

**RIVERSIDE COUNTY  
MENTAL HEALTH SERVICES ACT**

**COMMUNITY SERVICES & SUPPORTS  
THREE-YEAR PROGRAM AND  
EXPENDITURE PLAN**



**December 30, 2005**

**December 30, 2005**

**Riverside County  
Mental Health Services Act  
Community Services and Supports Plan**

**TABLE OF CONTENTS**

Exhibit 1:	<u>Program and Expenditure Face Sheet</u>	1
	<b><u>EXECUTIVE SUMMARY</u></b>	2
	<b><u>INTRODUCTION</u></b>	6
<b><u>PART I:</u></b>	<b><u>COUNTY/COMMUNITY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS</u></b>	
Section I:	Riverside County's Community Program Planning Process	8
Section II:	Plan Review	20
<b><u>PART II:</u></b>	<b><u>COMMUNITY SERVICES AND SUPPORTS PROGRAM AND EXPENDITURE PLAN REQUIREMENTS</u></b>	
Section I:	Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports	29
Section II:	Analyzing Mental Health Needs in the Community	36
Section III:	Identifying Initial Populations for Full Service Partnerships	40
Section IV:	Identifying Program Strategies	46
Section V:	Assessing Capacity	47
Section VI:	Developing Work Plans with Timeframes and Budgets/Staffing	52
	<u>Children's Integrated Services Program (FSP-01)</u>	57
	□ Exhibit 4	
	□ Program Work Plan	
	□ Exhibits 5a, 5b & Budget Narrative FY 2005-2006	
	□ Exhibit 6, Quarterly Progress Goals & Report FY 2005-2006	
	□ Exhibits 5a, 5b & Budget Narrative FY 2006-2007	
	□ Exhibit 6, Quarterly Progress Goals & Report FY 2006-2007	
	□ Exhibits 5a, 5b & Budget Narrative FY 2007-2008	
	□ Exhibit 6, Quarterly Progress Goals & Report FY 2007-2008	

Integrated Services for Youth in Transition (FSP-02)

93

- ❑ Exhibit 4
- ❑ Program Work Plan
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2005-2006
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2005-2006
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2006-2007
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2006-2007
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2007-2008
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2007-2008

Comprehensive Integrated Services for Adults (FSP-03)

127

- ❑ Exhibit 4
- ❑ Program Work Plan
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2005-2006
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2005-2006
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2006-2007
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2006-2007
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2007-2008
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2007-2008

Integrated Services for Older Adults (FSP-04)

168

- ❑ Exhibit 4
- ❑ Program Work Plan
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2005-2006
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2005-2006
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2006-2007
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2006-2007
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2007-2008
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2007-2008

Peer Recovery and Support Services (SD-05)

199

- ❑ Exhibit 4
- ❑ Program Work Plan
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2005-2006
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2005-2006
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2006-2007
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2006-2007
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2007-2008
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2007-2008

Outreach and Engagement (OE-06) 227

- ❑ Exhibit 4
- ❑ Program Work Plan
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2005-2006
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2005-2006
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2006-2007
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2006-2007
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2007-2008
- ❑ Exhibit 6, Quarterly Progress Goals & Report FY 2007-2008

MHSA Administrative Budget 256

- ❑ Exhibits 5a, 5b & Budget Narrative FY 2005-2006
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2006-2007
- ❑ Exhibits 5a, 5b & Budget Narrative FY 2007-2008

One Time Expenditures 265

Exhibit 7 270

**PART III: REQUIRED EXHIBITS**

Exhibit 1:	Program and Expenditure Fact Sheet	1
Exhibit 2:	Program Work Plan Listing	54
Exhibit 3:	Full Service Partnership Population – Overview	40
Exhibit 4:	Work Plan Summaries	*
Exhibit 5:	Budget and Staff Detail with Instructions	*
Exhibit 6:	Quarterly Progress Goals and Report	*
Exhibit 7:	Cash Balance Quarterly Report	270

**PART IV: APPENDICES**

Appendix A	Stakeholder Leadership Committee Membership	273
Appendix B	MHSA Flow Chart	274
Appendix C	Focus Group Attendance Summary	275
Appendix D	Jefferson Transitional Program Consumer Training Matrix	276
Appendix E	Documents Posted on the Website	278
Appendix F	Public Hearing Documentation	294
Appendix G	Mental Health Community Needs Analysis	303

**\*See each individual work plan in Section VI**

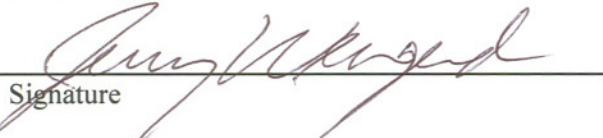
**EXHIBIT 1: PROGRAM AND EXPENDITURE PLAN FACE SHEET**

**MENTAL HEALTH SERVICES ACT (MHSA)  
THREE-YEAR PROGRAM and EXPENDITURE PLAN  
COMMUNITY SERVICES AND SUPPORTS  
Fiscal Years 2005-06, 2006-07, and 2007-08**

County: Riverside Date: December 30, 2005

**County Mental Health Director:**

Jerry Wengerd  
Printed Name

  
Signature

Date: December 30, 2005

Mailing Address: Riverside County Department of Mental Health  
4095 County Circle Drive  
Riverside, CA 92503

Phone Number: (951) 358-4501 Fax: (951) 358-4513

E-mail: [WENGERD@co.riverside.ca.us](mailto:WENGERD@co.riverside.ca.us)

Contact Person: Bill Brenneman  
Phone: (951) 358-4563  
Fax: (951) 358-4513  
E-mail: [bman@co.riverside.ca.us](mailto:bman@co.riverside.ca.us)

**Riverside County Department of Mental Health  
Mental Health Services Act  
Community Services and Supports Plan Summary  
Executive Summary**

RCDMH has completed a broad planning process including a review of the strengths and weaknesses of the current system, identification of the community issues, needs and priority populations plus discussion of proposed strategies to address those needs and populations. This planning process has identified an overall vision for transformation of the Mental Health System over the next three years. This vision then is the basis for the MHSA plan being submitted. As other phases of the MHSA are added they will further enhance the system's ability to implement this vision. The plan that follows both expands core services for new populations and also expands the range of community-based services available to ensure a recovery-based approach. The Community Services and Support Plan is divided into 6 programs each with its own work plan. These include:

- Children's
- Transition Age Youth
- Adult
- Older Adult
- Peer Recovery and Support
- Outreach and Engagement

Although peer support and outreach are included in the other work plans, because of their pivotal role in transformation they are expanded and discussed in specific work plans.

**HOW THE PLAN WAS DEVELOPED**

- 81 community focus groups were held to receive input on services and needs. 879 individuals participated, 15 groups were held in Spanish.
- Public forums were held, 64 surveys and other written input was received.
- Committees with broad agency, consumer and family involvement were established to provide recommendations on populations to be served and services to be provided in each age group.
- The following mission and vision for a transformed system and the Community Services and Support Plan was drafted based on broad input and the committee's recommendations.

## **MISSION OF MENTAL HEALTH SERVICES**

The mission for the transformation of Mental Health Services under the MHSA is that the residents of Riverside County facing the challenge of severe mental illness have a quality of life that includes a reduction or absence of symptoms, meaningful relationships, activities, and choices, stable housing and employment in supportive communities free of stigma.<sup>80</sup>

## **VISION FOR A TRANSFORMED MENTAL HEALTH SYSTEM**

A transformed system would include all of the following characteristics:

- User-friendly, easily accessible services across the county.
- Welcoming and engaging from point of first contact, with “No Wrong Door.”
- Services which are comprehensive, recovery focused and empowering
- Integrated Peer Support System with consumer and family involvement at all levels.
- Active and continuous outreach to unserved populations with special attention to disparities in service use.
- Sensitive, respectful, and responsive to client’s culture, gender, age, sexual orientation, and ethnicity.
- Focused on the most effective clinical practices through a trained and supported workforce.
- Actively develops community partnerships, provide education to enhance community support and resources and to reduce stigma.
- Focused on consumer outcomes and utilizes feedback and evaluation to continually improve services.

## **PLAN FOR COMMUNITY SERVICES AND SUPPORTS**

Building on the existing system, with a focus on transformation, the following is a summary of the draft plan:

### **A. Proposed Priority Populations of Seriously Mentally Ill**

There was consistency across age groups of the populations who are priority to be served with two other populations tied only to a specific age group.

1. Homeless
2. Co-Occurring Disorders – Mental Illness and Substance Abuse
3. Juvenile Justice and Forensic populations.
4. Adult & Transition age utilizers of Hospital and Crisis Services.
5. High risk of hospitalization or institutionalization.
6. Co-Occurring Disorders Mental Illness and Health problems (Older Adults).
7. Very young children (0-5).

## **B. Proposed Services**

Services recommended by the Planning Committees include the following:

### 1. Children:

- Full service partnership based on evidence based practices.
- Interagency Services Enhancements and Expansions.
- Expanded outpatient services using specific evidence based practices.
- Expansion of Parent Partners from 12 to 29 for outreach and support in communities and clinics.
- Diagnostic Tool(s)
- Crisis supports through Parent Partners, case managers, and psychiatric coverage.
- Expanded Wraparound (no MHSA funding needed).

### 2. Transition Age Youth (Ages 16-25):

- Three Integrated Service Recovery Centers
- Three Peer Support and Resource Centers
- Crisis Residential Program
- Augmented Board & Care
- Evidence based practices implemented in Children's outpatient clinics serves the 16-18 year olds also.

### 3. Adults:

- Three Integrated Service Recovery Centers
- Housing
  - o Housing Development and Support
  - o Crisis Residential Programs
  - o Expanded Capacity of Specialized Residential Care Facilities
- Three Mental Health Court Programs
- Jail Mental Health Outreach
- Expansion of Family Advocate Program
- Peer Support/Resource Centers
- Outreach
- Expanded Outpatient and Case Management Services

### 4. Older Adults:

- Infrastructure Changes – Designated Older Adult Managers and Supervisors.
- Multidisciplinary – Mobile Outreach & Integrated Service Team
- Peer & Family Support Services – Consumer and Family Advocates in each region plus Senior Peer Counseling.
- Screening & Consultation in Public Health Clinics.
- Augmented Board & Care

- Network of Care (Mental Health Website).
- Diagnostic Tool
- Training of staff, consumers, and Board & Care staff.

5. Peer Recovery/Support Services:

- Three Consumer Operated Peer Support & Resource Centers.
- Consumer Advocate Position in Administrative Budget.
- Consumer/Family members on Mental Health Boards/Committees.
- Peer Support to Clinics/Programs
- Family Advocate Expansion
- Educational Efforts
- Hiring Consumers as Job Training

6. Outreach & Engagement:

- General Community Outreach Strategies
- Specific Targeted Ethnic Population Outreach Strategies
- Outreach Coordinator

7. One Time Funds:

- Request has been made for one-time funds to provide ongoing training and start up of programs. Additionally, \$4.9 million has been requested to use under the CSS plan through FY 07/08 to provide a range of housing options for transition age, adults and older adult populations.

8. Administration:

- Includes MHSA Administrative & Support Staff, Housing Development Unit Staff, Research Analyst, and Consumer Advocate.

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

**THREE-YEAR PROGRAM AND EXPENDITURE PLAN  
COMMUNITY SERVICES AND SUPPORTS  
Fiscal Years 2005-06, 2006-07, and 2007-08**

## **Introduction**

RCDMH has completed a broad planning process including a review of the strengths and weaknesses of the current system, identification of the community issues, needs and priority populations plus discussion of proposed strategies to address those needs and populations. This planning process has identified an overall vision for transformation of the Mental Health System over the next three years. This vision then is the basis for the MHSA plan being submitted. As other phases of the MHSA are added they will further enhance the system's ability to implement this vision. The plan that follows both expands core services for new populations and also expands the range of community-based services available to ensure a recovery-based approach. The Community Services and Support Plan is divided into 6 programs each with its own work plan. These include:

- Children's
- Transition Age Youth
- Adult
- Older Adult
- Peer Recovery and Support
- Outreach and Engagement

Although peer support and outreach are included in the other work plans, because of their pivotal role in transformation they are expanded and discussed in specific work plans.

Following is the mission and vision for a transformed system as identified through the community input process.

## **Mission of Mental Health Services**

The mission for the transformation of Mental Health Services under the MHSA is that the residents of Riverside County facing the challenge of severe mental illness have a quality of life that includes a reduction or absence of symptoms, meaningful relationships, activities, and choices, stable housing and employment in supportive communities free of stigma.

## Vision for a Transformed System

Out of the planning process has come the strategic goals for transforming the current system for the severely mentally ill into one that is accessible to all, responsive to needs, supportive, actively involves consumers and family members, is collaborative, culturally competent, focused on resilience and recovery and is accountable to consumers. The transformed system would ensure the following for adults and older adults with serious mental illness and children and youth with severe emotional disturbance.

- A. A system that provides easy access to user-friendly information and to services across the county and across all groups.
- B. A system that is welcoming and engaging from point of first contact and incorporates a “no wrong door” philosophy.
- C. A system that promotes recovery by instilling hope, and promoting empowerment and resilience within treatment and support strategies that are comprehensive and that enable its consumers to have a quality of life with a reduction or absence of symptoms with stable housing, employment, meaningful relationships, activities and choices in supportive communities free of stigma.
- D. A system that has integrated peer support systems into service delivery and ensures family and consumer involvement in all aspects of the department.
- E. A system that actively and continually provides outreach to underserved and unserved seriously mentally ill priority populations and actively addresses disparities in service utilization.
- F. A system that provides services that are sensitive to culture, gender, age, sexual orientation and ethnicity, and are respectful and responsive to consumer choice.
- G. A system that focuses on provision of the most effective clinical practices through a properly trained, supervised and supported workforce that believes in and understands the process of recovery and consumer empowerment.
- H. A system that actively develops community partnerships and provides education and support to collaborative agencies and the general community to enhance community supports and resources and to reduce stigma.
- I. A system that focuses on consumer outcomes and accountability and utilizes feedback and evaluation mechanisms to continually improve services/outcomes thus ensuring accountability.

**Part I: COUNTY/COMMUNITY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS**

**Section I: Planning Process**

- 1. Briefly describe how your local planning process included meaningful involvement of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities.**

The initial planning process was twofold in that the Department facilitated broad based stakeholder membership in our planning Committee's and Workgroups in addition to maximizing Community participation in the input process. Consumer and family member participation in all committees, workgroups, and community input activities was mandatory. The Stakeholder Leadership Committee was established first to ensure that local MHSAs process oversight was in place and those requirements and goals outlined in the MHSAs were being adhered to. This committee meets the first Wednesday of each month ongoing throughout the entire planning process. Membership includes numerous public agencies, 4 consumers and 3 family members (See Appendix A for entire Stakeholder Leadership Committee membership).

In addition to the Stakeholder Leadership Committee each Wednesday a MHSAs facilitation meeting was held to ensure a comprehensive planning process, diverse membership and participation in committee and workgroups, and promotion of community input and outreach activities. Included in these meetings are the Family Advocate Program, Family Liaison, Jefferson Transitional Program (consumer contractor), Ethnic Services Manager, Older Adult Services Supervisor, all Department Managers, Program Chief, Assistant Director, and the MHSAs Planning Coordinator.

There were five main committees developed to do the basic planning and to receive and prioritize issues that were derived from the input and outreach activities. The committee's had the following consumer and family membership:

- a. Children's (1 family advocate, 11 family members)
- b. Adult (1 family advocate, 8 consumers, 5 family members)
- c. Older Adult (7 consumers, 2 family members)
- d. Housing (1 family advocate, 5 consumers, 1 family member)
- e. Criminal Justice (3 consumers, 4 family members)

The total membership for these committees is summarized in the "MHSAs Committee Matrix", (see Page 13).

Five additional workgroups were established to concentrate on specific areas of the planning process and to make recommendations to the main committees. These were time-limited groups with specialized members, consumers, and family members to target specific areas identified in the Community Planning process.

The workgroups were as follows:

- Juvenile Justice
- Transition Age Youth
- Crisis/Hospitalization
- Consumer/Family Supports
- Vocational Services

Membership requirements for these workgroups included three staff, three consumers, and three family members with the exception of the Consumer/Family Support Workgroup, which had six consumers, four family members, and no staff.

The actual planning structure for community input through the committees and workgroups is detailed in Appendix B, “MHSA Flow Chart”. This includes the Mental Health Board and Stakeholder Leadership Committee.

As the planning structure was being developed as described above, the community input process was being implemented simultaneously. A Countywide, broad based community input plan was implemented to include all three Riverside County regions as well as culturally and diverse populations. In addition to the general community, efforts were also initially focused on consumers (County Mental Health and Private), family members of consumers, agencies (private non-profit and public), Hispanic communities, deaf/blind/disabled communities, gays and lesbian, and County Mental Health staff. All age categories were included in the input process.

With the assistance of the Family Advocate Program, Children’s Services Family Liaison, Older Adult Services Supervisor, Jefferson Transitional Program, and Regional Managers the Community input process was promoted and implemented. Questions were developed that were asked of the community participants. To assist with the interpretation and consistency of the information standard questions were developed with the help of the Family Advocate and Children’s Services Family Liaison.

In order to maximize the input a variety of opportunities were provided. They included community, specialty, agency, and staff focus groups, surveys, and public forums. In total the department conducted 102 focus groups with 1,127 participants. The regional breakdown was as follows: Western, 55 groups, Mid-County, 19 groups, and Desert, 28 groups. Fifteen of the 102 groups were provided in Spanish, attracting 124 participants. Seven of the community focus groups were for Older Adult consumers, and 82 persons attended. In addition there were 18 staff focus groups that were attended by 224. See below for more specific breakdown of the community groups, and Appendix C for a total focus group attendance summary.

## COMMUNITY FOCUS GROUPS

A total of 81 MHSA focus groups were conducted between March 31, 2005 and May 21, 2005. In total, 879 individuals participated in the focus group sessions. Fifteen focus groups were conducted in Spanish. Consumers facilitated all consumer focus groups. Questions were asked on six topics: ACCESS TO SERVICES, FAMILY/CONSUMER INVOLVEMENT, EFFECTIVE SERVICES, INDIVIDUAL CARE PLAN, ACCOUNTABILITY, and CULTURAL COMPETENCY.

**Consumer, Family, and Community Focus Group Attendance Breakdown**

	<b># Of Groups</b>	<b># Of Attendants</b>	<b>Spanish-Speaking Groups</b>
Family Members of Children Consumers	12	52	4
Family Members of Adult Consumers	10	129	3
Youth Consumers	2	14	0
Adult Consumers	28	285	0
Older Adult Consumers	7	82	3
Community (All ages)	18	231	5
Agencies (Serving all ages)	4	86	0
<b>TOTAL</b>	<b>81</b>	<b>879</b>	<b>15</b>

## SPECIALTY FOCUS GROUPS

**Housing Providers:** Three focus groups focused specifically on housing needs in Riverside County. A total of 24 people attended groups held throughout Riverside County.

**County Mental Health Staff:** A total of 224 County Mental Health staff attended a total of 18 focus groups. Questions were asked on five topics: CHALLENGES, SOLUTIONS, EFFECTIVENESS OF SOLUTIONS, BARRIERS, and LONG TERM STRATEGIES.

## OTHER INPUT

**Surveys:** Paper Surveys were distributed as requested by the community and made available in English and Spanish. Additional surveys were mailed to such groups as NAMI and to the “Parent to Parent” support group. Surveys were also made available on the County Mental Health Website. A total of 64 surveys were received. Questions were asked on six topics: ACCESS TO SERVICES, FAMILY/ CONSUMER INVOLVEMENT, EFFECTIVE SERVICES, INDIVIDUAL CARE PLAN, ACCOUNTABILITY, and CULTURAL COMPETENCY.

A separate **Housing survey** was also distributed with 213 responders.

**Community Forums:** Four Community Forums were offered. Two were held in Riverside (one of which was available in Spanish), one in Mid-County, and one in the Desert Region with 65 persons in attendance.

**Native American Population:** Although there was some Native American perspectives shared through the Focus Group process (i.e. Bureau of Indian Affairs), the Department felt that the response was limited and required further outreach. Efforts included a meeting with Behavioral Health Representatives of Inland Health Inc. to discuss the Native American population in Riverside County, existing service continuum and mental health issues and needs. Discussions centered on services through the five existing health clinics, outreach/access, type of clients served or unserved, and barriers to service. Ongoing discussions will be facilitated to ensure an active interface with County clinics and responsiveness to the needs of Native Americans in the County.

**Inland/Desert AIDS Project:** Met with both programs. Reviewed and provided an update on the Riverside County MHSA planning process. Explored current services offered, number of clients served, service needs and access and barriers. Received a full needs assessment document that contains information about the needs of people living with HIV/AIDS in Riverside and San Bernardino Counties. Explored Mental Health needs of their population with serious mental illness.

**E-Mail:** Via the County Website any interested party could send an e-mail suggestion or provide feedback electronically to the planning process.

**800#:** An MHSA 800# was established to allow the community the opportunity to contact the Department. This provided access for individuals inquiring about the planning process, those in need of schedules or directions to activities, or to provide general feedback.

**Open Forums:** In an effort to provide the community with on-going opportunities to voice opinions, receive planning updates, or to ask questions about the Act, the Department offers a monthly open forum (third Thursday of each month, dates posted on the website).

## **PROMOTIONAL EFFORTS FOR COMMUNITY INPUT**

To ensure meaningful involvement of consumers and family members in these opportunities an intensive promotional effort was implemented Countywide. Members of the MHSA facilitation meetings and County Clinic supervisors assisted in advertisement of Focus Groups and Community Forums. Outreach efforts included:

Focus Group flyers in both English and Spanish were distributed to County Clinics, Libraries, and Community Centers.

Phone Outreach to consumers and family members informing them of focus group and community forum schedules and locations.

Literature and flyers distributed through NAMI groups in Coachella, Mt. San Jacinto, Temecula, and Riverside. Notices were also posted in the NAMI quarterly newsletter.

Memorandums and e-mails to County Clinic staff to promote efforts with consumer and family members on their caseloads.

Flyers circulated to “Parent to Parent” Support Group members. Family Advocate has approximately 150 persons enrolled in Family-to-Family classes in the County. The class members were made aware of the focus groups and encouraged to participate. All families in the classes were also given information packets on MHSA.

Community Forums were published in all regions through a variety of regional newspaper releases and radio spots.

Website posting of Community Forums in English and Spanish.

Housing Focus Group flyers were sent out to over 150 provider stakeholders.

Mid-County Region did some specialized promotions to attract culturally diverse consumers to the Focus Groups. Included was distribution of flyers in Spanish and English through the Vocational Program; Flyers to Our Lady of the Valley Church which holds services in English, Spanish, and Vietnamese; and “Club Don’t You Know” gay and lesbian club. Also, three bi-lingual staff members called Spanish-speaking consumers to invite them to the groups. Transportation was offered as needed by consumers.

Jefferson Transitional Program was awarded a contract to assist the Department with recruitment of consumers for the committees and workgroups, in addition to participation in the Focus Groups. Their contract included funding to assist in the reduction of barriers to participation including stipends, childcare, transportation, food costs, training and financial and emotional support as needed. This included a unique approach to supporting consumers with monthly Peer-to-Peer meetings in each region to provide more education, encouragement, and support.

Updates were also posted on the Department’s website with opportunities to provide feedback through a survey (English or Spanish) or via e-mail.

**2. In addition to consumers and family members, briefly describe how comprehensive and representative your planning process was.**

As discussed in the Community Program Plan, invitations to participate in committee’s and planning efforts were sent out to key local agencies. The Department entrusted each agency to designate a representative of their choice who would lend the most expertise to a particular area. The response from those agencies was impressive as typified by the Committee Participation Matrix below.

MHSA COMMITTEE PARTICIPATION MATRIX

	Children's Committee	Housing Committee	Adults	Older Adults	Criminal Justice
Board of Supervisors		X		X	
Child Care Consortium	X				
First 5 Commission	X				
City of Riverside		X			
Community Member	X		X		
Community Access Center	X				
Community Care Licensing		X			
Community Health Agency	X		X	X	
Consumers (Family)		X	X	X	X
Contractor	X		X	X	
CSU-San Bernardino (MSW)				X	
County Counsel					X
Dept. of Housing & Community Outreach		X			
Dept. of Rehabilitation			X	X	
Director of Help Line			X		
District Attorney					X
DMH Staff	X	X	X	X	X
DPSS	X	X	X	X	
Economic Development Agency		X			
Fair Housing Counsel		X			
Faith Community			X		
Family	X	X	X	X	X
Family & Elder Care Center				X	
Family Services Association	X				
Fight Crime: Invest in Kids, CA	X				
HICAP				X	
Hospital Association			X		
IEHP	X				
Inland Caregiver Resource Center				X	
Inland Regional Center	X		X		
Juvenile Court	X				
LLU/LLU-MSW	X			X	
LTC Ombudsman				X	
Mental Health Board		X	X	X	X
NAMI				X	
Office of Education					
Office on Aging		X		X	
Police Dept.					X
Prevent Child Abuse-Riverside County	X				
Prime of Life				X	
Probation	X		X		X
Public Defender	X				X
Public Guardian			X	X	X
RCOE Bridges	X				
RCOE Head Start	X				
RCOE SELPA	X				
Riverside Adult Services Network				X	
Riverside Center for Behavioral Medicine				X	
Safe House	X				
Santa Rosa de Valle	X				
Sheriff's Dept.					X
SEIU Local 1997	X				
Superior Court					X
Veteran's Affairs		X	X	X	
Visiting Nurses Assoc. of Inland Counties				X	

In addition to the agencies involvement in the committee and planning process, several of the key agencies were also asked to participate in focus groups. The Department hosted four regional focus groups for agencies. They included one for DPSS Adult Protective Service staff, one for the Older Adult Care Team, and two for DPSS, Health Department, Probation, and Riverside County Office of Education. A total of 86 staff members participated in the Agency focus groups by providing valuable feedback into the department's planning efforts.

Other important outreach efforts involved non-profit agencies. The Department conducted two focus groups for these agencies including the "Area Executives Association" (non-profit agency administrators) and the Family Service Association of Riverside staff. 40 non-profit agency staff members participated in these focus groups.

In an attempt to outreach to the general public four Community Forums were held. Two were held in Western Region (one of which was offered in Spanish), one in the Mid-County Region, and one in the Desert Region. These forums were advertised through local and regional newspaper advertising, radio spots, and flyers. Sixty-five community members participated in the Community Forums and not only received an orientation to the MHSA but an opportunity to provide feedback and suggestions on services and need.

**3. Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to date.**

Program Chief (25%) has overall responsibility for overseeing MHSA Planning functions. Conducts MHSA planning facilitation meetings, chairs Stakeholder/Leadership Committee, and directs regional managers as to necessary tasks and functions to meet goals of MHSA. Informs Mental Health Board and Director of any MHSA related updates.

Mental Health Services Managers (10%) assisted Program Chief in facilitating and directing MHSA outreach and planning activities. They were integral in the promotion of community input opportunities and establishing the committee and workgroup membership.

Administrative Manager II (5-10%) assists in accountability of MHSA expenditures and budget. Established necessary cost centers for tracking of MHSA expenses and accountability of billable staff time. Sits in on facilitation meetings as fiscal representative. Represents Department on relevant conference call activities such as Capital Facilities, Information Technologies and the annual planning estimate.

MHSA Coordinator (100%) facilitates MHSA planning activities including: Updating managers and committee's on most recent MHSA information, monitoring planning functions to ensure they are within the spirit of the Act, organizing and providing materials to committees as needed, updating website, coordinating trainings, responding

to public inquiries regarding MHSA, facilitating community forums, participation in conference calls, State workgroups and any MHSA meetings as needed.

Family Advocate (50%) participates in weekly facilitation meetings. Supported the involvement of Family Members in the committee, workgroup, and community input process. Organized and facilitated family focus groups and outreach activities as needed as well as a link to the local NAMI chapters.

Children's Services Family Liaison (50%) participates in weekly facilitation meetings. Supported the involvement of family members of child and adolescent consumers, and youth in the committee, workgroup, and community input process. Organized and facilitated focus groups and outreach activities as needed. Sits on the Children's Committee. Participation in MHSA training activities on both a local and State level.

Supervisor of Older Adult Services (20%) participates in weekly facilitation meetings. Supported the involvement of Older Adult Consumers and agencies in the committee, workgroup, and community input process. Sits on the Older Adult Committee.

Ethnic Services Coordinator (10%) participates in weekly facilitation meetings. Makes recommendations around cultural issues and outreach to ethnic minorities. Monitors planning process to ensure that all facets involve cultural sensitivity. Sits on Cultural Competency and Criminal Justice Committees.

Private Consultant (per diem) to act as facilitator to public forums, agency and staff focus groups. Was responsible for conducting 4 public forums (65 attendees), 2 agency focus groups (41 attendees), and 18 staff focus groups (224 attendees). A private consultant will be retained further in the process to analyze staff needs and population trending.

Research Specialist (50%) assisted in the organization and compilation of community focus group, specialty focus group, surveys, staff focus group, public forum, and survey information. Prepared respective summaries for each and then forwarded them to the planning committees to review all input.

Accountant II was put in place to assist the Administrative Manager to oversee budgetary responsibility of the planning process. This function has not yet been required 50% of the time as originally estimated.

Staff Analyst II, although originally proposed to provide program support and management analysis. This position was not funded until October and was not utilized at 50%.

Office Assistant III (100%) providing administrative support for MHSA planning activities. Receives 800# calls and MHSA related e-mails and ensures their response. Handles all clerical support for MHSA coordinator, scheduling of MHSA activities, and provides minutes for MHSA facilitation and Stakeholder Leadership Committee meetings.

Jefferson Transitional Program (\$80,000 contract) was integral to participation of adult consumers in committee, workgroups, and the community input process. They recruited and supported consumers to be active committee members, provided training to consumers on being effective committee members, and on facilitating consumer run focus groups. Assisted the Department in reducing barriers to family and consumer participation by providing emotional support, training, education, and financial support (stipends, transportation costs, childcare, and food costs). They contacted 81 consumers to offer participation in the process, 45 were trained, and 30 are involved in committees and/or workgroups.

**4. Briefly describe the training provided to ensure all participation of stakeholders and staff in the local planning process.**

Prior to the initiation of the committee and community input process, two critical trainings needed to occur. First, a focus group facilitation training was necessary to ensure consistency and reliability in the focus group process. Secondly, a basic training regimen on MHSA was introduced to all committee members so they could not only understand their role in the process but also fully comprehend the vision and principles outlined in the Act. See following pages for a more specific and complete listing of the trainings provided thus far by the Department.

**Focus Group Facilitation Training**, presented by Nancy Taylor, Director of Leadership and Organizational Development, for the County. Two sessions were offered on March 30 and 31, 2005, with 40 facilitators receiving the training. The “facilitation basics” training included such topics as “the role of facilitator in effective meetings” “the role of the recorder”, “basic communication skills”, and “the purpose of the meeting”. In addition to these areas focus group structure and process, rules, and prioritizing issues were covered. Presentation material including introductory remarks, overview of MHSA, and the MHSA fact sheets, and focus group questions were given to each facilitator so that all information presented to participants would be consistent.

Attendance included representation from all three regions, bilingual staff, and staff representing all age categories. Jefferson Transitional Program participated in the training to ensure consumer involvement in the process and consumer run focus groups. Other groups involved in the training included; Family Advocate Program, Parent Partners, Public Guardian, Regional Board members, NAMI members, Office on Aging, parents, family members, and consumers.

**Jefferson Transitional Program (JTP) Consumer Training**, on how to be an effective committee member presented by Susan Hoffman, Ashleigh Martinez, and Sue Moreland, JTP administrative staff. JTP contacted 81 consumers as identified by JTP and County Clinics and trained 45 of them. As a result 30 consumers trained by JTP are participating in committees or workgroups, and over 30 consumer-to-consumer focus groups were conducted.

The type of training provided by JTP was broken down into three categories:

- a. **Orientation Conferences** (March 30-31, and April 1-6, 2005). Included information, education, and training on MHSA related topics. An explanation and description of the various ways for consumers to serve in the CSS planning process, and handbooks were given on “How We Can Change our World through Serving on Boards and Committees.”
- b. **Focus Group and Facilitation** (April 8 and 13, 2005.) Information was provided on overall structure, process, and purpose of focus groups. Handbooks were distributed on “Facilitation Basics” by Nancy Taylor. Training was also centered on the role of the facilitator and special techniques in dealing with possible difficulties involving audience participation.
- c. **Review of the Community Services and Support Plan Draft and Technical Assistance Documents** (June 13, 2005). Review, discussion, and explanations on CSS plan draft, MHSA Vision and Purpose, and Technical Assistance Documents.

See Appendix D for JTP training matrix and descriptions of each training module.

**Committee Membership Training**, presented by all five committee chairs starting in March 2005. The goal was to orient and educate each committee member on the parameters of the MHSA. This training was also provided to the Stakeholder Leadership Committee.

The following handouts and review materials were distributed:

- Data and Prevalence – Unmet Need
- MHSA Fact Sheets (including definitions of target populations)
- State Department of Mental Health Requirements (7/14/05)
- Evidence Based Practices (age specific)
- Recovery Vision (Wraparound for children)
- DMH Vision and Guiding Principles
- New Freedom Commission Report
- California Master Plan (pertinent sections)
- Cultural Competency
- System of Care Frameworks

**Mental Health Board Training**, presented by CIMH on 2/25/05. 16 Riverside County Mental Health Board (Board) members including regional Board members attended training. Training focused on responsibility of the Board as it relates to MHSA and holding public hearings on the Community Services and Support Plans.

**Co-Occurring Disorders Training**, presented by David Mee-Lee, M.D., M.S. on May 31, 2005. Topics included “Cultural Clashes in Co-Occurring Disorders” and “Clinical

Dilemmas in Assessment and Treatment.” Attendance for the training was 262, and included consumers, family members, and mental health staff.

**Recovery Training**, presented by MHA Village, Mark Ragins, M.D., Catherine Bond, MFT, and John Travers, CPRP. Training was conducted on 6/28/05, and was attended by 197. The emphasis was to present the recovery model to as many committee members as possible in addition to consumers, family members, and County staff. The training provided an introduction to the Recovery Model including vision and principles, the four-stage developmental model, contrasts to the Medical Model, taking principles to practice, and self-help and peer support from a consumer perspective.

**United Advocates for Children of California (UACC)**, understanding the Mental Health Act and learning to facilitate family focus groups. This training was held on 2/14/05 and emphasized ensuring diverse family member involvement in the local planning process and facilitation of focus groups. 20 parents/caregivers were invited and 12 parents registered, 8 attended along with 3 parent partners. Transportation was provided and childcare offered.

**Older Adult Integrated System of Care Training**, presented by Barbara Mitchell, MHSS, on basic orientation and education of the MHSA at Public Hearings held by Riverside County Office on Aging, in Banning and Indio, was attended by 47. CARE Team meetings in Moreno Valley and Hemet on 3/8, 4/5, and 4/27/05, and attended by 106.

**County-Wide Housing Continuum of Care**, presented by Maria Marquez on 4/21/05. Spoke and handed out MHSA materials to approximately 75 persons in attendance. Provided orientation and education on MHSA, updated planning process, and circulated flyers regarding upcoming focus groups for housing providers.

**A Brand New Day, Introduction to the Planning Requirements for MHSA**, offered by CIMH on 2/4/05. Attended by MHSA Coordinator, Family Advocate Program, and Older Adult Services Supervisor. To develop a better understanding of State requirements for the plan to plan, introduction to planning and process frameworks, and explore common challenges and effective process strategies.

**The Mental Health Services Act: A New Vision for California**, a California Mental Health Policy Forum presented on 2/10/05. Challenges of implementing MHSA, opportunities, transformation of systems, stigma issues, leadership in change, and a variety of MHSA related workshops. Attended by the Mental Health Director, Program Chief, fiscal management, regional managers, MHSA Coordinator, key clinic supervisors, family advocates, parent partners, family members, and consumers.

**The Mental Health Services Act**, presented by Donna Dahl, Program Chief on 5/18/05, to Mental Health Administrative personnel including human resources, fiscal, payroll, patients accounts, and program support. Outlined MHSA requirements and fact sheets,

updated local planning process, and provided opportunities for feedback and questions about the planning process. The presentation was attended by 33 staff members.

## Section II: Plan Review

### 1. Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.

March, 2005

Mental Health Board Members participated in a Saturday training to receive an orientation and education on their responsibility related to MHSA and associated public hearings.

September, 2005

Mental Health Board received additional information on public hearings, including legal requirements, timelines, MHSA requirements, and an overview of CIMH training on, “How to Conduct a Public Hearing.”

The Board decided to hold a total of three public hearings in each of the regions in the County. Also, ground rules and parameters for conducting the hearings and the process for receiving input were established, along with timelines.

October, 2005

Department provided an overview of the Community Services and Support Draft, Three-Year Expenditure Plan, to the Mental Health Board, including programs and services being proposed for funding under MHSA.

November, 2005

The Stakeholder Leadership Committee reviewed the draft plan and provided input. They concurred that the plan and services were within the needs and services identified through the planning process as well as the MHSA guidelines and principles.

November 9, 2005

The 30-day Public Review period was initiated and copies were made available through the following methods:

- Newspaper advertisements announcing the review period, public hearing dates, and how to obtain a copy of the plan. Two cycles of advertising were conducted to ensure the Department made every effort possible to promote feedback on the plan. Advertisements ran the week of November 14, 2005, and the week of December 5, 2005 (each for at least a four-day period). The advertisements ran in four separate publications, in 9 editions per cycle, including a Spanish publication.

- Plan was posted on the County website at: <http://mentalhealth.co.riverside.ca.us/mhsa.html>. During the 30-day comment period, the website received 5,317 sessions, which is defined as an individual visitor conducting a series of clicks on the website. The extent of review of the MHSA plan however is unknown.
- In addition to the plan, the Department posted on the website an Introductory Letter, Executive Summary of the Plan, Feedback Form, list of where hard copies of the plan could be accessed, public hearing notices, and public hearing guidelines and agendas. These documents were all made available in English and Spanish. (See Appendix E and F.)
- Copies of the plan, introductory letters, feedback forms, and executive summaries were sent to all County libraries and every County Mental Health Clinic Countywide.
- Copies were mailed to all requesting persons and organizations expressing interest in reviewing the plan.
- Copies were made available to every individual that was involved in the MHSA planning committee process.
- Full presentations were made and plan summaries were provided to all 5 MHSA Planning Committees, 4 NAMI Chapters, and the Office on Aging Advisory Board.

**2. Provide documentation of the public hearing by the mental health board or commission.**

See attached copies of public hearing notices, newspaper advertisements, guidelines, and agendas. Public hearings were conducted on December 13, 14, 15, 2005. Due to the geographic diversity of the County, one hearing was conducted in each of the three regions. (See Appendix F.)

**3. Provide the summary and analysis of any substantive recommendations for revisions.**

During the 30-day Public Comment period, the Department accepted feedback from stakeholders through a variety of methods including Feedback Forms, e-mails, phone calls through the MHSA 800#, and written letters. Public testimony and written comments were also received during the three public hearings held regionally. The Department received approximately 50 written responses through the process described above. Each written comment was described in detail, discussed and reviewed by a committee of the Mental Health Board. Following are the public comments, the Department's analysis followed by the recommendations from the Mental Health Board committee ratified by the full Mental Health Board on January 4, 2006.

## Summary of Substantive Comments

- a. Co-Occurring Disorders: Although already addressed in the plan, there were repeated comments on the importance of integrated treatment approaches to Mental Illness and Substance Abuse Disorders. Comments centered on the need to emphasize actual training, intervention, and practices to be implemented.
- b. School Collaborations: Emphasized need to include schools/education in ongoing planning process and as a significant partner to be considered in children's programs.
- c. Evidence Based Practices: Encouragement to explore best practices in all programs, and more specifically, the Adult Work Plan. Suggestions were made to explore a variety of best practice models in other areas and states, with an emphasis on incorporating Recovery Models proposed by Dr. Mark Ragins at the "Village" in Long Beach.
- d. Transportation: Multiple comments on the need for transportation that will allow for consumers to access mental health services.
- e. Emergency Preparedness Plan: Suggestion that a specific plan be developed for the seriously mentally ill.
- f. Housing: Repeated concerns over needs for extensive housing options, low-cost/affordable housing, housing vouchers, and/or supportive housing.
- g. Informational: Several comments related to the dissemination of information about MHSA programs and implementation activities reaching the community, consumers, and family members.
- h. Conditional Release Program: Request to fund services for individuals enrolled in the Conditional Release Program.
- i. Deaf Community: Noted lack of resources and services for the deaf community in the CSS plan. Suggestion not only for provisions for sign language interpreters but to employ deaf clinical staff to better relate and treat members of the deaf community.
- j. Suggestions that the County promote the current Gay/Lesbian Support Group for the mentally ill and services. Included would be transgender support groups as well.
- k. Concerns over high cost of medications for those who are to receive services under the plan.
- l. Recommendations for increases in services for Court Mandated Treatment for those with multiple hospitalizations.

- m. Concern over the need to include a “No Wrong Door Policy.”
- n. Suggestions that Crisis Services need to be added such as Mobile Crisis Outreach, Crisis Hotlines, and more in-patient bed capacity especially in the Desert Region.
- o. Would like to see more emphasis on Vocational/Employment services. Suggested that these features are not highlighted clearly in the plan. Also, emphasis should include benefits assistance counseling and entitlements.
- p. Services to individuals with Developmental Disabilities and other physical disabilities not outlined in the plan. Also, services to individuals who have HIV/AIDS not specifically addressed in plan.
- q. Multiple comments referencing the need to outreach to the Hispanic population. Suggestions included community and faith based outreach and identifying areas of isolation and difficulty accessing services.
- r. Prevention/Anti-Stigma: There were some comments directed at the need for early prevention and anti-stigma strategies to be included in the plan.

#### Analysis of Substantive Comments

- a. Co-Occurring Disorders: The area of Co-Occurring Disorders was clearly a priority need identified in all age categories during the planning process. This was reinforced by the public’s commentary received on the Department’s draft plan. In the analyzing need section of the plan, two key areas were identified: 1) Existing programs were unable to meet the needs of the co-occurring populations. 2) Co-Occurring Disorders were under identified.

In analyzing the plan, Co-Occurring Substance Abuse Disorders was an integral part of all age specific work plans. However, in re-looking at the Adult Plan (FSP-03) the actual program description related to Co-Occurring Substance Abuse Disorders was a weakness and needs to be enhanced and more clearly stated.

- b. School Collaborations: School based interventions did not surface as one of the significant priorities identified through the community planning process. However, in analyzing the needs of school age children, it is clear that outreaching to schools is critical to identification of children being unserved or underserved, in addition to Hispanic school children in need of services. School collaboration efforts could be more clearly stated in the Children’s Integrated Services Work Plan (FSP-01).
- c. Evidenced Based Practices: Research on best practice models were considered and incorporated into all work plans. Models such as Multidimensional Family Therapy, Multidimensional Treatment Foster Care, Wraparound, Cognitive Behavioral

Therapy, SMART Programs, and Integrated Recovery Service Center models are all embedded in the plan.

Trainings around Recovery Models, such as Dr. Mark Ragins', have already been conducted in the Department and will continue throughout implementation of the plan. In reviewing the public comments around practice models and training, many of these activities are included in one-time training expenditures. Therefore, to better represent the proposed models, the Department needs to have a dedicated one-time expenditure narrative to more clearly state the training.

- d. Emergency Preparedness Plan: This was not a strategy included in the Department's plan and is not fundable under MHSA. However, the public suggestion is valid and can be explored in the County Disaster Preparedness Plan. No plan revision is necessary.
- e. Transportation: In analyzing the plan, transportation needs of consumers was considered. Accommodations were built in for the purchase of vehicles and drivers in all regions.

It was also determined through the analysis that transportation needs would be decreased through the implementation of outreach activities such as the mobile assessment for older adults, outreach to medical clinics, and integrated service approaches in the Recovery Centers.

- f. Housing: Homelessness as a priority need surfaced amongst all four age categories. This priority is reinforced by departmental data analysis that reports one-third of all mentally ill individuals are homeless. There are an estimated 2,314 homeless Mentally Ill and 494 homeless with Co-Occurring Substance Abuse Disorders each day in Riverside County.

Since Housing was a critical component to the Department's plan, there were concerns over the number of Public Comments received in this area. Thus the Board re-evaluated the description of the Housing component and determined that programs outlining housing strategies needed to be incorporated and described in more detail, specifically in the Comprehensive Integrated Services for Adults Work Plan (FSP-03).

- g. Information: Comments centered around getting information to the community and consumers about MHSA programs. Although this was not required or written in the plan specifically, the Department acknowledges the importance. Although no plan revision are required, promotional and informational efforts through the website, network of care, and implementation groups and committees should be ongoing.
- h. Conditional Release Program: In analyzing this need, the Department and the Board believes that providing services to individuals enrolled in the Conditional Release Program is not fundable under MHSA. Once discharged from the program and off

parole, individuals would be eligible for programs based on needs. Meanwhile the CSS Plan proposes to implement services to identify individuals in the jail system and with mental illness to bring them into the system.

- i. Deaf Community: As indicated in the data analysis section of the plan, there are 10,939 deaf or hard of hearing mentally ill individuals in Riverside County. Estimates are that less than 100 individuals are receiving or have requested to receive services. There are sign language translation services available, but deaf clinical staff and training needs to be enhanced.
- j. Gay/Lesbian Community: Public comments centered on outreach and promotional efforts of existing gay/lesbian support groups and networks. In analyzing the Outreach and Engagement Work Plan (OE-06), the Department acknowledges that outreach strategies could be expanded to ensure the needs of this population are met.
- k. Medication Costs: Issue of high costs of medications for those receiving mental health services was raised. The plan doesn't address medication costs directly, but medication support services are included. The analysis determined that individuals need assistance in accessing benefits to cover medications, and the need for education on Medicare Part "D". Medication assistance and education on Part "D" already exists in the Department.
- l. Court Mandated Treatment: In analyzing the needs for more Court Mandated Treatment options for repeatedly hospitalized individuals, the Department and the Board believes that these services are not covered through MHSA funding, and cannot be included in the plan.
- m. "No Wrong Door Policy": The Department acknowledges the importance of making services user friendly, welcoming, engaging, and easily accessible. However, in reviewing the plan "No Wrong Door" was not specifically mentioned and needs to be included in revision of the Vision Statement.
- n. Emergency Services (Mobile Crisis/Crisis Hotlines/In-Patient Beds): In analyzing the need for more emergency services, the Department reviewed the community planning and priority lists. Mobile Crisis Services did not surface as a top priority strategy, although Mobile Outreach is a critical component in the Older Adult Work Plan. Crisis Hotlines were not included as a new service, however, the Peer Support and Resource Centers will have warm-lines, and the Integrated Recovery Service Centers have 24/7 provisions built-in. Purchasing of in-patient beds is not an allowable expense through MHSA funding.
- o. Vocational/Employment Services: The Department received multiple comments on the need to provide vocational training and employment opportunities in the plan. In review of the vocational component in the Adult Work Plan it was determined that the description lacked depth and understanding, although resources were sufficiently allocated to this area.

- p. Developmental Disabilities, those with Physical Disabilities and HIV/AIDS: These populations did not specifically emerge as a priority in the community planning process, but the importance of making service provisions for those with severe mental illness among this population is essential. Mental health services did not surface as a high priority need in the Inland Empire HIV Planning Council 2005 Needs Assessment. Also a Department contract with Inland Aids Project was recently cancelled because it was not utilized by the agency for their clients. Also, Desert Aids has chosen not to contract to provide mental health services.
- q. Hispanic Outreach: As clearly identified in the community planning process and the unmet need analysis, the Hispanic population remains largely unserved in receiving mental health services. Outreaching to the Hispanic population is essential and strategies in the Outreach and Engagement Work Plan must be expanded for this population.
- r. Prevention/Anti-Stigma: Comments were received about the need for the Department to include Prevention and Anti-Stigma activities in the plan. However, the Department limited these strategies in the current plan, and will more specifically address these concerns and issues in later phases of the MHSA process.

**4. If there are any substantive changes to the plan circulated for public review and comment, please describe these changes.**

Through the public review and comment process the Department received a multitude of suggestions and input on non-substantive changes that could be made to enhance the quality and clarity of the plan document. These suggestions mostly related to the improvement of grammar, spelling, and syntax that were all incorporated into revisions throughout the plan document. Also, the Department acknowledged through their own review and public comment that there were some errors in the Budget Exhibits. These errors related to excel formula errors that carried the wrong data into certain sections of the document. These errors were all corrected in the budget sections of the plan.

Following a review of all public comments to the plan plus the department's analysis and suggestions, the Riverside County Mental Health Board requested the following substantive changes be made to the plan. The Department agreed to do so.

- a. Co-Occurring Disorders: Although already embedded in the plan, the Board felt that due to continual commentary on this topic that the Department needed to modify the Adult Work Plan (FSP-03) to more specifically describe the efforts to address the detection and treatment of Co-Occurring Substance Abuse Disorders.
- b. School Collaboration: The Board acknowledged that although school based interventions were not listed as one of highest priority school collaborative efforts in plan implementation is critical. Therefore, the Board recommended that the

- Children's Integrated Service Program (FSP-01) be revised with language around involving education and school collaboration in planning and implementation efforts.
- c. Evidenced-Based Practices: Although Evidence-Based Practices were embedded in the four work plans by age category, the Board determined that the descriptions of training and best practices should be enhanced in a dedicated narrative for one-time funding and more clearly stated in the work plans.
  - d. Emergency Preparedness Plan for the Mentally Ill: Although this aspect is not funded under MHSA, the Board recommended to the Department to examine current County Emergency Preparedness Plans and to review other models for possible addition to the Emergency Plan. However, no revision to the CSS plan was requested.
  - e. Transportation: Accommodations do exist in the plan for transportation needs of consumers. This includes the purchase of cars, drivers, and payment for public transportation. Beyond this, the Board felt many of the outreach and engagement activities will actually decrease the needs for transportation. Efforts such as staff members located in Public Health Clinics and the Mobile Outreach in the Older Adult Work Plan will hopefully diminish the need for clients to be transported to the necessary services. However, the Department and the Board agreed that transportation clearly will be a continued need and as more funding becomes available it must be re-discussed.
  - f. Housing: Due to the overwhelming concern by the Stakeholders over the provision of Housing Options for the mentally ill, the Board determined that the Housing descriptions in the plan were inadequate. The Board requested that the Department revise the Comprehensive Adult Integrated Services Work Plan (FSP-03) to include a dedicated Housing Section that specifically describes all the programs that will be designated for housing.
  - g. Deaf Community: The Board concurred with the issues brought forth by the Deaf Community, and requested that the Department incorporate into the Outreach and Engagement Work Plan (OE-06), under General Community Outreach and Engagement, Section E, the need to recruit Deaf Clinicians into the Department.
  - h. Gay/Lesbian Outreach: Although not identified as a high priority issue in the planning process the Board agreed that promotion of services and supports is essential and needs to be incorporated in the Outreach and Engagement (OE-06) Work Plan. Transgender Support Groups should also be included in these promotional activities.
  - i. "No Wrong Door Policy": The Board agreed that this is an essential concept of transformation, and requested that the Department revise the "Vision Statement" in the plan introduction to reflect this concept.
  - j. Vocational/Employment Services: Although this component is included in the Integrated Recovery Service Centers, based on the number of comments in this area

the Board decided the plan inadequately describes this component. The Board requested that the Department revise the vocational component described in the Integrated Recovery Services Centers, (Comprehensive Integrated Services for Adults, FSP-03).

- k. Developmentally Disabled/HIV/AIDS/Physical Disabilities: The Board would like the Department to address the needs of this population through the expansion of strategies in the Outreach and Engagement Work Plan (OE-06).
- l. Hispanic Outreach: There were multiple comments about the need to outreach to the Hispanic Community so they may more easily access services. Several strategies for outreach were acknowledged and will be incorporated into outreach strategies. The Board would like the Outreach and Engagement Work Plan to be modified accordingly (OE-06).