

Mental Health Services Act 3-Year Plan Update FY 2020-21 through 2022-23

Riverside University Health System Behavioral Health



Riverside County

- Estimated Population: 2,423,266 (U.S. Census Bureau report, 2017)
- **4th largest county in California by population and by land area**
- Riverside County is roughly the size of the State of New Jersey, containing frontier, rural, and metropolitan population densities, resulting in plan implementation barriers of small, medium and large counties combined
- **Riverside County ranked 3rd in population growth in counties nationwide; the only California county to make the list of “Top 10 Gainers” in the last US Census Bureau report**
- Western Riverside is most populated and faced the highest population growth pressures

Diversity

- 48% Latino/Hispanic; 36% Caucasian; 6.4% African-American; 6% Asian/PI; American Indian < 1%
- Riverside County Dept. of Public Health (2014) estimated the LGBT population between 71,000 to 236,000, potentially making this community the 3rd largest minority group in Riverside County
- Riverside County is home to one of the two schools for the deaf in California. Estimated population of deaf individuals nationally is 10%; Riverside County estimate is 17%
- 38% of Riverside County residents were living at or below 199% of poverty in 2016
- Older Adults (age 60+) represents 20% of the population
- TAY (age 16-25) represent 15% of the population

What is a public hearing?

- A status report and open meeting about programs funded in Riverside County by the Mental Health Services Act (MHSA)
- An opportunity to give community feedback about the MHSA Plan and the programs
- MHSA updates are either on 3-year Plans (like a Care Plan) or an Annual Update (like a progress report)

COVID-19 and Public Hearing

- Due to gathering restrictions, there is no in-person public hearing in 2020
- Instead, videos of the MHSA Plan overview are posted on all RUHS-BH social media; one in English and one in Spanish. Both will have sign language interpretation
- Video can be viewed any time between June 10th - June 17th
- Posting includes an electronic link to the MHSA Plan and an electronic feedback form
- A phone number is also provided for leaving a voice mail and the option to leave a call back number
- Feedback period closes on June 24th

What is MHSA?

- 2004 CA voter approved ballot proposition (Prop 63)
- 1% income tax on incomes over \$1 million
- Funds are distributed to counties and used to “transform” 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 Substance Abuse, Prevention, and Treatment programs (unless there is a Co-Occurring Disorder)

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)

- Also pays for CA State administration

CSS

- Largest Component
- Integrated mental health and support services to children/TAY and adults/older adults whose needs are not met by other funds
- Full Service Partnerships (FSP) – 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 Service 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 Severe Mental Illness
- 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% of budget
- 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

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)

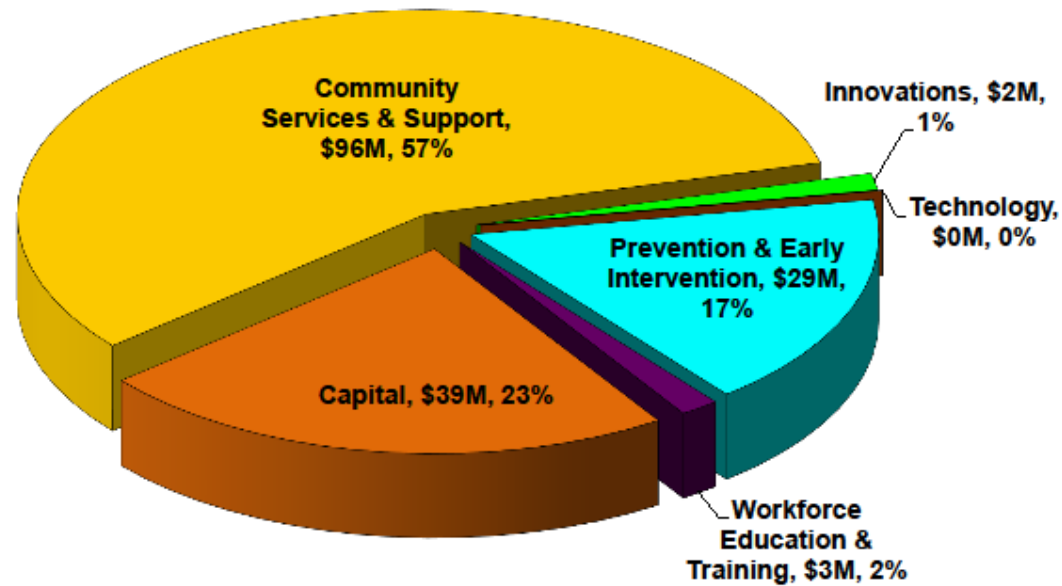
WET

- 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

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
- Completed projects:
 - Desert Safehaven Drop-In Center
 - West Region Children's Consolidation (Myers St.)
 - West Region Adult/OA Consolidation (Rustin Ave.)
 - Electronic Health Record
- Improve the infrastructure of public mental health services: buildings and electronic programs.
- Current Workplans: North Palm Springs Adult Residential Facility with 90-100 beds; Riverside The Place Renovation; Arlington Recovery Community (ARC)

**RUHS - Behavioral Health
FY 20/21 Proposed County Budget
MHSA (Prop 63) Funding Categories**



Total: \$169M

Stakeholder Process

- 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



**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@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"> • 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 	<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 • 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"> a. TAY Collaborative b. 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@rcmhd.org

*Closed meeting

So what do I do?

- Use your lived experience and learned knowledge to give feedback and input on the MHSA Plan
- Provide your opinion on what works, what isn't working, and what you would like to see
- Give your thoughts on a solution
- Ask for more information or training



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 MHSA 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

Where does my comment go?

- All comments are documented: Both the verbal and written comments
- Reviewed by the Behavioral Health Commission and each gets a formal response
- The original comment and the response are added to the plan as part of the section on the Public Hearing

DANKSCHEEN
 GRACIAS
 ARIGATO
 SHUKURIA
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 TASHAKKUR ATU
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Highlights from FY18/19 and Things to Come in the Next 3-year Plan FY20/21-22/23

Community Services and Supports (CSS):

- Community Behavioral Health Assessment Team (CBAT): RUHS-BH clinical therapist partnered with a patrol police officer. Expanded from two co-responder law enforcement teams to a total of 6 teams located with Riverside PD, Hemet PD, Indio PD, Murrieta PD, Temecula PD, and Moreno Valley PD/Sheriff.
- Parent Support and Training Program: Expanded menu of services to include Dinosaur School, part of the Incredible Years program. Dinosaur School is a small group for children ages 4-8 that focuses on social skills, anger management, following rules, feelings identification, and problem solving. Groups will be offered in the children's outpatient clinics and in the community.
- Family Advocate Program: Increased program capacity by adding additional Family Advocates who will target their efforts to specific underserved cultural populations: LGBTQ, Asian American, and African American including their respective families/caregivers to offer support, education, and resources.
- Children's Services:
 - Assessment and Consultation Team (ACT) – Clinicians out-stationed in Child Welfare (DPSS) locations, effective August 2019, which allows for improved care coordination
 - Preschool (0-5) Programs: Full Service Partnership (FSP) designation removed effective July 1, 2019
 - Treatment Foster Care (TFC): Program closed effective April 24, 2019. All staff reassigned to other programs, and all youth and family were linked to alternative mental health services.
 - All Wraparound Programs became FSP's in FY 19/20, expanding services to Blythe in the Desert Region.
 - All Youth Hospital Intervention Programs (YHIP) became FSP's as of October 1, 2019 as the SAMSHA grant funding ended but programs are still providing First Episode Psychosis services for youth ages 14-15.
 - Blythe Children's Clinic established a Memorandum of Understanding (MOU) with Palo Verde School District for FY 19/20 to provide more services to youth on school campuses. A clinical therapist and Parent Partner are on school sites 2x's per week serving all schools K-12, including continuation schools.

- Riverside Family Wellness Center is no longer providing integrated care since IEHP's BHICCI grant funds ended in July 2019. The clinic continues to deliver services and functions as an outpatient children's behavioral health clinic.
- FACT of Corona children's clinic has changed location and has been integrated into the Corona Wellness and Recovery program, housed at the Community Health Center as of July 2019. This is part of the efforts by RUHS-BH to integrate behavioral health into the FQHC's also known as Community Health Centers (CHC). The integration also includes the re-location of the Corona Main Street Adult clinic and the Corona Substance Abuse program.
- Adult Services:
 - The Desert Adult FSP program is temporarily located in Palm Desert but will be moving into the Roy's augmented Board and Care when completed in 2020.
 - Mecca Behavioral Health Clinic will be providing direct care services to adult consumers by March 2020.
- Mental Health Court/Justice Involved:
 - An expansion of mental health court includes a program specifically for individuals who are homeless and are justice involved due to crimes related to homelessness. Similar to Mental Health Court, Drug Court, and Veteran's Court, the goal of the Homeless court is to provide partnership and resources designed to rehabilitate and integrate individuals back into the community. This program is available in Indio and has expanded to Riverside.

Capital Facilities and Technology (CFTN):

- Roy's Augmented Board and Care located in North Palm Springs is scheduled to open in 2020
- Arlington Recovery Community Program (ARC Program) – In beginning development stages of a fully integrated residential and outpatient approach to treating serious mental illness and Substance Use Disorders with the purpose to support diversion from incarceration and reduce recidivism. This facility will be located on County Farm Road in the city of Riverside.
- The Place (Riverside's Safehaven/Homeless Drop in Center): In early stages of planning is the reconstruction and reorganization to update the facilities and increase partnership and support with the city.

Prevention and Early Intervention (PEI):

- PEI continues to support 29 program providers with monthly contract monitoring for 37 contracts Countywide, technical assistance, training, coaching, and support; New for 2019: Fidelity support, training, and coordination to RUHS-BH staff for: Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, and Triple P
 - Two PEI programs received the RIVCO Innovates Award: Peace4Kids and Care Pathways
 - RIVCO Innovates is the "awards arm" of the County's Vision 2030 Eighth Bold Step: Transform Riverside County 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 released 6 Requests for Proposals (RFP) last year:
 - TAY Resiliency Project, Cultural Brokers: Building Partnerships with Cultural Communities, CBT for Late-Life Depression (CBTLLD), Contact for Change, Triple P, Native American Project: Strengthening the Circle;
- And awarded 7 new contracts:
 - Keeping Intergenerational Ties in Ethnic Families (KITE): SSG; Promotores de Salud Mental y Bienestar: Vision y Compromiso; Mamás y Bebés: Riverside Community Health Foundation; Community MH Promoters Program (CMHPP): Asian/PI – SSG; African American – African American Health Coalition; LGBTQIA – Borrego Health; Native American – Riverside San Bernardino Indian Behavioral Health Institute
- New programs coming in FY20/21:
 - Native American project: Strengthening the Circle – RFP currently in evaluation
 - Building Resilience in African American Families (BRAAF) for Girls – the Desert pilot was successful and will be expanded to all three regions – RFP to be released soon

- Opportunities to stay up-to-date all year long on PEI related activities include:
 - Quarterly PEI Collaborative (5th Wednesdays throughout the year)
 - Quarterly Newsletter – The PEI Pulse (email PEI@ruhealth.org to get on the distribution list)
 - Monthly social media posts to RUHS-BH Facebook, Instagram, and Twitter
 - Up2Riverside.org
 - It's Up to Us – Riverside Facebook page
- Suicide Prevention activities:
 - PEI offered mini-grants to implement the Each Mind Matters Suicide Prevention Toolkit:
 - Awarded to 15 organizations in 2019 across the County
 - Purpose: 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
 - Will offer this opportunity again in 2020
 - Recognition of Suicide Prevention Week through:
 - Proclamation from the Board of Supervisors
 - 1st Annual Suicide Prevention Awareness Walk – Downtown Riverside
 - Suicide prevention gatekeeper training: safeTALK, ASIST, MHFA-Youth and Adult, and Know the Signs presentations. Over 4,000 helpers in the community have been trained so far. This year we expanded our training teams and offer these workshops each month throughout the year. For more information or to register email us at PEI@ruhealth.org
 - Training for new trainers provided in MHFA Youth and Adult (February 2019)
 - Development of a Riverside County Suicide Prevention Strategic Plan (to be released soon)

- Suicide Prevention Coalition will be developed in the coming fiscal year to implement the plan
- Partnership with Countywide Culture of Health Ambassadors: providing training, resources, and activities for the workplace
- Send Silence Packing exhibit:
 - Downtown Riverside community event (first-ever 2019) with opening ceremony which included BOS Chuck Washington, BH Director, PH Director, and guest speaker Kevin Briggs
 - Two additional exhibits: Mt San Jacinto college and College of the Desert
 - FY 19/20 was cancelled due to COVID, but will be rescheduled when permitted
- Riverside County continued support for PEI Statewide programming: Each Mind Matters, Know the Signs, and Directing Change. This year's Directing Change local event, co-sponsored with SBDBH, was May 2nd with 182 film submissions by almost 700 Riverside County student participants, resulting in 8 State-level winning films.
- Mental Health Awareness activities:
 - EMM Toolkit activities for May is Mental Health month – the plan is to offer mini-grants next year
 - PEI Outreach at schools, community events and health fairs sharing information about: Each Mind Matters, Know the Signs, PEI programs, and RUHS-BH services
 - Active Minds Summit with college/university campuses to engage TAY in changing the conversation about mental health on campus and starting Active Minds chapters
 - Palm Springs PRIDE Festival in coordination with Consumer Affairs, Cultural Competency, TAY Drop-In Centers, and others
 - Assisted with Coordination and Support for Faith-Based Health Fairs with the Catholic Diocese
 - Radio Interviews: KFRG, Channel Q
 - TV Interviews: City of Riverside Monthly with Mayor Bailey

- MH Awareness night with the Agua Caliente Clippers (partnership with San Bernardino DBH)

Workforce, Education, and Training (WET):

- Advanced Trainings: Over 40 unique advanced training topics offered with over 365 CEs offered. Strengthened support of critical treatment-related EBPs like Dialectical Behavior Therapy(DBT)/Family Based Therapy(FBT) for Eating Disorders (ED), Dialectical Behavior Therapy (DBT), Trauma Focused Cognitive Behavioral Therapy (TFCBT) by providing coordination, structure, oversight and evaluation to the programming. Collaborative work being done to bring in Seeking Safety to department to address Trauma + Substance Use.
- Cultural Competency: Collaborated with California State University Northridge to complete a department-wide cultural competency assessment. Included a focus group and department-wide survey. Recommendations reviewed with the Cultural Competency Reducing Disparities (CCRD) committee and is currently being operationalized for implementation. In addition, an annual mandatory cultural competency training requirement was established for 2020 and forward.
- Administrative Supervisor Development: Monthly workgroup established; 9 professional development trainings offered; mentorship models reviewed; increase in supervisor attendance at meetings; well-reviewed by supervisors.
- Clinical Supervisor Development: 15-person cohort developed; bimonthly trainings began in September; participants receiving specialized training in Competency Based Clinical Supervision; well-reviewed by participants.
- Employee Recognition Program: Program is continuing to be promoted and developed. Online portal for recognizing employees is actively utilized. Awardees are selected quarterly and recognized in meetings, on the website, a video is created to highlight their story, and they are given a plaque. There has been a decline in submissions over the past year.
- Outreach and engagement: Over 13 community presentations/events. Nearly 1500 in attendance.
- Student Interns: 50 student interns; more than 50% Spanish speaking; 60% Hispanic; 11% African American; 25% Male.
- Volunteers: 33% average rate of volunteers becoming employed with agency.

- Tuition reimbursement: Had 20 new awardees pursuing degrees in Alcohol and Other Drugs (AOD) – Substance Use Counselors, Master's in Social Work (MSW), Master's in Marriage and Family Therapy (MFT) degrees, etc.

Innovations (INN):

- TAY Drop-In Centers: This is the last year of funding for the 5 year Innovation project that sunsets on June 30, 2020. Due to the success of the program and based on community feedback, TAY centers will continue but may be modified. Additional research and data will allow the department to determine what added resources are needed and the best format for continued service delivery.
- RBY (Resilient Brave Youth) Program: Commercially/Sexually Exploited Children (CSEC) Field Response project is in its 3rd year of a 5-year project timeline. RBY 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: RUHS-BH's participation is a collaboration with 13 other counties in California. Project began in March 2019 and was extended to a 5-year project. Help@Hand brings technology tools into the public mental health system through a "suite" of applications designed to educate users on the signs and symptoms of mental illness; improve early identification of emotional/behavioral changes; connect individuals seeking help in real time via a chat app; and increase user access to mental health services when needed. In addition, RUHS-BH has created its own Peer Support Chat App called Take My Hand. Originally set to pilot in early to mid-2020, this app was launched in April during the COVID-19 pandemic to increase access to those in need while stay at home orders were in place. Additional applications will be piloted through 2020 to determine the best options to be added to the Tech-Suite.

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

	Western Region	Mid-County Region	Desert Region
Children's FSP			
Multi Dimensional Family Therapy	X	X	X
Treatment Foster Care	X	X	X
Wraparound	X	X	X
Parent Child Interaction Therapy/ Preschool 0-5	X	X	X
TAY (Transitional Age Youth):			
TAY FSP Program	X	X	X
Adult:			
Adult FSP Program	X	X	X
BRIDGE Program	X	X	X
Older Adult FSP:			
SMART Program	X	X	X
SMART BRIDGE Program	X	X	X

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

Crisis System of Care:			
Mobile Crisis Teams: REACH, CREST, ROCKY	X	X	X
Mental Health Urgent Care	X	X	X
Crisis Residential Treatment	X	X	X
Youth Hospital Intervention Program	X	X	X

Navigation Center	X		
Mental Health Court & Justice Related:			
Mental Health Court/Veterans Court	X	X	X
Homeless Court	X		X
Clinician/Police Ride Along (CBAT)	X	X	X
Law Enforcement Education Collaboration (CIT)	X	X	X
Youth Treatment Education Center	X		

CSS: Outreach and Engagement

Lived Experience Programs:

Consumer Affairs: Peer Support

Peer Centers (Wellness Cities)	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
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	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
Parent Education & Support:			
Triple P - Positive Parenting Program	X		
Mobile MH Clinics & Preschool 0-5 Program	X	X	X
Strengthening Families	X	X	X
Early Intervention for Families in Schools:			
Peace4Kids			X
Trasistion Age Youth (TAY) Project:			
Stress and Your Mood	X		X
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 Seeking Safety	X	X	X
Trauma Focused Cognitive Behavioral Therapy	X	X	X
Underserved Cultural Populations:			
Mamas y Bebés (Mothers & Babies)	X		X
Building Resilience in African American Families -Boys	X	X	X
Building Resilience in African American Families -Girls			X
Native American Project			
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 in Action!

James' Story

Anxiety, anger, and depression has always been in my life as long as I can remember. Life as a boy was difficult. I experienced learning challenges and episodes of loneliness. My father left our family when I was eight, and my mother raised me and my sister the best she could, but I always felt angry without a father. So I looked for father figures in my life.

Mental illness lead me to drugs and alcohol at an early age. I used to fill the void, but later on in my life, I found out, I would have to take medication to control my mental illness. I got into fights at school, did not listen to my mother, hung out with a bad crowd, got into partying and the street life at a young age. This continued into adulthood.

I would be able to secure and hold good jobs, for a time, living a double life. It was hard dealing with my depression and anxiety. I was emotional, and self-medicated to cope. I became homeless, lost in my mental illness and addiction.

When I was in the shelter, I was introduced to Western Region Adult Full Service Partnership (FSP) at Jefferson Wellness Center (JWC). At JWC, I was introduced to wellness groups, started to see a psychiatrist and take medication. I grew up without the support that was now provided freely to me at JWC. Then I slipped and relapsed, moved out to my sisters, and stopped taking my medications.

My sister called JWC to help me, and my wellness partner came to help me again. He picked me up and took me to Emergency Treatment Services (ETS) to get help. I got back on my medication; my wellness partner visited me and helped me get into a substance use program. JWC assisted me in obtaining benefits, and supported me in maintaining my recovery. I re-engaged in groups and counselling. I have not had a relapse since 11/30/2015. I have been able to help manage a sober living where I also live, which gives me a feeling of self-worth.

I continue to talk with my doctor, meet with my wellness partner, attend groups, and take my medication. I owe my life to JWC. I really am happy with my life. I have confidence and am grateful for the life that JWC and my higher power has given to me. I will have to take my medication for the rest of my life and that is okay because I do not want to return to the way my life was. I have serenity and peace, and my whole world has changed for the better. Thank you Jefferson Wellness FSP for helping me find a new way of life.