



MHSA

Mental Health Services Act

Annual Plan Update FY 21/22



<http://www.rcdmh.org>



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This year's artist for the MHSA cover art



Dylan Colt is a Senior Peer Support Specialist and the Communications Specialist for Consumer Affairs. He has been documenting events for RUHS-BH since 2016.

Dylan's passion for photography and video has only flourished throughout the years. He takes great pride in sharing photos and videos of events with the community; he is also one of the people involved with RUHS-BH Social Media pages. During Covid-19 quarantine, Dylan supported various programs by bringing their information in various media formats, to engage a wider audience.

Disclaimer regarding family/client stories

The MHSA Annual Plan Update FY 2021/2022 contains consumer and family stories of recovery and hope. The stories are from actual partners in care regarding their service experience in a MHSA funded program. All stories were voluntary. Participants signed authorizations explaining the purpose of the story request and publishing it in this document, their right to withdraw the story before publishing, and confidentiality and if they would like their name associated with the story. Some names have been changed at the request of the storyteller.

Message from the Director

This year brought an unexpected and unimagined challenge to us.

Although nothing could have prepared us for the events and the complexities that came along, we have met and overcome those challenges at every turn. We listened carefully to our stakeholders and community partners who provided us with the understanding of the needs of the community, and furnished the guidance that led us forward. I am extremely proud of the accomplishments of this department and the contributions of every staff member who made it possible for us to continue to provide services and programs to the consumers who depend on us.

Against the backdrop of adapting and transforming our services, it is also important to mention that the department has made significant progress this year in moving toward system-wide integration of care, an outcome that benefits our most vulnerable consumers in achieving and maintaining their recovery and wellness. The outpatient system of care is being reorganized to create consistency across regions and to better match service to consumer need. This includes building a Full Service Partnership (FSP) care track in each of the outpatient clinics across age groups. Riverside University Health System is building more integrated care by providing behavioral health services in the primary healthcare setting at the Community Health Clinics. This partnership also helps our consumers receive the physical healthcare that they need.

There were significant milestones this past year in opening behavioral health facilities that serve to modernize and expand our system of care. For example, we opened a 92-bed residential facility and wellness campus in Palm Springs to provide enhanced behavioral health and case management services. And our efforts at generating permanent supportive housing continue to yield impressive results with the opening of the first of several projects, including 68 units of housing in Cathedral City for homeless seniors with mental illness.

At the same time, we face fiscal constraints that surround serving a growing need for care that continues to outpace the resources available. As we listen to community, we have concentrated efforts in suicide prevention and behavioral health education, direct outreach and support to those who face the greatest consequences from their mental illnesses, increased our partnership with law enforcement to serve consumers in crisis, and further enhanced our crisis system of care.

As we see great hope in 2021 for a return to normal – or a new normal – we also must recognize that this year may bring new and additional challenges. We must be prepared to optimize wellness and resiliency, especially during periods of greater uncertainty.

I have every confidence that the resiliency and commitment that has been so evident this past year will serve us well in whatever may be ahead.

Mathew Chang, MD

Director

RUHS – Behavioral Health

MHSA County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Riverside County

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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 08/24/2021.

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, Director
Local Mental Health Director/Designee (PRINT)

 6/16/21
Signature Date

County: Riverside

Date: 08/24/2021

MHSA Quick Look

What is the Mental Health Services Act (MHSA)?

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

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

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

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

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

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

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

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

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

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

What is an Annual Update?

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

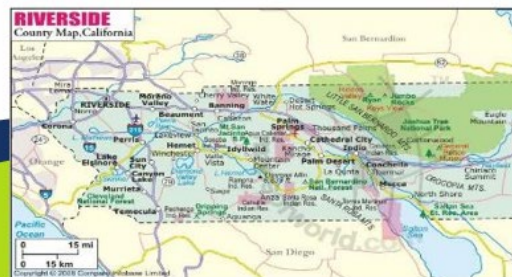
Once the Annual Update draft is completed, it must be posted for public review for a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the Annual Update and document the input accordingly. Following the posting period the Department calls upon the Riverside County Behavioral Health Commission (BHC) to hold a Public Hearing so they may receive face-to-face feedback on the current update.

Following the Public Hearing, the BHC reviews all public comments and recommends any substantive changes that need to be made to the Plan Update. Once the Plan is finalized, it must be approved and adopted by the Riverside County Board of Supervisors and then sent to the California State Mental Health Services and Accountability Commission within 30 days.

Public Hearing PowerPoint

Mental Health Services Act Annual Plan Update FY 2021-22

Riverside University Health System
Behavioral Health



What is MHSA?

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



Stakeholder Process

- The process that culminates in the annual plan submitted to the State ends with a 30 day posting of the draft plan and a public hearing
- An opportunity to give community feedback about the MHSA Plan and the programs



Who is a Stakeholder?

- Stakeholder = People, groups, organizations, government depts., businesses, anyone with a stake or a vested interest
- Feedback accepted all year long, but finishes with the annual update process including a 30 day public posting and public hearing



Stakeholder Partnership and Participation Structure



(Rev 06/28/2018)



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



BHC & Community Advisory	Collaboratives	Forums	Posting and Public Hearing
<p><u>Behavioral Health Commission</u></p> <p>Commission Meetings</p> <ul style="list-style-type: none"> Central Regional (Desert, Mid-County, Western) 	<p><u>Prevention and Early Intervention</u></p> <ul style="list-style-type: none"> Steering Committee* Quarterly Collaborative Meetings (Sign up at mhsa.rcdmh.org) 	<p><u>Focus Groups</u></p> <p>Focus Groups are coordinated meetings designed to get specific feedback on community needs. They are sometimes used to initiate planning, sustain planning, or to concentrate feedback from a particular population or group.</p>	<p><u>Plan Draft Distribution</u></p> <ul style="list-style-type: none"> RUHS-BH Clinics/Programs Residential Housing Wellness Cities Public Libraries
<p><u>Behavioral Health Commission</u></p> <p>Standing Committees</p> <ul style="list-style-type: none"> Adult System of Care Children's Committee Criminal Justice Housing Legislative Older Adult System of Care Veteran's Committee 	<p><u>Workforce Education and Training</u></p> <ul style="list-style-type: none"> Steering Committee* Workforce survey, training evaluations, and feedback forms Academic and community pipeline committees 	<p><u>MHSA Forums</u></p> <p>MHSA Forums are held at community events and are dedicated to education and feedback on the MHSA plan.</p> <p>#MHSAtalks</p> <ul style="list-style-type: none"> May is Mental Health Month Recovery Happens (More to come) 	<p><u>Public Hearing</u></p> <p>Public Hearing provides the community to give feedback on a proposed MHSA plan</p> <ul style="list-style-type: none"> Typically scheduled in May for annual update Sometimes scheduled at other times of the year based on an individual workplan
<p><u>Cultural Competency</u></p> <ul style="list-style-type: none"> Reducing Disparities African Am. Family Wellness Group Asian Am. Task Force Community Advisory on Gender and Sexuality Issues Native Am. Council (Developing) 	<p><u>Innovations</u></p> <ul style="list-style-type: none"> Steering Committee* Plan related development, monitoring, and support <ol style="list-style-type: none"> TAY Collaborative CSEC Program Meeting 		<p>www.RCDMH.org</p> <p>MHSA Tab</p> <ul style="list-style-type: none"> Most recent annual update and latest 3-Year plan Includes electronic feedback forms MHSA@rcdmh.org

*Closed meeting

(Rev 03/10/2021)

COVID-19 and Public Hearing

- 30 day posting and public hearing are scheduled for April and May
- Due to gathering restrictions, there was no in-person public hearing in 2020.
- Instead, videos of the MHSA Plan overview were posted on all RUHS-BH social media; one in English (included ASL) and one in Spanish.
- 2021: Same model as last year - Very Successful!
 - Seen by over 16,000 people county-wide
 - Over 14,000 engaged with the post
 - Over 3,000 watched the entire 50 minute video



So what do I do?

- Provide early feedback on the MHSA Plan
- Use your lived experience and learned knowledge to give feedback and input on the MHSA Plan
- Give your thoughts on a solution
- Ask for more information or training



MHSA Frame

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



CSS

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



PEI

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



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



INN

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



CF/TN

- The last CF/TN funds were allocated in 2013-2014, but a portion of CSS funds can be used to address new workplans
- Improve the infrastructure of public mental health services: buildings and electronic programs.
- Projects in the 3-Year Plan (FY 20/21-22/23):
 - Roy's Desert Oasis - NOW open!
 - Riverside Arlington Recovery Community
 - Riverside Safehaven Renovation
 - RUHS-BH Diversion Campus
 - Restorative Transformation Center



Participate!

- Provide feedback on the plan!
- Draft Plan posted for 30 days in April
- Public Hearing videos posted for 14 days in May
- All comments are documented: Both the verbal and written comments
- Public Hearing comments are reviewed by the Behavioral Health Commission
- The original comment and the response are added to the plan



Decision Making

- Smaller ideas, like the format of the plan, can readily be adopted
- Bigger ideas, like bringing a certain program to Riverside County, move through advisory groups, steering committees, key informants, and Department executive leadership
- Once accepted, a program idea is developed
 - Assigned to a Program Manager with expertise to project manage as part of Department operations
 - Or goes out to a community based organizations and requires a Request for Proposal (RFP)
- RFP can take over a year due to checks and balances
 - Once awarded, contracts are negotiated

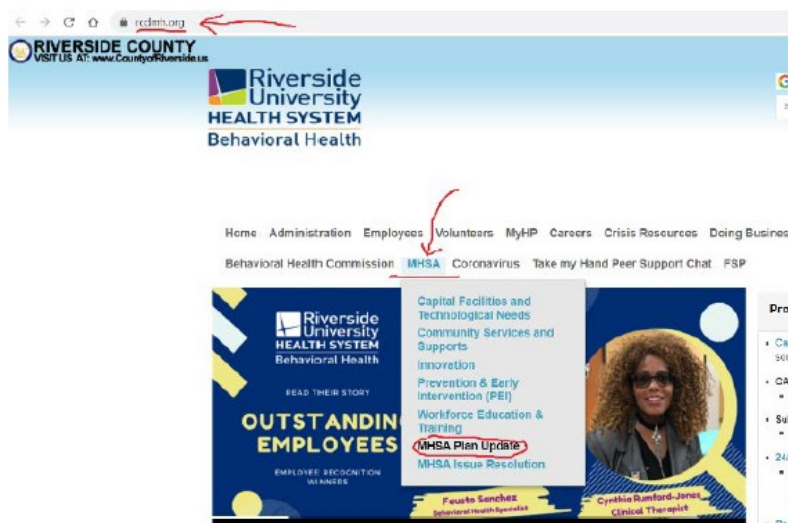


Why didn't my idea change the Plan?

- Doesn't fit into the MHSAs rules or regulations
- Idea better fits with a different funding source
- It's too specific to a particular program and not about the bigger plan
- Conflict of Interest – "Buy my Widget!"
- Budget: What do we remove to pay for it?
- Already addressed in the plan
- Big idea that didn't get enough committee or community advisory group support



RCDMH.org



MHSA Plan Annual Update FY21-22: Highlights and Things to Come

Highlights and Things to Come

Community Services and Supports (CSS):

- Full Service Partnership (FSP)
 - Outpatient Services were reorganized to create consistency across regions and to create better level of care match to client need. This includes the development of FSP Service Tracks in each of the outpatient clinics across age groups and county regions.
- Crisis System of Care
 - Our police officer and clinical therapist partnership teams are called Community Behavioral Assessment Teams (CBAT), and they respond to behavioral health related law enforcement dispatched calls in the community. Currently, there are 6 of these teams county-wide. Nine more of these teams are developing.
 - Our multiple, mobile crisis teams (CREST, REACH, ROCKY) have been integrated. Though they continue to serve the same hospital emergency departments, law enforcement requests, and the behavioral health crises needs of youth in the community, they will do so under one name: Mobile Crisis Response Team (MCRT).
 - Piloted a MCRT that incorporated Crisis, Substance Use, and Homeless outreach into one team in the City of Lake Elsinore and surrounding areas. Due to the pilot success, 2 more teams were developed and stationed in Jurupa Valley and Desert Hot Springs.
- Homeless Housing Opportunities, Partnership, & Education Program (HHOPE)
 - Homeless Outreach teams expanded to support No Place Like Home, street outreach, county and city requests for service, and onsite support for FSP clients living in HHOPE developed housing.
 - Added Substance Abuse Certified Counselors to street outreach
 - In partnership with our Substance Abuse Prevention & Treatment Program, HHOPE secured and leveraged a substance abuse block grant that secured all 5 levels of housing supports for people with co-occurring disorders.

Prevention and Early Intervention (PEI):

- This year included the unprecedented impact of COVID-19.
 - The impacts to PEI programs and community events required staff and contractors to be flexible and creative.
 - Outcome data demonstrates consistent outcomes as in years past, however, with some reduction in numbers served due to COVID restrictions.

- **Work Plan 1: Mental Health Outreach, Awareness, and Stigma Reduction**
 - A new Cultural Competency Manager was hired. Outreach was reconceptualized from a regional approach to a county-wide understanding and engagement based on each cultural population.
 - Staffing was reorganized. The Veteran Services Liaison (VSL), a Spanish/bilingual CT I, now reports to the CC Manager
 - MHSA Innovation Component and the related SSP position was moved under the management of Cultural Competency.
 - Cultural Competency expanded cultural community populations to include Veterans, the Middle Eastern and North African (NEMA) community, and other disabled communities (Varying Abilities) in addition to Deaf and Hard of Hearing.
 - There will be a new subcommittee formed for the Latino/Latina/Latinx population.

- Coordinated and supported Faith-Based Health Fairs with the Catholic Diocese

- FY19/20 was the first year of the implementation of the Community Mental Health Promoter Programs (CMHPP) for African American, Asian/PI, LGBTQIA, Native American. These long awaited programs successfully transitioned to virtual presentations during COVID.

- PEI Administration developed virtual trainings in response to COVID 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.

- PEI released the suicide prevention strategic plan, and through a Resolution by the Board of Supervisors, this strategic plan was recognized and adopted as a Countywide initiative. In October 2020, the first convening of the Suicide Prevention Coalition took

place. The Coalition is made up of 6 sub-committees designed to implement each of the strategic approaches identified in the plan.

- **Work Plan 2: Parent Education and Support**

- Strengthening Families Program is a 14-week parenting program that involves the whole family. Transitioning to a virtual platform was a challenge. Two contract providers worked together alongside PEI Staff Development to adapt the model. 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.

- **Work Plan 3: Early Intervention for Families in Schools**

- The Peace4Kids program provides RUHS-BH staff who are co-located at two Desert Hot Springs Middle School sites to provide this evidence-based program to their students throughout the school day. Converted to a virtual format, but due to COVID disruptions to school life, this program has been suspended until COVID gathering restrictions are more relaxed.

- **Work Plan 4: Transition Age Youth**

- The TAY Resiliency Project is two programs: Stress and Your Mood and TAY Peer-to-Peer Services. While the individual programs have been in the PEI plan for many years, the new contract joined the services together under one contract allowing for improved service delivery
- The Directing Change Statewide Program and Film Contest is also in this work plan. In FY19/20 Riverside County entered 171 Film Submissions from 23 schools, which totaled 527 Participants. Riverside County had 4 State Winners, and 17 local winners.

- **Work Plan 5: First Onset for Older Adults**

- PEI has offered Cognitive-Behavioral Therapy for Late-Life Depression (CBTLLD) for many years. Currently, this program is only available in the Desert. A Request for

Proposal (RFP) was released in October 2020 to expand to all three regions. We anticipate services will be available in all three regions next fiscal year.

- The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an in-home (and now available virtually and by telephone) depression prevention service that focuses on problem-solving as well as behavioral and social activation. On average, PEARLS participants reported improved satisfaction about their emotional well-being, their relationships with their families, and in social activities and the amount of friendship in their lives.
- Healthy IDEAS is a partnership program with The Office On Aging. The program offers depression prevention program for older adults, and a 12-week class and support group for caregivers of seniors with mental illness, dementia, or who are receiving PEI services. 84.2% of participants reported that the support groups helped them reduce caregiver stress.
- **Work Plan 6: Trauma-Exposed Services**
 - Partnership with RUHS-Public Health and RUHS-Medical Center staff on the ACEs (Adverse Childhood Experiences) Aware grant to train physicians on completing ACEs screening. PEI supported the development of the curriculum, and will co-facilitate trainings for RUHS and community doctors and medical staff.
- **Work Plan 7: Underserved Cultural Populations**
 - After the success of the Building Resilience in African American Families (BRAAF) for girls' pilot program, an RFP was released for a program in each of the 3 regions. We anticipate both a Boys and Girls program in each of our three regions.
 - Native American project is expected to begin services before the end of the current fiscal year. The project includes a culturally tailored family program called Wellbriety Celebrating Families, a large community gathering called GONA (Gathering of Native Americans) that reflects cultural values, traditions, and spiritual practices, as well as the offering of cognitive-behavioral based therapy.

- FY19/20 was the first year of implementation for our Asian/PI cultural population with a program called KITE (Keeping Intergenerational Ties in Immigrant Families). KITE is a research-supported, 10-week parenting class for API families with children ages 6-17. Classes are available in Mandarin Chinese, Korean, Tagalog, and English. Six classes were conducted in Chinese, Tagalog, and Korean with an 80% parents/caregivers completion rate. The program was converted to a virtual platform with great success.

Workforce Education and Training

- OSHPD WET funding (2021-2025): WET secured one-time funds to help support advanced training, loan repayment programs, stipends for student interns, and career pipeline activities.
- Training:
 - 16 unique advanced training topics offered. CEs offered whenever possible. Many trainings focused on trauma and/or culture.
 - Assigned coordinators to improve structure, oversight, development and evaluation of our most critical Evidence Based Practices
 - Created a comprehensive case management training series
 - Purchased our first eLearning software - Articulate 360.
- Cultural Competency: Cultural competency training was made mandatory for all staff and contractors. Additional recommendations reviewed with Cultural Competency Reducing Disparities Committee and currently being operationalized for implementation.
- Administrative Supervisor Development: Monthly workgroup met regularly; 6 professional development trainings conducted; administered survey to supervisors to gain feedback about needs.
- Clinical Supervisor Development: 12 staff completed specialized training in Competency Based Clinical Supervision. 4 staff are currently completing a T4T to become expert

clinical supervisors. Internal workgroup established. Department clinical supervision program being development.

- Student Interns: 37 student interns; 51% Spanish speaking; 51% Hispanic/Latino; 14% African American; 8% Asian/PI; 14% male.

Innovations (INN):

- TAY Drop-In Centers: This 5-year plan sunset on June 30, 2020. Due to the success of the program, and based on community feedback, the TAY centers will continue but may be modified. The TAY Drop-In Centers are now funded under the CSS Component.
- RBY (Resilient Brave Youth) Program: Commercially/Sexually Exploited Children (CSEC) Field Response project continues to grow with added partnerships and collaborations to gain more referrals, and offer more resources and treatment to the youth and families in this population.
- Tech-Suite **Help@Hand** Project: As a part of this project, Riverside developed a virtual chat app called Take My Hand. The prototype was introduced to and received favorably by our other county partners via the the Help@Hand collaborative.
 - In response to COVID-19, Riverside County launched Take My Hand and deployed the service to Riverside County residents on April 17, 2020. Peer Support Specialists operated chats, and on-call clinicians were available to support individuals whose chats indicated they were in crisis.
 - In addition to launching Take My Hand, RUHS-BH explored app development specifically for the Deaf and Hard of Hearing community.

Capital Facilities and Technology (CFTN):

- Roy's Desert Oasis, a 92-bed, augmented board and care facility opened in August 2020. The facility allows for the recovery support necessary to move consumers from a higher level of care into a community level of care. It is located in North Palm Springs.
- The Arlington Recovery Campus is a full service residential and outpatient campus designed to assist consumers who require a more intensive recovery program to integrate into the community at a lower level of care. It is located in the City of Riverside.

- Early temporary use of this developing space was converted into COVID surge units to meet the treatment needs of people experiencing a mental health emergency and who also tested positive for COVID, or who were showing possible COVID symptoms, while quarantining them from the remaining hospital population.

Regional Grid

FY 2021/2022

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

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

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

General			
BH Care at Community Health Center	X	X	X
Parent Child Interaction Therapy/Preschool 0-5	X	X	X
DBT, Eating Disorder, NCI, MI, TF-CBT, other EBP	X	X	X
Crisis System of Care:			
Mobile Crisis Teams	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 Ride Along (CBAT)	X	X	X
Mental Health Court & Justice Related:			
Mental Health Court/Veterans Court	X	X	X
Homeless Court	X		X
Law Enforcement Education Collaboration (CIT)	X	X	X
Youth Treatment Education Center	X		
Juvenile Justice EBP	X	X	X
Adult Detention BH Discharge Preparedness	X	X	X

CSS: Outreach and Engagement

Lived Experience Programs:

Consumer Affairs: Peer Support

Peer Centers	X	X	X
Peer Employment Training	X	X	X
WRAP/Facing Up/WELL	X	X	X

Parent Support & Training: Parent Partners

Educate, Equip & Support	X	X	X
Triple P/Triple P Teen	X	X	X
Nurturing Parenting	X	X	X
Parent Partner Training	X	X	X

Family Advocates:

Family WRAP (English & Spanish)	X	X	X
Family to Family Classes (English & Spanish)	X	X	X
DBT for Family (English & Spanish)	X	X	X

Housing & Housing Programs:

HHOPE Programs	X	X	X
Homeless Outreach Teams	X	X	X
SafeHaven	X		X
Permanent Supportive Housing Units	X	X	X

Prevention and Early Intervention (PEI)

	Western Region	Mid-County Region	Desert Region
Mental Health Outreach, Awareness & Stigma Reduction:			
Contact for Change/ Stand Against Stigma	X	X	X
Promotores de Salud Mental y Bienestar	X		X
Community Mental Health Promotion Program	X	X	X
Integrated Outreach & Screening	X	X	X
Asian/PI Mental Health Resource Center	X	X	
Helpline	X	X	X
Parent Education & Support:			
Triple P - Positive Parenting Program	X	X	X
Mobile MH Clinics & Preschool 0-5 Program	X	X	X
Strengthening Families	X	X	X
Early Intervention for Families in Schools:			
Peace4Kids			X
Transition Age Youth (TAY) Project:			
Stress and Your Mood	X	X	X
TAY Peer-to-Peer Services	X	X	X
Active Minds Chapters	X	X	X
Teen Suicide Awareness & Prevention Program	X	X	X

First Onset for Older Adults:

Cognitive Behavioral Therapy for Late-Life Depression			X
Program to Encourage Active Rewarding Lives (PEARLS)	X	X	X
Care Pathways - Caregiver Support Groups	X	X	X
Carelink	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	
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	X	X	

Innovations (INN) Components

	Western Region	Mid-County Region	Desert Region
Transition Age Youth (TAY) Drop-In Centers:	X	X	X
Resilient Brave Youth - CESC Project:	X	X	X
Tech-Suite (Help @ Hand) Project:	X	X	X

MHSA Community Planning and Local Review

Understanding the Stakeholder Process

Who Is a Stakeholder?

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

Local Stakeholder Process

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

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

Stakeholder Partner and Participation Packet



Stakeholder Partnership and Participation Structure



(Rev 06/28/2018)

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



BHC & Community Advisory	Collaboratives	Forums	Posting and Public Hearing
<p><u>Behavioral Health Commission</u></p> <p>Commission Meetings</p> <ul style="list-style-type: none"> Central Regional (Desert, Mid-County, Western) 	<p><u>Prevention and Early Intervention</u></p> <ul style="list-style-type: none"> Steering Committee* Quarterly Collaborative Meetings (Sign up at MISA@rcmhd.org) 	<p><u>Focus Groups</u></p> <p>Focus Groups are coordinated meetings designed to get specific feedback on community needs. They are sometimes used to initiate planning, sustain planning, or to concentrate feedback from a particular population or group.</p>	<p><u>Plan Draft Distribution</u></p> <ul style="list-style-type: none"> RHS-BH Clinics/Programs Residential Housing Wellness Cities Public Libraries
<p><u>Behavioral Health Commission</u></p> <p>Standing Committees</p> <ul style="list-style-type: none"> Adult System of Care Children's Committee Criminal Justice Housing Legislative Older Adult System of Care Veteran's Committee 	<p><u>Workforce Education and Training</u></p> <ul style="list-style-type: none"> Steering Committee* Workforce survey, training evaluations, and feedback forms Academic and community pipeline committees 	<p><u>MHSA Forums</u></p> <p>MHSA Forums are held at community events and are dedicated to education and feedback on the MHSA plan.</p> <p>#MHSAtalk</p> <ul style="list-style-type: none"> May is Mental Health Month Recovery Happens (More to come) 	<p><u>Public Hearing</u></p> <p>Public Hearing provides the community to give feedback on a proposed MHSA plan</p> <ul style="list-style-type: none"> Typically scheduled in May for annual update Sometimes scheduled at other times of the year based on an individual workplan
<p><u>Cultural Competency</u></p> <ul style="list-style-type: none"> Reducing Disparities African Am. Family Wellness Group Asian Am. Task Force Community Advisory on Gender and Sexuality Issues Nosotros Community Settlement Spirituality Initiative Native Am. Council (Developing) 	<p><u>Innovations</u></p> <ul style="list-style-type: none"> Steering Committee* Plan related development, monitoring, and support <ol style="list-style-type: none"> TAY Collaborative CSEC Program Meeting 		<p>www.RCDMH.org</p> <p>MHSA Tab</p> <ul style="list-style-type: none"> Most recent annual update and latest 3-Year plan Includes electronic feedback forms MISA@rcmhd.org

*Closed meeting

(Rev 06/27/2018)



**2020 MEETING SCHEDULE
BEHAVIORAL HEALTH COMMISSION & REGIONAL ADVISORY BOARD**

BEHAVIORAL HEALTH COMMISSION

1st Wednesday of the month at 12:00 noon at the following location: Riverside University Health System – Behavioral Health, 2085 Rustin Avenue, Conference Room 1051, Riverside, 92507 on the following dates:

January 8, 2020	April 1, 2020	July 1, 2020	October 7, 2020
February 5, 2020	May 6, 2020	August – DARK	November 4, 2020
March 4, 2020	June 3, 2020	September 2, 2020	December - DARK

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

DESERT REGIONAL BOARD

2nd Tuesday of the month at 12:00 noon at the following location: Indio Mental Health Clinic, 47-825 Oasis, Indio 92201 on the following dates:

January 14, 2020	April 14, 2020	July 14, 2020	October 13, 2020
February 11, 2020	May 12, 2020	August – DARK	November 10, 2020
March 10, 2020	June 9, 2020	September 8, 2020	December - DARK

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

MID-COUNTY REGIONAL BOARD

1st Thursday of the month at 3:00 p.m. at varying locations within the Mid-County Region on the following dates:

January 2, 2020	April 2, 2020	July 2, 2020	October 1, 2020
February 6, 2020	May 7, 2020	August – DARK	November 5, 2020
March 5, 2020	June 4, 2020	September 3, 2020	December – DARK

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

*** Due to 4th of July Holiday, meeting has been moved forward to the following week – July 11, 2019*

WESTERN REGIONAL BOARD

1st Wednesday of the month at 4:00 p.m. at 2085 Rustin Avenue, Riverside 92507 on the following dates:

January 8, 2020	April 1, 2020	July 1, 2020	October 7, 2020
February 5, 2020	May 6, 2020	August – DARK	November 4, 2020
March 4, 2020	June 3, 2020	September 2, 2020	December - DARK

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



BEHAVIORAL HEALTH COMMISSION - STANDING COMMITTEES 2020 MEETING SCHEDULE

ADULT SYSTEM OF CARE COMMITTEE	CHILDREN'S COMMITTEE	CRIMINAL JUSTICE COMMITTEE	HOUSING COMMITTEE	LEGISLATIVE COMMITTEE	OLDER ADULT SYSTEM OF CARE COMMITTEE	VETERAN'S COMMITTEE
<i>Last Thursday @ 12pm 2085 Rustin Avenue Riverside, CA 92507</i>	<i>4th Tuesday @ 12:15pm 3125 Myers Street Riverside, CA 92503</i>	<i>2nd Wednesday @ 12pm 3625 14th Street Riverside, CA 92501</i>	<i>2nd Tuesday @ 11 am 2085 Rustin Avenue Riverside, CA 92507</i>	<i>1st Wednesday @ 10:30 am 2085 Rustin Avenue Riverside, CA 92507</i>	<i>2nd Tuesday @ 12pm 2085 Rustin Avenue Riverside, CA 92507</i>	<i>1st Wednesday @ 10:30 am 2085 Rustin Avenue Riverside, CA 92507</i>
January 30, 2020	January 28, 2020	January 8, 2020	January 14, 2020	January 8, 2020	January 14, 2020	January 8, 2020
February 27, 2020	February 25, 2020	NA	February 11, 2020	February 5, 2020	February 11, 2020	February 5, 2020
March 26, 2020	March 24, 2020	March 11, 2020	March 10, 2020	March 4, 2020	March 10, 2020	March 4, 2020
April 30, 2020	April 28, 2020	NA	April 14, 2020	April 1, 2020	April 14, 2020	April 1, 2020
May 28, 2020	May 26, 2020	May 13, 2020	May 12, 2020	May 6, 2020	May 12, 2020	May 6, 2020
June 25, 2020	June 23, 2020	NA	June 9, 2020	June 3, 2020	June 9, 2020	June 3, 2020
July 30, 2020	July 28, 2020	July 8, 2020	July 14, 2020	July 1, 2020	July 14, 2020	July 1, 2020
August - DARK	August - DARK	NA	August - DARK	August - DARK	August - DARK	August - DARK
September 24, 2020	September 22, 2020	September 9, 2020	September 8, 2020	September 2, 2020	September 8, 2020	September 2, 2020
October 29, 2020	October 27, 2020	NA	October 13, 2020	October 7, 2020	October 13, 2020	October 7, 2020
*November 19, 2020	November 24, 2020	November 18, 2020	November 10, 2020	November 4, 2020	November 10, 2020	November 4, 2020
December - DARK	December - DARK	NA	December - DARK	December - DARK	December - DARK	December - DARK
Committee Secretary Elizabeth Lagunas (951) 940-6215	Committee Secretary Saida Spencer (951) 358-7348	Committee Secretary Jared Buckley (951) 955-1530	Committee Secretary Michelle Barrera (951) 715-5049	Committee Secretary Manny Pondivida (951) 955-7198	Committee Secretary Raetheea Harris (951) 509-2422	Committee Secretary Melissa Jacks (951) 955-7263

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

Thank you!

Revised 11/2019

**CULTURAL COMPETENCY PROGRAM
COMMITTEE MEETING SCHEDULES**

CCRD



CAGSI



2020

**COMMUNITY,
PROVIDERS &
STAFF
WORKING
TOGETHER TO
REDUCE MENTAL
ILLNESS STIGMA**

AAFWAG



AATF



OPEN TO ALL!

**FOR MORE
INFORMATION:**

**PGUTIERREZ@
RUHEALTH.ORG**



ALL MEETINGS HELD AT:
2085 RUSTIN AVE. RIVERSIDE, CA

CCRD

2ND
WEDNESDAY
9-11 AM

Cultural Competency Reducing Disparities

A partnership between RUHS-BH and the community that promotes ethnic, cultural and linguistically appropriate services to underserved populations, unifies the diverse subcommittees below and addresses intersectionality relevant to spirituality, blindness/visual impairment, and deafness /hard of hearing.

CAGSI

3RD
TUESDAY
2:30-4 PM

Community Advocacy for Gender & Sexuality Issues

A county-wide coalition of LGBTQ serving organizations, consumers and providers advocating for the implementation of cultural competent services and prevention and early intervention strategies for the LGBTQ community.

AAFWAG

3RD
WEDNESDAY
10-11:30AM

African American Family Wellness Advisory Group

Lifting every voice in the community by bringing non profits and faith-based organizations, consumers, families and concerned residents across the age span together to ensure that mental health services reflect the culture and needs of African-Americans in Riverside County.

AATF

4TH
THURSDAY
3:30-5 PM

Asian American Task Force

Unites Asian American population and providers, stakeholders and community resources to address mental health disparities in Riverside County through education, advocacy, community building, and networking.

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.

2020 Schedule

Wednesday, January 29, 2020 12PM-2PM

Rustin Conference Center 2085 Rustin Ave. Riverside, CA 92507 #1055

Wednesday, April 29, 2020 12PM-2PM

Rustin Conference Center 2085 Rustin Ave. Riverside, CA 92507 #1055

Wednesday, July 29, 2020 12PM-2PM

Rustin Conference Center 2085 Rustin Ave. Riverside, CA 92507 #1055

Wednesday, October 28, 2020 12PM-2PM

Rustin Conference Center 2085 Rustin Ave. Riverside, CA 92507 #1055

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

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

TAY Collaboratives

Community Meetings focused on
Transition Age Youth



Western	Mid-County	Desert
Stepping Stones 1820 N University Avenue Riverside	The Arena 2560 N Perris Boulevard Perris	Desert Flow 78-140 Calle Tampico La Quinta
2nd Wednesday of each month 2:00 p.m.	4th Wednesday of each month 3:00 p.m.	1st Wednesday of each month 3:00 p.m.
(951) 955-9800	(951) 940-6755	(760) 863-7970

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

- **Riverside County Behavioral Health Commission (BHC) and Regional Mental Health Boards:** The BHC acts as a community focal point for behavioral health issues by reviewing & evaluating the community's mental health needs, services, facilities, & special problems. Members are appointed by the Riverside County Board of Supervisors (BOS) and represent each of the Supervisorial Districts. Each region of Riverside County (Western, Mid-County, Desert) has a local Mental Health Board that serves in a similar capacity and helps to inform the greater BHC. The BHC advises the Board of Supervisors & the Behavioral Health Director regarding any aspect of local behavioral health programs. BHC meetings are held monthly and are open to the community.
 - The BHC also hosts subcommittees designed to seek community feedback and recommendation on specific service populations or higher-risk communities. These committees meet monthly and are open to the community and welcome community participation. A member of the BHC chairs the subcommittees. MHSA Administration relies on these subcommittees to advise on program areas related to the committees' special attention:
 - **Adult System of Care**
 - **Children's System of Care** (includes Children, Parents/Families, and TAY)
 - **Older Adult System of Care** (includes caregivers)
 - **Criminal Justice** (includes consumers who are justice involved, and the needs of law enforcement to intervene with consumers in the justice system)
 - **Housing** (addresses homelessness and housing development)
 - **Veteran's Committee** (includes the behavioral health needs of US Veterans and their families)

- **RUHS Cultural Competency Program:** The Cultural Competency Program provides overall direction, focus, and organization in the implementation of the system-wide Cultural Competency Plan addressing enhancements of service delivery and workforce development. The plan focuses on the ability to incorporate languages, cultures, beliefs, and practices of consumers into Behavioral Health Care service delivery. Cultural Competency includes underserved ethnic populations, the LGBTQ community, Deaf and Hard of Hearing and the physically disabled communities, and Faith-based communities.
 - **Cultural Community Consultants:** Contracted ethnic and cultural leaders that represent identified underserved populations within Riverside County. Consultants provide linkage to those identified populations. The primary goals of the consultant are: (1) to create a welcoming and transparent partnership with community based organizations and community representatives with the purpose of eliminating barriers to service, and (2) educate and inform the community about behavioral health and behavioral health services to reduce disparity in access to services, recovery, and wellness.
 - **Cultural Populations Advisory Groups:** The Cultural Community Consultants chair or co-chair a related committee that is respective of each of the underserved communities they represent. The advisory groups counsel RUHS-BH on culturally informed engagement and service delivery. These advisory groups typically meet every other month and welcome community participation:
 - **Community Advocacy for Gender and Sexuality Issues (CAGSI)**
 - **African American Wellness Advisory Group (AAFWAG)**
 - **Asian American Task Force (AATF)**
 - **American Indian Council** (in development)
 - **Center on Deafness Inland Empire (CODIE):** RUHS-BH holds a cooperative agreement with CODIE to provide counsel on better serving consumers who are deaf or hard of hearing.

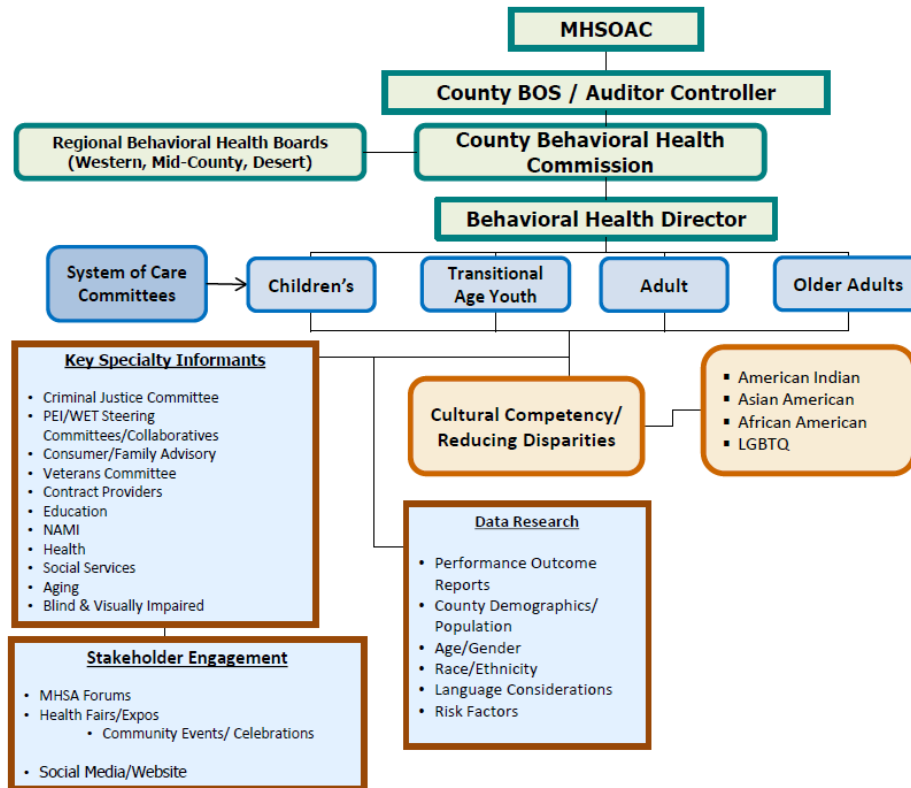
- **Cultural Competency Reducing Disparities Committee (CCRD):** A collaboration of community leaders representing Riverside’s diverse cultural communities, united in a collective strategy to better meet the behavioral health care needs of traditionally underserved communities. CCRD is chaired by a mental 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 programming. 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. Not only are their 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 Update and 3 year Plan Planning Structure

Mental Health Services Act (MHSA) Annual Update FY21/22 Planning Structure



Community Planning Process

- Review Annual Update Instructions
- Distribute Survey/Feedback Forms
- Input from Key Specialty Informants
- Evaluate Current Program Data
- Identify Recommended Plan Amendments
- Budget Projections/Reviews
- Develop Draft Plan
- Input from Planning Committees
- Input from BHC
- Final Draft Recommendations
- 30-Day Posting
- Public Hearing
- BH Director/ Auditor-Controller Certification
- BOS Adopts
- MHSOAC Receives Annual Update within 30-days of BOS approval

**Mental Health Services Act (MHSA)
Annual Update FY21/22
Time Line**

August – September 2020	October – December 2020	January – March 2021	April – June 2021
<ul style="list-style-type: none"> ▪ Develop Community Planning Process Infrastructure ▪ Identify and confirm Stakeholders and Key Informant Groups ▪ Introduce Community Planning Process to Behavioral Health Commission 	<ul style="list-style-type: none"> ▪ Provide Annual Update Instructions, Timeline, Data Review, Program Analysis, and Survey/Feedback Tools/Forms to Key Informants, Stakeholders, and Planning Committees ▪ Identify current program effectiveness and/ or rationale for consolidation or elimination of programs 	<ul style="list-style-type: none"> ▪ Continue Stakeholder Input Process, Sessions, and Opportunities ▪ Consensus Building ▪ Develop and Write Draft Annual Update for FY21/22 	<ul style="list-style-type: none"> ▪ Post Draft Annual Update for 30-Day Review and Comment (April) ▪ Public Hearing (May) ▪ Adoption by BOS (June) ▪ Final Annual Update sent to MHSOAC 30-Days after BOS adopts

30-Day Public Comment

The Draft MHSA Annual Update FY 21-22 was posted for a 30-day public review and comment period, from April 12 – May 10, 2021.

30-Day Public Review and Public Hearing

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

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

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

- Access to related hardware that allowed for application download
- Costs to the stakeholder associated with data usage

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

- People's lives had been disrupted, and limiting the public hearing to a single event would need to fit into people's regularly shifting schedules, demands, and stressors
- Households were sheltering together and privacy was a challenge. Some individuals want their participation in behavioral health care to be confidential but could be easily overheard in their household.
- Some people were frustrated by their own limits on understanding the use of the technology and required significant orientation and coaching to be successful in their use

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

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

Public Posting and Public Hearing During COVID Adaptations

1. Announce the 30 day Public Hearing Period and the COVID Adapted Public Hearing process via repeated email distribution, our Department Webpage, and through our social media accounts: Twitter, Facebook, and Instagram. Announcements provided in both English and Spanish, and include a link to the full plan and an electronic feedback form.

2. Attached to the email is a Riverside County MHSA “Toolkit,” quick reference documents requested by our stakeholders that summarized plan changes, highlights, and goals, as well as, a grid organizing the service components by region, an orientation to MHSA, and a success story from a MHSA funded program.
3. After 30-day review period, a video presentation of the MHSA Plan overview, similar to the introduction of a standard public hearing, posted daily on all our social media accounts including YouTube for 14 days and include a link to the full plan, the electronic feedback form, and a voice mail telephone number. Presentation conducted in both English and Spanish. English video included picture in picture American Sign Language interpretation.
4. DVDs of the presentation also available for mail or pick up, and included copy of the MHSA toolkit and a stamped envelope to mail completed feedback forms.
5. All community feedback provided to the Ad Hoc BHC Executive Committee for review and to determine if changes to the Workplans are necessary. All input, comments, and Commission recommendations from this Public Hearing documented and included in final MHSA Plan.

Results of Virtual Public Hearing Process

A total of 12,160 people (in Spanish and in English) saw the MHSA Annual Update FY 21-22 video presentation promoted on their Facebook or Instagram news feeds, and 6,429 people engaged with the post over a 14 day period.

A “ThruPlay” is measured as someone watching at least 92% of the full video. The video included closed captioning and picture-in-picture American Sign Language interpretation. There were 677 Thruplays of the MHSA Annual Update FY 21-22 Public Hearing videos, and 301 people clicked on the links to learn more about the plan or to provide feedback.

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

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 programming for the Crisis System of Care, Justice Involved programs, and expansion and enhancement of the outpatient service system.

Children's System of Care

Western Region

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

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

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

Contract providers

Mid-County Region

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

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

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

Desert Region

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

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

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

Contract Providers

TAY System of Care

Western Region

FSP Programs: The Journey

Mid-County Region

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

Desert Region

FSP Programs: TAY FSP
(operated by Oasis)

Adult System of Care

Western Region

FSP Programs: (JWC)
Jefferson Wellness Program and Bridges program,

Clinic

Expansion/Enhancements:
Blaine Street Adult Services, Main Street Clinic, Rubidoux Family Care Center Integration, Pathways to Success, Mobil Psychiatric Services Team

Mid-County Region

FSP Programs

Clinic

Expansion/Enhancements:
Lake Elsinore Adult Clinic, Temecula Adult Clinic, Hemet Adult Clinic, Pathways to Success

Desert Region

FSP Programs

Clinic

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

Older Adult System of Care

Western Region

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

Clinic

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

Mid-County Region

FSP Program: SMART Team
– Mid-County

Clinic

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

Satellite Older Adult Clinics:
Perris

Desert Region

FSP Programs: SMART Team
– Desert

Clinic

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

Satellite Older Adult Clinics:
Indio and Banning

CSS-01 Full Service Partnerships

What is Full Service Partnership (FSP)?

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

Children

Multidimensional Family Therapy Program

Western Region: MDFT Expansion

Western Region MDFT Expansion serves the cities of Riverside, Moreno Valley, Corona, Norco, Eastvale, and the unincorporated areas of Jurupa Valley, Lake Matthews, Home Gardens, and parts of Mead Valley. MDFT Western Region Expansion team consists of two Clinical Therapists, one half-time Supervisor, one Behavioral Health Specialist II, and one Office Assistant II. In addition, there is a Clinical Therapist II in ISF Wraparound that is trained in the model and half of their time is spent providing MDFT services to Wraparound consumers only. Western MDFT Expansion has vacancy in the Community Service Assistant position. The program is currently in recruitment to fill its vacant Clinical Therapist position.

Noted trends in the Western Region service area includes increase referrals for services, youth being released from probation terms prior to completing MDFT program which impacts the youth's motivation to remain involve and active in treatment, a desensitization of drug use and family's attitude shift towards legalized marijuana, and intergenerational gang involvement. Goals through FY 22/23 include the following:

- 1) Increase in person session including individual and family sessions. Because of COVID-19, in person meetings have decreased. This impacts the program's ability to video tape or conduct live supervision resulting in fewer opportunity to guide staff on how to shape positive outcome for families and/or increase staff's clinical skills.
- 2) Plan and develop a MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes.

Mid County MDFT Program

Mid County region currently has four Clinical Therapists, two Behavioral Health Specialist II, one Community Services Assistant, one Certified Medical Assistant performing the role of a Community Services Assistant, two Office Assistant II, and one Supervisor. Mid County MDFT has one Clinical Therapist vacancy. Mid County MDFT team serves the cities of Perris, Murrieta, Temecula, Wildomar, Lake Elsinore, Hemet, San Jacinto and unincorporated area of Anza.

Noted trends in Mid County MDFT is similar to Western Region and Desert Region where they continue to see youth with multigenerational gang involvement, parents with lax attitude towards

their youth's drug use, and youth being released from probation terms prior to completing the MDFT program. Goals through FY 22/23 include the following:

- 1) Maintain fidelity to model by having clinical therapists submit weekly treatment planning for review as well as video-taping sessions for training and supervision purposes. Increased supervision allows staff to learn skills needed to help youth and families achieve better outcomes.
- 2) Plan and develop MDFT semi-annual summit with MDFT teams in other regions to allow for continue training and support purposes.

Desert Region MDFT Program

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

Noted trends for Desert Region MDFT is similar to Western Region MDFT Expansion. There is an increase in referrals where grandparents are raising youth, youth living in one parent home, and youth release from probation terms before completing MDFT program. In the desert, there is a reduction of cases with multigenerational gang involvement. Goals through FY 22/23 include the following:

- 1) Increase family sessions in terms of frequency and time spent in family session. Improvement in this area can lead to better outcomes for youth and family.
- 2) Increased supervision time with clinical staff. Increase case reviews, live family sessions, and video review with clinical therapists. More supervision time will lead to increased skills resulting in better outcomes for youth and families.
- 3) Develop and implement ways to imbed MDFT therapist in the TAY Drop-In Center.
- 4) Plan and develop MDFT semi-annual summit with MDFT teams in other regions to allow for continue training and support purposes.

MHSA is Action!

MDFT

My name is Luis. I was 16 years old when I participated in the MDFT program, as my life was a total disaster. My Mother and I were always arguing, as we did not see things eye to eye. I was always by myself, dealing with my low self-esteem, anxiety, depression and always feeling tired due to insomnia and lack of motivation. At school, my grades were low and I was attracted to hang around with the wrong crowd.

My Mother and I always seem to argue about everything, and I felt she wanted to control my life as she would tell me what she wanted me to wear, whom I was hanging around and always comparing me to others. Due to all the problems at school and at home, I started using Marijuana, my grades started to decline and many times, I contemplated to run away from home.

A huge argument with my Mother came when they received the first semester grades, as she was able to see that I had not made progress and I was failing all my classes. My Mother was so upset, screamed, and yelled telling me that she was done and that she will be changing me to another school. I was so upset and I felt like a failure.

Things were bad at home and at school, my Mother had not faith in me and we would constantly argue about school, my clothes, my friends and me using Marijuana. My mother was worried about me and had come across the MDFT program information through another therapist and made an appointment for me to start services. At first, I was a little skeptical that these people would be able to help my Mother and I as we had participated in many other therapy sessions with other programs and nothing seemed to work. We started meeting with the therapist 3 times a week, and due to the intensity of the program and case managements we were able to learn different coping skills, positive communication and foremost; respect among each other.

They linked me with a doctor for medication, substance use program, and anger management program. They also supported me to get register to the school I wanted to attend. My Mother and I were able to see changes such as decreased in arguments, oppositional defiant disorder, depression and anxiety. My Mother learned how to navigate the school system and now feels capable and equipped to advocate for me within the school system in order to get the support I need to be successful academically. My Mother have also worked through her differences with my Father and now we all have healthy communication and have a strong family relationship. I learned ways to manage my substance use and I was able to maintain sobriety. My Mother and I are now happy and feel more united than ever, thanks to the MDFT team.

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

The foundation of Wraparound is based on partnering with families to provide individualized support based on their unique strengths and needs in order to promote success, safety and permanence within the home, school and community. Program staff work with the family to

develop a Wraparound team, which is comprised of a Facilitator, Behavioral Health Specialist, Parent Partner, and in some cases, a TAY Peer and a Therapist from RUHS-BH, a Public Health Nurse, and a Probation Officer. The team also includes anyone the family sees as important in their lives such as extended family members, friends or other community members. As part of the Wraparound process, the team develops a family plan based upon “family voice and choice”, to guide the process focusing on ten life domains:

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

Wraparound has operated as an FSP Since October 2018 and provides a majority of services to the families and youth in the community (schools, home, other locations) with 3-5 services a week. In the past year, Wraparound programs have expanded to increase SED service to MEDICAL 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.

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

Noted trends in the Desert Service area are increased gang affiliation and activity, including the shootings/deaths of several youth in services, challenges of increasing safety for families and staff in services and navigating changes to the juvenile justices system. The positive impact is seen with BHS III providing substance abuse education and interventions in the team service,

increased recreational and group outings encouraged youth to remain in services, and improved interface between Behavioral Health staff and Probation cohabiting in office sites.

3-Year Plan Goal Progress:

- Increase staffing through the expansion via SB funds to address the needs of siblings, grandparents and other family members without disruption to relationships with identified youth and caregivers. This also allows for flexibility when addressing issues such as personal relationships with family members, transference and cultural needs.
 - 2019/2020 Progress to Goal- This goal remains in process with the Wraparound Joint Executive and BH executive.
 - Due to an increase use of telehealth platforms, the team has become more creative in terms of utilization of staff. Parent Partners with strong Wraparound skills have been facilitating, allowing therapists to address trauma. A recent example is that a Therapist with experience as a Mexican immigrant was paired with a Mexican immigrant mother in order to foster mutuality and a stronger therapeutic alliance.

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

- Develop and strengthen community partners to increase mentorship of probation youth. Mentors would have similar backgrounds and/or cultural identities to the youth, model recovery, or serve as role models for personal and vocational development.
 - The teams have worked on identifying mentors within the families and the communities whenever possible. Mentors have been invited from community centers and various churches. COVID gathering restrictions have slowed the growth of this objective, as many churches are not currently accessible, and families have expressed reservation about involving unknown community members into their service experience.
 - Palm Springs has created a community support meeting with various behavioral health programs, churches, community centers, law enforcement agencies and government officials. Wraparound staff that represent the African American community are participating in this coalition to increase services to youth in one particular area that have experienced an increase in gang violence. The Wraparound team is able to create relationship with meeting attendees and connect youth directly affected by this violence to community members and programs.

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

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

3-Year Plan Goal Progress:

- Expand service volume to Medi-CAL recipients who are not on formal probation.
 - Service volume was not increased, as new positions were not added. Service provision to Medi-Cal clients did increase, partly due to a

decrease in Probation referrals, which opened up service availability to more Medi-Cal clients.

- Filing staff vacancies to support complete teams in fidelity with the model and support increased service provision
 - Currently have two Clinical Therapist positions and two BH Peer Specialist positions in recruitment towards this goal.
- Staff participation in Moral Recognition Therapy and Anger Replacement Training (ART) to resume groups.
 - Goal continued as COVID gathering restrictions halted trainings. Training restructuring is currently in progress.
- Motivational Interviewing training for initial and advanced skills.
 - Goal continued as COVID gathering restrictions halted trainings. Training restructuring is currently in progress.
- Continued participation in the Wraparound Training Collaborative to expand regularly scheduled Wraparound basic and advanced trainings.
 - Wraparound Basic Training Boot camp was offered March 2020. Additional supervisors were trained in Wraparound Training for Trainers. Two staff currently being trained in Wraparound High Fidelity Coaching, which will expand staff ability to offer additional in-house trainings

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

Notable trends in Mid-County services include positive outcomes and engagement with the addition of Substance Abuse interventions from the BHS III position. Trauma Focused-CBT was added into services. Services increased to non-SB children, providing early intervention to these families.

Progress on 3-Year Plan Goals:

- Improve collaboration with local clinics and providers for Non-SB referrals and services.
 - Trainings were provided to Behavioral Health clinics to improve understanding of Wraparound and increase referrals.
- All staff attain proficiency in high-fidelity Wraparound.
 - Initial training held March 2020. COVID gathering restrictions halted further training. Virtual trainings for 21/22 explored.
- Increase direct contact with local Probation offices to improve collaboration and services.
 - Initial efforts increased referrals. COVID restrictions on business operations halted further development.
- Collaborate with school districts for direct referrals, as available.
 - On hold due to high level of referrals from BH clinics and other community partners.
- Build community partnerships via contact with Churches and community centers.
 - COVID restrictions on business operations halted further development.

Youth Hospital Intervention Program (YHIP)

Western YHIP Program

Western YHIP filled vacancies to increase program capacity to serve youth at risk of suicide and to reduce re-hospitalization. Currently, Western YHIP consists of three Clinical Therapists, one Parent Partner, one Office Assistant II and one Supervisor. Western YHIP serves the following areas: cities of Riverside, Moreno Valley Corona, East Vale, and at times Banning area. The BHSS carries a small caseload of 10 youth. The Western team provides approximately 75% of their services in the field. The program currently is awaiting for the onboarding process of a

BHS II. The program has one unfilled, Spanish Parent Partner and one TAY Peer. We provide individual, collateral and family sessions weekly to reinforce skills acquired and to promote understanding and acceptance of mental health conditions.

Noted trends in the Western Region service area include:

- Increased Spanish case management to identify and address potential stressors as well as gaps in support/resources.
- Promoted Spanish and English parenting support groups to reduce cultural stigma and to provide a platform for shared information.
- Provided more outreach and engagement in the community.
- Increased open communication with school site faculty allowing for identification of clients' challenges and struggles leading to the creation a positive school climate such as school attendance and academic success.
- Increased collaboration with Emergency Treatment Services (ETS)/Inpatient Treatment Facility (ITF) staff.
- Provided consistent support and training to First Episode Psychosis and Eating Disorder staff with complex cases.
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) training for new clinicians.

Western YHIP utilized evidence and strength-based psychotherapy interventions such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT) and Solution Focused Therapy.

Mid-County YHIP Program

2020 was a year of challenges due to the COVID-19 pandemic that pushed the Mid-Co YHIP staff to adapt service delivery. Currently, the team consists of one Behavior Health Services Supervisor, one OA III, four clinical therapists, three of which are Spanish speaking, two Spanish speaking Behavior Health Specialist II's, one Spanish speaking Parent Partner and two Transitional Age Youth Peer Support Specialists. A Community Support Assistant was added to the team in April of 2020 to assist with transportation needs and an OA II is scheduled to be hired in Spring of 2021. Beginning in March 2021, Mid-County YHIP will have a reduction to a .5 FTE Behavior Health Services Supervisor, as the program will share the Behavior Health Services Supervisor with the co-located Temecula Children's Behavioral Health Clinic.

From March to June of 2020, staff adjusted to providing telehealth services, but were anxious to return to face-to-face services in July, as many of the clients were not willing to participate in telehealth and needed added engagement support. Services are now provided in a combination of in-person field based and office based services, and telehealth services depending on the needs and safety of the clients and staff. We provide individual, collateral and family sessions weekly to reinforce skills acquired and to promote understanding and acceptance of mental health conditions.

All staff were trained in Aggression Replacement Training (ART) in December of 2019 but groups were put on hold due to the pandemic. Once it is safe to hold inside groups, the Aggression Replacement Training Groups can be held in person and to model fidelity. Telehealth groups were offered throughout the pandemic for parents and clients, but were not successful due to parents and clients not feeling comfortable with the video platform or not having adequate resources to access the video platforms. Representatives from the Murrieta Valley Unified School District have worked with Mid-County YHIP to increase communication regarding mutual students to increase school success and attendance.

All of the 3-year plan goals remain as appropriate for the coming year.

Mid-County YHIP

Goals through FY 22/23 include the following:

- 1) More training and collaboration from other agencies such as DPSS, Probation, other County & contract providers
- 2) Increase collaboration with SAPT -
- 3) Increase parent & youth groups -
- 4) Add Aggression Replacement Training (ART) group
- 5) Add Social Media Health group
- 6) Increase school attendance & school success
- 7) Provide ongoing support & trainings to First Episode Psychosis staff embedded in YHIP.

Desert Region YHIP Program

Desert YHIP is fully staffed and consists of four Clinical Therapists, two Parent Partners, two TAY Peer Support Specialists, one Substance Abuse Counselor and one Office Assistant III.

The 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 and group services for parents, in both English and Spanish as supportive services and an introduction to the program. Peers have also provided individual and group therapy using the WRAP Model (Wellness Recovery Action Plan). Services are provided on a weekly basis with 2-3 contact sessions per week, by one of the staff members using evidence-based models such as Cognitive Behavioral Therapy, Trauma Focus Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy. The program continues to work with individuals and their families in decreasing hospitalizations by providing them with the knowledge and skills to decrease at risk behavior and understanding mental health challenges.

Goals are continued as followed:

- 1) Adding additional groups such as a SAFE group, LGBTQ group, and Spanish speaking parenting groups. A group that was currently implemented this last year was a Parent Support group that takes place on the last Monday of the month. Additional implantation of new groups were temporarily on pause due to COVID-19 pandemic.
- 2) Increase 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. Goal will continue to be implemented and explored.
- 3) More integration of substance abuse services and groups for youth that struggle with co-occurring disorders. This goal is in progress.
- 4) Increase integration of TAY Peers into treatment team. Team has been working on providing this resource and support to all clients and will continue to do so.
- 5) Provide ongoing support & trainings to First Episode Psychosis staff embedded in YHIP. Current barrier to this goal is only having one staff member trained and more training and staff members would be needed to assist in enhancing support and knowledge with working with this population.
- 6) Trauma Focused-CBT and Dialectical Behavioral Therapy (DBT) training for all staff.

MHSA in Action!

YHIP

For years, I unknowingly struggled with anxiety, depression and suicidal tendencies. This happened throughout middle school and high school, where I struggled to maintain good grades, friendships, mentality and ultimately lost my touch with reality. 2 weeks before my 13th birthday, my father had abandoned my family, this became the first domino to tip over the rest of the challenges that were to come. Many issues later, I was basically holding on by a thread when high school happened.

Mental illness always ran through my family, but I never thought that I would be one of its worst victims, watching my mother raise three girls and one son on her own as an undocumented woman was such a heart-wrenching experience I would never want to live through ever again. When I was 15 I spent most of my after school hours with friends and drowning out my undiscovered pain with sneaking around and lying. When I was 15 I was raped and didn't figure it out until recently. When I was 16, I was dating an 18 year old which ended with me being hospitalized in January 2020.

I felt like I was violated to the point where someone stole something so precious from me and I've spent years trying to figure out what exactly it was that they stole from me. While I was laying in that hospital bed at 1 am and the nurses were pumping pills out of my stomach, I was staring at the ceiling and realizing that this could've been my reality check. My mom was so busy with other things she didn't know I had so many things going on in my life, she didn't even notice me walk out to meet the ambulance at midnight.

A few weeks later I had a therapy session set up with YHIP, and at first I was cold, quiet and a little annoyed, but a few months later and I have come to love the program and everything they have done for me. I have come back into touch with the person I was before everything I had gone through. I continue with my therapist and with my medication, I dread the day I have to part with this program, they have brought out the best part of me and a voice I didn't know I had. They truly feel like friends who are there at my worst and best moments. I don't know where I would be without them right now, I have a job, I'm about to graduate, and become the person I didn't think I could be a few years ago. And I genuinely owe it all to the wonderful and amazing people I have met at YHIP.

Traditional Age Youth (TAY)

Western Region- Journey TAY FSP

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

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

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

Challenges:

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

Lessons Learned:

- It is important for staff to be educated on and have an awareness of the developmental level of the TAY youth. Their identity evolves and shifts, including their sexual orientation,

gender identity, and other. Staff must be accepting of whatever version of identity is presented at time of contact and be equally accepting when it changes.

- Staff must be flexible in order to work with the TAY population.
- It is important for staff to develop positive relationships with consumers, so if in crisis, the consumer remembers he or she can return to Journey TAY for services and is willing to re-engage when in crisis.
- Engagement takes concerted, consistent effort over time.
- Staff must be willing to keep trying and refrain from viewing a previous failure as reason not to re-engage/try again.

Successes:

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

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

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

Journey TAY has not received approval to secure a BHS III position and add the corresponding PCN in order to fully integrate a substance use counselor into the treatment team. Journey TAY utilizes SU CARES and/or the Substance Use program to provide substance services for Journey TAY consumers who are interested, willing, and able to participate. The external substance use counselor is invited to participate in Journey TAY Multidisciplinary Treatment Team meetings for

mutual consumers. Of note, Journey TAY FSP serves some consumers with significant substance use issues; however, many refuse to participate in any substance use programs. Journey TAY continues efforts to engage these consumers in substance services on an ongoing basis with varying levels of success.

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

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

Mid-County Region: Victor Community Support Services TAY FSP

The Program or Plan Design, EBP, Model

The VCSS Perris TAY program operates an Integrated Service and Recovery Center for the Mid-County Region. The center provides FSP services which include individual, family and group treatment, rehabilitation services, case management and linkage to needed services, crisis support services, psychiatric services and vocational services. Each youth identified as a full service partner will be offered partnership with the ISRC to develop an individualized service and support plan, which is youth/family driven, and which operationalizes the five fundamental concepts: community collaboration, cultural competence, a youth/family driven mental health system, wellness focused as well as an integrated service experience. The services are provided on site, at home or in the community. Some of the EBP's used include TF-CBT, Seeking Safety, Why Try, and DBT.

Trends

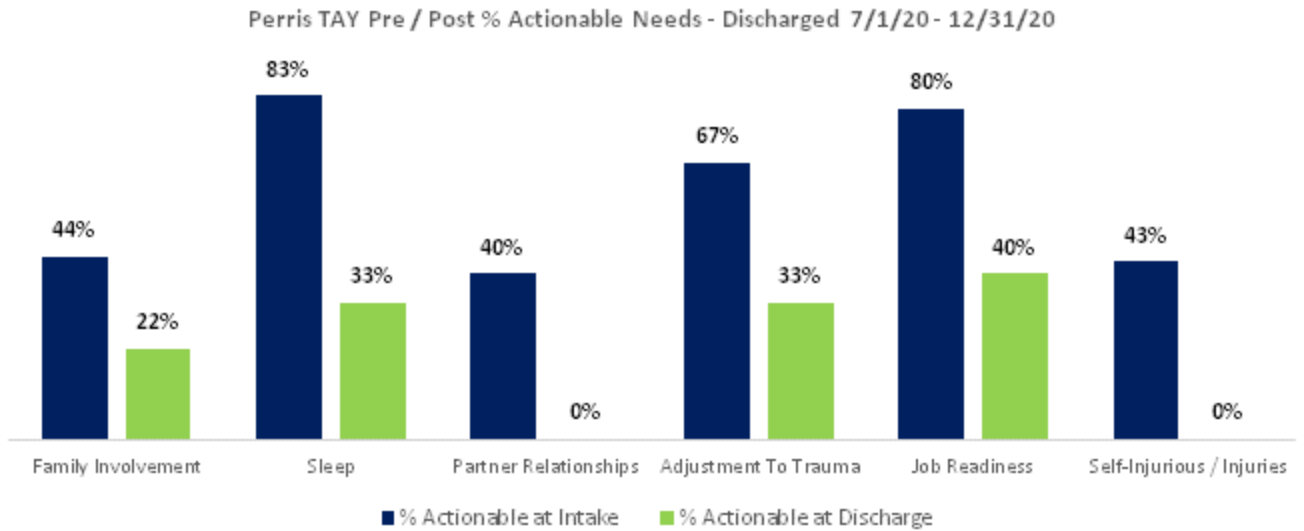
A total of 113 unduplicated clients were served in FY 19/20, with some discharging and returning to care there were a total of 118 enrollments. Among clients entering the program during the first half of the fiscal year (July 2020-Dec 2020), the most prevalent primary diagnosis

was Depression (30%), followed by Anxiety (18%) and Schizoaffective disorder (13%). This is supported by our ANSA data, which indicates that the most prevalent mental health needs among the youth were anxiety 92%, depression 75% and adjustment to trauma 69%.

Functioning needs at intake were *Social Relationships 73%, Family Involvement 64%, and Sleep 64%*. The top needs in the Risk Behaviors domain were *Social Behavior 24%, Danger to Others 16%, and Suicide Risk 14%*.

At discharge, *100% of the clients who entered the program with an actionable need in self-injurious/injurious behaviors improved, 100% improved in partner relationships and 60% in sleep* (see chart below). During this period, 86% of our youth have discharged with stable placements.

	% Actionable at Intake	% Actionable at Discharge	Decrease
Family Involvement	44%	22%	50%
Sleep	83%	33%	60%
Partner Relationships	40%	0%	100%
Adjustment To Trauma	67%	33%	50%
Job Readiness	80%	40%	50%
Self-Injurious / Injuries	43%	0%	100%



Lessons learned: Good outcomes, and how this informed program development -

In FY 19/20 Perris TAY FSP had a 38% decrease in Acute psychiatric hospitalizations, a 34% decrease in Mental Health emergency CSU use, and a 100% decrease in arrests.

Over the past year there have been many successes which have helped shape the services offered at VCSS Perris TAY FSP. There have been several members successfully accepted to colleges (Cal State San Marcos and San Diego State University) while juggling therapy sessions, medication management, and severe mental health symptoms. TAY FSP staff continue to empower members to strive for educational achievement and have made supporting members to complete high school or college goals a key component of the program.

During these unprecedented times of navigating a pandemic, there have been some successes in supporting member stability through the use of creative strategies. Where once staff would have transported a member for monthly medication injections, they have now successfully implemented several strategies to ensure members can remain stable on medication. Since transportation by staff has not been possible due to the high risk of an enclosed vehicle, staff have been able to maintain social distancing while supporting a hesitant caregiver to get member into their vehicle, followed member and caregiver to the pharmacy, supported member during injection process, and followed caregiver back to the home. In several instances, this has stabilized a member who had begun to exhibit aggressive or manic symptoms due to medication being overdue and empowered the caregiver to follow through with taking member out of the home. Additionally, staff have utilized in person socially distanced services to support

members in following through with telehealth psychiatry or primary care appointments they had not been able to complete successfully without a staff present. With this in mind, we continue to implement and encourage problem-solving opportunities in team meetings and staff supervisions to ensure that each TAY member is being supported in all areas of mental and physical health.

Additionally, TAY FSP staff have been able to utilize telehealth groups to continue to work successfully toward the social skills goals TAY youth so desperately need. While many TAY youth struggle with social skills in the best of times, the pandemic has only worsened the ability of these members to work on this skill. However through the use of exercise groups, cooking groups, holiday themed groups, art group, and several others our TAY members have been able to continue to practice engaging with peers, develop social supports outside their home, and continue to work through the social anxiety that affects so many of them. As the success of these groups is evident, TAY FSP staff have increased the variety and frequency of groups offered to continue to support social skill development in our members.

In DOR, several members have been successfully able to close cases with over 90 days of employment sustainment. Once opened and engaged, the process has been similar even with COVID restrictions and clients succeeded in placements such as Amazon and DeDe's Discount. DOR services continue to be an area focus and TAY FSP staff encourage members to develop goals around employment development even during the pandemic.

In TAY FSP there continues to be success in supporting members with emergency housing assistance. For example, a client who had a move in scheduled hit a road block when the prospective housemates became sick with COVID. The TAY FSP Housing Specialist was able to secure emergency housing for the member until the housemates recovered and he was able to move in. Additionally, a non-minor dependent of the court had a housing crisis over the holidays and the county social worker reached out to secure help in locating a placement. The TAY FSP Housing Specialist was able to locate an appropriate board and care facility for the member on the same day, preventing social worker from having to send the member to a shelter.

Lessons learned: Challenges of engagement, implementation, intervention, and how this was addressed in program development -

Challenges within the TAY FSP have shifted over the past year, with life looking different for our members. One challenge experienced early on was difficulty in engaging TAY members via telehealth. Some members lacked the technology to achieve a video session and were restricted to phone sessions. Members with social anxiety struggled with allowing video during a session. Members with psychosis struggled with differentiating between hallucinations and reality during telehealth sessions. Other members with paranoia feared security breaches and government interference, and refused phone and telehealth options. This presented significant barriers to traditional telehealth services. In program development, TAY FSP staff worked to develop safe ways to socially distance and to provide in person services to those members who were not being successfully served via telehealth. For example, a member who was relatively stable (active psychosis not controlled by medication, but no recent hospitalizations) in TAY FSP was aging out and needed to be transferred to Hemet Adult FSP. After several failed attempts to support member by phone in his telehealth assessment for Adult FSP, TAY FSP staff members held an outdoor session with the member to support him while he completed his assessment. The staff was able to provide historical information member was too frustrated or confused to give and was able to provide rehabilitation interventions during the session to orient member toward reality, deescalate member when he became frustrated, and provide a smooth handoff to Adult FSP services. While it has not been possible to eliminate the barriers to telehealth for all members, TAY FSP staff have been able to successfully serve all members safely with the use of pre-screening, social distance, masks, and outdoor meetings. These strategies have increased engagement and access to services for members previously struggling with telehealth.

Another challenge the pandemic has brought about is the need to restrict member transportation at this time. As previously mentioned, difficulties in helping members reach medication injections or primary care appointments have occurred. Members have struggled to make it to the DMV to obtain ID cards, which impacts the ability to obtain a job or housing at times. Members have had housing and relocation needs arise which have been difficult to manage without the ability to transport the member directly. In response to this challenge, TAY FSP staff have developed a comprehensive checklist to exhaust all possibilities for transportation in order to help the member succeed. By exploring all social supports, following

member in another vehicle, helping member to arrange an Uber or Lyft ride, or helping member figure out a bus transport so far each transportation need has been successfully managed.

Providing DOR services during the pandemic has presented additional challenges. Once opened most cases go similarly to prior to the pandemic, however the opening process and job placement has been significantly impacted by members' fear of contact needed to complete opening assessments and fear of attending an interview or the actual job. In order to address these challenges, DOR staff have been encouraged to "think outside the box" and provide additional employment related supports such as job readiness skills, job preparation, and additional coaching to support members through their concerns.

Desert Region - Oasis TAY FSP MHSA

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

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

Progress on goals:

-Increase average monthly census from 70 to 85: There has been no increase in the monthly census. It continues to hold at 70. We were having a slight uptick to 72 until we went into the shut down for COVID. Still far from the goal of 85.

-Increase average length of stay from 1-1/2 years to 2 years

In FY19/20 the Oasis TAY FSP served in total 100 youth, with one youth discharging and returning to care there were a total of 101 enrollments. The most prevalent primary diagnosis was Depression (31%), followed by Schizophrenia/Psychosis (25%), Bipolar (15%) and Other Mood disorder (15%). Only 3% had a diagnosis of anxiety or PTSD. Thirty-two percent of the 38

consumers closing from the program had a length of stay greater than 90 days but less than one year.

Program outcomes in FY19/20 showed a 70% decrease in Acute psychiatric hospitalizations, a 66% decrease in Mental health emergency CSU use, and a 79% decrease in arrests.

Goals for FY 21/22:

- Continue to reach for an increase in the average monthly census from 70 to 85
- Increase monthly encounters per person served as this has dipped (13 to 9.5) due to COVID restrictions

MHSA is Action!

TAY

Hello, my name is Bethany and this is part of my story.

My story started young when I was a child. I went through things no child should have to face; things that even adults would find heavy. My whole childhood I spoke up. I told as many trusted adults that I could and they did everything they could to help, but it was just not enough when I was a kid. I feel the system failed me; it was hard. I felt defeated.

I became an adult by the 3rd grade. In many ways I had to raise my parents due to the trauma they faced and never healed from. My grandmother always gave me as much wisdom as she could and has always been my closest family member. She supported me, and would take me in when things were tough at home.

My mental health started to decline by the 5th grade. I started to self-harm by middle school. I was using drugs and drinking heavily. I was just that troubled kid from the outside in, but it was because I was going through stuff that was very heavy and felt impossible. I had my 1st mental hospital stay in the 6th grade. The one thing about me that was always lucky is every single one of my teachers and aides all cared for me as if I was their own child.

I was not in therapy because my family always swept everything under the rug; it was "easier", but this did more harm than I could even tell you. I struggled all through middle school. Fast forward to high school and I was covered by my self-harm wounds but the worst was the wounds on my heart. I had terrible coping skills; I hated myself and my life. I could give everyone the best advice but never took it because I lacked value in who I am. I was attempting to end my life almost every week. I was in and out of the mental hospital nonstop. I had given up and lacked coping skills; I was self-harming 7 days a week multiple times a day. When I was 18, I became aware of the TAY program. When I started with TAY I lacked coping skills and would shut down. I had my dreams but felt they would never happen; like it was just a matter of time before I would be dead by suicide. With the help of the TAY program and my other mental health resources, I have gone from always depressed, shut down, self-harming and trying to end my life to me now 23 years old. I don't self-harm anymore. I have gone many months between attempts. I have learned how to set goals and how to value myself as a person. I have learned how to have healthy relationships and to set boundaries. I still have relapses in my mental health and that's okay; I fight and get back to where I was and get even better.

Part of the struggle I had with a mental health team is people don't stay in the field long. We open up and then they're gone which is hard for someone with abandonment issues, but I have also learned how to be flexible and how to bounce back and tell my support what I need. I have learned how to be there for myself. Commonly people mix up mental health with mental illness and these are every different things but from the support of the staff on my case I have learned how to not only manage my mental illness but to also work on managing and maintaining better more positive and stronger mental health where I can cope with my feelings and traumas without being in a continuous state of crisis and survival mode.

My story is not over. It really has just begun, but with the help of my support team I am here, no longer stuck in constant depression. I have goals and dreams, and plan a future longer than just the next day. I have big goals and a lot of wisdom I get to share with others' from my experiences going through the mental health programs. I hope to be able to be a part of others recovery as TAY has been to mine.

Mental health is not a 1 hour a week in an office. It's a 24 hours a day thing, having a team that is there during your time of need with the ability to adapt to each client differently. Everyone's story is different, so having people who can adapt to your changing needs is vitally important and much appreciated and I am thankful I am still here to tell my story to you.

It 's gonna be a wild ride, but I can't wait to see where life takes me.

Western Region: Jefferson Wellness Center, Adult Full Service Partnership

Jefferson Wellness Center includes two programs: Full Service Partnership (FSP) Step Down program, Bridges.

Full Service Partnership:

The Full Service Partnership (FSP) is a Riverside University Health Systems - Behavioral Health Clinic. It is a program that provides a wide array of services and supports to adults ages 26-59 who are living in the Western Region of Riverside County. The program serves individuals who are diagnosed with a severe and persistent mental illness. The FSP provides intensive case management services and supports to eligible members who are identified as struggling with homelessness and recidivism within the justice system and inpatient psychiatric facilities. The target populations are those that are experiencing chronic homelessness or are cycling in and out of jail or prison as well as cycling in and out of psychiatric hospitals or long-term care facilities due to mental health impairments.

Some of the service strategies and goals include providing high quality care that is member driven using an intensive case management approach to services and supports, having members choose goals to work on in partnership with an assigned staff member. These goals may include behavioral health treatment, living arrangement, social relationships/communication, financial/money management, activities of daily living educational/vocational, legal issues, substance abuse issues, physical health and psychiatric medications. The agency provides a variety of services and supports, through group and individual methods, to assist each member in finding their path to recovery.

Staff also link members with other departmental programs and community resources. The agency provides crisis support seven days a week, twenty-four hours a day. The FSP uses a multidisciplinary team approach when providing services and supports. The FSP teams consists of a Behavioral Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialist II, Licensed Vocational Nurse and Peer Support Specialists. 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 include WRAP and Wellness groups, Women's and Men's Support groups, a Substance Use group utilizing a Native American lens co-facilitated by Cultural Competency, a Virtual Coping Skills group, and Adjunctive and Collateral services, such as Probation, family, and other outside supports.

Bridges Step Down

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

In July 2020, in addition to the impact of the COVID-19 pandemic, FSP and Bridges programs had 13 Direct Service employees with 7 vacant BHS II service delivery positions and 2 CT vacant service delivery positions, which impacted all areas of service delivery as well as caseload census numbers. As of March of 2021, all of the July vacant positions have been filled, with 22 Direct Service employees providing FSP services, which has increased the caseload numbers in recent months, allowing for increase in service delivery. Data is entered into ImagineNet, which places value and support in the provision of FSP services.

Progress Data

Below are highlights of data for Jefferson Wellness Center FSP and Bridges. This data is from The Full Service Partnership Adult Outcomes Report for fiscal year 2019-2020.

Jefferson Wellness Center

- The program served a total of 331 FSP clients. Some clients were in the Bridge step down FSP. The program experienced a 35% decrease in clients which was about 118 clients from the previous FY.
- The program served 278 clients, a decrease of 163 served from the previous F/Y
- The majority of clients received either 4 - 7 or 8 or more services per month
- The highest number of service hours was case management, followed by individual therapy, then group therapy. FSP clients take a long time to engage and feel comfortable in group settings, but once they do, they will generally participate in multiple group settings
- Arrests were down 77% for Jefferson Wellness Center FSP, an increase of 16% from the previous F/Y
- In-Office services were affected by COVID-19 pandemic, beginning in mid-March 2020, when virtual groups were implemented and a few continue currently

Bridges Step Down

- The program served 69 clients
- The majority of clients received either 0-1 or 2-3 services per month with case management services being the highest number of services, followed by group services and individual therapy
- In-Office services were affected by COVID 19 pandemic, beginning in mid-March 2020, when virtual groups were implemented and a few continue currently

3-year Plan goal progress:

- F/Y 19/20 involved Supervisor turnover and many vacant service delivery positions. Since June 2020, a new Supervisor was hired, all vacant service delivery positions have been hired, and this has resulted in bi-weekly to monthly staff supervision, consistent staff meetings, FSP training for staff, co-signing documentation as a means of education and continual hands-on training and supportive supervision. This has resulted in positive staff morale and team spirit within the FSP and Bridges programs, lending to greater staff retention and job satisfaction. Greater staff retention results in client continuity of care and service delivery overall.

Mid-County Adult Full Service Partnership

1) Program Narrative:

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

- Mid-County Behavioral Health Adult clinics have approximately 3,900 consumers, and 133 FSP consumers.
- We have added 4 locations for FSP level services thereby reducing barriers to treatment for individuals that did not live in close proximity to the one contracted site. By adding FSP “tracks” to all the clinic sites in Mid-County, transportation as a barrier to service was removed, increasing accessibility for individuals & their family members that needed the higher level of care, provided by the Full Service Partnership.
- All FSP consumers have full access to clinic services, which include clinical and medication assessments, Medication management, individual therapy, group therapy and psycho-social groups, and case management services.

Groups offered to FSP Consumers include:

Hemet Behavioral Health Adult Clinic / FSP Track

- From Crisis to Stability
- Facing Up
- Grief Group
- DBT group
- CORE
- Creative Recovery

Lake Elsinore Behavioral Health Adult Clinic / FSP Track

- WRAP
- Women’s Empowerment
- Alternative Perceptions
- Peer Support

- Family Support
- Art group,
- Walking support group

Perris Family Room / FSP Track

- CORE I
- CORE II
- Family Support - Spanish
- Whole Health
- (zoom group) Family Support

Temecula Behavioral Health Adult Clinic / FSP Track

- LGBT Support
- Advanced DBT
- DBT
- CBT
- FSP Track in all Mid-County Behavioral Health Clinics.

2) Progress Data:

- Data is just starting to accumulate, as staff throughout the Region had initial training, and due to staff turnover, are being trained and re-trained, in ImagineNet.
- Collected data in ImagineNet will prove valuable at directing future services. Staff continue to be trained, and learning to enter required data. A Senior PSS for FSP services throughout the County has been added, and will work directly with staff on ImagineNet requirements.

CLINIC	RU	CASELOAD
HEMET	3377NA	1,730
HEMET FSP	3377FA	66
LAKE ELSINORE	33MUNA	576
LAKE ELSINORE FSP	33MUFA	30
PERRIS	3383NA	843

PERRIS FSP	3383FA	21
TEMECULA	33MTNA	706
TEMECULA FSP	33MTFA	16

3) Continue 3 Year Plan Goal:

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

Desert Region: Adult Full Service Partnership

The 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. The Desert Adult Full Service Partnership treats about 200 plus consumers a month including engagement. The total FSP enrolled in FY 19/20 was 151, some exited the program and returned for 178 total enrollments. The number of consumers has increased to 200 because of the recent opening of the Roy’s Augmented Board and Care that is located in the suite next to the Wendy Springs FSP.

An additional transition to the FSP program scheduled to occur this year is to collapse the FSP Bridge Program into the FSP regular programing. This will provide care in the FSP at a level that best meet the consumers’ current level of need. The goal is to allow flexibility and adaptability in the following areas: frequency of services, types of intervention, and team member approach to care.

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

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 care can be rewarding when consumers are able to make sustained lifestyle changes, but also can be challenging when consumers experience a return of symptoms.

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

The successes in the FSP programs have led to the creation of FSP service tracks in outpatient clinics within the Desert Region. These FSP tracks are being developed in Children's, Transitional Age Youth, Adult, and Mature Adult programs. The following are current clinics that will transition a significant amount of current and future consumers into FSP programming within their services:

Banning Behavioral Clinic (Children and Adult Services)

1330 West Ramsey Street, Banning CA 92220

Indio Behavioral Health Clinic (Children's and Adult Services)

47-825 Oasis Street, Indio CA 92201

Blythe Integrated Clinic (All age groups)

1297 West Hobsonway, Blythe CA 92225

Older Adults

Western Region Older Adult Full Service Partnership (SMART)

The Full Service Partnership (FSP) program, otherwise known as Specialty Multidisciplinary Aggressive Response Treatment (SMART), is a behavioral health clinic that provides a wide array of services and supports older adults living in the Western Region of Riverside County who have been diagnosed with a severe and persistent mental illness. The FSP program provides intensive case management services and supports to eligible members who have been identified as struggling with homelessness and recidivism within the justice system and inpatient psychiatric facilities. The target populations are those that are currently homeless or at imminent risk of homelessness and are cycling in and out of jail or prison, as well as cycling in and out of psychiatric hospitals or long term care facilities, due to mental health impairments.

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

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

Examples of the multi-disciplined services provided include, but are not limited to, Outreach services, Assessments, Crisis Intervention, Mental Health Services (Individual and group therapies), Medication Support (psychiatric assessment, medication services, and nursing support), Rehabilitation Support (supportive services, recovery-based interventions such as recovery management and WRAP, care coordination/plan development, linkage to community

resources, peer support and adjunctive services, etc.), and Collateral Services with probation, family, primary care, and other outside supports.

The Western Region FSP programs served 134 older adult consumers in FY19/20. Most were between 60 and 69 years old. Of the closed cases, 69% were closed within one year. Many consumers moved to the Bridges FSP step down service and 14% successfully closed. Most consumers received four or more services per month. Mental health and physical health emergencies decreased, hospitalization decreased for the FSP program by 46%,. Arrests decreased, but were low upon intake into the program.

Continue 3-Year Plan goal to increase the number of FSP consumers regionally by 10%, each year. In addition, plans for FY20/21-22/23 will include collapsing the FSP Bridges step-down into the primary FSP program, creating one FSP program in each of the three regions.

Research Data

In FY19/20, SMART FSP teams served 134 in the Western Region, 193 served in the Mid-County Region, and 115 served in the Desert Region including bot the FSP and the Bridges step down.

. In addition, staff from the FSP and Wellness & Recovery Teams consult during weekly interdisciplinary team meetings for needed behavioral services and supports for mature adults with extraordinary challenges, in order to provide effective treatment and services. Overall, the effectiveness of the FSP programs resulted in a decrease in arrests, psychiatric hospitalizations, and emergency room visits.

Outcomes for the SMART FSP program consumers showed a 17% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 39%; and the number of older adults with an arrest decreased by 99%. SMART FSP programs were successful at engaging 41% of those identified with a co-occurring substance use problem into treatment services. There was also a decrease in homelessness and emergency shelter residential settings at follow-up.

Overall demographics revealed that 26% of Older adults were Hispanic/Latino, 39% were Caucasian and 16% were Black/African American. Regional comparisons on race/ethnicity showed that West, Mid-County, and Desert SMART FSP programs served a greater proportion

of Caucasian participants than any other ethnic group. Compared to other regions, the West had the highest percentage of African American/Black (21%), while Mid-County had the highest percentage of Hispanic/Latino (24%) participants. The percentage of Unknown race/ethnicity, at 11%, was the highest for Western and Mid-County regions compared to the Desert region.

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

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

The Mid-County Older Adult FSP program, also known as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in Mid-County, served 193 FSP in FY19/20 with some discharging and re-enrolling or step down to FSP Bridge the total enrollments was 227. Overall, outcomes in arrest and mental/physical health emergencies, as well as acute psychiatric hospitalizations were reduced. FSP programs for the Mid-County region mirrors the services provided in the western region Older Adult FSP SMART program. The target populations are those that are currently homeless or at risk of being homeless, and are cycling in and out of jail or prison, as well as cycling in and out of psychiatric hospitals or long term care facilities, due to mental health impairments. Services are provided by a multidisciplinary treatment team including: Mental Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, a Family Advocate, and Community Service Assistants.

For FY20/21-22/23 the goal is to increase the number of FSP consumers regionally by 10%, each year. In addition, plans for FY20/21-22/23 will also include collapsing the Mid-County FSP Bridges step-down into the primary FSP program, creating one FSP program in the Mid-County region.

Desert Older Adult Full Service Partnership (SMART)

The Desert Older Adult Full Service Partnership (FSP), also referred to as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in the Desert region, is a program that serves consumers who have a history of difficulty engaging in or sustaining treatment in a traditional outpatient behavioral health setting. This program addresses the needs of older adult consumers who are homeless or at risk of homelessness, and suffer from a severe and persistent mental illness. Another focus of service is addressing the complicated needs of community members who have a history of intermittent stays in acute and/or longer term care

institutions. The Desert SMART team utilized a “whatever it takes approach” to meet the consumers where they are in their recovery, whether it is contemplation, acceptance, readiness, etc. The team collaborates with community resources to meet the social, emotional, vocational, educational, and housing needs of the consumer and/or their support system. Services are provided by a multidisciplinary treatment team that includes Mental Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, Family Advocates and Community Service Assistants. Consumers are assigned to their specific wellness partners and are encouraged to be a coauthor of their recovery plan. When facing the reality of the vicissitudes of pursuing wellness, consumers are both supported and encouraged during their journey in attempts to assist them with identifying healthier ways of responding to life’s ongoing challenges.

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

This Desert FSP program served 115 FSP consumers with some discharging and re-enrolling or stepping down to a Bridge FSP the total enrollments was 124. The current census has remained consistent for most of the year, despite the desert’s summer heat. It is evident that consumers make consistent attendance in the program a priority in their recovery. Consumers who participate in this program experience significant reduction in arrests, mental health emergencies, physical health emergencies, and acute hospitalizations. Additionally, these FSP participants exhibit an impressive willingness to begin addressing substance abuse issues, and about half initiate medical care with a primary physician. A very significant gain is that these consumers show a decrease in living in emergency shelters or homeless settings, and many are able to regain stable housing.

Continue the 3-Year Plan goal to also increase the number of FSP consumers regionally by 10%, each year. As with the Wester and Mid-County regional FSP programs, plans for FY20/21-22/23 will also include collapsing the Desert FSP Bridges step-down program into the primary FSP program, creating one FSP program in the desert region.

CSS-02 General System Development

What is General System Development (GSD)?

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

General System Development: Clinic Expansion/Enhancements:

Children & TAY System of Care

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

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

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

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

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

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

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

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal, and a number of youth without Medi-Cal, through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 625 youth in FY19/20. Contract providers include: Charlee Family Care; ChildHelp, Inc.; ChildNet Youth and Family Services; Community Access Network; Mountain Valley Child and Family Services; New Haven Youth and Families; and Victor Community Support Services. Additionally, the State of California has mandated that youth receive specialty mental health services such as ICC (Intensive Care Coordination) and IHBS (Intensive Home Based Services) services. All programs who provide Children and TAY services also must provide these services to youth that meet criteria as well as participate in the CFT's required by the State.

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

Evidence-based practices (EBP) expanded in the children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). CBT continued to expand with the availability of Trauma-Focused (TF) CBT for youth who experience symptoms related to significant trauma. The number of staff trained to provide TF-CBT increased in FY 19/20, increasing program capacity, yielding a total of 300 being enrolled in TF-CBT.

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

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

(IY); Positive Parenting Program (Triple P); Nurturing Parenting; Education Equip and Support (EES); psychiatric consultation and medication evaluation; classroom support for early care providers and educators; community presentations; and participation in outreach events.

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

Program Challenges

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

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

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

Program Highlights

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

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

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

Future Plans

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

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

Efforts regarding long term sustainability to maintain services and supports for young children and their families will continue. Successful efforts within the Growing Healthy Minds Initiative are also expected to advance. Preschool 0-5 Programs is eager to move efforts forward to ensure that children across Riverside County are given the most favorable opportunity to develop and thrive.

Additionally, expansion of services to youth and families included treatment of youth with Eating Disorders using a team approach to provide intensive treatment. 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.

Due to the increased need for these outpatient clinic services to children and TA, additional contract providers were needed to expand these services throughout the County of Riverside. Contract providers who service the youth and TAY are as follows: Casa Pacifica; Charlee Family Care; Aspiranet; ChildHelp Inc.; ChildNet Youth and Family Services; Community Access Network; Creative Solutions for Kids and Family; McKinley Children's Center; Mountain Valley Child and Family Services; New Haven Youth and Families; Oak Grove; Trinity Youth Services; Victor Community Support Services; Walden Family Services; Alma Family Services; Cal Mentor; Family Services Association; Jurupa Unified School District; MFI Recovery Services; Olive Crest Treatment Center; Special Service for Groups; Tessie Cleveland Community Services Corporation; Carolyn E. Wylie Center; and Palm Springs Unified School District.

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

Services to youth involved in the Juvenile Justice system have continued even as the County probation department has changed its approach to incarcerating youth. The Juvenile Halls have dramatically reduced their census over the last few years, choosing instead to serve youth in the community. Behavioral Health programming for justice-involved youth was adapted by

increasing Wraparound services and converting the Wraparound Program into a FSP. In addition, the RUH-BH has expanded aftercare services to youth released from the Youth Detention Facility when sentences were completed. Both Wraparound and Functional Family Therapy have been offered to youth upon release. Within the juvenile justice facilities, a number of groups were offered including Aggression Replacement Therapy and substance abuse treatment. IN FY 19/20, Wraparound FSP served 233 youth.

MHSA is Action!

La historia de Elsa- Moreno Valley CHIP

Hola mi nombre es Elsa. Soy mama de una nina de 12 anos, ella fue diagnosticada con anorexia nervosa. Yo estaba desesperada, estresada no sabia a d6nde acudir, la lleve al peditra y el dijo que era normal. Despues fuimos con una consejera y ella me dio el numero de la clinica para que me dieran la ayuda. En MVCIP le ayudaron a mi hija con consejera para trastornos alimenticios, el equipo me ayudo a entender anorexia y el gran peligro en que mi hija corria con su enfermedad. Fue muy dificil de aceptar que mi hija estaba en un gran peligro. El equipo me ayud6 con el proceso de internar a mi hija en un programa residencial donde aun recibí mas ayuda. MVCIP me ayudo a entender que era lo mejor para mi hija, aunque fue muy diffcil tomar la decisi6n de seguir todas las recomendaciones.

Toda el equipo de trastornos alimenticios es muy amable y estuvieron dispuestos a ayudarnos en todo momenta. Elias me educaron en el proceso de c6mo ayudar a mi hija a que recuperara su peso saludable y nos dirigieron con nutri61ogo para ayudarme a proporcionar comida completa. Aprendi mucho con esta experiencia, estoy muy agradecida con todo el personal que ayudaron a mi ya mi hija.

Ahora puedo decir que mi hija sigue comiendo normal y continua con su peso normal.

Gracias

MHSA is Action!

Over a year ago, I was running away from home, taking busses far away, drinking alcohol, going into cars of people I didn't know, smoking weed, and doing drugs. When Paul came to help I started noticing a change in myself. He really helped me become a better version of myself. I saw progression after almost every session. I have straight A's and B's now. I listen to my mom and we come together through agreement. I am very much thankful I got to be a part of Paul's work. It used to be very difficult listening to my mother and being heard from her. Now, we have our own methods and techniques that help us figure each other out. I used to hate being home so I would always leave, even nights in a row. Now, I get homesick and end up missing my mom and home, even after 1 night of being gone. Paul has helped with our communication in many ways, and for that I am beyond thankful. I have no idea where I would be without Paul's help.

MHSA in Action!

Children's Treatment Services (CTS)

I'll never forget that call. A private number showed up on the screen of my phone as it rang. "Hello, is this Ms. M? This is the Arizona school resource officer. There has been an incident with your child and we have EMS coming in. Ms. M, your child attempted to jump from the second story building. We're going to need you to come in immediately."

That was the first time I realized, I can't do this on my own. We need help. This was the first of many suicide attempts to come. My child was cutting, depressed and angry all of the time. At the tender age of 11, how could he abhor and despise life already? His father had left us when our child was only four years old to start a new family. His bipolar stepfather had done the same after stepping in and raising him for years. He fell into drugs and left, but something else was going on. My child was aggressive, unyielding, and had begun to have visual and auditory hallucinations and delusions. One time, he woke us all up screaming at his giant stuffed lamb. I ran down the hallway in a panic just as he began stabbing it with a giant butcher knife from the kitchen. The lamb was telling him evil things about us and telling him to hurt us. He was protecting us. What was happening to my son? Would he eventually snap while we're asleep? All sorts of thoughts and scenarios kept me up at night.

Children's treatment services threw every resource they had at us. We went into one-on-one therapy sessions, Group therapy, WRAP around services, they helped us start an IEP with the school and more. We decided together that my child would benefit from medication and little by little, we found the right combination of meds to control the hallucinations and minimize the depression. Many times, I know his therapist thought about giving up and referring him to someone else. I did not blame him. My child was non-compliant, rude, and many times refused to participate at all. But, they never gave up on us. Every single person in that building treated us with so much respect, care and patience.

I am beholden to Children's Treatment Services for all they have done for us. Today my child is 17, about to turn 18 next month and already registered for college. I cannot express the immenseness of my gratitude I have for Dr. Ben, Maria, Sandy, Dr. Yu, Erika, and everyone else that has helped us along the way. To be honest, I never thought my child would make it to 18. At one point in our journey, I was mentally and emotionally preparing for the horrible and inconsolable reality that I may have to bury my own child. I thought to myself that one day his depression will win and take my baby from me. These thoughts no longer consume me. I feel hope, I feel excitement, and I feel joy and wonder for my child's future.

A future that would not have existed without Children's Treatment Services. Every day is still a fight for him but looking back at where we started, we have come a long way and with continued support, we are looking at a brighter future.

MHSA in Action!

Children's Treatment Services

This letter is for sharing my experience as a parent and part of the therapy program given by Riverside County Department of Mental Health (CTS Program and Western WRAPAROUND).

To begin with, it is not easy to understand that you are in the middle of a process by which you never thought that you would be involved and more difficult to accept that the reason that took you there is your child. When starting these, therapies there were mixed feelings because I really did not know if this was to help these young people to understand that there are errors that must be accepted or if this was a way on the part of authorities to be watching the whole family.

The truth is that both groups the young people and parents had the opportunity to share, learn and listen to advice from each of the therapists who contributed the best of themselves, showing dedication and respect for each families. On this path, I learned that there are people who live similar experiences and that if you are willing to receive help and family therapy, it is easier to manage the stress caused by both legal and emotional issues.

Another reason why I am personally grateful to God and this program is that you have the opportunity to recognize those red flag warnings that something is wrong with the behavior of our children.

I want to express my gratitude to each of the therapist who were part of our experience: Carolyn, Maribel, Erica, Alex, Maria A, Maria G, Consuelo D, along with the wonderful team including the probation officers who were always there. Not only to enforce the law but also to give more of themselves and teach these young people to respect the rights and values of the people around them.

Finally, I want to encourage each family involved to participate in these therapies since through these we can receive and give advice that helps develop the potential not only of our children but also our as parents.

MHSA in Action!

Children's Treatment Services (CTS)

I remember how scary it was to sleep at night. I would have vivid intrusive thoughts where my family members, unprovoked, would grab me and start eating my flesh or stabbing me. I would hear voices that didn't make sense. They would be too garbled to make any words out. I remember the sensation of spiders crawling over my body, feeling hands on my legs, or feeling eyeballs writhing underneath my skin. I still can remember distorted, canine-like figures hunched over in dark corners, staring at me while I did anything to distract myself. All this, but I struggle to remember what it was like before I became mentally ill.

I hear stories of how I used to be a happy child, but I can't imagine that ever be true. I don't remember much of my childhood, it's fuzzy. I think the trauma I've gone through has made it that way. When I think back on it now, everything I see, I see from an outside perspective. Like a TV show or video game. The only memories I have where I feel in my body are when I'm playing my favorite video game, Minecraft. Minecraft was my first coping skill, and thanks to Children's Treatment Services, it wouldn't be the only thing I'd have to keep myself from hurting myself or doing much worse.

When I started with CTS, I didn't know what to expect. I was scared, I didn't want to start. The therapist I had before didn't help, but those at CTS were kind and patient from the start. We started me off with depression medication, and then they added psychotropic medications for my hallucinations. In the first three years I had several suicide attempts. I got creative with the ways I tried to kill myself. I tried overdosing on pills several times, I would cut multiple times a day with anything I could get my hands on. I had to go to three different middle schools because of my suicide attempts. My mother has had to replace the bathroom door in our apartment at least twice from having to break it down to get to me. I've been hospitalized numerous amounts of times. Working in therapy along with the pills have slowly but surely helped me change the way I go about life. I can't even remember the last time I was hospitalized at this point.

Every day is a fight. Every day is a struggle. But despite that, I continue taking my meds, going to therapy, using my coping skills, keeping in check with my mental and emotional health, and fighting to make each day worth living. I'm in my last year of high school now. I'm enrolled for college and have been practicing self-advocacy with the help of my teachers. I have many friends who love me and I'm sure of that now. In the future, I plan to become a teacher and extend a hand to teens who might be struggling as well. To show them the kindness, every struggling child deserves. The kindness I've gotten. I wouldn't be here, I wouldn't be alive if it weren't for the help I've gotten at Children's Treatment Services.

General System Development: 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. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices.

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. Wellness Action Recovery Plan (WRAP) groups have become well established in our adult clinic system due to the work of Peer Support Specialists. Peer Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery. See page 116 for more information about all the activities and services that Consumer Affairs and Peer Support Specialists provide.

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

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

Disorders. Quality assurance mechanisms were also developed to coordinate updated training and staff support to ensure program fidelity.

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

In total 16,845 consumers have benefitted from the programs operated due to clinic expansion and enhancements.

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

General System Development: Clinic Enhancements/Expansion

Older Adult System of Care

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

The OAISC Work Plan includes strategies to enhance services by providing staffing to serve older adult consumers and their families at regionally based older adult clinics (Wellness and Recovery Centers for Mature Adults), and through designated staff expansion located at adult clinics. Older Adult Clinics are located in Desert Hot Springs, San Jacinto, Riverside, Lake Elsinore and Temecula, and expansion staff are located at adult clinics in Perris, Banning and Indio. The Wellness and Recovery Centers have continued to innovate with the development of enhanced psychological services as part of assessment and evaluation. Older Adult clinic programs and expansion staff combined served 3,028 older adult consumers.

The clinic Wellness program is designed to empower mature adults who are experiencing severe, persistent mental health challenges to access treatment and services in order to maintain the daily rhythm of their lives. The Wellness and Recovery Centers for Mature Adults provide a full menu of behavioral health services including psychiatric services, medication management, case management, individual therapy and group therapy, psycho-educational

groups, peer support services and animal assisted therapy. Older Adult Clinics currently offer over 25 therapy and psychoeducational groups including Wellness, WRAP, Facing Up, Cognitive Behavioral Therapy for Depression, Anger Management, Cognitive Behavioral Therapy for Psychotic Symptoms, Seeking Safety, Dialectical Behavioral Therapy, Bridges, Grief and Loss, Brain Disorders and Mental Health, Creative Arts, Art Therapy, Computers, Chronic Medical Conditions, and Co-Occurring Disorders. In addition, we have developed Spanish psychoeducational groups, Wellness and WRAP for monolingual older adults. Moreover, at three of our Wellness and Recovery Centers (Rustin, Lake Elsinore and Temecula), we have implemented a Drop-in Mindfulness Center, utilizing the family room model for the older adults we serve. Peer support Specialist work hand in hand with clinicians and other staff to provide the full array of groups.

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

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

Finally, RUHS-BH is committed to sustainable and ongoing efforts to address the unmet needs of the Older Adults in the county of Riverside. The Older Adults population remains one of the fastest growing and most vulnerable populations in Riverside County; therefore we will continue to place much emphasis on expanding services and improving access throughout all regions of the County.

Crisis System of Care

BEHAVIORAL HEALTH-MOBILE CRISIS RESPONSE TEAMS (CREST, REACH, ROCKY)

CREST= Crisis Response Evaluation Screening and Triage

REACH= Regional Evaluation and Assessment in Community Hospitals

ROCKY= Resilient Outcomes in the Community for Kids and Youth

Each of the Mobile Crisis Teams were created using leveraged funds from MHSA and other funding sources. This allowed to not only maximize the use of the dollars, but gave specific target populations to be served based on risk and focus of the funding source. But this also created some degree of confusion for the systems that relied on teams due to multiple names. The teams have now been combined and are referred to simply as the Mobile Crisis Team. Some data may still be reported by data sets established by the original team named targets.

Mobile Crisis Teams reduce the burden on Law Enforcement, Hospital ED's, Psychiatric Hospitals, and the Behavioral Health System as a whole. These teams meet the need of the community by successfully diverting consumers in crisis away from emergency departments, law enforcement, incarceration, and psychiatric hospitalization. Stakeholders had also expressed wanting to integrate behavioral health approaches to law enforcement interventions when encountering someone in mental health crisis. Through a stakeholder process with consumer and family focus groups, and collaborative meetings with law enforcement agencies and hospitals, the idea of behavioral health mobile crisis teams evolved. These teams have been extremely successful in reducing the number of admissions at our County Emergency Treatment Services (ETS) by hundreds of consumers per month, saving approximately 20 million dollars annually by treating consumers in crisis in less restrictive, lower levels of care. Strong partnerships with Law Enforcement and Hospital Emergency Departments is the key to successful implementation of these mobile crisis teams.

MHSA instructs counties to leverage funds from other sources in order to maximize the benefit of MHSA dollars. MHSA leveraged grant funding from SB-82 and CHFFA (California Health Facilities Financing Authority) for the development and expansion of these crisis teams. CREST teams were designed to serve Law Enforcement; REACH teams were to serve local hospital Emergency Departments. With increased need identified by community and stakeholders, the

addition of the ROCKY team was established to serve children, adolescents, and youth up to age 21 in a variety of locations including schools, group homes, foster homes, hospital EDs, and law enforcement agencies. A Mobile Crisis Team is comprised of two individuals, a master level Clinical Therapist and a Peer with lived experience. A few teams also include a bachelor level Behavioral Health Specialist.

Mobile Crisis Response teams responded to 1,835 requests for a mobile crisis team and served 1,640 individuals during the 2019/2020 Fiscal Year. Mobile Crisis Response Teams provide intervention services to clients at various locations in the field (e.g., home, hospitals, schools, street). CREST teams went to hospitals most frequently (68%). ROCKY responded to schools more than any other location (70%). Mobile Crisis Response teams answered 1,835 requests during the 2019/2020 Fiscal year. CREST teams received the most calls from the Mid-County region, while ROCKY teams received the most calls from the Western region of the County. The average mobile crisis response requests per month in FY19/20 was 153. CREST Mobile teams were able to successfully divert the majority of crisis contacts (48%) in the field, while ROCKY Mobile teams were able to divert 72% of contacts in the field. The percentage of crisis encounters diverted exceeds the 50% diversion goal proposed for this service. Clients were diverted to home or an alternative crisis support. Non-crisis community supports included homeless shelters, emergency housing and other social services.

For those clients on a 5150 legal hold at the time of Mobile Crisis contact, 16% were able to have the 5150 hold discontinued by the Mobile Crisis teams. A total of 3,662 referrals were made by Mobile Crisis Response teams. Individuals often received more than one referral; resulting in a higher number of referrals than contacts. Of the 1,640 individuals who had contact with Mobile Crisis teams, 82 (5%) individuals had an inpatient admission within 60 days of their Mobile Crisis team contact. The recidivism rates for individuals seen by Mobile Crisis Response teams were relatively low at 15 days after first crisis contact and remained low up to 30 days after first crisis contact.

Continue goals of the 3-Year Plan:

1. Increase the number of Children, Adolescent, and TAY age Mobile Crisis staff and teams.
2. Serve an increased number of schools, foster homes, group homes, and community College students.

3. Increase utilization of Mental Health Urgent Cares for youth (13 to 17 years) who are experiencing a behavioral health crisis.

MPS = Mobile Psychiatric Services

The Mobile Psychiatric Services (MPS) program provides integrated behavioral health (BH) services for clients 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 clients in their recovery.

OVERVIEW

Mobile Psychiatric Services (MPS) will provide field based services to engage and treat high utilizers of crisis services, including hospital based services, and who also have little to no connection to standard outpatient services. MPS will connect them to appropriate, and existing outpatient services for continuity of care and link them to appropriate resources after initially engaging and stabilizing them by the provision of street based services wherever they may be.

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

GOAL

The goal is to provide a collaborative, cooperative, client-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 clients 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 clients could be short term or long term. Clients can be seen in a motel, home, room and board and/or board and care facilities, sober living facilities, or homeless encampments.

PROGRESS

Mobile Psychiatric Services (MPS) served a total of 162 consumers in FY 19/20

Mental Health Urgent Cares (MHUC)

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

MHUC serves individuals identified, engaged, and referred by Mobile Crisis Teams, but also serve as crisis support for walk-in self/family referrals. While the facilities serve primarily consumers age 18 and older, the capacity to serve adolescents (ages 13-17) was added in the Desert and Mid-County MHUCs. Approximately 95% of all MHUC admissions resolve the immediate crisis risk and do not result in a 5150 psychiatric hospitalization within the following 15 to 30 days after discharge. This results in a more recovery oriented service delivery and a cost savings from unnecessary higher levels of care. During the 2019/2020 fiscal year MHUCs had a total of 12,155 admissions and served 7,046 individual consumers (July 1, 2019-June 30, 2020).

The MHUCs assist consumers at discharge with linkage to outpatient services. The percentage of clients linked to outpatient services after a MHUC admission varied by MHUC region. The Mid-County MHUC had the highest percentage of clients linked to outpatient mental health or substance use treatment following their admission to the MHUC (40%), followed by the Desert MHUC (33%). Some individuals (5%), following the MHUC admission, were placed in a County short-term Crisis Residential program (CRT).

Satisfaction data collected from Riverside and Palm Springs MHUC (this data protocol was not collected for FY 19/20 in Mid-County) shows that 91% of clients who received service during the 2019/2020 fiscal year agreed or strongly agreed with related items on a service satisfaction questionnaire.

Continue 3-year Plan Goals:

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

Crisis Residential Treatment (CRT)

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

The Crisis Residential Treatment (CRT) facilities had 908 admissions and served 637 clients during the 2019/2020 Fiscal Year. The CRTs assist consumers at discharge with linkage to outpatient services. The percentage of clients linked to outpatient services after admission to a CRT was similar in both the Western region (55%) and the Desert region (51%),

Recidivism rates were relatively low. The Desert region had slightly higher (6%) recidivism for

15 days or less than did the Western region (3%).

3 Year Plan Goal Progress

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

Adult Residential Treatment (ART):

The ART is an Adult Residential Treatment facility licensed by Community Care Licensing as a Social Rehabilitation Program (SRP). Average length of stay is 4-12 months. The typical consumer is an adult who is LPS Conserved for Grave disability. Many of these consumers are admitted to the ART after discharge from a higher level of care such as IMDs, Skilled Nursing Facilities, Psychiatric Hospitals, Board and Cares, and State Hospitals. The modality of the program is to assist the consumer by providing peer navigation and support, mental health services, medications, medical services, co-occurring groups and services, and daily living skills. The overall goal is independent decision making skill development or graduating off LPS Conservatorship, while developing relationships in a residential style living environment with family, friends, or roommates.

3 Year Plan Goal progress:

1. Open new program in Indio by June 2020
 - a. The new ART opened in Indio in January 2021 and is operated by Recovery Innovations.

Community Behavioral Health Assessment Team (CBAT)

CBAT unit consists of a CBAT Therapist and a LE officer. The overall responsibilities of the CBAT unit is to provide immediate crisis intervention to community members that may be experiencing a behavioral health related crisis. Primary purpose is rapid response to 911 mental health related calls and to assist and/or relieve field officers; evaluate and assess for risk, de-escalation, and link and refer to appropriate resources with the intent of connecting individual for continued mental health services and follow-up when necessary to ensure positive outcome and decrease chance of further law enforcement intervention.

Service Radius:

- CBAT Riverside Police Department – City of Riverside
- CBAT Hemet Police Department – City of Hemet
- CBAT Murrieta Police Department – City of Murrieta; City of Temecula and Menifee (as needed and if unit available)
- CBAT Indio Police Department – City of Indio
- CBAT Moreno Valley Sheriff – City of Moreno Valley and other neighboring areas as need and unit availability is determined
- CBAT Southwest Sheriff – City of Temecula and other neighboring areas as need and unit availability is determined; City of Murrieta (as needed and if unit available)

Address of CBAT units:

- CBAT RPD – 8181 Lincoln Ave. Riverside, Ca. 92504
- CBAT HPD – 450 E Latham Ave. Hemet, Ca. 92543
- CBAT MPD – 2 Town Square Dr. Murrieta, Ca 92562
- CBAT IPD – 46800 Jackson St. Indio, Ca. 92201
- CBAT MVSS – 22850 Calle San Juan De Los Lagos Moreno Valley, Ca. 92553
- CBAT SWSS- 30755 Auld Rd. Unit A Murrieta, Ca 92563

Number of Staff/Type of Team:

- 7 Clinical Therapists/co-responder team

MHSA is Action!

CBAT

The Murrieta Police Department's Community Behavioral Health Assessment Team (CBAT) was established as a unit dedicated to improving the Department's ability to provide the highest level of service to citizens living with mental health disorders. Since Officer Aaron Creed and Clinical Therapist Karina Martinez were teamed together on the CBAT unit in May, 2020, they have led or assisted at hundreds of police contacts in the Cities of Murrieta and Temecula. At this early point in the unit's existence, police personnel and citizens alike often think of CBAT's primary role as simply authoring mental health holds per WIC 5150. It should be noted that Officer Creed and Therapist Martinez actually constitute a much more valuable resource, as they regularly use their specialized knowledge to guide officers and supervisors through complex interactions, and assist citizens and their families in their search for effective long-term solutions to mental health challenges. Their contributions routinely extend far beyond a simple assessment and triage for paperwork at radio calls.

On October 21, 2020, Officer Creed and Therapist Martinez responded to assist patrol officers at a family disturbance involving a 16-year-old autistic male and his mother. Murrieta PD officers, including the CBAT unit, have been called to the house for similar circumstances at least six times since September 2020. During previous calls the juvenile had made statements regarding plans to attack officers with a knife to resist detention.

During the call on October 21, the juvenile's mother led dispatch and initial responding officers to believe she was being barricaded or possibly restrained against her will. Officer Creed used his familiarity with the family to appropriately control officers' response. Officer Matt Schmidt also arrived, quickly assuming control of radio traffic at the scene. Officer Schmidt worked via MPD dispatch to actively gauge and mitigate the danger actually faced by the mother, and worked to manage available force options as officers arrived on scene. His leadership allowed me to arrive on scene as supervisor to an organized and prepared contingent of officers.

Officer Creed eventually convinced the mother via telephone to extricate herself from the house and speak directly to officers. While speaking to the mother, Officer Creed and Therapist Martinez worked as a team to calm the mother and determine that the male was acting out due to his autism, and not due to any underlying mental health disorder. This prompt and professional assessment allowed us to shift tactics and strategy to avoid a potentially violent confrontation. Officer Creed spoke competently with his working knowledge of autism to build rapport with her. Therapist Martinez lent considerable credibility to explanations regarding the legal and practical limitations of our response. The mother eventually provided Therapist Martinez more insight into the situation as she admitted to allowing "medical marijuana" use by the juvenile, which Therapist Martinez identified as conflicting with prescribed medical therapy.

Officer Creed gained enough information from the mother to safely establish rapport with the male and render him safe for medical evaluation. Paramedics successfully contacted him and transported him to the hospital for treatment of potential drug interactions.

The CBAT team's response to this incident involved no 5150 detention or paperwork, and in fact determined that the situation likely involved no mental health disorders to begin with. The CBAT team's involvement, however, was potentially invaluable to the Department and the City, as they used their expertise to defuse the seemingly volatile situation. The CBAT team's response to this incident typifies their contribution to MP D's Operations Division. I commend Officer Creed and Therapist Martinez for their dedication to the critical mission of CBAT, and for their professionalism and leadership. They exemplify the work ethic, attitudes, and professionalism that strengthen the Murrieta Police Department's relationship with our community and support the department's stated mission to provide the highest quality police service to enhance community safety, protect life and property, and reduce crime.

Sergeant, Community Policing Team

Navigation Center

FSP Outreach/Involuntary CSU

The intervention is a post-hospital navigation center with peer-support staff and clinical staff located in the same building complex as the Inpatient Treatment Facility (ITF), the RUHS-Medical Center, Arlington Campus. The purpose of the navigation center is to assist consumers with accessing outpatient services post hospital discharge from the ITF. The consumers served are typically consumers that have historically declined outpatient services or who are otherwise hard-to-engage.

Peer-support staff from the navigation center utilize a variety of strategies to engage consumers prior to their hospital discharge by building rapport with consumers on the inpatient unit directly. Peers visit the unit and directly interact with the consumers while they are on the inpatient unit. These interactions on the inpatient unit can take place in groups run by the peers like Post-Crisis Wellness Action Recovery Plan (WRAP) group, or in one-on-one discussions where peers may share their experiences, inquire about interest in outpatient services, offer assistance post-discharge at the navigation center, and discuss what is available to reduce barriers such as assistance with transportation.

Post-discharge, Peers continue to engage and offer Full Service Partnership (FSP) outreach with the goal to successfully engage with the consumer and create a permanent recovery plan. This could include assistance with setting appointments and accessing a full range of health care or daily living needs, transportation to clinic appointments or to the Navigation Center to receive their first psychiatric service after discharge.

PROGRESS

Program data demonstrated that 80% of consumers that transitioned from the Navigation Center into a long-term, outpatient Mental Health Program remained engaged in services at 1-year follow up.

This was the last year that the Navigation Center performed as a freestanding program. Due to budget restrictions and greater system integration, the discharge navigation role has transitioned to a peer team connected to the CARES Line, the Department's service access line for referrals and behavioral health appointments.

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 are in need of services and supports. Motivated by the words of President Lincoln’s second Inaugural Address, RUHS-BH is dedicated “to care for him who shall have borne battle, and for his widow, and his orphan.” The VSL is a journey level Clinical Therapist that serves as a portal to behavioral health care.

Recently, the VSL position was reorganized under the Cultural Competency Program, giving the position more support and identifying the veteran community as an underrepresented cultural population.

Activity in FY 19/20

In last year, the VSL has:

- Traveled nearly 15,000 miles in order to provide adequate and equitable behavioral health services to Riverside County’s veteran community.
- Provided direct mental health services to over 120 veterans.
- Held nearly 50 group therapy sessions.
- Participated in 60 events of veteran advocacy, consultation, and research.
- Created relationships with local non-profit entities and organizations to reduce veteran suicide and improve veteran access to mental health care throughout Riverside County.
- Co-Chaired the VA Ambulatory Care Center Veteran Community Outreach Team.
- Been an active member of the Riverside County Behavioral Health Commission Veterans Subcommittee, San Bernardino Department of Behavioral Health Veterans Awareness Subcommittee, Temecula Murrieta Interagency Council, and VA ACC Mental Health Summit Committee.
- Maintained continuous collaboration and coordination efforts with more than 65 organizations throughout Riverside County.
- Received and connected with referrals from a host of entities including various county clinics, The Place Safehaven Program, UC Riverside, and Path of Life.

Goals for FY 21/22, 22/23

Riverside County is home to 125,000 veterans and more than 35,465 veterans served in the post-9/11 era, many on multiple tours of duty. Each year, as thousands transition to civilian life in our County, many gravitate toward private and public colleges in Riverside County.

To address the needs of this Veteran population, the VSL will initiate and maintain regular presence at six private and public universities throughout Riverside County with the intent to provide individual/group therapy as needed and improve faculty understandings of the unique mental health challenges and needs of Veterans on their campuses.

The VSL will also collaborate with VA Loma Linda social work staff and USVETS to initiate ongoing bi-weekly support groups for resident Veterans at Veterans Village, March ARB. The topics will include Anger Management, Seeking Safety, Health and Wellness and more and will be facilitated by the VSL and a VA Social Worker.

The VSL will also continue to provide individual mental health treatment and case management services to Veterans who are referred throughout Riverside County.

The VSL will also continue to meet, collaborate, and coordinate efforts with county clinics, nonprofit organizations, local, county and state agencies in an effort to improve the lives of Veterans in need of mental health services and case management efforts.

Mental Health Court and Justice Involved

Mental Health Court Program: Riverside County's first Mental Health Court program came into existence in November 2006, under MHSA funding and is located in the Downtown Riverside area. Mental Health Court program expanded its service area to include the Desert Region in 2007 and the Mid-County Region in 2009. The Mental Health Court program is a collaborative effort between Riverside University Health System-Behavioral Health (RUHS-BH) and our partners in the Riverside Superior Court, Riverside County Public Defender and District Attorneys' offices, local private attorneys, Probation Department, Family Advocate, RUHS-BH community services, as well as private insurance services. Together with our partners we work to develop a comprehensive 12-month program for each participant (must be at least 18 years of age), consisting of, a stable place for the person to live, linkage to outpatient/community services to address their mental health/substance use treatment needs, as well as frequent oversight by the Probation Department and the Court. During FY 19/20 there was a total of one hundred and eighty six (186) referrals received across all three regions, of which fifty (50) were accepted into the program and a total of eighteen (18) successfully "promoted" from the program. In order for the court to consider a participant ready to "promote" from the Mental Health Court program, certain criteria must be met. The criteria requires the participant to have a stable place to live, that they have been actively engaged in their outpatient treatment for at least ninety (90) consecutive days, have not produced a positive urinalysis over the last ninety days, and have never been charged with a new crime during their time in the program.

Due to the COVID-19 Pandemic Shutdown, all referrals ceased once the courts were closed in March 2020 and did not resume until they reopened in late June 2020. Additionally, the COVID-19 Pandemic continues to affect the overall number of referrals received, as the County jails continue to be required to reduce the number of individuals they can house, in order to mitigate the spread of the Coronavirus. In doing so, many individuals are released prior to their next court hearing, or are having their jail sentences reduced in lieu of community supervision.

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

Mental Health Diversion Program: On July 1, 2018, Penal Code 1001.36, also known as Mental Health Diversion, came into effect as Governor Brown signed the budget into law. With the passage of this new pretrial diversion law, individuals who are accused of committing a crime may

now be eligible to postpone any further action from taking place in their case(s), in lieu of receiving mental health treatment. During FY 19/20 Mental Health Court received one hundred and forty nine (149) 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 one hundred and forty-nine (149) referrals received, the court granted Mental Health Diversion in sixty-six (66) of those cases. Because the Mental Health Diversion program may last anywhere from twelve (12) to twenty-four (24) months, the treatment plan prepared by Mental Health 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 provide follow up case management services while the person is in the program. While in the program, participants are expected to be actively engaged in their treatment, remain abstinent from all illicit substances and alcohol, as well as report to the court at least every thirty (30) to ninety (90) days for a progress hearing. Successful completion of the Mental Health Diversion program will allow the person to have their charges dismissed and the record of their arrest sealed.

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, 2019 through June 30, 2020, the Veterans Treatment Court program received ninety-one (91) new referrals, in addition, fifty-four (54) referrals received to assess Active Duty, Reserve, and Veterans who were interested in the Military Diversion, also offered through Veterans Treatment Court. Unlike Veterans Treatment Court, Military Diversion offers participants the opportunity to enter the program without having to plead guilty, which is a unique benefit, as it will allow those on Active Duty and in the Reserves to remain serving while they are also receiving treatment. Due to the Covid-19 Pandemic, an official graduation could not proceed, but it was determined that as of May 2020 twenty-five (25) graduated from the program, and it is anticipated that another 20 will graduate in May 2021.

Misdemeanant Alternative Program (MAP): The Misdemeanant Alternative Program provides the court with treatment plans designed to assist those in the criminal justice system, who have been charged with a misdemeanor and found by the court to be incompetent to stand trial, obtain mental

health services. The overall purpose for doing so is to link these individuals with the appropriate level of treatment, in hopes that by doing so, their overarching symptoms which are preventing them from working with their legal counsel will be reduced so that they can be found competent and can move forward with their case. For FY 19/20, the Misdemeanant Alternative Program received forty-eight (48) referrals.

Homeless Court – West (Community Outreach Resource Program – West): The Homeless Court – West program is a collaborative undertaking between RUHS-BH, Riverside Superior Court, District Attorney and Public Defender to provide those within the criminal justice system an opportunity to receive treatment instead of incarceration and/or costly fines and fees. Eligible participants include those with low-level charges/infractions, including trespassing, loitering, disturbing the peace and others. Those wishing to be considered receive an assessment and are referred for services based upon their specific needs. Often times, individuals referred to this program receive their charges as a result of their homelessness. To address this need, the Homeless Court case manager will work with our representatives from HHOPE to ensure that the person is able to enter emergency housing within twenty-four (24) hours of being referred. This allows the person the opportunity to focus on their treatment in the interim, while their treatment team works to establish a more long-term housing plan for them. Individuals who have been able to show active involvement with their treatment plans and the ability to maintain a stable living situation, for a minimum of ninety (90) days, may petition the court to have their case dismissed and/or fines and fees permanently stayed or reduced. Additionally, those who are already engaged in treatment may also be eligible to receive the benefits of this program, provided they have met the aforementioned requirements. In the FY of 18/19 RUHS had received a total of eight (8) referrals and assisted each case and had a total of two (2) complete their program.

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

Due to the COVID-19 Pandemic Shutdown, all referrals ceased once the courts were closed in March 2020 and did not resume until they reopened in late June 2020. Additionally, the COVID-19 Pandemic continues to affect the overall number of referrals received, as the County jails continue to be required to reduce the number of individuals they can house, in order to mitigate the spread of the Coronavirus. In doing so, many individuals are released prior to their next court hearing, or are having their jail sentences reduced in lieu of community supervision.

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

Juvenile Justice

In Fiscal Year 19/20 the Juvenile Justice Division developed a plan for MHS-funded programs. Program goals were as follows:

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

In the past year, the Juvenile Justice Division has made progress in both of these goals, as described below.

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

Update: In FY19/20 the Juvenile Justice Division (JJD) was providing six weekly groups, utilizing two Evidence-Based Practices [Aggression Replacement Training (ART) and Moral Reconciliation Therapy (MRT)], in the three juvenile justice facilities. In the twelve months following, JJD increased weekly groups from six to twenty-four, and increased the utilization of Evidence-Based Practices from two to four [adding Dialectical Behavioral Therapy (DBT) and A New Direction]. Please refer to the Table below for details on the numbers and types of weekly groups at each of the three facilities:

Locations	Fiscal Year 19/20		Fiscal Year 20/21	
	Number of Weekly Groups	Number of EBP's Utilized in Group Format	Number of Weekly Groups	Number of EBP's Utilized in Group Format
Indio JH	1	1 (MRT)	4	2 (MRT, A New Direction)
Southwest JH	0	0	7	3 (Seeking Safety, A New Direction, DBT)

YTEC-Treatment	5	2 (ART, MRT)	13	4 (ART, MRT, DBT, A New Direction)
All Facilities	6	2	24	4

Additionally, in the twelve months following Fiscal Year 19/20, the average number of individual and group sessions per month in the juvenile halls and at YTEC-Treatment have increased as detailed below:

Locations	Average Sessions <u>Per Month</u> Fiscal Year 19/20		Average Sessions <u>Per Month</u> Fiscal Year 20/21	
	Individual Sessions	Group Sessions	Individual Sessions	Group Sessions
Juvenile Halls	242	4	292	21
YTEC-Treatment	170	16	203	36

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

Update: The Juvenile Justice Division has been unable to hire two additional substance use counselors in spite of active recruiting, mainly due to candidates not passing the Probation background check required to work within the facilities. Historically, it has been difficult for Behavioral Health Specialist III's (BHS III's) to pass the Probation background check due to the lived experience they have with substance use and the legal system. For this reason, JJD is in the process of recruiting a Clinical Therapist with substance use training to fill the one of the substance use counselor positions. Clinical Therapist (CT) candidates have a much higher rate of passing the background check.

JJD currently has BHS III's at Indio Juvenile Hall and YTEC. JJD should have a CT filling the role of substance use counselor at Southwest Juvenile Hall and an additional BHS III at YTEC, thus fulfilling the goal of having four substance use counselors in Fiscal Year 20/21.

Substance use counseling has begun in earnest at Indio Juvenile Hall and YTEC. The substance use counselors are facilitating weekly New Direction groups (an Evidence-Based substance use intervention) on all of the units at Indio Juvenile Hall and YTEC-Treatment. They are also providing individual substance use treatment to youth with severe substance use issues, and linking youth with moderate to severe substance use issues to residential and outpatient community resources upon discharge. While seeking to fill the substance use counselor vacancy at Southwest Juvenile Hall, Clinical Therapists are providing a New Direction group on one of three units, and additional New Direction groups will be added to the other two units within the next month. Mental Health topics, education, and skills building are part of the program.

Additional Information About the Juvenile Justice Division

In addition to providing services to youth in the juvenile halls and YTEC, in the past five years the Juvenile Justice Division has expanded its services to include aftercare services. The important need for aftercare services evolved from the finding that most youth at YTEC who received extensive behavioral health services continued to commit new law violations and offenses post-discharge. Thus the Juvenile Justice Division added a Wraparound team and a Functional Family Therapy (FFT) team, and collaborated with Probation to add the Functional Family Probation (FFP) team, to work with youth post-discharge to help them with successful re-entry with their families and communities. The Wraparound team meets with youth and families in their homes (including during the COVID-19 pandemic if families are comfortable doing so, or meetings are provide remotely through phone or webcam). They provide intensive case management services to the youth and families based on the goals they want to accomplish that will help the youth to succeed in the community. The Functional Family Therapy team also provides services to youth and families in their homes, and their focus is family therapy that will enable a youth to succeed in family relationships. Additionally, the Functional Family Probation Supervision team works closely with the Wraparound and FFT Teams to ensure that behavioral health services and supervision services match the needs and goals of the youth and their families. Since adding Wraparound, FFT, and FFP, to enhance aftercare services for YTEC youth, recidivism rates for discharged youth have decreased significantly. In a CSAC Challenge award entry by the Riverside County Probation Department, they stated, "Aftercare experienced

a reduction in new law violations of about 50 percent: From 2015-2017, 34 percent of youth committed new law violations; from 2017-2018, only 17 percent of youth on aftercare committed new law violations.”

Adult Detention

Program Goal Progress for Forensic Behavioral Health (FBH):

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

Offering various treatment modalities to its consumers has been an ongoing goal of FBH. Our clinical team has worked closely with Riverside Sheriff’s Department to identify space and equipment needs, create Group Schedules and develop methods to systematically enroll consumers at each site into an appropriate therapeutic Group.

During this reporting period, FBH began offering the following evidence-based groups to its consumers at all five Riverside County detention centers: Cognitive Behavioral Therapy (CBT), Dialectal Behavioral Therapy (DBT), Anger Management, Seeking Safety, and a substance abuse treatment curriculum New Directions. The duration of each Group varied between eight to 10 weeks and met at least weekly. The following is a summary of participants for each Group:

Wellness and Recovery Action Plan (WRAP)	483
ANGER MANAGEMENT	330
DIALECTAL BEHAVIORAL THERAPY	559
NEW DIRECTIONS	181
SEEKING SAFETY	292

Summarily, a **total of 1,845** consumers participated in at least one therapeutic Group during their incarceration. These are individuals who have received additional education about their mental illness; have been taught proven coping strategies on how to best manage their symptoms; and have been provided tangible methods of how to achieve and maintain sobriety.

Lastly, an important and recurring theme in the feedback received from those consumers attending Group Therapy is one of hope. In referencing his experience in New Directions: Criminal Addictive Thinking, a consumer shared, “it offered me the help and insight that I needed so bad. If these services were available to me before my release (previously), I wouldn’t be here now”.

Update: In March 2020, the COVID19 pandemic impacted Group Treatment in the detention centers as much of its population was forced to adhere to social distancing protocols to contain its spread and reduce unnecessary exposure to both its population and staff. As risks become better mitigated within the population, Groups are expected to resume. In the interim, staff continue to work with consumers individually utilizing Group curriculum where appropriate.

Goal Two: To Increase the Volume of Incarcerated Consumers Who Are Actively Participating In Medication Assisted Treatment for Opioid and Alcohol Use Disorders

FBH implemented its first Medication Assisted Treatment Program in September 2019. A thorough Mental Health Screening is utilized to identify those inmates with a diagnosable alcohol and/or opioid dependency and who also require detox monitoring for withdrawal via a CIWA/ COWS protocol. These individuals are then referred to a psychiatrist for an evaluation to determine which medications such as Buprenorphine, Vivitrol and/or Naltrexone, are best indicated to treat withdrawal symptoms and reduce cravings. MAT services were initially implemented at Robert Presley Detention Center then later made available at Cois Byrd Detention Center, Larry Smith Correctional Facility and Indio Jail in December 2019. Since MAT’s inception, FBH has treated approximately 272 consumers and assisted with providing resources and linkage to Opioid Treatment Programs. Additionally, those identified as having an Opioid Dependency Disorder and inducted for MAT services, were provided with Naloxone prior to release from custody.

Update: Due to challenges with diversion in the detention setting, the controlled substance Buprenorphine was decidedly discontinued in March 2020. However, Naltrexone and Vivitrol are still being offered to MAT participants along with substance abuse treatment, community resources and linkage to residential and outpatient programs.

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

FBH continues to improve its efforts to support community linkage post release. For this reporting period, FBH had a total of 16,463 consumers to whom treatment services were provided. Of those consumers with a Behavioral Health Acuity Rating of Moderate or Higher, FBH had over a 90% success rate of offering Discharge Planning Services prior to their release from custody. Preliminary figures show that slightly over 25 percent of these consumers were successfully linked to community- based treatment programs within three months following their release. While our goal is to continue to increase this figure over the span of the next two years, it is noteworthy that success, even at this rate can significantly impact recidivism, and improve the quality of life for many of our consumers.

Consumer Affairs

Evidence-based/informed Programs/Classes

Wellness Recovery Action Plan - WRAP
WRAP Facilitation Training
My Wellness My Doctor & Me
Wellness & Empowerment in Life & Living – WELL
Advanced Peer Practices
Recovery Coaching
Seeking Safety
Taking Action to Manage Anger

Special Projects

Take My Hand Live Peer Chat
Recovery Happen Virtual Event
May is Mental Health Month Virtual Event
Virtual NAMI Walk

The Longest Night

Suicide Awareness Week

Each Mind Matters – Directing Change

Advocacy Partnership – CAMHPRO – California Association of Peer Run Organizations

County-wide Services and Activities

Peer Navigation Line
Peer Navigation Team
Peer Support Groups in Supportive Housing
Community Outreach & Engagement
Peer Opportunities Workshop
Peer Support Volunteer Program
Peer Support Internship Program
Stakeholder Forums
Conference Workshop Presentations

Statewide Transformational Advocacy

SB803 Peer Support Certification Advocacy Forums
MHSA Innovations Tech Suite Program
DHCS Advisory Committee for Statewide Peer Certification
Mentorship and Training to Other Counties in the State on Building Peer Programs
CASRA Partnership – California Association of Social Rehabilitation Agencies

Consumer Affairs – Adult Consumers, Ages 18 & Up

Consumer Affairs 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 Affairs 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 Affairs 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 a critical thinking, the Peer Support team rose to the challenges, creating new ways to meet the needs of the people they serve. In the Summer of 2020, the Consumer Affairs division began implementation of virtual Peer Support programming. The following are examples of how the PSS worked with the behavioral health system to meet those needs one-on-one, and in group settings:

Take My Hand Live Peer Chat Rapid Deployment

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

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

Take My Hand (TMH) Learning Brief:

Rapid Deployment Process

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

Compliance:

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

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

Training PSS and Clinical Staff to “Man the Chat”

- The Peer Support Team (PST) had been working since the NorCal All Peer Summit in San Mateo County to identify and collect resources necessary to add training components to existing Peer Support Training strategies, specifically focused on the TakeMyHand Peer Operators and clinical staff assisting in the event of a crisis-level interaction.

- Developed training materials for Peer Operators (Peer Operator training checklist, training for COVID-19, facilitator’s manual for COVID-19, Peer Operator, training PPT script only, print-up manual for Peer Operator COVID-19). This includes a module on strategies to deal with “trolls”, inappropriate language and situational challenges from malicious participants.
- Scenario role-plays and a brainstorming solution session is included
- Provided protocols for risk assessment and crisis protocols (Risk assessment, Questions-to-Assess-Suicide-Risk Handout, Essential Workers Support Line Protocol and Procedure)
- TMH-specific training materials:
 - *One-on-One Virtual Peer Chat: A Training Manual for Peer Operators*
 - *Creating a Conversation: Addressing Distress in Peer Support*
 - *Open-ended Questions Quick Reference Handout*
 - *TMH Facilitator’s Manual for Peer Ops COVID*
 - *TMH Peer Operator CheckList*
- Clinical Staff adopted existing protocols utilized for Crisis Services System of Care, applied to the chat environment
 - Clinical staff trained with Peer Support materials:
 - *Crisis Services System of Care Protocols - Community Response Triage TMH*
 - *Essential Workers Support Line Protocol and Procedure TMH*

The Ten Week Test Phase Begins

- TMH goes live
 - Week One: Limited staff initially, due to the chaotic pandemic environment and communication of ever-changing working conditions for employees
 - Social media and in-house marketing only to mitigate “the flood gate”
 - Week Two: Fully staffed with 4 shifts to cover 24/7
 - Week Three: PST introduces the first informational newsletter “All Hand On Deck” on the TMH for all County Blast to increase visitor traffic to the website – 3 editions distributed in the test phase
 - Sample “All Hand On Deck” attached to this report
 - Weeks Four - Six: TMH Operation is running smoothly

- **Senior PSS, Tech Lead and Supervising Clinical Therapist report on implementation and operational discoveries during the testing period:**
 - SPSS Discoveries:
 - PSS Crisis Transfer – need to define Crisis (urgency based on visitor identification of immediate urge to harm self or other, in immediate danger of harm from another)
 - PSS Crisis Transfer – train to comfort in exploring a visitors expression of harm ideations to determine passive thoughts vs. active harm (is it a crisis or someone wanting to chat through what they are feeling without judgement and being handed off to the next person as a “problem to be solved”?)
 - Crisis Transfer – reminder training on transfer process, due to low need for crisis transfers it came to our awareness that PSS operators forgot steps in the transfer process that ended up appearing to be system glitches
 - PSS Basic Training – via archive exploration identifying PSS tendency to jump to “fixing”, rather than supporting the visitor while prompting the visitor in the exploration process
 - PSS Basic Training – exploration and training for services provided via chat vs. in person (taking time to allow visitor to share completely, “listening”, slowing down, open ended questions)
 - Resource Support – challenges with crisis transfers highlighted that we have an effective back up system by accessing resources and “canned responses” where we have MHUC and HelpLine information readily available
 - Working Remotely – Take My Hand provided an effective resource to provide services from remote workstations (home) during COVID, with the potential for higher usage with active marketing

- Working Remotely – allowed services to be provided 24/7, with the potential for higher usage with active marketing

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

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

TAY Services:

- Adulting 101 – Life skills
- Café el Alma
- ActiviTAYS – music art, creative written word
- Men’s Empowerment
- Women’s Empowerment
- Let’s sTAY in Control – Anger Management
- COLOR – Co-occurring Life of Recovery
- Food Talk
- Movie Monday
- CommuniTAYtion – Communicating Effectively
- sTAY @ Home – Supporting Youth in Isolation
- YOGA Mind Body Flow
- Let’s Bake
- Color & Connect
- Speak Music
- Family DBT
- Sibling Support
- Relationships
- Seeking Safety
- Game Time
- TAY Talk

- Coming Out

Adult Services:

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

Substance Abuse Prevention & Treatment:

- Hazelton's MORE
- WRAP for Substance Abuse

Peer Support Telehealth

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

Peer Support, Supporting the System in the Throws of a Pandemic

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

211 COVID-19 Nurse Support After-Hours Line

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

Operation Uplift

Consumer Affairs, working with the Crisis Services System of Care to support front line staff to find wellness strategies, while working to treat patients at the Medical Center and in our FQHC Clinics, created "Operation Uplift". Operation Uplift was a presence of SPSS and PSS line staff at the FQHC clinics and the RUHS Medical Center, offering "on the fly" supportive listening and coaching, giveaway items and inspirational signs to express community appreciation for the hard work of front line staff, as they meet the needs of the community under extremely stressful circumstances. This service started out small, with just a few PSS and some giveaway items. Over time Operation Uplift has grown. It currently includes a 24/7 Essential Workers Support line, manned by clinical therapists to provide "on-the fly" telehealth and a Peer Support presence at the RUHS Medical Center, to assist medical staff to support family members and loved ones of people at the end of life, due to COVID-19, with Compassionate Family Visitation. In most communities across the country, family visitation of COVID patients in hospitals has been forbidden, leaving most families to lose a loved one without the ability to say goodbye.

RUHS Medical Center Executive Management devised a plan to allow families to say goodbye, when a patient's death was imminent. BH Medical Director asked Consumer Affairs to participate in the way of providing support to medical staff in the process. This supportive service has been made a regular part of the COVID response at the RUHS Medical Center. Due to the high praise of hospital staff and the positive feedback received by the families allowed to visit dying loved ones, with the assistance of a PSS, there is inter-departmental discussion of creating this role in the hospital as a permanent function going forward.

Virtual Outreach Events

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

TAY Collaborative Meetings – Community Partnership Event

The Longest Night – Homeless Memorial Event

Recovery Happens Event

May is Mental Health Virtual Event

Don't Just Survive – THRIVE

Peers Write & Share – Written Word Recovery Event

National Coming Out Day – LGBTQAI+ Event

TAY Friendsgiving – A Food-focused Social Event in November

HoliTAY – Holiday Social Gathering Event

Staff Training

Consumer Affairs continued to provide training to all Behavioral Health Supervisors. The training, **The Supervisors' Guide to Peer Support**, was offered 3 times in this fiscal cycle. It is a 4-hour educational course for clinic and program Supervisors to clarify roles and responsibilities for Peer Support Specialists on treatment teams and the role of the Senior Peer Support Specialist as their partner at the clinic level. The course reviews County policies and procedures for all employees and assists Supervisors to clarify understanding of their role with

their peer employee, how they can appropriately integrate consumer providers in their workflow, reduce stigma and troubleshoot challenges that may arise at the clinic level. This process has allowed space for even greater growth in recovery model practice and supervisory acuity of the PSS roles in clinics.

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

- **Personal Wellness Recovery Action Planning Seminar (Personal WRAP®)** with 18 total attendees in this fiscal cycle, which included all levels of staff (PSS, BHS, CT, Supervisors, and Administrators)
- **Five-Day WRAP® Facilitator Training**, with 13 total participants, which included PSS, BHS and CT staff members
- **Recovery Focused Service Delivery**, not facilitated this fiscal cycle
- **Understanding Consumer Culture**, with 44 participants, which included all levels of staff from all Southern California Region Counties at the Cultural Competency Summit, held at Riverside Convention Center
- **The Senior Peer Support Orientation & Training Manual** is a training available to all Senior Peer Support Specialists in the Consumer Affairs Program and Clinic Supervisors. It is a manualized training curriculum, that includes specific Peer Support Leadership policies, coaching resources and Consumer Affairs-specific procedural expectations for staff working within the Consumer Affairs Program.
- **Advanced Peer Practices** is an advanced-level peer support course that focuses on transformation advocacy and the responsibilities to remain peer in systems that are traditionally structured for clinical practice. This course is offered to all RUHS-BH Peer Support Specialists, who have passed probation as full-time employees.

Peer Support & Recovery Model Concepts Training to Behavioral Health Stakeholders

- **CAST – Coping And Support Training** was a collaboration with Operation Safehouse and Cup of Happy to provide education to TAY consumers to develop healthy coping skills and build social and familial supports.
- **Clarifying the Peer Support Role vs. Clinical Roles** was a training provided at the Countywide All Supervisors Collaborative and the Desert Children's Coordinator's Meeting to introduce new Supervisors to the recovery model practices embraced by RUHS-BH and to clarify roles and responsibilities of Consumer Peer Support Specialists

working in the behavioral health system. A total of 62 RUHS-BH Supervisors and 9 Supervisors from contracted service providers attended and received the SAMHSA Core Competencies of Peer Support and information about SB803, the CA State Senate bill to create a Peer Support Certification process in California.

- **20/20 Gift Program Peer Panel** is an opportunity for Peer Support staff to share their experiences working full time in a public health care service system with MFT and MSW students, whose internships have them working in RUHS-BH clinics, alongside peer providers, while being part of the selection panel of students accepted into RUHS-BH GIFT Program.
- **Transgender Foundations Training** is a peer-written, developed and presented curricula in a 3-part series of trainings available to RUHS staff, Department of Corrections Officers, Inmate Populations (Chino Women's Prison), Public Health, Inpatient Treatment Facilities, City of Riverside and other area community partners to introduce transgender community awareness, cultural sensitivity and inclusion for transgender consumers, their family members and supporters. It sets the foundation for additional clinical best practices trainings to address gaps in health care, specific to transgender community members, and understanding gender identity and LGBTQIA+ social justice concerns. A booklet, "Know Your Colours" was also peer-written, developed and distributed at these trainings and at community outreach events. It outlines various gender identity and sexual orientation flags and provides a glossary of important LGBTQIA+ terms, to better inform providers and community members.
- **Peer Opportunities Workshop** (via Zoom) is a 4-hour course for Peer Employment Training graduates, designed to orient newly Certified Peer Support Specialists to the many ways a Peer Support Specialist can be of service to their community. The course lays out the job opportunities, not only within the RUHS service system but also with agency partners and other community peer-run organizations. Senior Peer Support staff provide detailed step-by-step instruction to apply for County jobs on the PeopleSoft website, to submit a volunteer application and to pursue possible internship opportunities in behavioral health.
- **Supervisors Guide to Peer Support** provided as a workshop for Merced, San Mateo Ventura and Santa Barbara Counties.
- **Building Peer Leaders in Youth Services** was operationalized and presented at all TAY Drop-in Centers Countywide as the official Peer Employment Training for all youth consumers ages 18-25, who were interested in becoming certified in the practice of peer

support. This is the finalized version of the TAY Peer Support Pre-employment Training curriculum pilot executed in the last fiscal cycle. RUHS-BH graduated 13 TAY consumers in this fiscal cycle.

- **Building Peer Leaders in Adult Service** was pilot program delivered to contract service provider, MFI, who operates the new augmented board and care facility in the desert region, Roy's Desert Sage. This pilot was the first offering of the RUHS-BH produced peer support training that employs the SAMHSA Core Competencies and Peer Support Practice Guidelines, in line with upcoming state standards under SB803.
- **Building Peer Leaders in Substance Use Treatment**– Substance Abuse Prevention & Treatment (SAPT) and Forensics programs Peer Leadership staff provided SAPT Presentation at Peer Employment Training for contracted service provider, RI International. This training is an overview of SAPT Programs and a "How to" when utilizing PSS in County SAPT programs.
- **Resilient Brave Youth (RBY)/CSEC Training** is a PSS-provided training to all staff at DPSS in Temecula to orient teams around outreaching and engaging young people and their families affected by commercial exploitation.
- **Out of the Life** is a lived experience and recovery journey from experiences in commercial exploitation, presented to Riverside County Sheriff's Department, RCAHT training at the Ben Clark Training Center.
- **Human Trafficking – Lived Experience** is a peer-led workshop delivered to MSW students at California Baptist University.
- **Each Mind Matters - Directing Change** - Consumer Affairs provided media coverage in partnership with Prevention & Early Intervention for the Each Mind Matters Statewide Outreach activities and event, this virtual event was held at California Theater of Performing Arts in San Bernardino. Senior Peer Leadership were asked by Each Mind Matters Leadership to adjudicate all film submissions in all categories.

Peer Support Advocacy for Change

Consumer Affairs leadership worked with local County and State organizations to promote Peer Support services, recovery model practices and role modeled advocacy for person-centered care. During this fiscal cycle, the Consumer Affairs Program Manager provided training and mentorship to other California Counties, preparing to grow their own Peer Support Specialist programs. The following are advocacy –centered projects aimed at reducing the stigma of peer

provided services, educating decision-makers internationally to influence transformational advocacy for peer provider integration to health care systems:

- Participated in SB803 Community Advocacy Forum held in a virtual format, hosted by CAMHPRO
- Provided Peer Support Leadership assistance and support to NAMI California for Southern Regional Advocacy Forum held virtually.
- Consumer Affairs Senior Peer Support presented Transgender Foundations workshop at the California Association of Social Rehabilitation Agencies Fall Conference (CASRA)
- Consumer Affairs Program Manager was slated to provide workshops on Advocacy for the Peer Support Practice at the Annual National Association of Peer Supporters Conference in California, but the conference was postponed due to the COVID-19 pandemic.
- Resilient Brave Youth (RBY) Peer Leadership provided presentations/CSEC training for the Department of Public Social Services in a virtual setting.
- Resilient Brave Youth (RBY) Peer Leadership presented at the CSEC conference in Moreno Valley in a virtual event.
- Consumer Affairs leadership participated in the LGBTQ Finding Freedom Symposium in a virtual setting, to develop relationships with organizations who support LGBTQIA+ community with substance abuse challenges in our region. Also to continue learning how to better serve the LGBTQIA+ community.
- Consumer Affairs Team participated in the Trauma Transformed: Trauma-Informed Systems Transformation Leadership Initiative, by assigning Senior Peer Support Staff and Program Manager to participate in the initiative's preliminary leadership activities.

The Rustin Gym

Consumer Affairs provides staffing and administrative support for all activities that take place in the Gym @ Rustin, which is a fitness center located at the Rustin Behavioral Health Conference Center. It is staffed by Consumer Peer Support Specialists who have lived experiences with behavioral and physical health recovery. The Peer Support Lead is a certified fitness instructor as well as certified in the practice of Peer Support. These peer staff assist all local outpatient programs to provide the space and equipment at the Gym, as well as technical support to any staff member who brings their consumers to the Gym to explore the use of physical fitness as a

wellness and recovery tool. Due to conditions of the COVID-19 pandemic, services were limited and the following activities were offered at the Gym in this fiscal cycle:

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

Statewide Collaboration Efforts

- Consumer Affairs leadership joined the CalMHSA Innovations Technology Suite Project Cohort, in partnership with RUHS-BH MHSA Administration and Research & Technology to bring experienced Peer Support leadership to the collaborative process at the State level.
- Consumer Affairs Program Manager presented a workshop on the Riverside County Peer Support Career Ladder at the Peer Partners Southern Regional Conference, in a virtual event
- Consumer Affairs Program Manager provided a one-day mentorship in-service training to Merced County Peer Support Leadership and Program Management Team. Subjects covered in the training included HR Processes for Peer Providers, Supervision of Peer Providers on Treatment Teams, Senior Peer Support Mentorship, Training Clinical Supervisors working with Peer Support Specialists, Advocacy for Peer Support Career Ladders, The Importance of the Peer Role, SAMHSA Core Competencies for Peer Supporters and The Importance of Certification. This mentorship process is meant to transform systems Statewide in preparation for CA State Peer Support Certification Senate Bill 803.

Highlighting Resilient Brave Youth (RBY) – CSEC Population

RBY is an MHSA innovation grant funded children’s program that provides Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to youth ages 13-21 years-old and their families/caregivers who have been victims of commercial sexual exploitation or who have been identified as being “at risk” of becoming CSEC. RBY utilizes a team and field based approach to reduce the barriers these youth face in receiving behavioral health and intensive case management services. The staff of RBY are committed to community and public engagement

through providing presentations and trainings throughout Riverside County, which build and strengthen community collaboration, continuity of care, referral sources, and public knowledge. In fiscal year, 20-21 RBY staff engaged in multi-agency presentations and trainings across Riverside County.

- 01/15/2020- SPSS provided in person “RBY & Lived Experience Presentation” at The Moreno Valley DPSS induction class. In attendance were 40 newly inducted social workers.
- 06/18/2020- SPSS provided virtual “RBY & Lived Experience Presentation” for The Moreno Valley DPSS induction class. In attendance were 40 newly inducted social workers.
- 06/19/2020- SPSS provided virtual “RBY & Lived Experience Presentation” for RUHS-BH. In attendance were 12 employees.
- 09/24/2020- LMFT & PSS provided virtual “Community RBY Presentation” for The Moreno Valley DPSS induction class. In attendance were 36 newly inducted social workers.
- 09/28/2020- SPSS provided virtual “RBY & Lived Experience Presentation” for The Moreno Valley DPSS induction class. In attendance were 30 newly inducted social workers.
- 01/11/2021- SPSS Keynote Speaker “Experience, Strength & Hope” for the Riverside County DPSS Anti-human Trafficking Virtual Conference. There were 600+ attendees.
- 01/13/2021- PSS provided virtual presentation and training on “What to Say & What Not to Say” for the Riverside County DPSS Anti-human Trafficking Virtual Conference. There were 600+ attendees.
- 01/14/2021- PSS provided virtual presentation and training on “Pimp Culture” for the Riverside County DPSS Anti-human Trafficking Virtual Conference. There were 600+ attendees.

Supporting the Peer Workforce

In its fourteen-year history, the Consumer Affairs 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-Behavioral Health System to have self-disclosure as part of the job duties and expectations. In this pursuit, Consumer Affairs Leadership has successfully sustained monthly one-on-one supervision with Senior Peer Support Specialists and Monthly Group Training Supervision for all peer providers.

Peer Support Line Staff Monthly Training & Support Meetings occur on the third Wednesday of each month. Each is a 2.5-hour meeting to explore challenges, provide moral support, practice team building, provide recovery-oriented education and staff development, geared to drive full-time Peer Support Specialist staff to their core competencies of practice on treatment teams. The structured agenda has a recovery theme each month, and the training is oriented to the monthly theme.

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

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

Annual Consumer Affairs Activities

- Peer Volunteer and Internship Programs is year-round, in 6-month rotations. In the FY20/21, Consumer Affairs had 2 Certified PSS Volunteers and, due to COVID-10, 0 PSS Interns, due social distancing regulations and facilities occupancy limitations.
- SPSS provided six (6) of Peer Opportunities Workshops for Peer Employment Training and Building Peer Leaders in Youth Services graduates. These take place year-round
- SPSS Support RI, International Staff at all 4 Wellness City locations, The Place Homeless Shelter in downtown Riverside, The Path Homeless Shelter in Palm Springs, as well as RII and Telecare Peer Support Specialist Staff at the Crisis Stabilization Units year-round.
- SPSS and PSS staff attend to support each Peer Employment Training Graduation County wide eight (8) times per year to provide material support, moral support to graduates and provide the keynote address to the graduates and attendees.

- Consumer Affairs Communications Senior Peer Leadership provides approximately 70% of all social media postings for RUHS-BH, in efforts to have a constant flow of outreach presence on Facebook, Instagram, and Twitter. Annual social media presence has continued to.

As follows, fan or follower numbers:

Twitter 233

Instagram 1,162

Facebook 2,581

YouTube 91 subscribers.

3-Year Plan Goals Continued

- To create an Anger Management Group Curriculum that adheres to the Peer Support Recovery Model to be delivered to consumers in all clinic and detention environments – **This goal was met. Taking Action to Manage Anger was launched during this fiscal cycle.**
- To create an Eating Disorders Group Curriculum that adheres to the Peer Support Recovery Model to be delivered to consumers in all clinic and detention environments – **still pending**
- To build upon Peer Support workforce numbers to increase peer provider presence in TAY, specifically in Children's Services System and Detention Environments – **still pending**
- To create a new Peer Support Specialist category for individuals from the Deaf & Hard of Hearing Community. To meet the needs of DHH individuals, RUHS-BH Consumer Affairs is striving to penetrate this hard to engage community through peer support. Adding a specific Peer Employment Training for DHH consumers to bolster representation of this community to the peer workforce – **still pending**
- To create and launch a "Real Peer Chat" technology, instead of leaning on existing Artificial Intelligence programming in smartphone applications and websites. In that creation, the bigger goal is to influence Statewide peer support program growth, influencing other Counties to grow peer support programs that assist peer providers to adhere to SAMHSA Core Competencies for Peer Supporters – **This goal was met with the development of the Take My Hand Live Peer Chat under the Innovations Tech Suite Program.**

- As a carry-over from FY 18/19 Bilingual Spanish PSS Services. With the addition of our new Spanish Language Senior Peer, we will be moving forward to focus energies to the Spanish speaking community to support and provide more recovery-oriented services in Spanish – **still pending**.
- Add a new level of Executive Leadership to the Consumer Affairs Program by creating an Administrative Management position that oversees all Peer Support Services County wide, to create a structure of training and support for all areas of peer work. This role would provide full oversight of training and compliance of peer support practice for all Adult Consumer Peer Support Specialist and Family Advocates, TAY Peer Specialists and Parent Partners. – **This goal was met with the hiring of the first Peer Support Oversight & Accountability Administrator.**

Contracted Peer Operated Programs

Peer Opportunities

Lived Experience as a behavioral health consumer is a gift to be given back to the communities we live in. People with lived experience can, and do, get better. With coordinated support and training, a person who struggles with mental illness can learn to be with people one-on-one or in a group setting, providing Peer Support. Any person with lived experience in treatment and recovery for a mental health and/or substance use challenge can take a pre-employment training course, provided free of charge to residents of Riverside County, in partnership with RI, International.

Peer-Run Centers Summary: Wellness Cities

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

levels of care, as consumers work towards self-sufficiency and full community integration. This program works to engage individuals to take the next steps in their recovery process. Utilizing the Wellness Cities assist consumers to become less reliant on more costly core Riverside County Behavioral Health services.

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

As costs for the Wellness Cities continued to rise, but the numbers of consumers served did not, peer and program leadership re-imagined the Peer Center concept to address growing trends, contemporary engagement methods, and stronger community integration. As a result, it was decided to end these centers as a contracted service at the close of FY 20/21, and to continue the Peer Centers under Consumer Affairs' direct management.

Artworks Summary

Through the on-going Mental Health Services Act (MHSA) Community Planning Process, creative arts programming and peer-to-peer supports continues to surface as a priority need identified through the stakeholder process. Recovery Innovations, Inc. (RII) operates Peer Support Resource Centers through another contract with RUHS-BH. Since 2013, RII has successfully built a peer-run arts program based on the unique needs of Riverside County communities. The "Art Works Program" combines four essential elements to improve the lives of the people it serves;

1) creative art therapies, 2) vocational training, 3) peer-driven wellness and recovery, and 4) anti-stigma outreach. The Art Works team has built relationships throughout the county to bring relevant programming to each location it serves. In addition to the local gallery programs in the City of Riverside, the team travels to various locations to provide a series of on-site classes. These classes focus on the unique blend of art that has a recovery theme or represents one's journey. A variety of peer support specialists, peer artists, local artists and professional educators are a part of Recovery Innovation's Art Works programs.

Peer Employment Training (PET)

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

- 1) Developing peer support skills for use in the workplace
- 2) The exploration and development of personal recovery
- 3) Supporting individuals in recognizing their strengths, responsibilities and accountability as certified peers.

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

PET Summary

Recovery Innovations. Inc. (RII) provides services and training to identify, develop and certify consumers into Peer Support Specialists – consumers trained to assist other consumers to successfully navigate Riverside University Health System-Behavioral Health (RUHS-BH) services and care programs. RII is the local pioneer creating, managing, and teaching curriculum for Mental Health Peer Development and Employment. They were instrumental in guiding RUHS-BH through the process of introduction, orientation, and integration for the training of Mental Health Peer Specialist positions. RII was involved in the development of the programs that enabled the department to operationalize the Mental Health Services Act (MHSA) Plan, which has become the standard of practice and successfully collaborated with RUHS-BH to become a peer development leader in the State of California. These activities promote and advance the recovery vision for Riverside County. RII has provided these services while

continually improving the program as the needs of the consumers and community evolve. RII is instrumental in coordinating the Intern Program for Consumers, Family Members and Parent Partner Peer Support volunteers. Additionally, the Peer Employment training provided through this contract is the first step that sets the groundwork for a well-prepared pool of Mental Health Peer Specialist candidates from which to hire. Several graduates participate in an Intern Program that provides detailed, on-the-job training to ensure they build the same skills as those already employed and providing direct services in the clinics and programs. RUHS-BH has over 200 peer positions and leads the state in peer employment.

PET will also transition from a contracted service to a program managed under Consumer Affairs at the start of FY 21/22.

Parent Support and Training Program

Evidence-Based Programs/ Classes

Educate, Equip, Support (EES)

Triple P/Triple P Teen

Facing Up

SafeTALK

Nurturing Parenting

Strengthening Families

Mental Health First Aid-Youth

Parent Partner Training

Special Projects

Back to School Backpacks

Thanksgiving Meals

Snowman Banner Gifts

Donations

County-Wide Services/Activities

Parent-to-Parent Telephone Support Line

Open Doors Support Groups

Resource Library

Outreach and Community Engagement

Volunteer Services

Workshops/Trainings

Multi-Agency Collaboration

Presentations

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

Parent Support and Training Administration

Parent Partners are hired as County employees for their unique expertise in raising their own child with special needs. The Mental Health Peer, Policy, and Planning Specialist (PS&T Manager) for Children's Services is intended to implement parent/professional partnership activities at the policy and program development level. This position works in partnership with the Children's Services Administrators and the RUHS-BH Executive team to ensure the parent/family perspective is incorporated into all policy and administrative decisions. The Manager provides oversight to eight (8) Senior Parent Partners, ten (10) Parent Partners, one (1) Volunteer Services Coordinator, one (1) Secretary, and one (1) Office Assistant. Each Senior/Lead Parent Partner is assigned to a different region of the County (Western, Mid-County, Desert) to collaborate with the regional Children's Administrator, Children's Supervisors, and regional Parent Partners (who are designated to work in a specific clinic/program). They provide coaching and guidance to the regional Parent Partners to ensure best practices in working with families. There are also Senior/Lead Parent Partners for identified populations. A Senior/Lead Parent Partner is assigned to Pathways and works closely with our Child Welfare Partners to identify the needs of the families and to be a continued family/parent voice at the table. A Senior/Lead Parent Partner is a part of Resilient Brave Youth Program that works with our children/youth that are being trafficked. A Senior/Lead Parent Partner is housed at one of our TAY Sites to work collaboratively with the specific needs of both parents of the TAY Youth, as well as the TAY Youth themselves that are parents. A Senior/Lead Parent Partner is assigned to working with the Housing Program with our homeless family population. This fiscal year 19/20, we were able to work with and link 56 families with our housing partners. Parent Partners within the Administration unit provide supports to the broader community as well. In FY19/20 PS&T reached out to over 15,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their children, and families. Services provided include:

Parent-to-Parent Telephone Support Line - Available Countywide and open to parents/caregivers who live in Riverside County and are seeking parent-to-parent support through a non-crisis telephone support line. This is an 800 number phone line that parents are able to call and access information at no charge. This is another way of supporting and educating parents who are unable or choose not to attend a parent support group. Support is provided in both English and Spanish.

Open Doors Support Group - Open to the community and provides parents and caregivers who are raising a child/youth with mental health/emotional/behavioral challenges a safe place to share support, information, solutions, and resources. Groups are provided countywide in English and Spanish.

Current Group locations:

- Open Doors Riverside (Parent Support)
- Open Doors Murrieta (Parent Support)
- Open Doors Riverside – Spanish (Parent Support)
- Open Doors San Jacinto (Clinic Parent Partner)
- Open Doors San Jacinto - Spanish (Clinic Parent Partner)
- Open Doors Banning (Clinic Parent Partner)
- Open Doors Perris (Youth Group-Parent Support)

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

Outreach and Community Engagement - Community networking/outreach reduces stigma and builds relationships by providing educational material, presentations, and other resources. It targets culturally diverse populations to engage, educate, and reduce disparities. This fiscal year 19/20, PS&T participated countywide in a multitude of Outreach Events. Parent Partners 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.

Outreach Events:

Recovery Happens	MH Awareness Fair	Community Partner Forum
Back to School Fair	Our Lady of Soledad Health Fair	TAY FEST
MVUSD Back To school Event	Teen Health Conference	Quail Valley Comm. Resource Fair
Cabazon Resource Fair	HOPE District 1 Health Fair	Parent Summit LEUSD
TAY ARENA Back To School	Infant Toddler Conference	Mentor Collaborative Fair
St Vincent Health Fair	Movie Night Maternal MH	Healthy Lifestyle Expo
Breastfeeding Celebration	DPSS Resource Fair	National School & Education Week
Maternal Wellness Seminar	Golden Years Support Group	Project Connect
Tahquitz HS MH Fair	MH Fair West Valley HS	Kindness Comm. Health Fair
Recovery Happens	Million Man Meditation	Black History Event
Breastfeeding Celebration	Healthy Bodies, Healthy Minds	Banning HS Open House
Family Engagement Conference	NAMI Walk	Spc. Ed Expo
Meet and Greet	PRIDE Event	

Evidence-Based Programs/Classes - The Parent Support & Training program continues to provide the following classes/trainings in the community at a variety of sites in both English and Spanish. In FY 19/20 1,086 parents in the community participated in our parenting classes, 91 parents in the community participated in our parent workshops, and 235 community members attended presentations.

- **Educate, Equip, and Support (EES): Building Hope** - The EES education program consists of 13 sessions; each session is two hours and is offered only to parents/caregivers raising a child/youth with mental health and/or emotional challenges. Classes are designed to provide parents/caregivers with general education about childhood mental illnesses, advocacy, parent-to-parent support, and community resources.
- **Triple P (Positive Parenting Program)** - Triple P is an evidence-based parenting program for parents raising children 0-12 years-old who are starting to exhibit challenging behaviors.

- **Triple P Teen** – Triple P Teen is an evidence-based parenting program for parents raising youth that are 12 years and older.
- **Facing Up** - This is a non-traditional approach for overall wellness for families to encompass physical, mental, and spiritual health.
- **SafeTALK** - Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed, or avoided - leaving people more alone and at greater risk. SafeTALK training prepares you to help by using TALK (Tell, Ask, Listen, and 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 will focus on the Five Protective Factors. The Five Protective Factors are skills that help to increase family strengths, enhance child development, and manage stress.
- **Mental Health First Aid Youth** – Teaches how to offer initial help to youth with the signs and symptoms of a mental illness or in a crisis, reviews the unique risk factors and warning signs of mental health problems in adolescents ages 12-18. It emphasizes the importance of early intervention and covers how to help an adolescent in crisis or experiencing a mental health challenge and connect them with the appropriate professional, peer, social, or self-help care.
- **Parent Partner Training** - This is a two-week class for parents/caregivers to navigate mental health, and other systems, in order to better advocate for their children.

Special Projects - Donated goods and services benefit children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates, as well as cultural and social events. In FY19/20 the following projects provided resources to families:

- 19th Annual Back to School Backpack Project: 460 backpacks were distributed to youth at clinics/programs.
- 19th Annual Thanksgiving Food Basket Project: 134 food baskets were distributed to families.

- 19th Annual Holiday Snowman Banner Project: 1,915 snowflake gifts were distributed to youth in clinics/programs.

Volunteer Services - Volunteer services recruits, supports, and trains volunteers from the community, including families that are currently receiving services, giving both the parents and the youth an opportunity to “give back” and volunteer their services. The Coordinator is Bilingual/Spanish and coordinates special projects and donated goods, provides outreach, targets culturally diverse populations, as well as trains and mentors volunteers.

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

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

Clinic/Program Parent Partners Support

Leadership/Coaching - Newly hired Parent Partners are provided training and orientation that includes: How to Facilitate a Support Group; Orienting parents to the behavioral health system; Educate, Equip and Support Facilitator; 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 providers, and other community-based providers that we work with. All trainings/meetings are open to all Parent Partners working within a multitude of systems. Training topics include: Recovery Skills; Telling Their Story; and, Working within the County System as an employee/volunteer.

There is a quarterly county-wide meeting for all Parent Partners (Peer Support Specialists). There is also a quarterly regional Parent Partner meeting with Parent Partners in their own region to discuss regional issues. The meeting generally includes a roundtable discussion and updates from each clinic as well as training and presentations on specific topics. Presentations are provided by both county and contracted providers with topics such as: Community Care Reform (CCR) implementation, Crest/Reach crisis services, Operation SafeHouse, HHOPE, Confidentiality, Mandated Reporting, Team Building, Boundaries, Strengthening Families, and

documentation for Parent Partners. Parent Partners countywide participated in the UACF and UC Davis Parent Partner trainings.

Clinic/Program Parent Partners - Parent Partners are hired as County employees for their unique expertise in raising their own child with special needs. At clinic/program sites, in coordination with clinicians, the Parent Partner will work directly with assigned parents, families, and child caregivers whose children receive behavioral health services through the Riverside University Health System – Behavioral Health. Activities include parent-to-parent support, education, training, information, and advocacy. This will enhance parents' knowledge and build confidence to actively participate in the process of treatment planning at all levels and relate to their child as well as their family. Evidence-Based programs/classes (listed above) are also provided by Parent Partners at clinic sites. The current number of Parent Partners countywide is 54 (26 of whom are bilingual).

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 the mental health services that are needed. This has been an avenue to have the parent and family voice continue to be heard in both systems. The Parent Support & Training program continues to attend Team Decision Making (TDM) and Child Family Team (CFT) meetings to be a part of the process and a support to the families. PS&T attended 174 CFT meetings for families and 4 meetings for our Non-Minor Dependents.

In FY19/20, PS&T collaborated with Substance Use, Probation, and Detention programs to provide Triple P parenting classes. 348 parents participated in Triple P through our continued partnership with Family Preservation Program. 60 parents at the Day Reporting Center (Probation) participated in parenting classes. At Smith Correctional Facility, 180 parents have participated in Triple P classes while incarcerated.

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

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

- Southwestern and Western Region Child Care Consortium (Committee)
- HOPE Prevent Child Abuse Board
- United Neighbors Involving Youth (UNITY)
- Directors of Volunteers in Agencies (DOVIA)
- Riverside County Community Volunteers (RCCV)
- Community Adversary Committee (CAC) (Corona)
- Mujeres Activas en La Salud (MAS)
- Eastside Collaborative, Community Health Foundation
- Civic Center Collaborative
- Riverside Unified School District (RUSD) English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative
- RCOE Fiesta Educativa Committee
- Family Service Association (FSA) Children's Conference Committee
- Eric Soleader Network – Resource Person
- Perinatal Collaborative
- League of Latin-American Citizens
- Child Abuse Prevention Council HOPE (Moreno Valley, Corona, Riverside, Temecula, Desert Hot Springs)
- Task Force Family and Youth Murrieta
- SELPA Interagency Meeting
- Riverside County Department of Mental Health Committees/Boards
- Cultural Competency Committee
- Spirituality Committee (Faith Based Communities)
- Translation and Interpretation Committee

- Cultural Awareness Celebration Committee
- Pathways to Wellness/CCR - Collaboration with DPSS
- TAY Collaborative Committee
- Building Bridges Committee
- Pathways to Wellness/CCR - Family Perspective Presentation
- Women, Infants and Children Clinics
- Behavioral Health Commission (previously the Mental Health Board) (Recovery Presentation)
- Mental Health Children's Committee
- Wraparound Family Plan Review Meeting
- Western Region Supervisors Meeting
- Central Region Supervisors Meeting
- Mid-County Region Supervisors Meeting
- Desert Region Supervisors Meeting
- Kinship Navigators Committee
- Peer Workshop Presentation
- Pathways to Wellness (CSOC) CORE Meeting
- Pathways to Wellness (CSOC) Steering Committee
- Pathways to Wellness (CSOC) Work Groups Leader Orientation
- TAY Collaborative
- Task Force Family and Youth Murrieta

COVID-19

With COVID-19, the fourth quarter of F/Y 19-20, for PS&T Program looked very different. In order to best support the parents/families that we work with, as well as the community, we needed to adapt our services. Parent Support & Training Program was able to continue to reach out and connect with parents during this time. Parent Support & Training Program worked and collaborated in a variety of ways to ensure that parents/families were heard and helped. The

Parenting Classes facilitated through Parent Support & Training were conducted through the phone. This involved both one-on-one parenting classes with parents, as well as group parenting classes through conference calling. Parents were mailed out all parenting class materials to ensure that they were able to participate in the parenting classes that they were assigned to.

Parent Support & Training collaborated with RUHS-BH and RUHS-PH, to film service messages for parents/families. The service messages were able to reassure parents and offer suggestions/tips on being home with their children during this pandemic.

Parent Support & Training Outreach Projects also took on a different look during this fourth quarter. Parent Support & Training worked with the HOPE Collaborative (Prevent Child Abuse) to deliver diapers, wipes and baby formula to 100 families that were in need. PS&T also in collaboration with HHOPE, distributed COVID Baskets to an additional 150 families. The COVID Baskets consisted of snacks, water, toys and items that children/families could utilize at home during the pandemic. In addition, PS&T distributed and mailed out books, games, and learning materials to an additional 50 families during this time. PS&T also provided additional food to families that were in need.

To ensure additional support for staff during this time, weekly region parent partner meetings were put in place to support and address the needs that parent partners were having working remotely and how best to outreach to parents/families. In addition, monthly countywide parent partner meetings were also implemented. This is to ensure that all parent partners have additional trainings, information, resources and support during the pandemic.

Parent Support and Training Program Plan Goals

The Parent Support and Training program's ongoing goal for the 3YPE plan is to continue providing the services and supports listed above to parents, youth, and families within Riverside County.

One of the identified areas of need is for homeless families that we work with. This will be a continued area of focus. Families and youth are more successful when there is a component of housing stabilization for the entire family. The Senior/Lead Parent Partner is the point person in working with our homeless families to connect them to housing options that may be available. One engagement strategy that we are utilizing is to help with their laundry. PS&T has a contract with a laundromat to ensure that families are able to have clean clothes. 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 as much as possible to overcome this barrier. Because of COVID adaptations, we now have virtual capability and are able to offer a variety of classes/groups remotely.

PS&T will continue to work within the county jail site with inmates while they are incarcerated, providing Triple P classes. (As safety allows through COVID-19. At this time we are not able to provide on-site classes at the jails.) It is our hope in working with this population of parents that we will also be able to outreach to their children. The children of parents who are incarcerated are a group that is often left out of services and not recognized as being in need. As parents are released from jail, they transition to the Daily Reporting Center (DRC). PS&T provides services on site (both in person and virtual) at all three of the DRCs in Riverside, Temecula, and Indio. This allows for continuity in their services and completing the Triple P course. Additional services offered at the DRCs include: EES classes, Nurturing Parenting, and Facing Up Wellness classes in partnership with several agencies for the AB109 population.

PS&T will continue collaborative efforts with Department of Public Social Services and Probation in regards to the Pathways to Wellness (Katie A.) and Continuum of Care Reform (CCR) for transformation of mental health services to families within systems. PS&T will continue to collaborate on committees and with ongoing trainings to staff, community, parents, and youth that are involved with that system. Parent Support and Training continue to have a key role in upcoming Child, Family, Team Meetings, and providing Intensive Home-Based Services to those families. PS&T will begin to offer orientation meetings for parents of youth that are involved within the juvenile justice system.

RUHS-BH PS&T is intended to assist families, regardless of whether or not they are receiving any type of formal mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family. Targeted outreach to particular underserved groups is a key area of focus: African American, homeless families, and prison-release parents will be engaged through outreach, community events, and needed classes/programs, e.g.: anger management classes, and building parental advocacy skills on behalf of their children as they navigate multiple public systems. 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 Advocate Program

Evidence Based Programs/ Classes:

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

Community Education

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

Special Projects

May is Mental Health – A Virtual Event
Virtual NAMI Walk

Countywide Services

Toll Free Family Advocate Line
Family Support Groups
Sibling Support Groups
Substance Use Support Groups
Free Community Educational Activities
Resourcing & Navigation
Substance Abuse Prevention & Treatment
Justice System-Involvement Support

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

Currently, FAP employs eight (8) Senior Behavioral Health Peer Specialist – Family Advocates (Senior Family Advocate - SFA) and twenty-one (21) Behavioral Health Peer Specialist – Family Advocates (Family Advocate - FA) providing services throughout the three Regions in Riverside County (Western, Mid-County, and Desert). Peer support is an evidence-based practice for individuals with mental health conditions or challenges.

The 8 Senior Family Advocates are assigned regionally, to specific sites and countywide. Regionally: one in the Western region, one in the Mid-County region, one in the Desert region. Specific sites: one to the TAY Drop-In Center in Mid County, one to the Family Rooms located in Lake Elsinore and Perris. Countywide Sr. BHPS provide services with one each assigned to specialized areas: Forensics, Substance Abuse Prevention & Treatment (SAPT) and Outreach & Engagement. The SFA works in collaboration with clinical staff and provides leadership, mentorship and guidance to FA line staff. The 21 FA line staff work directly with family members of consumers in several clinics, programs and community sites within Riverside County.

The Family Advocate Programs 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 6 days a week, regardless of any clinic affiliation. Each group is formatted to provide a safe space for family members and caregivers to share their experiences, connect to resource information, and receive guidance through an educational process to assist family member to in build skill, promoting higher levels of wellness and recovery to the entire family unit.

- Sibling Support Group
- Taking Action to Manage Anger
- Coffee for the Soul / Café para el Alma
- Substance Abuse Family Support
- Family DBT
- Grupo de Apoyo Familiar
- Crisis Support for Families

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

- “Taking Action to Manage Anger for Families”

- “Empowering Families to Participate”
- “Holiday Stress Management”
- “Coronavirus & Mental Health”
- “Advocacy Overview: Education, Support, Resources and Information”
- “Crisis Support Systems”
- “Families, Mental Illness and the Justice System”
- “Meet the Doctor”. Through our “Meet the Doctor” series, the FAP collaborates with Riverside University Health System – Behavioral Health (RUHS – Behavioral Health) Psychiatrists to inform and educate families from a provider’s perspective on topic’s such as medication compliancy, sleeping disorders, Schizophrenia, Bi-polar and more.
- “Meet the Pharmacist”
- “Meet the Clinical Therapist”

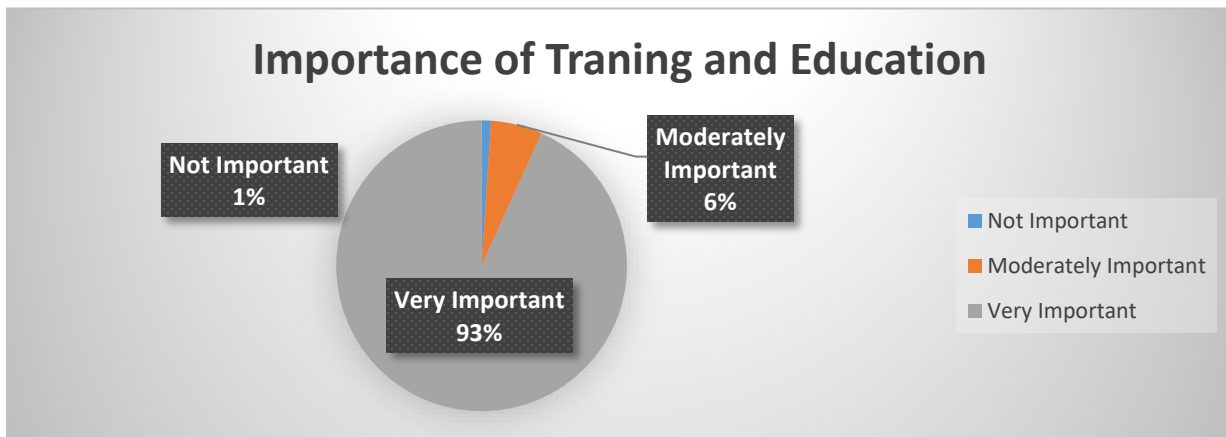
Training- FAP facilitates the following training courses to family members/ caregivers:

- Family WRAP (English and Spanish). Family WRAP is recognized by the Federal Substance Abuse and Mental Health Service Administration (SAMHSA) as an evidence based practice.
- Family-to-Family (English and Spanish). The National Registry of Evidence Based Practice (NREPP) listed Family-to-Family as an evidence based practice.
- DBT for Families (English and Spanish)
- Crisis to Stability
- Real Recovery
- Mental Health First Aid. MHFA is a public education program that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and overviews common treatments and supports.

Outreach- FAP networks with community agencies through outreaching at local universities, colleges, high schools, and middle schools, providing educational materials resources to staff and students on mental health and stigma reduction. FAP attends health fairs, and shares information on trainings to culturally diverse populations. Outreach and engagement includes May is Mental Health Month for the past two years, NAMI Walk, Recovery Happens, and numerous public engagements. The Outreach and Engagement Countywide Family Advocate Sr. BHPS 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. Per community suggestion, the FAP in collaboration with NAMI will explore the implementation of other cultural adaptations of NAMI programs such as “Compartiendo Esperanza” for the Spanish speaking community, as well as “Sharing Hope” modeled for the African American community. FAP assists in various anti-stigma campaigns where behavioral health outreach is not traditionally given, such as community centers and faith-based organizations. Outreach takes place in Veteran clinics and hospitals to provide information on NAMI Home front, an educational program designed to assist military families care for a family member diagnosed with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other diagnosis.

Through our presentations, trainings, and outreach efforts, we learned the importance families place on information and education.



Feedback surveys collected from family members/ caregivers show an overwhelming amount of request for information and education.

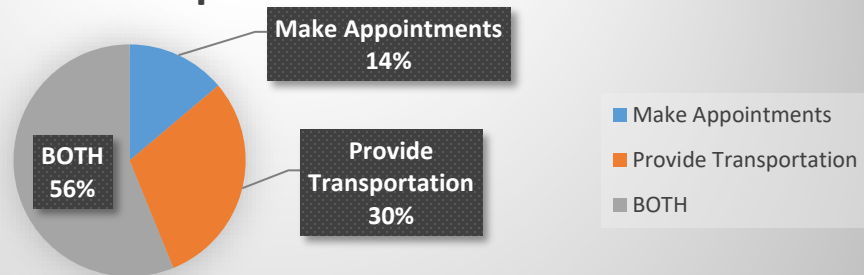
Many of the families we serve find information and education important because of the part they have in caring for their loved ones.

Loved One Lives With Caregiver



Seventy percent of the families we serve live with their loved one diagnosed with a mental illness.

Schedule Appointments and/or Provide Transportation



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 on the Peer Navigation Team, located adjacent to our inpatient facilities to assist families/ caregivers of loved ones receiving services at Emergency Treatment Services (ETS) and Inpatient Treatment Facility (ITF). 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, 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 emphasizes 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 Drop-In 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 Family Advocate BHPS hold weekly family support groups, TAY family support groups, and a sibling support group. This includes providing individual family support to family members within the behavioral health system, as well as, in the community.

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

Forensics- FAP works with the office of Public Guardian (PG) and Long Term Care (LTC) programs to assist families within the judicial system, Diversion Court and Mental Health Court. Families experience increased struggles with understanding the complexities within the criminal justice system, such as incarceration, criminal court proceedings, MH Court, Long Term Care and Public Guardianship. The Forensics SFA is able to assist families to navigate these programs, offering support, providing a better understanding of the system and offering hope to their loved ones. This SFA provides support, resources, and education to families whose loved one has been placed on conservatorship and/or are at a Long Term Care Facility. This SFA also acts as a liaison between families and the programs to offer additional support and an understanding of the LTC and PG processes, Veterans Mental Health Court and Detention. The State of California, Council on Criminal Justice and Behavioral Health (CCJBH), recognized the FAP for the support offered to families in the judicial system and its continued contribution to

reduce recidivism rates. The FAP developed several family educational series, such as “Families, Mental Illness, and the Justice System”, “My Family Member Has Been Arrested” and “The Conservatorship Process,” in both English and Spanish to the library of presentations offered countywide to family members, providers, and the community.

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 – Behavioral Health programs and agencies such as the Graduate Intern Field and Trainee (GIFT) program, 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 the RUHS – Behavioral Health 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.

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

Housing

Homeless Housing Opportunities Partnership and Education (HHOPE)

The Riverside University Health System – Behavioral Health continued 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
- New Housing Development & Production Activities

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

One critical aspect of the program is the HHOPE Housing Resource Specialists who are funded through MHSA. This position provides ongoing support to scattered site housing managers and residents. HHOPE Program provided property management and resident supportive services to consumers residing in nearly 300 supportive housing apartments/units across Riverside County, which incorporated various funding streams including HUD, state and MHSA funds. They also support the various landlords in the MHSA-funded apartments and our emergency shelter motel vendors to ensure safe and available housing options. In our workflow for precautions due to global pandemic with COVID-19, we have staff take proper precautions when supporting consumers, including wearing a facial covering, utilizing hand sanitizer and disinfectants and wearing gloves when in close contact with supporting consumers. Our staff also support the

caregivers for residents who live in our senior housing developments and provide transportation as needed for consumers. We encourage consumers and staff to wear their facial coverings, including staff wearing an N95 mask, use of gloves and goggles while transporting consumers with the windows down. Staff's role include grant compliance, rental assistance, and homeless prevention activities.

Another critical staff resource is our use of peer support specialists (PSS). These staff have a lived experience of accessing the behavioral health system for their own needs—many of them have also been homeless at some point in their lives. HHOPE employs PSS staff throughout all our 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 go above and beyond providing efficient services to ensure the needs of the community are being met.

HHOPE was awarded a HUD grant as the Riverside County Coordinated Entry Lead. A Coordinated Entry system (CES) provides a crisis response system with our existing programs, bringing them together into a no-wrong-door system, which allows our homeless service providers within the community to be effective in connecting households experiencing a housing crisis (whether sheltered or unsheltered) to the best resources for their household to provide sustainable homes.

HHOPE was very active in the continued development and operations of the CES program and worked to ensure that individuals with disabilities were protected and ensured that those at most risk are treated equitably. HHOPE staff will provide ongoing supports and education to the community regarding the CES system capabilities and work to continually improve the system. In 19/20 CES fielded over 18,000 calls for homeless assistance. CES referred 748 households for housing assistance/vouchers. HHOPE CES staff provided training on the County's homeless assessment, the VISPDAT, and trained assessors who collected 673 assessments of homeless individuals/households; these are forwarded to HHOPE staff for processing.

The HHOPE program currently has 10 dedicated mobile homeless outreach teams, composed of a Behavioral Health Specialist II and a Peer Support Specialist on each team. These teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to our MHSA services. These teams continue to be

integral and are key players in the housing of homeless Veterans initiatives in our community as well as the chronically homeless. The Veterans initiatives resulted in Riverside County being awarded as the first large community in the nation to achieve functional zero for Veteran homelessness.

Recognized as innovative in our Housing Crisis program development and street engagement programs, RUHS-BH HHOPE continues to work in collaboration with city government and law enforcement to provide contractual street engagement in targeted services to the City of Palm Springs. The Palm Springs project began in 2016/17 and experienced significant success, resulting in adding an additional outreach team in the City of Palm Springs beginning in 2018. 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, Shelter Program) in order to provide access to emergency motel housing or rental assistance. These funds also help support our Housing crisis program around housing prevention services to prevent actual homelessness and subsequent families or individuals living in the streets, with a Housing First philosophy. EFSP funds provided 8,066 bed nights of emergency housing for consumers. MHSA alone, through HHOPE's administration, provided 20,628 bed nights of emergency housing for consumers. This represents 844 unduplicated households who received housing assistance with 589 total household members of whom 147 were children. Further, MHSA funds provided a total of 8,116 bed nights of rental assistance. This assistance is provided to help consumers pay a first month's rent or avoid eviction. This assistance helped 103 unduplicated households with 190 total household members of whom 57 were children.

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

The HHOPE Program continues to support two unique community based very-low demand model permanent supportive housing projects. The Place and The Path follow a low-demand,

drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. These residences operate through a contract nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing at either location must have a diagnosed behavioral health challenge and be chronically homeless. Ninety-nine percent of provider staff at these housing programs have received mental health services themselves through local FSP clinics (as consumers of care or family supports) and many also have experienced prolonged periods of homelessness. The Path and The Place are partially funded by HUD permanent supportive housing grants. All individuals referred to these housing programs for housing, must be referred through the HUD Coordinated Entry System, Home Connect. The RUHS-BH HUD grants have been successfully renewed in order to support these programs through FY20/21.

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

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 EMS. By continuing to use the Housing First approach without precondition, coordinating matching care with our Full Service Partnership Behavioral Health Clinics and with on-site, 24 hr. peer support staff, and providing 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 19/20, nine (9) residents who graduated to living in their own apartments or were reunited with family. Twenty three (23) of the residents had three (3) or more disabling conditions and came directly from a place not meant for human habitation. Twenty seven (27) of the residents were previously homeless for two (2) or more years.

The Path, located in Palm Springs, opened in 2009 and provides permanent supportive housing for 25 adults. It is located immediately adjacent to a Full Service Partnership clinic operated by RUHS-BH. Nearly 80% of the individuals who have resided in The Path maintain stable housing for one year or longer and the PATH maintained 93% occupancy rates across the year. Five (5)

individuals moved on from their residency at The Path during this period to live independently in their own apartments. Six (6) residents graduated to living in their own apartments or were reunited with family. Thirty (30) of the residents had three (3) or more disabling conditions and came directly from a place not meant for human habitation.

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

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

The HHOPE Program's Mainstream Housing team assists qualified clients in locating & maintaining housing. Qualifications: Age 18-60, with documentable disability; Transitioning out of institutional or separated settings, or at serious risk of institutionalization, or homeless, or at risk of homelessness; Open to BH clinic or pending immediate opening; Low to no income

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

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

Region	Project Name and Population Served <i>(All facilities are open for occupancy unless otherwise noted)</i>	Number of affordable housing units in the community	Number of MHSA units embedded in the community
Desert	Legacy - All consumers	80	15
Desert	Verbenia Crossing - All consumers	96	15
Mid-County	Perris Family Apartments - All consumers	75	15
Mid-County	The Vineyards at Menifee – Older Adults	80	15
Western	Cedar Glen – All consumers	Phase 1 – 78 (open) Phase 2 – 75 (in construction)	15
Western	Rancho Dorado – All consumers	Phase 1 – 70 Phase 2 - 75	15
Western	Vintage at Snowberry – Older Adults	224	15

The MHSA permanent supportive housing program continues to maintain stable housing for over 105 at risk participants with each MHSA-funded project consisting of 15 integrated supportive housing units within the larger 75-unit complex. Each apartment community includes a full-time onsite RUHS-BH funded support staff with a dedicated office. Additionally, the HHOPE program staff support the tenants as well as wrapping supports around the landlord to help support them around any complications they may experience. The MHSA apartment units operate at 100% occupancy and experience very little turnover, with an ongoing waiting list of more than 100 eligible consumers for housing of this kind. Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

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

Looking Ahead

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

There are now a total of 105 units of MHSA permanent supportive housing delivered to mental health consumers in Riverside County with more than 200 in other supportive housing, yet there are more than 473 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County.

Permanent supportive housing, for people with a behavioral health challenge, remains an integral part of the solution to homelessness in Riverside County. The need for this housing continues to outpace the supply. While there remains much community uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program due to the loss of various state and federal funding, such as Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, we continue to press forward and seek every opportunity to provide needed housing opportunities. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing which includes units of permanent supportive housing for MHSA-eligible consumers. One such effort is the No Place Like Home Program.

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

Key features of the program include:

- Counties will be eligible applicants (either solely or with a housing development sponsor).
- Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.
- Counties must commit to provide mental health services and help coordinate access to other community-based supportive services.”

The HHOPE program in collaboration with Riverside County Housing Authority recently submitted five separate applications to California Housing and Community Development in the amount of \$27,688,025. RUHS-BH was funded for four of these projects for a total award of 23.6M dollars. This funding will create 162 new units of permanent supportive housing within a total of 427 extremely affordable apartment units. Construction is underway and these projects are expected to open in 2021/2022. HHOPE will continue to apply in all future rounds of NPLH funding

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



Prevention and Early Intervention (PEI)



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

Cultural Competency Outreach and Engagement Activities

Filipino American Mental Health Resource Center

Toll Free 24/7 “HELPLINE”

Network of Care

Peer Navigation Line

“Dare to Be Aware” Youth Conference

Contact for Change

Up2Riverside Media Campaign

Promotores de Salud Mental y Bienestar

Community Mental Health Promotion Program

Suicide Prevention Activities

Integrated Outreach and Screening

PEI-02 Parent Education and Support

Triple P - Positive Parenting Program

Strengthening Families Program

Mobile Mental Health Clinics

Inland Empire Maternal MH Collaborative

PEI-03 Early Intervention for Families in Schools

Peace 4 Kids Program

PEI-04 Transition Age Youth (TAY) Project

TAY Resiliency Project

Stress and Your Mood Program (SAYM)

Peer-to-Peer Services

Outreach and Reunification Services to Runaway TAY

Active Minds

Directing Change Program and Film Contest

Teen Suicide Awareness and Prevention Program

Prevention and Early Intervention (continued)

PEI-05 First Onset for Older Adults

Cognitive-Behavioral Therapy for Late-Life Depression

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

Care Pathways - Caregiver Support Groups

Mental Health Liaisons to the Office on Aging

CareLink/Healthy IDEAS

PEI-06 Trauma-Exposed Services

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Seeking Safety

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Informed Systems

PEI-07 – Underserved Cultural Populations

Hispanic/Latinx

Mamás y Bebés (Mothers and Babies)

African American

Building Resilience in African American Families (BRAAF) – Boys Program; Girls Program

Africentric Youth and Family Rites of Passage Program (RoP)

Guiding Good Choices (GGC)

Cognitive-Behavioral Therapy (CBT)

Native American

Strengthening the Circle

Wellbriety Movement and 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

Prevention and Early Intervention Programs for Fiscal Year 2020/2021

Program Name	Description	Target Pop.	Status / Provider
PEI-01 Mental Health Outreach, Awareness, and Stigma Reduction			
RCDMH Cultural Competency Program - Outreach and Engagement	RCDMH staff provide community outreach and engagement activities targeting underserved populations. This includes ethnic and cultural leaders (consultants) as well as taskforce groups for underserved populations.	Community-at-large	RUHS-BH
Asian American/PI Mental Health Resource Center	Agreement to run a Resource Center in support of outreach activities and education, as well as linkage to appropriate mental health services for Filipino Americans in the Perris Valley and surrounding areas of Riverside County in order to reduce mental health stigma, increase mental health awareness, connect community with services and community mental health resources	Filipino American Community	Perris Valley Filipino American Association, Inc.;
Toll Free 24/7 Helpline and 211	24/7 crisis/suicide prevention hotline; Provides referrals and resource information.	Community-at-large	Contract with Inland SoCal United Way
Network of Care	Interactive website available to consumers, family & community members, community-based organizations and providers; Easy access to a wide variety of behavioral health resources.	Community-at-large	www.riverside.networkofcare.org
Peer Navigation Line	A toll free number to assist the public in navigating the Behavioral Health System and connect them to resources based upon their individual need. Staff of the PNL are individuals with "lived experience."	Adults and older adults	RUHS-BH
May is Mental Health Month Event	Community events (in each region) held to celebrate May is Mental Health Month.	Community-at-large	RUHS-BH (May)
Date to be Aware Youth Conference	Full day conference for 800 middle and high schools students; Goals are to increase awareness and reduce stigma related to mental illness.	Middle & High School students	RUHS-BH; held January 31, 2020 at the Riverside Convention Center - 723 in attendance; FY20/21 canceled due to COVID, will be rescheduled when permitted
Stand Against Stigma	This is a stigma reduction program and is comprised of a Speaker's Bureau in which presenters with lived experience with mental illness share their personal stories of hope and recovery in a one-hour presentation to community members.	Speaker's Bureau: employers, landlords/housing officials, healthcare providers, legislators, faith-based communities, media, community-at-large; ethnic & cultural populations; PEI Target populations	RUHS-BH
Up2Riverside.org Media & Mental Health Promotion and Education Materials	Up2Riverside Campaign (Narrowcasting)	Community-at-large	Contract with Civilian
Promotores de Salud Mental y Bienestar	Health workers who work and are from the community they serve. They provide health and mental health education and support to members of their communities.	Hispanic/Latinx community members	Contract with Vision y Compromiso for West and Desert regions; RFP for all three regions coming soon

PEI-01 Mental Health Outreach, Awareness, and Stigma Reduction (continued)

<p>Community Mental Health Promotion Program (CMHPP)</p>	<p>Health workers who work and are from the community they serve. They provide health and mental health education and support to members of their communities</p>	<p>African American, Asian American/PI, Native American, LGBTQ, Deaf/Hard of Hearing community members</p>	<p>Riverside San Bernardino County Indian Health - NA Countywide; Special Services for Groups - A/PI Western & Mid; Borrego Community Health Foundation - LGBTQ Desert; African American Health Coalition - AA Countywide No Bidders for Deaf/HoH</p>
<p>Integrated Outreach and Screening</p>	<p>Outreach at Riverside County Health Care Centers (FQHC) integrates mental health and physical health care and allows greater opportunity to identify early signs of mental illness and reduce disparities in access to mental health care through referral with linkage to needed resources that will reduce delay in receiving help.</p>	<p>Consumers of Community Health Centers</p>	<p>RUHS-BH & RUHS Medical Center</p>
<p><u>Suicide Prevention Activities</u> Suicide Prevention Coalition</p>	<p>A Suicide Prevention Strategic Plan has been developed and shared with community stakeholders. A Suicide Prevention Coalition will be developed with cross-sectoral representation to put this plan into action with the goal of eliminating suicide in Riverside County.</p>	<p>Community-at-large</p>	<p>The Riverside County Suicide Prevention Strategic Plan was released 8/11/20; Adopted by Riv. Co. Board of Supervisors on 9/1/20; Suicide Prevention Coalition Kick-off meeting 10/28/20; will continue to meet quarterly, 6 sub-committees meet monthly</p>
<p>Applied Suicide Intervention (ASIST) Workshop</p>	<p>This workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. This two-day workshop incorporates small group discussions and skills practice that are based upon adult learning principles.</p>	<p>Community-at-large</p>	<p>RUHS-BH PEI staff provide trainings to community providers, school staff, and community-at-large</p>
<p>safeTALK Workshop</p>	<p>This 3 hour workshop is a training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid and resources.</p>	<p>Community-at-large</p>	<p>RUHS-BH PEI staff provide trainings to community providers, school staff, and community-at-large</p>
<p>Know the Signs presentations</p>	<p>A 1-hour presentation intended to prepare individuals to prevent suicide by encouraging them to know the warning signs for suicide, find the words to offer help to someone they are concerned about and reach out to local resources. Know the signs. Find the words. Reach out. Available in Spanish.</p>	<p>Community-at-large</p>	<p>RUHS-BH PEI staff provide trainings to community providers, school staff, and community-at-large</p>
<p>Mental Health First Aid (MHFA) - Adult and Youth courses</p>	<p>After completing a statewide and county specific needs assessment, UACF will be organizing and facilitating Mental Health First Aid workshops for community members. Available in Spanish.</p>	<p>Community-at-large</p>	<p>RUHS-BH PEI staff provide trainings to community providers, school staff, and community-at-large</p>

PEI-02 Parent Education and Support

<p>Triple P - Positive Parenting Program</p>	<p>Level 4 of Triple P is being provided to parents/caregivers of youth 2-12 years old and 12-16 years old (Teen Triple P). It is an 8 week group model.</p>	<p>Parents/caregivers of children 0-12 and teens 12-16</p>	<p>Contract with The Wylie Center Countywide</p>
<p>Mobile Mental Health Clinics and Preschool 0-5 program</p>	<p>For families w/ children who exhibit chronic disruptive behaviors at home, in school, preschool or daycare. Services are provided in mobile clinics. Services include: PCT, Incredible Years, Strong Kids group, TCIT, Parent and Staff consultations.</p>	<p>Parent/caregiver & child (aged 2-8)</p>	<p>RUHS-BH</p>

PEI-02 Parent Education and Support (continued)

Strengthening Families Program (SFP 6-11)	This program brings together 8 - 12 families per cycle for fourteen group sessions; For families with children ages 6-11.	Parents & their children	Contracts with MFI for Western and Mid-County and Latino Commission for Desert Region; RFP for all three regions coming soon
Inland Empire Maternal Mental Health Collaborative (IEMMHC)	The Riverside and San Bernardino collaborative works to educate and bring awareness to the issue of maternal mental health. Activities include an annual conference, film screenings with panel discussion, and other activities to support these efforts.	Each conference has had about 200 or more people attending, including local professionals that serve pre and post natal women	Support and participation in the Inland Empire Maternal Mental Health Collaborative; March 11, 2020 - Documentary screening & discussion: Not Carol

PEI-03 Early Intervention for Families in Schools

<u>RUHS-BH Public School Collaborative for Middle-School Students</u>			
Peace4Kids	This model is based on Aggression Replacement Training (ART). Peace4Kids improves skill acquisition and performance, anger control, decreases the frequency of acting out behaviors and increases the frequency of constructive, pro social behaviors. The Peace4Kids curriculum added the empathy component, character education and expanded the anger control and social skills lessons. A parent component was added along with a discipline structure. Recipient of the 2019 RivCo Innovates Award for demonstrating new ideas that have been implemented, enhanced, and achieved results.	Children (and their parents) in grades 6-8 enrolled at Desert Springs Middle School and Painted Hills Middle School	RUHS-BH outstationed at Desert Springs Middle School and Painted Hills Middle School; Due to COVID distance learning program was paused until February 2021 (by schools request); a small number of groups are now available

PEI-04 Transition Age Youth (TAY) Project

TAY Resiliency Project			
Stress and Your Mood Program (SAYM)	Based on the concepts of Cognitive-Behavioral Therapy (CBT); Typically a group model but can be individual.	TAY (16-25), LGBTQ, Foster Youth, Youth transitioning into college, runaway youth	Contract with Operation SafeHouse Countywide
TAY Peer-to-Peer Services	Will utilize youth speaker's bureaus to outreach and educate at-risk youth and the community-at-large of the unique issues each group of identified at-risk youth experience as they relate to mental health and interpersonal issues. Will also include a mentoring program.		
Outreach and Reunification Services to Runaway TAY	Provides crisis intervention and counseling strategies to facilitate re-unification of the transition age youth with an identified family member. 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. Follow-up referrals assist with stabilization of the living situation for the youth. RUHS-BH collaborates with community providers to identify specific outreach strategies to reach runaway TAY and to reach unserved and underserved populations, including LGBTQ youth.	TAY (16-25)	Contract with Operation SafeHouse

PEI-04 Transition Age Youth (TAY) Project (continued)

<p>Active Minds</p>	<p>Local colleges and universities will develop and support chapters of this student run mental health awareness, education, and advocacy group. The student run chapters will organize campus wide events to remove the stigma that surrounds mental health issues and create an environment for open conversations about mental health issues. RUHS-BH continues to support the Send Silence Packing exhibit on campuses when available. SSP is a nationally recognized traveling exhibit of 1,100 donated backpacks representing the number of college students lost to suicide each year.</p>	<p>TAY & their families</p>	<p>There are chapters at RCC, UCR, College of the Desert, MSJC, M/V/C, & Cal Baptist</p> <p>Fund the Send Silence Packing Exhibit when available - Spring 2020 tour canceled due to COVID; will reschedule when permitted</p>
<p>Directing Change Program and Film Contest</p>	<p>The contest is part of Each Mind Matters: California's Mental Health Movement and statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. Youth are asked to produce a short film that focus on suicide prevention and mental health challenges. A simultaneous program contest and award ceremony is coordinated at the local level for Riverside County youth.</p>	<p>Youth and TAY ages 14-25</p>	<p>RUHS-BH co-sponsors with San Bernardino DBH;</p> <p>2020 Riverside entries: 171 Film Submissions from 26 schools by 563 youth</p> <p>2020 local event canceled due to COVID; Riverside County Virtual Recognition Ceremony May 7, 2020; available on FaceBook, Instagram, YouTube</p>
<p>Teen Suicide Awareness and Prevention Program (TSAPP)</p>	<p>MOU with RUHS- Public Health to incorporate Suicide Prevention (SP) curriculum with many Middle and High School campuses within 15 school districts. The main goal of the SP program is to prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school and middle school within the selected school district will be required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. In addition IPS will assist each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. Students are highly encouraged to participate in the annual Directing Change video contest. The remaining activities will include handing out SP cards at open house events, school events, and making PSA announcements.</p>	<p>Middle and high school students</p>	<p>MOU with RUHS - PH</p>

PEI-05 First Onset for Older Adults

<p>Cognitive-Behavioral Therapy (CBT) for Late-Life Depression</p>	<p>Early intervention program for older adults with depression. This is an individual intervention that can be provided in the location where the participant feels comfortable.</p>	<p>Older Adults</p>	<p>Contract with The Center (Desert); RFP released on 10/26/20; in evaluation</p>
<p>Program to Encourage Active Rewarding Lives for Seniors (PEARLS)</p>	<p>Program for older adults who have minor depression and are receiving home-based social services from community services agencies; individual early intervention.</p>	<p>Older Adults</p>	<p>Contract with Inland Caregiver Resource Center Countywide; RFP for all three regions coming soon</p>

PEI-05 First Onset for Older Adults (continued)

Care Pathways - Caregiver Support Groups	Psychoeducation curriculum and supportive interventions and provide support groups for caregivers of seniors with mental illness, dementia, or receiving PEI services. Recipient of the 2019 RivCo Innovates Award for demonstrating new ideas that have been implemented, enhanced, and achieved results.	Adults and Older adults	MOU with Office on Aging
Mental Health Liaisons to Office on Aging	Two RCDMH clinical staff assigned to consult with Office on Aging staff as well as provide clinical intervention as assigned.	Older Adults	RUHS-BH staff are outstationed to Office On Aging
CareLink Program/Healthy IDEAS	Care management program which includes the provision of Healthy IDEAS, an early intervention for older adults with minor depression	Functionally impaired adults and frail and at risk older adults	MOU with Office on Aging

PEI-06 Trauma-Exposed Services

Cognitive-Behavioral Interventions for Trauma in Schools (CBITS)	Cognitive Behavioral Therapy group intervention at schools to reduce children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.	Children ages 10-15	Contracts with: Jurupa USD: Western region - JUSD; Operation SafeHouse: Western region - RUSD, Alford USD, & Moreno Valley USD; Mid-County - Lake Elsinore, Nuview, and Hemet USD; Desert region - Palm Springs USD RFP for all three regions coming soon
Outside the Box (Operation Safehouse TAY) Seeking Strength (RUHS-BH); Formerly known as Seeking Safety	Coping skills program designed for people with a history of trauma and substance abuse; Group or individual format; Female, male or mixed gender groups; Found effective with people with PTSD and for those with a trauma history that do not meet criteria for PTSD.	TAY and Adults	Contract with Operation Safehouse Countywide to serve Transition Age Youth (TAY) population RUHS-BH Countywide to serve adult (26-59) population
Trauma-Focused Cognitive Behavior Therapy (TF-CBT)	A psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy.	Children and Adolescents	RUHS-BH
Trauma Informed Care	Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.	RUHS-BH System of Care	RUHS-BH - implementation has started with Trauma Transformed; Kick-Off training held April 8, 2019; T4T is in process; Leadership Learning Community in place; Champions Learning community in place

PEI-07 Underserved Cultural Populations

<p><u>Hispanic/Latino</u></p>	<p>Mamá y Bebés (Mothers & Babies)</p>	<p>Manualized 12 week mood management perinatal group intervention for women.</p>	<p>TAY and Adult women</p>	<p>Contracts: Western region - Reach Out Mid-County region - Riverside Community Health Foundation; RFP released 10/15/20; in evaluation</p>
<p><u>Building Resilience in African American Families (BRAAF)</u></p>	<p>- Boys Program - Girls program</p>	<p>After school program, held for two hours, three days per week for the 9-month academic year. Serves 15 youth.</p>	<p>Boys Program: African American males enrolled in middle school Girls Program: African American females enrolled in middle school</p>	<p>Boys Program: Contracts with Sigma Beta Xi, Inc in Western region; Riverside County Black Chamber of Commerce for Mid-County; Family Health and Support Network for Desert region. Girls Program: Contract with Family Health & Support Network in Desert region (pilot) - Pilot showed success, approved for expansion to all 3 regions. RFP for Boys program in contract negotiations; RFP for Girls program in contract negotiations</p>
<p>Africentric Youth and Family Rites of Passage Program</p>	<p>Cognitive Behavioral Therapy and/or Cognitive-Behavioral Interventions for Trauma in Schools (CBITS), if indicated</p>	<p>Cognitive Behavioral Therapy interventions will be available to youth in the program and their families as needed. This can be done as individual, family, and/or group intervention. If enough youth meet criteria for PTSD, then CBITS can be offered. CBITS is a group intervention to reduce children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.</p>	<p>Children ages 10-15</p>	<p>Parents/guardians of African-American children aged 9-14</p>
<p>Guiding Good Choices</p>	<p>Prevention program that provides parents of children 9-14 years old with the knowledge and skills needed to guide their children through early adolescence; Group model.</p>	<p>Prevention program that provides parents of children 9-14 years old with the knowledge and skills needed to guide their children through early adolescence; Group model.</p>	<p>Native American families for the whole family ages 3 through adult</p>	<p>Contract with Riverside San Bernardino County Indian Health - Countywide</p>
<p><u>Native American</u></p>	<p>Wellbriety and Celebrating Families Movement with CBT Intervention, as needed</p>	<p>Cognitive behavioral support group model for families to strengthen recovery from alcohol and/or other drugs, break the cycle of addiction and increase successful family reunification. 16 week curriculum that integrates traditional Native teachings and cultural practices, including the Healing Forest Model, as a framework allowing each community to include traditional practices. Cognitive Behavioral Therapy interventions will be available to youth in the program and their families as needed. This can be done as individual, family, and/or group intervention.</p>	<p>Native American community</p>	<p>Contract with Special Services Group (SSG) West and Mid-County Regions; RFP for all three regions will be released soon</p>
<p><u>Asian American</u></p>	<p>Gathering of Native Americans (GONA)</p>	<p>A culture-based planning process for a 4-day event where community members gather to address community identified issues. It uses an interactive approach that empowers and supports AI/AN tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices</p>	<p>AA/PI immigrant parents and/or caregivers</p>	<p>Contract with Special Services Group (SSG) West and Mid-County Regions; RFP for all three regions will be released soon</p>
<p><u>Keeping Intergenerational Ties in Ethnic Families (KITE)</u></p>	<p>Formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF); A Curriculum for Immigrant Families. Program designed to address needs of Asian/Pacific Islander families including community education/outreach workshops, a bicultural parenting class, and family support service linkage.</p>	<p>Formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF); A Curriculum for Immigrant Families. Program designed to address needs of Asian/Pacific Islander families including community education/outreach workshops, a bicultural parenting class, and family support service linkage.</p>	<p>AA/PI immigrant parents and/or caregivers</p>	<p>Contract with Special Services Group (SSG) West and Mid-County Regions; RFP for all three regions will be released soon</p>

Special Projects

<p>PEI Annual Summit</p>	<p>An annual conference for PEI providers focused on increasing knowledge of PEI services, networking among providers, and offering enhanced skills to utilize in the implementation of PEI programming.</p>	<p>PEI Providers</p>	<p>8th Annual PEI Summit was held August 6, 2019 at the Agua Caliente Resort. Theme - Beyond Bias: Connecting to Our Community 2020 Summit canceled due to COVID</p>
<p>Each Mind Matters CalMHSA/Joint Powers Authority</p>	<p>This campaign targets adults with influence over people with mental health challenges. It provides credible, local, targeted and continuous contact with people with mental health challenges. It reinforces hope, recovery and resilience.</p>	<p>Community-at-large</p>	<p>Through CalMHSA ongoing technical assistance with our resource navigator: culturally tailored EMM materials; Sanamente mini-grants; webinar series; Suicide Prevention Learning Collaborative and local support for strategic plan and coalition development; www.emmresourcecenter.org; Know the Signs campaign; Walk in Our Shoes; statewide Directing Change Program and Film contest.</p>

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. The intent of PEI programs 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.

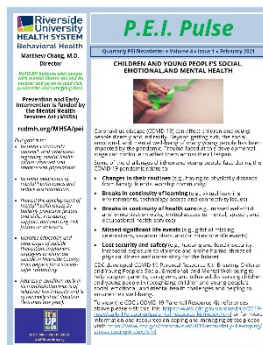


The PEI unit includes an Administrative Services Manager, four Staff Development Officers (SDOs), one Clinical Therapist (CT), two Social Service Planners (SSPs), one Family Advocate, one Secretary, and two Office Assistants (OA). The SDOs have completed the process of becoming trained trainers in many of the programs being funded 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 Family Advocate serves as the Department's NAMI liaison with our four local affiliates. In addition, the Family Advocate is the lead coordinator for MHFA trainings and does extensive outreach throughout the County for mental health awareness and suicide prevention. 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 FY19/20, eight Requests for Proposals (RFP) were released and 7 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 to include: suicide prevention training and coordination, 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 week activities: mini-grants, awareness walk, and more. Outreach activities that focus on mental health awareness and suicide prevention are carried out by PEI staff throughout the year to educate the community about mental health and reduce stigma while encouraging help seeking behavior.

In March 2020, pre-COVID, RUHS-BH PEI partnered with the Agua Caliente Clippers Basketball Team for the #boxoutstigma mental health awareness night. Proceeds from the Lime Green Jerseys the players wore went to our local Riverside County NAMI affiliates.



In Riverside County, PEI programs have been in place since September of 2009. The annual update and community planning process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate programs and services that have not yet been implemented, and look at new and expanded programs and services. Stakeholder feedback is a critical element in the success of PEI programming. We take the voice of the community seriously and look for ways to improve our

communication. To this end, quarterly PEI Collaborative meetings are held to share program highlights and outcomes, current and upcoming PEI activities, receive feedback from the community, and provide a space for provider networking and partnership development to improve the delivery of services. Additionally, a quarterly newsletter, the PEI Pulse, is disseminated electronically and available on our website.

Each year MHS Administration, including PEI, meets with many stakeholder groups, RUHS-BH committees, and the community to share the MHS 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 in order to make informed decisions about programs and services for the upcoming 2021/2022 fiscal year. This input is then shared with the Prevention and Early Intervention Steering Committee. The PEI Steering Committee is made up of subject matter experts who utilize their knowledge to provide feedback, oversight, and recommendation for the PEI plan. The PEI Steering Committee approved the PEI plan as described below.

This year included the unprecedented impact of COVID-19. The impacts to PEI programs and community events required staff and contractors to be flexible and creative. The PEI Admin unit and contracted providers met this challenge with positivity and a team oriented spirit. Outcome data demonstrates consistent outcomes as in years past, however, with some reduction in numbers served due to the impacts of COVID. This will be further detailed below in each work plan. Larger community mental health awareness, stigma reduction, and suicide prevention activities were adapted to a virtual platform.

In fiscal year 19/20 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 FY19/20 there were 164 training days with 2,910 people trained. Staff Development Officers worked closely with PEI contract providers to adapt evidence-based programming into virtual formats while maintaining fidelity to the model ensuring continued quality of service to Riverside community members. Additionally, a virtual training menu was developed and offered to anyone who works and/or lives in Riverside County at no cost. This increased access for the community to mental health and suicide prevention education and tools during the pandemic. The trainings were created and facilitated by PEI Admin staff. Trainings have been available since Fall 2020 and include: Mental Health 101, Self-Care and Wellness, Know the Signs, and Building Resiliency and Understanding Trauma. As of this writing, virtual trainings have provided this much needed information to nearly 2,000 community members.



The Annual Prevention and Early Intervention Summit is also provided. The PEI Unit held the 8th Annual PEI Summit in August of 2019. 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 FY19/20 Summit theme “Beyond Bias: Connecting to Our Community” focused on exploring our biases, the impact that they may unconsciously have on our interactions with others, and how to build awareness and skills to manage them in order to better serve our diverse communities with our PEI programs. One hundred and fifty-six providers attended the Summit and the overall evaluations were very positive.



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

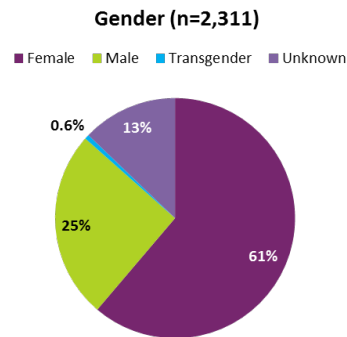
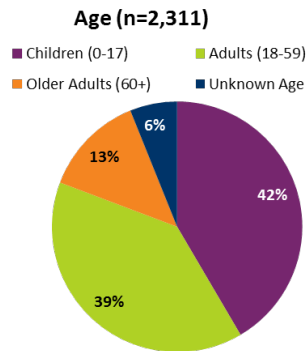
<https://up2riverside.org/resources/mental-health-back-to-school-toolkit/>

Who We Serve – Prevention and Early Intervention

In FY19/20, Prevention and Early Intervention outreach and service programs engaged 73,991 Riverside County residents. Of those, 2,311 individuals and families participated in PEI programs (excluding outreach). The following details the demographics of the participants.

Table 1

Race/Ethnicity	PEI Participants (n=2,311)	County Census (n=2,443,454)
Caucasian	16.36%	36%
Hispanic/Latinx	46.39%	47%
Black/African American	10.30%	7%
Asian/Pacific Islander	5.67%	7%
Native American	0.82%	0.6%
Multi-Racial	6.27%	2%
Other/Unknown	13.76%	0%



PEI programs are intended to engage un/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. FY19/20 saw an increase in service provision to the Asian/PI population reaching 5.67%, much higher than the 1% from the previous year. This can be attributed to the newly implemented Mental Health Promoters and the KITE programs, which both target the A/PI community. Outcome data demonstrates consistent outcomes as in years past, however, with some reduction in numbers served due to the impacts of COVID. This is further explained throughout the document.

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

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

Cultural Competency Program - Outreach and Engagement Activities:

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

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

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

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

Cultural Competency Reducing Disparities Advisory Committee

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

CCRD works to identify cultural barriers and unmet need 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.

Plans and Objectives for FY 20-21, 21-22, 22-23:

- Work collaboratively with Workforce Education & Training to:
 - Review and select a Cultural Competency foundational eLearning training program.
 - Secure executive management approval for mandated CLC training for workforce.
 - Plan and develop training for addressing trauma in the Black/African American community.
 - Support AAPI community mental health awareness forums.
- Promote Coming Out Day/Pride panel presentations and LGBTQ related workforce training, including Transgender Foundations and Working with Trans Consumers.
- Actively engage community representation, which includes transitional age youth.

- Promote and recruit a workforce and leadership that is culturally and linguistically diverse.
- Establish and promote culturally appropriate policies and infuse them throughout RUHS-BH.
- Coordinate departmental activities that promote quality improvement.
- Provide RUHS-BH workforce trainings related to at least three underserved populations.
- Actively recruit ethnically diverse members for all program committees.
- Create new Cultural Consultant contracts to have a greater reach throughout the community. There will be consultants and subcommittees for each population listed below:
 - African-American/Black
 - Asian-American/Pacific Islander
 - Deaf/Hard of Hearing
 - Disabled
 - Latino/Latina/Latinx/Hispanic-American
 - Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersex, Asexual +
 - Middle Eastern American/North African American
 - Native-American/American Indian
 - Spirituality/Faith-Based
 - Veterans

Advisory Groups:

Latinx Outreach and Engagement



The Cultural Competency Program strives to build relationships with the Latinx community through outreach and engagement activities.

Latinx Outreach and Engagement Activities in FY 19/20:

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

Latinx Outreach and Engagement Goals and Objectives for FY 20/21, 21/22, 22/23:

- Collaborate with Vision y Compromiso's Promotoras/Community Mental Health Workers to bring cultural wellness services to this population.
- Continue KERU Radio Interviews, providing mental health education to the Spanish-speaking community in Blythe.
- Continue supporting the annual LULAC Health Fair by providing mental health consultations.
- Partner with Latino Health Committee from Reach Out organization.

Nosotros Family Wellness Group

The Nosotros Family Wellness Group is a community based monolingual Spanish speaking group in the heart of the Eastside of Riverside. It is predominantly a working class community. The Community Settlement Association has a multigenerational history in being a safe space for people of color, specifically the African American and Latino communities in the area. The group is very committed to meeting and consists of mostly women attending, about $\frac{3}{4}$, and $\frac{1}{4}$ male participation. This group has a steady attendance of about 12-15 adults per workshop. Families are welcome to attend as a unit as childcare is provided in a separate room and youth are welcome. A light meal is provided at every meeting as they take place in the evening once per month. MHSA 3-Year Survey: 14 Surveys were completed on February 03, 2020 with adults from Nosotros Wellness Group.

Nosotros Wellness Group Goals and Objectives for FY 20/21, 21/22, 22/23:

- Continue supporting the Nosotros educational monthly meetings.
- CCP staff to continue to offer cultural wellness workshops and presentations such as "Creative Arts as a Healing Modality", "Wellness & Mindfulness Tools & Techniques", "Music & Movement for Releasing Stress", "Interactive Learning", and "Moving Away from Substance & Making Healthy Choices". CCP staff are also a referral source for mental health, wellness, and community-based services.
- Partner with a network of speakers to broaden the scope of wellness and educational opportunities for families. Collaborate with current bilingual/bicultural staff from Parent Support & Training, Consumer Affairs, Family Advocates, outpatient clinics, community providers (RCHC, Community Health Systems, IEHP, Borrego Health, etc.) as supportive providers of wellness services.
- Meet the needs of the group based on feedback provided through the MHSA 3-Year Survey. Members expressed interest in the following: free individual counseling,

counseling for youth and families, wellness (nutrition, yoga) and alternative treatments, hands-on activities/arts and crafts, more presentations, and availability of weekend groups or later hours for working parents.

African American Family Wellness Advisory Group (AAFWAG)



In October 2019, the 2nd Annual Million Man Meditation took place at the Parkview Hospital Founder's Room, which has a history of African American influence in the sense that the rooms utilized have been named after influential African Americans.

Session 1 was a movement breakout with a Yoga demonstration by James Woods, Dat Yoga Dude. The group of about 50 received personal guidance in breathing, stretching, and general fitness. This was followed by a live food preparation and health demo by a local Freshii Chef, in which the guests were able to learn and eat.



Ivan Aquaah gave a phenomenal motivational speech on his journey into higher education from the Sacramento area to UCR-School of Engineering as he shared his tools for success. Next, Mike Brown, host and creator of The Art of Letting Go, shared his personal journey of mental wellness while using podcasting as a tool for therapy and healing. He included two young African American middle school students in a live broadcast and educated them on being themselves, the recording equipment, and using their dreams to help others.

Session 2 included a Mental Health panel on Black Male Mental Health which included Dr. Byron Young, Lawson Bush III, PhD, and Mel Palmer, PhD. The panel discussed a perspective on healing from historical trauma, the African American experience, and navigating systems in order to truly reach empowerment.

COVID-19 impacted the ability to hold additional AAFWAG events.

Planned Activities for FY20-21, 21-22, 22-23:

- Host an implicit bias event featuring Dr. Bryant Marks.
- Hold community workshops focused on stigma reduction and linkage to service for African-American residents of the county.
- Sponsor and participate in African-American focused events throughout the county.

- Develop a series of cultural trainings for RUHS-BH staff working with African-American consumers.
- Increase outreach to African-American women and girls by working with groups such as the California Black Women’s Health Project and additional health agencies to develop programs that will reduce stress and help improve behavioral and physical health.
- Work with the Health Equity Leadership Institute (HELI) to develop a tool to measure the impact and scale of culturally competent services.
- Collaborate with the LGBTQ Consultant to develop an outreach and education program to engage and educate the African-American LGBTQ community.
- Increase awareness of the Behavioral Health Commission and encourage AAFWAG members to learn more about their purpose and mission.
- Modernize the name of the committee to be more representative of its multi-generational membership.
- Draft new AAFWAG information material for distribution.

Asian American Task Force (AATF):

MHSA Three-Year Plan Update



In Fiscal Year 19/20, the AATF benefitted from the public-private partnership and collaborative work between the following entities: RUHS-BH’s Cultural Competency Program (CCP), Older Adult Services Administration, PEI Administration, Western Region Children’s Administration; community groups such as ICAA (Inland Chinese American Alliance), PVFAA (Perris Valley Filipino American

Association); community based providers such as the FAMHRC (Filipino American Mental Health Resource Center) and the APCTC (Asian Pacific Counseling and Treatment Center) of the Special Service for Groups; educational institutions such as the UCR, School of Medicine’s APAMSA (Asian Pacific American Medical Student Association); representatives from the State Department of Vocational Rehabilitation (DOR) and Congressman Mark Takano’s office; peers and family members and various other advisors and volunteers who have contributed significantly to the activities and impact of the AATF. Under the leadership of Co-Chairs, Maria Abrigo, Business Owner, State Farm and Novanh Xayarath, Western Region Children’s

Programs and TAY Stepping Stone Administrator, the committee's membership contributed significantly to the impact of the following FY 2019- 2020 AATF activities and accomplishments:

AATF Community Outreach and Awareness Event

- In September 2019, AATF continued to observe Suicide Awareness and Prevention month by using social media to outreach to the AAPI population. This effort was once again chaired by Robert Youssef, RUHS-BH and Melanie Ling, representative from Congressman Mark Takano on the AATF. In addition to the usual message of HOPE by Congressman Mark Takano, several other short videos were recorded by AATF members and advisors with significant support and assistance from Mr. Youssef. Yvonne Tran, LMFT, Supervisor at the Larry Smith Correctional Facility, RUHS-BH, spoke in Vietnamese and shared her personal story as a refugee and how she overcame her struggles. Betty Yu from ICAA shared her family's loss of her sister via suicide and her message of HOPE in Mandarin and posted her video on WeChat, a popular social media platform frequented by Chinese speakers and groups. Her video reached 4,000 individuals from various Chinese organizations such as the Inland Mountain Climbing Group, Hubei Association of Southern California, Riverside Mom Cooking Group, US West Coast International WeChat Auction Group, GCEL Chinese Entrepreneur Groups, ICAA Landlord and Advertising groups etc. Selvino Moscare, a peer member of the AATF shared his personal lived experience and reached close to 1,700 people who heard his message of HOPE and the importance of seeking help. This effort in total reached close to 3,500 people which tripled the results of the previous year in addition to the 4,000 individuals via the Chinese social media site.
- On October 12, 2019, ICAA hosted an educational event "Issues Facing Chinese Immigrant Seniors and How to Care for Their Mental Health Needs" at a Chinese Church in Riverside with over 80 participants from the Chinese Community. Dr. Rocco Cheng and a Chinese speaking volunteer from the Alzheimer Association provided facts and information about the challenges faced by Chinese immigrant seniors, the signs and symptoms of dementia, and struggles faced by family members. They also provided tips on communication strategies and prevention. Feedback was very positive. Family members expressed being empowered with these new insights and wanted more seminars on this and other wellness topics.

- AATF continued to conduct outreach and mental health awareness during the festive Lunar New Year season. With the outstanding support of the PEI Administration and the CCP, AATF led this effort at the Riverside Lunar Fest on January 25, 2020 and completed close to 300 surveys about mental health awareness and resources. Joining this outreach effort were UCR School of Medicine's APAMSA who provided free health screening, Alma Family Services, APCTC, DPSS Adult Division, State Department of Vocational Rehabilitation, FAMHRC, PEI, Cambodian Culture in addition to RUHS-BH services. Giveaway items and the raffle proved to be effective tools to engage the general public and encourage their completion of the mental health awareness and resources survey. This survey was developed as an engagement and mental health awareness tool by Dr. Andrew Subica, Associate Professor from UCR, SOM. Dr. Subica reviewed the responses and provided the attached summary which indicates while a majority of respondents seemed aware of mental health (65%) and substance abuse (60%) services and resources, only 41% of respondents said they were aware of how to access culturally specific and responsive services in Riverside County. In addition, depression and substance use problems were most frequently cited as behavioral health problems facing residents in Riverside County.
- AATF hosted the annual HOPE event virtually on May 28, 2020 due to the COVID-19 pandemic. The co-chairs were Dr. Andrew Subic, UCR SOM and Novanh Xayarath, Western Region Children's Services Administrator, RUHS-BH. This annual event's purpose is to promote mental health awareness by celebrating the Asian Pacific Heritage and Mental Health month in May. The theme selected was "Hope for the Future" with the goal of highlighting how the Asian heritage can be a wellness tool during these challenging times, sharing coping strategies and resources. Five speakers shared their stories of hope and resiliency. Angelica Cruz Chernick, long time AATF member and staff from State Department of Vocational Rehabilitation, shared how her upbringing in her Filipino American family taught her solid family values in caring for each other and gave her many examples of how to strive even in the midst of adversities. Catherine Ha, a psychiatric resident from UCR, School of Medicine, shared how her Vietnamese parents and their refugee experience taught her survival and resiliency skills and influenced her to choose her career path as a doctor. Estee Song from APCTC shared her strong faith and spirituality cultivated by her Korean parents since childhood and how her faith was helping her cope in these uncertain times. Emily Ting, a 9th grader, who spent the summer of 2018 in Wuhan China shared her positive experiences there and how she is impacted by some

leaders in this country referring to the Coronavirus as the “Wuhan” and “China” virus and “Kung Flu” and the increase of anti-Asian sentiments. Finally, Novanh Xayarath of RUHS-BH shared his family’s escape from Laos, their tough existence at a refugee camp in Thailand, and his family’s struggles after arriving in the United States as well as how all these experiences are now helping him to be strong, resilient, and hopeful. Following these stories of HOPE, Dr. Subica and Dr. Sheila Wu from APCTC, presented a report by a national group, StopAAPIHate, documenting some of the anti-Asian incidents reported in the country including how to report such hate crimes. They also shared coping strategies and a list of County and community resources. Finally, a youth art contest was featured highlighting how their Asian cultures bring them hope. Over 20 submissions were received, the youngest being a kindergartener with the majority of the youth from grades 9 and 10. Over 80 participants attended this event.

- AATF officers and members also participated at the annual Behavioral Health Commission MHSA Public Hearing and provided both written and oral testimonies about the unmet needs of AAPIs in Riverside County. Solutions proposed included the development of an Asian Family Clinic to respond to the needs of the diverse AAPI families with services in their own language and culture and to conduct a survey of existing AAPI clients and their families to understand their needs and the quality of the care they are receiving at RUHS-BH clinics.
- The AATF consultant participated in the PEI Steering Committee as a subject matter expert for the AAPI population and reviewed evaluations of funded projects, projects/programs that did not meet objectives and will likely be defunded, and projects in the pipeline for the release of RFPs for funding support. The AATF consultant shared positive feedback for the thorough evaluations conducted and advocated for the support of projects for underserved ethnic and cultural populations.

AATF Future Plans:

- AATF will continue to support the implementation and outreach efforts of the FAMHRC (Filipino American Mental Health Resource Center) which has provided effective and meaningful online forums for Filipino American youth on a variety of behavioral health issues to combat the stigma for mental health and to increase mental health awareness.
- AATF will support the implementation of the two contracts (Mental Health Promoters and SITIF/KITE) that was awarded to the Asian Pacific Counseling and Treatment Center (APCTC). Both of these programs involve outreach and engagement with community members. In its first few months of program operation at APCTC, a waiting list had to be developed for the Chinese-speaking parents who are eager to join the KITE (Keeping Intergenerational Ties in Families) parenting program. This once again demonstrates that AAPI families will utilize services when they are presented to them in a culturally relevant manner by people who speak their languages and understand their cultures and backgrounds.
- AATF will continue to focus on working with RUHS-BH staff and community agencies and groups to increase access to the growing and diverse AAPI families in Riverside County. While there are EPSDT funds for AAPI TAYs, it is culturally critical that the service focus be on the entire family. AATF will continue to advocate for a culturally competent Asian Family Clinic to reach this hard to reach and mostly immigrant population that requires services and care in their own language and is provided by professionals and peers from their own AAPI cultural backgrounds. A review of the service updates from both FAMHRC and APCTC (see attached) indicates that such culturally specific and responsive services are critically needed as both programs expressed and documented their severe challenges once they are successful at outreach to find bilingual/bicultural services for their clients
- AATF will continue to voice the critical need for additional bilingual human resources at the CCP to outreach to the diverse AAPI residents in need of mental health care and to serve other underserved ethnic and cultural populations.



In the Unmet Needs report for FY18/19, it is indicated that the disparity for AAPI adults and older adults in mental health care at RUHS-BH has increased by over 12% since FY03/04. The rate is now at 92%. For AAPI youth, the disparity is at 96%. AATF finds this trend to be alarming and unacceptable. AATF has tried unsuccessfully over the years to engage current AAPI consumers and families to help identify strategies to reverse this growing problem especially with the increase of AAPI families in Riverside County. It is time to use research data and community defined evidence to build programs that will reach this hard to reach mostly immigrant population. AATF will continue to make it a priority to support activities of outreach/education, staff training, and program planning and development to assure the availability of culturally competent and relevant programs including unique services and approaches necessary to increase access and quality of care for AAPIs. AATF wishes to take this opportunity to thank staff at the Culturally Competency Program, PEI, and other departments for their outstanding support of AATF's activities and goals and to administrators such as Tony Ortego and Novanh Xayarath for their leadership and commitment to serve AAPI families in need of care.

The AATF membership consists of:

Gladys Lee, Consultant

Maria Abrigo, Co-Chair

Novanh Xayarath, Co-Chair

Mila Banks, Secretary

Staff Support: Sellenne Contreras, CCP, Office Assistant

Members: Toni Robinson, Joey Chen, Angelica Cruz-Chernick, Yun Choun, Ph.D, Catherine Ha, Luciana Hsu, Pastor Daniel Kim, Xenia Kwok, Carlos Lamadrid, Myrna Careso Leon, Karen Lim, Melanie Ling, Mo Martinez, Selvino Moscare, Est'ee Song, Andrew Subica, Ph.D, Glenis Ulloa, Stephanie Wong, Sheila Wu, PhD, Betty Yu

Advisors: Michael Carney, Katrina Cline, Herb Hatanaka, DSW, Richard Lee, MD, Robert Loewn, Robert Youssef

Volunteers: Hermie Abrigo, Agnes Nazareno, Mario Nazareno, Yvonne Tran

Respectfully Submitted by: Gladys Lee, LCSW, Consultant, AATF

Deaf and Hard of Hearing

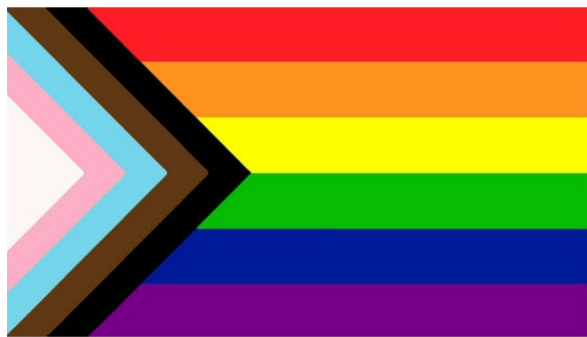
The Cultural Competency Program's Cultural Competency Reducing Disparities (CCRD) Committee has greatly benefitted from its collaboration with the Center on Deafness Inland Empire (CODIE) representatives, Gloria Moriarty and Lisa Price.



Plans for FY 20/21, 21/22, 22/23:

- Introduce the deaf and hard of hearing mental health awareness videos.
- Continue collaborative efforts with the Tech Suite / Help@Hand App service team.
- CCP will continue to support and sponsor the annual deaf awareness activities in Downtown Riverside in the month of September.
- The CCP Outreach and Engagement Coordinator will continue to serve as a county liaison between the program, RUHS-BH, and the Mayor of Riverside's Deaf Community Riverside Commission.

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



Collaborative

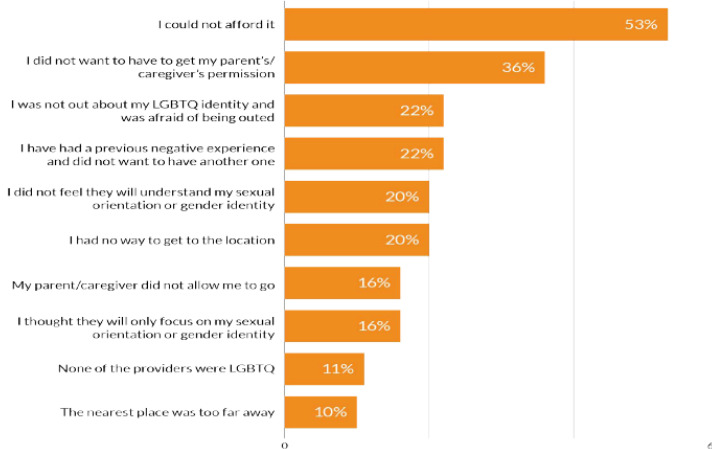
Riverside University Health System – Behavioral Health (RUHS–BH) is committed to developing innovative, culturally competent programs that improve access to underserved communities and reduce disparities in behavioral health across racial/ethnic and socioeconomic groups. This

lays the foundation for planning cultural and ethnic specific programs that utilize nontraditional methods in reaching underserved communities.

The Community Advocacy for Gender and Sexuality Issues (CAGSI) is a LGBTQ Wellness Collaborative and was formerly known as the LGBTQ Taskforce. CAGSI is a countywide coalition of LGBTQ related organizations, consumers, and providers. The goal of CAGSI is to assist RUHS–BH in reducing disparities in the mental health system by ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community. In response to both RUHS–BH and the community's desire to reduce stigma and disparities around behavioral health care for the LGBTQ community, CAGSI engaged in the following activities in FY2019/2020:

- Continued their collaboration with Children’s Behavioral Health Services through the Transgender Youth Workgroup to assure quality culturally competent services to Transgender and Gender diverse children, youth, and young adults and their families.
 - Workforce Education: Expanding the Cultural and Welcoming capacity of the RUHS–BH workforce through education and training is a major goal of the work group. The Transgender Foundations course was expanded and delivered in each region of the County virtually in response to COVID-19 restrictions. This workshop introduced transgender concepts across social, cultural, legal, and political contexts. It provided a lived-experience perspective that addressed appropriate language use, gender identity, sexual orientation, body image, and how to create affirming safe spaces. This workshop challenges participants to explore their own implicit biases, assumptions, and how they impact the services we provide. The

Barriers to Mental Health Care among LGBTQ Youth who Wanted it but Didn't Get It



training was well received by RUHS-BH staff and contractors.

- Collaborated and Co-Produced the Third Annual Hemet Pride Event virtually.

The three-hour event was broadcast live on Zoom, YouTube, and Facebook. It featured peer testimonials, drag performances reflecting the resilience of recovery, and a virtual resource fair. Providers

shared highlights of the services offered to the community as well as inspiring messages.

The evening was capped off with a spirited youth panel followed by a panel featuring parents, caregivers, and community activists sharing their thoughts on LGBTQ Life in the Mid-County



region, coming out, transitioning while in school, and assessing age appropriate behavioral health care in the Inland Region.

The event was a partnership between the local chapter of the National Alliance on Mental Illness, NAMI Mt. San Jacinto and the RUHS–BH MHSa PEI Cultural Competency Program’s

CAGSI-LGBTQ Task Force.

- Due to COVID-19 restrictions on public gatherings, CAGSI pivoted its virtual meetings to bring in special interest topics and speakers to attract a more diverse audience. Topics Included:
 - **September:** In conjunction with Suicide Prevention Week, CAGSI hosted a presentation on Suicide and Resiliency among LGBTQ Youth by Dianne Liebrandt, Gustavo Hurtado and Mary Obideyi
 - **October:** In honor of LGBTQ+ History Month, we featured an intergenerational discussion featuring Connie Confer, an attorney and one of the first people in the Inland Empire to promote advocacy and resources for the LGBTQ+ population; long-time LGBTQ Inland community activist Maggie Hawkins; and Erin, a Rainbow Pride Youth Alliance TAY, interviewing the group about their life and trends in the Inland LGBTQ community.
 - **November:** In honor of Transgender Day of Remembrance the Committee hosted a video presentation on the lives lost and the Resilient Spirit of Transgender Community in the Face of Violence.

In addition to program development, CAGSI participated in the following activities:

- Met monthly the 3rd Tuesday of each month. (virtually March 2020- December 2020)
- Participated in the Coachella Valley virtual pride event
- Coordinated virtual LGBTQ activities and outreach with all three TAY Centers
- May is Mental Health Month – provided virtual resources throughout the month
- Riverside County Collaborations – provided mental health information and distributed 100 LGBTQ youth themed mental health brochures in virtual events in conjunction with community partners
- Participated in monthly collaboration meetings with TAY centers across the county and the LGBTQ Youth Collaborative.
- Community Education and Outreach: provided 25 virtual presentations to 750 participants in diverse groups including, but not limited to, the faith community, foster parents, department staff, and community groups. Sample topics included: Gay and Gay Mental Health Needs of LGBT Older Adults; Reparative Therapy and other Harmful Issues Facing the LGBT Community; and Who is the LGBT Community in Riverside County?
- Faith-Based Outreach: provided training and support to churches exploring “Open and Affirming” standing on a denominational level

- Statewide Engagement: CAGSI representatives participated monthly with the LGBT Health and Human Services Network collaborative conference calls and regional convening of the Out4Mental Health statewide workgroup

The goals of CAGSI for 3YPE plan for FY21/22-23/24 are:

- 1) To assist RUHS–BH in reducing disparities in the mental health system by ensuring the implementation of cultural competent services and advocating for and implementing prevention and early intervention strategies for the LGBTQ community.
 - Expand mentoring and supervision opportunities to provide experienced clinicians and care providers an opportunity to share their lessons learned and provide guidance to new therapists and staff.
 - Continue our collaboration with the Transgender Youth workgroup to transform the system of care through Workforce Education and Training. Moving forward, the plan is to follow and expand on the formula of workforce education trainings established in 2019 to address the LGBTQ community as a whole with an emphasis on social determinants of health as well as diverse impacts on ethnic and cultural communities. Proposed RUHS–BH Trans and LGBTQ Training Series for FY 21-22 is as follows:
 - Beginner/Introductory Level: *Transgender Foundations with Dylan Colt and Shannon McCleerey-Hooper*. The first installment in the LGBTQ training series is designed for all staff to create a welcoming culture for all people with a particular emphasis on the Transgender Community. This workshop introduces transgender concepts across social, cultural, legal, and political contexts. It brings a lived-experience perspective that will address appropriate language use, gender identity, sexual orientation, body image, and how to create affirming safe spaces. This workshop will also challenge participants to explore their own implicit biases, assumptions, and how they impact the services we provide. Persons completing this level of training will be eligible to attend other levels of training and will be designated as “Trans-friendly”.
 - Intermediate Level: *“Becoming Trans-aware: Working with Transgender Consumers” with David Schoelen & A. J. Tschupp*. Mental health professionals and paraprofessionals who have knowledge of the Trans community or who attended the first training in the series will feel best

prepared for this course. In a supportive atmosphere, participants will learn how to utilize that information to begin a culturally informed, clinical practice with consumers who identify as transgender. Participants will increase their understanding of personal and professional biases, increase understanding how transgender culture can inform assessment and treatment outcomes, as well as, explore clinical implications related to coming out, and working with families.

- Advanced Level: This level of training is designed to build capacity of staff to become Trans-knowledgeable. Training will be provided by various gender specialists, and is designed to assist clinicians to begin to build their expertise in Trans Care.
 - Expert Level: *Trans-Champions*. Trainees with this level of experience will be identified as “go-to” persons on Transgender care issues at their clinic site. Training will be provided through a specialized certification provider, WPATH. This is appropriate for clinical and/or medical staff directly providing services and treatment for our Transgender population.
- 2) Work towards reducing stigma, homophobia, transphobia and other cultural barriers that affect the gender & sexually diverse community across the life span by supporting community initiatives such as the Gender Health Conference and Gender Youth Summits.
- 3) Increase cultural and linguistic prevention/education programs and share recovery experiences relevant to the LGBTQ community.
- a. Collaborate with the LGBTQ Community Health Worker Program.
 - b. Support the continued implementation of the psychosocial education curriculum for the SOURCE LGBT youth engagement project.
 - c. Advocate for cultural awareness of the behavioral health needs of the LGBTQ Transgender and gender diverse populations by cross planning of other cultural and ethnic consultants.
 - d. Conduct community seminars & workshops on behavioral health in the LGBTQ community that increase community awareness of mental health, recovery, and wellbeing.
 - e. CAGSI will participate in the community engagement activities that celebrate LGBTQ culture including, but not limited to, participation in “Palm Springs Pride” and various pride events across the county, Transgender Day of Visibility, LGBTQ

Pride Month, and LGBTQ Health Month to provide mental health education and outreach.

- f. Continue community education and outreach by giving presentations to participants in diverse groups including, but not limited to: the faith community, foster parents, RUHS–BH staff, consumers and family members, and other community groups.
- g. To support the implementation of a LGBTQ presence in the three county funded TAY centers by supporting establishment of LGBTQ support groups, cultural programming & rendering a list of resources and entities that provide culturally competent/responsive services (e.g., clinics, legal assistance, other social/health needs).
- h. To actively continue to advocate for data collection that speaks to the needs and disparities impacting LGBTQ access to behavioral health services.
- i. To collaborate with the Research and Evaluation team in order to strategize on ways to locate data for this population in a way that will tell their story. The story of the LGBTQ community cannot be told without quantitative data that shows the disparity. This is a statewide issue that needs to be addressed.

American Indian Council (AIC)

The American Indian Council is formed under the Cultural Competency Program at the RUHS-BH. It is focused on decolonizing/reindiginizing approaches to mental health and wellness for American Indians from conception through intervention. Goals include providing information through written materials, as well as presentations and demonstrations on cultural understandings of the etiology of mental health issues, cultural definitions of mental health issues, how the forces of history, colonization, and oppression impact mental health and wellness currently, identifying cultural strengths including relational worldview with emphases on the family and systems of care, and supporting, utilizing, and revitalizing traditional health practices and cultural strengths from within the community, thereby increasing access to culturally appropriate resources and cultural providers.



The American Indian Council (AIC) operates traditionally in which there is equity among members, with no central leader. This term is more culturally congruent than the western “task force” label. The AI consultant is an American Indian Clinical Psychologist with experience providing mental health services and culturally tailored, evidence-based family strengthening programs within the local AI community. She works with the council of American Indian tribal members from diverse backgrounds (sociology, social work, culture bearers, historians, traditional healers, and researchers) who participate in training with American Indian experts in reindiginization and traditional healing practices. This collaboration is instrumental in program planning, development, and advocacy to create a sustainable infrastructure in a system of care for American Indian community helpers to support and spur the practice of and revitalization of traditional healing practices in the local community that are accessible and culturally resonant to the diverse AI population that resides within Riverside County.

Council members include Dr. James Fenelon (Lakota/Dakota, Sociologist), traditionalists Matt Leivas (Chemhuevi), Julia Bogany (Tongva/Gabrieleno), and Dr. Betsy Davis (Cherokee).

The AI population in Riverside County is diverse, with twelve local tribes and a large, geographically spread urban population consisting of both federally recognized and unrecognized AIs who are disproportionately represented in the mental health system, yet have limited access to both mainstream and culturally appropriate services. The traditional practices available are not widely accessible to this large population, and due to colonization and oppression many traditions aren’t being supported and practiced in a consistent manner. In addition, there is not a current mechanism for bringing culture bearers and healers together and little systematic support is provided for the work they do, or to support re-indigenization. American Indians have higher rates of mental health needs, and yet they face many barriers in gaining entry into services. In California, American Indians and Alaska Natives (AI/AN) are twice as likely as Whites to have experienced serious psychological distress during the past year (11.6% vs. 5.6%). However, California AI/AN experience greater difficulty than Whites in accessing care for psychological distress, driven by hundreds of years of historical injustice that have left them distrustful of treatment options grounded in mainstream American culture that are based on the beliefs and values of White Americans, their historical oppressors (see Science Still Bears the Fingerprints of Colonialism at: <https://www.smithsonianmag.com/science-nature/science-bears-fingerprints-colonialism-180968709/>). Strengthening cultural identity is a

key way to counter this exclusion and discrimination while promoting wellness. AI communities should be supported in efforts to revive or sustain cultural traditions/practices, languages, and ceremonies to address the loss of culture and improve wellness.

For group-oriented cultures like many American Indian communities, group-based or community-oriented interventions are often more accepted, and many times more appropriate. As widely documented in psychosocial literature, some of the protective factors embedded in AI/AN culture include belonging, feeling significant, and having a supportive social network of family and community members who serve as counselors, mentors, and friends. Community Defined Evidence to reduce stigma from these reports include community gatherings with speakers discussing wellness and the strengths of family and community, but health and wellbeing defined within an Indigenous perspective. The Indigenous concept of wellness is signified not by the western view of the absence of disease, but as the balance of environmental traits that together maintain good health status. Central to this effort is the belief in the interconnectedness of all aspects of one's life and everything in the world. To live in harmony one must balance all parts of life, including physical, mental, emotional and spiritual well-being, with the environment (Relational Worldview). The failure of any or all of these parts of wellness can yield poor outcomes in other aspects of life. American Indian culture naturally embeds protective factors for mental health without using the terms "mental health". Efforts focused on this year have included storytelling as a healing modality to reduce stigma and promote wellness.

AIC Community Outreach, Awareness Events, and Project Implementation

Accomplishments FY19/20

I. Involvement in Art as Healing workshops and Native American Community

Performances focused on healing.



Storytelling as a healing modality has been a central theme of the council and a community healing intervention. Storytelling has been implemented as part of outreach efforts as well as highlighting a community defined healing modality. Most council members, as well as other community members, are involved in a local healing story focused on re-indigenization of traditional stories, themes of missing and murdered indigenous women and girls and questions of suicide, grief and loss. This project builds on the work of the training series conducted with RUHS in

2017/18 Working with American Indians: American Indian Trauma Informed Care Model through experiential demonstration of the third necessary step within a trauma informed care model for indigenous people which includes reconnection/re-indigenization through cultural activism, of which storytelling is a central component. One key training goal was to establish an understanding of the relationship of cultural practices such as Storytelling and Traditional Ceremonies to indigenous healing. There was a focus on exploring how stories connect to activism related to reindigenization/cultural revitalization and how this heals and empowers indigenous people across diverse tribal groups, facilitates social connections, and impacts community and environment in meaningful ways for the larger world.

To this aim, council was involved in sixteen workshops, seven community performances, and community outreach sharings that were held this year and

attended by over 1,000 people. Performances took place at nine community spaces including University of Redlands through the Native Student Union on August 3, 2019; Sherman Indian School August 24, 2019; Cal State University San Bernardino on



November 17, 2019; San Diego State University Native Truth and Healing: California Genocide Conference on November 22, 2019; Cal Poly Pomona on February 7, 2019; Claremont



University on February 8, 2019; and Arcata Playhouse on March 6 and 7, 2019. A talk back was conducted after each performance focusing on mental health and wellness themes, including violence, grief, and suicide, and culture and storytelling as healing modalities The play is presented as a healing ceremony and council

actively engages and facilitates the talkback, or community forum, after the performance. The focus highlights the necessity of re-indigenization for American Indian healing and wellness and the use of story as a healing modality.

II. Trauma Informed Care Cultural Handbook for Working with American Indians.

This culture handbook aims to shed light on trauma from an American Indian perspective. It is hoped that this will be used both for those providers wishing to work with American Indians, as well as to provide a framework for American Indians to understand their own trauma in the context of history and colonization. It aims to move from a deficit base model of trauma

informed care to an asset driven strengths model: *A Healing Centered Approach*. A Healing Centered Approach is holistic— involving cultural practices, spirituality, civic action and collective healing. A healing centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively (Shawn Ginwright, Ph.D). It is a framework for trauma we are rarely taught in mainstream mental health.

Overview of the Handbook

This handbook is an introductory step towards understanding suffering, healing, and wellness within the local American Indian community. This handbook is divided into four sections designed to help you gain an introductory understanding of a Healing Centered Approach to trauma for American Indians.

- **Section I: American Indians of Riverside County.** Who are the American Indians living in Riverside County in terms of demographics, common misconceptions, and resources?
- **Section II: Establish Safety.** Establish safety through cultural humility. Cultural Humility involves understanding your own history and lens as a first step in working with American Indians; and working to both understand and minimize power differentials and oppression mechanisms and outcomes.
- **Section III: Tell the Story.** We tell the story within a historical, global lens thereby expanding the conceptualization of trauma informed care. The trauma that occurred in the past, continues in the present, and links to individual trauma symptoms and community trauma of indigenous peoples today.
- **Section IV: Re-Connection as Indigenous People.** For American Indians reconnection at the deep level of relational worldview is the healing intervention. This respectful connection is with ourselves as indigenous people, with each other, with our ancestors, with the universe. That is why cultural preservation, revitalization, and gatherings are healing interventions. They impact us at the level of relational worldview, where we are hit hardest with the trauma. Furthermore, storytelling connects us with our ancestral and cultural connections. For non-indigenous people, cultural humility involves being a good ally, supporting cultural strengthening, and developing partnerships with people and groups who advocate for indigenous rights.

III. Participated in Focus Groups and Listening Sessions.

In addition, AI Consultant attended water listening sessions focused on gathering stories from community for healing through connection and activism for the land. The following listening sessions took place:

- Spotlight 29 Reservation September 21, 2019
- Santa Paula Reservation February 22, 2020

These were attended and led by local Native American community members.

IV. Presentations on Mental health promotion, awareness, and anti-stigma.

- 1) Child Welfare Virtual Expo *Effectiveness in Child Welfare: Our Role in Improving the Lives of Children and Families. September 19, 2019.*
- 1) Riverside County Tribal Alliance Reducing Stigma/Increasing Health Promotion Presentations
 - a. Agua Caliente Tribe. Native American Trauma Informed Care and Storytelling as a Healing Modality, Part 2. October 18, 2019
- 2) Dorothy Ramon Native Poetry Storytelling Festival
 - a. Facilitated workshop. Storytelling as a Healing Modality. February 9

AI Specific Objectives for 2020/2021, 2021/2022, 2022/2023:

- 1) Continue with existing mental health promotion, awareness, and anti-stigma community storytelling events.
- 2) Present at the California Indian Conference Location, 2021 date TBA (typically held October).
- 3) Increase needed resources and support to continue with the current project to build a system of support which educates about mental health issues and wellness from an American Indian world view, builds on cultural strengths, and supports and promotes the reindiginization of healing practices.
- 4) Continue to revitalize storytelling as a healing modality.
- 5) Provide storytelling as healing workshops within the community.
- 6) Provide training to county staff on working with the American Indian community and using storytelling as healing.
- 7) Finalize American Indian Cultural Pamphlet.
- 8) Training for Council TBA
- 9) Plan, coordinate and develop a Native American Resilient Ways subcommittee

- a. Invite local native community elders, professionals, adults to participate in a dialogue to better understand and serve the needs of the Native American urban/rural/reservation populations. Include staff from UCR Native American Student Programs, Native American Community Council (Henry J. Vasquez), Native Scholars, Sherman Indian HS staff and students, RSBCIHI/NARC staff, RUHS-BH Native Staff, Native Consumers, and allies.
- b. Identify the greatest challenges and best way to meet the needs of current/ existing services and how to support innovative ways to healing and bridging the gap in health disparities.
- c. Collaborate with the Native American Community Mental Health Worker program to bridge cultural wellness services to the respective communities above and report to the NARW subcommittee.
- d. Continue to participate with the Tribal Alliance.



Spirituality Initiative

In celebration of California Interfaith Awareness Week, the Riverside Interfaith Council along with the Riverside Center for Spiritual Living hosted the first annual forums which began on March 8, 2020 and was set to be held each Sunday in March. The presenting theme was “My Religion’s Concept of God” which was moderated by Ms. Andrea Briggs, Pastor at All Saints’ Episcopal Church. The panel members included Ms. Liz Acosta, Baha’l Faith; Brother John Plocher, Riverside Stake from the Church of Jesus Christ of Latter – Day Saints; Native American Spirituality, Native American Chaplain Mickey Turtle, Patton State Hospital; Rev. Jeffery Ryan, New Thought from Riverside Center for Spiritual Living; Rev. Hannah Cranbury, First Congregational Church of Christ-Riverside.

The remainder of the series dates (3/15, 3/22, 3/29) were CANCELLED due to the COVID-19 Pandemic

RUHS–BH/Diocese of San Bernardino/LLU/RUHS–MC Collaborative Partnership



A collaborative partnership between Riverside University Health System – Behavioral Health, the Diocese of San Bernardino, Loma Linda University, and Riverside University Health System – Medical Center, which focused on reaching the Latino Spanish speaking parishioners was established as an initiative. The goal was to provide culturally appropriate behavioral health information and screening, health screening and facilitating linkage to services in the community. The health fairs were very successful and the community responded with enthusiasm. Health fairs are hosted in each region of the County and include the full spectrum of services available from prevention to treatment.

2019/2020 Outreach and Engagement Health Fairs:

- St. Vincent Ferrer Catholic Church in Menifee, CA – August 11, 2019

Behavioral Health screenings, psychiatry and therapy services provided to 28 individuals. Referrals made to adult, mature adult, and children’s clinics.

- Our Lady of Soledad in Coachella, CA – October 6, 2019

Behavioral Health screenings, psychiatry and therapy services provided to 70 individuals. Referrals made to FQHC, adult, mature adult, TAY, and children’s clinics.

Additional Outreach and Engagement Health Fairs were impacted due to COVID-19.

Goals and Objectives for FY 20/21, 21/22, 22/23:

- Organize a speaker’s panel of diverse faith practitioners, leaders, clients, and staff to share how views and practices support the recovery process.
- Promote spiritual awareness and diversity via educational opportunities (Spirituality Conference, Speaker’s Circle, etc.) with other interfaith groups.
- Support Riverside Interfaith Annual Multi-Faith Walk for Peace, which promotes living in an inclusive community, dialogue among spiritual communities, and creating awareness of our commonalities in order to respect our spiritual differences.
- Distribute pre/post surveys at each Speaking Circle.

- Review cultural competency assessment recommendations and findings pertaining to spirituality.
- Support the annual Riverside Interfaith Forum in conjunction with California Interfaith Awareness Week. This event will provide participants the opportunity to meet people from different faiths, visit various houses of worship, and hear the teachings of renowned faith leaders. The forums will be carefully moderated so that there is an open dialogue that is respectful and committed to the mission of the gathering.
- Identify Muslim American providers and resources.
- Continue to promote the Engaging the Muslim American Community Workshops.
- Develop a partnership with the Muslim Family Foundation.
- Promote workforce training that will address the needs of the Muslim community.



Filipino American Mental Health Resource Center: The resource center focuses on outreach activities and education to the Asian community in Moreno Valley and surrounding areas in order to reduce mental health stigma, increase mental health awareness, connect community with services and community mental health resources. The Outreach and Engagement Coordinators work closely with the resource center providing monthly support groups and presentations on mental health topics. There were 15 mental health related events/presentations conducted along with other outreach activities and referrals, doubling their reach from the previous year. About 97% participants reported they “Strongly Agreed” or “Agreed” that after the presentation they were better able to talk about mental health issues with their family and friends.

Toll Free, 24/7 “HELPLINE”: The “HELPLINE” has been operational since the PEI plan was approved and in FY19/20 the hotline received 4,359 calls from across the county. In Helpline's 3rd quarter, there appeared to be a reduction in calls to 951-686-HELP, however, Helpline's trained Crisis Workers were tasked to assist the "Coronavirus Line". During this fiscal year, the quantity of calls decreased but the severity of calls increased. Helpline handled 654 calls related to moderate to severe COVID-19 stress or isolation. Helpline also conducted 85 active rescues for individuals who were in immediate danger of dying by suicide. 21 of those 85 were suicide attempts in progress. About 75% of crisis callers mentioned a mental health need and about 25% of callers specifically mentioned suicidal thoughts or behaviors. Many of the mental health

calls do not involve suicidal thoughts. These callers might be struggling with other mental health related issues such as panic attacks or hallucinations. The operators also make community presentations regarding suicide prevention and facilitate safeTALK, ASIST and Know the Signs trainings, in both English and Spanish.

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 FY19/20, the website had 175,292 visits and 465,487 page views.

Peer Navigation Line: The Peer Navigation Line (PNL) is a toll free number to assist the public in navigating the Behavioral Health System and connect them to resources based upon their individual need. The public can contact the PNL, which is staffed by individuals with "lived experience" who can listen to the caller's worries and talk about their choices, help figure out where local resources can be found, help the person decide which resources are best for them, point out possible places to start, answer questions about mental health recovery, and help the caller see the hope through sharing "lived experience." The resources provided include, but are not limited to, behavioral health, education, vocation, shelter, utilities, pets, and other social services. In FY19/20 the Peer Navigation Line had 403 contacts.

May is Mental Health Matters Month: In FY19/20, RUHS-BH PEI transformed the Each Mind



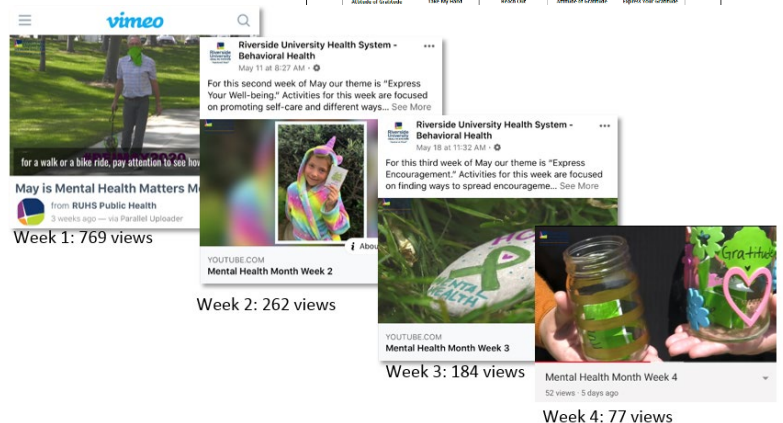
Matters Toolkit into a virtual campaign providing activities organizations and community members could do at home, with social distancing, while still connecting to their friends, family, and neighbors via social media and posting on

Riverside County May is Mental Health Matters Month 2020 Activity Calendar

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1: Express Your Support	Express Your Support: Let's Say "Thank You" to Mental Health Professionals	Know the Signs: English Presentation	Know the Signs: Spanish Presentation	Know the Signs: English Presentation	Know the Signs: Spanish Presentation	Know the Signs: English Presentation	Know the Signs: Spanish Presentation
Week 2: Express Your Well-Being	Express Your Well-Being: Mental Health 101	Express Your Well-Being: Mental Health 101	Express Your Well-Being: Mental Health 101	Express Your Well-Being: Mental Health 101	Express Your Well-Being: Mental Health 101	Express Your Well-Being: Mental Health 101	Express Your Well-Being: Mental Health 101
Week 3: Express Encouragement	Express Encouragement: Mental Health Matters	Express Encouragement: Mental Health Matters	Express Encouragement: Mental Health Matters	Express Encouragement: Mental Health Matters	Express Encouragement: Mental Health Matters	Express Encouragement: Mental Health Matters	Express Encouragement: Mental Health Matters
Week 4: Express Unity	Express Unity: Mental Health Matters	Express Unity: Mental Health Matters	Express Unity: Mental Health Matters	Express Unity: Mental Health Matters	Express Unity: Mental Health Matters	Express Unity: Mental Health Matters	Express Unity: Mental Health Matters

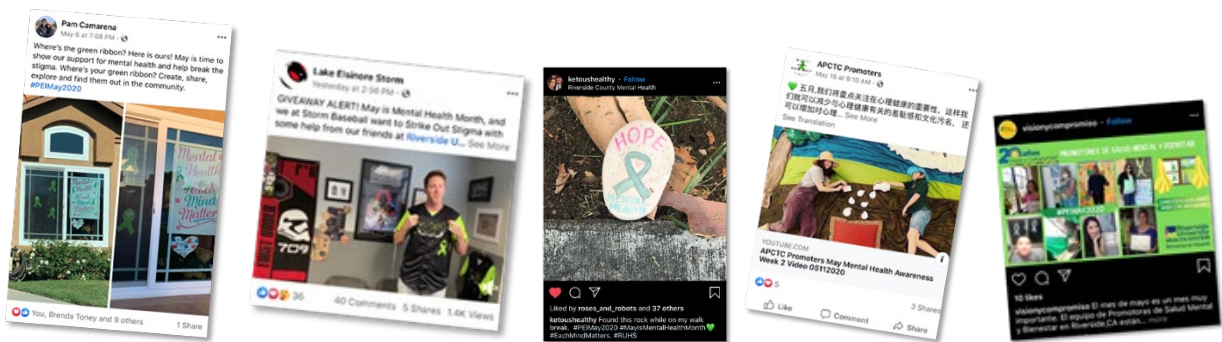
their home or around the neighborhood. PEI staff developed an activity calendar and guide focused on the theme, "Express Yourself".

For the month of May RUHS-BH PEI released a weekly video to highlight the



themes of Express Your Support, Express Your Well-being, Express your Encouragement, and Express Unity. The videos were shared on social media pages and linked to YouTube and Vimeo. The videos received over 1,200 views.

There were over 70 social media posts shared with messages of hope, support for mental health, and resources available to the community.



In addition, city buildings were lit up in green to show support for mental health. RUHS-BH Director Dr. Matthew Chang shared in a press release that “Lighting these buildings in lime green shows the bold commitment of Riverside County to promoting understanding and extending compassion to people living with mental health challenges. I hope that everyone who sees these buildings this month will take the opportunity to open a discussion about mental health and learn about resources that are available in this community.”



Menifee: City of Menifee City Hall



Riverside: County Administrative Center



Indio: Workforce Development Center

“Dare to Be Aware” Youth Conference: This 18th Annual conference for middle and high school students was held on January 31, 2020, with 723 participants in attendance. Students from 26 middle schools and high schools were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day included keynote presentations and workshops focused on building resilience. The students attended 1 of 4 workshops offered: No Filter on Stigma, See Something, Say Something: Become an Active Bystander, Now Bounce Back, and Transforming a Problem into a Purpose. In a pre/post survey completed by youth in attendance, youth reported they benefitted from the information they received. Some feedback included:

“It felt very good to attend a conference where there are people who relate to me. It was great to see that adults support us as well.”

“It was good I learned a lot and feel confident about knowing how to give advice if anyone needs it.”

“Today was amazing I was so happy to hear everyone's story it made me think about life different and make different decisions and better ones in life.”

“Conferences like these really do make changes and are able to help anyone needing to hear and take control to realize they need the help :).”

“I just want to thank you all for making young students like us lives better & let them know that there is help & there is different people to reach out to-”.

Contact for Change: The program goals of this project are to reduce stigma regarding mental illness and to increase community awareness within target populations regarding mental health information and resources. Each program involves presenters with lived experience of mental health challenges sharing their personal story of recovery. The following stigma reduction activities are included:

- **Educator Awareness Program:**

Presentations to school professionals that include information to help them identify the key warning signs of early-onset mental illnesses in children and adolescents in school.

- **Speaker's Bureaus:**

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 to mental health
- Faith-based communities: for greater inclusion to 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

Contact for Change provided 11 Educator Awareness presentations reaching 266 educational faculty and administration. The program also provided 66 Speakers' Bureau presentations to 852 community members. Pre to post measures showed decreases in stigmatizing attitudes and increases in positive attitudes towards recovery and empowerment.

In FY19/20 this program was released for a Request for Proposal process. Unfortunately, the RFP was cancelled because proposed costs were determined to be unreasonable. Therefore, the decision was made to bring the program in-house. FY20/21 launched the Stand Against Stigma program, in its place, staffed by Peer Support Specialists. Program development and outcome data information will be available in next year's report.

Up2Riverside Media Campaign: RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 223,557 users who visited the site in FY19/20, 40% of which were male. 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.

Between July 1, 2019 and April 30, 2020, a targeted outreach effort, known as Narrowcasting, placed outreach materials about mental health and suicide prevention in 224 venues across Riverside County.

In total, 13,790 Each Mind Matters educational materials were distributed. This year's campaign focused on suicide prevention and targeted the highest at-risk group. The effort focused on targeted cities in Riverside County with high densities of non-Hispanic or non-Latino white males; the city of Riverside, Hemet, Murrieta and Temecula. In the city of Riverside, three main areas were targeted: Downtown, Hunter Industrial Park and Orangecrest. These areas of



Riverside were chosen by evaluating the demographics and employers in male dominated industries.

Promotores de Salud Mental y Bienestar Program: Promotores(as) de Salud Mental y Bienestar Program is an outreach and education approach to build relationship with the Latinx community and increase access to mental health services while reducing the stigma associated with mental illness. Because Promotores(as) come from the communities they serve, they can address access barriers that arise from cultural and linguistic differences, stigma, and mistrust of the system. Furthermore, since they usually provide services in the community when and where it is convenient to community members, they help decrease barriers due to limited resources, lack of transportation, and limited availability. In addition to coming from the communities they serve, Promotores(as) can be characterized by three Ps: Presence in the community, Persistence, and Patience – this builds trust in the community. Relationship with the community is one of the key factors that distinguish Promotores(as) from other health workers. Fiscal year 2019/2020, was the first year of implementation for our current provider. The program includes a series of 10 mental health topics that are offered to the Latinx community in 1 or 2-hour presentations. Resources are also provided. In its first year, Promotores outreached to over 25,000 people, provided presentations to 1,855 individuals and provided 45 individual consultations. Satisfaction and feedback surveys revealed a majority of attendees feel they are better able to talk about mental health topics with family and friends, know that mental illness can be managed and treated, feel comfortable seeking help for a family member or themselves, and know where to seek resources for themselves or a family member. Due to COVID-19, Promotores(as) transitioned into using social media, e-mails, and phone for a majority of their outreach, and virtual platforms such as Zoom for conducting presentations.

Community Mental Health Promotion Program: The Community Mental Health Promotion Program (CMHPP) is an ethnically and culturally specific mental health promotion program that targets: Native American, African American, LGBTQIA, Asian American/Pacific Islander, and Deaf and Hard of Hearing. A similar approach as the Promotores model, the program focuses on reaching un/underserved cultural groups who would not have received mental health information and access to supports and services. A Request for Proposal was developed and was released in March 2018. Promoter programs for the following populations were awarded: Black/African American, Asian/Pacific Islander, Native American/American Indian, and LGBTQIA. No bids were received for the Deaf and Hard of Hearing population. Program

implementation began in mid FY19/20. The promotors received a 40-hour training in which they are educated on topics in mental health, given a list of culturally competent local resources and are empowered to create a plan of action as a group to address the unique mental health needs of their community. They provide 1-hour presentations on 10 different mental health topics in non-stigmatizing community locations such as local churches, community centers, schools and parks. The promotors 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 is provided to a range of age groups from middle/high school students, transitional age youth (TAY), adults, and older adults.

Shortly after the community health promotors were trained to outreach to the community, there had been restrictions on-in person gatherings, as well as closing of public places. Promotors transitioned into using social media, e-mails, and phone for a majority of their outreach, and virtual platforms such as Zoom for conducting presentations. Services and presentations were also provided more one-on-one rather than a large group setting all at once. This resulted in slightly lower contacts overall than expected. Data collection involved participants filling out measures virtually, which resulted in more lost data than expected, as some people were reluctant to filling out forms online, or simply did not have access to a computer.

FY19/20 outcomes included:

Promoter Program	# of presentations	# of individual consultations	Outreach contacts
Black/African American	232	23	Over 3,000
Native American	213	9	Over 6,100
Asian/Pacific Islander	241	11	Over 9,500
LGBTQIA – completed initial 40-hour training			

Integrated Outreach and Screening: This expansion of outreach at Riverside University Health System – Community Health Centers (CHC) integrates mental health and physical health care and allows greater opportunity to identify early signs of mental illness while also educating healthcare colleagues. Integration of services will reduce stigma associated with mental health and help seeking while also increasing access to mental health services as individuals and families who regularly attend to their physical health needs will also get screened for mental health needs where it is convenient for them. The focus of this expansion is psychoeducation for healthcare staff, stigma reduction, screening, assessment, and referral with linkage to needed resources that will reduce delay in receiving help. Screening within a physical health location reduces stigma related to help seeking and increases access to services. Once identified, linkage to appropriate resources and services will be done with supports in place to ensure connection. Integrated care is a currently evolving best practice model. Expanding PEI efforts into the CHCs will increase our reach into and throughout Riverside County. This is in-line with PEI’s time-limited partnership to leverage Whole Person Care funding which focuses on coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved health and wellbeing through more efficient and effective use of resources. Support focuses on integrated care for a particularly vulnerable group of Medi-Cal beneficiaries who have been identified as high users of multiple systems and continue to have poor health outcomes. Efforts include shared data between systems, coordinated care in real time, and evaluation of individual and population progress – all with the goal of providing 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 develop 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.

In FY19/20 a total of 124,756 PHQ-2 or PHQ-9 depression screeners were administered, 9% were PHQ-9 screeners administered as a follow-up to the PHQ-2. Identification provides opportunity to improve earlier access to needed services. FY20/21 moved into phase 2 of the integrated outreach at the CHCs which includes staffing with a focus on psychoeducation for healthcare staff, stigma reduction, screening, access and linkage, as well as coordination and provision of a variety of prevention services. Phase 2 will include expansion to the RUHS Medical Center with Behavioral Health staff to provide psychoeducation for healthcare staff,

stigma reduction, support for staff and families dealing with end of life grief and loss, access and linkage to mental health services, as well as coordination and provision of a variety of prevention services and supports.

Suicide Prevention Activities: Local efforts to enhance the statewide goals of suicide prevention include:

- ***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. With the learning and support received, we held two community stakeholder workgroups in July 2019 during which we reviewed Riverside County suicide data, existing resources, identified gaps in need, and explored best practices in suicide prevention. This information was then used to write the strategic plan. 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. In order to bring the plan to life, a Suicide Prevention Coalition was established. The Coalition kicked-off in October 2020. Currently, the Coalition is lead in partnership by RUHS Behavioral Health (PEI) and Public Health and includes six (6) sub-committees: Effective Messaging & Communications, Measuring & Sharing Outcomes, Upstream, Prevention, Intervention, and Postvention. The Coalition meets quarterly and offers learning opportunities in suicide prevention best practices and is where sub-committees will share ongoing progress. Sub-committees meet monthly. To view the webinar overview of the strategic plan please visit: <https://youtu.be/PTPBi4QIGw8>.

Training

The training teams were expanded through a Training for Trainers (T4T) process in all three models: safeTALK, Applied Suicide Intervention Strategies Training (ASIST), and Mental Health First Aid (MHFA) Adult and Youth. Both RUHS-BH staff as well as community partners were trained in the models and agreed to provide trainings throughout the County annually and adhere to data protocols.

A coordinated effort has been organized through the PEI team to ensure trainings are available Countywide and often to meet the needs of the community. Quarterly trainer meetings are held to provide support to trainers and maintain fidelity to the training model. Trainings are offered throughout the year at the RUHS-BH Rustin Conference Center as well as at other community locations throughout the County to include: schools, community centers, places of worship, community based organizations, other county departments, and businesses. In the interest of the well-being of Riverside County's entire community, MHSA PEI followed state health guidelines regarding COVID-19. ASIST, MHFA, and safeTALK trainings stopped in February 2020. Overall, the national crisis reduced the number of planned suicide prevention trainings for the fiscal year, but the number of trainings this year still surpassed last fiscal year. PEI developed a 2-hour Know the Signs suicide prevention virtual training based upon the statewide campaign at suicideispreventable.org. Know the Signs trainings were offered virtually via Zoom from February to June 2020 and continue into FY20/21.

- **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 FY19/20, 56 trainings were provided and 1,145 individuals completed the course. More than 95% of these community helpers reported that they agree or strongly agree that after the training they feel prepared to talk directly and openly to a person about their thoughts of suicide.
- **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 FY19/20 14 trainings were provided and 273 individuals completed the course. Following the training, a greater proportion indicated they would ask a person directly about suicide if they felt the person's word or behaviors suggested a risk of suicide, and a greater proportion indicated they would intervene if a person told them they were thinking

of suicide. Nearly all the trained ASIST participants agreed or strongly agreed that they felt prepared to help a person at risk of suicide and felt more comfortable discussing suicide. Participants confidence and knowledge of resources also improved.

- **Mental Health First Aid (MHFA) training** – Adult and Youth is an 8-hour course, each, that teaches the public to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward the appropriate treatments and other supportive help. The MHFA training program was designed to teach members of the public how to support someone who might be developing a mental health problem or experiencing a mental health-related crisis, and to assist them to receive professional help and other support. The Adult course is designed to learn how to help an adult person who may be experiencing a mental health related crisis or problem. The Youth course is primarily designed for adults who regularly interact with young people. It teaches parents, family members, caregivers, teachers, school staff, peers, neighbors, and other caring citizens how to help an adolescent (ages 12-18) who are experiencing a mental health and/or substance abuse addiction or challenge. In FY19/20, 20 MHFA – Adult trainings were offered with 320 community members completed the course in both English and Spanish. Also, 20 MHFA – Youth trainings were offered with 345 community members completing the course in both English and Spanish. 98.8% of participants reported because of the training they were able to recognize the signs that a person may be dealing with a mental health problem, substance use challenge or crisis and would be willing to reach out to them.
- **Know the Signs** – this 2-hour presentation focuses on understanding how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis, and where to find professional help and resources. The training is available in English and Spanish. This training is adapted from the statewide campaign on suicideispreventable.org. In FY19/20, 20 trainings were provided with 292 community members completing the course. More than 70% of participants agreed or strongly agreed that after taking this course they feel more confident to ask someone who was exhibiting the warning signs of suicide if they are thinking about suicide directly. More than 85% of participants agreed or strongly agreed that feel more equipped to connect or refer someone at-risk for

suicide to resources. In FY20/21, this is the only suicide prevention gatekeeper training option available until we are permitted to gather in person.

Suicide Prevention Community Activities

- **Suicide Prevention Week Mini-Grants:** Every year Each Mind Matters, through CalMHSA, develops and disseminates a toolkit for suicide prevention week. In FY19/20, RUHS-BH offered mini-grants to community based organizations and schools to implement the



toolkit. Fifteen (15) organizations were awarded to increase Riverside County's capacity to prevent suicide by encouraging individuals to know the Signs, find the words to talk to someone they are concerned about, and reach



out to resources. CBOs awarded were focusing their efforts on the highest at-risk groups and demonstrated their ability to reach audiences the County would not be able to reach utilizing activities from the toolkit with technical assistance and support from a PEI Staff Development Officer.



- **Suicide Prevention Week Proclamation:**



RUHS-Behavioral Health partnered with Public Health received a proclamation from Riverside County Board of Supervisors recognizing suicide prevention week 2019. 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 was held throughout the County by RUHS-BH as well community based providers for not only suicide prevention week but also the entire month of September.

- Suicide Prevention Awareness Walk:** Prevention and Early Intervention partnered with Consumer Affairs to host the inaugural suicide prevention awareness walk in Downtown Riverside in September 2019. Approximately 200 people were in attendance for opening remarks and a short walk through Downtown Riverside. Resources and information were available for participants and the community.



- 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 in television, radio, internet, and other media formats spreading awareness of suicide prevention and directing community members to the Suicide Prevention Awareness Week landing page on the up2riverside.org website. Additionally, RUHS-BH PEI worked with local news outlets to share information about mental health and suicide prevention on Channel Q radio and local cable TV on The Monthly with Riverside Mayor Rusty Bailey. PEI also worked with the local the Cal Trans office to develop signage about suicide prevention and resource information to be placed at several freeway overpasses throughout the Inland Empire.



Send Silence Packing: Since 2011, RUHS-BH has been partnering with Active Minds and local college and university campuses to bring the Send Silence Packing exhibit to Riverside County with the goals of inspiring and empowering a new generation to change the conversation about mental health. The exhibit displays 1,100 backpacks that represent the

number of college students lost to suicide each year. Unfortunately, in FY19/20, the springtime exhibit was canceled due to COVID-19. We plan to bring the exhibit back to Riverside County when we are permitted to gather.

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program): The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. In FY19/20 RUHS - BH contracted with one well established provider to deliver the Level 4 parenting program for both parents of children 2-12 as well as parents of teens 12-17 in targeted communities in the West, Mid-County and Desert regions of Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 324 parents were served through the Triple P classes with an 81% completion rate. 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 Depression, Anxiety, and Stress Scale (DASS-21) showed that parents experienced a decrease in their depression, anxiety, and stress levels. Outcomes from 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. Outcomes of the Strengths and Difficulties (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 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. The overall impact of the program continues to be very positive.

Mobile Mental Health Clinics: Three mobile units travel to unserved and underserved areas of the county to reach populations in order to increase access. The mobile units allow children, parents, and families to access services that they would not have been able to access previously due to transportation and childcare barriers. Twelve different school sites were served each week. Services include Parent-Child Interaction Therapy (PCIT), consultation for teachers regarding students' behaviors and appropriate interventions, training for school staff,



parent consultations regarding specific problem behaviors, and small groups for children whose parents are incarcerated as well as a school readiness group (Dinosaur school). In FY19/20, 144 children and families received PCIT through the mobile units. Countywide there was a statistically 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 Parent Stress Index (PSI) scores showed a statistically significant decrease across all regions. 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. In addition to PCIT, in FY19/20 staff also provided Trauma-Focused Cognitive Behavioral Therapy, Nurturing Parenting group, parent and provider consultations, and outreach. Staff provided 69 parent consultations in elementary schools and early head starts in 11 different school districts and 6 provider consultations. Nurturing Parenting classes were provided to 21 parents in Spanish. The mobile units also participate in outreach activities and attended 5 events in FY19/20 reaching 142 people in the community. The mobile units provide prevention activities and outreach efforts at community events to provide education and resources to underserved communities.

Strengthening Families Program (6-11) (SFP): SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. In FY19/20, 135 families enrolled in the program. In total, 68 (70%) families met the program completion criteria of completing 10 or more sessions. 93% of the families identified as Hispanic and 64% of the participants reported Spanish as the

primary language spoken in the home. Of the 135 families enrolled, the majority of families indicated low expectations for children's school success (93%, n=79) as a family risk factor during screening. Evaluation of program outcomes include measuring decreases in behavioral, emotional and social problems as well as measuring increases in parenting skills, parent supervision, building family strengths, enhancing school success, concentration skills, and pro-social behaviors. Many statistically significant outcomes resulted for families that completed the program. These included increases in parental involvement, increases in positive parenting, and decreases in inconsistent discipline. When asked about their involvement in their child's school, parental involvement increased and suggested that parents were more involved in their child's school success at the end of the program. A statistically significant improvement in child risk factors was also demonstrated. Parents reported statistically significant improvements with their children in regard to emotional problems, conduct problems, and total difficulties. Overall, the Strengthening Families Program continues to have positive results for families who participate.

Inland Empire Maternal Mental Health Collaborative (IEMMHC): This Riverside and San Bernardino collaborative works to educate and bring awareness to the issue of maternal mental health. Activities include an annual conference, film screenings with panel discussions, and other activities that support these efforts. One of the goals of the collaborative is to provide an annual conference on a topic related to maternal mental health. RUHS – BH supports the conference every other year. In FY19/20, the collaborative offered a documentary screening and discussion on the film Not Carol.

PEI-03 Early Intervention for Families in Schools

Peace4Kids: Peace 4 Kids, Level 1 curriculum, 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, improve school performance, control anger, decrease the frequency of acting out behaviors, and increase 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. Level 2 is for students that had previously completed Level 1 and includes advanced lessons related to the same five components as Level 1, with the same goals as Level 1. RUHS – BH and Palm Springs Unified School District continue to have a Cooperative Agreement to have the program at the two middle schools in Desert Hot Springs. The Peace 4 Kids program enrolled 174 students in FY19/20; 166 students were enrolled in level 1, and 8 students were enrolled in

level 2. Parents were invited to attend the “Family Time” component of the program. In total 28 parents participated. Pre and post measures were completed by the students and parents. Outcomes comparing pre to post scores showed statistically significant improvements in emotional problems, conduct problem, hyperactivity, peer problems, and overall problematic behavior and overall behavioral difficulties. Pro social skills also significantly improved as reported by student and parent ratings. After completing the program one student reported, “I have learned to use the ‘I-Message’ and have integrity overall with people and have learned how to have patience with people and how to use the MELT.”



The Peace4Kids program received the RivCo Innovates award in 2019.

RIVCO Innovates is the "awards arm" of the County's Vision 2030 Eighth Bold Step: Transform RivCo through Efficiencies and Innovation. Its purpose is to promote a culture of innovation that allows the County to deliver outstanding service for its customers and outcomes for our communities at the least cost possible to tax payers. The goal of RIVCO Innovates is to leverage innovative ideas across the county.

PEI-04 Transition Age Youth (TAY) Project

This project includes multiple activities and programs to address the unique needs of TAY in Riverside County. As identified in the PEI Work Plan this project focuses on specific outreach, stigma reduction, and suicide prevention activities. Targeted outreach for each activity focused on TAY in the foster care system, entering college, homeless or runaway and those who are Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ).

The **TAY Resiliency Project** includes the delivery of Stress and Your Mood as well as Peer-to-Peer services. These two programs have been in the PEI plan since implementation began. However, through service delivery and lessons learned, the two programs have been packaged into one project, which allows for better coordination. The two programs often work hand-in-hand and creating a seamless workflow between the two will enhance communication and access for TAY. These two programs were re-released for Request for Proposal under the TAY Resiliency Project and will begin services under this new project name in FY20/21.

Stress and Your Mood (SAYM): SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. In FY19/20, 145 youth completed the program, which was offered in both individual and group formats. It is important to note that due to COVID-19 restrictions, many participants had chosen not to complete SAYM

Program. Of the youth served, the majority of participants were 16-17 years of age (74.8%), and 20.9% identified as LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning. Youth who participated in the SAYM program showed decreases in the frequency of depression symptoms. Each youth was also given a measure of overall functioning and these measures indicated statistically significant improvements within interpersonal distress, somatic, interpersonal relations, and behavioral dysfunction. The satisfaction surveys were also very positive. Of note is that 85.8% of the youth indicated that they “agree or “strongly agree” that as a result of the program they know how to obtain help for depression and 95.3% indicated that they “agree” or “strongly agree” that they learned strategies to help them cope with stress. After completing the program, a youth reported: “I learned how to cope with my depression and how to keep from falling into thinking traps. I also learned how to identify stressors that may aggravate my depression. Another youth reported they learned, “How to communicate well with others and to ask for help when I need it. This program helped accept myself a bit more. I learned many new techniques that I could use to help me cope with my stress.”

Peer to Peer Services: This program is one in which Transition Age Youth (TAY) Peers 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 FY19/20, there were a total of 231 various Peer-to-Peer events throughout the county with a total attendance of 3,827. Event topics included Program Marketing, Stigma Reduction, and Directing Change Outreach. The TAY peers attended large health fair events and passed out mental health related information in the community.

There were 120 Speaker's Bureau Honest, Open, Proud presentations by the TAY peers reaching 1,864 individuals. Pre- and post-tests were collected from 1,450 individuals and 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.

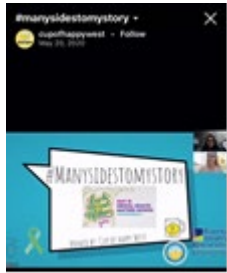
There were 16 full cycles of CAST completed with 170 participants enrolled and 42% of those completing the program. Participants reported the highest ratings in the overall level of satisfaction with the support they get from the program, motivation to do their best, and with the encouragement and support from their group leader. Statistically significant improvements were found in participants' self-esteem, control of their moods, school smarts management, and use of the 'Stop, Think, Evaluate, Perform, Self-praise' (STEPS) process in making overall healthy decisions.

There were a total of 13 Directing Change workshops in FY19/20 with 266 participants. Satisfaction data showed improvements were found in participants' comfort of sharing their stories and that the participants felt that they were connected and involved in the workshops.

The Peer Mentorship program enrolled 26 TAY. Session attendance varied. Twenty-three percent (23%) of the youth completed the 32 sessions that were a part of the program design, and 50% completed between 17 to 32 sessions. Twenty-six percent attended between 9-16 sessions. Improvements were found in mentees ratings of goal achievement with 60% reporting a positive change in goals related to coping/mood, 60% showed positive changes with the goals set. All mentees were satisfied with the Mentorship program. Improvements for goals set included, a high increase on "Improvement in School Work/Activities from pre to post, with 90.7% improvement.

In FY19/20 Peer to Peer held a number of LGBT support groups utilizing My Identity My Self curriculum to support TAY youth. They held 67 support groups with 617 TAY youth. Satisfaction surveys were collected for these support groups (n=378). Over 80% of participants reported the activity and topics discussed gave them a better understanding of the early signs of mental health challenges of youths and young adults; and 75.3% of participants reported they would feel comfortable seeking help regarding mental health challenges for themselves, family members, or friends.

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. 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 personal 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. Due to the majority of their work being on school campuses, COVID-19 had an impact on the numbers served as schools were closed during the 4th quarter of this fiscal year. Services were adapted to a virtual platform and programming continues to be available to students throughout the pandemic.

Outreach and Reunification Services to Runaway Youth: This program includes targeted outreach and engagement to this population in order to provide needed services to return them to a home environment. Outreach includes training and education for business owners, bus drivers, and other community agencies to become aware of at-risk youth who may be homeless or runaway and seeking support. Trained individuals assist youth in connecting them to safety and additional resources. Outreach includes going to schools to provide students with information on available resources, including crisis shelters; going to places where youth naturally congregate, such as malls; and working with organizations most likely to come in contact with the youth. Crisis intervention and counseling strategies are used to facilitate re-unification of the youth with an identified family member.



Active Minds: Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11, FY11/12, and FY13/14 RUHS - BH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are University of California Riverside, College of the Desert, Riverside City College, Mount San Jacinto College, and Moreno Valley College. Student activities include providing information to students and faculty regarding mental health topics and promoting self-care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and State level. Maintaining student participation in the club, particularly at the community college level, has been a challenge. The RUHS-BH PEI team has

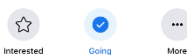
been working closely with advisors and club presidents to provide technical assistance, outreach materials, and ongoing support to assist them with club activities and planning for the future. Additionally, suicide prevention trainings have been offered on their campuses for both faculty and students.

Send Silence Packing (SSP) is an exhibit of 1,100 backpacks that represent the number of college age students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. At each exhibit, 1,100 backpacks are displayed in a high-traffic area of campus, giving a visual representation of the scope of the problem and the number of victims. RUHS-BH continues to support these efforts through sponsoring the Send Silence Packing traveling exhibit. In FY19/20 exhibits were canceled due COVID-19. This exhibit will return when we are permitted to gather.

Directing Change Program and Film Contest: The Directing Change Program and Student Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health that 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 and San Bernardino Department of Behavioral Health have partnered to host a local Directing Change Screening and Recognition Ceremony. The semi-formal event was held at the Fox Theater in Riverside in 2014, the Lewis Family Playhouse in Rancho Cucamonga in May 2015, the Fox Theater in Riverside in May 2016, 2017, 2018, and at the California Theater of Performing Arts in San Bernardino in 2019.



THU, MAY 7, 2020
Directing Change Virtual Event
Riverside University Health System - Behavioral Health



In 2020, due to COVID, the in-person event was canceled. However, Riverside County hosted a virtual recognition ceremony broadcast on RUHS-BH's YouTube, Instagram, and Facebook pages. Youth throughout the County as well as school staff participated in the award announcements. PEI staff, in conjunction with PEI program providers, conducted outreach and awareness at high schools throughout the county to raise awareness about the contest and encourage



students to make videos. In FY19/20 students from 26 schools, universities, colleges, and community based organizations, submitted a total of 171 films from Riverside County, the highest in the state, by a total of 563 student/youth participants.



Teen Suicide Awareness and Prevention Program

(TSAPP): Riverside University Health System – Public Health, Injury Prevention Services (IPS) continued to implement the teen suicide prevention and awareness program in fifteen school districts throughout Riverside County in FY19/20. The 15 districts served were Alvord, Banning, Beaumont, Coachella Valley, Corona-Norco, Hemet,

Menifee, Moreno Valley, Murrieta Valley, Nuview, Palm Springs, Perris Elementary, Riverside, San Jacinto, and Temecula Valley. IPS 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 will be required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. It is imperative to create buy in from the students on each campus, and 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 will be identified as SP outreach providers, with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers will have training on topics such as:



- Leadership
- Identifying warning signs to suicide behavior
- Local resources to mental/behavioral health services
- Conflict resolution

In addition, TSAPP assists each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. The students are highly encouraged to participate in the annual Directing Change video contest. The remaining

activities include handing out SP cards at open house events, school events, and making PSA announcements. This helps to build momentum around suicide prevention and reduce the



stigma associated with seeking mental health care services. As a way to provide additional services that target the staff and parents of students at the selected school sites, training opportunities are offered. TSAPP provides Gatekeeper trainings to school staff that include safeTALK and ASIST. In addition, TSAPP works with Riverside County Helpline to provide suicide prevention and awareness trainings to parents. This

helps to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness. The program supported 40 high school sites and 29 middle schools in FY19/20. As a result, there were 96 suicide prevention curriculum trainings conducted to 4,072 students, over 30,000 mental health related brochures and help cards were distributed, and there were 113 suicide prevention campaigns impacting approximately 656,912 students across Riverside County. TSAPP staff continued to provide parent education and staff development activities in FY19/20. The parent education component provided parents with a 1 to 2-hour presentation on the warning signs, risk factors, and resources available to youth in crisis. FY19/20 provided 18 parent workshops, in English and Spanish, reaching 441 parents and 18 community workshop reaching 441 community members. The staff development component consisted of providing 10 safeTALK suicide awareness trainings impacting 215 community and school personnel as well as 1 ASIST workshops impacting 22 school personnel. Four Mental Health First Aid trainings were also offered to community members reaching 113 community members.

Upon completion of the program, a retrospective survey was conducted with students who were trained and participated in the campaigns. Due to COVID-19 restrictions, we disseminated the survey virtually and received a total of 216 responses. The results showed 96% of students had a positive memorable moment during the TSAPP training or campaigns, 62% of students were able to use the information they learned in the TSAPP program to help a friend or peer in need, and 89% of students believed the campaigns positively impacted the campus community.

PEI-05 First Onset for Older Adults

There are currently five components to this Work Plan and each of them focuses on the reduction of depression in order to reduce the risk of suicide.

Cognitive-Behavioral Therapy for Late-Life Depression: This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. In FY19/20, 47 older adults were served in this program. In the Desert region, the majority of the participants reported their gender as male (96%). Most participants fell between the ages of 61 and 69 years old (66%). Participants were all English-speaking (100%), Caucasians (96%) who identified as LGBTQIA (91%). As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, reducing from moderate to minimal, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life indicating that participants were engaging in more social behavior and pleasurable activities. This program has demonstrated positive outcomes since implementation began. One participant reported, “I have been given tools I have used to keep me, help me not turn down. This program will be beyond helpful”. The contracts in the Western and Mid-County regions were not renewed for FY19/20. A Request for Proposals was re-released and is currently in evaluation. Services for all three regions are anticipated for FY21/22.

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS): This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. One contract provider countywide provides this program. In FY19/20 88 participants were served. The participants were predominantly female (60%). The data on race and ethnicity for those enrolled into the program showed a pattern similar to the race/ethnic proportions represented in the Riverside County older adult population: 58% Caucasian, 24% African American, 11% Hispanic, and 3% Native American. Countywide, depression and anxiety symptoms decreased for participants. PEARLS participants reported the greatest increase in satisfaction with their feelings about their emotional well-being and their relationship with their families. They also report an increase in satisfaction about their life in general and reported increases in participation in social and pleasant activities as well as improvement in the ways that they spent their spare time and the amount of friendship in their lives. Some comments from participants include: “Yes, it helped handle depression more better and socialize a lot more. As long as you're alive, there's hope.” “I did benefit a lot because I was able to set boundaries in relationships and myself. I was able to work on what was blocking me and my growth. I learned how to focus on myself. You ask

questions and make me see I have the solution most of the time and this is very helpful.” “Yes, because the commitment helped push myself. It helped set goals & follow through. It also helped me be more active.”

Care Pathways - Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called “Care Pathways”, consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions, and stress reduction techniques. They continued to have great success in marketing the program. The OoA served 183 individuals in FY19/20. A majority, 78%, of all participants enrolled completed the program. 80% of participants were female and 67% of program participants had been caregiving for one to ten years. More than half (67%) of the caregivers participating in support groups were age 60 or older. There was a statistically significant decrease in current levels of stress from pre- to post-test at the end of the 12-week series. Caregivers reported high levels of satisfaction with 84.2% of participants who completed the survey reported that the support groups helped them in reducing some of the stress associated with being a caregiver and 98.6% of participants reported that they would recommend the support group to friends in need of similar help.



The Care Pathways program received the RivCo Innovates award in 2019. RIVCO Innovates is the "awards arm" of the County's Vision 2030 Eighth Bold Step: Transform RivCo through Efficiencies and Innovation. Its purpose is to promote a culture of innovation that allows the County to deliver outstanding service for its customers and outcomes for our communities at the least cost possible to tax payers. The goal of RIVCO Innovates is to leverage innovative ideas across the county.

COVID impacted service delivery in the final quarter of FY19/20. Due to the unique challenges of caregiving, recruitment and enrollment has continued to be a challenge during the pandemic and stay at home orders despite the availability of a virtual format.

Mental Health Liaisons to the Office on Aging: There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing

the CBT for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff and other organizations serving older adults about mental health related topics, as well as providing mental health consultations for Office on Aging participants. In FY19/20 two Clinical Therapists staffed this program. The Mental Health Liaisons participated in 84 outreach events within the 19/20 fiscal year. They also processed 131 referrals which resulted in approximately 10% of those referrals being enrolled in Cognitive Behavioral Therapy, double from the previous year. Sixty-nine percent of the referrals they received were referred to other non PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 24 older adults in FY19/20. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement of symptoms of depression. Overall, depression reduced from moderate to minimal. QOL survey results indicated that program participants felt better about life in general, and the qualities of their health and emotional well-being. And it was found that there was a statistically significant decrease in the amount that participants' physical/emotional health interfered with their social activities. Additionally, pre to post test scores showed a statistically significant decrease in anxiety symptoms from moderate to minimal after completing the program. Comments from participants who completed the program include: "The program helped me with my current situation. I love coming to learn how to cope with my current situation". "Makes me happy to know that there are programs that help people. I enjoyed the program and felt comfortable speaking, I felt that that I can trust someone".

CareLink/Healthy IDEAS Program: CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY19/20, 52 of the individuals that were served through the CareLink program were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants showed a statistically

significant decrease. The Quality of Life Survey showed the greatest improvements in how participants felt about relaxation time in their lives and health in general. Carelink participants reported they were satisfied with many aspects of the program, and said they were helped the most by home visits and telephone contacts. CareLink participants reported that the CareLink staff were courteous, efficient, caring, knowledgeable, respectful, accessible, and helpful. All of the participants said CareLink was useful and felt comfortable with their case managers.

PEI-06 Trauma-Exposed Services

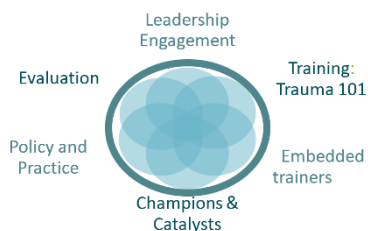
Cognitive Behavioral Intervention for Trauma in Schools (CBITS): This is a group intervention designed to reduce symptoms of Post-Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with school districts to provide the program on school campuses. In FY19/20, 201 youth were enrolled in the program with 65.7% completing the program having attended 8+ sessions. More than half of participants were female. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Intake data showed that 93% of youth served had witnessed physical trauma and 85% reported experiencing emotional trauma. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a significant decrease in traumatic symptoms. 83% of youth agreed or strongly agreed that the program taught them how to better cope with stress. 81% of youth agreed or strongly agreed that the program has prepared them to cope with stress if something difficult happens in the future. Some youth responses on the satisfaction survey include: “How to relax when I’m stressed; They helped me conquer my fears and they showed me how to pass by problems;” “No matter your backstory, who you are, and what happens, you can overcome;” “I learned that I shouldn’t always jump to conclusions and I should ask myself questions to try and stay positive.” COVID-19 had impacts on student attendance and completion during the final quarter of the fiscal year.

Seeking Safety: This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. Contracts with community providers were not renewed for FY19/20. A new Request for Proposal was issued. A new contractor for TAY services was identified to provide the program Countywide and began implementation in FY20/21. The program is known as Outside the Box in the community. RUHS-BH Peer Support Specialists

will provide adult focused programming; implementation began in FY20/21, and is known in the community as Seeking Strength. Data will be available in next year's annual report.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT): Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy. This model has been implemented successfully within RUHS – BH children's clinics. Outcomes from the program demonstrate significant reduction in traumatic symptoms and improvement in behavioral difficulties. RUHS - BH and the Riverside County Department of Social Services are collaborating to serve children who are brought into the foster care system, including providing clinical intervention when needed.

Trauma-Informed Systems: The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014, the



members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered on not focusing efforts on direct service for adults who have experienced trauma, but rather to develop a trauma-informed system and communities. There is currently a

countywide effort focusing on trauma and resiliency known as the Resiliency Initiative. RUHS-BH continues to partner in these efforts to maximize benefits to the community. A contract was put in place with Trauma Transformed in FY18/19 to begin a Trauma Informed Systems transformation. Implementation kicked off in April 2019 with leadership training in Trauma 101. 10 RUHS-BH staff (2 of whom will become master trainers) have begun the training process to become trainers in this workshop and roll out the Trauma 101 training for all department staff. Implementation continued into FY19/20 that began the Leadership and Champion Learning communities. FY19/20 focused on the roll out of the Trauma Informed Systems 101 training, which is now a required training for all RUHS-BH staff. Due to the impacts of COVID, this

training was adapted to a virtual format and continues to be offered on a regular basis to Department staff.

PEI-07 Underserved Cultural Populations

This Work Plan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based and evidence-informed practices that have been found to be effective with the populations identified for implementation. In addition to the programs identified below it is important to note that each of the populations was identified as priority populations in all of the PEI programs being implemented. Demographic information, including ethnicity and culture, is gathered for PEI programs in order to ensure that the priority populations are receiving the programs. The mental health awareness and stigma reduction activities also include focus on the unserved and underserved populations throughout the county.

Hispanic/Latino Communities: A program with a focus on Latina women was identified within the PEI plan.

Mamás y Bebés (Mothers and Babies) Program: This is a manualized 9-week mood management course for women during pregnancy and includes three post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. In FY19/20, an additional service provider was added to provide this program in the Mid-County region. The Western region provider continued to deliver the program as well. A total of 60 women were screened and 60 were enrolled through this program. 78% of the women identified as Hispanic, 22% as African American, and 47% reported Spanish as their primary language. 70% completed the program. Pre- to post-test outcomes data indicated that depression symptoms were decreased statistically significantly. Results from the satisfaction survey indicate 98% of the women agreed or strongly agreed that the program taught them how



to get help for depression while pregnant and after the birth of her baby. Participant comments include, “This program was extremely helpful. I learned techniques to help me change my mood by finding pleasant activities and using different deep breathing exercises.” “The best thing was we were allowed to bring our children, even if they were fussing or walking around Mrs. D kept teaching and the discussion continued.

Everyone felt comfortable in the environment and positive energy radiates off all the staff.” “The promotoras were very helpful with their phone calls to help us set

up Zoom.” “I really felt the support from the team. I did not feel judged.” “Everything! This program really helped me handle what I used to consider the worst experience of my life and turn it into something beautiful and life changing.”

African American Communities:

Building Resilience in African American Families (BRAAF) Boys Program: This project was identified through the Community Planning Process as a priority for the African American community. The project includes three programs:

Africentric Youth and Family Rites of Passage Program (ROP):

This is a nine month after school program for 11–14-year-old males with a focus on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers

and family members who participate in family enhancement dinners. The providers focused their efforts on outreach to faith-based organizations, community providers, schools, and health fairs. A total of 49 youth enrolled in the BRAAF program in the 2019-2020 fiscal year. In measuring resiliency, 31 individuals who completed both pre and post-test surveys, there was a significant increase of both mastery and relatedness indicating that the youth significantly increased their ability to cope with adverse circumstances and increased their means to overcome many stressors that they encounter in their everyday lives. The youth also had a statistically significant difference in the MIBI scale. This means the youth were able to positively identify with Black/African American being a central part of their identity. The FACES III scale measures the strength of family members’ attachment to one another. By the end of ROP, the families demonstrated a statistically significant increase in family connectedness. Overall satisfaction rates from both the youth and parent were above 84% indicating the program met or exceeded their expectations.



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 39 parents completed the five-class parenting course. Before and after the course, the parents completed the Alabama Parenting Questionnaire (APQ). The APQ is a 42-item parent self-reported measure assessing five

parenting constructs: parental involvement, use of positive reinforcement, poor parental monitoring and supervision, use of inconsistent discipline, and corporal punishment. There were statistically significant changes from pre to post in parental involvement, use of positive reinforcement, and use of inconsistent discipline. Overall, the parents reported high satisfaction with the program. In addition, parent support groups following the completion of GGC were offered. One major theme that arose during the groups was the improvement in communication among family members. For example, one parent mentioned, "We learned to have family meetings where it is a free spot to say openly what is on each other's mind. Can be open and talk about what is going on without punishment. If it is something we have to deal with we will address that later." Parents also stated that their sons, in particular, exhibited more confidence and effective communication. Collectively, about 16 parents attended at minimum two support groups throughout the program. Overall, the parents stated they were satisfied with the instructors and effectiveness of the groups and scored each item in the satisfaction survey a score of 4 or 5 indicating they agreed or strongly agree with the survey items; higher scores indicated greater satisfaction.

Cognitive Behavioral Therapy (CBT) - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address emotional crisis, and provide coping skills. CBT intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer. Twenty-six youth enrolled for one-on-one CBT sessions this fiscal year. Forty-two percent of the enrolled participants received 8 or more of the required CBT sessions. CBT effectiveness was measured with the Strengths and Difficulties Questionnaire (SDQ) and Children's Depression Inventory II (CDI-II). SDQ results indicated the youths' pro-social subscale significantly increased, meaning that the youth were more willing to behave in more socially positive ways after participating in CBT. CDI-II results indicated significantly lower emotional problems and functional problems after CBT.

The Executive Directors for each of the providers continue to meet as a Leadership Team along with RUHS - BH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. An annual project collaboratively planned and implemented is the primary goal of the leadership meetings. Program Administrators also coordinate outside of the leadership meetings in order to complete the annual Unity Day project. The event includes family style activities, outreach/community service activities, food, and traditional Africentric rituals. The project will

also include elements that will serve as evidence and historical reference that Unity Day took place in the selected community. The event is usually held in the Spring. Due to COVID-19, the 2020 event was canceled. The 2021 Unity Day is planned to be virtual.

Parents were asked, *“Based on what you learned and practiced during the five Guiding Good Choices classes, how has your relationship with your son in ROP changed?”* Parents responded: “We are devoting more time to our kids that are 13 years old and younger,” “I have been more patient as a parent, listening and communicating more and I learned as a parent to had to communicate better,” “We are talking things out more than we did with our older children,” “I am more understanding with where they are coming from instead of disciplinary all the time I learned how to communicate better,” “Learning how to talk instead of reacting so quickly, talking to him like he is a growing man and the patience part was a struggle,” “I feel I am learning more about my son, and letting him know it is okay to make mistakes,” “I learned to not fuss and yell all the time and listen to him. Learned how to communicate it is how you talk to them with respect and that I care how they feel.”

When asked how has the program changed how participants felt about their culture, participants responded: “Now I am thinking positively I learned to not talk down on myself or my people,” “Taught us so much history about our ancestors that we do not get in school,” “We have a good culture,” “It changed my view of culture more understand what it means to be a Black person and what our ancestors did,” “Made me feel even better about my culture, and I learned about a lot of people that changed our independence,” “Made me a stronger person and taught me about my culture we should be thankful there are a lot of positive outcomes,” “Feel good about myself and my culture, I learned a lot about our ancestors.”

Building Resilience in African American Families (BRAAF) Girls Program: The pilot BRAAF Girls project was released for bid through the Request for Proposal process during FY16/17. It is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. Implementation began in January of FY 17/18 as a pilot program in the Desert region. Due to the success of this pilot, the program will be expanded to all three regions. An RFP was released in FY19/20 with an expected start date for FY21/22. Services were adapted to a virtual format beginning in the 4th quarter of FY19/20 and continue to be available virtually in FY20/21.

Africentric Rites of Passage Program - is an evidence-informed, comprehensive prevention program for African-American girls in middle school and their caregivers/families. The project is designed to wrap families with services to address the needs of middle school aged African-American girls, build positive parenting practices, and address symptoms of trauma, depression, and anxiety. The goal of BRAAF is 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 criteria, in an after school program three days per week for 3 hours after school on Mondays, Wednesdays and Fridays and every Saturday. The Saturday sessions will focus on dance, martial arts and educational/cultural excursions. Sixteen youth completed the program. The BRAAF Girls ROP program stresses parent and caretaker involvement to promote healthy relationships with their girls. Family enhancement and empowerment buffet dinners are held monthly for a minimum of 2 hours each meeting, over 9 months of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Community guest speakers/experts are included in the monthly presentations. Eighteen youth participated in the program in the Desert region. Pre and post tests are completed to track progress. An increase was shown in positive ethnic identity. The FACES III cohesion scale measures the strength of family members' attachment to one another. By the end of ROP, the families increased Family cohesion. In ROP, the youth were able to identify risks and strengths that a girl their age faces. At pre ROP, the youth identified grief, death, racial and/or gender discrimination, low self-esteem, and depression as being the most common risks factors. To overcome these risks, the youth identified with seeking help from a parent or therapy as the most common strength factor. By the end of ROP, the youth added stress, fear, anger, and anxiety as risk factors. For strengths, the youth included various positive qualities such as leadership, confidence, generosity, responsibility, and commitment. Overall satisfaction rates from both the youth or parent were above 90% agreeing the program met or exceeded their expectations.

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. Fifteen parents completed the GGC course. Overall, parents were very satisfied with the course and the impacts it had on their families. Parents shared things they learned in the program: "Teaching me how to parent my children

and how to love in a better way”, “Look at different ways to cope with life challenges “, “How to talk to my granddaughter “, “How to hold family meetings in the home with our children.”

Parent Support Groups (PSG): From the focus groups, the parent support groups helped build stronger relationships with the parents themselves. Parents mentioned they felt comfortable sharing their personal troubles about their daughter with other parents in the group for additional help and advice. The parent support groups allowed the opportunity for parents to build their own support network. Nine sessions were held with 6-10 parents at each session. Overall, 95% of the parents stated they were satisfied with the instructors and effectiveness of the groups. Focus group comments on Parent Support groups were very positive.

Cognitive Behavioral Therapy (CBT) - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address emotional crisis, and provide coping skills. CBT intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer. Fourteen youth participated in the CBT component of the program. On the Strengths and Difficulties Questionnaire, a third of the youth showed improvements in scores related to emotional symptoms, conduct issues, hyperactivity/inattention, and peer relationship problems. Child Depression Inventory scores show significant changes in interpersonal relationships.

Native American Communities:

At initial implementation of the Riverside County PEI plan in 2009, the Native American project included 2 parenting programs that were culturally adapted for the Native culture implemented by a community based organization. An RFP was released in the spring of 2015 in anticipation of the contract expiring. No competitive bids were received. There were no contracts awarded as a result of the RFP. The PEI Steering Committee recommended focus groups with the Native American population of Riverside County to determine what programs and services are most appropriate at this time.

Focus groups were conducted in FY18/19 with Native American community members and providers. Concerns identified in focus groups included: substance abuse, loss of culture, depression, anxiety, disconnection, and family/parenting needs. Stakeholders feedback regarding what is needed included: traditional healing, culture, feeling connected, and education. Stakeholders also stated that in order to be effective program implementation must include: cultural traditions, group gatherings, and mental health education. New programs have been identified and approved through the PEI Steering Committee. The project will include both

evidence-based and community-defined programs: Wellbriety Celebrating Families, Gathering of Native Americans (GONA), and Cognitive-Behavioral group and individual interventions. PEI Administration worked closely with the Cultural Competency program to develop an RFP that included the identified programs and is tailored to best meet the needs identified through the community stakeholder process. An RFP was released in FY19/20 to identify a provider. A provider has been identified and implementation is set to begin mid-year FY20/21. Initial implementation data will be shared in next year’s annual report.

Asian American/Pacific Islander Communities:

Keeping Intergenerational Ties in Ethnic Families (KITE): Formerly known as Strengthening



Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families; the name of the program was changed to a more culturally appealing name. This was done by the newly contracted provider in FY19/20 who has an expertise in serving this population. This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Process, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program.

FY19/20 is the first year of implementation of this program. Despite the impacts of COVID-19, the program has had great success in its first year. There were a total of 94 parent participants who enrolled in a total of 6 KITE/SITIF Program Series (4 class series were offered in Chinese, 1 class series was offered in Korean, and 1 class series was offered in a combination of Tagalog/English) during fiscal year 2019-2020, and 74 parent participants had successfully completed the program. Despite the fact that some of the participants were unable to complete the program due to the COVID-19, the total completion percentage is still high at 78.72%. Additionally, there were a total of 23 outreach/educational workshops offered during the fiscal year 2019-2020, with a total of 209 attendees. 50 participants (54.3%) identified they were “First-Generation Americans.” Outcomes reflect positive changes in the lives of the families who participated. Survey comments from parents reported: 95.9% of participants responded that they either “Strongly Agreed” or “Agreed” that KITE classes had increased their connection with their children. 100.0% of participants responded that they either “Strongly Agreed” or “Agreed” that KITE course had increased their communication with their children. 100.0% of

participants responded that they either “Strongly Agreed” or “Agreed” that KITE course had increased their ability to parent cross-culturally.

Other PEI Activities



Prevention and Early Intervention Statewide Activities: In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 and 2017/2020 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. The PEI Steering Committee, during this annual update stakeholder process, continued its support and recommended continued funding of the JPA for the next 3YPE plan 2020/2021-2022/2023. This allows support of ongoing statewide activities including the awareness campaigns. The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California’s mental health movement) and Know the Signs (a suicide prevention campaign) as well as some local activities. Additional benefits this year of the statewide efforts include suicide prevention and mental health educational materials with cultural and linguistic adaptations. In FY19/20, Riverside County continued participation in the Suicide Prevention Learning Collaborative through CalMHSA. This opportunity provided subject matter experts in the area of suicide prevention to give guidance and support to our local efforts in the development of a suicide prevention strategic plan and coalition. The Collaborative includes many other Counties throughout the State and supports increased partnership across County lines and assists us in ensuring our local plan is in-line with the California Statewide strategic plan. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these activities.

EACH MIND MATTERS
California’s Mental Health Movement

Innovation (INN)

INN-05: TAY Drop-In Center

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.

INN-06: Commercially Sexually Exploited Children (CESC)

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.

INN-07: Tech Suite Project

Collaboration between 14 counties to bring interactive technology tools into the public mental health system through a "suite" of applications designed to educate and improve identification and early detection of signs and symptoms of mental illness, connect individuals seeking help in real time via peer chat app, and increase access to mental health services no matter where people are located

MHSA INNOVATION Component Plans History

Plan #	Project Name	Years of the Plan	Description	Status
INN-01	Recovery Arts Core Project	1/2009-6/2012	Mobile, community-based, peer delivered art education and services to consumers that includes presentations on recovery, art classes and peer education to increase quality of services and recovery for consumers.	Expired
INN-02	Recovery Learning Center (RLC)	Western 4/2011-4/2016 Desert 5/2012-4/2017	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	4/2012-5/2017	Family Advocates and Peer Specialists facilitate the engagement of family members in the consumer's recovery, identify barriers to family involvement, model effective communication between the family members, facilitate referrals to services and supports in the community for the family, and respond to the on-going needs of the family as they progress in recovery.	Expired
INN-04	Older Adult Self Management Health Team Project	4/2012-4/2016	A team approach for intensive collaboration and coordination of treatment with primary care providers and other agencies to provide support services to the older adults with both mental health and physical health needs.	Expired
INN-05	TAY Drop-In Center	8/2015-8/2020	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.	Active
INN-06	Commercially Sexually Exploited Children (CESC)	2/2017-2/2022	Field based coordinated care teams that provide adapted TF-CBT, parent support, peer support, and any other assistance needed to engage and treat CESC youth.	Active
INN-07	Tech Suite Project	2/2019-2/2024	Collaboration between 14 counties to bring interactive technology tools into the public mental health system through a "suite" of applications designed to educate and improve identification and early detection of signs and symptoms of mental illness, connect individuals seeking help in real time via peer chat app, and increase access to mental health services no matter where people are located in their county.	Active

What is a Mental Health Services Act Innovation Project?

- An Innovation Project is essentially a research project to determine if a particular mental health need can be solved using a practice that was not previously used to solve that same need anywhere in the world.
- Research measurement tools and data collecting are part of the plan design. The data collected is based on the hoped or expected outcome of the project.
- The focus of Innovation Projects should not be about filling in the gaps of missing services. Instead, each Innovation Project must have significant learning goals. There must be something new learned by the introduction of the project. The results should add knowledge to the mental health field and should be generalizable to other programs or counties.
- Each Innovation Project has a designated end date for evaluation purposes. Funding for the project is limited to 3-5 years. If a project is considered successful, other funding sources to sustain it must be explored and accessed.

An Innovation Project must have one of the four following primary purposes:

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency collaboration related to mental health services, supports, or outcomes
- Increase access to mental health services

An Innovation Project must also be defined by one of the three following project definitions:

- Introduces a new mental health practice or approach
- Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community
- Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

INN-05 TAY Drop-In Centers

The TAY Drop-In Centers project was presented to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in July of 2015 as an Innovation (INN) Project, and was approved in August of 2015 as a 5-year plan. As a Mental Health Service Act Innovation projects, the regional TAY Drop-In Centers were intended to: a) Increase the quality of services, including better outcomes, to transition age youth (TAY) consumers; and b) To promote interagency collaboration for service agencies that serve TAY. The innovation was also designed to develop a TAY peer-training curriculum and provide a unique location within the TAY centers for the TAY peer staff to provide a team approach with other clinical staff in a youth-centered space. The TAY Drop-In Centers are intended to be a place for engagement into behavioral health services, access resources, and the implementation of an early intervention model for TAY experiencing first episode psychosis. To address unique needs in various parts of the County, three regional centers were opened (West, Mid-County, and Desert). The Western Region TAY Center is called Stepping Stones, the Mid-County center is called The Arena, and the Desert region center is called Desert FLOW.

MHSA Innovation Project Learning Goals

Each INN project includes a set of learning goals. The INN goals for the TAY Drop-In Centers project focus on the following key areas:

- To determine if Peer Support Specialist (PSS) who receive training and mentored practice in a dedicated TAY Center results in the development of effective TAY PSS work skills, and to determine if a high percentage of TAY PSS become employed or volunteer within the social service arena including mental health systems, probation, or public social services.

- To determine if implementing TAY PSS workforce development within a dedicated TAY training hub results in high completion rates for training.
- To determine the effectiveness of training TAY PSS to work as part of an integrated interdisciplinary team in an adapted evidence-based practice for First Episode Psychosis (FEP). Also to determine the impact of these services with TAY consumers and their families.
- To determine any effects among the interagency partners regarding work or volunteerism with TAY PSS and/or hiring TAY PSS throughout the social services arena.

Plan Progress

During this fiscal year 2019-2020, the COVID pandemic changed the way trainings and outreach were being held. TAY Peer Support trainings and outreach had to be held virtually – via Zoom or Skype. Although challenging, the TAY Centers continued to provide community outreach and resources, while remaining socially distant.

Each region continued to host a TAY Collaborative virtual meeting with the purpose of sharing resources and collaborating with other programs and agencies to better serve TAY youth and their families. Organizations that continued attending the virtual monthly TAY Collaborative include faith-based organizations, Inland Empire Health Plan, North County Health Systems (NCHS), WRAP, MHSA Prevention Early Intervention, Department of Public Social Services, HHOPE housing and other community organizations.

Plan Status Update

Since the inception of this Innovation Project, the TAY Drop-In Centers have become an integral part in providing behavioral health services to the TAY community throughout Riverside County. Though this Innovation project has ended, we are in the process gathering the final reporting data. Still, as a result of stakeholder feedback, the executive decision was made to continue the TAY Drop-In Centers as a RUHS-BH program - funded by Community Services and Supports (CSS).

INN-06 Resilient Brave Youth – previously known as Commercially Sexually Exploited Children

The Resilient Brave Youth (formerly known as Commercially Sexually Exploited Children) project was proposed to address the symptoms of traumatic distress including PTSD, anxiety, and depression. Trauma-informed treatment is the most effective form of treatment with this population. The Resilient Brave Youth (RBY) project combines an adapted Trauma Focused

Cognitive Behavioral Therapy (TF-CBT) model to effectively treat trauma with a field-based coordinated Specialty Care Team approach designed to meet the challenges of engagement and coordination of multiple agencies. This project was designed to improve the quality of services, promote trauma informed care, and increase interagency collaboration ultimately resulting in better outcomes for RBY and their families. By using an adapted TF-CBT model to integrate motivational interviewing and the stages of change model in order to optimize engagement and treatment completion of TF-CBT. Along with this adaptation to the model, also the utilization of TAY Peers and Parent Partners to provide services to families/caregivers to enhance engagement and provide support within the Specialty Care Team approach. But with the COVID-19 pandemic, the approach to providing services had to change significantly. Providing services had to be implemented, while following state guidelines for social distancing, as well as facing the challenges of having virtual meetings via Zoom/Skype.

Each INN project must have learning goals. The INN goals for this project focus on the following key areas:

- Effectiveness of adapting TF-CBT for a commercially sexually exploited youth population to understand if this adapted approach delivered in a Specialty Care Team model increases engagement, retention, and outcomes.
- Effectiveness of a coordinated Specialty Care Team approach with a CSEC team including the use of TAY Peer Specialist and Parent Partners to increase engagement and retention in services and improve outcomes.

Program Status

During fiscal year 2019-2020, a total of 89 youth were enrolled in RBY. Due to COVID-19, the number of youth enrollments declined from the previous year by approximately 14%. Still, the youth received just an average of just over 100 individual hours of services.

With COVID-19, the range of outreach activities that could be provided was limited. RBY staff was only able to engage in 10 different outreach efforts but a total of 97 referrals were received. The largest proportion of referrals were from the Department of Social Services – with a total 35% of the referrals. Behavioral health providers, mainly RUHS-BH, provided 28% of the referrals, and 10% of referrals were from Probation. Referrals from other facilities make up the remaining 27% of the overall total.

The abuse and suicide attempt history for those referred was particularly significant. Over half of the youth reported having a history of neglect (53%), one third reported a history of physical abuse or suicide attempts (41%,28%) and a third reported history of domestic violence (36%). This RBY population continues to be a very difficult population to engage, treat, and achieve successful treatment goals. Additional engagement and treatment strategies to increase program participation and length of treatment have been implemented. These strategies include continued engagement efforts even after youth have left the program, as the youth are more likely to return to treatment when at a stage of greater readiness to participate in treatment. Additionally, the program participation period has been lengthened by providing continued care after the youth have completed treatment in TF-CBT. The RBY team then provides ongoing case management services to link and assure youth are connected to community resources and natural supports.

This Innovation project is scheduled to end in February 2022. Until then, the project will continue:

- Outreach activities, and expand outreach efforts to underutilizing communities, particularly, in the Riverside, Western Region.
- Providing police departments with more information about the RBY program to refer more youth.
- Increasing the number of referrals to the program and increase the total number of enrolled youth, who will be engaged to complete the treatment provided in this program.

INN-07 Help@Hand - previously known as Technology Suite (TechSuite)

RUHS-BH had the opportunity to join a 14 county INN collaborative previously known as the Technology Suite (or TechSuite). Due to inconsistencies, TechSuite was renamed as Help@Hand, so that all counties participating could refer to it the same way. Through the collaborative, and the CalMHSa project management team, 93 technologies were approved for use in the Help@Hand project. RUHS-BH has continued to work with CalMHSa on getting demonstrations from many of the application choices, such as Headspace, myStrength, A4i, and Focus – just to name a few.

RUHS-BH and our collaborative county partners intend to utilize the Help@Hand suite of technology-based mental health services and solutions, to collect passive data that identifies early signs and signals of mental health symptoms. From this data, RUHS-BH developed a peer support website to introduce online service resources across Riverside County to provide

access and linkage to intervention. This web-based, live peer chat assists people with wellness and mental health recovery. The Help@Hand applications will serve as an enhancement to current MHSA Plan activities from prevention and early intervention to an additional care plan tool designed to decrease the need for psychiatric hospital and emergency care service.

This INN Plan was approved by the MHSA Accountability and Oversight Commission in September 2018 and was approved by Riverside County Board of Supervisors in January 2019. RUHS-BH began working within the county INN collaborative Cohort #2 in March 2019.

The primary focus areas of this project are:

- Early Detection and Suicide Prevention
- Improve Outcomes for High Risk Populations
- Improve Service Access for Rural Regions and Underserved Communities

This project, implemented in multiple counties across California will bring interactive technology tools into the public mental health system through a highly innovative set of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed.

The targeted populations include:

1) Hearing and Visually Impaired Communities

Riverside County is home to one of the two schools for the deaf in California, and as a result, Riverside County has one of the largest populations of deaf and hard of hearing individuals in the State.

2) Higher Risk Populations: first onset; re-entry; FSP consumers; eating disorders; and, suicide prevention

The State is prioritizing the detection and treatment of first onset psychosis as a statewide standard in Prevention and Early Intervention.

The criminal justice reentry population is at high risk of failing to connect with behavioral health services upon discharge from jail in addition to being at high risk for homelessness.

Full Service Partnership (FSP) programs are designed to serve consumers who have the highest service utilization and the greatest risk for relapse.

Suicide Prevention to High Risk Populations: In Riverside County, males died at greater rates than females due to self-inflicted injury. Caucasians have the highest rate of deaths in Riverside County and California. In Riverside County, people between the ages of 45 to 84 years old die at the highest rates by suicide than other age groups. Overall, California shows the same trends for adult suicide rates.

Consumers with Eating Disorders: Though the therapeutic professions have grown more sophisticated in serving people with eating disorders, the disorders remain challenging to treat due to the co-morbid physical health problems that result from the disorder, as well as the addictive dynamics that often fuel the disorder in secrecy. Additional self-monitoring tools that can be used in conjunction with our existing Eating Disorder program could enhance outcomes and reduce risk.

3) Traditionally Underserved Communities

Riverside identifies the following populations as underserved:

- Hispanic/Latino
- American Indian
- African American
- Asian-Pacific Islander
- LGBTQ
- Deaf and Hard of Hearing.
- With the addition of Disabled, Middle Eastern American/North African American (MENA), and Spirituality/Faith-Based communities in next fiscal year.

The goal is to improve access to these underserved communities, especially in the rural areas. To make sure technology is available to our programs that currently provide service to members in our Mid-County and Desert regions. RUHS-BH will market to those consumers who have barriers to accessing services provided in clinics, and provide outreach to current consumers to utilize this technology in addition to their existing services.

Implementation Progress

In FY 19/20, Riverside's Help@Hand staff created a Peer Chat called "TakemyHand" which began piloting in early 2020. A brief test of the chat was used as part of Department's COVID-

19 response. This chat allows our RUHS-BH Peer Support Specialists the ability to live chat with anyone who might be in need of resources; need someone to talk too, or in need of someone to link them to other services. This brief testing of the app was conducted from April 2020 to June 2020. This testing phase was a rapid deployment of the application in response to COVID-19, in an effort to provide additional support to the community. During this testing phase:

- a. The application had assigned Chat operators or Peer Support Specialist available 24/7.
- b. There were a total of 16 staff that worked as Live Chat operators.
- c. Clinical Therapist were deployed to cover the chat operation to take any crisis chats that needed clinical intervention.

Throughout the process of this INN project, staff gathered stakeholder feedback that has allowed for the ongoing development of better implementation strategies for the project both, at the county level as well as at the state level with CalMHSA. Through the CalMHSA stakeholder feedback process and digital mental health literacy (DMHL) focus groups, they found that there is a need to make sure that the apps used in this Innovation project need to be culturally competent and in multiple languages. CalMHSA has included this in the process of vetting reliable apps that counties can use for their project. Through development of the RUHS-BH TakemyHand peer chat, feedback was considered from stakeholders around culturally competent considerations with specialized feedback from the Deaf and Hard of Hearing community. The feedback suggested having a visual American Sign Language signer as a feature to address problems that may arise with literacy issues.

Riverside's Help@Hand staff has also worked to develop a brochure to provide resources for Free Apps that could be used by anyone in need of improving their mental health wellness. The staff continues to work on product and application testing to see which apps should be included in this Innovation project and for the ongoing development of a training curriculum for new Peer Support Specialists who come on board the project to assist with program consistency.

Year to Date Key Accomplishments:

- Conceptualization, creation, and implementation of the TakemyHand Peer Chat
- Identified apps suitable for consumer use throughout Riverside County
 - Identified vendor to complete video customization for the Deaf and Hard of Hearing community
- DMHL Self-Guided online training platform complete for staff

- Vendor contract justification to install 39 kiosks at various locations throughout Riverside County
- Procurement of 400 devices to be used with the first phase of this project
- Scope of Work completed with vendor for device configuration

Since CalMHSA and the OAC have decided to expand this innovation project from 3 to 5 years, which is now scheduled to end in February 2024, the overall goals for year 3 of the 5 year plan are:

- Start training Peers on DMHL and telehealth services
- Secure timeline for A4i pilot phase
- Select TakemyHand website landing page
- Implement TakemyHand changes/improvements based on Stakeholder feedback

The overall goal is to continue to enhance this technology throughout the remainder of the project timeline.

Workforce Education and Training (WET)

Plan 1: Workforce Staffing Support

(Staffing the WET Team)

1. Coordinator
2. Staff Development Officer of Training
3. Staff Development Officer of Education

Plan 2: Training and Technical Assistance

4. Training for staff and contractors
5. New Employee Welcoming
6. Cultural Competency and Diversity
7. Administrative & Clinical and Supervisor Development
8. Crisis Intervention Training (CIT)
9. Community Resource Education

Plan 3: Career Pathways

10. Consumer and Family Member Mental Health Workforce Development Program
11. Clinical Licensure Advancement and Support (CLAS) Program
12. Mental Health Career Outreach and Education
13. Volunteer Services Program (VSP)

Plan 4: Internship and Residency Programs

14. Graduate, Intern, Field, Trainee (GIFT) Program
15. Psychiatric Residency Program Support
16. The Lehman Center (TLC) Teaching Clinic
17. Alcohol and Drug Abuse Counselor training program

Plan 5: Financial Incentive Programs

19. Financial Incentives for Workforce Development

MHSA Workforce Education and Training (WET) Plan and Strategies for Fiscal Year 2019/2020

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed in 2004 by California voters. The MHSA established ongoing funding in an effort to help transform the public behavioral health system and to improve its structure and services.

There are five major components of the MHSA, each focusing on a different aspect of the system:

1. Community Services and Supports
2. Prevention and Early Intervention
3. **Workforce Education and Training**
4. Capital Facilities and Technology
5. Innovations

The Workforce Education and Training (WET) component 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.

Workforce Education and Training work plans:

1. Workforce Staffing Support
2. Training and Technical Assistance
3. Career Pathways
4. Internship and Residency
5. Financial Incentives

Riverside University Health System-Behavioral Health (RUHS-BH) engages in a year-round community and stakeholder planning process to help advise and inform overall program planning and decision making. Below is a brief outline of RUHS-BH's WET work plans, strategies/actions and impact.

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	<p>oriented to organizational structure, recovery oriented philosophy, cultural competency, and employee resources.</p> <ul style="list-style-type: none"> • Provides an overview of the knowledge and skills critical to effective service delivery, and introduces staff to documentation standards and the electronic medical records system. • Serves as refresher trainings for staff who need additional support and training. 	
<p>6. Cultural Competency and Diversity</p>	<ul style="list-style-type: none"> • WET partners with our Cultural Competency program to provide funding, planning and support to address culturally-informed practices addressing specific service needs of individual cultural communities. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ New manager hired ✓ Annual, mandatory cultural competency training requirement established
<p>7. Administrative & Clinical and Supervisor Development</p>	<ul style="list-style-type: none"> • <i>Administrative Supervisor Development:</i> A specific training series designed to meet the performance needs of RUSH-BH administrative supervisors. Includes orientation, bi-monthly 1 hour trainings, a mentorship program and a digital handbook. Training topics will focus on best business practices, personnel development and program evaluation and development. • <i>Clinical Supervisor Development:</i> A specific training series designed to meet the performance needs of RUSH-BH clinical supervisors. Project includes extensive foundational curriculum in Competency-Based Clinical Supervision, advanced curriculum, a train-the-trainer model, and orientation for supervisees. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ <i>Administrative Supervisor Development-</i> Monthly workgroup established; 6 professional development trainings offered; Survey administered; Welcome letter approved ✓ <i>Clinical Supervisor Development-</i> 12 staff completed advanced training; 4 staff were trained-as-trainers T4T staff; Workgroup established; program in development
<p>8. Crisis Intervention Training (CIT)</p>	<ul style="list-style-type: none"> • Collaboration with Riverside County Law Enforcement agencies and first responder groups to train officers/deputies regarding behavioral health and effective interventions with people experiencing a mental health crisis. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ 850 students trained

	<ul style="list-style-type: none"> • WET offers additional training specifically for correctional staff in our county jails. 	
9. Community Resource Education	<ul style="list-style-type: none"> • Centralized point of contact to maintain and increase awareness and access of community resources: Youtube, Facebook, Instagram, Twitter and Snapchat, RUHS-BH website, Network of Care portal, and UP2US, iConnect (SharePoint software); Employee Recognition Program 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ Over one million impressions across all of our social media applications ✓ Strategic growth of Snapchat

Plan 3: Career Pathways

Strategies/Actions	Description	Impact
10. Consumer and Family Member Mental Health Workforce Development Program	<ul style="list-style-type: none"> • WET provides funding, planning and support to address the integration and development of family members and peer support staff in our workforce. • Department currently employs over 160 peer staff at all levels of the organization. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ See annual update report.
11. Clinical Licensure Advancement and Support (CLAS) Program	<ul style="list-style-type: none"> • Staff support program that assists pre-licensed clinical therapists in developing their professional identity and clinical skills in order to pass State licensure exams. • Participants receive access to additional resources including department-sanctioned study time, specialized workshops, and test preparation materials. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ 26 new members added ✓ Added specialized trainings and individual coaching
12. Mental Health Career Outreach and Education	<ul style="list-style-type: none"> • Promotion of mental health careers (career pathways) with junior high, high school and community college students to 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ Presented to 500 + students

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	encourage interest and commitment to public mental health service; targeted efforts around students from underserved communities.	
13. Volunteer Services Program (VSP)	<ul style="list-style-type: none"> • VSP encourages volunteerism to support the department's mission, vision and values. • Volunteers creates opportunities to educate, expose and encourage community member to consider behavioral health careers. 	FY 19/20: ✓ Hired new coordinator ✓ Updated policies, procedures and handbooks

Plan 4: Internship and Residency Programs		
Strategies/Actions	Description	Impact
14. Graduate, Intern, Field, Trainee (GIFT) Program	<ul style="list-style-type: none"> • Internship/traineeship program for local students seeking advanced degrees in behavioral sciences. • GIFT Program recruits for students with language, cultural/ethnic and lived-experience capacities that will strengthen workforce composition. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ 37 student interns; 51% Spanish speaking; 51% Hispanic/Latino; 14% African American; 8% Asian/PI
15. Psychiatric Residency Program Support	<ul style="list-style-type: none"> • WET provides planning and support for psychiatric residents' placement and training in RUHS-BH to encourage careers in public behavioral health. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ See annual update report.
16. The Lehman Center (TLC) Teaching Clinic	<ul style="list-style-type: none"> • Teaching clinic for student practitioners and staff to learn how to effectively serve public behavioral health consumers (children, families and adults) • Targets training around undeserved communities including local LGBTQ and Latino communities. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ 12 students admitted to teaching clinic
17. Alcohol and Drug Abuse Counselor training program	<ul style="list-style-type: none"> • Internship program for local substance abuse counselor students. • Program recruits for students with language, cultural/ethnic and lived-experience capacities that will strengthen workforce composition. 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ See annual update report.

Plan 5: Financial Incentive Programs		
Strategies/Actions	Description	Impact
19. Financial Incentives for Workforce Development	<ul style="list-style-type: none"> • Provide/promote financial incentives or supports to staff in order to encourage career development and retention in RUHS-BH. • 20/20 and PASH Program; Licensed Mental Health Service Provider Education Program; Textbook and Tuition Reimbursement; National Health Service Corp (NHSC) Loan Repayment; LLU MSW /Riverside County cohort support 	<p>FY 19/20:</p> <ul style="list-style-type: none"> ✓ 20/20 Program - 3 new staff admitted; 6 currently participating ✓ Tuition reimbursement - 25 new awardees this fiscal year; Over 70% of awardees remain employed with agency ✓ NHSC – 6 employees participating

Workforce Education and Training (WET)

“Education. Vocation. Transformation.”

The Workforce Education and Training (WET) component of the Mental Health Services Act (MHSA) was established to address the ongoing workforce development needs for public behavioral health departments. This includes a specific focus on the recruitment, training and retention of a qualified workforce that is culturally competent and recovery-oriented, that incorporates those with lived-experience, and includes those with language and cultural capacities that help meet the needs of the communities we serve. To achieve these goals, WET established five individual work plans with corresponding strategies/actions.

1. Workforce Staffing Support
2. Training and Technical Assistance
3. Career Pathways
4. Internship and Residency
5. Financial Incentives

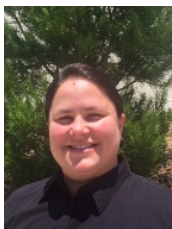
The workforce is the heart of any public service agency. Staff development is a commitment to quality care. It helps an agency improve customer care, meet critical agency goals, and improve staff retention. Most of the success of any agency can be tied back directly to the exceptional work being done by front line staff day in and day out. For this reason, workforce development must remain an ongoing focus for public service agencies if they intend to meet the current and future needs of their evolving communities. WET was designed to develop people that serve in the public, behavioral health workforce. WET’s mission is to promote the recruitment, retention, and to advance the recovery-oriented practice skills of those who serve our consumers and families. WET values a diverse workforce that reflects the membership of our unique communities. We strive to reduce service disparities by improving cultural and linguistic competency and by encouraging and supporting members of our diverse communities to pursue public, behavioral health careers. WET also values the meaningful inclusion of people with lived experience – as consumer, parent, or family member – into all levels and programs of public behavioral health service.

WET understands that people with mental illnesses deserve the best of public service, not just when seeking mental health care, but also when needing allied services such as law enforcement, academics, housing, social services, and primary health care. As a result, WET takes an active

role in educating other service providers on confronting and understanding the impact of stigma, learning how to effectively engage someone experiencing distress, and connecting people to resources that benefit their recovery.

WET actions/strategies in the RUHS-BH WET Plan are divided by the funding categories originally designed by MHSR regulations. Each funding category represents a strategic theme to address WET's mission. The actions/strategies developed within each category were developed and informed by our stakeholders and are currently advised by our WET Stakeholder Steering Committee, comprised of representatives from department job classifications, academic institutions, a health care pipeline organization, cultural competency, and lived experience practitioners from Consumer Affairs, Family Advocate, and Parent Support and Training.

Fiscal year 2019-20 brought many opportunities, changes, and challenges for WET programming in Riverside County. Along with most of the nation and the world, WET in Riverside County made significant changes to program delivery due to the COVID-19 pandemic including retooling our social media campaigns to disseminate public health and safety information quickly and effectively and transitioning all of our instruction onto virtual platforms. WET also continued to experience staffing changes that impacted programming and strategy. Despite these variables, WET engaged in efforts to strengthen existing evidenced-based practices for serving some of our most vulnerable consumers, we brought in a variety of advanced trainings addressing culture and trauma, we advanced our technological capabilities through the acquisition of eLearning software, and we invested in culturally responsive care by making cultural competency training a requirement of all staff and contractors. Finally, WET worked on securing needed administrative approvals to begin accessing state grant funding for approved workforce development activities like funding advance trainings, creating loan repayment opportunities for staff, developing stipends for graduate students and expanding career development activities in our local K-12 education systems. With strong engagement from our stakeholders and strategic leveraging of local and state funding, WET is positioned for continued and sustained success through for the coming years.



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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. WET's administrative staffing had enjoyed many years of consistency, with only modest changes to manage the increased demands of program development. However, over the past three fiscal years, WET has experienced ongoing changes to our team that have challenged our abilities to ensure sustainability and integrity of its programs. WET administrative staffing remains critical because WET manages the programs encompassed with the approved plan, and also manages the daily operations of our Department's Conference Center, training plan, and serves as the RUHS-BH designee for the Southern Counties Regional Partnership (SCRIP), which is a collaborative of 10 southern county WET programs.

Over the course of the year, several positions became vacant including the Staff Development Officer of Training, Law Enforcement Trainer position, and Volunteer Services Coordinator. WET gained approval to refill these vacant positions. Concerted efforts were made to recruit and fill these positions and we gladly welcomed and on boarded new staff. In the interim and during staffing transitions, responsibilities and assignments were shifted onto existing team members.

WET-02 Training and Technical Assistance

This work plan is designed to provide training and technical assistance to meet the centralized and customized training needs of Riverside County's public behavioral health workforce. Annual, global training goals include ensuring that our behavioral health workforce is prepared to serve the consumers of today and the consumers of the future.

To meet those global training goals, we focus our strategies on the following:

1. Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program
2. Cultural Competency and Diversity Education Development Program
3. Professional Development for Clinical and Administrative Supervisors
4. Community Resource Education
5. Crisis Intervention Training (Law Enforcement Collaborative – See Crisis Intervention Training for more).

1. Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program

Workforce Education & Training (WET) strives to educate, innovate, empower, and transform the learning and lives of our Riverside University Health System – Department of Behavioral Health (RUHS-BH) workforce. A main purpose of our work is to provide necessary training to all staff within our service system.

Training audiences have expanded to include Department employees, employees of partner agencies, partner academic institutions and the community. All instructors, whether contracted or Department staff, are provided with the 5 Essential Elements of the MHSA to ensure training content is relevant:

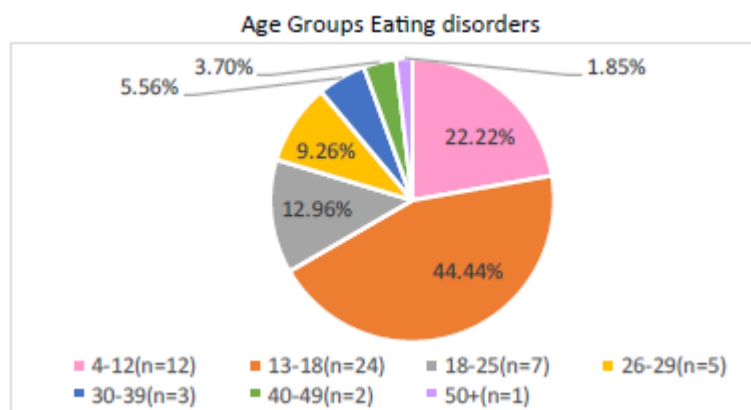
- Community Collaboration
- Cultural Competency
- Client and Family-Driven
- Wellness Focus which includes Recovery and Resilience
- Integrated Services

Wherever possible, WET brought back existing, well-received trainings, as well as scheduled new training opportunities. During the initial stages of the COVID-19 public health crisis, many trainings and staff development activities were temporarily suspended while we evaluated how to resume safely. This resulted in a reduction in the number of advanced trainings offered over this past fiscal year and propelled our team toward securing our first licenses for eLearning software. With most learning and development occurring online, WET also sought out and secured authorization to issue continuing education units for a wider variety of professional learning activities offered in a greater range of formats. As the pandemic raged on, we worked swiftly to transition and transform how and where we offered training supports.

Riverside County WET continued to support and develop the use of a wide range of evidenced-based, advanced treatment practices to best serve the consumers in our communities. Significant programming elements were added to strengthen the provision of several of our practices by providing greater support, structure and coordination directly by WET team staff members. Prominent evidenced-based practices the department continues to endorse include Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family Based Therapy, Cognitive Behavioral Therapy, Motivational Interviewing, Parent-Child Interaction Therapy, and Multidimensional Family Treatment to name just some. In an effort to respond to the growing need

for trauma informed practices, WET committed resources and supports to establishing Seeking Safety as an endorsed, evidenced-based practice to address the needs of adult consumers with substance abuse and trauma challenges. In addition, expansion of evidenced-based programming to support our most vulnerable consumers with eating disorders and young folks with trauma also took place.

Our evidenced-based program to address eating disorders saw much growth during this period. We trained an additional 44 staff members in this effective practice and we currently have approximately 100 practitioners, including psychiatrists, nurses, clinicians, behavioral health specialists, peer support specialists, and parent partners throughout our county to serve our consumers with challenges in this area. In an effort to increase the support to practitioners working with this challenging population, and seeing an increase in case numbers, we created an additional layer of consultation by identifying four lead clinicians that we named “Champions” to provide local, individualized case consultation. In addition, we added bi-monthly micro-trainings for these Champions to both increase their knowledge and to bring them in regular contact with our contracted subject matter expert for consultation on our most critical cases. This new structure has proven to be helpful and well accepted by our practitioners who have expressed feeling supported, and feeling better prepared for serving folks with eating disorders.



During this period, we served approximately 82 (54 at the time of the graphic) consumers ages 4-50+ who had been diagnosed with an eating disorder. The largest percentage was youth 13-18 years old. We implemented tools to collect data on the consumers and the progress they made in treatment to continue our efforts to improve the program and meet the unique needs of our consumers in Riverside County. We grew a stronger program by leveraging the use of virtual platforms. Practitioners were able to join bimonthly meetings without leaving their sites. This

minimized interruptions to daily activities, productivity, it eliminated commute time, and it allowed quick access to training and consultation. In addition, virtual platforms allowed us to invite community partners to meetings, which led to improved referral processes and better consultation and collaboration.

WET championed additional advanced training for staff in 2019/20. A few examples of new trainings offered included Play Therapy, Doing Grief Right: A holistic solution-focused approach, and a training to address anosognosia in mental health care. Specific trainings focused on culture included Bridges out of Poverty, Spirituality: No Longer the Forgotten Factor in Recovery and Mental Health, a training on Transgender Foundations, and a training on Clinical Skills in Spanish. More than 40% of our community identifies as Latinx, and many are monolingual Spanish speaking. So, advancing services for this community has been a critical effort for our team.

Testimonials: *“Entire course was well planned and thoughtful.”*

“The instructor was phenomenal and was able to present the material in such a manner that allowed me to absorb the material easily. There was no confusion.”

“Trainer is very knowledgeable and able to keep us engaged.”

In 2019/20, targeted training audiences included RUHS–Behavioral Health clinical and administrative staff, contract providers, community members, and retirees. A total of 57 trainings were held where 335 continuing education (CE) credits were offered. Forty-one individual continuing education topics were covered. Across all trainings, WET hosted a total of 1,537 attendees. As a training and education team that supports a workforce of over 1,600 employees and a few hundred partner agency staff, it was necessary to restructure how we offered staff training and development. The onset of the pandemic only magnified this need. Through ongoing stakeholder engagement and feedback and by recommendation by critical stakeholders, WET introduced some new tools to our training arsenal. In the 2019/20 fiscal year, WET purchased our first ever eLearning software called Articulate 360. This world-class software allows our team to transform trainings material into engaging and interactive computer-based learning products that can be hosted on our local Learning Management System. In addition, we expanded our use of the Webex, MS Teams and Zoom platforms to accommodate distance learners in our diverse geography. As public health safety protocols begin to shift, we will be offering more “flipped-

classroom” training formats in an effort to maximize accessibility to core and critical trainings for all department staff.

Evaluation and feedback remain extremely important to the ongoing evolution of a comprehensive training plan. Improvements and enhancements are suggested and made, and as a result, our workforce remains equipped to meet the needs of our communities. 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	4
There was a good balance between theoretical and practical concepts.	4
Diversity/Multi-cultural/Language concepts were addressed.	3
The instructor demonstrated substantial knowledge and expertise of the topic.	3
The instructor kept me engaged.	3
The instructor was responsive to questions, comments, and opinions.	4
The instructor presented course materials in a coherent and logical manner.	4
The instructional materials were well organized.	5
Visual aids, handouts, and oral presentations clarified content.	4
Teaching methods and tools focused on how to apply course content to my work environment.	4
The amount of material presented was appropriate for the amount of time provided.	3
The materials provided are likely to be used as a future reference.	5
Facility was comfortable and adequate for training.	5
All facility needs were met.	5
Facility was accessible.	5

Collaboration and partnerships continue to be themes of our work too. WET closely partnered with our Prevention and Early Intervention (PEI) team to support ongoing trauma-informed efforts aimed at organizational change to support nurturing and sustaining a trauma-informed system. WET partnered and supported the launch of the Riverside County Suicide Prevention

Coalition aimed at addressing and reducing suicide in our county. Finally, WET continued to closely partner with PEI to sustain our agency's capacity to provide targeted community-wide trainings aimed at addressing and reducing stigma, educating the community about mental health and equipping the community with the skills and knowledge to effectively recognize and respond to thoughts of suicide in others. This was achieved through organized support and maintenance of staff trained in safeTALK, ASIST and Mental Health First Aid. These trainings are being extensively offered to the community at no cost. See the PEI section for more information on data and outcomes.

Additional training benefits for our Riverside County workforce came directly through our involvement in the Southern California Regional Partnership (SCRCP). The SCRCP consists of the WET coordinators from the 10 most southern counties in the state of California. This partnership had 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. This past fiscal year, WET was able to secure needed administrative approvals to begin accessing a one-time state grant that provides limited funding for approved workforce development activities like advance trainings, creating loan repayment opportunities for staff, developing stipends for graduate students, and expanding career development activities in our local K-12 education systems. In 2019/20, we saw the conclusion of two SCRCP projects worth mentioning including the provision of a series of trauma informed trainings through the California Center of Excellence for Trauma Informed Care and the conclusion of the Competency Based Clinical Supervision project to improve and strengthen clinical supervision practices in the region. Both projects strategically contributed to unique, regional workforce needs and were evaluated positively by those staff who participated.

Not only is WET concerned with the development of our workforce, we are equally involved with building the knowledge and competency of our extended workforce family- our agency partners and community members. Through ongoing feedback from stakeholders and leadership, WET maintained or increased the number of seats reserved for contract and community providers in our key, advanced trainings offered throughout the year. And we will continue to expand our resources to ensure all consumers receive the best services from any County of Riverside agency. To aid the department in retention and skill development of our workforce, both internally and externally, we offered hundreds of continuing education credits for licensed or certificated staff including psychologists, clinicians, substance abuse counselors, and registered nurses. We

were also able to meet critical governing boards' license renewal requirements by coordinating Law & Ethics and Clinical Supervision workshops.

Finally, Riverside County's WET team continues to successfully manage the Rustin Conference Center, a central training and meeting space for Riverside County's behavioral health workforce. Prior to the public health restrictions in response to the pandemic, the Rustin Conference Center averaged hundreds of guests each week and hosted over 100 trainings and meetings each fiscal year. Riverside County is a large, geographically diverse county. To increase access and meet the training needs of our staff located throughout the County, WET has evolved to offer trainings and meeting services in online or computer-based formats in addition to hosting and supporting relevant trainings at accessible, alternate locations when appropriate. The Conference Center serves as a meeting space to support multiple collaborative initiative and efforts occurring throughout our communities. As the public health crisis recedes, the WET team has developed comprehensive processes and procedures to safely reopen the Conference Center to staff and guests in the future.

2. Cultural Competency and Diversity Education Development Program

WET serves as a primary support to the RUHS-BH Cultural Competency Program in the identification and coordination of training related to cultural competency and culturally informed care. The WET Coordinator and the Cultural Competency Manager 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.

An exciting development was achieved in the 2019/20 fiscal year. Initial and ongoing cultural competency training was made mandatory for all staff and contractors. This new requirement served as a testament to our agency's renewed focus on culturally responsive services. In the previous fiscal year, 67% of our staff and contractors reported completing at least some cultural competency training, with direct-service professionals completing an average of 5.5 hours cultural-related training within a year. This notable achievement was made possible through the Southern Counties Regional Partnership. Through this state collaborative, Riverside County WET and the Cultural Competency teams was able to work with a university researcher and cultural competency subject matter expert to design and execute an assessment of our department's current level of cultural sensitivity and responsiveness. This assessment tool, and the subsequent

results, highlighted areas of strength and areas of needed attention related to cultural training and workforce development. Work on the development of this assessment tool was completed during fiscal year 2017/18. This cultural competency assessment was administered department wide in November of 2018, with the results indicating several areas of strength and a few areas of needed growth. Recommendations for improvement were reviewed and prioritized by our internal Cultural Competency and Reducing Disparities (CCRD) workgroup. The mandate for cultural competency trainings for all staff was the initial step in implementing these recommendations. Under the stewardship and direction of our new cultural competency manager, additional recommendations will be implemented in the coming months and years.

3. Professional Development for Clinical and Administrative Supervisors

Administrative supervisors are the leaders that have to integrate managerial direction into the direct practice settings. Therefore, supervisors hold a unique role in the success of service delivery. It is not an easy job and they require additional support and tools to help reinforce their achievements.

Using data gained from an earlier needs assessment, in addition to updated and ongoing consultation with supervisor leadership in the department, WET developed a comprehensive administrative supervisor training plan. There were initially 5 major components to this training plan, but further consolidation of efforts led to a focus on training, mentorship, and resources. During fiscal year 2019/20, WET conducted 5 special training for supervisors on the following topics: Employee Assistance Programs, Core Competencies for case managers and clinicians, understanding trauma-informed care, effective use of the Learning Management System, and understanding useful practices within change management. These trainings were well received and positively reviewed by the supervisors.

As with our administrative supervisors, our clinical supervisors are also faced with complicated circumstances. As a public service agency, we often hire high numbers of pre-licensed staff whom must receive weekly, legally and ethically required clinical supervision. Often times, these pre-licensed staff require supervision for 1½ to 6 years! So, providing clinical supervision is both a necessity and a burden, especially when considering that there is little training or support to fulfill this role in our agency. Understanding that ubiquitous responsibility, WET worked closely with two nationally acclaimed clinical supervision experts to develop a training plan for clinical supervisors in public behavioral health. The premise of their training plan is rooted in hard science, which

confirms that one is likely to have to serve in the role of clinical supervisor at some point in their career, that clinical supervisors are often ill-prepared to serve in this role, and that clinical supervision is a competency that must be systematically developed and maintained. This is most commonly known as the Competency Based Model of Clinical Supervision.

WET worked with these clinical supervision experts to develop a training plan, which included foundational and advanced training for new and experienced clinical supervisors, a strong focus on skill development and mentorship, along with a Train-the-Trainer element to address sustainability. Once the plan was developed, it was presented as a proposal to the Southern Counties Regional Partnership. In September 2018, the proposal was presented, accepted and funded by the partnership, further lending credibility to this pervasive workforce development deficit. As a result, all 10 southern counties belonging to this partnership benefitted. Initial training of clinical supervisors began in March 2019 and concluded in mid-2020.

Regular feedback from the participants indicated that the experience and materials were well received and that confidence and competence in their ability to provide sound clinical supervision improved. After initial training was completed, the Train-the-Trainer element to address sustainability began and is currently underway. As a direct result of these efforts to improve and standardize clinical supervision, our agency launched a clinical supervision workgroup, we started a clinical supervision consultation group, and we are currently building in-house advanced trainings and supports for new and existing clinical supervisors.

4. Community Resource Education (CRE)

The Community Resource Educator serves as a liaison to key community resource organizations and problem solves resource access issues within the service delivery system, establishes a library of community resource referral applications and promotional materials, and educates both department staff and the community on viable resources to help with consumer and family needs. Additionally, the CRE serves to educate staff on academic and career development programs and serves as department historian regarding department accomplishments, awards, and recognition. Finally, the CRE is responsible for the maintenance of our department's website and social media efforts.

Social media has become the dominant form of communication and interaction among the general population, so our ability to contribute to these social media conversations is critical.

Through the work and leadership of the CRE, Riverside University Health System – Behavioral Health was able to adopt these tools to elevate its presence as a resource and insight into mental health and substance use concerns in our community. Social media allows us to participate in conversations as they are happening. Rather than posting static, one-way messages, we can ‘listen’ to what our consumers are saying and then engage them in relevant conversations.

The pandemic saw significant changes in our social media strategy in 2020. Coronavirus led to more people in isolation, which resulted in a large increase in social media use. WET helped form a social media partnership between RUHS Behavioral Health and RUHS Public Health to share important information during this unprecedented time. Our social media platforms housed medical information, tips and resources directly related to the COVID-19 virus, while RUHS Public Health featured many of our behavioral health resources during the pandemic.

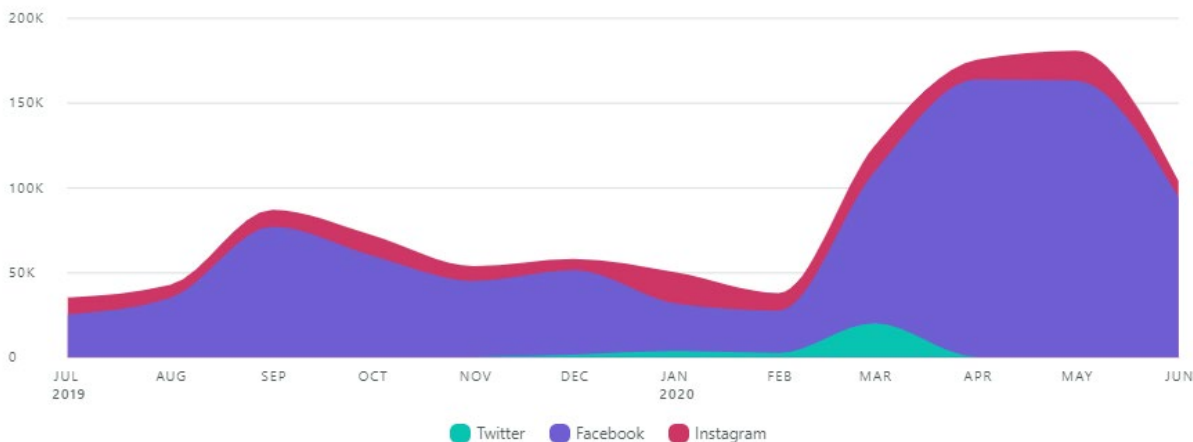
We officially launched Facebook, Twitter, Instagram and YouTube as our first phase into the social media realm in June of 2016. The results have been extremely positive. As of June 30, 2020, we have seen 1,018,919 impressions across all of our social media applications for FY19/20 compared to 863,200 impressions across all of our social media applications the prior fiscal year, showing a household reach increase of 13% versus the previous fiscal year. Impressions are the number of times a post from our page is displayed on someone’s feed. In particular, Facebook has grown to almost 2180 “fans,” a 50.8% increase over the prior year. The community has viewed our videos over 32,000 times to date. Resource content posted on our feeds (measured as “Engagements”) has been “liked,” “shared,” or commented on over 83,930 times, showing a 3.4% increase over the prior year.

Cross-Network Performance Summary		
View your key profile performance metrics from the reporting period.		
Impressions ⓘ 1,018,919 ↗13%	Engagements ⓘ 83,930 ↗3.4%	Post Link Clicks ⓘ 2,559 ↗142%

Cross-Network Impressions

Review how your content was seen across networks during the reporting period.

Impressions, by Month



Impression Metrics	Totals	% Change
Total Impressions	1,018,919	↗ 13%
Twitter Impressions	27,188	↘ 47.5%
Facebook Impressions	854,011	↗ 32.1%
Instagram Impressions	137,720	↘ 32.2%

Audience Metrics	Totals	% Change
Total Audience	2,919	↗ 61.5%
Total Net Audience Growth	1,085	↗ 11.5%
Twitter Followers Gained	46	↗ 820%
Facebook Page Likes	810	↗ 50.8%
Instagram Followers Gained	343	↘ 47.4%

We are also continuing to expand the use of our Snapchat account. Snapchat is incredibly popular with young people. This is what makes Snapchat different from other social media apps such as Instagram or Facebook, and why we chose to focus time and attention on its development. Snapchat targets teens, middle school-aged children, high school-aged individuals, and college-age adults. This platform out-performs other social medial apps in regard to reaching these specific populations. We use Snapchat in partnership with our

Transitional Age Youth (TAY) programs. In 2019/20, we recorded over 9,000 views. As our social media presence, content, and discussions grow, we expect it to reach even more consumers and family members in the future. Community is more important than ever, and social media is a powerful tool in building and maintaining our connections.

WET is now in its fourth year of an online collaborative platform called iConnect. Using Microsoft SharePoint technologies, we began cataloging and centralizing a searchable library of resources that can be used across the service delivery system. The platform also allows collaboration among staff by taking advantage of tools such as calendar synchronization, online discussion boards and personalized sections for programs. The result is an electronic hub that staff can utilize to access resources, information, and experiences that were not previously accessible in a timely, efficient manner due to our agency's geography and infrastructure. The software was beta tested at one program and has since been rolled out slowly to other clinics and programs across the service delivery system. Due to the pandemic, our clinics and programs had to find different ways to connect with the existing service delivery system. Because of this, we saw an increase in the use of our iConnect platform. To date, there are 509 users taking advantage of over 1,500 collected resources.

We are in the third year of our staff recognition program. The hallmark of this program was the creation of an electronic platform where both staff and consumers have the opportunity to recognize good work happening in our agency. Recognition is important because it creates a work environment that helps employees feel good about what they do and about each other. In addition, the program starts and maintains a culture of empowerment. When staffs' strengths and positive attributes are emphasized, developed, and nurtured, this ultimately enhances their performance in a recovery-based service delivery system. This program's features an ongoing, year-round formal recognition process and options for spotlighting extraordinary stories with department leadership, participation in an organization-wide Employee Appreciation Month, a ritualized formal recognition process coined "Nurturing Hope", and the further development of a Department Historian.

The first phase of the employee recognition program began in February 2018. The formal recognition process launched with a web portal that allows staff throughout the department to give recognition to another employee that is then shared with the recognized employee's direct

manager or supervisor. Since the first phase's inauguration, we have seen over 1,000 submissions of employees recognizing their peers.

In 2019, we expanded the Employee Recognition Program to include 5-minute videos highlighting the recognition winners selected. The videos highlight both the winner, and the individuals who nominated the staff member. These tasteful and crafty videos retell the story and share the good work that staff are doing. As we move into 2021, the CRE has begun the next phase of the Employee Recognition program: the Nurturing Hope phase. The “Nurturing Hope” phase will provide supervisors with recognition training, toolkits, and other best practice materials that suggest ritualized activities that can be used at monthly or weekly staff meetings. The Nurturing Hope phase aims to develop an ongoing culture of thanking people, strengthening work relationships, and reinforcing bonds with staff members using a toolkit as a blueprint. This, in turn, will increase positive emotions that translate into a feeling of camaraderie in the workplace, a sense of mission, and a willingness to understand each other.

5.Crisis Intervention Training (CIT): Law Enforcement Collaborative

RUHS-BH collaborates with local law enforcement (LE) agencies to enhance officer training and improve interactions and outcomes with people experiencing mental health issues and/or crises. CIT in Riverside County began through the efforts of a committee made up of Behavioral Health and Medical Center professionals who set out to develop, evaluate, revise, and provide training to sworn and correctional staff within Riverside Sheriff's Office (RSO) and Riverside Police Department (RPD).

CIT has grown to be more than just training and now includes comprehensive programming too. The CIT Program is coordinated, managed, and directed by a CIT team consisting of one full-time CIT Internationally Certified CIT Coordinator and one full-time clinical therapist. The CIT Program's expansion ensured that any First Responder agency and/or justice-involved professional could obtain CIT training through the Sherriff's Department. These foundational trainings teach ways to increase effectiveness and safety when encountering individuals experiencing mental health issues crises. The CIT Program is designed to provide First Responders with a variety of tools to utilize when they come in contact with individuals experiencing mental illness. It is also a training that highlights the importance of First Responder's safety and the overall safety of the community. Further, the CIT Program models

and emphasizes the importance of interagency collaboration and the benefits of utilizing behavioral health and community resources.

During this period, CIT expanded the courses offered to include a 16-hour Crisis Intervention Training/Corrections Crisis Intervention Training (CIT/CCIT), an 8-hour CIT course, a suicide awareness training titled safeTALK, a suicide prevention training titled ASIST, a basic educational training about mental health titled Mental Health First Aid (MHFA); and a training to encourage someone to accept treatment titled L.E.A.P. Additionally, the CIT Program created custom training materials when requested. The audiences for this menu of trainings include law enforcement, correctional deputies, 911 Dispatchers, Chaplains, Fire personnel, Paramedics, Code Enforcement, Probation personnel, Department of Social Services, School Police and Security, District Attorneys, other community agencies, and criminal justice professionals.

Specific CIT Program trainings are certified by the Commission on Peace Officer Standards and Training (POST) and the Board of State and Community Corrections (BSCC) for continuing education credits for law enforcement professionals. These certified trainings are instructed by the CIT team and a law enforcement partner, with guest speakers representing community partners such as the VA, Vet Centers, Recovery International, and these RUHS-BH programs: Parent Partners, Family Advocates, Consumer Affairs, Housing, Transitional Age Youth, and Crisis Response Teams. The professional trainers facilitate learning on the bulk of the core content. This content is enhanced, enriched and validated through the lived experience testimonies of guest speakers. Guest speakers share resources with First Responders' and allow the audience to ask questions about lived experiences. Sharing lived-experiences can help normalize mental health issues for First Responders. Guest speakers also glean information about best practices when collaborating or interacting with First Responders and will bring that information back to educate their program and community.

During 2019/2020, the CIT Program trained approximately 850 students. Highlights include:

- Riverside Sheriff developed, mandated and implemented the ICAT (Integrating Communications Assessment and Tactics) course. This course provides an intermediate/advanced perspective on handling persons in crisis who have a weapon other than a firearm. The CIT Program provides instruction and evaluation of response in this scenario-heavy course.

- The Corona Police Department requested to have all of their officers CIT trained. As a result of this partnership, this local police department was also connected with our agency's Crisis Support System of Care to promote collaboration and improved community responsiveness. The CIT Program continues to empower multiple First Responder agencies to strengthen relations and seek out available resources and connections that can improve law enforcement responses to the behavioral health-related crisis.
- The CIT Program Coordinator was also assigned to supervise the Community Behavioral Assessment Team (CBAT). In this co-responder crisis response model, a partnered officer and therapist respond to 911 behavioral health-related crisis calls. During this fiscal period, CBAT expanded from 2 teams to 7 teams. As a result, the CIT Program has continued to expand its influence to guide training recommendations and mandates for law enforcement and mental health professionals in CBAT and other crisis and outreach/field programs. Riverside County recently approved the addition of 9 more CBAT teams in the future.
- The CIT Program implemented the new, mandated 22 hours of behavioral health-related instruction for our county's Correctional Academy
- With the global pandemic, many courses were canceled after the beginning of 2020. The CIT Program supported local LE agencies in adopting virtual training formats and exploring options.

Looking forward, in addition to continuing with currently implemented courses, CIT will begin:

- Transitioning specific courses to a virtual format
- Providing instruction for the Riverside Probation Department – Adult and Juvenile Divisions Academy training
- Providing additional instruction for the Sheriff's Department including the topics L.E.A.P. and How Being Trauma-Informed Improves Criminal Justice System Responses

- Providing direction and instruction for standardized training requirements for all CBAT staff
- Providing “Reverse CIT” Training Series. This training will instruct county staff and county agencies/stakeholders on best practices for engaging with Law Enforcement. This is an effort to promote effective, safe and progressive collaboration between the community and local Law Enforcement.
- Researching and designing courses related to cultural diversity, self-care for crisis workers and First Responders, and trauma-related topics.

WET-03 Mental Health Career Pathways

This work plan is designed to provide community members with the information and supports necessary to identify educational or professional career pathways into the public behavioral health service system. These actions/strategies help create accessible career pipelines aimed at expanding and diversifying our workforce in ways that better meet our communities’ needs. Actions/strategies within this work plan are:

1. Consumer and Family Member Mental Health Workforce Development Program;
2. Clinical Licensure Advancement Support (CLAS) Program; and,
3. Mental Health Career Outreach and Education

1. Consumer and Family Member Mental Health Workforce Development program

Consumer and family member integration into the public mental health service system continued to expand. WET continues to support the administration of the Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment Training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer related duties. See the Consumer Affairs update in this report for more information on those programs.

2. Clinical Licensure Advancement Support (CLAS) Program

The Clinical Licensure Advancement and Support (CLAS) Program was designed to support the Department's journey level clinical therapist in their professional development and preparation for state licensing. Associate therapists that were within 1,000 hours or less from being eligible to take the state licensing examination were invited to join the CLAS Program. Participants received one on-line practice test material, a one-hour weekly study group, and customized workshops on critical areas of skill development.

There are two primary reasons that WET wanted to focus specific resources and attention on this part of our workforce. First, this strategy promotes retention of a critical component 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.

Our CLAS Program cohort is increasingly diverse and WET has the opportunity to introduce rigorous training, education and mentorship to support their professional development and competency development. WET began more carefully tracking demographic data on participants in this program and the results are promising. Of the accepted applicants during fiscal year 2019/20, sixty-one (61) percent of the participants are non-Caucasian, with the largest racial/ethnic group being 38% Hispanic. Thirty-two (32) percent are bilingual in English and Spanish, and the most representative age group was those 30-39. Of the 245 people who have completed the CLAS Program, 64% have stayed with the Department after obtaining their license. The new applications for the program that were accepted dropped minimally from 29 in fiscal year 2018/19 to 26 in fiscal year 2019/20.

Enhancing the CLAS Program after the transition to virtual services during the pandemic posed unique challenges. But WET persevered. The program enhancements added during fiscal year 2019/20 included virtual mini-lessons aimed at skill sets and knowledge that would be applicable to staff as County employees as well as for their future licensing exams, a virtual study group available to every participant throughout the county, and more consistent mentorship and follow up for those who were taking longer than expected to get licensed. The mini-lessons, now virtual, were the most successful of the interventions added, with steady attendance at the bi-monthly events. The virtual study group was attended more consistently, in part, because of the elimination

of travel time. Participants appreciated the one-on-one attention received in the mentorship/coaching, and were excited to report to program leaders when they passed their licensure exams.

Future goals for the CLAS Program are two-fold, one a continuation from last year's report; that is to reduce participants' time in the program to obtain their clinical license. The second is to reimagine the benefit of the free online practice test material. Current ideas include partial reimbursement for other test prep materials preferred and purchased by staff, or a new benefit that may not include a financial incentive. WET continues to refine the CLAS Program to improve outcomes.

Testimonial: *"The CLAS Program was beneficial in preparing me to successfully pass the licensure exam by providing an opportunity to learn new theories, review case presentations to familiarize myself with differential diagnoses, as well as the didactic portion that reviewed test prep information as well as other enriching topics that were helpful. I hope other clinicians have the opportunity to participate in this program, as it's guided to support and educate clinicians to continue progressing and improving their skills."*

3. Mental Health Career Outreach and Education

This action item includes different strategies designed to promote careers in behavioral health, to help support local career pipeline efforts, to provide accurate information related to mental health and to, in general, reduce stigma wherever we can in the communities we serve. Historically, our mental health career outreach strategies have mostly targeted local high school and community college students.

Support for our local high schools and health academies continued during this period. We increased our presence in the community by teaming up with a local program called Moving in New Directions (MIND) to provide psychoeducational presentations to juniors and seniors in local high schools. This program targets at-risk students interested in the field of behavioral health. Each semester we scheduled three presentations. These presentations reached approximately 150 students over two high school campuses. We customized presentations to meet school requests and student interests. Current presentations include Careers in Mental Health, Introduction to Psychosis, and Healthy Relationships.

MHSA is Action!

Workforce Education and Training

Riverside University Health System-Behavioral Health Department--especially, Michelle Downs-- has been a great partner and supporter of the MIND's program goals. With Michelle's assistance, we have increase the number of students that are willing to get into a mental or behavioral healthcare career. To be precise, fifty percent of all the students that participated in the MIND program are now willing to take the steps to pursue a Behavioral or Mental Healthcare career. A change on campus climate was observed and the students were looking towards working on a mental health awareness campaign for their campus. The presentations delivered by the RUHS Behavioral Health department have been easy to understand, easy to relate, easy to learn and easy to enjoy for our youth and the school staff. The approach to high school students has changed, as well as their access to mental and behavioral health topics thanks to our partnership with RUHS."

Mayra M, Program Manager, Reach Out.

MHSA is Action!

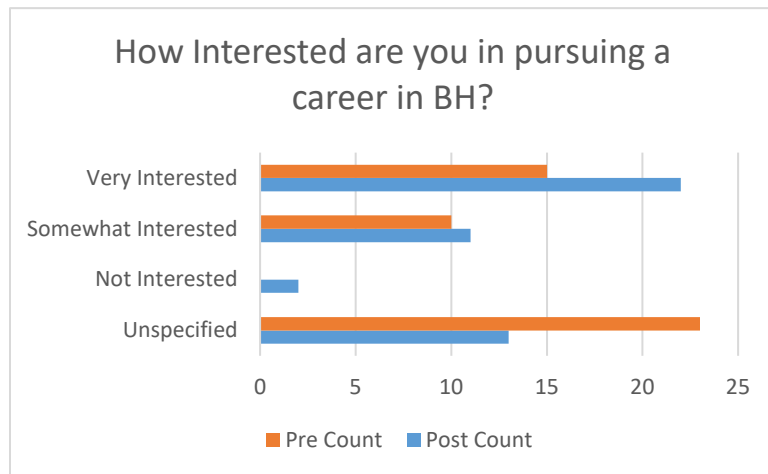
Workforce Education and Training

When Michelle delivered the Healthy Relationships training I had a couple of students that were asking questions quite often. They talked to me when we finished and let me tell you, she delivered the information to the people who needed it the most. She touched those students and made a change happen just there.

Jim W. Sports Medicine Teacher at Corona High School.

When the pandemic created a disruption in reaching students in the spring months of 2020, we developed an online, interactive curriculum titled "Coping with Grief during COVID-19," which addressed the disruption in traditional high school activities such as prom and commencement. This curriculum was distributed throughout local schools. The effort was successful. We reached over 300 "clicks", with many positive comments about the quick response, the worth of the content, and the easy access for the students.

Uncertainty in how schools would manage the pandemic impacted typical communication and networks. However, keeping an open mind and brainstorming with community partners and teachers, viable virtual options were identified. An example of this was our yearly participation as sponsors and guest speakers at the local Health Professions Conference hosted by the Inland Health Professions Coalition. This past fiscal year, we participated in a virtual version of the conference and enjoyed connecting with 48 students. Data collection showed a marked increase in students' interest in behavioral health careers as a result.



WET also has a strong history of working closely with local community colleges and universities to provide support to their career development programs. This past fiscal year, we partnered with the University of California Riverside’s Future Physicians Leadership program by participating in their symposium at their Palm Desert campus as guest speakers of careers in behavioral health. In addition, we participated in a round of mock interviews for the same program, serving about 30 students. We established new relationships with California University of Science and Medicine (CUSM), Moreno Valley Community College, and Mount San Jacinto Community College (Menifee Campus), providing presentations on Careers in Behavioral Health at their campus, serving an average of 40 students per presentation.

We also participated in the “Mental Health Matters Webinar Series” sponsored by OneFuture Coachella in May 2020. The audience was a combination of high school and community college students interested in pursuing a career in behavioral health. This year, we have improved our support for our desert region by reengaging in regional workgroups that target career pipeline development throughout the Coachella Valley.

Career pipeline activities are not limited to classrooms and students. Our Volunteer Services Program has been a cornerstone of our career pathways programming since 2010. Due to staffing changes and the response to the public health crisis, volunteer programming stalled for most of the 2019/20 fiscal year. In late 2020, WET was able to recruit and hire a new Volunteer Services Coordinator (VSC) to develop and relaunch this natural pipeline for career development. Historically, the Volunteer Services Program thrived, averaging over 120 volunteers each year that served thousands of hours in our clinics and at special community events. Recent data shows that nearly one third of our volunteers go on to become employed with our agency, further securing the importance and impact of this program. We are excited to welcome the safe return of volunteers in the near future.

As we look toward the future and continue our outreach efforts, we are making plans to stabilize our volunteer programming, continue to build more partnerships with community colleges, offer more externship and mentorship options, increase our presence on local advisory committees and customize our trainings to reach greater minority populations. The next five years will also bring greater focus on strengthening local pipeline and career awareness projects that extend

into the K-12 education systems and that offer increased financial incentives to promote public behavioral health career choices.

WET-04 Residency and Internship

This work plan is designed to create opportunities for new professionals in our communities to learn and train with local public behavioral health. Well-structured and organized residency and internship programs also serve as effective recruitment and retention strategies. Residency and Internship programs have long been the heart of practitioner development. These programs are structured learning experiences that allow participants to provide service to our consumers and community while also meeting academic or professional development goals.

RUHS-BH Residency and Internship Actions include:

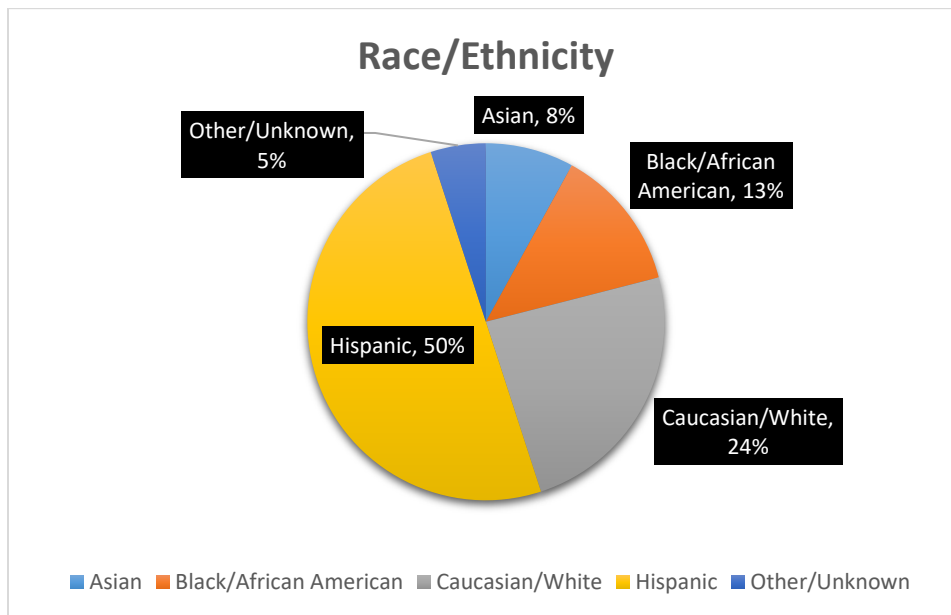
1. Graduate Intern, Field and Traineeship (GIFT) Program
2. Psychiatric Residency Program Support
3. The Lehman Center Teaching Clinic (TLC).

1. Graduate Intern, Field and Traineeship (GIFT) Program

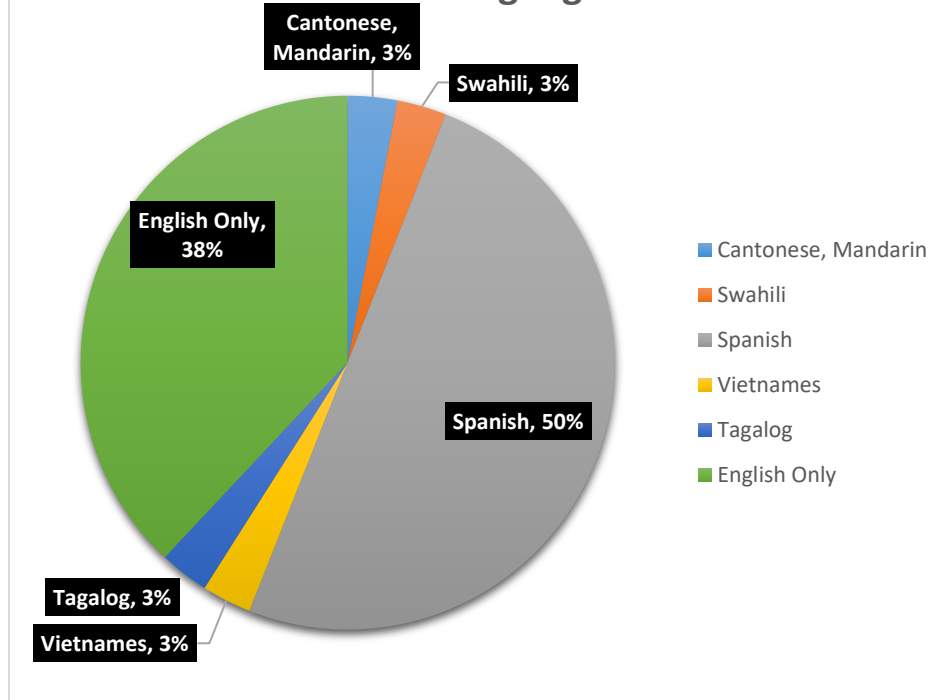
Graduate social work programs have repeated the same slogan since their inception: Field is at the heart of social work. WET realizes that the practical orientation to working with consumers and families is central to the development of any behavioral science student's education, not only to give them the confidence and competence of basic skill, but to set the values and ethics that will form their ongoing service. WET recognizes that the Department's student programs are not just about creating a larger pool of job applicants, but rather a larger cohort of well-rounded, successful, and recovery-oriented partners in transformation.

The WET Graduate Intern, Field, and Traineeship (GIFT) Program remained one of the most highly sought training programs in the region. The Department is the largest public service, formal internship program in Riverside County. The Staff Development Officer of Education interviewed every applicant, screening to identify students who met MHSAs values and Department workforce development needs: were passionate about public, recovery-oriented service; committed to the underserved; who had lived-experience as a consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County.

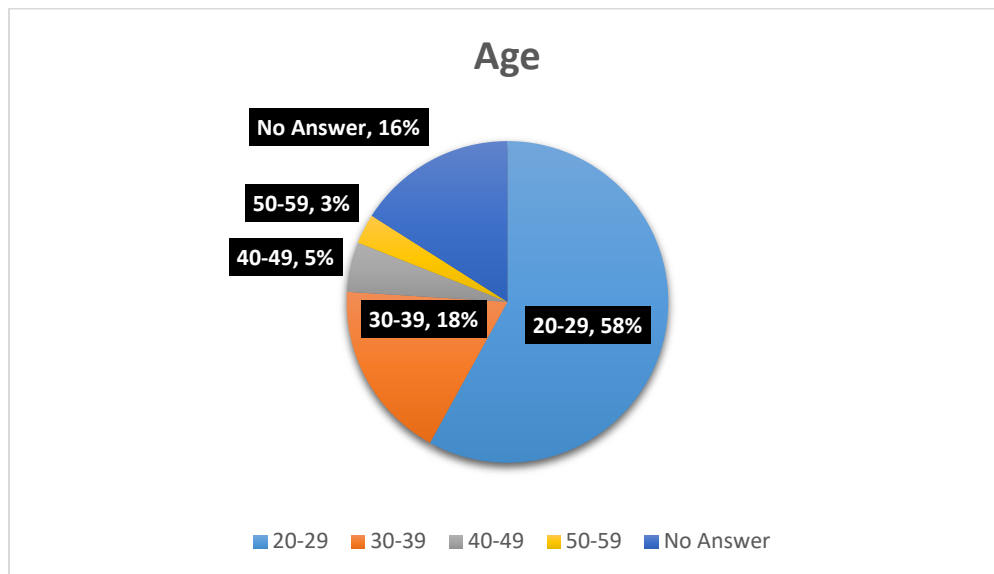
WET had affiliation agreements with more than 20 educational institutions, including most regional graduate program that have a specialty in Mental Health. In Academic Year 2019/20, the GIFT Program had over 100 applications and coordinated internships for 37 human services students. Fifty percent of this cohort was bilingual in Spanish and many had lived experience as a consumer or family member. Fifty percent of the cohort identified as Hispanic/Latino, 13% identified as African American and 8% identified as Asian American.

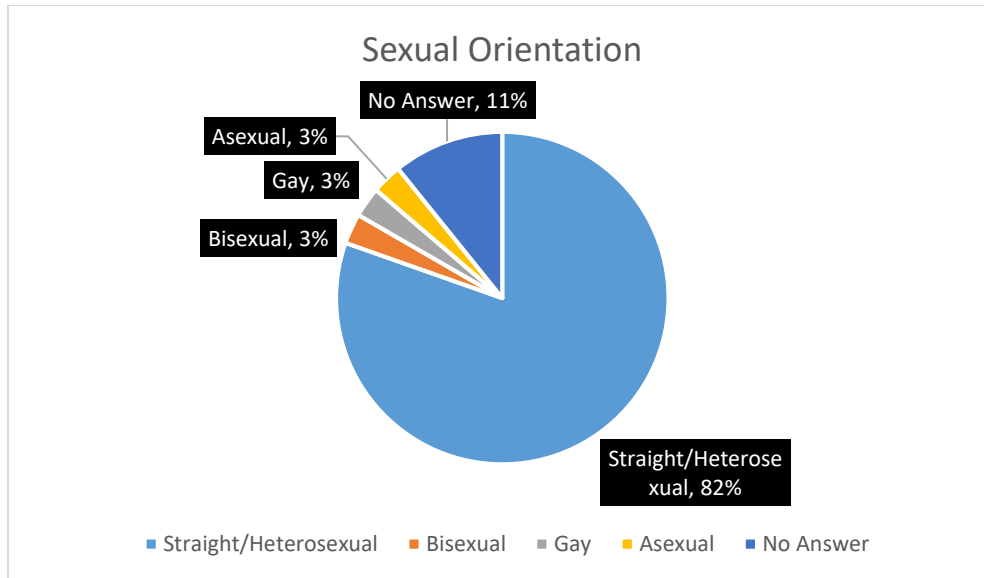


2nd Language



Age





Each student committed to, and received, over 80 hours pre-placement training to enhance their field learning in behavioral health. These trainings were coordinated and conducted by WET in partnership with Quality Improvement staff and included: Welcoming and Orientation to Department Mission; Recovery and Service Delivery Structure; Psychosocial Assessment and Differential Diagnosis for both Adults and Children; Non-Violent Crisis Intervention and Mental Health Risk; and Electronic Management of Records (ELMR) and standards of documentation. In the 2020/21 academic year, we required all student interns to complete the federally recognized *Improving Cultural Competency for Behavioral Health Professionals* online training to promote culturally and linguistically responsive care.

In addition to the initial training and orientation, all students received weekly individual supervision and WET staff provided nearly 45% of the field supervision required by the students' universities. WET also served as a central backing for all members of the learning team: the clinic field site, the student, and the university. This allowed for standardized support, monitoring, and oversight.

The Department's 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 – not only meeting the workforce development needs for this hard-to-fill job classification but confirming that the WET GIFT Program had prepared them to succeed in public mental health service. Data indicates that the GIFT Program students also have a higher retention rate than employees hired outside of this

intern experience. The WET Steering Committee also noted that graduates of the GIFT Program have been a recognized asset to our service delivery system.

GIFT Program continues to refine and expand its programming. Work is currently underway to sharpen the student recruitment and selection process to meet changing/growing workforce needs especially in the realm of integrated care. Opportunities to gain relevant education and training within primary healthcare settings are currently being investigated. Enhancing cultural and linguistic training opportunities for students is also a leading focus. In 2020/21, we developed and offered a Spanish clinical group supervision option for our students.

The most unexpected and challenging circumstances were brought on by the pandemic. The GIFT Program had to quickly convert all in-person tasks and activities to virtual platforms for safety reasons and to meet public health guidelines. This caused unexpected delays in communication, processes, exposed barriers related to accessing needed technologies, and uncovered a host of logistic, clinical and ethical dilemmas. Each of these challenges brought opportunities to carefully evaluate the need and to develop a creative solution. Overall, the GIFT Program was highly successful in exercising the creativity and flexibility needed to adapt to an unprecedented circumstance.

Finally, WET has enjoyed many years of consistent support and endorsement of our student programming by our Steering Committee. We continue to advocate for improvement in the retention of GIFT Program graduates as employees. Though the department supports this program as valuable and necessary to achieving our workforce development goals, WET data suggests that we could achieve better recruitment outcomes with the GIFT Program. The GIFT Program allows our Department an extensive period to evaluate the work ethics and skills of interning students; students who have learned our policies, procedures, and electronic record system. These students are often more loyal to the Department, as they have established mentors and relationships within our system. Yet, even in times of position demand, we under-hire from this recruitment pool.

2.Residency Training Program

The Residency Training Program in psychiatry is fully accredited and is a partnership between the UCR School of Medicine and the RUHS-BH. It is administered through the office of the Medical Director and financially supported by WET funding. Though WET does not directly manage this program, our team provides a range of professional supports to the Residency Program in an effort to improve the development of psychiatrists dedicated to public service. Residency

programs provide the post-M.D. training required for physicians to become fully independent and board certified in their specialties. Psychiatry training programs are four years long and, during that time, residents provide patient care under the supervision of attending physicians who are faculty of the residency program.

Inland Southern California has a severe shortage of psychiatrists and the goal of this residency training program is not only to train new psychiatrists, but also to recruit quality psychiatrist to have careers with RUHS-BH. Physicians tend to practice in the same geographic region where they completed their residency. Residents train primarily in the inpatient and outpatient facilities of Riverside County, including the psychiatry department of the Riverside County Regional Medical Center and the outpatient clinics of the RUHS-BH. The four-year program enrolls four or more residents each year. A distinctive feature of the training program is the integrated neuroscience research curriculum in collaboration with UCR faculty, where these future psychiatrists learn about advanced technologies.

3. The Lehman Center Teaching Clinic (TLC)

The Lehman Center (TLC) is a teaching clinic staffed by highly qualified licensed professionals who teach and supervise student practitioners who are training to serve in our system of care. TLC proudly opened its doors in October 2014. Named after Judy Lehman, the retired Department Supervisor who helped found the centralized student placement coordination; TLC is an innovative training clinic that offers both traditional and advanced training options for the students selected each year. TLC is a single clinic with two campuses – one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice.

During the 2019/20 academic year, TLC trained 12 student practitioners. Because many of these students were bilingual/Spanish therapists, TLC served Spanish-speaking clients who would have otherwise experienced delays in receiving services. Additionally, TLC continued to offer specialized programming to meet the prevention and early intervention needs of the LGBTQ community. Students co-facilitated support groups for LGBTQ youth focused on identifying cultural strengths, connecting with community, and building resiliency. Students from this program also supported community presentations at local high schools and for department staff.

Fiscal year 2019/20 can be summarized in two words- resilient and flexible. The impact of the unfolding pandemic reached our teaching clinic toward the end of an academic year. Universities and agencies scrambled to evaluate and respond to paramount safety needs which resulted in students being quickly transitioned to telecommuting roles with little planning or support. TLC had to adapt the structure, location, technology, training and services provided to help meet graduation requirements for these students and the clinical needs of the clients they served. Though TLC was able to safely transition both students and clients, there was a shared understanding of loss. After graduating one student cohort in June 2020, TLC swiftly turned its attention to evolving the program to include safety protocols, remote learning, and telehealth opportunities for the next cohort of incoming student interns.

MHSA is Action!

Workforce Education and Training

I had an exceptional clinical internship experience at The Lehman Center Children's Campus during my Masters of Social Work program at California Baptist University. The Lehman Center truly goes above and beyond to prepare their students as clinical therapists in the workplace. I developed clinical skills through the myriad of trainings offered and within individual and group supervision by experienced licensed professionals. I had the privilege to apply the skills I learned with my own clients during assessments, individual therapy, and group sessions. The Lehman Center not only emphasizes the development of clinical skills, but also practical and professional skills to prepare students for their career. I feel confident in how I present myself professionally, using clinical language, and applying high documentation standards in the workplace. I am very thankful for The Lehman Center for preparing me to be the best social worker, clinician, and professional I can be." Lauren W, MSW

WET-05 Financial Incentives for Workforce Development

This work plan is designed to offer financial and academic incentives to support workforce development efforts. The purpose in offering financial and academic incentives for workforce development is twofold; the long term retention of quality employees and fostering a qualified workforce that is committed and prepared to serve in public behavioral health. WET approaches financial and academic incentives strategically; we focus on filling unmet workforce needs specific for our agency as well as maximizing workforce development funding investment. Financial and academic incentives currently include:

1. 20/20 & PASH Program
2. Tuition and Textbook Reimbursement

3. Mental Health Loan Assumption Program (MHLAP)
4. Licensed Mental Health Services Provider Education Program (LMH)
5. National Health Service Corp (NHSC)

1. 20/20 & PASH Program

The 20/20 & PASH Program is designed to encourage and support Bachelor Degree level employees to pursue graduate study preparing them for Clinical Therapist I job openings. WET inherited management of the 20/20 Program in 2007. Program records indicated that 14 Department employees had entered the program from 1992 to 2007.

Due to fiscal constraints, the program was suspended from new applications from 2008 through 2010. The program was reopened in fall 2011. With WET recommendation, the Department expanded the targeted areas of workforce development beyond bilingual/bicultural skills to include certified skills in treating chemical dependency, developmental disabilities, or acute physical health. Additionally, applicants scored higher if they demonstrated a commitment to work in the hard to recruit geographical area of Blythe. WET also developed the Paid Academic Support Hours (PASH) phase of the 20/20 Program in order to support employees who were accepted into part time, graduate school programs.

The program parameters were revised in 2013, 2016 and again in 2019 in order to strengthen the program, to streamline the application process and to enhance quality selection. Significant changes were made to the selection process, number of candidates to be accepted and the payback agreement. WET wanted to increase the years of retention of 20/20 employees and address long-term shortfalls in DBH leadership due to retirement. National research on the public mental health service system reported that turnover was concentrated in the first 2 years of employment. To capture the most vested candidates, employees were required to have a minimum of 2 years of DBH service to qualify for the 20/20 Program as opposed to simply passing probation. Applicants also had to complete a quality appraisal interview with WET before progressing to selection interviews with the Assistant Directors. The quality appraisal process included a review of applicants' interests and aptitudes for DBH leadership. Further, WET increased the level of support and oversight of program candidates to promote success and ensure compliance with program regulations. This led to greater efforts to help employees and in a few cases, it led to a participant being released from the program. In 2019 and again in

2020, the number of total candidates accepted was capped at 3, and the payback agreement for those accepted was extended to 5 years.

From 2012 to the present, the department has enjoyed an increase in both interest and number of applicants for this program. In general, employees who complete the 20/20 Program remain employed with the department. From 2012 to 2020, 42 employees were accepted into the program, and 32 continue to serve in the Department.

Year	Accepted into program	Currently working for department
2012/13	3	2
2013/14	5	2
2014/15	5	3
2015/16	6	5
2016/17	10	8
2017/18	7	6
2018/19	3	3
2019/20	3	3

2. Tuition and Textbook Reimbursement

Riverside County encourages the development of Department sponsored Tuition Reimbursement to support employee skill development and create pathways to career advancement. WET developed and proposed an infrastructure to manage a Tuition Reimbursement Program. Partnering with central Human Resources' Educational Support Program (ESP), WET implemented the Tuition Reimbursement Program at the start of 2013.

In the last three years, our Department has seen a significant increase in employee interest and application to this program. Since its inception in 2013, there have been close to 100 employees who have accessed or benefitted from Tuition and Textbook Reimbursement. Degrees and certificates range in topic from clinical degrees, accounting, business and public administration, computer science as well as substance abuse counselor certifications. The program has two components designed to address separate Department needs:

PART A: Authorizes employees to seek reimbursement for earning a certificate or degree that creates a promotional pathway or would increase their

knowledge in their current position, but is not required for your job classification. Employees apply to ESP and complete vocational testing that matches employee interest in a related academic degree with a Riverside County career. Only upper division coursework is reimbursed. To incentivize academic success, WET added that tuition reimbursement is contingent on the grade received in the coursework.

PART B: Authorizes employees to seek reimbursement for completing individual coursework and is managed by WET. County policy allows Departments to authorize payment of coursework up to \$500. Employees who seek higher education on RUHS-BH job related subjects can attend the individual courses that will enhance their abilities to serve and perform. PART B also provides the employee that is ambivalent about school an opportunity at a “school trial” to ascertain if education advancement is comfortable and manageable. Employees seeking education across technical, administrative, and clinical areas of study are eligible to apply.

See the table below outlining amounts awarded each fiscal year since inception:

Year	Awarded
FY 13-14	\$47,418.47
FY 14-15	\$49,389.36
FY 15-16	\$42,059.91
FY 16-17	\$65,187.05
FY 17-18	\$70,197.22
FY 18-19	\$113,827.77
FY 19-20	\$58,638.96

3. Mental Health Loan Assumption Program (MHLAP)

The MHLAP is a MHSA workforce retention strategy for the public mental health service system. Both Department employees and service contractors were eligible to apply. Managed Care contracts were excluded. This program was administered through the Health Professions Education Foundation. Each county designated hard-to-fill or retain positions that qualified for

eligibility. It was an annual, competitive application process. Selected applicants could be awarded up to \$10,000 in student debt reduction in exchange for a year of service in the public mental health service system. Awardees could be selected up to six times.

Over the course of this loan repayment program, Riverside County behavioral healthcare staff and contractors were awarded 516 times totaling close to four million dollars in qualified loan repayments.

Year	Applications Received	Applications Reviewed	Awards Provided	Total award money
2009	28	28	13	\$135,583
2010	16	16	15	\$125,700
2011	61	55	33	\$251,400
2012	68	68	57	\$500,000
2013	72	68	58	\$528,941
2014	101	92	78	\$547,996
2015	159	137	92	\$612,547
2016	114	99	88	\$700,596
2017	136	123	82	\$561,128

Though this program was wildly popular and one of the most successful recruitment and retention strategies offered through MHSA, funding for the MHLAP ended in fiscal year 17/18. In 2019/20, the Office of Statewide Healthcare Planning and Development released one-time grant monies to reinvest in public behavioral health workforce development. Part of this funding is reserved for future loan repayment programming.

4. Licensed Mental Health Services Provider Education Program (LMH)

The LMH is another MHSA workforce retention strategy for the public mental health service system. This program is also administered through the Health Professions Education Foundation. It has an annual, competitive application process. Selected applicants could be awarded up to \$15,000 in student debt reduction in exchange for two years of direct service in the public mental health service system. Applicants can be awarded up to three times.

To be eligible for the LMH, the applicant must be in a direct service position. Despite the title, both registered and licensed practitioners are eligible, making this loan repayment program one of the most accessible to staff. Like with the MHLAP, WET has made targeted efforts to promote the LMH and to support applicants in the process of applying with the intention of increasing the number of applicants and the number of awards for Riverside's public behavioral health employees. For FY 2019/20, 37 Riverside County workers were awarded more than \$475,000 in eligible loan repayments!

5. National Health Service Corp (NHSC)

The NHSC offers loan repayments for licensed health providers (Licensed Clinicians, Psychologists, Psychiatrists, and Nurses). The NHSC offers between \$40,000 and \$60,000 in loan forgiveness in exchange for a two or three year service obligation. In 2018/19, the NHSC expanded loan repayment programs to include master-level, licensed or certified substance use practitioners. We continue to work with our NHSC representative to maintain ongoing eligibility for our qualified sites. Currently, we have 6 RUHS-BH staff members benefitting from NHSC programming.

The mission of the NHSC is to provide incentives for professionals to work in rural and underserved areas. Award eligibility is based on the location of the employee's clinic. The NHSC determines eligibility by reviewing the evaluation scores established through the Health Professional Shortage Area (HPSA) application process. Employees who serve in programs located in a HPSA that scored at 14 or above are good candidates for application.

Program eligibility has changed over time based on available funding and political philosophy. Throughout the fiscal year 18/19, as RUHS-BH programs began integrating into physical health care sites, we sought collaborate with these sites to leverage our NHSC efforts in order to sustain, improve and expand opportunities for staff serving in these integrated sites. Our agency understands that a partnership with RUHS- Medical Center and Community Health Care clinics will strengthen these agencies' HPSA scores, thus increasing these agencies' ability to serve communities through recruitment and retention of talented medical and behavioral health staff in rural and underserved areas of our county. Working in collaboration with our partner agencies also allows for an increase the number of clinics and staff that are eligible for NHSC loan repayment programs. Our Department is continuing its efforts to collaborate with partner agencies and is currently maintaining certification of existing sites.

Capital Facilities and Technology (CFTN)

Capital Facilities

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.

Riverside Hulen Safehaven – The Place – Renovation

The Place, located in the City of Riverside, opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry, shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center safehaven operates all year long, 24 hours a day, 7 days a week, and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The Place is 13 years old. The population served has changed over time. The remodel will also add clinical space to provide more on-site mental health and substance use disorder treatment services.

RUHS-Behavioral (RUHS-BH) is working in cooperation with the City of Riverside to renovate the leased facility to utilize and expand the space and modernize the facility.

Roy's Behavioral Health Oasis

In 2017, Riverside County proposed and approved an MHSA Amendment to our Capital Facilities component plan. Riverside County plans to convert a homeless shelter (Roy's Place) into a large Adult Residential Facility with a 92-bed capacity.

It is located in a commercial building that also houses outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project developed a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished bays) was remodeled for use as a 92 bed licensed adult augmented, residential care facility.

The facility is located in North Palm Springs. It is approximately 5 miles from downtown Palm Springs and 10 miles from Desert Hot Springs. There is limited access to public transportation lines; however, the transportation is provided by the residential care facility operator a part of the condition of their license and contract.

The facility opened in August 2020. HHOPE Administration and the Desert Adult Services Region manage the related programs

Arlington Recovery Community

Riverside University Health System – Behavioral Health (RUHS-BH) is in the Request for Proposal (RFP) process. Construction is currently underway and the projected completion date is October 1, 2021 and the grand opening date is projected November 1, 2021. RUHS is to select a single agency to provide co-ed behavioral health services at the Arlington Recovery Community (ARC). The ARC is a 54-bed residential facility, with an adjacent sobering center, which will provide the necessary continuum of care treatment and wrap-around support that assists in the prevention of incarceration with the intent to break the cycle of re-offending and re-incarceration. The ARC will be a fully integrated approach to treating serious mental health and substance use disorders, with the purpose of providing opportunities for diversion from incarceration and correctional facilities, reducing recidivism, and engaging consumers in restorative justice activities.

Individuals with untreated serious mental health and/or substance use disorders have frequent contact with the criminal justice system. The advent of state led criminal justice diversion initiatives, and the lack of diversion resources and incentives have made it increasingly challenging to enroll justice-involved individuals in recovery-based services. As a result, RUHS-BH seeks to contract with a provider for the ARC program that will achieve the goals of diversion and/or alternatives to incarceration for qualified offenders. These individuals often have mental health, substance abuse, and trauma-related histories and are in need of engagement, case management, housing, and community supports to effectively treat their disorder.

Objectives

The objective of this project is to contract for the provision of services at the ARC based on the integrated model of care that provides intensive treatment, case management, support, and

wrap-around services based on the principles of mental health and substance abuse recovery.

The following levels and types of Behavioral Health services will be provided at the ARC:

a. Residential Services ASAM Levels 3.3 and 3.5

These levels of residential are co-occurring enhanced to ensure attention and treatment can be focused on acute mental health, substance use, and medical stabilization and is designed to treat disorders in those with cognitive impairments, SMI/SUD to meet the needs of this population. Most importantly, appropriate medical services must be in place—including the ability to consult with a physician, psychiatrist, or physician extender and to be able to access emergency services at any time. Medical, psychiatric, laboratory and toxicology services must be provided either on-site or through consultation/referral.

b. Withdrawal Management ASAM Level 3.2-WM

c. Additional Medication Assisted Treatment

d. Recovery Services

e. Intensive Case Management Services, including robust discharge planning with connections to mainstream resources, housing, and transportation.

f. Sobering Center

RUHS – Behavioral Health Diversion Campus

The RUHS-Behavioral Health Diversion Campus programs will targeting those facing homelessness and those facing jail-eligible lower-level offenses, who have a moderately severe level of behavioral health acuity and/or a co-occurring substance use disorder. Diversion Campus participants would have access to residential services, Full Service Partnerships and Intensive Outpatient Treatment, including but not limited to a safe, drug free housing for the entire duration of a consumers stay at the campus. The purpose is to provide these clients with needed treatment to improve care, reduce recidivism, and preserve public safety in conjunction with County Public Safety partners. Clients will receive discharge planning and community reintegration services immediately upon admission, including linkage to community-based aftercare resources.

Restorative Transformation Center Diversion Program

The Restorative Transformation Center (RTC) will be a 30-bed facility used to deliver Social Rehabilitation Services with two distinct populations. Population one is specific to administer

a pre-trial jail mental health diversion program for individuals charged with offenses in Riverside County. The program is anticipated to serve an average of 60 consumers per year. Program participants are individuals with a serious mental illness (SMI) who have committed certain felony crimes and found by a Court of competent jurisdiction. The mission is to provide intensive community-based psychiatric treatment for these individuals, so that instead of allowing them to remain in custody waiting for a transfer to a State Hospital for competency restoration, they will be transferred to an unlocked residential behavioral health treatment program where they will receive an array of behavioral health services. The ultimate purpose of this program is not competency restoration for adjudication, but rather for long-term psychiatric stabilization (mental health, substance abuse, and trauma-based disorders), such that following completion of the Restoration Diversion Program, criminal charges will be dismissed, and the individual may reside in their community with on-going behavioral health services. The second population is low acuity SMI consumers that need a treatment service programs designed to serve adults who are in need of mental health treatment and are unable to care for themselves in an independent living situation, but can be cared for in a SRP that provides psychiatric care in a normal home environment.

SRPs provide a wide range of alternatives to acute psychiatric hospitalization and institutional care based on the principles of residential community-based treatment. This includes a high level of care provided in a homelike setting, stringent staff requirements, 24-hour-a-day, seven-day-a-week supervision and treatment assistance and community participation at all levels. SRP program services include, but are not limited to: intensive diagnostic work, including learning disability assessment; full-day treatment program with an active prevocational and vocational component; special education services; outreach to develop linkages with the general social service system; and counseling to aid clients in developing the skills to move toward a less structured setting.

ARC Program Goals

a. Minimize the unnecessary utilization of space resources, staffing resources, clinical services, and detention services in the Riverside County jails, which are expended on individuals who are arrested for low-level offenses and quality of life infractions, and are subsequently cited and quickly released. The alternative plan is to help stabilize, treat,

motivate, and link these individuals to community-based services from the ARC Program instead of jail.

b. Increase the community's capacity to serve justice-involved consumers who have been diverted from the Riverside County jail system at the earliest stages of incarceration, from the Emergency Treatment Services (ETS), or directly from the streets.

c. For justice-involved adults who were cited and released within 24 hours, a more dignified, consumer-centered alternative would be to receive treatment, support, and services at the ARC Program. This transformed approach would intervene in breaking the cycle of arrest-treatment-release and eventual re-arrest.

d. Minimize unnecessary hospitalizations and to serve as the portal for justice-involved consumers for stabilization, treatment, and linkage coordination.

ARC TARGET POPULATION CRITERIA

The adult populations to be served will be both male and female residents of Riverside County; individuals with a history of mental health and/or substance abuse disorder that are currently in contact with the criminal justice system, and who could benefit and need intensive community based support as an appropriate alternative to incarceration or re-incarceration. RUHS-BH shall establish referral and eligibility criteria and processes that identify and initially engage adults who appear to be eligible for diversion type services.

a. Offenders identified as eligible for diversion by the Riverside County Superior Court and/or Riverside County Law Enforcement;

b. Those identified by Riverside County Probation, who struggle with daily functioning due to mental health and/or SUD issues, are at high risk for criminal justice contact or incarceration, but are not currently engaged in treatment services due to lack of support or resources;

c. Adults identified by the Mental Health Court, Adult Drug Court, Homeless Court, Family Preservation Court, and Veteran's Court who would not typically be considered for programming due to a lack of housing or placement;

d. Adults identified by the RUHS-BH Homeless Program, as well as other homeless or inadequately housed (e.g. living in un-healthy conditions, couch-surfing, etc.) adults, whose

untreated mental health or substance abuse disorder contributes to both their homelessness and their contact with the criminal justice system;

e. Those adults identified by Riverside County Substance Use Community Access, Referral, Evaluation, and Support Line (SU CARES), as being at-risk of incarceration without placement into mental health or substance abuse treatment; and

f. Riverside County Outreach Teams: Behavioral Health teams include the Crisis Response Teams, Justice Outreach Team, Police Department Outreach, and RUHS Medical Center SUD Navigators. The Substance Abuse Prevention and Treatment Program (SAPT) teams include the Substance Use Treatment and Recovery Team (START), and the Care Coordination Teams (CCT).

Technology

The Department has implemented a telepsychiatry and telecounseling system but are researching other alternatives. We also developed reports for Network Adequacy as well as monitoring for the Behavioral Health Information System for system slowdown.

A Priority for this year is to rebuild the Behavioral Health Information System for added speed and security.

MHSA Funding

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Riverside County

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

Local Mental Health Director


County Auditor-Controller

Name: Matthew Chang, MD. Telephone Number: 951-358-4501 E-mail: Matthew.chang@ruhealth.org	Name: Paul Angulo, CPA, MA-Mgt Telephone Number: 951-955-3800 E-mail: pangulo@co.riverside.ca.us
Local Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

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


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

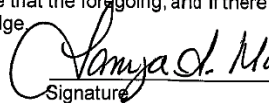
Matthew Chang, MD.
Local Mental Health Director (PRINT)


Signature 6/16/21
Date

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/4/2020 for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2020 the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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


Signature 6/21/21
Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: Riverside

Date: 4/5/21

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	36,197,751	20,470,773	13,716,204	903,974	23,031,942	
2. Estimated New FY2020/21 Funding	100,019,469	25,004,867	6,580,228			
3. Transfer in FY2020/21 ^{a/}	(14,000,000)			2,000,000	12,000,000	
4. Access Local Prudent Reserve in FY2020/21						0
5. Estimated Available Funding for FY2020/21	122,217,220	45,475,640	20,296,432	2,903,974	35,031,942	
B. Estimated FY2020/21 MHSA Expenditures	87,732,924	24,115,999	9,016,397	2,498,873	13,500,000	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	34,484,296	21,359,641	11,280,035	405,101	21,531,942	
2. Estimated New FY2021/22 Funding	105,184,099	26,296,024	6,920,007			
3. Transfer in FY2021/22 ^{a/}	(14,000,000)			2,500,000	11,500,000	
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	125,668,395	47,655,665	18,200,042	2,905,101	33,031,942	
D. Estimated FY2021/22 MHSA Expenditures	92,848,537	27,748,695	5,839,968	2,540,492	25,500,000	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	32,819,858	19,906,970	12,360,074	364,609	7,531,942	
2. Estimated New FY2022/23 Funding	89,397,544	22,399,386	5,894,574			
3. Transfer in FY2022/23 ^{a/}	(14,000,000)			2,500,000	11,500,000	
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	108,217,402	42,306,356	18,254,648	2,864,609	19,031,942	
F. Estimated FY2022/23 MHSA Expenditures	95,633,993	28,581,156	6,015,168	2,616,707	19,000,000	
G. Estimated FY2022/23 Unspent Fund Balance	12,583,409	13,725,200	12,239,480	247,902	31,942	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	24,217,189
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	24,217,189
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	24,217,189
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	24,217,189

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

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Children's	12,887,950	615,567	5,750,377	0	2,727,768	3,794,238
2. CSS-01 Transitional Age Youth	4,352,442	1,993,651	1,966,728	0	390,751	1,311
3. CSS-01 Adults	23,614,132	12,488,216	10,588,142	0	197,682	340,093
4. CSS-01 Older Adult	5,232,376	2,587,552	2,573,655	0	0	71,169
5. CSS-02 Crisis System of Care	5,891,822	3,370,384	1,446,385	0	481,249	593,804
6. CSS-02 Mental Health Courts and Justice Inv	4,042,468	1,445,484	1,891,540	0	0	705,444
7. CSS-03 Housing and Housing Programs	10,103,176	8,143,954	0	0	0	1,959,221
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-02 Crisis System of Care	16,114,382	8,645,083	6,618,166	0	335,097	516,036
2. CSS-02 Mental Health Courts and Justice Inv	4,895,937	4,106,537	695,360	0	0	94,040
3. CSS-02 Children's Clinic Expansion and Enha	62,876,746	7,413,992	31,354,970	0	22,453,895	1,653,888
4. CSS-02 Transition Age Youth Clinic Expansio	9,025,940	6,034,911	2,990,910	0	0	119
5. CSS-02 Adults Clinic Expansions and Enhanc	49,333,589	16,778,170	25,406,766	2,684,433	3,377	4,460,843
6. CSS-02 Older Adult Clinic Expansions and En	9,508,612	4,779,999	4,295,816	0	0	432,797
7. CSS-03 Lived Experience Integration of Care	6,184,797	3,925,120	1,618,714	321,529	79,630	239,804
8. CSS-03 Housing and Housing Programs	2,827,929	2,128,270	0	0	0	699,659
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	6,088,738	3,276,034	2,812,704	0	0	0
CSS MHSAs Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	232,981,038	87,732,924	100,010,233	3,005,962	26,669,450	15,562,470
FSP Programs as Percent of Total	75.4%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Children's	13,972,286	630,184	6,504,885	0	2,746,330	4,090,887
2. CSS-01 Transitional Age Youth	4,580,324	1,324,123	2,713,917	0	540,588	1,697
3. CSS-01 Adults	35,128,774	19,645,310	13,804,991	244,129	1,022,452	411,892
4. CSS-01 Older Adult	6,457,134	2,463,007	3,911,106	0	0	83,021
5. CSS-02 Crisis System of Care	8,275,929	4,973,032	1,617,369	0	915,769	769,760
6. CSS-02 Mental Health Courts and Justice Inv	1,385,522	489,583	601,076	0	294,380	484
7. CSS-03 Housing and Housing Programs	12,781,849	10,469,495	0	0	0	2,312,354
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-02 Crisis System of Care	18,342,452	8,771,239	8,519,244	0	314,168	737,801
2. CSS-02 Mental Health Courts and Justice Inv	3,867,140	2,832,182	912,621	0	1,956	120,381
3. CSS-02 Children's Clinic Expansion and Enhanc	77,637,360	4,377,740	45,656,293	291,883	22,464,817	4,846,626
4. CSS-02 Transition Age Youth Clinic Expansio	8,214,878	4,870,829	3,344,049	0	0	0
5. CSS-02 Adults Clinic Expansions and Enhanc	59,723,281	23,754,733	25,489,257	4,189,582	685,840	5,603,869
6. CSS-02 Older Adult Clinic Expansions and En	10,289,583	4,188,461	5,537,589	0	12,572	550,960
7. CSS-03 Lived Experience Integration of Care	4,612,323	1,301,317	2,236,253	124,630	644,172	305,952
8. CSS-03 Housing and Housing Programs	1,467,151	559,601	0	0	0	907,550
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	5,545,776	2,197,700	3,318,076	0	0	30,000
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	272,281,761	92,848,537	124,166,725	4,850,224	29,643,043	20,773,231
FSP Programs as Percent of Total	88.9%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Children's	14,391,454	649,090	6,700,032	0	2,828,719	4,213,613
2. CSS-01 Transitional Age Youth	4,717,734	1,363,846	2,795,334	0	556,806	1,747
3. CSS-01 Adults	36,182,637	20,234,669	14,219,141	251,453	1,053,126	424,248
4. CSS-01 Older Adult	6,650,848	2,536,898	4,028,439	0	0	85,511
5. CSS-02 Crisis System of Care	8,524,207	5,122,223	1,665,890	0	943,242	792,852
6. CSS-02 Mental Health Courts and Justice Inv	1,427,087	504,270	619,108	0	303,211	498
7. CSS-03 Housing and Housing Programs	13,165,305	10,783,580	0	0	0	2,381,725
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSS-02 Crisis System of Care	18,892,725	9,034,376	8,774,821	0	323,593	759,935
2. CSS-02 Mental Health Courts and Justice Inv	3,983,154	2,917,147	940,000	0	2,014	123,992
3. CSS-02 Children's Clinic Expansion and Enha	79,966,480	4,509,072	47,025,982	300,639	23,138,762	4,992,025
4. CSS-02 Transition Age Youth Clinic Expansio	8,461,324	5,016,954	3,444,370	0	0	0
5. CSS-02 Adults Clinic Expansions and Enhanc	61,514,979	24,467,375	26,253,934	4,315,270	706,415	5,771,985
6. CSS-02 Older Adult Clinic Expansions and En	10,598,270	4,314,115	5,703,717	0	12,949	567,489
7. CSS-03 Lived Experience Integration of Care	4,750,693	1,340,357	2,303,340	128,369	663,497	315,130
8. CSS-03 Housing and Housing Programs	1,511,165	576,389	0	0	0	934,776
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	5,712,149	2,263,631	3,417,618	0	0	30,900
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	280,450,214	95,633,993	127,891,727	4,995,731	30,532,334	21,396,428
FSP Programs as Percent of Total	88.9%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigma	16,491,091	15,062,041	560,860	0	814	867,377
2. PEI-02 Parent Education and Support	7,040,803	1,688,536	1,764,370	0	1,071,920	2,515,977
3. PEI-03 Early Intervention for Families in Schools	1,511,537	1,511,537	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	536,091	536,091	0	0	0	0
5. PEI-05 First Onset for Older Adults	801,865	790,013	11,852	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	686,672	686,672	0	0	0	0
7. PEI-07 Underserved Cultural Populations	2,052,790	2,052,790	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	531,038	531,038	0	0	0	0
12. PEI-05 First Onset for Older Adults	84,058	84,058	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,173,224	1,173,224				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	30,909,168	24,115,999	2,337,082	0	1,072,734	3,383,354

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigma	17,087,979	16,318,707	127,508	0	566	641,198
2. PEI-02 Parent Education and Support	7,749,505	2,623,211	2,133,577	0	1,226,741	1,765,977
3. PEI-03 Early Intervention for Families in Schools	220,466	220,466	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,968,012	1,968,012	0	0	0	0
5. PEI-05 First Onset for Older Adults	670,406	670,406	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	873,049	873,049	0	0	0	0
7. PEI-07 Underserved Cultural Populations	3,018,368	3,018,368	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention		0	0	0	0	0
11. PEI-04 Transitional Age Youth (TAY) Project	475,041	475,041	0	0	0	0
12. PEI-05 First Onset for Older Adults	384,964	373,013	11,951	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,208,421	1,208,421				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	33,656,213	27,748,695	2,273,036	0	1,227,307	2,407,175

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigma	17,600,619	16,808,268	131,333	0	583	660,434
2. PEI-02 Parent Education and Support	7,981,990	2,701,907	2,197,584	0	1,263,543	1,818,956
3. PEI-03 Early Intervention for Families in Schools	227,080	227,080	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	2,027,052	2,027,052	0	0	0	0
5. PEI-05 First Onset for Older Adults	690,519	690,519	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	899,241	899,241	0	0	0	0
7. PEI-07 Underserved Cultural Populations	3,108,919	3,108,919	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	489,292	489,292	0	0	0	0
12. PEI-05 First Onset for Older Adults	396,513	384,204	12,310	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,244,674	1,244,674				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	34,665,899	28,581,156	2,341,227	0	1,264,126	2,479,391

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-06 Commercially Sexually Exploited Chi	6,764,191	5,607,837	1,154,302	0	0	2,051
2. INN-07 Tech Suite	3,123,639	3,000,892	0	0	0	122,747
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	407,668	407,668				
Total INN Program Estimated Expenditures	10,295,498	9,016,397	1,154,302	0	0	124,798

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-06 Commercially Sexually Exploited Chi	1,998,105	1,305,167	691,710	0	0	1,229
2. INN-07 Tech Suite	4,314,766	4,114,904	83,178	0	0	116,685
3.	0	0	0	0	0	0
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	419,898	419,898				
Total INN Program Estimated Expenditures	6,732,770	5,839,968	774,887	0	0	117,914

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside

Date: 4/5/21

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-06 Commercially Sexually Exploited Chi	2,058,049	1,344,322	712,461	0	0	1,266
2. INN-07 Tech Suite	4,444,209	4,238,351	85,673	0	0	120,185
3.	0	0	0	0	0	0
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	432,495	432,495				
Total INN Program Estimated Expenditures	6,934,753	6,015,168	798,134	0	0	121,451

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Riverside

Date: 4/5/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Workforce Staffing Support	1,565,970	827,416	738,554	0	0	0
2. WET-02 Training and Technical Assistance	1,015,749	895,113	105,410	0	10,355	4,871
3. WET-03 Mental Health Career Pathways	256,596	256,596	0	0	0	0
4. WET-04 Residency and Internship	858,635	335,551	382,274	0	135,073	5,737
5. WET-05 Financial Incentives	184,197	184,197	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	3,881,146	2,498,873	1,226,238	0	145,428	10,608

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Workforce Staffing Support	1,562,310	848,144	714,166	0	0	0
2. WET-02 Training and Technical Assistance	1,222,646	906,683	187,543	0	19,328	109,091
3. WET-03 Mental Health Career Pathways	218,620	218,620	0	0	0	0
4. WET-04 Residency and Internship	886,529	387,145	362,845	0	131,207	5,332
5. WET-05 Financial Incentives	179,899	179,899	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	4,070,004	2,540,492	1,264,554	0	150,535	114,423

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Workforce Staffing Support	1,609,180	873,589	735,591	0	0	0
2. WET-02 Training and Technical Assistance	1,259,325	933,883	193,170	0	19,908	112,364
3. WET-03 Mental Health Career Pathways	225,179	225,179	0	0	0	0
4. WET-04 Residency and Internship	913,125	398,760	373,730	0	135,143	5,492
5. WET-05 Financial Incentives	185,296	185,296	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	4,192,104	2,616,707	1,302,491	0	155,051	117,856

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside

Date: 4/5/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Roy's Place	2,000,000	2,000,000	0	0	0	0
2. ARC	11,500,000	8,500,000				3,000,000
3. IST Diversion	5,000,000	2,000,000				3,000,000
4. Diversion Campus	1,000,000	1,000,000				0
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	19,500,000	13,500,000	0	0	0	6,000,000

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside

Date: 4/5/21

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. ARC	16,500,000	15,500,000	0	0	0	1,000,000
2. IST Diversion	17,000,000	3,000,000	0	0	0	14,000,000
3. Hulen	2,000,000	2,000,000	0	0	0	0
4. Diversion Campus	5,000,000	5,000,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	40,500,000	25,500,000	0	0	0	15,000,000

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Riverside

Date: 4/5/21

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. IST	4,000,000	3,000,000	0	0	0	1,000,000
2. Diversion Campus	16,000,000	16,000,000	0	0	0	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	20,000,000	19,000,000				

Cost per Client

Cost Per Client

MHSA Cost Per Client
FY 2019/2020

FULL SERVICE PARTNERSHIP

PLAN NAME: CSS-01 Children's
UNIQUE CLIENTS: 1,431
COST: \$528,139
AVERAGE COST: \$369.07

PLAN NAME: CSS-01 Transitional Age Youth
UNIQUE CLIENTS: 492
COST: \$1,048,981
AVERAGE COST: \$2,132.08

PLAN NAME: CSS-01 Adults
UNIQUE CLIENTS: 10,244
COST: \$25,224,518
AVERAGE COST: \$2,462.37

PLAN NAME: CSS-01 Older Adult
UNIQUE CLIENTS: 1,340
COST: \$1,713,877
AVERAGE COST: \$1,279.01

GENERAL SYSTEM DEVELOPMENT

CSS-02 Adults Clinic Expansions and
PLAN NAME: Enhancements
UNIQUE CLIENTS: 19,332
COST: \$14,956,892
AVERAGE COST: \$773.69

CSS-02 Children's Clinic Expansions and
PLAN NAME: Enhancements
UNIQUE CLIENTS: 19,764
COST: \$8,819,243
AVERAGE COST: \$446.23

PLAN NAME: CSS-02 Crisis System of Care
UNIQUE CLIENTS: 11,373
COST: \$10,034,167
AVERAGE COST: \$882.28

CSS-02 Mental Health Courts and Justice
PLAN NAME: Involve
UNIQUE CLIENTS: 1,035
COST: \$2,761,749
AVERAGE COST: \$2,668.36

CSS-02 Older Adult Clinic Expansions and
PLAN NAME: Enhancement
UNIQUE CLIENTS: 3,500
COST: \$3,619,444
AVERAGE COST: \$1,034.13

PLAN NAME: CSS-03 Housing and Housing Programs
UNIQUE CLIENTS: 5,688
COST: \$5,918,670
AVERAGE COST: \$1,040.55

Community Feedback Surveys

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

Which behavioral health services have you found helpful and would like to keep?
TAY- Desert Flow, Peer Support, Zoom/Virtual online meetings/appointments, Online chat (Take my Hand), Homeless Outreach, Wellness Cities
Those serves that are related to our children particularly services in the Eastern Coachella Valley of Riverside County.
Innovation, WET, CSS, PEI.
I believe all the programs are helpful but could be more stable and have more structure and easier access.
TAY, PEI

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.

Less clinic, more outreach. More engaging out in the populations. Can clinicians work in the field more?

There is more need for services for girls from elementary to high school particularly in the Coachella Valley of Riverside County. This would also include need for services in Blythe. Would encourage use of women mentors with young women. Also home health programs with young low income families are needed.

The Riverside University Health System Inpatient Treatment Center. I've heard several cases of feedback from people with first-hand experience. The model used in the CSU and staff training would be of better community service model to be used.

I do believe all the programs are helpful, but I do believe in some cases there are some need for more workers at these different locations and programs. I also strongly believe that the county needs a Partial hospitalization program(s) for more structure and consistency for our clients that are more severe in their mental illness.

What other thoughts or comments do you have about behavioral health services or about the MHSA plan?

I am so thankful for the MHSA. The leadership is awesome and shooting and distributing the video is smart.

There needs to be more outreach in Eastern Riverside County including Blythe. Outreach is limited due to the physical distance of these areas to other parts of the County but these areas are poverty areas (e.g., Mecca, Thermal, Oasis, Blythe) as your stats have explained and are in dire need of services.

Would very much like to see the Mobile Crisis services, Innovations offers to continue to be expanded. I'd love to see the continuation of FSP within the county.

I do believe the workers for the behavioral health services workers need more support. The turnover rate appears to be common and also causes difficulty in programs. It also creates a work environment that is difficult with constant change and inconsistency. I believe this is due to workload, as well as better pay at different locations.

Behavioral Health Commission – Public Hearing

Public Hearing Comments

Riverside County MHSA Annual Update FY 21-22

1. Which behavioral health services have you found helpful and would like to keep?

- (1) **Comment:** The TAY centers are wonderful resources for the community to receive help. An adult could walk in or a young adult, and there was always someone there to help you. The environment is also very inviting, happy, and welcoming.

RESPONSE: Thank you for your support of the Transitional Age Youth (TAY) Drop-In Centers. The TAY Centers started as an Innovation Component project. By design and regulation, Innovation projects are time-limited (3-5 years) and must have learning objectives that advance knowledge in the field of public mental health. The plan for the TAY Centers has been continued under the Community Services and Supports component of the MHSA plan. (The TAY Centers were formally a MHSA Innovation Component project and Innovation plans are time limited by law.) There is a TAY Center in each region of Riverside County. They provide a full spectrum of behavioral health care including peer support, psychotherapy, case management, psychiatric (medication) services, and – to parallel the rest of the outpatient clinic programs – are developing their own Full Service Partnership (FSP) care tracks at each center.

BHC RECOMMENDATION: The BHC Recommends sustaining the TAY Centers as part of the TAY System of Care as planned in the Community Services and Supports component of Riverside’s MHSA Annual Update FY 21-22.

- (2) **Comment:** Strengthening Intergenerational Ties for Immigrant Families (SITIF) Parenting Program known as KITE provided by APCTC.
- AAPI Mental Health Promotion Programs provided by APCTC
 - Wellness Workshops for Filipino American Families provided by FAMHRC

- In-language counseling services provided by APCTC
- Outreach and education services provided by AATF, APCTC and FAMHRC

RESPONSE: Thank you for your support of the culturally informed, Asian American planning in the Prevention and Early Intervention (PEI) component of Riverside's MHSA Plan.

Keeping Intergenerational Ties in Ethnic Families (KITE), Formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families (the name of the program was changed to be more culturally appealing) is a selective intervention program for immigrant parents that includes a culturally competent, skills-based parenting program. Asian Pacific Counseling and Treatment Centers (APCTC), also known as Special Services for Groups (SSG), an Asian community contractor, provided this program. Community Mental Health Promotion Programs provide outreach to underserved communities on mental health education, and facilitate linkage to behavioral health care. The promoters are from the same cultural community that they outreach. SSG is the contractor who provides this service to the Asian – Pacific Islander community in Riverside County.

The Asian American Pacific Islander Mental Health Resource Center (AAPIMHRC), formerly known as the Filipino American Mental Health Resource Center (FAMHRC), provides prevention and behavioral health linkage to Asian Riversiders in the Perris Valley and surrounding areas.

The Asian American Task Force (AATF) is a committee under Cultural Competency that includes a Department contracted consultant from the Asian community, and provides feedback to the Department on culturally informed services, as well as, outreach and education to reduce stigma.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 21-22, and will advocate for expansion of programming based on data findings and stakeholder feedback.

(3) **Comment:** Stabilization units, urgent care for family member
Blaine clinic

RESPONSE: Riverside University Health System – Behavioral Health (RUHS-BH) has a countywide Crisis System of Care designed to help people in mental health crisis. These programs include Behavioral Health Mobile Crisis Teams, Mobile Psychiatric Services, Mental Health Urgent Care centers, Crisis Residential Treatment (CRT) and Adult Residential Treatment (ART). CRT and ART are temporary residential treatment programs designed for a greater period of stabilization than can be provided in the urgent care or emergency facilities. You can read more about these programs in the Community Services and Support (CSS 02) Component of this annual update. Additionally, RUHS-BH has additional residential programming planned. The buildings for these programs are currently being developed under the Capital Facilities and Technology component of this annual update. These projects include:

- Arlington Recovery Campus (ARC): The ARC is a 54-bed residential facility, with an adjacent sobering center, which will provide the necessary continuum of care treatment and wrap-around support that assists in the prevention of incarceration with the intent to break the cycle of re-offending and re-incarceration.
- RUHS-BH Diversion Campus: Diversion Campus programs will target those facing homelessness and those facing jail-eligible lower-level offenses, who have a moderately severe level of behavioral health acuity and/or a co-occurring substance use disorder. Diversion Campus participants would have access to residential services, Full Service Partnerships and Intensive Outpatient Treatment, including but not limited to a safe, drug free housing for the entire duration of a consumers stay at the campus.
- Restorative Transformation Center: The Restorative Transformation Center (RTC) will be a 30-bed facility used to deliver Social Rehabilitation Services with two distinct populations. The first population is specific to administer a pre-trial jail mental health diversion program for individuals charged with offenses in Riverside County. The second population is low acuity, seriously mentally ill, adult consumers who are in need of mental health treatment and are unable to care for themselves in an independent living situation, but can be cared for in a social rehabilitation program that provides psychiatric care in a normal home environment.

The Blaine St. Clinic is an adult, outpatient clinic in the Western Region of county that has a full array of mental health services including mental health assessment and psychotherapy, case management services, psychiatric services, and a newly developed Full Service Partnership track of care.

BHC RECOMMENDATION: The BHC recommends sustaining the development of programs that provide the additional option of residential care to assist with recovery, as described in the MHSA Annual Update FY 21-22.

- (4) **Comment:** Please maintain an ongoing focus on underserved communities throughout the Coachella Valley. Communities such as the North Shore area are in need and focus needs to be sustained to create real change.

RESPONSE: Thank you for your advocacy for consumers and families that need behavioral health care in Coachella Valley. RUHS-BH is dedicated to reach and serve all Riversiders seeking services. Riverside County's vast geography (we are the size of the entire State of New Jersey!), sprawl, and exponential population growth since the 1990s that has outpaced State-funding formulas, has resulted in service access challenges. Coachella Valley is part of the Department's "Desert Region," an organizational delineation designed to ensure that each unique area of the county has representation focused on that unique community. The Desert Region has administrators for both the Children's and Adult's Systems of Care. They work hand in hand with the centralized administrators for Substance Abuse and Prevention and Older Adult Systems of Care. We have also integrated behavioral health care into the primary care sites of the Community Health Centers. The Desert Region also has a Desert Regional Mental Health Board, a volunteer commission that is part of the oversight structure developed by the Riverside County Board of Supervisors. The Desert Region administrators regularly attend these meetings.

RUHS-BH also contracts with partner agencies and community based organizations to provide services in the south east end of the Coachella Valley, and throughout the Desert Region.

Additionally, RUHS-BH is exploring the use of mobile units – large recreational vehicles that serve as clinics – to better reach neighborhoods that have farther access points to reach a brick and mortar clinic.

Your concern is duly noted and has been forwarded to the Desert Regional Administrators.

BHC RECOMMENDATION: BHC recommends sustaining the MHSA planned behavioral health care programs designed to reach each of the unique regions of Riverside County in this MHSA Annual Update FY 21-22, and will monitor the access to care for residents in more remote areas of the county.

(5) **Comment:** I am not a recipient of mental health services in Riverside County, and am not working directly with consumers who use these services.

RESPONSE: Thank you for your participation! Anyone in Riverside County who has a vested interest in behavioral health care is considered a stakeholder! Though we value the experience of people with lived experience as a consumer, parent, or family member, and the professionals and community members who work with or support them – everyone who genuinely cares about behavioral health programming will have a point of view that can help shape quality care.

BHC RECOMMENDATION: BHC encourages all Riverside County stakeholders to express their thoughts and perspectives on behavioral health care, and to participate in all levels of stakeholder participation including the subcommittees of the Behavioral Health Commission.

(6) **Comment:** Inpatient psychiatric beds and treatment. My son suffers from a serious mental illness and has anosognosia so he is resistant to treatment. Not having the level of care and treatment that he needs for as long as he needs it has caused financial hardship, emotional hardship, led us to in unsafe situations and led for him to be placed in jail after committing crimes due to his psychosis.

RESPONSE: By regulation, MHSA dollars cannot fund the development of acute psychiatric hospital beds and, in most cases, care programs in involuntary settings. We

realize that does not relieve the painful helplessness of watching a person suffer through the consequences of untreated mental illness, nor does that successfully engage someone into care who does not know or understand that he is ill.

The Civil Commitment process – making someone comply with treatment against his or her will - is legally defined and is challenging to understand. The laws were written toward individual liberty and not toward illness management. In many cases, even a person under a mental health conservatorship retains the right to refuse certain kinds of treatment, which can result in a separate hearing to determine if the treatment is necessary as defined by law. Getting an involuntary patient admitted to a psychiatric hospital is one legal process; getting them committed to a longer-term facility is another; and getting them to comply with treatment is another as well.

If someone is arrested or convicted of certain crimes due to a mental illness, they can qualify to be seen in Mental Health Court – a collaborative court between the legal system and the behavioral health system. Defendants in these courts have behavioral health treatment integrated into their court orders. See more about the collaborative courts in this Annual Update (CSS 02).

The navigation of care systems and the related laws can be daunting, even more so when managing the acute stress related to the consequences of untreated mental illness. RUHS-BH, with MHSA funding, has created the Family Advocate program. People who have adult loved ones diagnosed with a mental illness staff this program. They have felt the pain, experienced the helplessness, and in many cases, have found the solutions to getting their adult loved ones served. The Family Advocate is countywide and free of charge and offers a wide range of services to support family members. They can be reached at: (800) 330-4522.

BHC RECOMMENDATION: BHC recommends continuing outreach and education to family members to support the navigation of behavioral health care and to sustain planning for all lived experience programs designed to enhance support as described in the MHSA Annual Update FY 21-22. The BHC will explore the expansion of Family Advocate services to provide greater opportunity to engage families and offer education and support.

(7) **Comment:** Peer Support Training, Groups that meet and support one another, like healing from traumas, PTSD groups, Art therapies and drug & alcohol groups

RESPONSE: Peer Employment Training (PET) is a 72 hour interactive training designed to develop peer support skills for use in the workplace, explore and develop personal recovery, and support individuals in recognizing their strengths, responsibilities, and accountability as a certified peer support specialists. Outpatient clinics provide group therapy for consumers and include evidence based models designed to address trauma and related coping development. Groups and services for co-occurring Recovery, programs for both an addiction and a primary psychiatric diagnosis, are offered in both our standardized outpatient care and in our specialized programs.

BHC RECOMMENDATION: BHC recommends sustaining the Community Services and Supports planning that includes PET, clinic expansions, and evidenced based treatment models as described in the MHSA Annual Update FY 21-22.

(8) **Comment:** Promote community mental well-being. It benefits the community a lot. It provides us resources like suicide prevention, depression, symptoms related to mental health, coping with stress, Alzheimer's disease, cope with Pandemic, cope with Anti-Asian hate, and parenthood.

RESPONSE: Wellness Presentations are an often-used outreach and engagement tool applied by our Promoters Programs, as well as other outreach programs. These presentations not only provide accurate behavioral health information, but also serve to reduce stigma around behavioral health help seeking and allow for dialogues that normalize the daily necessity of behavioral health in all our lives. Culturally informed and relevant topics offer the community an opportunity to come together, validate experience, unite, and heal and experience empowerment together.

BHC RECOMMENDATION: BHC recommends sustaining the Promoters Programs as described in the PEI Component of the Riverside County MHSA Plan Annual Update FY 21-22.

- (9) **Comment:** - Strengthening Intergenerational Ties for Immigrant Families (SITIF) Parenting Program known as KITE provided by APCTC
- AAPI Mental Health Promotion Programs provided by APCTC
 - In-language counseling services provided by APCTC
 - Outreach and education services provided by AATF and APCTC

RESPONSE: Thank you for your support of the culturally informed, Asian American planning in the Prevention and Early Intervention (PEI) component of Riverside's MHSA Plan.

Keeping Intergenerational Ties in Ethnic Families (KITE), Formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families (the name of the program was changed to be more culturally appealing) is a selective intervention program for immigrant parents that includes a culturally competent, skills-based parenting program. Asian Pacific Counseling and Treatment Centers (APCTC), also known as Special Services for Groups (SSG), an Asian community contractor, provided this program. Community Mental Health Promotion Programs provides outreach to underserved communities on mental health education and facilitates linkage to behavioral health care. The promoters are from the same cultural community that they outreach. SSG is the contractor who provides this service to the Asian – Pacific Islander community in Riverside County.

The Asian American Pacific Islander Mental Health Resource Center, formerly known as the Filipino American Mental Health Resource Center (FAMHRC), provides prevention and behavioral health linkage to Asian Riversiders in the Perris Valley and surrounding areas.

The Asian American Task Force (AATF) is a committee under Cultural Competency that includes a Department contracted consultant from the Asian community, and provides feedback to the Department on culturally informed services, as well as, outreach and education to reduce stigma.

BHC RECOMMENDATION: BHC recommends sustaining the culturally informed planning and strategies as defined in the Riverside County MHSA Annual Update FY 21-22, and monitoring for program expansion based on disparity data and stakeholder feedback.

(10) **Comment:** I've found that all of the services; CSS, PEI, INN, WET and CF/TN have been helpful and serve a purpose in the community.

RESPONSE: Thank you for your participation and support of Riverside County's MHSA Annual Update FY 21-22. From the outset of the legislation and related planning, Riverside has intended to utilize MHSA dollars toward meaningful activity to support behavioral health care.

BHC RECOMMENDATION: BHC recommends sustaining the programs and services as described in Riverside County's MHSA Annual Update FY 21-22.

2. **Which behavioral health services have you not found helpful or would like to see us change? Please also tell us about any service gaps or services that seem missing**

(1) **Comment:** The RBY program needs more clients and referrals to offer hope to young people. The RBY program is very helpful to those in need; we just need to reach more victims. There needs to be an expansion of clients and employees trained specifically for this division. This program needs to be expanded and needs to help more young people in need, especially with the internet predators and exploitation.

RESPONSE: Resilient Brave Youth (RBY), also known as Commercially Sexually Exploited Children (CSEC) mobile team, is a field based treatment program that serves youth who have been victimized by human sex trafficking. RBY uses a trauma-informed evidence based practice that has been modified to serve this specific population. RBY is an Innovation Component project. Innovation Plans, by their regulatory design, are time limited and primarily focus on learning outcomes. RBY is in the final year of its Innovation Plan. Data and performance measure are being analyzed to ascertain

learning and determine how best to integrate that learning into the RUHS-BH system of care. Outreach, engagement, referral processes, and client retention have been included in that analysis. Your qualitative feedback is also part of that measure, and has been provided to the Deputy Director of Children's Services.

BHC RECOMMENDATION: BHC recommends monitoring CSEC's performance and data sets in this final year of plan implementation and will request a report on this Innovation plan's outcomes.

(2) Comment: a) Current outpatient services are not accessible for most AAPI families due to lack of bilingual/bicultural services, strong fear and stigma among the AAPI residents

b) Our AAPI families need a place to go get help where they feel safe with people who speak their language, look like them, understand their background and migration/refugee experiences

c) Also, in addition to traditional services such as medication, individual, group and family counseling, unique and culturally relevant early intervention services are critically needed as an entry to mental health services such as In-language support groups for various age groups. Examples include the following:

TAY: academic and family stress

Parents: NAMI and support groups for parents with ASD [Autistic Spectrum Disorder] children

Older Adults: activities to address loneliness such as gardening, humor, faith based and non-faith based social activities, training on using technology to access services and stay connected

RESPONSE: Thank you for your support of culturally informed services. Research indicates that consumers achieve better outcomes when services are culturally informed; this includes people from Asian American Pacific Islander (AAPI) communities.

a) Though translation services are available at all RUHS-BH service locations, it is understandable that conducting services in a person's preferred language is not only necessary but also clinically sound. Culturally informed services are always a best practice. The desired goal is to have more AAPI practitioners, and this will take a greater partnership with the AAPI communities to encourage students to pursue public behavioral health careers. Currently, Workforce Education and Training (WET)

gives additional selection points for interns from underserved communities or who speak a language necessary to serve Riverside consumers and families. COVID service adaptations have added telehealth options to consumer choice. Some recent data suggests that people from AAPI communities may prefer this adaptation as a primary service choice as it allows services in the privacy of their own homes. All RUHS-BH outpatient programs offer tele-health as an option. RUHS-BH continues to support anti-stigma campaigns and events that target AAPI communities.

- b) As part of the Prevention and Early Intervention (PEI) plan, Riverside contracts with Special Services for Groups (SSG), an Asian community behavioral health organization, to provide Mental Health Promoters – people from the underserved community – to outreach and engage members of the same community. In addition, SSG also conducts the curriculum, Keeping Integrational Ties in Ethnic Families designed specifically for AAPI families, in several Asian languages. PEI also funds the Asian American Pacific Islander Mental Health Resource Center designed to reduce stigma, increase mental health awareness, and connect community to services. County behavioral health care is generally designed toward those with the fewest resources, including Medi-Cal recipients. The Department has recently contracted with SSG to provide Medi-Cal, clinical services to children, and is developing a contract to also provide clinical services to adults.
- c) The Asian American Pacific Islander Mental Health Resource Center has utilized this approach in conducting community engagement such as a recent cooking class. Your additional ideas have been forwarded to the PEI staff development officer that works with this program to look at expanding similar outreach efforts.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 21-22, and will advocate for expansion of programming based on data findings and stakeholder feedback.

(3) **Comment:** Always a shortage of available beds in residential facilities.

RESPONSE: “Residential beds” could represent a spectrum of voluntary care that includes mental health urgent cares (less than 24 hour stay), temporary stabilization programs such as Crisis Residential Treatment (2 week stay with possible

extension), or Adult Residential Treatment (4-12 month stay), augmented board and care (like the recently opened Roy's Oasis in the Desert), substance abuse rehabilitation facilities and permanent supportive housing.

Residential beds could also mean involuntary levels of care such as acute hospital beds and locked levels of care.

By law, MHSA cannot plan for any *involuntary* levels of care, and substance recovery programming can only be funded for co-occurring (having both an addiction and psychiatric diagnosis) recovery programs.

The other voluntary residential programs listed above are provided in the MHSA plan. Permanent Supportive Housing is the most impacted.

You can learn more about housing development in Community Services and Supports (CSS 03). You can learn more about Crisis residential services in Community Services and Supports (CSS 02)

Additional residential services are central to projects under Capital Facilities and Technology component.

BHC RECOMMENDATION: BHC acknowledges that some acute levels of care are harder to access due to availability, and will work with the Department to examine solutions that reflect fiscal and planning limits and possibilities. BHC recommends sustaining a continuum of care as allowed under MHSA regulation in the MHSA Annual Update FY 21-22, and will monitor and request a report on the availability of residential programs for Riverside County residents.

- (4) **Comment:** Continue to expand service provision models that increase access at non-traditional days and times so that all residents can access services even if they are not M-F 9 to 5 workers. Continue to allocate resources/funding to mobile unit innovative service approaches.

RESPONSE: Service access and availability is one of the first steps to care. Some outpatient and mobile services have less limited hours of operation based upon the highest demand of people seeking care. MHSA funded mobile crisis teams, 24/7 mental health urgent care centers, and adding behavioral health care to the community health centers has expanded access points, but understand that this still does not meet everyone's needs. Medi-Cal recipients may be able to access a

managed care provider with additional hours of operation and some of our community-based partner agencies have non-traditional days and hours of operation. If you need a program or service that is outside of accessible operating hours, please address your need to the program supervisor or manager.

Your advocacy for non-traditional access hours and has been provided to the Department's executive office.

BHC RECOMMENDATION: BHC recommends the consideration of service access locations and hours in the development of behavioral health programs.

- (5) **Comment:** The service array seems comprehensive. One thing I would like to see is that trauma-informed therapies other than TFCBT be made available to consumers, particularly EMDR. Another service that could be helpful would be distress tolerance skills training classes (virtual and in-person options).

RESPONSE: Evidenced-based, trauma-informed care has shown great outcomes as a part of good behavioral health care planning. Trauma Focused Cognitive Behavioral Therapy (TFCBT) is one of the primary trauma-informed therapies funded by MHSA, the others include Dialectical Behavioral Therapy (DBT) and Seeking Safety. Both of these models include distress tolerance skills, as well as, other resiliency development for people who have experienced trauma or who by temperament may more readily feel acute stress.

Eye Movement Desensitization and Reprocessing (EMDR) has been identified as a potential addition to the MHSA funded evidence-based practices to bring to the Department. The cost of training and certifying staff, as well as coordinating the extensive training process, has posed some challenges. Workforce Education and Training (WET) has developed planning to address these challenges, and EMDR remains as a possible addition to our trauma-informed practices.

BHC RECOMMENDATION: The BHC recommends sustaining trauma informed evidenced based and community informed practices as described in the MHSA Annual Update FY 21-22.

(6) **Comment:** It is not helpful to create programs designed to keep people out of the treatment they need to qualify for.

RESPONSE: Behavioral Health Care is offered on a continuum of care based on the understanding that each person's care needs are different. Early intervention services have been successful at lowering distress that could have resulted in a more acute clinical need; integrated behavioral health services at the community health centers has provided care to people who were then able to meet the daily needs of family or work; standard outpatient care has facilitated the on-going relationship that has kept consumers from the consequences of their illness; and voluntary crisis care has provided relief for people who know they need help and who do not require being held in an involuntary setting. Thousands of people have had their care needs met through these programs.

The Mental Health Services Act was developed toward expanding and transforming care away from involuntary interventions, and has related regulations that prohibit the use of MHSA funds for involuntary programs. Though the MHSA authors acknowledged that there would always be a need for involuntary care, the intent of the Act was to strengthen the mental health system to reach and provide services to people before they reached the acuity of involuntary care. MHSA is not the only funding stream that supports Behavioral Health Care in Riverside County.

BHC RECOMMENDATION: BHC recommends sustaining a continuum of care as allowed under MHSA regulation in the MHSA Annual Update FY 21-22, and will monitor and request a report on the availability of residential programs for Riverside County residents.

(7) **Comment:** Riverside County is leading the way on services for mental health! I am so grateful for all the help I have received. I've watched other people use a variety of services you guys offer. It would be nice if you had more peer support specialists because the counselors have too many clients and aren't able to spend the good quality time that's needed. More up to date references to help clients with

their needs. Government funding goes so quickly and people spend months, days, hours trying to get help to only find out that funding is gone.

RESPONSE: Thank you for your support of RUHS-BH services and for championing the people in your life who have benefited from behavioral health recovery. Peer Support is a powerful role in that transformation, and access to all members of a multi-disciplinary team can be a key variable in reaching treatment goals. Community resource lists can change quickly based on funding, supply, and demand. Please work with agency staff when encountering a referral agency or resource that is no longer in operation or has exhausted funding. Such feedback allows staff to keep referrals up to date.

BHC RECOMMENDATION: BHC recommends sustaining peer support training and services as part of the MHS Annual Update FY 21-22, and will monitor and advocate for expansion of peer services as program needs develop.

(8) **Comment:** Strengthen bilingual/bicultural services, strong fear and stigma among the AAPI residents especially Chinese Americans.

- Incorporate culturally relevant services to existing prevention and mental health programs such as

-Youth leadership, academic and cultural enrichment activities

-Workshops on intergenerational conflicts, management of academic and family stress

RESPONSE: Thank you for your support of culturally informed services. Research indicates that consumers achieve better outcomes when services are culturally informed; this includes people from Asian American Pacific Islander (AAPI) communities.

a) Though translation services are available at all RUHS-BH service locations, it is understandable that conducting services in a person's preferred language is not only necessary but also clinically sound. Culturally informed services are always a best practice. The desired goal is to have more AAPI practitioners, and this will take a greater partnership with the AAPI communities to encourage students to pursue public behavioral health careers. Currently, Workforce Education and Training (WET)

gives additional selection points for interns from underserved communities or who speak a language necessary to serve Riverside consumers and families.

COVID service adaptations have added telehealth options to consumer choice.

Some recent data suggests that people from AAPI communities may prefer this adaptation as a primary service choice as it allows services in the privacy of their own homes. All RUHS-BH outpatient programs offer tele-health as an option.

RUHS-BH continues to support anti-stigma campaigns and events that target AAPI communities.

- b) As part of the Prevention and Early Intervention (PEI) plan, Riverside contracts with Special Services for Groups (SSG), an Asian community behavioral health organization, to provide Mental Health Promoters – people from the underserved community – to outreach and engage members of the same community. In addition, SSG also conducts the curriculum, Keeping Integrational Ties in Ethnic Families designed specifically for AAPI families, in several Asian languages. PEI also funds the Asian American Pacific Islander Mental Health Resource Center designed to reduce stigma, increase mental health awareness, and connect community to services. County behavioral health care is generally designed toward those with the fewest resources, including Medi-Cal recipients. The Department has recently contracted with SSG to provide Medi-Cal, clinical services to children, and is developing a contract to also provide clinical services to adults.
- c) The Asian American Pacific Islander Mental Health Resource Center has utilized this approach in conducting community engagement such as a recent cooking class. Your additional ideas have been forwarded to the PEI staff development officer that works with this program to look at expanding similar outreach efforts.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 21-22, and will advocate for expansion of programming based on data findings and stakeholder feedback.

3. **What other thoughts or comments do you have about behavioral health services or about the MHSA plan?**

- (1) **Comment:** The plan seems wonderful and the services are always improving and changing. There does need to be more help with the Asian cultures and employees to reduce stigma and for the people to want to seek help.

RESPONSE: Thank your support and for your advocacy to better reach people of Asian cultures. Prevention practices have taught us that the reduction and elimination of stigma and the creation of community protective factors is a multi-system partnership: behavioral health, primary care, schools, churches, businesses, legal systems, and cultural groups need to come together to both value behavioral health care and promote access to care as a strength instead of being shameful or weak. We have a lot more work to do! Your participation in this forum is a great step in that partnership.

The Mental Health Promoters program, based on the successful Promotores de Salud Mental model used in Hispanic communities has just started providing services to each of the underserved cultural populations. Initial data indicates they are successful! We look forward to enhanced outreach and engagement, especially as COVID restrictions ease, in order to improve partnerships and continue to provide culturally informed community education.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 21-22, and will advocate for expansion of programming based on data findings and stakeholder feedback.

- (2) **Comment:** a) The MHSA staff at RUHS-BH has been very supportive and receptive to the input and recommendations of AATF which is very much appreciated and valued by the AAPI communities
- b) MHSA administration has provided clear and updated information and has developed multiple ways for community members to provide input. MHSA has funded meaningful activities and services to underserved ethnic and cultural populations including for AAPIs
- c) Short term (up to 20 sessions) of “bridging” services are critically needed to

provide early intervention services to avert entry into the formal mental health system and for those with chronic mental illnesses to have the time to apply for Medi-cal so they can receive public mental health services

d) Incorporate culturally relevant services to existing prevention and mental health programs such as:

- Youth leadership, academic and cultural enrichment activities
- Workshops on intergenerational conflicts, management of academic and family stress
- Training for AAPI volunteers, peers, and parent advocates
- At least one full time staff at the Cultural Competency Program to focus on the needs of the very diverse AAPI communities
- Conduct a focus group with existing AAPI clients and their families to gain feedback/insight about their service satisfaction and unmet needs.

RESPONSE: a) Thank you for your positive feedback regarding MHSA administration's planning toward stakeholder engagement and transparent communication. Large system communication has many barriers and challenges and we continue to partner with community to optimize our participation structure.

b) Based on original and on-going stakeholder feedback, tailoring Riverside's plan to target underserved communities was identified as a priority. Prevention and Early Intervention WorkPlan 7 is designed to address these needs. Additionally, last year, the Cultural Competency unit was reorganized to be part of MHSA administration. This allowed for a more integrated approach to connecting with our cultural communities.

c) With the implementation of the promoter's programs and other culturally specific outreach services, the "connection" to ongoing care is the next step for people who shows symptoms of serious mental illness. Bridging Service will be reviewed with stakeholder groups and Department executive leadership as a possible intervention strategy.

d) Your suggestions for engagement practices will be shared with our outreach programs. Your recommendation for culturally-informed training for peers and volunteers will be shared with our Peer Support Oversight and Accountability Administrator. Focus Group recommendation will be shared with the Cultural Competency Manager. In order to increase representation of staff from each of the

underserved cultural populations, the Cultural Competency unit has reconceptualized the role of our Cultural Liaisons – members of the community who serve as ambassadors to cultural communities and assist with the development of related programming. Cultural Liaison positions have been augmented from part-time consultant positions to near full time staff positions that will serve within the Cultural Competency administration. Liaisons will focus on the following communities to reduce service disparities or improve care access: Faith Based Communities; Asian Pacific Islander; African-American/Black; Hispanic/Latino/Latina/LatinX; Native American/American Indian; Middle Eastern/North African; LGBTQIA; Deaf and Hard of Hearing; and Varying Abilities populations. Cultural Competency already has an existing Veteran’s Services Liaison.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 21-22, and will advocate for expansion of programming based on data findings and stakeholder feedback.

(3) Comment: Urgent care stabilization and follow up care, especially residential beds, are the single most important interventions for seriously mentally ill individuals and their families. The seriously mentally ill (schizophrenia, bipolar, major depressive) should be the focus of spending. Funding spent on changing societal perceptions of “stigma” is not a good investment. Helping the seriously ill to integrate into the community is the best way to eliminate stigma.

RESPONSE: Thank you for your response and for your commitment to mental health recovery and the families that support people who carry a diagnosis. Community integration is central to living a meaningful life.

“Residential beds” could represent a spectrum of voluntary care that includes mental health urgent cares (less than 24 hour stay), temporary stabilization programs such as Crisis Residential Treatment (2 week stay), or Adult Residential Treatment (4-12 month stay), augmented board and care (like the recently opened Roy’s Oasis in the Desert), substance abuse rehabilitation facilities, and permanent supportive housing.

Additionally, it could also mean involuntary levels of care such as acute hospital beds and locked levels of care. By law, MHSA cannot plan for any involuntary levels of care, and substance recovery programming can only be funded for co-occurring (having both an addiction and psychiatric diagnosis) recovery programs.

The voluntary levels of care listed above are all part of Riverside MHSA plan and have varying degrees of impact; the most affected being permanent supportive housing. Please see Community Services and Support (CSS-03) for information on MHSA supported housing development.

In addition, the following Capital Facilities and Technology component projects also serve as residential treatment services:

- Arlington Recovery Campus (ARC): The ARC is a 54-bed residential facility, with an adjacent sobering center, which will provide the necessary continuum of care treatment and wrap-around support that assists in the prevention of incarceration with the intent to break the cycle of re-offending and re-incarceration.
- RUHS-BH Diversion Campus: Diversion Campus programs will target those facing homelessness and those facing jail-eligible lower-level offenses, who have a moderately severe level of behavioral health acuity and/or a co-occurring substance use disorder. Diversion Campus participants would have access to residential services, Full Service Partnerships and Intensive Outpatient Treatment, including but not limited to a safe, drug free housing for the entire duration of a consumers stay at the campus.
- Restorative Transformation Center: The Restorative Transformation Center (RTC) will be a 30-bed facility used to deliver Social Rehabilitation Services with two distinct populations. The first population is specific to administer a pre-trial jail mental health diversion program for individuals charged with offenses in Riverside County. The second population is low acuity, seriously mentally ill, adult consumers who are in need of mental health treatment and are unable to care for themselves in an independent living situation, but can be cared for in a social rehabilitation program that provides psychiatric care in a normal home environment.

MHSA is composed of 5 components, and though the majority of the Act is designed to transform the public mental health service system for the seriously mentally ill, the Prevention and Early Intervention component – by regulation – must also integrate anti-stigma activities into the plan.

Though stigma has been identified as pervasive barrier to seeking care, research particularly recognizes that men, and some underserved cultural populations, are reluctant to request mental health services due to stigma. For people experiencing serious mental illness, such as schizophrenia, stigma has also been identified as a barrier to seeking care (second only to anosognosia, a person's lack of awareness that they have a disorder). Most certainly, the success of an individual's recovery can be a powerful tool for addressing stigma – and our outreach and engagement activities have integrated personal testimony and presentations from people in mental health recovery. Sometimes seeing someone else who has been homeless, incarcerated, addicted, and in and out of the recovery process can be the tool that encourages someone to commit to lasting participation in behavioral health care. Parents and families also feel the impact of stigma and the deficit of accurate behavioral health information, the confusion of system navigation, and related mental health laws. This often creates frustrations in addition to the hardship of witnessing an untreated disorder derail the lives of loved ones. Organizations like the National Alliance on Mental Illness (NAMI) has local chapters that offer accurate information and real support in a judgment-free environment, and programs like the MHSA funded Family Advocate, and Parent Support and Training, offer a wide variety of education and support to aid solutions.

BHC RECOMMENDATION: BHC recommends sustaining a continuum of care as allowed under MHSA regulation in the MHSA Annual Update FY 21-22, and will monitor and request a report on the availability of residential programs for Riverside County residents.

- (4) **Comment:** I am hopeful that the continued focus on identifying the needs of our county residents and advancing behavioral health support for all in the RUHS. Continue focus in this area will be necessary to achieve sustainable results.

RESPONSE: RUHS uses research data and stakeholder feedback to optimize program development and service delivery. We realize that this will not reach everyone's mental health needs, but we are also hopeful that it will target efforts to achieve the most meaningful results for the most people. Thank you for your support and continued stakeholder participation.

BHC RECOMMENDATION: BHC recommends the continued practice of utilizing research data and stakeholder feedback to drive program development in MHSA planning.

- (5) **Comment:** Overall, the plan and service array seems comprehensive.

RESPONSE: Thank you for your support of the programs defined in the MHSA Annual Update FY 21-22.

BHC RECOMMENDATION: BHC recommends sustaining programs and services and described in the Riverside County MHSA Annual Update FY 21-22.

- (6) **Comment:** We need to start providing funding for our most serious mentally ill, specifically hospitalizations, instead of taking all the funding and trying to divert them from the care they need.

We also need to adopt Laura's Law for after release from long-term inpatient psychiatric hospitalizations.

RESPONSE: It is overwhelming to see a visible need and no visible solution, especially when that lack of a result affects a person we love and their family. The helplessness is palpable, painful, full of understandable anger.

A full continuum of care – from prevention and early intervention – to acute levels of care, like hospitals and locked levels of care – are all necessary to address the treatment needs of the community. “All” funding is not used in any one area of that continuum. By regulation, MHSA primarily funds voluntary care services only. Care facilities not only require funding, but also support from neighborhoods and communities to permit facilities that house the mentally ill. These facilities of all types – from outpatient care to residential care - can be met with resistance from city governments and residents. Stigma not only inhibits individuals seeking care, but also communities who don't want “those people” in their backyard. This is where education can also be powerful. Involuntary residential care is also some of the most expensive programs to build and operate – and just as helping someone manage their diabetes at early stages can give them a better prognosis and avoid

hospitalization and surgery – so can early engagement, support, and recovery assistance for the severely mentally ill to prevent hospitalization. There are thousands of Riversiders who have benefited from this approach. And yet, some will still need to be hospitalized.

Beside MHSA, the other two largest funding streams for public mental health are realignment dollars and Medi-Cal billing. Medi-Cal billing is revenue from behavioral health services delivered and billed. Realignment dollars are tax dollars specified for varying social services. The formulas for these funds were developed before Riverside County had exponential population growth. Riverside County is the only California County to make the United States Census Bureau's list of Top 10 growing counties in the United States. This means that we have far more people to serve than the funding allocated. We continue to advocate to have this changed.

Hospital beds and availability are one part of involuntary care, the other is civil commitment laws. The laws are based on individual liberties because of the historical lack of due process around civil commitment and institutionalization, and the abuses that were a familiar part of that history. Laura's Law was a more contemporary attempt to bring some balance to that process. It does not necessarily mandate long-term institutionalization, but does give a court more authority to legally order mental health treatment. Recently, the participation regulations around Laura's Law have changed. In the past, counties had the option to participate, and now, beginning with the onset of FY 21-22, counties must provide rationale for opting out. Riverside has chosen to opt in and will begin participation in Laura's law later this year.

BHC RECOMMENDATION: BHC recommends sustaining a continuum of care as allowed under MHSA regulation in the MHSA Annual Update FY 21-22, and will monitor and request a report on the availability of residential programs for Riverside County residents

- (7) **Comment:** The MHSA plan is moving Riverside County forward in so many positive ways. So many positive programs! COVID threw us back and put us all in some kind of daze and panic. Addiction is overwhelming. Suicide has increased. Homelessness is in greater numbers. The medical industry has everyone living in fear and distrust.

RESPONSE: Thank you for your support of the Riverside County MHSA Plan Annual Update FY 21-22. Every considerable social change has impact on individual lives. We sometimes collectively tell the story with data and universal reports, but have less awareness of the challenges, losses, and despair on everyday lives. These times call upon quality behavioral care as one factor to address people's needs, and remind us of the importance of regular care as part of on-going community wellness.

BHC RECOMMENDATION: BHC recommends sustaining programs and services and described in the Riverside County MHSA Annual Update FY 21-22.

(8) **Comment:** More spray out to different Asian groups and organizations.

RESPONSE: Thank you for your support and for your advocacy to better reach people of Asian cultures. Prevention practices have taught us that the reduction and elimination of stigma and the creation of community protective factors is a multi-system partnership: behavioral health, primary care, schools, churches, businesses, legal systems, and cultural groups need to come together to both value behavioral health care and promote access to care as a strength instead of being shameful or weak. We have a lot more work to do! Your participation in this forum is a great step in that partnership.

The Mental Health Promoters program, based on the successful Promotores de Salud Mental model used in Hispanic communities has just started providing services to each of the underserved cultural populations. Initial data indicates they are successful! We look forward to enhanced outreach and engagement, especially as COVID restrictions ease, in order to improve partnerships and continue to provide culturally informed community education.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 21-22, and will advocate for expansion of programming based on data findings and stakeholder feedback.

(9) **Comment:** The MHSA staff at RUHS-BH have been very supportive and receptive to the input and recommendations of AATF which is very much appreciated and

valued by the AAPI communities

- MHSA administration has provided clear and updated information and has developed multiple ways for community members to provide input
- MHSA has funded meaningful activities and services to underserved ethnic and cultural populations including for AAPIs

RESPONSE: Thank you for your positive feedback regarding MHSA administration's planning toward stakeholder engagement and transparent communication. Large system communication has many barriers and challenges and we continue to partner with community to optimize our participation structure.

Based on original and on-going stakeholder feedback, tailoring Riverside's plan to target underserved communities was identified as a priority. Prevention and Early Intervention WorkPlan 7 is designed to address these needs. Additionally, last year, the Cultural Competency unit was reorganized to be part of MHSA administration. This allowed for a more integrated approach to connecting with our cultural communities.

BHC RECOMMENDATION: The BHC recommends sustaining the culturally informed programs and services in the MHSA Annual Update FY 21-22, and will advocate for expansion of programming based on data findings and stakeholder feedback.

(10) Comment: This is a great plan and funding should be ongoing to support these services. These multilayer services are essential to the well-being of community members.

RESPONSE: Thank you for your support of Riverside County's MHSA Plan Annual Update FY 21-22. A continuum of care to engage, encourage, and provide behavioral health care optimizes the opportunity of well lives.

BHC RECOMMENDATION: BHC recommends sustaining programs and services and described in the Riverside County MHSA Annual Update FY 21-22.