



**RIVERSIDE COUNTY DEPARTMENT
OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)

IMPLEMENTATION PROGRESS REPORT
FOR THE INITIAL
THREE-YEAR PROGRAM AND PLAN
FOR COMMUNITY SERVICES AND SUPPORTS (CSS)**

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1. PROGRAM/SERVICES IMPLEMENTATION

- a) The County is to briefly report by each service category (i.e., Full Service Partnerships, General System Development and Outreach and Engagement) on how the implementation of the approved program/services is proceeding.*
- (i) Report on whether the implementation activities are generally proceeding as described in the county approved plan and subsequently adopted in the MHSA Performance Contract. If not, please identify the key differences.*
- (ii) Describe the major implementation challenges that the County has encountered.*

Riverside County received state approval on its Community Services and Support (CSS) Plan on June 29, 2006. We consider ourselves to still be early in implementation partially due to the fact that we were delayed until October 6, 2006 for the approval of the one-time start up funding. That being said Riverside County is very excited to announce and update the community on CSS implementation of six main Work Plans, and 44 program strategies to accomplish our goals outlined under the Mental Health Services Act (MHSA).

The following Implementation Progress Report will provide updates sequentially by Work Plan and age span, and will delineate by program strategy and funding type (Full Service Partnership (FSP), System Development, or Outreach and Engagement). We not only will share our successes but additionally any barriers or obstacles encountered around implementation activities.

CHILDREN'S INTEGRATED SERVICES PROGRAM (FSP-01)

The strategies included in our Children's program have been the most rapidly and successfully implemented thus far under MHSA. They were the first to be operationalized and enroll Full Service Partners into a program. Many of the System Development programs were also implemented early on and in many cases exceeded our original estimates for clients to be served.

The Multi-Dimensional Family Therapy (MDFT) and Multi-Dimensional Foster Care (MDFC) are the two programs chosen to provide FSP for children's services. Clients and their families within the two programs will also benefit from resources including respite, childcare, and transportation to support them in efforts to access services.

FULL SERVICE PARTNERSHIPS

Multi-Dimensional Family Therapy (MDFT)

MDFT is one of the two Full Service Partnerships chosen by Riverside County for the child and adolescent mental health population. This highly effective evidence based treatment model focuses on minors who are at high risk of placement failure due to externalizing behaviors and/or co-occurring substance abuse problems. Outcomes related to this treatment model include:

- Reduction of negative and increase of positive attitudes and behavior
- Improved relationship with parents
- Improved school performance
- Reduction in substance use
- Reduction in affiliation with drug-using and antisocial peers

Three MHSA teams (Western, Mid-County and Desert Region) were established and trained in this model in October of 2006 and immediately began building client caseloads. There is regular contact and mentoring from the trainers and we are a part of a development team led by CIMH.

Clients are currently enrolled in this full service partnership and others are in the screening-pretreatment phase. It is still very early in the process but the initial responses from families and practitioners overall are very positive. Minors, their families, and the MDFT staff are already seeing significant positive change and progress toward the minor's treatment goals. The Master Trainers from University of Miami have conducted two site visits thus far. The feedback from them was very positive regarding our learning of the model and practice with families.

The obstacles encountered thus far relate to implementation details of the model and the challenges in maintaining fidelity, although it has not deterred implementation of the program.

Multi-Dimensional Foster Care (MDFC)

The implementation of MDFC was delayed in part due to the unavailability of the training component through CIMH. Riverside was one of the counties selected for training in April 2008. So as to not endanger the implementation of the FSP, the Department made the decision to move forward with a transitional model, Comprehensive Treatment Foster Care (CTFC) which aligns with the principles and practices outlined for MDFC.

Training for the staff has begun by staff review of literature called Family Connections, A Treatment Foster Care Model for Adolescents with Delinquency, by Dr. Chamberlain. Training is also being arranged through consultation with Lynn Marsenich, LCSW with CIMH, using a model of treatment called Adolescent Transition Program. By using this model of treatment as a transition, the program staff will be more easily transitioned into the MDFC model of treatment in April when it becomes available.

Foster parents have been identified as potential candidates for CTFC. These foster parents have been licensed, and have gone through an additional 12 hours of specialized training, and currently are being screened and trained on CTFC's point level system.

When CTFC is fully functioning within the next year, we are looking at ten homes per region, for 30 homes total. Staff will be regionally stationed in the Indio, Perris, and Riverside office. One barrier encountered has been the need to augment the enhanced foster care rate, which has been necessary to attract foster care parents to the program.

Supports (Respite, Childcare, Transportation)

Again these supports were established to assist Children and their families in accessing and reducing barriers to participating in the FSP programs. Childcare supports although not in place will be arranged by FSP program staff. The Department has a contract in place with Riverside County Office on Education for respite services. Vehicles are in the process of being acquired to assist in transportation capabilities.

SYSTEM DEVELOPMENT PROGRAMS

The Children's System Development programs center around Interagency Service Enhancements, instituting Evidence Based Practice Models, family involvement (Parent Partnerships), implementation of a diagnostic tool, and supports for Crisis Evaluation Services. These programs have already yielded a positive impact on the Department's Mental Health System for Children, and have actually exceeded targets for clients to be served for the second quarter of this fiscal year. There have been some minor deterrents to implementation of system development programs mostly related to slowness of staff recruitments and finding and leasing program space, but overall, programs are moving forward as planned.

Interagency Service Enhancements

Children's Services addresses the needs of emotionally and behaviorally disturbed minors who face charges in juvenile court, by providing six enhancements described below that reflect the strategies of family preservation, follow-up services for children leaving juvenile hall and other detention facilities, and coordination with Social Services.

Juvenile Court Follow-up

These enhanced services will provide consultation to court staff and linkages for minors and their families who enter the court system. Thus far two of the three regionally located clinicians have been hired and will work out of the Indio and Temecula Courts. Recruitment for the Western Region Clinician is still in process. The Department anticipates some delays in initiating services due to a lengthy hiring process which requires background checks for staff to work in court settings.

Probation Liaison

This case management service assists youth on probation or leaving juvenile detention facilities and ensures appropriate mental health linkages and follow-up. Staff has been

identified in Mid-County and Desert regions and is pending in Western region. Services will ensue following completion of the hiring process.

Social Service Re-Design (Team Decision Making)

Another collaborative approach; Clinical Therapists have been hired and are screening youth through a family-to-family initiative with Social Services. This approach is aimed at children who are at risk of removal from their homes due to neglect or abuse and will enable them to remain at home whenever possible, or in the least restrictive environment. This service is currently operational and began providing screenings in December 2006.

TBS Expansion

The goal is to expand the capacity of the TBS program with additional clinical coordination and case management staff to address the need of additional children. Currently, clinicians are in place and expanded services are being offered to youth.

Co-Occurring Disorders (COD)

This service is designed to enhance services for minors diagnosed with co-occurring disorders who are receiving services in county clinics. Behavioral Health Specialists have been hired in all three regions, resulting in COD treatment groups being offered to youth in children's clinics.

Mentoring

This valuable service provides children and youth with companionship, role modeling, support, guidance and assistance in successful integration and participation in normalizing child and youth activities. This service will be contracted out; the RFP has been developed and was released on 2/20/07 to identify a contractor. A review team is going through the selection process to identify a provider.

Evidence Based Practices (EBP)

Specific EBP's will be implemented in county clinics to meet the needs of specific high need populations including youth experiencing depression, victims of trauma or abuse, and those with anger and impulse control issues. Updates on these EBP's are outlined below:

Cognitive Behavioral Therapy (CBT)

This proven and effective modality around depression and trauma issues will be implemented into the service array for youth receiving services in clinics. The Department has already established a development team and received training to the model around depression issues. A staff person will be selected from the County Team to be a trainer for the Department staff. A second phase of the program will be to establish a clinical team who will be trained to use CBT with trauma issues; once training is completed, services should ensue in the spring of 2008.

Aggression Replacement Therapy (ART)

Six teams have been developed and are providing these services to youth in county clinics. The model teaches pro-social skills to replace aggression as alternatives when provoked and to respect the rights of others.

Parent-Child Interaction Therapy (PCIT)

By establishing three additional treatment sites, PCIT services will be available to more youth; specifically dependents of the Juvenile Court ages 2-7. Clinical Therapists have been hired in the Western and Desert Regions, and recruitment is in process for Mid-County. Services are already being offered by the program.

Incredible Years-Parenting

The training modules have been completed and this parent education model is being offered through three Social Services contracts with Murrieta Valley School District, Carolyn Wylie Center, and My Family Inc.

Family Involvement (Parent Partnerships)

The Department acknowledges the importance of expanding the involvement of parents in all levels of the Children's Integrated Service Program, by creating a Centralized Parent Support Unit, and by increasing the number of parent partners in our clinics.

Centralized Parent Support

Five new Parent Partner positions will be added into the current Parent Support Unit (Clinician/Volunteer Coordinator) to provide additional supports to youth and their families. Three of the five positions have already been filled and supports are being offered under the new structure. Several of the parent partners attended EES (Education, Equip, Support) training developed by United Advocates for Children of California. This is for families of children with behavioral and emotional problems. One round of trainings has already been offered by parent partners for families in Riverside County.

Clinic Expansion

Eight additional FTE's (Full-Time Equivalents) for Parent Partners will be added, five of whom have been hired to offer supports in the Departments clinic settings. In order to optimize their impact Peer Specialist training has been adapted for Parent Partners and was offered in March 2007. Twenty Parent Partners participated and graduated from this training; training was conducted by META Services and will be required for all employed Parent Partners.

Diagnostic Tool

C-DISC (Computer-Diagnostic Interview Screening) tool to provide more accurate diagnosis of minors (including co-occurring disorders) seeking services. This enhancement although described as a part of the Children's Continuum, is actually funded through the one-time funding request. Currently, the Department has acquired computers and software. Two staff was sent to Columbia University in New York to be trained on C-DISC administration. Children's Supervisors have been given a brief overview and training on administration will be provided to staff in each region. This

quarter will be spent in training and start-up. The target is for all clinics to be trained and actually using the C-DISC by July 1st.

Crisis Psychiatry Services

A vital enhancement in the Children's Programs is expansion of case management, parent partner involvement, and psychiatry time at the Children's Evaluation Services Unit (CESU). The positions to support this enhancement are now open; interviewing and hiring is in process. Services are slated to begin in late spring or early summer 2007.

INTEGRATED SERVICES FOR YOUTH IN TRANSITION (TAY) (FSP-02)

The strategies outlined in the TAY Work Plan include three regional Full-Service Partnership Programs, and a variety of System Development enhancements that include Crisis Residential, Peer Support, Augmented Board and Care, and several Evidence Based Practice Models. Each strategy is updated below; however, it is important to note that TAY implementation has experienced delays mostly due to the inability to reach contractual agreements for the FSP service.

FULL SERVICE PARTNERSHIPS

Integrated Services Recovery Centers for TAY (ISRC-TAY)

The TAY Full Service Programs called for three (one each region) Integrated Services Recovery Center. The Western Region site is in Riverside and will be County-Operated; Mid-County and Desert programs will be contracted out. Although operational, the Western region programs space is temporary due to the fact the property was sold and negotiations with new owners had to occur. The new space will be completed by mid-summer, allowing for maximum capacity of staff and consumers into the program.

The Western ISRC-TAY has hired staff, and began enrolling TAY consumers in the 3rd quarter of 2007. Existing start-up staff has been receiving training and technical support through U.C. San Francisco on an Evidence Based Practice for TAY called "Empowerment."

As the Western program moves forward with implementation, the Mid-County and Desert programs have been stalled due to complications with contracting the service out. The ISRC-TAY Request for Proposal was released in the fall of 2006. The proposals received failed to meet the standard requirements of the Department to award the contract. Therefore, the decision has been made to re-bid the RFP, attempt further clarification of programmatic and financial requirements; thereby attracting a larger pool of respondents. The new RFP will be released in June 2007, with the goal of the ISRC-TAY for Mid-County and Desert being operational by mid to late summer 2007.

SYSTEM DEVELOPMENT PROGRAMS

Crisis Residential Services

This program has encountered several obstacles toward implementation. A RFP was developed and released in the fall of 2006. For the Western Region a contractor was

selected, however, they have been unsuccessful at identifying a location to operate the service. In the Desert Region there were no successful bidders for the program. The Department will continue to assist the contractor in Western Region to identify program space, and will look at a re-bid for the Desert Region.

Peer Support and Resource Centers

These Centers are consumer driven and operated, offering a variety of supports and skill development services necessary for TAY consumers to pursue personal goals, recovery, and self-sufficiency. A variety of supports will be offered including: vocational, educational, resource and referral, warm-lines, and peer-to-peer support activities. The Department successfully released the RFP's for these services shortly after plan approval, and the contracts were awarded in October 2006; Western and Mid-County programs will be operated by Jefferson Transitional Programs (JTP) and in the Desert by Oasis Rehabilitation. TAY and Adult Services will be provided at each site with TAY services being provided separate from adults.

The Oasis program in the Desert Region (Indio) has been named the "Harmony Center" and opened in December 2006. The Western Region location (Riverside) is operational and began serving consumers in early March 2007; this location experienced some implementation delays related to building renovations.

The JTP Mid-County Peer Center has experienced difficulty in identifying program space. Finally after months of exhaustive property searches, they found space in Perris and have executed a lease agreement. Staff for the Mid-County site has been retained, and efforts toward promoting the Centers are underway as they await the completion of building renovations. The goal is to begin serving consumers at this location by May 2007.

The Centers currently are meeting with County Clinic staff and programs to promote activities and to facilitate the referral process. The Centers have reported more difficulties engaging TAY consumers than adults, and will continue to work closely with TAY Department staff to ensure involvement in TAY in these services. Each Center also has an advisory board consisting of consumers and family members to assist in guiding and providing feedback to the type of services being offered.

Augmented Board and Care (ABC)

The RFP has been developed and was released in March 2007. Proposals are being solicited for TAY, Adult and Older Adults. The Department hopes to award these contracts by May, and begin utilizing these enhanced services by early summer 2007.

Evidence Based Practices (EBP)

There are three main EBP's that are to be offered to TAY as well as children: Multi-Dimensional Family Therapy (MDFT), Cognitive Behavioral Therapy (CBT), and Co-Occurring Disorders (COD).

As discussed in the Children's Work Plan, the MDFT has all three regional teams in place and are providing services. This EBP is focused on 16 to 18 yr. olds at risk for placement failure due to externalizing behaviors and/or co-occurring substance abuse issues.

Also as described earlier, the development team for CBT has been established and training is in process. The COD component has hired all the staff regionally, and transition age youth are benefiting from this modality through the County Children's Clinics.

COMPREHENSIVE INTEGRATED SERVICES FOR ADULTS (FSP-03)

The strategies outlined under the Adult Services Work Plan include three regional Full Service Partnership (FSP) Programs, and a variety of System Development enhancements including Crisis Residential, Mental Health Court, Jail Follow-up, Peer Support, Family Advocacy, Outreach and Enhanced Out-Patient Services.

In the original CSS plan housing was embedded under the System Development Funding Category, however during the plan review the state recommended the programs be re-categorized to ensure resources were to be used for FSP consumers. As a result the Department maintained all the housing programs outlined in the plan, but shifted the costs to one-time housing expenditures. The plan revision and revised Exhibit 4's reflect these changes in our State Contractual Agreement. Since housing is such a critical component to CSS implementation and is a community priority, housing initiatives are a part of updates listed in the section below.

FULL SERVICE PARTNERSHIPS

Adult/Integrated Services Recovery Centers (ISRC)

Three ISRC's will be offered under the Adult Work Plan, one in each region. The Western site is in Riverside and will be County-Operated; Mid-County and Desert Region programs will be contracted out.

The County run ISRC in Riverside is operational and started enrolling clients into the program January 2007. This is the first FSP program to offer services for adults under new MHSA funding. Anka Inc. is the contractor who was selected to operate the ISRC programs in Mid-County and Desert regions. Contracts for those two programs were slow to develop due to uncertainty of the Department of Rehabilitation contract status and the impact of that contract on the ISRC budgets. Those issues are now being resolved.

Contract negotiations are being finalized and contract will be in place April 2007. The Department anticipates services to be offered in early summer of 2007 through these contracts.

SYSTEM DEVELOPMENT PROGRAMS

Housing

Safehaven: This program is being established to provide low-demand permanent housing and a 24/7 drop-in center for chronically homeless adults with a serious mental illness. The Department plans to establish the Safehaven as a peer

operated program and has released an RFP to identify an on-site provider. The Safehaven program facility has completed the design phase of the project, and is looking to acquire rapid permit approvals and necessary construction bids. The goal is for the program to be operational by June 2007 in order to leverage HUD funding.

Governor's Initiative: The Department continues to work with the Housing Authority (Economic Development Agency - EDA) on identifying potential projects that could be co-sponsored by utilizing the Governor's Initiative funds and/or Proposition 1C funds when they come available.

Housing - Scattered Site Apartments: Due to the size of the County, the Department recognizes the need to provide support in scattered sites so consumers can choose where to live or can remain in their neighborhoods close to family or other supports, and can avoid moving to designated multiple unit sites. The plan will allow the Department to recruit and support landlords who are willing to rent one or more apartments at scattered sites. This strategy will be implemented and coordinated by the Housing Development Unit once it has been established.

Housing Development Unit and Supports: The Department is in the process of establishing a Housing Development Unit to coordinate housing programs and provide necessary support activities for consumers to maintain their living situation; they will also be exploring and developing housing options and alternatives plus providing training of Board and Care Operators. The goal is to have Six Housing Specialists (three Property Management Relations Specialist and three Housing Specialist) to staff the unit. The positions are open and recruitment efforts are underway; one position has been filled thus far. Discussion of training with Board and Care Operators has begun.

Move-In Costs: The Department recognizes that some consumers are able to identify housing, but are not able to afford move-in costs. This strategy will provide one-time assistance for expenses such as utility deposits, first and last months rent, security deposits, and furnishings. Again, these activities will be coordinated by and ensue once the Housing Development Unit has been established.

Augmented Board and Care Expansion (ABC): The Department has released the RFP for expanded and enhanced mental health services in Board and Care facilities. Proposals are being requested for TAY, adult, and older adults county-wide. The RFP requirements include peer providers in the service delivery, and inclusion of services for Co-Occurring Disorders and Co-Occurring Medical Disorders. The contracts are targeted to be online by July 2007.

Crisis Residential Program

As previously mentioned in the TAY update, the Crisis Residential Services have experienced delays in implementation. Although a contractor was selected in Western Region, they have not been able to identify an adequate location to house the program.

In the Desert Region there were no successful bidders to operate the service. The Department continues to make every effort to support the contractor in locating a site for the Western program, and simultaneously is making arrangements to re-bid the Desert RFP.

Mental Health Court

Mental Health staff has been hired to provide specialized assessment, linkages, and follow-up case management for potential consumers as a part of the Mental Health Court. This program allows for adults with serious mental illness to receive necessary treatment services and to avoid incarceration when appropriate. This service is currently staffed and operating in Riverside and Indio. The Mid-County program was slated for Temecula, but has been delayed due to the court's inability to commit resources to the project. The Department's Detention Manager continues to meet with court officials and is optimistic that the court will soon be able to staff the program in mid-county.

In Riverside the program volume continues to grow at a rapid pace and recommendations have been made to look at additional clinical staff to allow for increased capacity.

Jail Follow-Up

The Western and Desert Region staff have been hired and are offering follow-up services for those released from the jail. Mid-County positions are still pending recruitment. Staff recruitment and overall implementation has been prolonged due to lengthy security clearances to work in the jail setting. This is the same challenge encountered by staff hired for Mental Health Court.

Peer Support and Resource Center

These Centers are consumer driven and operated, offering a variety of supports and skill development services necessary for consumers to pursue personal goals, recovery, and self-sufficiency. A variety of supports will be offered including: vocational, educational, resource and referral, warm-lines, and peer-to-peer support activities. The Department successfully released the RFP's for these services shortly after plan approval, and the contracts were awarded in October 2006; Western and Mid-County programs are operated by Jefferson Transitional Programs (JTP) and in the Desert by Oasis Rehabilitation.

The Oasis program in the Desert Region (Indio) has been named the "Harmony Center" and opened in December 2006. The JTP Western Region location (Riverside) is operational and began serving consumers in early March 2007; this location experienced some implementation delays related to building renovations. Mid-County signed a lease in Perris for program space and will be operational in May 2007. See Peer Recovery and Support section on Page 13 for more details.

Family Advocates

Positions have been open for recruitment for three regionally placed Family Advocates. Interviews will be conducted April 2007 and positions in place by May.

Outreach

Strategies in this section are funded in the Outreach and Engagement Work Plan; updates are available in that section (please see Page 15).

Enhanced Outpatient Services

Services have been initiated in the Mid-County Region, and services are being delivered. In Western Region an additional RN has been funded to provide medication supports and increase access to medication. In the Desert Region a Clinical Therapist and two Community Service Assistants were added to enhance services.

INTEGRATED SERVICES FOR OLDER ADULTS (SP-04)

Historically Older Adult Services were regionalized and embedded within the adult services delivery system. Under MHSAs infrastructure transformation, enhancements are centralized thereby offering and achieving a more separate and distinct service for older adults. This centralized unit will provide overall management and oversight of older adult staff and programs county-wide, and will build the necessary collaborative relationships to optimize services.

The Older Adult Work Plan has an FSP program, the Specialty Multi-Dimensional Aggressive Response Treatment (SMART) Team, which is centered around moving treatment from clinic to field-based services. There are also a variety of System Development programs that include peer and consumer support, public health, screening and consultation, housing, enhanced diagnostic tools, training and education. See below for the updates on all the strategies outlined for the older adult population.

FULL SERVICE PARTNERSHIPS

Multi-Disciplinary Mobile Outreach and Integrated Service Teams (SMART)

The infrastructure development and recruitment of an Older Adult Manager did cause some delays toward implementation as well as problems identifying specialized Older Adult staff. Identifying program space has also been more difficult than planned because of limited available space at an affordable cost.

In Western Region temporary space will be utilized to allow implementation to move forward, but an expanded site will be required to fully meet staff and consumer capacity. The Desert Region has identified space in Cathedral City; Mid-County has not yet acquired space. Staff recruitment for the SMART program is in full process for all positions county-wide.

Meanwhile, the Older Adult Service Manager is facilitating key collaborations with Social Services, Office on Aging, and Public Health to discuss interface, referral process and to identify existing systems. Policy and procedure manuals are also being formulated to ensure rapid implementation once staff is hired. The goal is to obtain medical certification and for all three SMART programs to be operational by July 2007.

SYSTEM DEVELOPMENT PROGRAMS

Transformation of Department Infrastructure

Again, the goal is to provide a centralized structure that will be dedicated to and coordinate services specifically for the older adult population in each region. Thus far the Older Adult Manager was hired in October 2006, and Older Adult Supervisors for Mid-County and Desert were hired in February 2007. The Western Region supervisor position is still under recruitment.

Peer and Family Support

Older Adult Family Advocates: The Older Adult plan will add three Family Advocate positions to assist caregivers and family members by providing support services. These advocate positions will be embedded within each of the regional SMART teams. Two positions have been hired for the Western and Mid-County Region; recruitment is still in process to identify positions for the Desert region.

Consumer Advocate: The addition of three Older Adult Peer Support positions will assist consumers in advocacy, support, system navigation, and referral. One of these consumer positions was filled in Mid-County. The goal is to fill the remaining positions by May 2007.

Senior Peer Counseling

This contract service would assist older adults with mental illness who are depressed, isolated, at-risk of institutionalization, or homebound. These supports will focus on improving coping skills, enhance social support, decrease isolation, and increase connectivity to community supports.

The program is modeled after the Santa Monica Center for Healthy Aging Peer Counseling program. The RFP is being developed and will be released in early May 2007.

Screening and Consultation in Public Health Clinics

This strategy which would co-locate mental health staff at Public Health Clinics is in the planning stages. The goal is to identify consumers in need of treatment and to provide support for physicians in medical settings. A consultant has been retained to work with the Department and Public Health to develop this program. The Department has also consulted with a model called IMPACT (Improving Mood and Promoting Access and Collaborative Treatment) through The University of Washington that concentrates on Late-Life Depression screening in Primary Care settings. An implementation meeting was held in March and another will be held with Public Health in April 2007.

Housing

In conjunction with the housing programs for Adult/TAY, these programs are actually funded through one-time expenditures but described within each work plan. The Department recognizes the importance of developing housing alternatives for older adults such as single-room occupancy, residential facilities for the elderly, and augmented board and care.

Augmented Board and Care: The RFP has been developed and was released in March 2007. The Department is hopeful to award these contracts in May, and to have them operational by July 2007.

Scattered Apartments/Move-In Costs: These resources are not yet in place, but will ensue once the Housing Development Unit is established as discussed in the Adult Work Plan.

Respite: This contracted service will provide respite services for families and caregivers increasing the likelihood that older adult consumers can be maintained in their existing living situation or the least restrictive environment. The RFP has been developed and will be released in May 2007.

Network of Care

In conjunction with Office on Aging, the Department will work to provide accessible information on older adult services for consumers and their families. A draft brochure has been developed for the website and links should be in place by April 2007.

Diagnostic Tool

Funded through the one-time expenditures budget, the Department is part of a multi-county group tasked with piloting use of a virtual diagnostic assessment tool. CIMH has agreed to be the lead organization for the development of the Bartels Toolkit, and four county directors and IT staff are involved in discussion of a possible demonstration project. Meetings are continuing.

Training

The training plan for the Older Adult Program includes: Consumer/Family, and Board and Care training. Thus far a Core Skills curriculum is being developed with expected completion by April 2007, and several meetings have occurred regarding training for Board and Care operations. Plans are to continue meeting with the Board and Care Operators on a monthly basis and begin delivery of the training modules.

PEER RECOVERY AND SUPPORT SERVICES (SD-05)

There are seven key strategies incorporated into the Peer Recovery and Support Work Plan. It's important to note that the Peer Support and Recovery Centers are the only initiatives actually funded in this work plan; all others are tied to each separate work plan by age. All strategies in this plan are transformative in nature and intend to increase client and family operated services, ensure employment and utilization of consumers and family members in all aspects of service delivery and in administrative structures of the Department.

SYSTEM DEVELOPMENT PROGRAMS

Peer Support and Resource Centers

As was mentioned previously, this highly anticipated consumer driven and operated service is now operational in Western and Desert regions. This contract service was awarded to Jefferson Transitional Programs in Western (Riverside) and Mid-County (Perris), and Oasis Rehabilitation Inc. (Indio) in the Desert region.

The Oasis program in the Desert has been aptly named the "Harmony Center." This center was the first to open and provide services which started in December 2006. Responses to the provider have been positive and growth is already an issue. Oasis is looking at adjacent program space to adequately meet the needs of increased volume and to dedicate areas for TAY populations. Harmony Center is providing some satellite activities for the areas of Beaumont/Banning and Blythe.

The JTP Western location began offering orientation classes in late February, and began offering supports in March. Originally expected to open in January, they did experience some delays around renovations and city permits. During their first month of operation over 100 consumers signed up for the orientation to attend the center. Peer Center staff continues to meet with County Clinic staff to promote the service and clarify the referral process.

In Mid-County the JTP Peer Center implementation was delayed due to difficulty in finding a suitable and affordable program space; following months of exhaustive property searches a space was identified and a lease signed in March. The goal is to open the Mid-County Center in early May. Meanwhile, staff has been hired to work the centers and is involved in promotional efforts while the building renovations are completed.

Each Center has established an Advisory Council made up of consumers and family members to ensure that the center remains consumer driven. In terms of barriers, although each center is extremely busy, both report slow development and engagement of the TAY population into the programs. Peer Center staff and County TAY staff will continue to collaborate and coordinate for resolution of this issue. A consultant from an established center in another county is being hired to provide technical assistance to the county and the centers.

Peer Support to Clinics/Program

The plan calls for integration of consumers as paid staff into all aspects of our Mental Health Service delivery. The Department established 16 full time consumer positions for adults and older adults, known as "Peer Support Specialists." Riverside has employed "parent partners" since 1995, and as a result had fewer barriers around instituting these peer support positions.

Another helpful strategy was implementing a 70-hr. training consisting of a pre-employment skill development course for consumers to attend in preparation for the workforce. This contracted training service graduated 65 consumers, prior to the time the Department began hiring. This allowed for development of our own work pool, and was very well received by our consumer community. The Department also retained an

Employment Consultant who designed the "Peer Specialist" job specifications, descriptions, and salary structure. The Department worked very well with Human Resources in promoting the positions and provided orientation and education to consumers on the application and interview process.

As a result of these efforts, eleven of the positions have been filled. Some of the barriers encountered had to do with timely and restrictive processes related to background checks. All positions should be in place by June 2007.

Family Advocate Program Expansion

As mentioned in the Adult and Older Adult work plans three regionally placed Family Advocates will provide support to caregivers and family members. The Older Adult programs have hired two of the positions and all other positions are open for recruitment. Interviews will begin in April 2007.

Consumer Advocate in Administration

The Policy and Administrative level consumer position was designed to ensure the consumer perspective in all departmental policy issues. The Consumer Advocate reports directly to the Mental Health Director. The Department will open the position for recruitment in April 2007, and advertise the position both in county and state-wide.

Consumer/Family Representatives on Boards and in training

The Department continues to involve consumer and family members in key planning committees, mental health advisory boards, RFP review teams, and in the Department's "welcoming" action planning work group. A contract is in place to reduce any barriers and participation such as transportation or mileage costs and childcare.

Education Efforts

The Department has opened any relevant training, such as recovery-oriented training to consumers and family members. The Department hosts a monthly "Community Forum" to provide on-going communication and updates on MHSA planning and implementation activities to the consumer and family member communities. The Department established a contract that will allow for continued "Peer Specialist" training modules to allow consumers to better prepare to work. Also a "post-employment" Peer Specialist support class has been established for consumers who were already hired to receive the necessary supports and recovery skills to succeed in the work place.

Hiring Consumers as Job Training

The Department on several occasions has teamed with the County Temporary Assistance Pool (TAP) to provide consumers with opportunities to work on a more temporary basis to develop skills and focus on specific projects which utilize their skill sets.

OUTREACH AND ENGAGEMENT (OE-06)

There are two main categories outlined in this Work Plan. They are: General Community Outreach and Engagement, and Specific Outreach and Engagement for Ethnic Populations. The funding type for all strategies in this work plan is Outreach and

Engagement. The Department acknowledges that this work plan has been slow in terms of implementation due to delays in recruiting an Outreach Coordinator. This position was to oversee and coordinate the activities outlined in this work plan. The position although filled for three months was vacated early in implementation forcing the Department to begin the recruitment over again.

Outreach and Engagement

General Community Outreach and Engagement

Network of Care

The Department continues to update the website to ensure easily accessible resources and referral and education information related to recovery and wellness. The Department website also has incorporated the Network of Care link for a wider array of materials. The Department routinely provides MHSA updates and promotes community forums on the website. A contract was recently executed to provide Spanish translation for the Department website.

Information/Educational Materials

Further development of brochures, handouts, and educational materials will occur once the Outreach Coordinator is in place. Meanwhile, existing service directories are distributed during outreach efforts mostly through our program support unit. Peer Recovery Center brochures and program schedules are being circulated to clinic programs and staff and orientation meetings held to engage consumers.

Outreach (Jails/Juvenile Hall/Hospital/Probation)

The Jail and Juvenile Hall follow-up programs and Probation Liaison programs described earlier are either in process or providing services. Once all the Peer Support Specialist positions are filled they will be involved in a variety of outreach activities. Support groups have been offered in the local hospital run by Peer Specialist from clinics in order to engage consumers when discharged.

Outreach to Gay/Lesbian/Bi-sexual/Transgender Organizations

Numerous meetings have been held with staff from the local gay, lesbian, bisexual and transgender agency which is just getting established in Riverside. The intent is to advocate for gay youth representatives from the agency that have been invited and now regularly attend the Transition Age Youth Collaborative hosted by Mental Health.

Also, the Department has retained a consultant to assist in outreaching to this community. Activities will include acting as a liaison to the Jeffrey Owens Centers, Inland and Desert AIDS Project, transgender groups, and the Desert Gay and Lesbian Centers to provide information and to identify mental health needs. The consultant will also propose methods of linkage and department interface, analyze staff training needs, develop future action plans concerning the transgender population, and exploration of grants to provide additional services and support to the LGBT community.

The County's Youth Anti-Stigma Conference and the Older Adult Conference included topics on homosexuality.

Outreach to DEAF Community

Efforts are continuing with our Human Resource Department to reduce barriers and recruit DEAF clinicians to provide mental health services. Once the Outreach Coordinator is in place, meetings will also begin with community entities to access and identify necessary resources and clinicians to provide services to the DEAF population.

Inland AIDS/Community Health Agencies

The LGBT contractor mentioned above will also assist in identifying mental health needs and barriers for those with HIV/AIDS. These efforts have not yet started, but will be further developed once the Outreach Coordinator is official, and the contractor begins outreach activities.

Peer Support and Resource Center

All three regional Peer Center contracts called for outreach efforts to ethnically diverse populations to be incorporated into their services. The outreach will be coordinated with managers and clinics in each region.

Women's Mental Health Policy Council

The Department regularly participates in the Women's Council meetings and contributes to enhancing information, knowledge, and skills in outreaching and services for females of all ages. An example is that staff assigned to the Juvenile Hall Girls Unit will implement specific interventions as determined by literature review and gathering models from the other counties.

Specific Outreach for Ethnic Populations

As previously mentioned a full-time outreach coordinator is being recruited to coordinate outreach activities for ethnic populations. As to not jeopardize the success of Outreach Strategies the Department decided to designate half-time staff in each region. These staff will dedicate time to the outreach activities described in the work plan for ethnically diverse populations. The Program Chief and Regional Manager's will direct these activities until such time as the Coordinator is in place.

As to not be redundant, see Part 2, "Efforts to Address Disparities" for more details on Outreach for Ethnic Populations.

b) Highlight the County's key transformational activity/activities in any of the five essential elements:

Many of the program strategies are transformational and align with essential elements required under MHSA. The main collaborative efforts include by age category:

Children's: Youth screenings in decision making conferences through the family-to-family initiative with Social Services. Juvenile Court follow-up programs and collaboration with regional courts, and Probation Liaison positions providing case management and linkages for youth on probation.

TAY - Collaborative: A Transitional Age Youth Collaborative has been established to involve consumers, family members/caregivers and agencies that provide services to this population. The goals of the collaborative are to bring awareness of resources, coordination of resources, and development of new strategies and partnerships necessary to meet the needs of youth in transition. The initial membership included such entities as parents, mental health staff, Office of Education, Social Services, Probation, regional center and local universities. The collaborative will be expanded to include community college, Department of Rehabilitation, and Transition Age Youth.

Adult: The Mental Health Court and Jail follow-up is collaboration with each of the regional Superior Courts. Also within the housing initiatives the Department is collaborating with Social Services (County HUD Agency) on the Safehaven project and with the Housing Authority (EDA) on potential projects through the Governor's Initiative. The Department also sits on the Housing Committee for the Coachella Valley of Governments to begin discussion on housing needs in the Desert.

Older Adult: In order to efficiently move forward implementation of the SMART/FSP programs the Department has elicited the input of Social Services, Office on Aging, and Community Health Agency. This team approach aids in creating operating policies, solving referral and patient flow issues, and promotes the program to other agencies. Although not operational yet, the older adult screening and consultation efforts in Public Health Clinics is a key collaborative with Community Health.

In relation to a client/family driven mental health system, integration of consumers and family members into the workplace in addition to all aspects of the mental health system is essential to meeting this goal. The creation of the Peer Support and Resource Centers now provide a consumer driven and operated service for our consumers. Each center must have an advisory council composed of consumer/family members to guide the services at the center. The Department will also hire a policy level consumer advocate to ensure the consumer perspective is considered in key departmental policy decisions. The Department's Family Advocate and Family Liaison (in children's) were also promoted to management level positions.

In order to maintain the recovery and wellness focus, the Department has and will provide a large array of recovery-based trainings. Thus far trainings have been offered by The Village on recovery, by Bruce Anderson on welcoming, gifts, building consumer capacity, and motivation and hope. The Department has contracted for trainings for consumer and family members to prepare for integration into the workforce.

Following the Bruce Anderson's Welcoming Training, the Department established a committee which recommended several actions that management accepted as the Welcoming Action Plan. One item in the plan was the need for development of a set of operating principles for the Department. A committee was then established representing all regions in the Department along with consumers and family members' representative's. Following a series of meetings, the committee was able to formulate an operating principles and beliefs draft which also included the role for community. This draft is now being circulated for comment by staff, consumers, key stakeholders, and Mental Health or regional boards.

c) **For the Full Service Partnership category only: (SB 163 Wraparound)**

Currently there is a county operated SB163 Wraparound Program in the Western area of Riverside County. Mental Health is the lead agency for this program, which serves both probation and IEP related youth who would otherwise be in placement. Education, Social Services and Public Health also participate on the Wraparound Steering Committee. The Department is currently implementing a Wraparound Team and Service in the Desert region. Planning has begun for a second Wraparound Team in Western County. No MHSA funding is required for current or expanded Wraparound Services.

d) **For the General System Development category only:**

The System Development programs have served as a means for beginning transformation of the current system into one that is more easily accessible, responsive to needs, supportive, actively involves consumers and family members, is collaborative, culturally competent, and is focused on recovery and resiliency. This is most evident with the implementation of the consumer operated Peer Centers and the integration of Peer Support Specialists, Family Advocates, and Parent Partners in the service delivery system. Clinics and programs now have a viable method for providing enhanced peer supports and a consumer driven step-down on transition from clinic to community-based services.

Within the Children's Program the inclusion of specific Evidence Based Practice models into service delivery has strengthened clinic-based programs to meet the needs of high needs populations. That in addition to collaborative efforts to enhance interagency services, such as Team Decision Making, Juvenile Courts, and Probation Liaisons is critical to quality of services being provided to youth. The PCIT Expansion has allowed the Department to serve more of the social service and high-risk population through interface with foster family agencies and families.

In the Older Adult Service, transforming the infrastructure will allow the Department a more centralized and dedicated service delivery to meet the needs of this population. This in addition to integration of Peer and Family Supports (Family and Consumer Advocates), and transition from clinic to field-based services will enhance and strengthen the Older Adult System.

Finally, the development of implementation strategies focused on those who are incarcerated and in the court system is a significant enhancement to Mental Health Services County-Wide. The Mental Health Court Program, Jail and Juvenile Hall Follow-Up, and Probation Liaison programs will increase identification, engagement and linkage of offenders with mental illness to services and provide alternatives to incarceration.

e) **If applicable, provide any update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter:**

Not applicable; no conditions were required in Riverside County's DMH approval letter.

2. EFFORTS TO ADDRESS DISPARITIES

a) **Describe your County's current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in your Plan:**

See (b) below.

b) **Describe your County's outreach efforts and the progress made to date to involve the underserved populations that are specifically targeted in your Plan:**

1. Riverside County has targeted Hispanic populations as the ethnic group with the greatest disparity in service access. The CSS goal was to hire an Outreach Coordinator to work with the management team to reduce barriers and to work with community groups to develop a specific outreach plan. After extensive interviewing, a manager was hired in the fall of 2006, but because of family reasons quit within three months. Although efforts have been made to recruit again, no one has yet been identified with the skills needed. There was also an effort to open up the position to current supervisors to determine if someone is prepared to take on a leadership role, but no one has yet been identified with experience with ethnic outreach activities and leadership experience in the cultural arena. Recruitment continues. In the meantime, the Program Chief for the Department regularly meets with the Cultural Competence Committee to continue to move the Department ahead in activities around culture and around other underserved populations. The activities which have occurred so far include all the following:
2. Besides continued efforts to recruit and hire bilingual staff Survival Spanish classes have been started. To date the beginning classes have included 73 staff. These will continue. An advanced class is scheduled for 4/12/07 and consists of 21 enrollments; the Department is working with The Human Resources Center for Government Excellence in acquiring future training dates in addition to a second phase of advanced training for delivery to staff.
3. A satellite clinic has been opened two days a week in the city of Mecca which is a very highly Hispanic area in the southeast county area which because of poverty and poor transportation has had limited ability to access services in Indio. Few individuals have accessed services thus far. It is felt that outreach is needed and close work with community groups to reduce stigma and help the community understand what service is available. These efforts are being developed.
4. A part-time clinician has been identified in each of the Desert and Mid-County areas to provide outreach activities. These individuals will begin their work about May 1. The job description includes activities such as meetings with Hispanic organizations and key individuals in the region to begin education of the Hispanic community around mental health issues and to provide a liaison to the communities both to help them in understanding the needs of mentally ill in their communities and to assist community members to access services. These staff will work with the Regional Manager to reduce any barriers to services and to create strong networks

with agencies who work closely with the Hispanic population. Out of these networks it is expected that more strategies will be developed.

In the Western part of the county outreach activities occur through staff who have been participating in health fairs and other community events for some time. Once the Outreach Coordinator is hired it is expected that they will network closely with ethnic organizations in the City of Riverside to plan a more specific initiative including outreach and education. They will also coordinate with the two other regions staff, work with the Cultural Competency Committee to identify other strategies needed.

5. The Department continues to implement a pilot in providing Multi-Disciplinary Family Therapy as a part of a CIMH development team. The practice which has been shown to be effective with Hispanic populations according to previous research.
6. The Peer Support Centers opened and are required to provide services focused toward Spanish speaking clients. Also, each of the Peer Center contractors were required to address multi-cultural and monolingual services to non-English speaking clients. Both propose to recruit and train linguistically competent staff in addition to bicultural staff. Both programs will provide outreach efforts to culturally diverse populations. The expectation is that Spanish speaking education and support groups will be provided.
7. In addition to ethnic populations, there has been progress in work with other underserved populations. Numerous meetings have been held with staff from the local gay, lesbian, bisexual and transgender agency which is just getting established in Riverside. Representatives from the agency have been invited and now regularly attend the Transition Age Youth Collaborative hosted by Mental Health where they advocate for gay youth.

A local advocate for the gay/lesbian/bisexual/transgender community has been hired part-time to do a resource listing of agencies that work with this population and to outreach to them around their mental health needs and barriers to access department services. This individual will assist our training and education staff and the MHSA Coordinator with ensuring that community are followed up on by the Department. Also, this person will coordinate any training of staff. A trainer has been identified. Several churches and organizations have been identified that work with the gay and transgender community so networking has begun.

c) Describe the steps you used towards providing equal opportunities for employment of individuals from underrepresented racial/ethnic and/or cultural communities:

A listing is now compiled of those staff who are bilingual according to classification by clinic location. This then helps supervisors and managers to identify needs for bilingual/bi-cultural staff in clinics which then becomes priority for hiring. The Department did restart the 20/20 Program through which two bilingual individuals began their Masters in Social Work program last fall while continuing to work part time. They

are paid full-time and have a work commitment to the Department when they complete their MSW. All RFP's require potential contractors to hire treatment staff who are culturally and ethnically diverse, and who represent the ethnic and gender characteristics of the clients being served and to hire sufficient treatment staff that are bilingual (Spanish/English) to effectively provide treatment services to the residents and their families. Plus contracts require equal opportunities in hiring.

Commitment has been made to create a clinical position for a DEAF therapist and the Department is working with the County's Human Resources Department to address what accommodations are to be made when a DEAF therapist is brought on to provide services.

d) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA:

The management team attended training put on by the Tribal Council and CMHDA to learn about Native American populations. Although two meetings were held with the Indian Behavioral Health staff during the MHSA planning process, calls and letters to them since that time have been unsuccessful in setting up further meetings. These efforts will continue in order to engage the Native American populations in further conversations about their needs and the barriers they experience. Thus far then no Native American organizations have been funded.

e) List any policy or system improvements specific to reducing disparities, such as the inclusion of language/cultural competency criteria to procurement documents and/or contracts:

Research staff has been scheduled for GIS training so they can "map" the county in terms of ethnic populations which should then identify areas to be targeted in terms of outreach.

A contract has been awarded to provide translation of material as needed. All forms have been translated and are in a shared file plus work continues on ensuring that information in Spanish is available on the Network of Care.

Contract language was reviewed regarding cultural competence requirements and was found to include appropriate language. Discussion with Quality Improvement continues on criteria for the chart audit protocol to check for appropriate assessment and treatment planning practice.

A "Culture of Poverty" training as developed by Ruby Payne has been provided once and is again scheduled which will assist clinicians in better understanding the impact of poverty on individuals.

The County's Youth Anti-Stigma Conference and the Older Adult Conference included topics on homosexuality.

Refresher training and reminders have focused on the use of the language line.

3. STAKEHOLDER INVOLVEMENT

Provide a summary description of the involvement of clients, family members, and stakeholders including those who are racially/ethnically, linguistically and culturally diverse and from other underserved or unserved communities, in the ongoing planning and implementation of the Initial CSS Three-Year Program and Expenditure Plan.

As the Department moves forward with MHSA and the implementation of a recovery model of care, the importance of consumer and family member involvement in on-going planning is even more critical. Consumers and family members must define what they want from services and what recovery means to them. Therefore, the Department is committed to creating an active partnership with consumers and family members in all aspects of planning and service advisory. Described below are the many strategies that have been installed to meet that goal.

Consumers and Family Members at all levels of the organization

Consumers and family members are being included in all levels of the organization. This includes membership in all of the five main planning committees and Stakeholder/Leadership Committee, and in administrative activities such as specified work groups and RFP review teams. They are involved in advisory groups and are required to participate in all new services and in all planning efforts under MHSA. Other stakeholder interests are embedded in the planning committee structure such as key agency involvement (Social Services, Probation, Courts, Office on Aging, etc.) as outlined in the original CSS document. MHSA project implementation updates are routinely shared in all these planning meetings.

Hiring of Peer Advocates at the Management Level

A management level policy position has been created for a Consumer Representative. This will ensure consumer perspective in all MHSA planning and policy decisions and the position will report directly to the Mental Health Director. Similar positions have already been created in the Family Advocate and also for the Parent Liaison in Children's Services.

Welcoming Plan and Operating Principles

A committee was appointed by the Department to develop a set of operating principles focused on meaningful engagement of consumers from first contact through exit of the system. These principles were developed in draft form and are being reviewed for comment. The committee who developed this document is made up of consumers, family members, and staff representing all regions in the Department. The draft is now being shared and reviewed by staff, consumers, key stakeholders, contractors, plus Mental Health and Regional Boards.

Concurrent to the development of these operating principles, each clinic will develop a local "welcoming plan" for their clinic. These plans are to include all aspects of cultural and gender competence plus engagement efforts toward other unserved populations.

Community Forums

The Department hosts a monthly Community Forum for stakeholders, consumers, and family members to receive planning and implementation updates on MHSA related activities. These forums have routinely met since October and offer the community an opportunity to ask questions or share any concerns about MHSA activities.

Peer Center Advisory Councils

To ensure consumer/family member perspective and input into programming, each Peer Resource and Support Center is required to have an Advisory Council to guide the services to be developed. The Advisory Group comprised of consumers and family members will make recommendations as to how each Center will operate and the type of services to be provided.

Cultural Competency Committee

This committee meets monthly and is integral in assisting the Department in recommendations around meeting racial, linguistic, and diversity needs of consumers. MHSA is now a routine agenda item for this committee, and implementation updates are provided on a monthly basis. The committee's perspective is also utilized in MHSA planning activities, and in developing specific outreach and engagement strategies for ethnically diverse populations.

Project Updates

The Department provides the community with an update on all work plans and strategies included in the CSS plan. This update is posted on the Department website, mailed to a consumer and family member pool, distributed at planning committees and community forums, along with posting at Peer Centers and County Clinics, and is reviewed by Mental Health and Regional Boards. This ensures community stakeholders have the most recent and easily accessible updates on MHSA programs.

4. PUBLIC REVIEW AND HEARING

Provide a brief description of how the County circulated this implementation Progress Report for a 30-day public comment and review period including the public hearing. The statute requires that the update be circulated to stakeholders and anyone who has requested a copy.

a) The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission.

The Progress Report was posted for a 30-day stakeholder review and comment period between April 23 – May 22, 2007. During that time the Department accepted feedback and comments on the Annual Implementation Progress Report from Stakeholders. On May 23, 2007, The Riverside County Mental Health Board conducted a Public Hearing following the regularly schedule Board Meeting.

b) The methods that the County used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.

The Department posted the Progress Report on its website:

<http://mentalhealth.co.riverside.ca.us/opencms/english/mhsa/index.html>
-and- <http://mentalhealth.co.riverside.ca.us/opencms/english/home/>

in both English and Spanish. It was sent to all members of the Stakeholder/Leadership Committee for review and comment, and circulated to the main MHSA Planning Committees. Additionally, the Report was posted at the Peer Support and Resource

Centers and all County Clinics, circulated to thirty-four County Library locations; mailers and e-mail notices were sent to consumers and family member pools. The Public Hearing Notices were advertised in four different, regionally diverse newspaper publications, including the La Prensa (Press-Enterprise Spanish edition), and reviewed at monthly MHSA Community Forums.

c) *A summary and analysis of any substantive recommendations or revisions.*

Listed below are the areas of comment and substantive review by the Mental Health Board.

Socialization: The Board received several comments related to the impending closure of a Non-MHSA funded socialization program. One consumer provided a commentary letter that was sent to the Board of Supervisors, which the Board did review. Although the Board acknowledges this program is not funded by MHSA and therefore not outlined in the Implementation Progress Report, the issues brought forth need to be validated and addressed.

Two of the central issues mentioned were concerns that consumers receiving services through the socialization program may not be able to benefit from more structured programs such as the Peer Support and Resource Centers, or other county-run programs, and therefore may be left out of participating in services. The second issue had to do with transportation needs and accessibility to alternative program sites.

Although no changes are required in the Implementation Progress Report, the Board did recommend that this specific community input be provided to each of the Peer Center Advisory Boards to process. These Advisory Boards are comprised of Consumers and Family Members and direct the activities and services being offered to each Peer Center. They will be asked to consider engagement strategies (such as mentoring) to assist consumers in readiness, and encouragement activities and supports necessary to transition into their programs. The Board also recommends each Peer Center minimize access issues with designing and proposing satellite and outreach opportunities with program expansions through Growth Fund opportunities.

Career Pathways and Support: Several comments were centered on the provision of career pathways and supports for the Peer Support Specialist positions. The comments included the need for educational opportunities and skill development including basic reading and writing. The Board recommended no changes to the Implementation Progress Report; however, they did request several actions be considered by the Department. First, they wish to continue the Peer Specialist Pre-Employment training opportunities, along with offering post-employment support meetings through the Peer Centers on a monthly basis.

They also requested that all feedback on this topic be forwarded for consideration to each Peer Center Advisory Council to explore training, education, and support opportunities. Lastly, the Board requested that the Department Education and Training Coordinator be apprized of the input and consider these elements in future initiatives being developed under the Education and Training component planning process.

Therapeutic Behavioral Services (TBS): Comments were not directed to the TBS expansion described in the Children's Work Plan update, but more toward access and mentoring opportunities in existing TBS programs. No changes were required in the Progress Report, although the Board recommends the feedback be directed to the Department's Program Chief and Children's Program Manager.

Peer Support and Resource Center: Comments were received regarding the Desert Region Peer Center, the "Harmony Center." In summary, concerns were registered over lack of recovery oriented experience and training amongst staff, small program space, and lack of transportation to and from the Center. The Board requested that the comments be forwarded to the Consumer Advisory Council at the Center so they can respond and look at appropriate actions for recommendation. In regards to the training issue, the Department is working with the Center on a variety of training opportunities for consumers in the Desert including Peer Support Specialist and WRAP training to be offered for program staff and consumers at the Center. The Board and Department also acknowledged the need for expanded program space for groups and activities, and have already approved space expansion in an adjoining suite.

Housing: The board was questioned about the number of Housing Support staff on Page 9, and the report states there will be five Housing Specialists, and one Housing Developer. This was reported in error and the Board recommended the Progress Report be revised to reflect "three Property Management Specialists, and three Housing Specialists."

Wraparound: Wraparound although described in this report, is not a MHSA funded program and operates independently with its own funding stream. The comments received questioned lack of wraparound programs in the Mid-County Region. The Board recommends no changes to the Progress Report, but wants the issue directed to the Program Chief and Mid-County Regional Mental Health Board and Children's Manager.

Screening and Consultation in Public Health Clinics: Based on the comments, there seems to be some confusion over the intent and goal of this program. The Board requested a revised goal statement for the Public Health and Screening Program on Page 12. The goal statement will read: "Identification of Consumers in need of treatment and to provide support for Physicians in medical settings."

Miscellaneous Revisions:

Page 2: Define all three regions under MDFT.

Page 5: Spell out FTE under Clinic Expansion.

Page 6: Change released date for RFP to June 2007 under Integrated Services Recovery Centers for TAY.

Page 8: Spell out FSP under Integrated Services Recovery Centers.

Page 10: Strike "will be operated", replace with "are" operated under Peer Support and Resource Center.

Page 10: Strike "due to court in committing", replace with "inability of court to commit" under Mental Health Court.

Page 12: Spell out IMPACT and describe under Screening and Consultation in Public Health Clinics.

Page 17: Replace lowercase "deaf" with uppercase "DEAF".

Page 21: Strike "By clinic location" and replace with "and clinic location" under c).

Page 22: Replace lowercase "deaf" with uppercase "DEAF".

Page 25: Strike "quality", replace with "qualify" on sentence 2, under b).

5. TECHNICAL ASSISTANCE AND OTHER SUPPORT

a) Identity the technical assistance needs in your County for supporting its continued implementation of the initial CSS Three-Year Program and Expenditure Plan.

The weekly MHSA conference calls have been helpful in terms of keeping lines of communication open between the state and counties; the call allows for prompt updates along with question and answer opportunities. Also, both the MHSA Coordinator's face-to-face meetings and monthly conference calls sponsored by CIMH provide an opportunity for counties to interact and share successes, barriers and challenges.

Other technical assistance needs revolve around training. Riverside experienced delays in implementation of the Multi-Dimensional Foster Care programs due to unavailability of training (CIMH) until April 2008. We are looking for training opportunities specific to the SAMHSA Evidence-Based Practice Implementation Resource Kits. We've attended numerous web-cast events and have worked with a consultant on an implementation plan for the toolkit, and would like to pilot the Illness Management Program in several clinic locations as a starting point. However, training and assistance are needed to adhere to fidelity.

The Department is also looking for direction on the IT request that is pending for a Behavioral Health Information System. Initially denied, we recently held a conference call with State IT department and apparently the request is pending review process for approval. There is some confusion as to whether these projects will be approved or delayed until the technology component rolls out.

Continued leadership by CIMH around implementation of the Older Adult diagnostic and planning computerized process is also needed.

b) Identify if there are any issues that need further policy development or program clarification.

As the Department moves into the planning stages regarding the use of Growth Funds, having more clear parameters on the necessary process required to qualify for funding would be helpful. We realize letter 06-15 outlines contract amendments and expansions, but the extent of the public planning process required for new programs is still undetermined.

The Department would also like further clarification on the use of unexpended funds due to delays with implementation. As programs and contracts are being implemented it

appears that certain already approved services will need additional resources to meet goals. Parameters on use of unexpended funds to increase funding levels on approved programs would be helpful, and would act as a bridge to expansions under the new growth funds.

Also, policy needs to be developed on possible revisions to Exhibit 6 counts. Policy on client counts for System Development programs has been vague and actually defined in several different methods through implementation. In the event the County's target estimates cannot be achieved due to varying methodology a means for revising more accurate and realistic client counts should be considered.