgrounds and abilities are even harder to recruit. The Inland Empire has one of the largest shortages in the State. Riverside County employees over 50% of the available psychiatrists in the county. RUHS-BH pays a differential to therapists to increase recruitment, and Spanish speaking therapist receive an additional differential due to their bilingual ability. Diversifying the workforce is a primary goal of the WET plan. You can learn more about workforce development in this area by reading the WET plan in this document.

Transportation supports vary based on program and provider. Please talk with your provider about transportation options.

Childcare is not a standard service in the behavioral health care system.

The Mid-County and Desert Urgent Care Centers can admit TAY youth.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(15) **Comment:** All of them are useful and helpful for the patients' families.

RESPONSE: Thank you for your support of the RUHS BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(16) **Comment:** Please engage the community-we need to educate everyone about your services.

RESPONSE: RUHS-BH has active community advisory meetings countywide. You can read more about these meetings in the Community Planning and Local Review chapter of this document. RUHS-BH also has an active social media presence on the primary social media platforms. You can read more about social media engagement under Community Education on Programs and Resources in the WET plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(17) **Comment:** Services are limited not under use

RESPONSE: RUHS-BH has an extensive continuum of care that includes Prevention and Early Intervention, Outpatient Care, Crisis Response, Full-Service Partnerships, and acute levels of care. You can learn more about these services by reading the CSS and PEI chapters of this plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(18) **Comment:** It would be beneficial to have the ability to easily find mental health services that are specific to my community what they might be going through. Example: easily finding a Muslim therapist

RESPONSE: The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. Most clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

Diversifying the public behavioral workforce is important and is a primary goal of the WET plan. You can read more about WET programs in the WET chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(19) **Comment:** More Afghan therapists

RESPONSE: Diversifying the public behavioral workforce is important and is a primary goal of the WET plan. You can read more about WET programs in the WET chapter of this document. The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. Most clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(20) **Comment:** Would like to have a therapist, psychiatrist, etc. that has knowledge on what it is like to be a Muslim or a revert.

RESPONSE: Diversifying the public behavioral workforce is important and is a primary goal of the WET plan. You can read more about WET programs in the WET chapter of this document.
The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. Most clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(21) **Comment:** Would like to get service close to me.

RESPONSE: Riverside County is a large geographic region with frontier, rural, and metropolitan population densities. Land sprawl can make it difficult to have neighborhood clinics. RUHS -BH is committed to reducing the barriers to access. You can learn more about the location of programs here: https://www.ruhealth.org/map-locations

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(22) **Comment:** We prefer therapist who understands Muslim culture and respects religious beliefs.

RESPONSE: Diversifying the public behavioral workforce is important and is a primary goal of the WET plan. You can read more about WET programs in the WET chapter of this document.

Mutuality and cultural competency are a critical component of care. Increasing the number of diverse applicants into the public behavioral health workforce is a goal of the WET plan. RUHS-BH also contracts with a MENA (Middle Eastern/North African) Liaison whose role is to assess barriers to access for the MENA community, recommend solution, and develop related planning. You can learn more about MENA outreach and activities in PEI Workplan 01. Your comment will be provided to the MENA community liaison and the Cultural Competency Unit.

The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. The majority of clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(23) **Comment:** I prefer to get services from Muslim therapists who understand my social needs.

RESPONSE: Diversifying the public behavioral workforce is important and is a primary goal of the WET plan. You can read more about WET programs in the WET chapter of this document. Mutuality and cultural competency are a critical component of care. Increasing the number of diverse applicants into the public behavioral health workforce is a goal of the WET plan. RUHS-BH also contracts with a MENA (Middle Eastern/North African) Liaison whose role is to assess barriers to access for the MENA community, recommend solution, and develop related planning. You can learn more about MENA outreach and activities in PEI Workplan 01. Your

comment will be provided to the MENA community liaison and the Cultural Competency Unit.

The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. Most clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(24) **Comment:** All behavioral health services are beneficial. Definitely more counseling services in many different languages of the community.

RESPONSE: Linguistic and cultural competency is an essential element of MHSA. Diversifying the public behavioral workforce is important and is a primary goal of the WET plan. You can read more about WET programs in the WET chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(25) **Comment:** There should be more therapists in Perris City who understand Muslim culture.

RESPONSE: Diversifying the public behavioral workforce is important and is a primary goal of the WET plan. You can read more about WET programs in the WET chapter of this document.

Mutuality and cultural competency are a critical component of care. Increasing the number of diverse applicants into the public behavioral health workforce is a goal of the WET plan. RUHS-BH also contracts with

a MENA (Middle Eastern/North African) Liaison whose role is to assess barriers to access for the MENA community, recommend solution, and develop related planning. You can learn more about MENA outreach and activities in PEI Workplan 01. Your comment will be provided to the MENA community liaison and the Cultural Competency Unit.

The continuum of care for public behavioral health includes prevention and early intervention programs, outpatient and crisis response care, and acute levels of care that can include hospitalization and conservatorship. Most clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(26) **Comment:** Teaching Islam for free.

RESPONSE: RUHS-BH supports a recovery and treatment planning that includes spirituality for clients who incorporate the spirituality of their choice into their wellness.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(27) **Comment:** Personally, I would like to see more support and recovery for individuals that have a "290" charge on them; as well as more housing opportunities (sober living) homes.

RESPONSE: RUHS-BH care system includes justice involved programs such as our New Life clinics and Cooperative Courts. RUHS-BH has a continuum of care for people seeking substance abuse recovery that includes outpatient care, sobering center, detoxification, and residential treatment.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(28) Comment: Not adequate grief support trauma training for professionals, caregivers. Core MH services need to be easier to access.

RESPONSE: RUHS-BH care can be accessed via a central phone number called the CARES line: 1-800-499-3008. Workforce Education and Training supports several evidence-based practices addressing trauma including Trauma Informed Systems, Seeking Safety, Trauma Informed Cognitive Behavioral Therapy, and Eye Movement Desensitization and Reprocessing. You can learn more about these practices in the WET chapter of this plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(29) Comment: Disability student services

RESPONSE: RUHS-BH partners with disabled student services and special education programs within school districts to support the needs of children and youth with behavioral health challenges, but disabled student services are not offered in the behavioral health service system.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(30) Comment: Riverside Urgent Care

RESPONSE: Each service region of the county has a Mental Health Urgent Care – West (Riverside), Mid-Co (Perris) and Desert (Palm Springs). Concerns regarding program operation can be addressed to the program directly, and to the RUHS Quality Improvement office: https://www.ruhealth.org/behavioral-health/quality-improvement

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

PUBLIC COMMENTS

(31) **Comment:** Peers for elderly/home bound are missing

RESPONSE: Clients of RUHS-BH have access to certified peer support specialists. You can learn more about programming in CSS 04. All outpatient clinic programs, and many PEI programs have a telehealth option. You can read more PEI programs specific to older adults in PEI 05: "First Onset for Older Adults." FSP and outpatient case management provide field-based services. You can learn more about the Older Adult System of Care in CSS 01 and 02.

MHSA funding is for services within the public behavioral health continuum of care. Homebound elderly who do not participate in public behavioral health care may want to consider reviewing community resources through the Office on Aging: https://rcaging.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(32) **Comment:** The MHSA should allow programs to be repeatable if participating members wish for it.

RESPONSE: MHSA is a primary funding stream for the public behavioral health care system. It has its own rules and regulations regarding what can be funded. Most programs in RUHS-BH are the result of braided funds – having more than one funding stream that makes up their budget. MHSA plan development and overall department program development coincide. Programming is developed using stakeholder feedback, community risk data, and program outcome data. Most MHSA programs are rolled over each year into the next MHSA plan to avoid service disruption, but some programs can end or be reinvented based on data and feedback.

PEI programs are designed around prevention. Program goals are to serve unduplicated participants to maximize the benefit to as many community members as possible. Some participants may repeat a program in another fiscal year or upon family changes (i.e. a parent who took a program for their child now wants to take

the same program for adolescents as their child develops). But, if someone requires repeated supports, they may need a support or treatment program designed for people with on-going needs. We encourage these participants to be screened for a higher level of service.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(33) **Comment:** An orientation class for patient

RESPONSE: Some programs have orientation or welcoming meetings to help clients understand services and program navigation. If your program would benefit from an orientation group, please inform your provider of your interest.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(34) **Comment:** Harm reduction when it comes to substance abuse issues.

RESPONSE: RUHS-BH takes a harm reduction approach to Substance Abuse Prevention and Treatment programs.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(35) **Comment:** One on one counseling or more private.

RESPONSE: The service delivery options available at each program is dependent on the purpose and practices of the program. One to one therapy is a foundational service in most clinic settings. If you are concerned about privacy and confidentiality, please notify the program supervisor or program staff. Confidentiality is a basic right of law. If you have concerns that privacy has not been maintained, please contact the

Quality Improvement office: https://www.ruhealth.org/behavioral-health/quality-improvement

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(36) **Comment:** PEI Mobile Services use funding to expand the clinic maybe? Too much of a crossover.

RESPONSE: Mobile services are often used to increase service access, especially in areas that are more greatly affected by sprawl. These services are designed to assist clients who might not otherwise be able to reach care, or who require care in the community due to their level of distress.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(37) **Comment:** I would like to see a BH transportation service for those that have to use the bus system. Not a CSA or Peer going into a county car to pick up a consumer but maybe a van or small bus specifically for our consumers.

RESPONSE: Transportation is an access barrier in a large geographic county. Some city services and insurance programs provide transportation to medical appointments. Check with your program for local resources. Your recommendation will be provided to the Deputy of Adult and Older Adult Systems of Care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(38) **Comment:** No ASL providers, recruiters [event flyers] often have no ASL on promos.

RESPONSE: Some programs have ASL speaking staff. All programs have access to ASL interpretation. Department events have increased ASL interpretation over time but can certainly do better. RUHS-BH has a dedicated Community Liaison to the Deaf and Hard of Hearing Community, and we will continue to work to improve access for the ASL speaking population.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(39) **Comment:** Not too much about a specific service, but it seems men (especially fathers) are underserved; I'd like to see more targeted outreach and accommodations toward engaging men and fathers in much needed services.

RESPONSE: Men are traditionally difficult to reach when it comes to behavioral health care. PEI has targeted media outreach to men and their supporter system. More recently, the Innovation Plan, Help@Hand, had a men's engagement and education campaign called Man Therapy. It was very successful! You can read more about Man Therapy in the Innovation chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(40) **Comment:** Housing seems to be ineffective (this speaks to a larger issue. There's no affordable housing to be had) Major gaps in services include Support for trafficking survivors (nothing exists as far as I know); also services for undocumented folks.

PUBLIC COMMENTS

RESPONSE: You can learn more about housing and homeless outreach programs in CSS 04. A prior Innovation plan was designed to provide a dedicated service team to serve youth victimized by trafficking. It ended early due to findings: due to legal protections and keeping victims away from traffickers, clients were frequently moved out of the area disrupting services. Additionally, it was challenging for staff to have caseloads that were all victims of trafficking due to the vicarious trauma of working only with youth who experienced such acute abuse. Services for victims of trafficking remain, but instead of having one dedicated program, staff with trauma expertise are integrated into clinic programs across services systems to reduce vicarious trauma and increase access to specialized care.

All people who meet Department target population to be served receive behavioral health care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(41) **Comment:** Gaps: When my daughter is placed to a behavioral health hospital, through BedFinder under Kaiser's ER System, not all hospitals she went to are prepared to have a deaf client. they don't have video relay interpreter services with iPads - not familiar with the request for ASL interpreters. Many time she couldn't participate in group therapy because of no interpreter.

RESPONSE: Thank you for your support of the Deaf and Hard of Hearing Community. Kaiser serves some public behavioral health clients if the client has Kaiser Medi-Cal, otherwise, Kaiser is not part of the public behavioral health service system. Access is a major barrier to competent care of any kind, and language is a primary area of access. There is much advocacy and awareness to do in multiple systems of health care and health insurance coverage.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(42) **Comment:** I live in San Jacinto, across the street from a park where people in crisis often turn up; we need access to crisis teams who can provide meaningful response to help these folks-beyond the triggering event.

RESPONSE: Any emergency behavioral health needs should always be brought to the attention of 911. Emerging needs can be addressed by mobile crisis teams which can be accessed 24/7 through 951-686-HELP. The non-crisis outreach needs of people who are homeless who have behavioral health needs can be address to homeless outreach teams. You can learn more about these teams in CSS 04.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(43) **Comment:** We need more family advocates for after hours. Our family recently experienced some difficulties to help our loved one to accept mental and addiction help during an acute incident at home

RESPONSE: For circumstances that are crisis oriented, you can now access a crisis team response 24/7 by calling: 951-686-HELP. You request for more Family Advocates will be provided to the manager over the Family Advocate Program. You can read more about the peer support system of care in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(44) **Comment:** Since I have been involved there hasn't been one behavioral health services that haven't been helpful to me or my family.

RESPONSE: Thank you for your support of the behavioral health care service system.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(45) **Comment:** I have found all my services helpful.

RESPONSE: Thank you for your support of the behavioral health care service system.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(46) **Comment:** I have found that most of the services funded by MHSA are not helpful or beneficial for communities. I voted in favor by MHSA decades ago, but the progress hasn't been significant. I believe that may be because mental health issues cannot truly be prevented through government funding. It requires a significant societal change to foster positive progress. Also, when RUHS releases bids for programs under MHSA the entire process feels so bureaucratic and it's clear the program and requirements weren't created with our feedback. I work for a local mental health nonprofit agency and after a decade there, I noticed RUHS doesn't consult with us to create programs.

RESPONSE: Wellness is certainly layered and is impacted by all domains of daily life and social determinants of health. MHSA is the second largest funding stream for RUHS-BH programs – it is rare RUHS-BH program that has no MHSA funding. MHSA services include Full-Service Partnerships, Crisis Mobile Teams, Mental Health Urgent Care, Cooperate Courts, peer services, evidenced based practices, and much more.

Procurement is a central county process that standardizes proposals and bidding across all county departments. The proposal process is extensive and can be a particular hurdle for small or grass roots organizations. MHSA regulatory requirements such as data protocols or program definitions are often defined by state regulation and can't be changed. These can be taxing for everyone. You can provide feedback about small organization experience to central procurement through their website: https://purchasing.co.riverside.ca.us/ .

Small businesses can also receive coaching on government contract procurement and compliance through the Small Business Administration: https://www.sba.gov/local-assistance/resource-partners/score-business-mentoring#id-what-is-score

RUHS-BH has had an active community participation process since implementation that has included community focus groups and on-going community advisory committees. Some smaller recommendations can be readily adopted, but larger ideas of big new programs require greater community support. Program recommendations must also fall within regulatory guidelines. This can take time and advocacy to get ideas heard. Stakeholder feedback was a driving force in the development and expansion of the crisis and urgent care system, which was once only limited to police responders and the psychiatric emergency room.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(47) **Comment:** Perhaps a greater amount of mobile crisis teams and greater availability in the PM hours-8 pm-12 am. And also expanded CBAT hours daily and CBAT teams.

RESPONSE: As of December 31, 2023, mobile crisis response teams are now available 24/7 all year round. Teams can be access by calling 951-686-HELP.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(48) **Comment:** Need more health therapist for each of our Mental Health diagnosis. Need more therapists for those in different board and care (behavioral services)

RESPONSE: Therapists in the public behavioral health care system are generalists, typically providing care to a variety of presenting needs and

people with different diagnoses. Specialty care clinicians are developed based on program model and practice. You can read more about training therapist in Evidence Based Practices in the WET chapter of this plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(49) **Comment:** Support for families of African American disabled veterans with mental/behavioral health issues. Support for caregivers of African American disabled siblings with behavioral health issues.

RESPONSE: Cultural Competency is an essential element of MHSA. Family Support can be access through the Family Advocate Program at: https://www.ruhealth.org/behavioral-health/pss/family-advocate-program

RUHS-BH has an active partnership with Riverside County Veteran Services. You can learn more about Veteran Service Centers here: https://rivcoveterans.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(50) **Comment:** The service has been well directed and pleasant. The process of developments in the health system has seem to be precise and dedicated. Maybe hire an expert music artist to create a positive energy source to give to all clients and consumers.

RESPONSE: Thank you for your support of the behavioral health care service system.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(51) **Comment:** Lobby/clinic environment can be improved, more staff, cutting down the trees (loss of therapeutic environment), OA staff, security

RESPONSE: Your feedback and ideas can be voiced through committees under the Behavioral Health Commission, the regional Mental Health Boards, or the cultural subcommittees under the Cultural Competency program. You can learn more about these programs under the MHSA Community Planning and Local Review section of this plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(52) **Comment:** I've noticed that services that require downloading mental health apps does not serve populations that are low-income utilizing Obama phones. There's always a cell phone issue.

RESPONSE: Your feedback will be provided to the IT Manager who managed the Help@Hand Innovation plan. Some of the Help@Hand programs allowed participants to check-out devices. You can read more about Help@Hand under the Innovation chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(53) **Comment:** Never qualify for services. NAMI saved my life! I completed each course, including learning to present my story to others. Each step I took moved me closer to full recovery. NAMI should be fully funded as a county program. (MHSA)

RESPONSE: Congratulations on your course completion! Story telling can be a powerful tool of healing and education. RUHS-BH has a cooperative relationship with The National Alliance on Mental Illness (NAMI) and supports family integration into the service support system.

PUBLIC COMMENTS

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(54) **Comment:** Need to be more emphasis on serving our veterans and connect them to services. It seems there is more emphasis on reaching a very low percentage of the population of Riverside such as homeless, cultural groups and LGBTIQQ youth.

RESPONSE: Riverside County has a no wrong door approach for Veteran's facing behavioral health challenges. Program supports include a dedicated Veteran's Services Liaison position, Veteran's Court, and clinic programs that accept military insurance. Veterans can also be homeless and can come from diverse cultural populations. RUHS-BH welcomes everyone into care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(55) **Comment:** Need a more of an open-door policy so a mentally ill person can come get help without waiting. Schizophrenic can feel safe. Never in a closed environment, and more help for the homeless on the streets.

RESPONSE: Appointments and treatment schedules are designed to organize provider time and maximize the use of service staff. Walk-in services exist in most clinics but are typically limited to immediate problem solving and connection to on-going care. Some support resources, like the Peer Resource Centers, may have more flexibility, and mobile outreach teams often see people in the field to engage and connect to care. You can read more about MHSA funded Housing and Homeless services in CSS 04.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(56) **Comment:** I would just like to see more programs that focus on the African American community due to the increase in suicide with African American males. I'm interested to know more about such programs. I would want to see a mental health wellness center for Black/African American community members. I do believe that each community would benefit from a specific place to go to meet their needs. I would also like to see more programs in schools due to wellness centers decreasing in general.

RESPONSE: Cultural Competency is an essential element of MHSA. RUHS-BH has an African American cultural community liaison (CCL) who assesses service access barriers and needs and develops plans to help address service disparities. Your comment will be provided to the African American CCL.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(57) **Comment:** Limited office hours needs to offer in non-traditional hours.

RESPONSE: Service and office hours can vary by program and program type. Contracted managed care providers may also have non-traditional hours if you require them. Please address your needs with our program staff or call the CARES Line to determine if there is a provider in your area that better meets your service hours request: 1-800-499-3008.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(58) **Comment:** As an Israeli American who lives in Riverside County, I don't feel welcome or comfortable going to a cultural meeting for the MENA community when the name of the group is called Mecca. That is LITERALLY the name of the Islamic holy city and you mean to tell me that's inclusive?! Then I read the meeting minutes posted on your website and it was all about serving the Muslim community. There was also no mention of Christians or Jews who live in the

Middle Eastern and North African area. Will you change the group's focus, name and logo to be inclusive of the diverse populations that make up the Middle Eastern and North African communities like not just those who identify as Muslim.

RESPONSE: Cultural Competency is an essential element of MHSA. The diversity and inclusion of all Riversiders is important, and that includes within communities as well. MENA community outreach is new to underserved cultural community outreach, and addressing the diversity of MENA needs continues to evolve. Subcommittees are contracted by cultural community liaisons. Liaison contracts have been updated to include that the CCL "should make all reasonable effort to include all members, ethnicities, nationalities, identities, and demographic representation form the Riverside County population they have been hired to serve." Your concern will be addressed with the MENA community CCL.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(59) **Comment:** I feel that more services need to be provided for the homeless population and the senior population

RESPONSE: Thank you for your support of these vulnerable populations. You can read more about the Older Adult System of Care in CSS 01 and 02. You can read more about homeless and housing services in CSS 04. Your ideas to better serve these populations can be heard at dedicated meetings under the Behavioral Health Commission which include the Older Adult System of Care committee and the Housing committee.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(60) **Comment:** I believe the youth should be introduce to mental health and mental wellness asap.

RESPONSE: Prevention and Early Intervention (PEI) programming is required to target 51% of funding on youth (under age 25) and their families. Outreach and

education of this population is a key strategy to address stigma and address help seeking. You can read more about PEI programming in the PEI chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(61) Comment: Youth health centers, therapists, bilingual doctors, urgent care services, transportation and faster processing.

RESPONSE: It appears that you have several great ideas! Your feedback and ideas can be voiced through committees under the Behavioral Health Commission, the regional Mental Health Boards, or the cultural subcommittees under the Cultural Competency program. You can learn more about these programs under the MHSA Community Planning and Local Review section of this plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(62) Comment: I find the 24/7 mobile crisis services very useful, and it is very important and gives us a lot of peace of mind for us with a family member with a mental condition.

RESPONSE: Thank you for your support of the crisis system of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(63) Comment: I wish there were more experts on people with addictions who focused more on the person.

RESPONSE: Whole Person Care is an essential philosophy under MHSA. Traditionally, Substance Abuse treatment programs were not funded under MHSA. This had some regulatory change over time and is essential

in the new Behavioral Health Services Act (BHSA). Your comment will be provided to the manager over Substance Abuse Prevention and Treatment.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

What other thoughts or comments do you have about behavioral health services or about the MHSA plan?

(1)Comment: Why are program approved taking so long to implement why are they getting pushed back.

RESPONSE: Planning and implementation timelines can be determined on several variables, depending on the project. Projects can be delayed because of resource and staff shortages, regulatory changes, city/county/organization negotiations, permits and approvals, funding, and unforeseen development problems.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25

(2) **Comment**: Please increase access to zoom meetings by providing captions. My computer does not like MS Teams.

RESPONSE: Closed captions are beneficial to understanding virtual discussions. Your comment will be provided to the RUHS-BH IT Manager and the Riverside County DEI Officer.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(3) **Comment:** Training staff with different modalities and specialized care for line staff. I would like to see more modalities of involvement tailored to the youth to be offered to increase their self-advocacy.

RESPONSE: RUHS-BH uses many evidenced-based treatment models. These are typically designed to address a specific mental health challenge, like resolving trauma or managing the symptoms of an eating disorder. You can read more about the evidence-based practice in the MHSA plan under the (Workforce Education and Training) WET chapter. Specific modalities and practices can be recommended to the WET manager.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(4) **Comment:** There is a need for additional providers (MD/DO) who look like the community (i.e., BIPOC)

RESPONSE: Mutuality and worldview can be powerful tools in treatment. The nation, including California, faces mental health professionals' shortages. The Inland Empire remains particularly vulnerable. RUHS-BH employees over 50% of the available psychiatrist in the region. Psychiatrists and prescribers who reflect the diversity of the community are at even greater shortages and in high demand. You can read about MHSA funded workforce development in the WET plan.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(5) **Comment:** They should be targeted towards marginalized groups.

RESPONSE: Cultural Competency is an essential element of MHSA. You can read more about the outreach to underserved communities in PEI plan 01 and 07. RUHS-BH has a Cultural Competency Program which

manages a Reducing Disparities committee. If you would like to learn more about the committees in Cultural Competency, please contact: https://www.ruhealth.org/behavioral-health/cultural-competency-program

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(6) **Comment:** Please advertise your services as much as you can

RESPONSE: Thank you for your support of Behavioral Health Care. RUHS-BH has an active website and a social media presence on all major social media. We also host or attend community outreach and education events. Specific mental health awareness media campaigns and kiosks were featured in the Innovation Help@Hand project. The UP2Riverside campaign is part of the PEI plan. It includes mental health awareness advertisements in print, radio, and streaming media. You can learn more about the campaign here: https://up2riverside.org/

Advertising is always a good start. Conversation is even more powerful. We all must do this together to destigmatize behavioral health, encourage help seeking, and risk the vulnerability of sharing our own stories with those who might judge us. Shame transforms when we no longer talk in secrets.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(7) **Comment:** I think free counseling sessions would be a wonderful idea. RUHS should attend high school and college events to advocate and raise awareness about their services. Collaborative with Muslim Student Association (MSA).

RESPONSE: The majority of clients who receive ongoing care from RUHS-BH have a chronic mental illness and also have few resources, no insurance, or rely on public forms of health insurance such as Medi-Cal. Some Prevention and Early Intervention programs are designed to engage the general community.

Outreach to parents and families, to schools, to transition age youth are standard approaches in the RUHS-BH community engagement. Underserved cultural groups are additionally represented by cultural community liaisons and community mental health promoters. Working collaborating with student organizations is always a great idea! You can read more about cultural community outreach in PEI Workplan 01.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(8) **Comment:** I wish there was more publicity because there are many people who do not know that there are many services for mental health care.

RESPONSE: Thank you for your support of Behavioral Health Care. RUHS-BH has an active website and a social media presence on all major social media. We also host or attend community outreach and education events. Specific mental health awareness media campaigns and kiosks were featured in the Innovation Help@Hand project. The UP2Riverside campaign is part of the PEI plan. It includes mental health awareness advertisements in print, radio, and streaming media. You can learn more about the campaign here: https://up2riverside.org/
Advertising is always a good start. Conversation is even more powerful. We all have to do this together to destigmatize behavioral health, encourage help seeking, and risk the vulnerability of sharing our own stories with those who might judge us. Shame transforms when we no longer talk in secrets.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(9) **Comment**: I think it's a very good plan.

RESPONSE: Thank you for your support of the RUHS-BH continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(10) **Comment**: More effort should be put on outreach, communicating to some of the minorities why mental health services is beneficial and in doing so, allocating more funds specifically to the minorities.

RESPONSE: Cultural Competency is an essential element of MHSA. You can read more about the outreach to underserved communities in PEI plan 01 and 07. Thank you for your support of Behavioral Health Care. RUHS-BH has an active website and a social media presence on all major social media. We also host or attend community outreach and education events. Specific mental health awareness media campaigns and kiosks were featured in the Innovation Help@Hand project. The UP2Riverside campaign is part of the PEI plan. It includes mental health awareness advertisements in print, radio, and streaming media. You can learn more about the campaign here: https://up2riverside.org/ Advertising is always a good start. Conversation is even more powerful. We all have to do this together to destigmatize behavioral health, encourage help seeking, and risk the vulnerability of sharing our own stories with those who might judge us. Shame transforms when we no longer talk in secrets.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(11) **Comment**: The services are sometimes too far for me to take my child

RESPONSE: Riverside County is a huge geographic area. Sprawl can be a service access barrier, especially for people living in more rural or remote

areas of the county. Some programs offer transportation support, and some services can be provided through mobile teams. Please talk with your provider about transportation barriers. You can learn about programs near you here: https://www.ruhealth.org/map-locations

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(12) Comment: I found it's not easy to make appointments here should be more available resources and therapist in Riverside County.

RESPONSE: There is a central phone number to access RUHS-BH programs called the CARES line: 1-800-499-3008.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(13) Comment: There is lack of licensed clinical social workers in Riverside County

RESPONSE: National data indicates there is a shortage of clinical therapist across the country, and California is no different. State data indicates that the Inland Empire is even more greatly affected. Upon licensure, many therapists who were trained or employed in the region will move to greater metropolitan areas. RUHS-BH address the need of clinical therapist recruitment and retention with the Riverside County Board of Supervisors, and our executive leadership was able to secure a differential to assist with attracting more applicants to Riverside County. Workforce Education and Training (WET) also has some targeted workforce recruitment and retention strategies. You can read more about these plans in the WET chapter of this document.

PUBLIC COMMENTS

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(14) **Comment**: That 1st responders be trained to properly handle mental health calls on the streets and at the home of already traumatized family members.

RESPONSE: Crisis Intervention Training (CIT) is provided to law enforcement and some first responders and is designed to increase understanding and effectiveness when working with someone in a mental health crisis. You can read more about the CIT training in the WET plan. The RUHS-BH Crisis System of Care serves as an alternative to the traditional first responder, Mobile Crisis Teams and Mental Health Urgent Cares. You can read more about the Crisis System of Care in CSS 02.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(15) **Comment**: Riverside County and the whole IE needs a comprehensive bereavement center. Together all types of trainings and service for children, adults, and seniors.

RESPONSE: Program development and advancement can require advocacy and community support. Large programs, or programs in partnership with other counties, will require even more. Please consider attending community advocacy meetings so your full idea can have better definition. This also introduces the idea to other stakeholders to provide feedback. Once a program has definition and community support, it is more likely to move forward. It also helps problem solve initial questions like cost, services, and location.

Public Behavioral Health is designed to meet the needs of people with serious mental illness. Prevention and Early Intervention programs can serve the greater community.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(16) **Comment:** I feel we need mental health services that will help support also help grow in mental health in the black community.

RESPONSE: Cultural Competency is an essential element of MHSA. You can read more about the outreach to underserved communities in PEI plan 01 and 07.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(17) **Comment:** I highly wanted to say a big thank you to all tam members at our Hemet Clinic especially Miss Maria Camacho.

RESPONSE: Thank you for your support of the Hemet clinic team and programs.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(18) **Comment:** We need better LGBT services for kids too

RESPONSE: Cultural Competency is an essential element of MHSA. You can read more about the outreach to underserved communities in PEI plan 01 and 07.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(19) **Comment**: Keep up the great work.

RESPONSE: Thank you for your support of the behavioral health continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(20) **Comment:** The MHSA could do with some better PR/Marketing most of the community don't know what the MHSA has to offer.

RESPONSE: MHSA is not a separate program or service.

MHSA is a primary funding stream for the public behavioral health care system. Most programs in RUHS-BH are the result of braided funds – having more than one funding stream that makes up their budget. MHSA plan development and overall department program development coincide. Programming is developed using stakeholder feedback, community risk data, and program outcome data. Most MHSA programs are rolled over each year into the next MHSA plan to avoid service disruption, but some programs can end or be reinvented based on data and feedback.
MHSA funded programs are programs offered by RUHS-BH and represent a continuum of care from prevention and early intervention to full-service partnerships. The MHSA Plan and historical documents are posted year-round and are accessible at the Department's website:
https://www.rcdmh.org/MHSA/MHSA-Plan-Update
You can also learn more about MHSA community planning and participation in the MHSA Community Planning and local review section of this document.
BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(21) **Comment**: Keep the training going.

RESPONSE: Training is an essential outreach and engagement strategy in the PEI plan, and as part of Workforce Education and Training.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(22) **Comment**: Not enough access to MH programs, Goal is to end the stigma especially in the Black Community.

RESPONSE: Thank you for your support of behavioral health care within the Black community. Cultural Competency is an essential element of MHSA. You can read more about the outreach to underserved communities in PEI plan 01 and 07.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(23) **Comment**: The BHSA plan takes too much away from programs and gives more power to government officials.

RESPONSE: Thank you for your concern. RUHS-BH is committed to understanding the new regulations as we make the transition from MHSA to BHSA. Community centered care will remain at the focus as we move forward.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(24) **Comment**: What is normal and not normal for a mental illness or what to look for.

RESPONSE: Mental Health awareness and education is central to Prevention and Early Intervention outreach. You can learn more

about free PEI trainings at: https://www.ruhealth.org/behavioral-health/prevention-early-intervention

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(25) **Comment:** The County provides so many great services.

RESPONSE: Thank you for your support of the behavioral health continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(26) **Comment:** Direct deaf/ASL provider, workers, etc.

RESPONSE: Cultural Competency is an essential element of MHSA and language is a primary access issue. We need more ASL speaking applicants! ASL is a targeted language in workforce development plans. You can read more about workforce development in the Workforce Education and Training section of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(27) **Comment:** Having culturally sensitive drop-in centers for mature adults similar to TAY drop ins. Having resources like this would promote self-empowerment, peer support and building belonging.

RESPONSE: Thank you for your support of mature adults. Your recommendation will be provided to the Older Adult System of Care Manager.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(28) **Comment:** Great job developing population specific services/outreach overall.

RESPONSE: Cultural Competency is an essential element of MHSA. You can read more about the outreach to underserved communities in PEI plan 01 and 07.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(29) **Comment:** I like the plan! Diana presented it in a seamless fashion. I am concerned about Prop 1, but we will have to see how implementation goes.

RESPONSE: Thank you for your support of the behavioral health continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(30) **Comment:** A climate survey to give to all BH hospitals about meeting Deaf/Hard of Hearing clients' needs for communication-if the facility is in compliance to ADA law, if the staff has been trained, and if they have resources.

RESPONSE: All clients have the right to receive services in the language of their choice. Service access issues based on language can be addressed through the Quality Improvement unit: https://www.ruhealth.org/behavioral-health/quality-improvement Your recommendation will be provided to the QI Manager and the Cultural Competency Manager.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(31) **Comment:** My family has benefited greatly from NAMI's programs; county involvement and financial support would allow the organization to expand these programs.

RESPONSE: RUHS-BH has sustained a cooperative and supportive relationship with NAMI programs. Your comment will be provided to the Family Advocate Manager.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(32) **Comment:** Back in 1999, around the time our daughter was at the lockdown facility on County Farm Road, RUSD we had hoped that our daughter would have been housed in an all-female only rooms for more privacy has it changed since then?

RESPONSE: Both the county psychiatric emergency treatment services (ETS) and inpatient treatment facility (ITF) are managed by RUHS-Medical Center. Most involuntary or care or acute levels of care are not funded by MHSA. Questions or concerns about inpatient care can be directed to the Inpatient Quality Improvement Unit: https://www.ruhealth.org/behavioral-health/quality-improvement

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(33) **Comment:** It would be great to understand how well received and useful the Take My Hand campaign has been. I believe it is a very necessary linkage for our isolated community members.

RESPONSE: Take My Hand is the live peer chart services under the Help@Hand MHSA Innovation component. You can read the current progress report on Help@Hand in the Innovation chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(34) **Comment:** That it needs to stay available to our families and our community 100%.

RESPONSE: Thank you for your support of the behavioral health continuum of care.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(35) **Comment:** Suggest wider distribution of info and materials within African American communities.

RESPONSE: Cultural Competency is an essential element of MHSA. You can read more about the outreach to underserved communities in PEI plan 01 and 07. Your comment will be provided to our African American Community Liaison.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(36) **Comment:** A mono emergency/urgent care where a doctor would be available for meds.

RESPONSE: MHSA provides funding for Mental Health Urgent Care Centers in each of the RUHS-BH service regions: Western, Mid-Co, and Desert. Urgent Cares are open 24/7 and include assessment for psychotropic medication. You can learn more about the Urgent Cares in the CSS 02.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(37) **Comment:** I believe that BH services are in great demand these days especially for our young people. Education is key as well on letting them

know to get help and not be ashamed. Education parents Is key as well top help homemakers and work with their children to get them help.

RESPONSE: Outreach and education is a key strategy in the Prevention and Early Intervention Plan. You can read more about PEI outreach in PEI Workplan 01.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(38) **Comment**: It would be great to see more of the pay cap from each position, so the experienced loyal clinicians don't get "punished" for their longevity and dedication. Perhaps this would assist with maintaining/detaining a quality workforce. Love all the new innovative programs but does that neglect already established programs. We need help!

RESPONSE: Job classification pay and pay structure are determine by union agreement and at the direction of the Board of Supervisors.
MHSA is a total of 5 components. Each has its own rules and regulations. Innovation is one component. Funds dedicated to innovation programs can only be used for State approved Innovation plans. No money is taken away from other services to fund innovation. If Innovation component funds are not used, they must revert to the State.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(39) **Comment**: Suggest making the forum portion of the public hearing include the video. I had to leave and didn't get a chance to stay. Another suggestion is making the forum shorter. The waiting may hinder people from potentially submitting valuable suggestions, comments, and suggestions.

RESPONSE: Thank you for your recommendation. We will include this suggestion in our next MHSA community planning.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(40) **Comment:** Need a doctor in a travel van to serve homeless (very important). CBAT mobile teams need to respond faster. Lots of services that I'm sure help plenty of people which is satisfying. This community needs more help more resources for the homeless.

RESPONSE: Mobile Psychiatric Services (MPS) are provided under the Crisis System of Care. You can read more about MPS in CSS 02. Your concern regarding CBAT response times will be provided to the Crisis System Manager. You can read more about homeless services in CSS 04.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(41) **Comment:** Substance abuse programs especially the increasing use of fentanyl. Continue to support public awareness programs about MH to reduce negative stigma.

RESPONSE: Substance Use and Prevention traditionally had restrictions in MHSA funding. This expanded over time and is a primary focus of the new BHSA. PEI has partnered with Substance Abuse Prevention and Treatment to address substance use and prevention. You can see some of their collaboration here: https://up2riverside.org/ . Even without MHSA funding, RUHS-BH has a spectrum of substance related services. You can learn more here: https://www.ruhealth.org/behavioral-health/sapt/substance-user-services

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(42) **Comment**: Please do more outreach so that other organizations can spread awareness of what services you provide. Also provide more resources for Blythe due to them being further it's difficult to them to have access to everything

RESPONSE: Current outreach and education includes active social media and marketing campaigns, dedicated websites, community events and sponsorships, Mental Health Promoters and liaisons for underserved communities, and partnerships with public health and school districts. Getting the word in new or creative avenues is always welcome! If you have additional ideas or recommendations, please consider attending a community advisory committee. You can learn more about the breadth of opportunities under the Behavioral Health Commission or Cultural Competency in the MHSA Community Planning and Local Review chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(43) **Comment**: More Spanish speaking therapist are needed. Extend the support hours of TakeMyHand, Deaf ASL staff, Renovation of the Hemet clinic, Children clinic services in Hemet/San Jacinto area, Peer Support resource center in Hemet/San Jacinto areas.

RESPONSE: Mental Health professional shortages are nationwide, including California. The Inland Empire has been particularly hit hard. Workforce Education and Training has active workplans to address workforce development, including targeting applicants who speak languages necessary to serve Riverside County population. Fifty percent of internships in RUHS-BH are held by a bilingual practitioner, the majority who speak Spanish. ASL speaking staff are also a target workforce development. Your additional program and service recommendations will be provided to the corresponding program manager.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

(44) **Comment:** I am satisfied but I would like more support for my son.

RESPONSE: Being a parent or family member has its own challenges. Supports are available for you so you that will help you explore which programs and service are available. For help understanding services for minors, contact Parent Support and Training: 888-358-3622. For help understanding the services for adults, contact the Family Advocate: 800-330-4522.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

Oral Comments During Public Hearing and from the MHSA Dedicated Voicemail

1. Suggesting that Riverside County Mental Health support the National Alliance on Mental Illness because those of us who were in a situation at work that ended up giving us a diagnosis often have a $1.98 too much income to qualify for the county services. When we have private insurance, it only covers pills and talks. When that doesn't work—and that didn't work for me—you just keep changing the pills and you keep talking—there is no directed process. So, it would have benefited me. It was 12 years into my major depression when I discovered NAMI—I know it's everywhere. But, I didn't learn about it in New Mexico, Illinois, and North Carolina only when I came back to California. Within two years of going to courses, learning to present to people, and doing everything that I was capable of I was no longer suicidal, and every day up until that point I woke up wishing I was dead because there was traumatic brain injury from the stress that eventually pushed me over the edge into major depression and that brain injury has not healed—and evidently will not heal. I recently heard a discussion that it was dendrites that were damaged and it's not serotonin that gets people out of depression—but who knows that's another idea. But, within a couple of years of working with NAMI going to the courses, meeting people, and understanding how all of us share symptoms no matter what the diagnosis is I was no longer suicidal. For all those years I had just kept trying everything I came in contact with and nothing worked until I got to NAMI. I think that for those of us who don't qualify for county services, it would be a good use of funds to pay for what NAMI is already doing—it's already organized, already set up, and successful so

that people who are just a little bit better off than those who qualify for county services can get a kind of directed help to involve the brain in thinking and changing how we think—because, it's already there and it's already set up. It's available. It's working and proven. So, it would be a good source for the county to pick that up for those of us who don't get the benefit of all these fabulous programs that the county does but, don't have any entry into accessing those.

RESPONSE: Thank you for sharing your story. Personal testimony is powerful, and you have invested much in your awareness and healing journey. RUHS-BH services are based on a continuum of care: Prevention and Early Intervention; Outpatient; Crisis System; Full-Service Partnership; and acute levels of care like hospitalization and conservatorship. Most PEI, Crisis services, and the recent Help@Hand Innovation projects are available to the general public, and acute levels of care are driven by acuity of illness and the legal system. But, yes, the standard outpatient system of care is limited to people who have a serious mental illness and have no other resources, or are dependent on government insurance. All people seeking care are provided a universally applied financial review to determine an annual fee based on a sliding scale. American Health Care system is centered on funding and insurance, which often means advocacy for programs and services needs to take place with more than one system provider.

The National Alliance on Mental Illness (NAMI) does incredible work! Your empowerment is a testament to their programs. RUHS-BH has had a long-standing cooperative relationship with NAMI; some local chapters are more active than others. Our Family Advocate programs has a direct relationship in working with NAMI affiliates. Your recommendation to increase NAMI involvement will be provided to the Family Advocate Manager. You can find them on the web here: https://www.ruhealth.org/behavioral-health/pss/family-advocate-program

You can read more about PEI programs in the PEI chapter of this document. You can learn more about the Crisis System of Care in CSS 02. You can read about Help@Hand in the Innovation chapter of this document. You can read more about the Family Advocate in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

2. For those of us who don't qualify for county services because we have private insurance. None of this is available to us. NAMI is the only thing I could access. It saved my life. All of the things offered from the county are not available. I'm not quite destitute to qualify for county services. NAMI should be fully funded by the county for those of us who can't access county services.

RESPONSE: Thank you for sharing your story. Personal testimony is powerful, and you have invested much in your awareness and healing journey. RUHS-BH services are based on a continuum of care: Prevention and Early Intervention; Outpatient; Crisis System; Full-Service Partnership; and acute levels of care like hospitalization and conservatorship. Most PEI, Crisis services, and the recent Help@Hand Innovation projects are available to the general public, and acute levels of care are driven by acuity of illness and the legal system. But, yes, the standard outpatient system of care is limited to people who have a serious mental illness and have no other resources, or are dependent on government insurance. All people seeking care are provided a universally applied financial review to determine an annual fee based on a sliding scale. American Health Care system is centered on funding and insurance, which often means advocacy for programs and services needs to take place with more than one system provider.

The National Alliance on Mental Illness (NAMI) does incredible work! Your empowerment is a testament to their programs. RUHS-BH has had a long-standing cooperative relationship with NAMI; some local chapters are more active than others. Our Family Advocate programs has a direct relationship in working with NAMI affiliates. Your recommendation to increase NAMI involvement will be provided to the Family Advocate Manager. You can find them on the web here: https://www.ruhealth.org/behavioral-health/pss/family-advocate-program

You can read more about PEI programs in the PEI chapter of this document. You can learn more about the Crisis System of Care in CSS 02. You can read about Help@Hand in the Innovation chapter of this document. You can read more about the Family Advocate in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

3. I'm actually a patient and participating in the TakeMyHand interaction thanks to a peer support specialist. I am wondering if you are trying to get more peer specialists.

RESPONSE: Thank you for your support of the MHSA Innovation Plan, TakeMyHand. Peer Support Specialist is a standard county job classification and is in active recruitment. You can read more about how to become a peer support specialist here: https://www.capeercertification.org/

RUHS-BH has one of the most extensive peer support systems of care in the State. You can read more about Peer Support in CSS 03. You can read about TakeMyHand in the Innovation component chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

4. I'm a client and also an interpreter. I am in training to become a CPSS and so it's happening. Are you getting more people? Thanks for the changes that are coming!

RESPONSE: Congratulations on your peer career development! Peer Support Specialist is a standard county job classification and is in active recruitment. You can read more about how to become a peer support specialist here: https://www.capeercertification.org/

RUHS-BH has one of the most extensive peer support systems of care in the State. You can read more about Peer Support in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

5. One of the things that caught my attention is the innovation program. What I did want to know while I ….I noticed that a lot of programs that are geared towards the younger population. I would like to see more programs geared towards the older population who have been struggling for a long time and are now finding out about the eating disorder program.

RESPONSE: Thank you for your advocacy of older adults. Some restrictions on funding are determined in the MHSA legislation. By regulation, 51% of Prevention and Early

Intervention funding must be spend on youth under the age of 25 or their families. Your comment will be provided to the Older Adult System of Care Manager and the Manager over the new Innovation Eating Disorder project.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

6. We would like to know if we were supporting our children and we would like to find out about housing. Would our children get first instead of other people who haven't been in the system long?

RESPONSE: Housing supports are determined on each individual person and the resources that are available. You can learn more about Housing supports here: https://www.ruhealth.org/behavioral-health/housing

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

7. I was just curious how much of the inpatient is provided to schools. So, my daughter is only 10 and she has anxiety. My youngest one is sick and we're currently going through the process for BH therapy. I myself have several diagnoses. When I was in high school there was no information on that. Freshman year 2009, I was dealing with panic attacks and my mother said it was all in my head. It was my teachers who provided me information. There are a lot of kids between elementary and high school who don't have parents to talk to. I want to know how much information is out their provided to schools that students can get their information when they need help.

RESPONSE: Thank you for sharing your story. It is often the insight and experience of our own lives that leads to advocating for change.

The primary management of information provided at schools is governed by the school district. Each district has their own counseling and mental health related programming. Some schools do this more independently, and some work is in greater partnership with the county behavioral health. Talk to your school's counseling office to learn more about student awareness and education on behavioral health.

You can read more about Prevention and Early Intervention workplans in this area in PEI 02 and 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

8. I have another gap that I noticed. Maybe because it was COVID—there weren't a lot of programs. One of my siblings had suicidal ideations. We spent an entire day trying to look for a place that can take her at least for a day. We were referred to a lot of specialized care places. Nobody could really help her. So, we had to power through it. Unless she was actively trying to kill herself there wasn't anyone to help her immediately. It would be nice for people who are not at that point to have somewhere to go before they reach a point where it's too late.

RESPONSE: Thank you for sharing your story. Some services may be harder to access based on age – very young children, youth, or adult. Voluntary Mental Health Urgent Care Centers are available in each region. Clients can stay up to 23 hours. The Mid-Co and Desert Urgent Cares can serve clients aged 14 and above. Mobil Crisis Teams can now also be accessed 24/7 and can address emerging suicidal ideation and connect someone to care. You can learn more about these services here: https://www.ruhealth.org/behavioral-health/county-mental-health-triage-services

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

9. I would like to see—I know it's changing—but I did see that there are programs serving the underserved communities. I should probably do more research on those services that are offered. I am an advocate for the African American community, and I would like to see more programs for African American youth and adult. Especially with the suicide rate increasing for the African American boys. What that program looks like is up to the community. In addition to community based mental wellness center for the African American community. I think that those things should be very helpful especially talking about those underserved community—maybe even if each community had its own community-based program just so it can help another goal of PEI and decrease the stigma. I like that some of the services are digital. It helps for people to reach out for services like the TakeMyHand and Man Therapy. I do think that decreasing the stigma helps people reach out for services. But I do advocate for in person services—for therapists. I do find that elevating care is given to my clients because we have that personal in person connection.

RESPONSE: Cultural Competency is an essential element of MHSA. This not only includes cultural community outreach and services, but ensuring that all RUHS-BH programs are welcoming and culturally informed. All members of the community need to feel engaged and supported at the program and level of service they require. The development or expansion of services is also based on outcome data. Existing culturally centered programing would need to show that services are maximized before expanding. Underutilization of existing programs negatively impacts the development of new programs. But this is where community feedback is crucial: If current programing is not attractive to the community, it may be time to end programs and reinvent them.

Prevention and Early Intervention planning includes outreach and education to the African American Community, and also includes some African American programing. You can read more in PEI workplans 01 and 07. You can have your ideas shared at the African American Family Wellness Advisory Group, a community advisory committee in the Cultural Competency Unit. You can learn more about meeting days and times by contacting the Cultural Competency Unit: (951) 955-7163

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

10. I want to give my thanks to this program. Well, it's a new program for me but not a new program for you. I want to give my thanks to the program because I have been in a struggle and for others as well. I really appreciate that you are able to give us parents the tools so that we understand our children going through this. I really like this program and hope that you keep it so that it keeps reaching the people who need it.

RESPONSE: Thank you for your support of Family Advocate and Peer Support and Training. Connection and education are powerful. We're glad they were there when you needed them. You can read more about all peer related outreach and programming in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

11. I would like to know if there are plans to renovate our Hemet Clinic. I feel like it needs to have a more welcoming environment. I've heard some people don't reach out for services solely based on the way that the clinic looks. Like any other medical setting—I would hope that all our clinics are welcoming and inviting.

RESPONSE: The MHSA Plan authorizes funding for programs. Program operations and changes are managed at the program management level. Service and program development for Mid-Co Clinics can be reviewed with the Mid-Co program administrators. Adult Services are managed by Jacqueline Markussen; and Children's Services are managed Beverly McKeddie. On-going needs and issues can be discussed at the Mid-Co Regional Mental Health Board meetings. You can learn more about these meetings by calling the Behavioral Health Commission Liaison: (951) 955-7141.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

12. I'd like to know if there are plans to reopen a Children's Clinic in Hemet versus contacting San Jacinto who have nothing. Lockdowns are going up, fights are going up, and suicide is going up and there's nowhere to take them to.

RESPONSE: The MHSA Plan authorizes funding for programs. Program operations and changes are managed at the program management level. Service and program development for Mid-Co Clinics can be reviewed with the Mid-Co program administrators. Adult Services are managed by Jacqueline Markussen; and Children's Services are managed Beverly McKeddie. On-going needs and issues can be discussed at the Mid-Co Regional Mental Health Board meetings. You can learn more about these meetings by calling the Behavioral Health Commission Liaison: (951) 955-7141.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

13. One of the things that I see in our community. As you can tell our families and clients are here—about 20 of them. We would like to advocate—advocate for an urgent care and resources. I feel like we're being seen but not heard. It's kind of tough—to be

honest. Our surroundings are not the best—but guess what? Our hearts are there. If you want to make sure that our voices are heard, and we will show up—regardless if you don't give us the resources that we need now. We will show up. We ask that we keep in consideration when creating programs, when introducing new innovation projects to keep us in mind. If I have to drive us all the way to Rustin in Riverside, I will do it. If I have to drive to Temecula, I will do it. Like I said, their dedication is not only to their loved ones but also to their communities. Many families they come hopeless. When we are able to help them not only are we able to change them, but we are able to change others.

RESPONSE: Service development in Riverside County has unique challenges. We are a rare county in the country, having all 3 primary population densities: frontier, rural, and metropolitan. We are geographically huge – equal to about the same size as the entire state of New Jersey. Sprawl makes service access a challenge. And we have a rapidly growing population – the only California county to make the nation's top 10 of fasting growing counties – yet State funding formulas are based on our population size from 1991 and 2011. MHSA is only one funding stream, and is less affected by those formulas, but then must compensate when other funding falls short.

Ideally, every neighborhood would have access to a full system of health care – not just behavioral health – nearby. Access barriers are the last thing someone wants to face when they finally make the decision to get help. Some barriers and limits can be solved easily; others are inherent, and care access must be reinvented. Expansion or the development of program is dependent on multiple variables that can include funding and cost based on the number of people served, cooperative agreements among organizations, cities, and counties, and the advocacy to uncover or create new ways. Thank you for your advocacy of your community's needs. Your voices have created change, even when there is still more to do. You can continue to advocate at the Mid-County Mental Health Regional Board meetings. These meetings are regularly attended by RUHS-BH leadership who can address service expansion barriers that are unique to your request. To learn more about the regional mental health boards, you can call the Behavioral Health Commission Liaison at: (951) 955-7141.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

14. I would like to know if we can have therapists that speak Spanish. Spanish speakers that's what we really want.

RESPONSE: Mental Health professional shortages are nationwide, including California. The Inland Empire has been particularly hit hard. Practitioners who represent diverse communities are in even greater demand. Workforce Education and Training (WET) has active workplans to address workforce development, including targeting applicants who speak languages necessary to serve Riverside County population. Fifty percent of internships in RUHS-BH are held by a bilingual practitioner, the majority who speak Spanish. These interns become a primary candidate pool for new therapists.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

15. Would it be possible to get a copy of the content provided, especially the survey. I also had a comment about why the comments are turned off on the videos posted on Facebook and why the videos were posted 10 days ago?

RESPONSE: Yes! The current MHSA Draft Plan and historical documents are located on the Departments website. Once finalized, the plan includes all public comments and responses which become the final chapter in the plan. Summary documents, also known at the MHSA Toolkit, include the PowerPoint slides that compose MHSA education and orientation. These are located in the MHSA Quick Look chapter of this document. The final plan is also posted year-round.

Additionally, at the start of the calendar year, MHSA Education presentations are held at county and community advisory meetings. This year, 28 meetings were held from January through May. MHSA feedback is accepted all year round, but there is a deadline to submit comments during the annual update period if you want your comment included in that year's plan document. All feedback that is received after the deadline, is recorded in the following year's plan. Most MHSA programs roll over from one plan to the next to avoid service disruption. MHSA is the second largest funding stream for the

Department. Thus, RUHS-BH program development and MHSA Plan development coincide all year round.

Additionally, the public hearing videos remain posted until the next year's videos are produced. This allows plan education for anyone who wants to the view the videos and provides them an additional opportunity to continue to give feedback. You can find them here: https://www.ruhealth.org/behavioral-health/MHSA .

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

16. I represent Peace from Chaos from Blythe. I would say that last time we were here there was a lot of work needed to be done in Blythe. We embrace the resource delivery model, and we applaud everyone here that's part of that. We need ensure that Cultural Competency especially the Latinx, LGBTQ+, and Black communities in Blythe continue in full power because we've seen as a non-profit the benefits of having support of Cultural Competency there. We've had a lot of regulars come into ask for services because of Cultural Competency. We do have a mobile crisis team, but we need more hours. They need to be 24 hours if possible or the ability to have the mobile crisis team to respond any time. We see that you are doing CBAT teams in other cities and we would like to have a CBAT in Blythe also. We have a separate 911 dispatch center there. We would want to explore that and be part of the plan so. County Clinical staff needs to be upped; we have not seen major improvement but some—along with chipping away that mistrust. We've seen improvement but there's a lot more work needs to be done especially with confidentiality, accountability or missed appointments, people that fall through the cracks—and people that are in real need that can't access services. So, we need accountability for those people who fall through the cracks. Along with that, the attention to detail—like even in the presentation here—you put Peace of Chaos and not Peace From Chaos—attention to detail has everything to do in the services in Blythe. One last thing about the video here, when we talk about mental health—I deal with mental health issues as a man—not that it doesn't work—it needs to be straight forward and to the point.

RESPONSE: Thank you for your advocacy of the Blythe community. Partnership has made progress in the area, even when more still needs to be done. Thank you for your partnership with the Department, with the Cultural Competency Program, and with the community.

All programs countywide need staff to expand.

Staffing in rural and frontier communities is a national issue, and those communities in California are no different. There is a national shortage of mental health professionals. Research data reveals that most clinical therapists prefer to live and work in metropolitan aeras. The Department has implemented some workforce development strategies particular to Blythe, which includes additional salary to work in Blythe. The Department also participates in a federal loan assumption program through the National Health Services Corp that pays mental health professionals who have outstanding student debt up to $50,000 in loan assumption to commit to services in Blythe. The Department also has a 20/20 Program, geared toward supporting paraprofessional staff to purse their graduate degree to become a clinical therapist. It is a competitive program, and applicants receive additional scoring points if they will work in Blythe following their graduation.

But, we know, it is still not enough. One of the best strategies in small communities is to “grow your own.” We know that people from a community are more like to work and commit to that community. Workforce Education and Training (WET) partnered with central county HR to offer a virtual grad school option for people who want to pursue a Masters of Social Work degree with U Mass Global. This cooperative plan includes tuition discounts and a flexible attendance schedule. This cohort is offered for both county and contractor employees.

Confidentiality, appointment schedules, timely access to care, accountability and strengthening the safety nets are critical system-wide issues that have both legal and ethical considerations. These issues are regularly examined by Department leadership, and by the State in annual oversight reviews.

“The Public Hearing in Your Pocket” videos are relatively new to the Riverside MHSA Community Participation process. Originally developed in response to COVID gathering restrictions, the videos were popular, and have remained even after in-person gatherings resumed. Feedback has evolved and enhanced the videos over the last few years and keeping them concise and to the point is always a goal. Each person’s interest in the information may be different, resulting in a composition of information that aims to highlight a little of bit of everything so that we include as many interests as possible. This can unintendedly lengthen the videos or result in including or excluding a program

that does not meet each induvial person's preferences. We appreciate your patience as we continue to use this medium and welcome your suggestions as the videos continue to be utilized.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

17. I just want to say I'm disappointed by the low turnout. I would have been here if it wasn't for one of my core members who sent this information to me. So I'm wondering how this information was actually communicated to the stakeholders. Because there are non-stakeholders, a lot of non-profits, other agencies that are providing the services. So, I'm just wondering. I'm disappointed by the low turnout. At the end, I would like to have that slide where we can be able to submit comments online. On a personal level, I like the fact there is attention to the Parent Peer Support because there's a stronger connection made by people who have walked in the steps of needing the services—and that they can make the connection with somebody who is dealing with darkness at this time. I feel like we need to make connections with more non-profits who are well connected the community. I would like to see that continue. The other part being is—having suffered through the loss of a loved one dealing with the fentanyl epidemic. I would like to see more attention paid to those people. I know there was a demonstration project here in Indio. I would like to see that continue and grow. I don't want to see those families struggle.

RESPONSE: Thank you for your participation in the MHSA Community Planning and Participation Process (CPPP). MHSA administration works directly with RUHS marketing to plan and promote. This includes a social media campaign, a press release, and a dedicated page on the RUHS website. Press Releases have resulted in TV, print, and online media coverage. Data from this year's campaign indicates that over 15,000 Desert area residents saw a promotion for the MHSA Public Hearing alone. Countywide, our social media impressions increased approximately 126.65% from 2023 to 2024. This was primarily due to adding new platforms like "Next Door" to the promotional campaign.

MHSA Administration also promotes the CPPP. Twenty-eight MHSA Annual Update presentations during the first quarter of the calendar year at community advisory meetings. Attendees are encouraged to share materials and to post information in their lobbies or websites.

MHSA administration maintains a distribution list of anyone who requests to receive announcements or notifications; this includes all PEI contractors and WET and Cultural Competencies partners. Recipients receive separate emails in English and Spanish, with links and plan summary documents, a copy of the education PowerPoint provided at community meetings, and a feedback form. Recipients are encouraged to share these emails. All Department staff also receive the emails and are encouraged to review with clients and families. Word of mouth, which resulted in your attendance, appears to be the most powerful tool. Please provide us with your recommendations for other avenues of promotion.

Riverside community has two avenues to access public hearing information. There are 3 in-person public hearings, one in each service region of the county, as well as an on-line version: Over a two-week period of time, the community has 24/7 access to the Public Hearing videos. MHSA regulations only require one in-person public hearing countywide. In addition, the Draft MHSA Plan is posted 30 days prior to the public hearing process for public comment and review. Both the plan and the videos remain posted even after the plan comment deadline. The deadline is provided so that the plan comments that will result in the final chapter of the plan can be transcribed and included in the document. Comments received after deadline are still utilized in plan development but are rolled over into the next plan.

Community has multiple avenues to submit feedback. Traditional pen and paper surveys, an electronic feedback form where you can submit feedback online, and a dedicated voicemail number. Each survey form also contains a QR code that links people to the electronic form.

Thank you for your support of lived experience in the continuum of care. You can read more about the full peer continuum of care, including Parent Support and Training, in CSS 03.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

18. I am the Cultural Community Liaison between RUHS-BH and the disability community. On Tuesday, a man at my mobile park went to the park office and he left

contact information for his daughter. Two nights ago, he died by suicide and it was by gun. So, I wanted to commend the county with the outreach it's doing about firearms. There is an outreach in gun shops to make sure that county services and resources are available. This is new precedent because these communities have been polarized before. There is now some collaboration going on. I'd like to see the county elevate their work. One way could be to work with storage—safe storage—anything we can do to interfere with that impulsive moment that anyone would like to take action. Working with gun shops for safe storage—no questions ask—where they can store their gun safely. By the way the county is doing free gun locks. Finally, the think I'm going talk about is the national conversation going on with firearms, mass shootings, and mental health. There is a belief that people with mental illness do mass shootings. And we in here know that it's not true. People with severe persistent mental health, including psychosis are very rarely involved in mass shootings. In fact, the numbers are going down. And so, I would like to see the county do some education around that. Probably because of the news cycle, the biases—there's this belief and this is a really marginalized group. I self-identify as disabled and having a mental illness. This stigma is there and it's strong. That's why I wanted to share. The more we talk about it the less stigmatized it is. So, an education program to set the public straight on the facts and figures surrounding mass shootings and mental health would go a long ways towards eliminating public fear.

RESPONSE: Thank you for your support of suicide prevention and mental health awareness. Anti-stigma messaging is a goal of the Prevention and Early Intervention Component. The work you describe regarding suicide and gun safety is part of the Suicide Prevention Coalition. People can learn more about the Suicide Prevention Coalition here: https://www.rivcospc.org/

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

19. I'm the Latinx consultant one of the community liaisons for Cultural Competency. One of the things I would like to say is so many times we hear about things we need to work on. Yes, there's a lot of work to be done. Ever since I started this position, I've been doing a lot of work in the Blythe area. I'm very proud to be sitting next to George and Angela who have done phenomenal work out there. I want to talk about things that are working. I want to speak from a parent's perspective. I have a son who has been struggling with mental health issues—addiction issues. He was finally able to get the help that he needed. I just want to say how phenomenal that has been for him. Nothing else has worked—and what worked for him is what Letty had said about the peer. The fact that he finds it beneficial to him to talk to folks who have been through

what he's been through. That's what has worked for him. So, when it comes to that I am very thankful for that. It's his story to share—but from a mother's perspective—as long as I went trying to help for my son—for him to be at a place where he loves going to his groups, he sees a future and a life for himself. My son attempted suicide many times and came close many times. And to be where he's at right now—in my opinion is a miracle! But I would like to see the services he gets in Palm Springs replicated in every area of Riverside County. Where he goes, he's able to get his counseling, able to see the psychiatrist, the dentist—he's getting all of his needs met there. And for folks like him who struggle with transportation—who struggle with all kinds of things. For him that has been very beneficial—it's like a one stop shop. So, I'm very happy to hear George mention that this is something they are trying to place in Blythe. I'm just trying to say that this is working. This is something that has been very positive. I can go on and on and tell you how thankful I am. I get very emotional and I'm trying not to get that way right now. I just want to say that there are some things that are working. There are some things that are making a difference in someone's life.

RESPONSE: Thank you for sharing your story and for your commitment to Riverside communities. Service integration and an access to care are important. Your concept is very much like the concept that drives the development of the Wellness Village, which eventually we hope to have in each Riverside County supervisorial district.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

20. I'm interested in being a part of more opportunities to share stakeholder feedback throughout the year rather than at this type of forum.

RESPONSE: Thank you for your interest in participating in Department program development! You can learn more about community advisory meetings in the MHSA Community Planning and Local Review chapter of this document.

BHC RECOMMENDATION: The BHC recommends sustaining the programs as described in the MHSA Annual Update FY 24/25.

Section IV

RUHS-BH MHSA Annual Prevention and Early Intervention and Evaluation Report for the Mental Health Services Oversight and Accountability Commission

Addendum

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 support 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.

Riverside University HEALTH SYSTEM Behavioral Health

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

Riverside University HEALTH SYSTEM Behavioral Health

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

Riverside University HEALTH SYSTEM Behavioral Health

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

Riverside University HEALTH SYSTEM Behavioral Health

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

Riverside University HEALTH SYSTEM Behavioral Health

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

Riverside University HEALTH SYSTEM Behavioral Health

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

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 re- duce 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 reduc- ing 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

Program Information

Type of Program: X Prevention ☐ Early Intervention X 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

Riverside University HEALTH SYSTEM Behavioral Health

Program Information

Type of Program: X 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."