

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

WHAT THE MENTAL HEALTH SERVICES ACT (MHSA) REQUIRES

The MHSA, a ballot measure, was passed in November 2004 to expand mental health service funding for a comprehensive, community based mental health system for seriously ill individuals. Community Services and Supports is one of the six components to be implemented. The others are planning, prevention, innovations, capital and technology and education/training. The MHSA requires five elements be included in any plan for a transformed mental health system. These include:

- Community Collaboration
- Cultural Competence
- Client/Family Driven
- Wellness and Recovery Focused
- Integrated Services

\$16.7 million of MHSA funding is available each year to the County for community services and support to children and youth, transition age youth, adults and older adults. All four age groups must be served and ethnic disparities addressed.

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

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 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.
- 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 - \$5.07 Million of MHSA funds per year.
 - Expanded outpatient services using specific evidence based practices (540 to be served per year).
 - Expanded case management & co-occurring treatment (175 to be served per year).
 - Juvenile Justice consultation, linkage and follow-up.
 - Family Supports – Respite (100 served), Mentorship (175 served), Child Care in clinics and Transportation.
 - Expansion of Parent Partners from 12 to 29 for outreach and support in communities and clinics.
 - Crisis supports through Parent Partners, case managers, and psychiatric coverage.
 - Expanded Wraparound (no MHSA funding needed).

2. Transition Age Youth (Ages 16-25) - \$1.85 Million of MHSA funds per year:
 - Three Integrated Service Recovery Centers (266 to be served per year).
 - Three Peer Support and Resource Centers (264 to be served per year).
 - Crisis Residential Program (45 to be served per year).
 - Augmented Board & Care, 18 beds (30 to be served per year).
 - Evidence based practices implemented in Children’s outpatient clinics serves the 16-18 year olds also.

3. Adults - \$5.49 Million of MHSA funds per year:
 - Outreach
 - Three Mental Health Court programs (345 to be served per year).
 - Jail Mental Health Follow-up (2500 to be served per year).
 - Integrated Service Recovery (365 to be served per year).
 - Expansion of Family Advocate Program.
 - Crisis Residential Program (235 to be served per year).
 - Augmented Board & Care - 82 beds (120 to be served per year).
 - Expanded Outpatient and Case Management Services (315 to be served per year).

4. Older Adults - \$2.34 Million of MHSA funds per year:
 - Infrastructure Changes – Designated Older Adult Managers and Supervisors.
 - Multidisciplinary – Mobile Outreach & Integrated Service Team (350 provided assessment per year and 163 provided ongoing services).
 - Peer & Family Support Services – Consumer and Family Advocates in each region plus Senior Peer Counseling (150 to be served by peer counseling).
 - Screening & Consultation in Public Health Clinics (250 to be served per year).
 - Augmented Board & Care (32 to be served per year).
 - Training of staff, consumers, and Board & Care staff (6 trainings to be held per year).

5. Peer Recovery/Support Services - \$846,000 of MHSA Funds per year:
 - Three Consumer Operated Peer Support & Resource Centers (1200 served per year).
 - Consumer Advocate Position in Administrative Budget.
 - Consumer/Family members on Mental Health Boards/Committees.

6. Outreach & Engagement - \$265,000 of MHSA Funds per year:
 - 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 - \$844,000 of MHSA Funds per year:
 - Includes MHSA Administrative & Support Staff, Housing Development Unit Staff, Research Analyst, and Consumer Advocate.