

**DRAFT**

**MHSA**

**MENTAL HEALTH SERVICES ACT**



**MHSA 3-Year Program and  
Expenditure Plan for  
FY20/21 through FY22/23**



<http://www.rcdmh.org>



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**This year's artist for the MHS cover art**



The Riverside-based artist Pamela "Zen" Miller creates with watercolor, pen and ink, pencils, acrylics, and pastels. This multi-media artwork of Mt. Rubidoux is part of her "Riverside's Beauty: Mt. Rubidoux" series. A self-described mystic symbolist painter, "Zen" Hope's to share her magic through her art and to create a positive evolution within man's mind.



## **Disclaimer regarding family/client stories**

The MHSA 3-Year Plan (FY 20/21-22/23) contains consumer and family stories of recovery and hope. The stories are from actual partners in care regarding their service experience in a MHSA funded program. All stories were voluntary. Participants signed authorizations explaining the purpose of the story request and publishing it in this document, their right to withdraw the story before publishing, and confidentiality and if they would like their name associated with the story. Some names have been changed at the request of the storyteller.

## Message from the Director

The Mental Health Services Act Three Year Plan and Annual Plan Update provides an opportunity each year to take stock of our progress, evaluate our accomplishments and sharpen our focus on applying resources to areas of emergent need and places where we can expand our capacity to serve consumers. We listen carefully to our stakeholders and community partners who provide us with an understanding of the needs of this community and furnish the guidance that leads us forward. Together with a staff of dedicated professionals, we have assembled a team whose capabilities, optimism and compassion allow us to deliver the highest quality behavioral health care to this community.

We find ourselves in a healthcare environment that is brimming with challenges and opportunities. New technology allows the reach of our services and programs to go farther into rural areas than ever before and helps us deliver care to communities that have been traditionally underserved. We have opened new locations where behavioral health and substance abuse disorder services are provided in the same location as primary medical care, bringing fully integrated healthcare to tens of thousands of people. And we are leading the state in generating new permanent supportive housing for homeless individuals with severe and persistent mental illness.

At the same time, we face fiscal constraints that surround serving a growing need for care that continues to outpace the resources that are available. We continue to provide education to address the stigma of mental illness that still keeps many from seeking the help they need. And we face the head-on challenge of meeting the complex needs of those with addiction disorders.

We face each new day with an unwavering commitment to serve this community and bring the principles of wellness and recovery to all we meet. This updated three year plan` provides the direction and path that we will follow. We are grateful for the support and trust we are shown and pledge to work every day to earn that trust.

Mathew Chang, MD

Director

RUHS – Behavioral Health

# MHSA County Compliance Certification

## MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Riverside County  Three-Year Program and Expenditure Plan  
 Annual Update

Local Mental Health Director

Program Lead

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

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on \_\_\_\_\_.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Matthew Chang, MD.  
Local Mental Health Director (PRINT)

\_\_\_\_\_  
Signature Date

## MHSA Quick Look

### **What is the Mental Health Services Act (MHSA)?**

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

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

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

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

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

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

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



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

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

Every three years, Riverside County is required to develop a new Program and Expenditure Plan for MHSA. The 3YPE outlines and updates the programs and services to be funded by MHSA and allows for a new three-year budget plan to be created. It also allows the County an opportunity to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. The last 3YPE plan was approved starting in fiscal year 2017/18 and expires in fiscal year 2019/20. A single fiscal year begins July 1<sup>st</sup> and ends the following calendar year on June 30<sup>th</sup>. This document is a 3-Yer Plan covering fiscal year 20/21-22/23.

### **What is an Annual Update?**

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

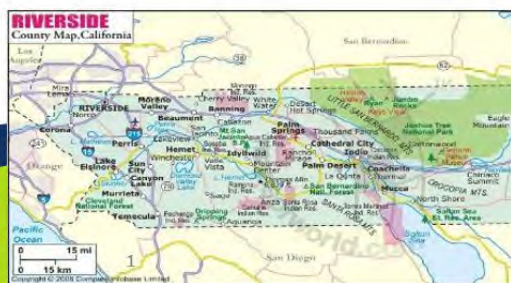
Once the Annual Update draft is completed, it must be posted for public review for a minimum of 30 days. During the 30-day posting period the County will accept community feedback on the Annual Update and document the input accordingly. Following the posting period the Department calls upon the Riverside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

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

## Public Hearing PowerPoint

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

## Riverside University Health System Behavioral Health



## Riverside County

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



# Diversity

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



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## What is a public hearing?

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



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# COVID-19 and Public Hearing

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



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## What is MHSA?

- 2004 CA voter approved ballot proposition (Prop 63)
- 1% income tax on incomes over \$1 million
- Funds are distributed to counties and used to “transform” MH services
- MHSA has rules (regulations) about the limits and possibilities of how the money can be used
- CANNOT pay for involuntary programs, supplant existing funds (November 2004), or Substance Abuse, Prevention, and Treatment programs (unless there is a Co-Occurring Disorder)



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# MHSA Frame

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



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## CSS

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



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## PEI

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



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## INN

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



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## WET

- Original WET funds were 1-time funds that lasted 10 years. Expired 2018.
- Continued plans funded through a portion of CSS dollars
- Recruit, retain, and develop the public mental health workforce
- Riverside Workplans: 1) Workforce Staffing Support; 2) Training & TA; 3) Mental Health Career Pathways; 4) Residency & Internship; 5) Financial Incentives for Workforce Development



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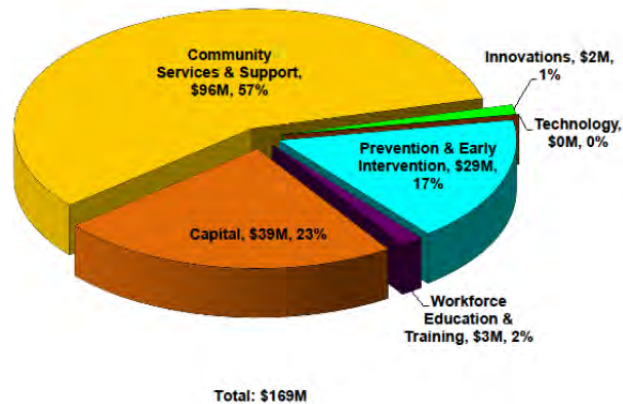
## CF/TN

- The last CF/TN funds were allocated in 2013-2014, but a portion of CSS funds can be used to address new workplans
- Completed projects:
  - Desert Safehaven Drop-In Center
  - West Region Children's Consolidation (Myers St.)
  - West Region Adult/OA Consolidation (Rustin Ave.)
  - Electronic Health Record
- Improve the infrastructure of public mental health services: buildings and electronic programs.
- Current Workplans: North Palm Springs Adult Residential Facility with 90-100 beds; Riverside The Place Renovation; Arlington Recovery Community (ARC)



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



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## Stakeholder Process

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



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## Stakeholder Partnership and Participation Structure



15 (Rev 06/28/2018)



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



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

\*Closed meeting

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## So what do I do?

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



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## Decision Making

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

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## Why didn't my idea change the Plan?

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



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## Where does my comment go?

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



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**THANK YOU**  
GRACIAS  
ARIGATO  
SHUKURIA  
TASHAKKUR ATU  
SUKSAMA  
EKHMET  
BIYAN SHUKRIA  
DANKSCHEEN  
JUSPAXAR  
GOZAIMASHITA  
EFCHARISTO  
KOMAPSUNIDA  
GRAZIE  
MEHRBANI  
PALDIES  
BOLZIN  
MERCİ

## Highlights and Changes from Last Year

### Highlights from FY18/19 and Things to Come in the Next 3-year Plan FY20/21-22/23

#### Community Services and Supports (CSS):

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

campuses. A clinical therapist and Parent Partner are on school sites 2x's per week serving all schools K-12, including continuation schools.

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

#### **Capital Facilities and Technology (CFTN):**

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

### **Prevention and Early Intervention (PEI):**

- PEI continues to support 29 program providers with monthly contract monitoring for 37 contracts Countywide, technical assistance, training, coaching, and support; New for 2019: Fidelity support, training, and coordination to RUHS-BH staff for: Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety, and Triple P
  - Two PEI programs received the RIVCO Innovates Award: Peace4Kids and Care Pathways
  - RIVCO Innovates is the "awards arm" of the County's Vision 2030 Eighth Bold Step: Transform Riverside County through Efficiencies and Innovation. Its purpose is to promote a culture of innovation that allows the County to deliver outstanding service for its customers and outcomes for our communities at the least cost possible to tax payers. The goal of RIVCO Innovates is to leverage innovative ideas across the county.
- PEI released 6 Requests for Proposals (RFP) last year:
  - TAY Resiliency Project, Cultural Brokers: Building Partnerships with Cultural Communities, CBT for Late-Life Depression (CBTLLD), Contact for Change, Triple P, Native American Project: Strengthening the Circle;
- And awarded 7 new contracts:
  - Keeping Intergenerational Ties in Ethnic Families (KITE): SSG; Promotores de Salud Mental y Bienestar: Vision y Compromiso; Mamás y Bebés: Riverside Community Health Foundation; Community MH Promoters Program (CMHPP): Asian/PI – SSG; African American – African American Health Coalition; LGBTQIA – Borrego Health; Native American – Riverside San Bernardino Indian Behavioral Health Institute
- New programs coming in FY20/21:
  - Native American project: Strengthening the Circle – RFP currently in evaluation
  - Building Resilience in African American Families (BRAAF) for Girls – the Desert pilot was successful and will be expanded to all three regions – RFP to be released soon
- Opportunities to stay up-to-date all year long on PEI related activities include:
  - Quarterly PEI Collaborative (5<sup>th</sup> Wednesdays throughout the year)

- Quarterly Newsletter – The PEI Pulse (email [PEI@ruhealth.org](mailto:PEI@ruhealth.org) to get on the distribution list)
- Monthly social media posts to RUHS-BH Facebook, Instagram, and Twitter
- Up2Riverside.org
- It's Up to Us – Riverside Facebook page
- Suicide Prevention activities:
  - PEI offered mini-grants to implement the Each Mind Matters Suicide Prevention Toolkit:
    - Awarded to 15 organizations in 2019 across the County
    - Purpose: Increase Riverside County's capacity to prevent suicide by encouraging individuals to: Know the Signs, Find the Words to talk to someone they are concerned about, and Reach Out to resources
    - Will offer this opportunity again in 2020
  - Recognition of Suicide Prevention Week through:
    - Proclamation from the Board of Supervisors
    - 1<sup>st</sup> Annual Suicide Prevention Awareness Walk – Downtown Riverside
  - Suicide prevention gatekeeper training: safeTALK, ASIST, MHFA-Youth and Adult, and Know the Signs presentations. Over 4,000 helpers in the community have been trained so far. This year we expanded our training teams and offer these workshops each month throughout the year. For more information or to register email us at [PEI@ruhealth.org](mailto:PEI@ruhealth.org)
  - Training for new trainers provided in MHFA Youth and Adult (February 2019)
  - Development of a Riverside County Suicide Prevention Strategic Plan (to be released soon)
  - Suicide Prevention Coalition will be developed in the coming fiscal year to implement the plan
  - Partnership with Countywide Culture of Health Ambassadors: providing training, resources, and activities for the workplace
  - Send Silence Packing exhibit:



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

**Workforce, Education, and Training (WET):**

- Advanced Trainings: Over 40 unique advanced training topics offered with over 365 CEs offered. Strengthened support of critical treatment-related EBPs like Dialectical Behavior Therapy(DBT)/Family Based Therapy(FBT) for Eating Disorders (ED), Dialectical Behavior

Therapy (DBT), Trauma Focused Cognitive Behavioral Therapy (TFCBT) by providing coordination, structure, oversight and evaluation to the programming. Collaborative work being done to bring in Seeking Safety to department to address Trauma + Substance Use.

- Cultural Competency: Collaborated with California State University Northridge to complete a department-wide cultural competency assessment. Included a focus group and department-wide survey. Recommendations reviewed with the Cultural Competency Reducing Disparities (CCRD) committee and is currently being operationalized for implementation. In addition, an annual mandatory cultural competency training requirement was established for 2020 and forward.
- Administrative Supervisor Development: Monthly workgroup established; 9 professional development trainings offered; mentorship models reviewed; increase in supervisor attendance at meetings; well-reviewed by supervisors.
- Clinical Supervisor Development: 15-person cohort developed; bimonthly trainings began in September; participants receiving specialized training in Competency Based Clinical Supervision; well-reviewed by participants.
- Employee Recognition Program: Program is continuing to be promoted and developed. Online portal for recognizing employees is actively utilized. Awardees are selected quarterly and recognized in meetings, on the website, a video is created to highlight their story, and they are given a plaque. There has been a decline in submissions over the past year.
- Outreach and engagement: Over 13 community presentations/events. Nearly 1500 in attendance.
- Student Interns: 50 student interns; more than 50% Spanish speaking; 60% Hispanic; 11% African American; 25% Male.
- Volunteers: 33% average rate of volunteers becoming employed with agency.
- Tuition reimbursement: Had 20 new awardees pursuing degrees in Alcohol and Other Drugs (AOD) – Substance Use Counselors, Master's in Social Work (MSW), Master's in Marriage and Family Therapy (MFT) degrees, etc.

### **Innovations (INN):**

- TAY Drop-In Centers: This is the last year of funding for the 5 year Innovation project that sunsets on June 30, 2020. Due to the success of the program and based on community feedback, TAY centers will continue but may be modified. Additional research and data will allow the department to determine what added resources are needed and the best format for continued service delivery.

- RBY (Resilient Brave Youth) Program: Commercially/Sexually Exploited Children (CSEC) Field Response project is in its 3<sup>rd</sup> year of a 5-year project timeline. RBY continues to grow with added partnerships and collaborations to gain more referrals and offer more resources and treatment to the youth and families in this population.
- Tech-Suite **Help@Hand** Project: RUHS-BH's participation is a collaboration with 13 other counties in California. Project began in March 2019 and was extended to a 5-year project. Help@Hand brings technology tools into the public mental health system through a "suite" of applications designed to educate users on the signs and symptoms of mental illness; improve early identification of emotional/behavioral changes; connect individuals seeking help in real time via a chat app; and increase user access to mental health services when needed. In addition, RUHS-BH has created its own Peer Support Chat App called Take My Hand. Originally set to pilot in early to mid-2020, this app was launched in April during the COVID-19 pandemic to increase access to those in need while stay at home orders were in place. Additional applications will be piloted through 2020 to determine the best options to be added to the Tech-Suite.

## **MHSA Community Planning and Local Review**

### **Understanding the Stakeholder Process**

#### **Who Is a Stakeholder?**

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

#### **Local Stakeholder Process**

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

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

# Stakeholder Partner and Participation Packet



## Stakeholder Partnership and Participation Structure



(Rev 06/28/2018)

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



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

\*Closed meeting

[Rev 06/27/2018]



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

**BEHAVIORAL HEALTH COMMISSION**

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

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

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

**DESERT REGIONAL BOARD**

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

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

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

**MID-COUNTY REGIONAL BOARD**

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

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

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

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

**WESTERN REGIONAL BOARD**

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

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

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



**BEHAVIORAL HEALTH COMMISSION - STANDING COMMITTEES 2020 MEETING SCHEDULE**

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

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

Revised 11/2019



**CULTURAL COMPETENCY PROGRAM  
COMMITTEE MEETING SCHEDULES**

**CCRD**



**CAGSI**



**2020**

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

**AAFWAG**



**AATF**



**OPEN TO ALL!**

**FOR MORE  
INFORMATION:**

**PGUTIERREZ@  
RUHEALTH.ORG**



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

CCRD

2ND  
WEDNESDAY  
9-11 AM

**Cultural Competency Reducing Disparities**

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

CAGSI

3RD  
TUESDAY  
2:30-4 PM

**Community Advocacy for Gender & Sexuality Issues**

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

AAFWAG

3RD  
WEDNESDAY  
10-11:30AM

**African American Family Wellness Advisory Group**

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

AATF

4TH  
THURSDAY  
3:30-5 PM

**Asian American Task Force**

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

## Prevention and Early Intervention Quarterly Collaborative Lunch Meeting

Riverside University Health System – Behavioral Health, Prevention and Early Intervention (PEI) invites you to join us in our quarterly collaborative meetings. Building upon our community planning process we will have meetings throughout the year to keep you informed about PEI programming and services, build partnerships and collaborate, and work together to meet the prevention and early intervention needs for the individuals, children, families, and communities of Riverside County.

This meeting is open for anyone who works with those who are impacted by PEI programming, agencies and organizations seeking to partner with PEI programs and providers, anyone interested in learning more about PEI services and their impact on the community, as well as anyone interested in having a voice regarding PEI programs.

### 2020 Schedule

**Wednesday, January 29, 2020 12PM-2PM**

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

**Wednesday, April 29, 2020 12PM-2PM**

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

**Wednesday, July 29, 2020 12PM-2PM**

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

**Wednesday, October 28, 2020 12PM-2PM**

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

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

For more information or to RSVP, please email: [PEI@ruhealth.org](mailto:PEI@ruhealth.org) or call 951-955-3448

This information is available in alternative formats upon request. If you are in need of a reasonable accommodation, please contact PEI at 951-955-3448.

## TAY Collaboratives

Community Meetings focused on  
Transition Age Youth

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

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

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

Competency Plan addressing enhancements of service delivery and workforce development. The plan focuses on the ability to incorporate languages, cultures, beliefs, and practices of consumers into Behavioral Health Care service delivery. Cultural Competency includes underserved ethnic populations, the LGBTQ community, Deaf and Hard of Hearing and the physically disabled communities, and Faith-based communities.

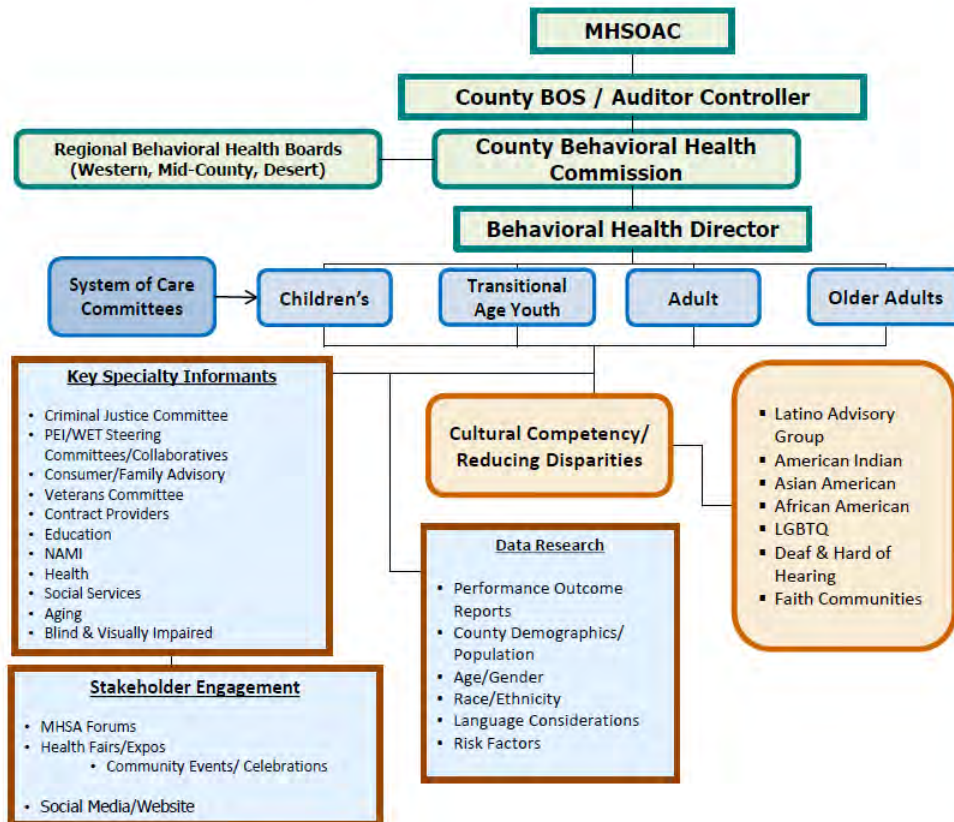
- **Cultural Community Consultants:** Contracted ethnic and cultural leaders that represent identified underserved populations within Riverside County. Consultants provide linkage to those identified populations. The primary goals of the consultant are: (1) to create a welcoming and transparent partnership with community based organizations and community representatives with the purpose of eliminating barriers to service, and (2) educate and inform the community about behavioral health and behavioral health services to reduce disparity in access to services, recovery, and wellness.
  - **Cultural Populations Advisory Groups:** The Cultural Community Consultants chair or co-chair a related committee that is respective of each of the underserved communities they represent. The advisory groups counsel RUHS-BH on culturally informed engagement and service delivery. These advisory groups typically meet every other month and welcome community participation:
    - **Community Advocacy for Gender and Sexuality Issues (CAGSI)**
    - **African American Wellness Advisory Group (AAFWAG)**
    - **Asian American Task Force (AATF)**
    - **Nosotros Community Settlement** (community organization focused on Latinx and Spanish-speaking family wellness)
    - **American Indian Council** (in development)
- **Center on Deafness Inland Empire (CODIE):** RUHS-BH holds a cooperative agreement with CODIE to provide counsel on better serving consumers who are deaf or hard of hearing.
- **Cultural Competency Reducing Disparities Committee (CCRD):** A collaboration of community leaders representing Riverside’s diverse cultural communities, united in a

collective strategy to better meet the behavioral health care needs of traditionally underserved communities. CCRD is chaired by a mental health professional from the Cultural Competency Program and has oversight by the RUHS-BH Cultural Competency Manager. CCRD meets monthly and is open to the public.

- **RUHS-BH Lived Experience Programs:** RUHS-BH is recognized for our peer programming. We have programs based on lived experience across care populations: consumer peer; family member; and parent. A Peer Planning and Policy Specialist, a Department manager with the same respective lived experience, heads each program. Not only are their staff integrated into clinic programs throughout each region of Riverside County, but they also coordinate and participated in outreach and engagement activities to help educate on recovery, reduce stigma, and support wellness. They have an important role in our planning process, not only for their peer perspective, but because they have daily involvement in the community with people whose lives are affected by behavioral health challenges.
- **Steering Committees, Collaboratives and Community Consortiums:** Steering Committee members are subject matter experts or community representatives who have committed to developing their knowledge on a MHSa component in order to give an informed perspective on plan development. Collaboratives are regularly scheduled mini-conferences where MHSa component stakeholders meet to learn regulatory updates and provide progress reports. Community Consortiums are community or partner agency hosted meetings that bring together similar stakeholders to collectively address, collaborate, and plan for community needs. MHSa Administration currently coordinates steering committees for Workforce Education and Training (WET) and for Prevention and Early Intervention (PEI), and hosts a PEI Collaborative. MHSa admin staff participate in the RUHS-BH TAY Collaborative, and consortiums that include members from academic institutions, community based organizations, sister county MHSa programs, school districts, public health and allied county departments, and justice involved agencies.

## MHSA Annual Update and 3 year Plan Planning Structure

### Mental Health Services Act (MHSA) 3 Year Program and Expenditure Plan for FY20/21-22/23 Planning Structure



#### Community Planning Process

- Review 3-YPE Instructions
- Distribute Survey/Feedback Forms
- Input from Key Specialty Informants
- Evaluate Current Program Data
- Identify Recommended Plan Amendments
- Budget Projections/Reviews
- Develop Draft Plan
- Input from Planning Committees
- Input from BHC
- Final Draft Recommendations
- 30-Day Posting
- Public Hearing
- BH Director/ Auditor-Controller Certification
- BOS Adopts
- MHSOAC Receives Annual Update within 30-days of BOS approval



**Mental Health Services Act (MHSA)  
3-Year Program and Expenditure Plan for FY20/21 -22/23  
Time Line**

August – September 2019	October – December 2019	January – April 2020	May – July 2020
<ul style="list-style-type: none"> <li>▪ Develop Community Planning Process Infrastructure</li> <li>▪ Identify and confirm Stakeholders and Key Informant Groups</li> <li>▪ Introduce Community Planning Process to Behavioral Health Commission</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide Annual Update Instructions, Timeline, Data Review, Program Analysis, and Survey/Feedback Tools/Forms to Key Informants, Stakeholders, and Planning Committees</li> <li>▪ Identify current program effectiveness and/ or rationale for consolidation or elimination of programs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue Stakeholder Input Process, Sessions, and Opportunities</li> <li>▪ Consensus Building</li> <li>▪ Develop and Write Draft 3-Year Program and Expenditure Plan for FY20/21-22/23</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post Draft 3-Year Program and Expenditure Plan for FY20/21-22/23 for 30-Day Review and Comment (<b>May</b>)</li> <li>▪ Public Hearing (<b>June</b>)</li> <li>▪ Adoption by BOS (<b>August</b>)</li> <li>▪ Final 3-Year Program and Expenditure Plan for FY20/21-22/23 sent to MHSOAC 30-Days after BOS adopts (<b>August</b>)</li> </ul>

**30-Day Public Comment**

The Draft MHSA 3-Year Program and Expenditure Plan was posted for a 30-day public review and comment period, from May 08 2020 through June 10, 2020.

**30-Day Public Review and Public Hearing**

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

We were months into our annual update practice when the COVID-19 pandemic response and adaptations prevented us from operating as usual. Safe practices prevented us from social gathering, requiring us to consider alternatives for a public hearing. There is no State crisis contingencies in the MHSa regulations, so we consulted with our neighboring counties and behavioral health advisory groups like the California Behavioral Health Directors Association. Though the California Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission expressed understanding regarding regulatory compliance, guidelines on recommended alternatives were only in discussion stages when our stage of planning determined that we needed to press forward.

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

- Access to related hardware that allowed for application download
- Costs to the stakeholder associated with data usage
- Software that allowed for live interaction often had a limit on the number of people who could participate at one time

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

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

We also considered delaying the public hearing, wanting to integrate developing changes in the Governor's and Public Health's direction on safe social practices. Though stages for re-opening were identified at the time of this writing, there was no timeline for implementation. Most school districts announced school site closures through August. Annual summer event organizations announced

postponements until 2021. The Governor indicated that large gathering would be the last to reconvene.

MHSA Plan finalization, prior to State submission, includes approval by the Behavioral Health Commission and the Riverside County Board of Supervisors. Both bodies require advanced notification to secure a spot on agenda. Waiting too long would delay review by these authorities and we would be without a 3-year Plan while entering into the first year's annual update. Staying on a timeline relative to the regular planning cycle seemed most efficient.

Our approach: better to have an approved MHSA 3-Year plan in place, and then amend the plan as time allowed for greater interaction with stakeholders, and so that we could also incorporate any budgetary changes resulting from COVID related tax revenue losses. MHSA regulations allow for plan amendments, much like updating a treatment plan, and includes a formal notification, posting, or public hearing process. As social gathering restrictions are eased and permitted, MHSA Administration will host regional public forums on the plan that will allow for greater plan education and more interactive stakeholder feedback.

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

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

### **Public Posting and Public Hearing During COVID Adaptations**

1. Announce the 30 day Public Hearing Period and the COVID Adapted Public Hearing process via repeated email distribution, our Department Webpage, and through our social media accounts: Twitter, Facebook, and Instagram. Announcement provided in both English and Spanish, and include a link to the full plan and an electronic feedback form.
2. Attached to the email is a Riverside County MHSA "Toolkit," quick reference documents requested by our stakeholders that summarized plan changes, highlights, and goals, as well as, a grid organizing the service components by region, an orientation to MHSA, and a success story from a MHSA funded program.
3. After 30-day review period, a video presentation of the MHSA Plan overview, similar to the introduction of a standard public hearing, posted daily on all our social media accounts including YouTube for 7 days and include a link to the full plan, the electronic feedback form,

and a voice mail telephone number. Presentation conducted in both English and Spanish. Callers informed they have the option to leave a contact number to request a return call.

4. DVDs of the presentation also available for mail or pick up.
5. Plan feedback period active for an additional week following the end of the 7-day posting period.
6. Comments transcribed daily and posted for public review.
7. All community feedback provided to the Ad Hoc BHC Executive Committee for review and to determine if changes to the Workplans are necessary. All input, comments, and Commission recommendations from this Public Hearing documented and included in final 3-Year Plan.

## Community Services and Supports

### **What is Community Services and Supports (CSS)?**

CSS is the largest of the MHA components. It is designed to provide all necessary mental health services to children, TAY, adults, and older adults with the most serious emotional, behavioral, or mental health challenges and for whom services under any other public or private insurance or other mental health or entitlement program is inadequate or unavailable. CSS contains provision for Full Service Partnership (FSP), Outreach and Engagement & Housing, and General System Development (GSD), which includes specialized programming for the Crisis System of Care, Justice Involved programs, and expansion and enhancement of the outpatient service system.

#### **CSS-01 Full Service Partnerships**

### **What is Full Service Partnership (FSP)?**

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

## Children

### Western Region

**FSP Programs:** MDFT Expansion (Multi-Dimensional Family Therapy); TFC (Treatment Foster Care), PCIT (Parent Child Interaction Therapy) 0-5 Preschool.

**General Systems Development:**

**Clinic Expansion/Enhancements:**

Riverside Family Wellness Center, Children's Treatment Services (CTS), Moreno Valley Children's Interagency Program (MVCIP), FACT of Corona

**Other Program Expansions:** TRAC, ACT, Youth and Family Community Services Preschool 0-5

**Contract providers**

### Mid-County Region

**FSP Programs:** MDFT Lake Elsinore, Wraparound, TFC, PCIT

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

**Other Program Expansions:** TRAC, ACT, Youth and Family Community Services, Preschool 0-5

**Contract Providers**

### Desert Region

**FSP Programs:** MDFT Desert, Wraparound, TFC, PCIT

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

**Other Program Expansions:** TRAC, ACT, Youth and Family Community Services, Preschool 0-5

**Contract Providers**

## Multidimensional Family Therapy Program

The Multi-Dimensional Family Therapy (MDFT) Full Service Partnership program is an evidence-based practice for youth at risk of placement failure due to externalizing behaviors and/or co-occurring substance abuse issues. Dr. Howard Liddle, from the University of Miami's Center for Treatment Research on Adolescent Drug Abuse developed the MDFT model over 30 years ago. Through extensive empirical studies, MDFT was shown to be effective in reducing the youth's substance use and conduct behaviors. The studies have also shown improved school attendance and improved communication and relationships with family members. The model targets four domains of the youth's life: Individual, Parental, Familial, and Extrafamilial. All four domains are addressed simultaneously on a weekly basis during the 4 to 6-month treatment duration. In the individual domain, the youth

meets weekly with their therapist to address challenges and barriers to improvement. Therapists use motivational interviewing techniques to help youth improve behaviors, empower youth to communicate directly with parents, and create concrete goals and steps to avoid relapse. In the parental domain, therapists work with caregivers to improve their parental techniques and skills, improve communications between the parental dyad, and reduce parental stressors that get in the way of improved relationship with each other and with their youth. In the familial domain, therapists help youth and parents communicate effectively and openly. The goal is to help families heal from past wounds and emotionally reconnect as a family unit using Structural and Strategic family therapy interventions. In the extrafamilial domain, the Behavioral Health Specialist works with family members to obtain resources in the community in the areas of job, housing, food, and extracurricular activity.

In order to practice the model, MDFT therapists have to be certified by the Master Trainers with MDFT International. Certification involves the submission and passing of two video reviews of the therapist conducting family therapy, therapists are also observed by MDFT Trainers doing two live supervisions, and must pass a written midterm and a final exam. Once certified, they are required to be recertified on an annual basis.

### **Western Region: MDFT Expansion**

Initially, there were two MDFT teams in the Western Region serving the cities of Riverside, Moreno Valley, Corona, Norco, Eastvale, and the unincorporated areas of Jurupa Valley, Lake Matthews, Home Gardens, and parts of Mead Valley. On July 2018, MDFT Western team collapsed into the MDFT Expansion team to maximize staff resources. Currently, the MDFT Western Region Expansion team consists of two Clinical Therapists, one half time Supervisor, one Behavioral Health Specialist II, one Community Service Assistant and one Office Assistant II. The program currently has one unfilled Clinical Therapist position.

Noted trends in the Western Region service area include gang affiliation and activity, youth with co-morbid diagnosis of substance use and severe mental health diagnosis, and youth with history of hospitalizations and trauma. Goals for the next three years include the following:

- 1) Develop and sustain gang education for staff so they can be familiar with and aware of current events related to gang activities in their region.
- 2) Provide training on trauma work. Because of the severe trauma and violence that the youth in MDFT experience prior to beginning MDFT services, staff would benefit from training on how to do trauma work with the youth and their families.

- 3) Increase the ratio of family sessions. Increase in sessions could lead to better outcomes for youth and families to prevent relapse from occurring.

### **Mid County MDFT Program**

Mid County region currently has three Clinical Therapists, two Behavioral Health Specialist II, one Community Services Assistant, two Office Assistant II, and one Supervisor. Prior to July 2019, Mid County also had a Lake Elsinore MDFT team that specialized in providing MDFT intervention to the underserved minority population in Lake Elsinore. Similar to the MDFT program in Western Region, the Lake Elsinore MDFT team collapsed into the Mid County MDFT team to maximize staff resources. The Mid County MDFT team serves the cities of Perris, Murrieta, Temecula, Wildomar, Lake Elsinore, Hemet, San Jacinto and unincorporated area of Anza.

Noted trends in Mid County MDFT is similar to Western Region and Desert Region. Mid County MDFT has seen an increase of referrals from partner agencies including the Probation Department, schools, and various community agencies. MDFT Mid County has treated youth with multigenerational gang involvements, youth with severe mental health diagnosis, and youth living in poverty. Goals for the next three years include:

- 1) Increase number of family sessions. An improvement in this area can result in better youth and family outcomes.

Increase number of video review supervision sessions with therapists. Increased supervision allows staff to learn skills needed to help youth and families achieve better outcomes.

### **Desert Region MDFT Program**

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

Noted trends for Desert Region MDFT is similar to Western Region MDFT Expansion. There have been more difficult and complex cases involving youth with multigenerational gang involvement, youth with severe mental health diagnosis, and youth experimenting with more illegal drugs. Goals for the next three years include:

- 1) Increase family sessions in terms of frequency and time spent in family session. Improvement in this area can lead to better outcomes for youth and family.



- 2) Increased supervision time with clinical staff. Increase case reviews, live family sessions, and video review with clinical therapists. More supervision time will lead to increased skills resulting in better outcomes for youth and families.

#### MHSA in Action!

##### Breanna's Story:

*My name is Breanna. I am 15 years old. 6 months ago my life was a total failure. My parents and I were always arguing. I was always by myself dealing with my low self-esteem, anxiety, depression, and always feeling tired due to insomnia. At school, my grades were low and I always seemed to feel lonely and lost at school.*

*My Mother and I always seem to argue about everything and I felt she wanted to control my life as she had always had something negative to say about the clothes I was wearing and whom I was hanging around. Due to all the problems at school and at home, I started using marijuana and my grades started to decline.*

*A huge argument with my parents came when they received the first semester grades, as they were able to see that I had not made progress and I was failing all my classes. My mother was so upset, she screamed and yelled, telling me that she was done and that she will be changing me to another school. I was so upset and I felt like a failure. Time passed and grades continued to decline and disagreements with teachers came along. I hated life and I felt like I hated my parents.*

*Things were bad at home and at school, my parents had no faith in me and we would constantly argue about school, my clothes, my friends and me using marijuana. My mother was worried about me and had come across the MDFT program information through the VAT program and made an appointment for me to start services. At first, I was a little skeptical that these people would be able to help my parents and me. We started meeting with the therapist 3 times a week, and due to the intensity of the program and case management we were able to learn different coping skills, positive communication and foremost, respect among each other. They linked me with a doctor for medication. My family and I were able to see changes such as a decrease in arguments, oppositional defiant disorder, depression, and anxiety. My mother learned to navigate the school system and now feels capable and equipped to advocate for me within the school system in order to get the support I need to be successful academically. My parents have also worked through their marriage and now seem more happy and in love. I learned ways to manage my substance abuse and I was able to maintain sobriety. My family and I are now happy and feel more united than ever, thanks to the MDFT team.*

### MHSA in Action!

#### **MDFT Story:**

*A week after my family and I started MDFT we were homeless. My mom, sister and I didn't have very much support. With the help of Veronica and the MDFT program, we were able to get emergency housing and then find stable housing. It started making a big change in our lives. I noticed that my sister acted differently and my mom was able to focus more and worry less. She was able to find a job and that made it easier for all of us at home. I think the therapy program helped my mom out a lot too. When I started MDFT I was on probation. I hadn't checked in with my probation officer. I hadn't started my community service hours. I hadn't done any substance use classes. MDFT helped with all of it, and within four months, I was removed from probation. I finished my community service hours, I got into boxing for a short time, and I started to understand my substance use. I was using daily, sometimes multiple times in a day. I'm still working on it, but now I only use once or twice a week. When we had therapy, I noticed that my relationship with my mom was getting better. We started talking about deep stuff like my health, my life, my future, and how I was doing with all the stress in our lives. It was different. I don't think I realized how much of my mom's worry had to do with me. I started to try to do better and I started to feel like I had support from my mom. My focus has changed. I am working on my future, the future me. I want to graduate high school, find a good job, and I want to be able to help mymom.*

### **MHSA in Action!**

#### **Alison's Story (Father's Testimony):**

*My daughter suffered from anxiety and depression, and began experimenting with drugs and alcohol. She started befriending kids who had lots of problems. Alison was getting into fights at school and was failing all her classes. She was becoming involved in negative, sexual relationships and was aggressive and angry towards others. As parents we became concerned for her, especially after she started cutting herself, and attempted to take her own life.*

*She attempted suicide three times and was taken to RUHS hospital multiple times, once she was held for 4 days. Alison was pulling away from us, she would go into her room and not socialize with anyone or when she did try to socialize it resulted in an argument. We were struggling with our daughter, and we knew that we needed to do something different. I was scared that we would lose her forever, and I wanted to do everything I could to make sure that wouldn't happen.*

*When we first learned about Multidimensional Family Therapy I couldn't believe a program like that existed, to help not only the teens who were struggling, but also to help the parents reconnect with their teens, it was exactly what our family needed. As parents we were eager to work with MDFT. They explained that they could provide assistance with different areas of Alison's life: i.e.: school, substance use, but most importantly helping us as a family to reconnect with each other. We had an immediate connection with the therapist. Alison was resistant and I know the therapist struggled at times as Alison would completely shut down and not say a word, but the MDFT team found ways to engage her.*

*The therapist spent time meeting with us and really wanted to understand our concerns for our daughter. In working with MDFT we learned positive parenting practices and learned new ways to communicate with Alison. We worked with the therapist to learn to communicate our love and concern for her in new ways. I learned to speak from my heart, while also learning how to really listen to Alison in order to better understand her and know what she needed. The therapist helped my wife and I to talk about difficult things that were affecting our relationship, which also impacted how we interacted with Alison. This resulted in our being able to work together to help save Alison.*

*The therapist would talk to Alison about drug use, and how seeing a clean drug test would help us to build more trust in her. Alison was proud the first time that she tested clean, and so were we. The therapist also worked with Alison to see the value in taking care of herself, having self-respect, and knowing her worth, as well as communicating her thoughts and feelings to us. She began interacting with us, eating meals, talking with her siblings, and we went out together as a family. Alison was no longer staying in her own world, she was back in ours. We saw improvements in all aspects of her life, she stopped cutting, stopped suicidal thoughts, her grades improved and she was getting A's and B's. She became motivated and began working towards college. She got her first job, and started focusing on herself more than seeking her value through others. We are stronger as a family and know our daughter is happier. We really believe that without MDFT's help we could have lost our daughter. Thank you for giving us our daughter back. Every parent should know about this program, because it changes families and can save lives.*

### MHSA in Action!

#### MDFT Story:

*Feeling angry, anxious, and misunderstood is how I started the MDFT program 6 months ago. Both of my parents were very loving and have always wanted the best for me in order for me not to struggle like they have had struggle in their life. As I reached a certain age (15), I felt things changed a bit. I was always fighting with my mother and father and I felt that "I was no good". I started hanging around the wrong crowd and making bad decisions, and even smoking marijuana, which got me on probation. I have made my parents sad and mad. I felt they no longer loved me and no longer felt proud of me. I hated school because I felt everyone in school were "back stabbers" and since I had already made bad decisions, and my parents no longer felt proud of me, I started not to care about school and my grades started to decline. I decided to change schools to get away from those "back stabbers". In my mind, this change would help me to make new friends and would help me focus on my grades.*

*My mother was very hesitant to allow me to change schools. To my bad luck I was unable to make new friends at the new school and I started to feel more alone and anxious than ever before. More problems and arguments with my parents came along that added more stress and anxiety to my life, as my grades were still not good and I as continued to make my parents feel like I was not a "good son". I hated my life, I hated school, and I continued to feel lonely and depressed.*

*A huge argument with my parents came when they received the first semester grades, as they were able to see that I had not made progress and I was failing all my classes. I made my mother cry and she called me different names, which made me sad. I got the courage to beg my mother to change me back to my prior high school, to which she agreed only if I promised that I would attend tutoring and summer school to get my grades up. Time passed and grades continued to decline and disagreements with teachers came along, I hated life and I felt like I hated my parents.*

*Things were bad at home and at school, my parents had no faith in me and we would constantly argue about school, my friends, and me using marijuana. My mother was worried about me and had come across the MDFT program information and made an appointment for me to start services. At first, I was a little skeptical that these people would be able to help my parents and me. We started meeting with the therapist 3 times a week, and due to the intensity of the program and case management we were able to learn different coping skills, positive communication, and foremost respect among each other. My family and I were able to see changes such as a decrease in arguments, depression, and anxiety. My mother learned to feel capable and equipped to advocate for me within the school system in order to get the support I needed to be successful. I learned ways to manage my substance abuse and I was able to maintain sobriety.*

*My family and I are now united thanks to the MDFT team.*

## Preschool 0 – 5 Programs

Preschool 0 – 5 Programs is a specialty, supplemental mental health program within the Central Children’s Region. The program includes two components, SET-4-School (clinic and school-based services) and Prevention and Early Intervention Mobile Services (PEIMS). The program is designed to provide a range of screening, prevention, early intervention, and treatment options that do not require medical necessity. The intent of PEI funded programs is to engage children and families before the development of serious mental illness or serious emotional disturbance. The goal is to lessen the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of social, emotional, or behavioral concerns.

Evidence based and evidence informed services are accessible in the clinic, on mobile units out in the community, and at school sites at select locations across Riverside County that have MOUs in place. Services are available for children age 6 and under regardless of insurance status. Prevention and Early Intervention services provided under First 5 and PEI funding include “light touch” parent support, short term parent groups such as Nurturing Parenting, Triple P parenting program, Educate, Equip and Support (EES), and Incredible Years, participation in on campus Child Study Team meetings, classroom support, observations, consultation, and in service presentations for teachers. Program staff also participate in health fairs and outreach events. Treatment services include Parent-Child Interaction Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Incredible Years Dinosaur School.

Preschool 0 – 5 Programs utilizes a two-supervisor model. One supervisor is responsible for the PEIMS teams, multiple school district partnerships, vendor agreements, and PEIMS maintenance; the second supervisor is responsible for the Set-4-School staff, the SET-4-School subcontracts and school district MOUs. When fully staffed, the PEIMS team consists of (1) Behavioral Health Service Supervisor, (2) Office Assistants, (1) part-time Senior Clinical Psychologist, (1) Parent Partner, and (6) Clinical Therapists. When fully staffed, the Set-4-School team consists of (1) Behavioral Health Service Supervisor, (1) Office Assistant, (2) Behavioral Health Specialists, (1) part time Physician III, (1) Registered Nurse, (1) Parent Partner, and (11) Clinical Therapists.

### Implementation Challenges (PEIMS)

- A lack of awareness and understanding regarding services and the stigma related to mental health presented barriers to families accessing needed services, particularly families located in remote areas of the county.

- Educational and Behavioral Health systems have different agendas and expectations. At times lack of school administrative support created challenges when working on school campuses such as identifying students in need of services, allowing students to participate in services without negative consequences, having consistent parking available for the mobile unit, maintenance of HIPPA privacy for clients, allowing staff on campus in order to provide needed behavioral health services and parenting classes to the community, lack of teacher awareness about social emotional needs as well as effective prevention, early intervention and treatment services.
- Hiring staff for clinical work who were also willing to operate the mobile units including driving and other additional duties related to maintenance of the mobile unit vehicles.

#### Lessons Learned (PEIMS)

- It is essential to maintain regular communication with school administration and staff.
- It is important to facilitate tours of the mobile unit clinics to provide information about the program and to introduce clinicians when new school administrators or staff are hired.
- Ensure program materials and referral forms are provided to staff on a regular basis.
- Participation in back to school activities and school in service days to increase program support and awareness.
- Inclusion of a site visit to observe the mobile unit clinic in action as part of the hiring process to ensure a full understanding of what position entails.
- Memorandums of Understanding between RUHS BH and partner school districts are now kept on the mobile units as a reference should questions arise regarding presence on campus and services provided.
- Annual refresher training is now provided for all PEI mobile and support staff to review driver safety and mobile maintenance as a supplement to initial classroom and behind the wheel drivers training provided for new staff.
- Increasing staff awareness of various school systems/districts processes regarding participating in classroom consultation, classroom observations and for providing services for children on the school campus.

#### PEIMS Success:

- A total of 5,655 Mental Health services were provided totaling 8039.6 hours to children/and or their families in the 18/19 fiscal year (including PCIT, TFCBT, play therapy etc.)
- A total of 136 children received Mental Health Services in the West, Desert and Mid-County Regions.

- Countywide there was a statistically significant decrease in the frequency of child problem behaviors and in the extent to which caregivers perceived their child's behavior to be a problem for clients who completed PCIT.
- Parents overall reported feeling more confident in their parenting skills and ability to discipline their child and parents reported feeling their relationship with their child and their child's behavior improved.
- In the 18/19 fiscal year, 32 parent consultations served 27 caregivers in elementary schools and early Head Starts in 8 different school districts.
- There were 50 provider consultations in the 18/19 fiscal year, an increase from 31 provided in the 17/18 fiscal year. Consultations took place across 5 different school districts. 52% of these provider consultations resulted in referrals for further services with RUHS-BH.
- 21 parents were enrolled in the Educate, Equip and Support (EES) classes and 17 parents were enrolled in Triple P parenting classes. A majority of parents agreed or strongly agreed that they were satisfied with all aspects of the parenting program they were enrolled in.
- Mobile staff attended 10 outreach events in the community in the 18/19 fiscal year, an increase from 4 events the previous year. Outreach events reached 1023 people in fiscal year 18/19, an increase from 268 people reach in fiscal year 17/18.

#### Early Identification and Early Intervention Success:

- Mapping, the process of researching, outlining, and mapping services available to children ages 0 – 5 across Riverside County was completed in fiscal year 18/19 for the purpose of targeted training to strengthen communities: identification of districts for potential SET-4-School implementation; and increased coordination of 0 – 5 resources.
- The following trainings were provided: Incredible Years Child Group Leader, January 8 – 10, 2019 (24 participants); Incredible Years Parent Group Leader, March 10 – 12 , 2019 (25 participants); Parent Child Interaction Therapy with Toddlers (PCIT-T) March 18 – 20, 2019 (18 participants), PCIT Coaches Workshop May 1, 2019 (100 participants); Child Adult Relationship Enhancement (CARES) Workshop May 2, 2019 (48 participants); Child Adult Relationship Enhancement Facilitator Workshop May 2, 2019 (13 participants); Incredible Years Incredible Beginnings June 4 – 6, 2019 (25 participants); Incredible Years Child Group Leader June 17 – 19, 2019 (25 participants)
- In partnership with First 5 and Social Finance, a pilot rate card for inclusion in the Victor Community Support Services subcontract was finalized. The purpose was to determine whether offering incentives impacts outcomes.

- A total of 18 outreach events were attended for the purpose of engaging consumers and providing supportive information regarding available services and resources.

### MHSA in Action!

*One Hispanic family in the Coachella Valley area, consisting of a mother and her two sons, ages 4 and 6, received Parent-Child Interaction Therapy and parenting classes. The mother initially participated in a parenting group facilitated by one of the Parent Partners. Mom shared her sons were not listening to rules, were talking back, arguing, physically fighting, defiant, and walking away. Toward the end of the parenting group, based on mom's continued reports of concerns, the group leader linked mom to the Desert PEI Mobile unit for PCIT. Mom reported having minimal control of both sons' behaviors and had minimal support from extended family in the home. She reported struggling with being aware of how to set limits, use discipline strategies, and ways to acknowledge and praise her children for their positive behaviors. Through the first phase of PCIT, mom reported she was able to recognize that her engagement in play with her children helped to reinforce them to listen, mind, follow through with tasks, decrease sibling spats, and most importantly increase and enhance their relationship.*

*Mom was consistent in her attendance; she actively completed her daily homework and engaged in weekly phone calls with staff. She reported phone calls provided the additional support she needed and said they were helpful in motivating her to practice the skills she was learning in PCIT sessions. She was open to allowing staff into her home to practice and reinforce the skills she was learning and to practice with realistic daily situations.*

*In the second phase of treatment, Parent-Directed Interaction (PDI), mom reported her sons exhibited behavioral issues that challenged her to use her disciplinary strategies, such as selective attention, redirection, time-out, and removal of privileges. She reported these techniques provided her with a solid understanding in order to establish age appropriate limits and rules and to decrease behavioral concerns. Throughout PCIT mom reported gaining incredible awareness and a skillset that enhanced her relationship with her sons and built a strong household foundation with routines, rules, and love. The family successfully completed and graduated from PCIT. Mom reports she continues to use the PCIT skills she learned with her sons who now exhibit excellent behavior in their respective classrooms.*

#### PEIMS Goal

- Explore possibility of having a 50amp plug outlet installed on school campuses where the mobiles are parked. This would allow the mobile unites to operate electrical needs without use of diesel generator (generator exhaust and noise can be disruptive to both school setting and PEIMS services provided) Decreased wear and tear on generator could reduce the need for related maintenance thereby resulting in less disruption of consumer services.
- Increase the provision of early intervention and mental health services to young children and their families in the western and mid county regions following the onboarding of a newly hired clinical therapist.



#### SET-4-School Goal

- Continued exploration with potential partner school districts to support prevention, early intervention, and mental health services on school campuses. Of 22 school districts in Riverside County, SET-4-School has established partnerships with 5 districts and 3 additional are in development. In order to increase support for the 186,000 children ages 0 – 5 in Riverside County, schools may be supported to develop a referral and linkage process and build capacity in order to provide effective care coordination and appropriate referrals for young children and their families.
- Strengthen the professional development system of providers who serve young children and their families by continuing to offer training focused on early childhood social emotional development and intervention.

## **Treatment Foster Care**

The Treatment Foster Care program was a full service partnership program designed to provide a community-based treatment alternative to group home placement for dependents or wards of the court. In order to be eligible for the program, youth had to have an out of home placement court order, meet criteria for Intensive Service Foster Care under CA WIC section 18360.05 (a), meet medical necessity and/or EPSDT eligibility, and meet eligibility for Full Service Partnership.

The clinical team was comprised of (1) Behavioral Health Service Supervisor, (3) Clinicians, and (3) Behavioral Health Specialists. Clinicians conducted face-to-face screenings with youth to assess for appropriateness of TFC placement and matched youth to resource foster parents. A full array of intensive services were provided in the resource home or in the community including clinical assessments, individual therapy, family therapy, mental health rehabilitation services, case management, in home based supports, intensive care coordination, group therapy, and crisis intervention. The clinical team also facilitated trainings for Triple P, Trauma Informed Parenting Skills and Treatment Foster Care Oregon.

The Treatment Foster Care program closed in April 2019 and staff were reassigned to other high need children's outpatient programs. The reason for closure of Treatment Foster Care was lack of TFC homes. Treatment Foster Care needed (8) homes in order to fiscally sustain the program. However, Children's Services Division did not have the staffing needed to process applications, run fingerprints and conduct the CPS check necessary to switch new foster parents from their current Foster Family Agency to a county home and link them to the TFC program.

## Traditional Age Youth (TAY)

### Western Region

**FSP Programs:** The Journey

### Mid-County Region

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

### Desert Region

**FSP Programs:** TAY FSP  
(operated by Oasis)

### **Western Region- Journey TAY FSP**

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

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

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

#### Challenges:

- 49% of consumers presented with a co-occurring disorder and were not receiving substance use treatment services at time of intake. Ideally, substance use services should accompany mental health services provided within the same program.
- There is a lack of physical housing for TAY age youth, especially for those who age out of the Child Welfare system or have a previous foster care history.

- TAY youth are often lacking in independent skills needed to care for themselves, they don't know how to be a good roommate or tenant to prevent getting kicked out of their living situation.
- The majority of TAY youth haven't graduated from high school. This makes it more difficult to secure the employment needed to maintain housing.

Lessons Learned:

- It is important for staff to be educated on and have an awareness of the developmental level of the TAY youth. Their identity evolves and shifts, including their sexual orientation, gender identity, and other. Staff must be accepting of whatever version of identity is presented at time of contact and be equally accepting when it changes.
- Staff must be flexible in order to work with the TAY population.
- It is important for staff to develop positive relationships with consumers, so if in crisis, the consumer remembers he or she can return to Journey TAY for services and is willing to re-engage when in crisis.
- Engagement takes concerted, consistent effort over time.
- Staff must be willing to keep trying and refrain from viewing a previous failure as reason not to re-engage/try again.

Successes:

- A total of 116 unduplicated consumers were served in fiscal year 18/19.
- 65% of consumers received an average of 8 plus services per month for fiscal year 18/19.
- 61% of consumers obtained a primary care physician while in the program.
- The percentage of TAY consumers living on their own increased by 8%.
- The percentage of consumers living in an emergency shelter decreased from 12% to 6%.
- The number of days that TAY reported living on their own increased by 57%.
- The number of days they reported spending in supervised placement increased by 354%.
- The number of days spent homeless decreased by 15%.
- The number of days spent in acute medical hospital decreased by 58%.
- The number of days spent in justice placement decreased by 100%.
- The number of arrests decreased from 48 to 17.
- The number of mental health emergencies decreased from 348 to 102.
- The number of physical health emergencies decreased from 56 to 16.
- The number of acute hospitalizations decreased from 126 to 62.

Goals/plans for 3YPE plan FY20/21-22/23:

- Integrate a substance use counselor into the treatment team to facilitate coordinated care/treatment since half of consumers have substance issues.
- Increase partnership with the Family Advocate program to increase support and incorporate family advocate services into the program.

### **Mid-County Region- Victor Community Support Services TAY FSP**

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

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

A total of 113 individuals participated in TAY FSP services in FY18/19. Outcome data indicates an overall decrease in hospitalizations, arrests, and emergency room visits.

The goals for TAY FSP for the 3YPE plan for FY 20/21-22/23 include the following:

- Increase average census to 90 (contract maximum).
- Increase treatment goal obtainment from 59% to 70%.

### **Outcomes for FY18/19:**

- From July 1st, 2018 to June 30th, 2019, 127 unduplicated clients were served at the VCSS Perris TAY program, exceeding its annual target of 125 unduplicated clients served.
- In FY18/19, 54 engaged clients discharged from TAY; a client is considered “engaged” if they (1) have a signed treatment plan, and (2) have received service for at least 60 days. The average length of service for this engaged discharged population was 13.2 months, a significant reduction from the previous year’s average length of service, 17.7 months. 59% of these clients met treatment goals.

- During the reporting period, 12 (9%) clients were hospitalized, and 2 (2%) were sent to Juvenile Hall.

**Challenges faced:**

- A significant struggle for our TAY population has been the identification of appropriate and stable housing for our TAY within our region. Within the Mid-County area, there are minimal stable, safe, and accommodating housing resources to support our clients who have significant levels of impairments in daily functioning. Many room and Board vendors are not sensitive to our population and often trigger our clients which causes regression in behavior.
- Struggles with co-occurring disorders that include severe and persistence substance abuse history have impacted our client's success within our program. Client's often times have difficulties with just getting starting in our program due to their declination of medication support and their own desire to self-medicate with street drugs. Their significant substance abuse issues also impact the client's ability to engage in our program as a whole.
- Within the Mid-County Region it has been identified that there is a significant lack of available supportive and desirable resources for our TAY FSP within reasonable reach. One of our primary goals within our program is to assist clients with being self-sufficient and independent by connecting the individual to community and natural resources to assist them with eventually standing on their own two feet. Although there are some programs that are desirable to TAY, the mid-county region is so large that the client's ability to attend said programs are improbable due to a lack of natural transportation opportunities and/or sheer distance. More programs in each city and free transportation to our TAY would be highly beneficial.
- At the time client's age out of TAY FSP services with our program, they are referred to Adult FSP services. Many of our former client's that have aged out of TAY services have expressed their anxiety and discouragement regarding "general adult FSP" programs
- A significant barrier that has impacted successful independence and self-sufficiency of TAY members has been their inability to obtain financial support via (SSI or SSDI). Many highly challenged TAY that have been unsuccessful with obtaining stable employment have had negative impacts to the individual growth they were able to achieve due to the fact that they cannot financially support themselves or support the family they live with; which has, on many occasions, added significant stress on the family system.
- Hiring suitable psychiatric staff has been a struggle when trying to fill vacant psychiatrist positions within our location due to the lack of qualified candidates within our remote area of service.

**Lessons Learned:**

- Throughout our years of service within our community, it was identified that open lines of communication and effective collaboration with our community partners has been immensely beneficial. This was one of the reasons why VCSS TAY spearheaded and organized collaboration efforts in the 2016-2017 fiscal year with our community providers within the Mid County region and led the initiative, which is now known as the Mid- County TAY collaborative. This collaborative began at our VCSS Perris location and continued to be hosted on a monthly basis at this location until the opening of the “TAY Arena”.
- Due to the previous lack of supportive programs in the area, client’s only level of crisis support was the (ER or ETS). However, due to the Mental Health Urgent Care opening up within our region, our clients have now begun to utilize this resource a lot more instead of immediately going to ETS for crisis stabilization services to support emergency needs.

## MHSA in Action!

### **A Journey from Despair to Hope**

*The letter of gratitude that we received from this particular young man, illustrates the dramatic change that is possible for young men and women, when they have the right support structure and put in the work. He has turned his life in a new and positive direction. He went from struggling with negativity and self-destructive behavior, to having a positive outlook on life, a new job and hope for the future. Let's hear it in his own words.*

*I've been at TAY since I was 18 years old. In the beginning of my mental illness I was 15 years old. I started to smoke marijuana at age thirteen and soon enough I was diagnosed at the age of fifteen. I've had many different experiences, going to the psychiatric hospitals, getting angry, being destructive, and thinking I hear voices. Before, I had a different perspective about how I would see things, but my therapist always had hope for me. All I needed was a time of healing, experiences to change my perspective, and the love and compassion from my support peers and family. At TAY I have learned to manage my thoughts, my anxiety and temper, and realize what I'm grateful for and I also realize that it's sometimes all in my mind.*

*With the support of TAY I've been able to accomplish many things.*

*With time, I've been able to manage my anxiety in many cases. I've been able to get my high school diploma at Come Back Kids .I was able to graduate from San Joaquin Valley College with perfect attendance .I've been able to get along with my family at home. I've been able to feel better about my self-esteem and how I see myself. With practice, my MHRS's, I've been able to set boundaries when it's right to do so. I've been able to get a job at a chiropractic clinic. My perspective has changed a lot, and now I feel like a healthy young man with lots of love, awaiting what life has in store for me. I have been able to stay clean and sober by the grace of God.*

*Before, I was afraid, very sensitive and ready to attack because of my negative experiences. Even though it's hard sometimes to this day, I know my perspective has changed and I'm not the person I used to be. Life is a lot easier not having to fight my old fears I used to have. I'm thankful for my Mom, who has always showed affection and compassion, and a higher power for guiding me spiritually, and my friends and family who are willing to help me when I'm in need and correct my negative thinking pattern.*

*I've accomplished so much and I want to thank TAY for their courage and support. I want to thank my staff for always giving me 110% support. I love you guys and thanks for the hard work you have put into me. Thanks for being right to the point with me and being able to realize what's possible.*

*Thank you all, I know I have just a few more months here at TAY, but I will miss you guys and you will be a part of my life that I'll never forget. I got out of a negative thinking pattern and old habits by the grace of God, my support, friends and family. I have moved forward a thousand times and will never turn back because I don't want to feel like I used to feel.*



## **Desert Region - Oasis TAY FSP MHSA**

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

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

A total of 109 individuals participated in TAY FSP services in FY18/19. Outcome data indicates an overall decrease in hospitalizations, arrests, and emergency room visits.

The goals for TAY FSP for the 3YPE plan for FY 20/21-222/23 include the following:

- Increase average census from 70 to 85
- Increase average length of stay from 1-1/2 years to 2 years

### MHSA in Action!

#### Deanna's Story:

*When I was 3 or 4 years old, I was the one taking care of my mom and my brother. I felt it was on me so I was mothering my brother and my mom because she was abusing alcohol and drugs. I felt I had to cheer my mom up and I would open her eyes in the morning and say "Mom, we have to get up."*

*Mom went to rehab for 3 months and I lived with my Aunt. I now realize that was a time I felt abandoned by my mother. When my mom finished rehab, we were poor and had to live at Martha's Village. Things were good but it was a stressful time because my school was far away.*

*Mom was able to save money and we moved into an apartment. I started noticing sneaky traits about myself like stealing and ditching school and it was all for the adrenaline rush.*

*In middle school I was diagnosed with severe scoliosis and felt like a monster in my skin and very deformed due to a hump on my back. I tried meth and I was like, "Oh My Goodness. This is just something I've never felt before." It took away those feelings of being a monster. I had to have surgery because if it didn't get fixed, I could die because it was pushing on my heart.*

*When I started high school, I realized I had developed an eating disorder due to still feeling like a monster. I would throw up both at school and at home and nobody knew. At age 15 I started to cut myself. My mom saw it one day and took me to counseling. All of us went to counseling and when I was there, I could have a voice and it felt really empowering.*

*After I stopped counseling, I realized that I couldn't handle things and started using drugs and meth again. I was infatuated with it. I went back to counseling and was told I had depression and anxiety and that I was using drugs to self-medicate. I was able to stop using and I was doing well in school and graduated with a scholarship. I had a great job and was making a lot of money and was so proud. I soon realized I couldn't handle all that money and started using drugs again. I thought I could continue working and that nobody would notice. I eventually lost my job and got more depressed and used more drugs. I lost my car and started depending on guys to take care of me. My mom was done with me and threw me out. I became homeless and wandered the streets, sometimes without clothes or shoes. Nothing was more important than getting drugs. I started breaking into empty homes to sleep and shower and convinced myself that these were my homes. I would take rides from strangers and was abused many times on the streets. I broke into one home when the family was there and I got punched. I got arrested. It was in jail that they realized an abscess had developed on my jaw and I had to have surgery. It was not a comfortable recovery.*

*I was referred to TAY FSP through mental health court. They have helped me restructure my life and my mental health is in the forefront of my mind. I have learned communication skills, anger management skills, and learned about my substance use. I have realized I don't have to go back on the streets. I am staying positive and keeping busy. I learned that I can be who I am and I can let go of the street persona I had manifested. I have a new job and I want to complete my court responsibilities. Ultimately, I want to revisit my goal of becoming a flight attendant.*

*TAY FSP gave me the knowledge I needed to stay grounded and continue in my recovery.*

**MHSA in Action!**

**Jakhar's Story:**

*The Riverside University Health System – Behavioral Health Transitional Age Youth program has succeeded in helping me attain my independence and freedom from toxic relationships, mind-altering substances, and isolation from the community. Most of all they help me by simply lending their knowledge and resources for the betterment of my life and the lives of those around me. Especially worthy of mention is Megan Gomez for her upbeat, positive attitude and ability to find common ground for those she takes care of. Journey is renowned for bringing together groups of people from all walks of life and encouraging others to make lasting impact on their environment. Living among fellow man has taught me how lucky I am to have a group of peers with my interest in mind and that is not a thing everyone has or is willing to keep.*

**MHSA in Action!**

**Joy's Story:**

*My Journey at TAY. When I was going through the toughest time in my life I started going to TAY. I was scared and didn't know what to expect. It was so scary to meet people I didn't know but I learned that it didn't have to be so scary. When I thought I couldn't handle any more, Frank was able to help me. He helped me see all the positives in my life and he taught me how to view things differently and better. He taught me how to cope and to focus on the things that are most important. I've had lots of help from TAY: Nettie, Megan, Adriana, Shikieva, Thea, Kia, Jacob, Sam, etc. have been there to help me and my siblings in so many ways. Nettie would help us get places we needed to be like school, therapy, family visits, groceries, and appointments. She also would teach us how to cook. She coached us on how to make better decisions. When Megan and Adriana come, I just feel like I'm with friends. They help me a lot with how to deal with situations. They helped me pay rent and get groceries to help me not get so overwhelmed with everything I'm juggling in life. Staff has gone far and beyond to invite all the clients to events like a basketball game, a dance, a Halloween party, a Thanksgiving dinner, and a Christmas party.*

*Within the last two years, I've grown so much! I'm doing really good now and I know better how to cope and I always have the security to know if I'm going through too tough a time I can call day or night for support.*

*I'm so thankful to everyone at TAY that has helped me and my siblings!*

**MHSA in Action!**

**Nelly's Story:**

*My name is Nelly. I have been attending the TAY program for a little over a year now. When I started here, I felt very overwhelmed with my living situation and the way my life was going. My mom and sister both have severe mental health issues and I struggle with my own issues. At first, it was all of our mental health issues in one affecting our housing, emotional stability, and overall support we received. Then one day my Mom was having an anxiety attack and they sent her to the hospital. That was the day we found out she actually had a heart attack. Ever since then, life has been very stressful. I wasn't working and it was very hard for me to hold down a job due to my mental health and my family issues. My family didn't have a lot of money due to all of us struggling with our mental health and unable to hold jobs. Basically, we were about to become homeless. I expressed my worry and concern to Megan, my therapist, and right away she started helping me try to find solutions so we wouldn't become homeless. She ended up helping me and my family find a housing grant and even helped me with the paperwork to get started. She helped me follow through with everything and coordinated all the communication when we didn't understand, we had her there. When we got accepted into housing Megan and Jacob started helping us look for a place to live. Jacob even took us to look at an apartment. At the time we were so stressed, we had no money, this was truly our last hope. One day I received a call from Jacob about an apartment. We went that same day and applied, then waited. After waiting we got accepted and I finally felt a bit of relief for me and my family. We have been living in our new apartment for about 4 months now. My sister and I have stable jobs. Although things aren't all sunshine and rainbows for me and my family, I know I have help and support. Last year I couldn't keep a job and didn't have any clue what would happen with housing or how to be homeless and now I can say I'm in a much better place and none of this could have happened without the TAY program and the staff. Thank you so much Megan, without you I don't know where I would be right now and thank you to the TAY program.*

**MHSA in Action!**

**Ruben's Story:**

*My name is Rueben and I have been struggling with depression for over 8 years and have been suicidal. Coming to therapy has been helpful with identifying triggers and assisting finding a place as me and my family have been living in a small garage with terrible cousins which has worsened my depression so I'm grateful to have Megan's help in my struggles. Coming here has helped with other problems as well as I'm anti-social.*

## Adult

### Western Region

**FSP Programs:** (JWC)

Jefferson Wellness Program and Bridges program,

**GSD:**

**Clinic**

**Expansion/Enhancements:**

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

### Mid-County Region

**FSP Programs:**

**GSD:**

**Clinic**

**Expansion/Enhancements:**

Lake Elsinore Adult Clinic, Temecula Adult Clinic, Hemet Adult Clinic, Pathways to Success

### Desert Region

**FSP Programs:**

**GSD:**

**Clinic**

**Expansion/Enhancement:**

Indio Adult Clinic, Blythe Adult Clinic, Banning Adult Clinic

### **Western Region- Jefferson Wellness Center Adult Full Service Partnership**

Jefferson Wellness Center includes two programs, the Full Service Partnership and the step down program, Bridges.

#### Full Service Partnership:

The Full Service Partnership (FSP) is a Riverside University Health Systems - Behavioral Health Clinic. It is a program that provides a wide array of services and supports to adults ages 26-59 who are living in the Western Region of Riverside County. The program serves individuals who are diagnosed with a severe and persistent mental illness. The FSP provides intensive case management services and supports to eligible members who are identified as struggling with homelessness and recidivism within the justice system and inpatient psychiatric facilities. The target populations are those that are experiencing chronic homelessness or are cycling in and out of jail or prison as well as cycling in and out of psychiatric hospitals or long-term care facilities due to mental health impairments. Some of the service strategies and goals include providing high quality care that is member driven using an intensive case management approach to services and supports, having members choose goals to work on in partnership with an assigned staff member. These goals may include behavioral health treatment, living arrangement, social relationships/communication, financial/money management,

activities of daily living educational/vocational, legal issues, substance abuse issues, physical health and psychiatric medications. The agency provides a variety of services and supports, through group and individual methods, to assist each member in finding their path to recovery. Staff also link members with other departmental programs and community resources. The agency provides crisis support seven days a week, twenty-four hours a day. The FSP uses a multidisciplinary team approach when providing services and supports. The FSP team consists of a Behavioral Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialist II, Licensed Vocational Nurse and Peer Support Specialists. The team also consistently collaborates with other community-based agencies including local shelters, probation, vocation programs, and hospitals. Examples of multi-disciplinary services to be provided include but are not limited to: outreach, assessment, crisis intervention, behavioral health services (Individual and group therapies), medication support (psychiatric assessment, medication services and nursing support), rehabilitation support (supportive services, recovery based interventions such as recovery management and WRAP, care coordination/plan development, linkage to community resources, peer support and adjunctive services etc.), and collateral services – with probation, family, and other outside supports.

### Bridges Step Down

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

### **Progress Data**

Below are highlights of data for Jefferson Wellness Center and Bridges. This data is from The Full Service Partnership Adult Outcomes Report for fiscal year 2018-2019.

### Jefferson Wellness Center

- The program served 441 clients
- The majority of clients received either 4-7 or 8 or more services per month
- The highest number of service hours was group services followed by case management
- Arrests were down 93% for Jefferson Wellness Center clients
- Acute hospitalizations were down 84% for Jefferson Wellness Center clients
- The percent of clients living on their own increased from 7 to 25 percent
- Homelessness decreased from 38 to 23 percent

### Bridges Step Down

- The program served 67 clients
- The majority of clients received either 0-1 or 2-3 services per month
- The highest number of service hours was group services followed by case management
- Arrests were down 100% for Bridges clients
- Acute hospitalizations were down 98% for Bridges clients
- The percent of clients living on their own increased from 6 to 60 percent
- Homelessness decreased from 34 to 7 percent

### **Three-year plan goal**

- Increase the average number of services provided to enrolled FSP clients so that 80 percent of enrolled FSP clients receive an average of 5-8 or more services a month. Sixty-five percent met this target for the fiscal year referenced.
- Provide increased supervision and support to decrease staff turnover, which will positively influence clients with regard to more consistent service delivery.
- Increase quality of life goal outcomes by focusing on supports for community based services, employment, volunteer, and school.

## MHSA in Action!

### James's Story

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

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

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

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

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

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



## MHSA in Action!

### Kienna's Story

*Anxiety and depression had been part of my life for as long as I can remember. My dad abandoned us, and when my mother found my step dad, he was a drug addict and she was a drunk. I was a good student until the age of fourteen. I found myself being influenced by others and started using drugs and ditching school. My anxiety became clear in seventh grade. I found myself breathing hard and having panic attacks daily. I avoided home and family, isolating and actively using to self-medicate and cope with my symptoms. As a result, I struggled to take care of my children, spent time in jail and institutions, unable to maintain employment, and could not establish or maintain relationships.*

*Due to FSP services at Western Region Adult FSP/JWC I have accomplished so much. They supported me with therapy, medications, and substance use treatment. I have been able to obtain coping skills to deal with my anxiety, depression, and substance use challenges, and have assisted members in learning to develop and maintain relationships with family, which has encouraged me to seek custody of my child.*

*I feel more confident in the direction of my life. I have not had a relapse in sixteen months and am grateful for the support they have provided me.*

## MHSA in Action!

### Denise's Story

*Ever since childhood, I have always been in a dark place. My mother had seven children, five girls and two boys. She struggled to keep a roof over our heads and in doing so was not able to provide me with the training I needed. I remember that my sisters started having children but I was unable to which really triggered the darkness I have experienced throughout my life. I felt like less of a woman because of it.*

*When I was thirteen we could not afford clothes or shoes; everything I had was hand-me-downs, so my mom gave me to the first boy who came along. He would not let me do anything without him. He would buy me things and then destroy them when I would leave to see my so-called friends, who were hurtful towards me because I could not have children. It was at this place in my life when I began to put up walls and isolate, allowing the devil to tell me that everyone was watching and talking about me, and wanted to see me with nothing. I did not want to live with my boyfriend, but I did not know how to seek help or voice my pain.*

*I came to California at the age of nineteen after seven years of nothing. I was using and getting high, dropped out of school, and did not know how to read or write. I could not find employment. I was self-medicating with drugs and I was on the road to kill myself. I would sleep with anyone, stay high, and was scared to talk to people about what I was feeling, despite wanting to ask for help. Then I went to jail and then prison, and spent the next 22 years going in and out of prison. After completing my commitment to the justice system, I was brought to Western Region Adult FSP/JWC. I was introduced to a psychiatrist, and the hurt that was in my heart started to come out. I was given medication, which helped me to see life as it is. To not feel paranoid, I found myself able to say things and talked to people the way I always wanted to. JWC opened my eyes to the world.*

*Through groups, working with my wellness partner and a therapist I have learned to be open to myself and others. I have never had children but when I see them on the street, I talk to them the way I wish someone would have for me.*

## **Mid-County Adult**

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

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

The FSP uses a multidisciplinary team approach when providing services and supports. The FSP team consists of: Mental Health Services supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialist II, Licensed Vocational Nurse and Peer Support Specialists. The team also consistently collaborates with other community-based agencies including local shelters, probation, vocation programs and hospitals.

Examples of multi-disciplined services to be provided include but are not limited to: Outreach, Assessment, Crisis Intervention, Mental Health Services (Individual and group therapies), Medication Support (psychiatric assessment, medication services and nursing support), Rehabilitation Support (supportive services, recovery-based interventions such as recovery management and WRAP, care coordination/plan development, linkage to community resources, peer support and adjunctive services etc.), and Collateral Services – with probation, family, and other outside supports.

The Mid-County FSP Programs include:

- MHSa FSP SMART Mid-County

- SMART FSP – BRIDGE Mid-County
- South West Older Adult FSP
- FSP Clinic “Tracks” for Adults (Formerly Telecare Contract ISRC FSP)

In the Past Adult Mid-County FSP services were provided by contracted programs, while Older Adult FSP services (SMART & Bridge) were provided by the County in San Jacinto. The contracted Adult programs were provided by: ANKA in 2007 and Telecare from 2017-2019. The contract with Telecare was discontinued on August 31, 2019. Letters were sent to all consumers from RUHS-BH on July 8, 2019 advising them of the change to their service location. A “warm-hand off” between Telecare staff and RUHS-BH case management staff was coordinated to avoid any disruption to service. An additional Older Adult FSP was established at the same time as the Adult “tracks” to serve consumers, 60 and above, in the Southern part of the County, out of the Temecula & Lake Elsinore Older Adult offices, and began services as the South Western FSP program for Older Adults.

In the 5 months since FSP Tracks were developed in all Mid-County clinics, close to 200 new consumers have been engaged and participated in FSP level services. We have added 6 new locations for FSP level services thereby reducing barriers to treatment for individuals that did not live in close proximity to the one contracted site. By adding FSP “tracks” to all the clinic sites in Mid-County, transportation as a barrier to service was removed, increasing accessibility for individuals & their family members that needed the higher level of care, provided by the Full Service Partnership. Also, as the FSP tracks were being implemented, the teamwork throughout the Department was incredible. Staff throughout the entire Department helped to support programs. Training was provided to staff that now would be providing this high intensity level of services. Experienced FSP Supervisors from other regions went to Mid-County sites to help with implementing the tracks. Staff supported the influx of consumers with flexibility of working at multiple sites and assisting with the transition.

Some lessons were learned regarding the challenges of engagement, implementation, and intervention. Consumers were given a letter to notify them of the change with 2-month window regarding the transition. Although we were able to do warm hand-offs between the programs, some consumers were hard to engage, as they were not happy about the change in the program. We also were able to prioritize staffing to accommodate the FSP staffing ratio of 20:1, but the HR process is time consuming from start to finish, and it was difficult to add the FSP consumers while waiting for new staff to make it through the hiring process and new employee orientation & training.

Another challenge was due to high levels of homelessness in the target population, which made it difficult to locate and engage all consumers we would have liked to. But we are continuing to work with the homeless outreach team and always keep the doors open for services to consumers that are homeless, or at risk of becoming homeless.

Six new tracks, or FSP service locations, were added:

### Mid-County FSP Track Locations

<b>HEMET Adult FSP</b> Hemet Adult Clinic 650 N. State Street Hemet, CA 92543	<b>Lake Elsinore Adult FSP</b> Lake Elsinore Adult Clinic 31764 Casino Dr, Suite 300 Lake Elsinore, CA 92530	<b>Temecula Adult FSP</b> Temecula Adult Clinic 40925 County Center Dr, Suite 200 Temecula, CA 92591
<b>Perris Adult FSP</b> Perris Adult Clinic 450 E. San Jacinto Ave Perris, CA 92570	<b>Southwest Older Adult FSP</b> Lake Elsinore Older Adult Clinic 31764 Casino Dr, Suite 100 Lake Elsinore, CA 92530 and Temecula Older Adult Clinic 40925 County Center Dr, Suite 101 Temecula, CA 92591	<b>San Jacinto/Perris Older Adult FSP</b> MHSA FSP SMART & Bridge 1370 S. State St. Suite B San Jacinto, CA 92583 and 450 E. San Jacinto Ave, Perris, CA 92570

Riverside University  
HEALTH SYSTEM  
Behavioral Health

Data is just starting to be collected through our electronic database, ImagineNet. The primary focus has been consumer acclimation and service provision at the additional sites, as the program was transitioned in September of 2019. Data in ImagineNet is being collected & will prove valuable at directing future services. Staff are being trained to accurately collect and input data. A Senior PSS for FSP services throughout the County, has been added, and will work directly with staff on ImagineNet requirements.

## **Desert Region- Adult Full Service Partnership**

Currently located at 74923 Hovley Lane East, Palm Desert CA.

The Desert Adult Full Service Partnership (DAFSP) is an intensive psychiatric case management program for Desert Region Riverside County residents with severe persistent mental illness, a history of chronic homelessness, and multiple psychiatric hospitalizations. Full Services Partnership (FSP) programs were designed in the Mental Health Service Act to serve consumers who are in chronic need of stabilization. The FSP also addresses the needs of consumers who have not responded to traditional outpatient behavioral health programs. These services remain a priority for Riverside University Health System – Behavioral Health. Services include: psychiatric care, medication management, intensive case management, crisis services, 24/7 after-hours hotline, housing assistance, Dialectical Behavioral Therapy (individual and group), substance abuse treatment and relapse prevention, peer support care, and family advocacy. Intensive treatment and after-hours care is focused on symptom reduction, coping skill identification, wellness support, relapse prevention, and reduction of emergency services intervention. The goal of the FSP is to assist the consumer in learning new ways to manage behavioral health crisis, maintain current residency, stop jail recidivism, stop psychiatric hospitalization, as well as sustaining current level of recovery. The Desert Adult Full Service Partnership treats about 100 plus consumers a month.

Recently, the enrolled FSP consumers have decreased slightly due to the creation of the FSP Bridge program. The FSP Bridge Program is a transitional program that creates an opportunity to continue to have some FSP services at a less frequent level. The hope of the FSP Bridge program is to assist with the successful transition of consumers from FSP level of care to a regular outpatient behavioral health care clinic. Consumers in the FSP Bridge program have achieved some stability in their recovery program, including maintaining stable housing for a minimum of one year and no psychiatric hospitalizations in the previous six months.

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

The extreme weather conditions of the Desert Region climate create significant risk for this population, especially during the summer months. For FSP consumers who are homeless or at risk for

homelessness, symptom management and the ability to be successful in supportive housing programs or board and care programs is an essential element in maintaining wellness and safety in their daily life. These housing programs rely on the assistance of FSP staff to successfully support their residents. This care can be rewarding when consumers are able to make sustained lifestyle changes, but also can be challenging when consumers experience a return of symptoms.

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

### MHSA in Action!

#### **Garth's Story:**

*Garth was first admitted to the FSP in 2013 after being referred for chronic homelessness and multiple psychiatric hospitalizations. Garth became sick with chronic behavioral health symptoms and was no longer able to work or finish school. He had dreams of becoming a fire fighter. Due to the chronicity of Garth's behavioral health symptoms, he began using substances as a way of coping with his experience. His dependency on substances grew and his psychiatric hospitalizations increased. At the time of Garth's first admit into FSP services, Garth was willing to engage with his wellness partner but not ready to be free from drug/alcohol use. Garth met with the psychiatrist, agreed to take medication, and engaged in some substance abuse related group therapy.*

*Eventually, Garth's wellness partner was able to support Garth in housing at a local Board & Care. He was excited to be living at the Board and Care, no longer sleeping on the street. Garth's substance use continued and psychiatric symptoms increased. Garth lost his housing at the Board and Care. He left Riverside County in pursuit of other options. One year later, Garth decide to move back to the Desert Region. He continued to be chronically homeless and reached out to the FSP for services. Garth's second partnership with the FSP consisted of willingness to engage in group therapy services, work with his wellness partner, attend individual therapy, and follow psychiatric treatment recommendations. He continued to struggle with substance dependency.*

*For a second time, Garth's wellness partner was able to assist Garth with his own apartment through a permanent supportive housing program. Garth was ecstatic to have the opportunity to live independently with support from the FSP staff. He continued to engage in services with the FSP but struggled to abstain from drug/alcohol use. Garth's chronic behavioral health issues persisted and were exasperated by the drug use. Garth lost his housing at the apartment. Unfortunately, Garth returned to living in a place not meant for human habitation. His relationships with his family were deteriorating and he struggled to maintain stability in his recovery and treatment. Garth was arrested in San Bernardino county, charges heavy enough to warrant one year in jail. He was closed to FSP services for a second time. During his time incarcerated, Garth had an opportunity to obtain sobriety and reflect upon how his behavioral health symptoms and substance dependence had led to homelessness, incarceration, poor familial relationships, and poor health. Upon release from jail, Garth immediately returned home with his family whom welcomed him with open arms due to his sobriety.*

*Garth reached out to the FSP and asked for a third try. Garth met with the FSP treatment team and discussed his goals moving forward. He made a promise to himself that he was going to take advantage of all of FSP's treatment services, maintain his sobriety, and follow psychiatric treatment recommendations. The Desert Adult Full Service Partnership is proud to have been a part of Garth's recovery journey. Since Garth's last re-engagement with FSP, he has maintained his sobriety (4 years and counting), engaged in every treatment service available (including group and individual therapy), uses coping skills to manage behavioral health symptoms, uses relapse prevention skills to maintain sobriety, has repaired relationships with his family and friends, actively engages in the NA/AA community, is a role-model for other FSP members, follows psychiatric treatment recommendations, communicates medication needs, and has recently decided to pursue a referral to the Department of Rehab for educational and vocational opportunities. Garth graduated to the FSP Bridge program and continues to maintain stability in so many facets of his daily life. Garth's journey is an example of how recovery is not linear. Often times, a person needs someone to meet them where they are at, hold the hope, engage and re-engage if necessary. The Desert Adult Full Service Partnership never gave up on Garth, met him where he was at, provided the care that he was willing to accept and held the hope that someday Garth would meet all of his recovery goals.*



## Older Adults

### Western Region

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

**GSD:**

**Clinic**

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

### Mid-County Region

**FSP Program:** SMART Team – Mid-County, SMART Bridge Program

**GSD:**

**Clinic**

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

### Desert Region

**FSP Programs:** SMART Team – Desert, SMART Bridge Program

**GSD:**

**Clinic**

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

Satellite Older Adult Clinics: Indio, Banning, and Perris

### **Western Region Older Adult FSP**

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

The FSP goal is to provide high quality care that is member driven using an intensive case management approach to services and supports. The goal areas that members may choose to work on in partnership with an assigned staff member include: mental health treatment, living arrangement, social relationships/communication, financial/money management, activities of daily living educational/vocational, legal issues, substance abuse issues, physical health and psychiatric medications. The clinic provides a variety of services and supports, through group and individual methods, to assist each member in finding their path to recovery. Staff also link members with other

departmental programs and community resources. The clinic provides crisis support seven days a week, twenty-four hours a day.

The FSP uses a multidisciplinary team approach when providing services and supports. The FSP team consists of: Mental Health Services supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialist II, Licensed Vocational Nurse and Peer Support Specialists. The team also consistently collaborates with other community-based agencies including local shelters, probation, vocation programs and hospitals.

Examples of multi-disciplined services to be provided include but are not limited to: Outreach, Assessment, Crisis Intervention, Mental Health Services (Individual and group therapies), Medication Support (psychiatric assessment, medication services and nursing support), Rehabilitation Support (supportive services, recovery-based interventions such as recovery management and WRAP, care coordination/plan development, linkage to community resources, peer support and adjunctive services etc.), and Collateral Services – with probation, family, and other outside supports.

The Western Region FSP program served 155 older adult consumers in FY18/19. Most were between 60 and 69 years old. Out of closed case 51% were closed within one year. Many consumers moved to the FSP step down service and closed out the program from the FSP step down. For those step downed consumers 89% successfully completed the program. For consumers leaving the program without transitioning to the FSP step down, 36% successfully completed the program. Most consumers received 4 or more services per month. Mental health and physical health emergencies decreased, hospitalization decreased for the FSP, but increased slightly for the FSP step-down which reflects a smaller proportion of consumers. Arrests decreased, but were low upon intake to begin with.

For the 3YPE plan for FY20/21-22/23 the goal is to increase the number of FSP consumers regionally by 10%, each year.

### Research Data

In FY18/19, SMART FSP teams served 108 in the Western Region, 122 served in the Mid-County Region, and 73 served in the Desert Region.

The Bridges FSP step down programs in Older Adults served 47 people in the WEST region, 70 in Mid-County, and 49 in the Desert Region. In addition, staff from the FSP and Wellness Team consult during an interdisciplinary team meetings for needed behavioral services and supports for mature

adults with extraordinary challenges in order to provide treatment. Overall, the effectiveness of the FSP programs resulted in a decrease in arrests, psychiatric hospitalizations, and emergency room visits.

Outcomes for the SMART FSP program consumers showed an 87% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 69%; and the number of older adults with an arrest decreased by 87%. SMART programs were successful at engaging 59% of those identified with a co-occurring substance use problem into treatment services. There was also a decrease in homelessness and emergency shelter residential settings at follow-up.

Overall demographics revealed that 19% of Older adults were Hispanic/Latino, 56% were Caucasian and 14% were Black/African American. Regional comparisons on race/ethnicity showed that West, Mid-County, and Desert SMART served a greater proportion of Caucasian participants than any other ethnic group. Compared to other regions, the West had the highest percentage of African American/Black (21%), while Mid-County had the highest percentage of Hispanic/Latino (24%) participants. The percentage of Unknown race/ethnicity, at 11%, was the highest for Western and Mid-County regions compared to the Desert region.

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

### **Mid-County Region Older Adult Full Service Partnership**

The Mid-County Older Adult FSP had the highest number of enrollments (192) in FY18/19.

Overall, outcomes in arrest, mental, and physical health emergencies as well as acute psychiatric hospitalizations were reduced.

For the 3YPE plan for FY20/21-22/23 the goal is to increase the number of FSP consumers regionally by 10%, each year.

### MHSA in Action!

*67-year-old William (name changed) was homeless and staff encountered him as he had built a small shelter in the back of the parking lot under the carports. They went out several days to engage and found out he was using Meth during the weekend to keep him awake and would try to find a quiet place for a couple days to “shelter” while he slept off the effects. He had a small dog named Missy and staff began to bring water to him and the dog while discussing services. William was not interested in services until one day a staff approached him in a different manner and asked about his motivation to be housed. For the first time William began to cry and talk about how he wanted a safe place for Missy and how his daughters wouldn’t have anything to do with him because he was homeless. After several days of going back to engage him and talk about different options, William finally admitted he was ready and willing to commit to sustaining housing, which included getting sober. They followed up with the substance use team, located in same building, who helped secure a detox bed, and ultimately residential placement, and now he is working with an FSP case manager to secure a MHSA housing unit.*

*This was an example of Wellness & Recovery in real time and how the right combination, or wrap around services and connection to resources, can change an individual’s life. William is now a healthier weight, has a great new smile, and Missy is looking better than ever!*

#### **Desert Older Adult Full Service Partnership. (SMART)**

The Desert Older Adult Full Service Partnership, otherwise known as Specialty Multidisciplinary Aggressive Response Treatment, SMART, is a program that serves consumers who have a history of difficulty engaging in or sustaining treatment in a standard outpatient behavioral health setting. This program addresses the needs of older adult consumers who are homeless or at risk of homelessness. Another focus of service is addressing the complicated needs of community members who have a history of intermittent stays in acute and/or longer term care institutions. The Desert Start team utilized a “whatever it takes approach” to meet the consumers where they are at in their recovery whether it is contemplation, acceptance, readiness, or etc. The team collaborates with community resources to meet the social, emotional, vocational, educational, and housing needs of the consumer and/or their support system. Services are provided by a multidisciplinary treatment team including: psychiatry, nursing, clinical therapy, and paraprofessionals. Consumers are assigned to their specific wellness partners and are encouraged to be a coauthor of their recovery plan. When facing the reality of the ups and downs of pursuing wellness, clients are both supported and encouraged regarding their journey while also being challenged to identify healthier ways of responding to life challenges. Members are directed to their expected goals and aspirations for change.

The extreme weather in the Desert areas complicate the dangers of not maintaining shelter, noncompliance to medication regime, not following through with recommended medical care, and other risk behavior. The collaboration with housing resources and the supportive aspect of re-

engagement are essential elements of this program. Another key feature of this program is being culturally aware of the unique needs of a mature adult population as well as understanding their view of medical and behavioral health care. Whenever possible, fostering autonomy of decision making is essential in establishing and maintaining trust in the therapeutic relationship.

This program is currently serving about 75 consumers per month. The current census has remained consistent for most of the year, despite our summer heat. It is evident that consumers make consistent attendance in the program a priority in their recovery. Consumers who participate in this program experience significant reduction in arrests, mental health emergencies, physical health emergencies, and acute hospitalizations. Additionally, these FSP participants exhibit a willingness to begin addressing substance abuse issues and about half initiate medical care with a primary physician. A very significant gain is that these consumers show a decrease in living in emergency shelters or homeless settings and many are able to begin living on their own.

#### MHSA in Action!

##### **Mr. C's Story:**

*Mr. C is a 62 year old man who has lived with mental illness since the age of 12, after witnessing the tragic death of a beloved family member. The illness brought about auditory hallucinations and thoughts of paranoia, anxiety, and depressed mood that led him to use alcohol and drugs to self-medicate. He was able to marry and have 5 children however the illness in combination with the substance use caused him to have great difficulty in maintaining family relationships and employment. Despite his best efforts, he divorced in 2003. He received mental health treatment for most of his adult life as he struggled to make ends meet and keep stable housing. Prior to coming to Riverside University Health System – Behavioral Health for services, Mr. C was homeless. He began receiving services in 2016 through the Adult Full Service Partnership that linked him with transitional housing and support at The Path. Due to continued substance use at the time he had difficulty staying at the PATH so, with the help and support of the Full Service Partnership team, he opted to go to residential treatment at Metcalf Ranch in early 2017. Upon completing the residential treatment program Mr. C advocated for himself to return to the PATH where he continued on his recovery journey. In 2018 he began working with the Older Adult Full Service Partnership immediately becoming a peer leader in groups by his consistent follow through in attending meetings and willingness to share his struggles and successes with others. Full Partnership staff helped him work with the housing program, HHOPE, to apply for independent living. All the while, he continued to connect with others in similar situations and participate in groups as well as take steps toward self-sufficiency. He has been able to re-establish and maintain a positive supportive relationship with his ex-wife and his adult children. Mr. C was able to achieve one of his goals of obtaining independent living by moving from the PATH to legacy apartments in 2019. While he had some fear and anxiety about being able to maintain independent living, with the support of the members of the treatment team and others he has overcome those fears and been able to maintain his apartment over the past year and been recognized by the apartment management staff as having one of the most organized and clean apartments. Mr. C's recovery journey has included following up with primary care physicians and specialty care physicians to maintain his physical health as well as his mental health. With continued support and care, Mr. C continues to thrive as the leader of his recovery and life's journey.*

## CSS-02 General System Development

### **What is General System Development (GSD)?**

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

### **Crisis System of Care**

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

**CREST**=Crisis Response Evaluation Screening and Triage

**REACH**=Regional Evaluation and Assessment in Community Hospitals

**ROCKY**=Resilient Outcomes in the Community for Kids and Youth

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

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

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

Mobile Crisis teams responded to 2,782 requests for a mobile crisis team and served 2,431 individuals during the 2018/2019 Fiscal Year. Mobile Crisis Teams provide intervention services to clients at various locations in the field (e.g., home, hospitals, schools, street). CREST teams went to hospitals most frequently (59%). ROCKY responded to schools more than any other location (61%). Mobile Crisis teams answered 2,782 requests during the 2018/2019 Fiscal year. CREST teams received the most calls from the Mid-County region, while ROCKY teams received the most calls from the Western region of the County. The average mobile crisis response requests per month in FY18/19 was 232. CREST Mobile teams were able to successfully divert the majority of crisis contacts (54%) in the field, while ROCKY Mobile teams were able to divert 75% of contacts in the field. The percentage of crisis encounters diverted exceeds the 50% diversion goal proposed for this service. Clients were diverted to home or an alternative crisis support. Non-crisis community supports included homeless shelters, emergency housing and other social services.

For those clients on a 5150 legal hold at the time of Mobile Crisis contact, 12% were able to have the 5150 hold discontinued by the Mobile Crisis teams. A total of 3,727 referrals were made by Mobile Crisis teams. Individuals often received more than one referral; resulting in a higher number of referrals than contacts. Of the 2,431 individuals who had contact with Mobile Crisis teams, 165 (7%) individuals had an inpatient admission within 60 days of their Mobile Crisis team contact. The recidivism rates for individuals seen by Mobile Crisis teams were relatively low at 15 days after first crisis contact and remained low up to 30 days after first crisis contact.

Goals for the next 3 years are as follows:

1. Increase the number of Children, Adolescent, and TAY age Mobile Crisis staff and teams.
2. Serve an increased number of schools, foster homes, group homes, and community College students.
3. Increase utilization of Mental Health Urgent Cares for youth (13 to 17 years) who are experiencing a behavioral health crisis.

## **Mental Health Urgent Cares (MHUC)**

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

MHUC serves individuals identified, engaged, and referred by Mobile Crisis Teams, but also serve as crisis support for walk-in self/family referrals. While the facilities serve primarily consumers age 18 and older, the capacity to serve adolescents (ages 13-17) was added in the Desert and Mid-County MHUCs. Approximately 95% of all MHUC admissions resolve the immediate crisis risk and do not result in a 5150 psychiatric hospitalization within the following 15 to 30 days after discharge. This results in a more recovery oriented service delivery and a cost savings from unnecessary higher levels of care. During the 2018/2019 fiscal year MHUCs had a total of 11,101 admissions and served 6,449 individual consumers (July 1, 2018-June 30, 2019).

The MHUCs assist consumers at discharge with linkage to outpatient services. The percentage of clients linked to outpatient services after a MHUC admission varied by MHUC region. The Desert MHUC had the highest percentage of clients linked to outpatient mental health or substance use treatment following their admission to the MHUC (46%), followed by the Mid-County MHUC (44%). Some individuals (12%), following the MHUC admission, were placed in a County short-term Crisis Residential program (CRT).

Satisfaction data collected from Riverside and Palm Springs MHUC (this data protocol was not collected for FY 18/19 in Mid-County) shows that 88% of clients who received service during the 2018/2019 fiscal year agreed or strongly agreed with related items on a service satisfaction questionnaire.

Goals for the next 3 years are as follows:

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



3. 3 year: 60% of consumers successfully attended at least one mental health or substance use service post discharge.

### **Crisis Residential Treatment (CRT)**

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

The Crisis Residential Treatment (CRT) facilities had 1,206 admissions and served 831 clients during the 2018/2019 Fiscal Year. The CRTs assist consumers at discharge with linkage to outpatient services. The percentage of clients linked to outpatient services after admission to a CRT was similar in both the Western region (70%) and the Desert region (66%),

Recidivism rates were relatively low. The Desert region had slightly higher (8%) recidivism for 15 days or less than did the Western region (5%).

#### **3 Year Plan Goals**

1. 3 year: 75% of consumers successfully discharge with referral to mental health or substance use services

### **Adult Residential Treatment (ART):**

The ART is an Adult Residential Treatment facility licensed by Community Care Licensing as a Social Rehabilitation Program (SRP). Average length of stay is 4-12 months. The ART can serve up to 15 individuals in a residential setting and provide mental health services along with board and care services. The typical consumer is an adult who is LPS Conserved for Grave disability. Many of these consumers are admitted to the ART after discharge from a higher level of care such as IMDs, Skilled Nursing Facilities, Psychiatric Hospitals, Board and Cares, and State Hospitals. The modality of the program is to assist the consumer by providing peer navigation and support, mental health services, medications, medical services, co-occurring groups and services, and daily living skills. The overall goal is independent decision making skill development or graduating off LPS Conservatorship, while developing relationships in a residential style living environment with family, friends, or roommates.

The ART program in Hemet was operated by ANKA and closed in FY 18/19. New ART program will be opening in Indio and will be operated by Recovery Innovations and is projected to open in June 2020.

#### **3 Year Plan Goals**

1. Open new program in Indio by June 2020
2. Increase the census to 15 consumers by August/Sept 2020
3. Requests a waiver from CCL and go up to 16 consumers by October 2020.
4. 1 year goal: 90% consumer satisfaction score
5. 3 year Goal: Average over 75% consumer successful discharge to a lower level of care.

## **YHIP Program**

The Youth Hospital Intervention Program (YHIP) provides a multi-disciplinary team approach to treatment for youth at risk of psychiatric hospitalization and/or post-hospitalization. This team provides immediate follow-up and behavioral health care for youth that were psychiatrically hospitalized. The teams are comprised of Clinical Therapists, Substance Abuse Counselors, Behavioral Health Specialists, Parent Partners and TAY Peers. Together they assist youth and families in crisis and provide intensive, trauma informed care in field based settings with natural supports.

YHIP was funded under a SAMSHA grant that ended in October 2019. The program was then converted to a Full Service Partnership (FSP) program that uses Early Periodic Screening and Testing funds with Medicaid and some utilization of the California Mental Health Services Act dollars. The conversion of YHIP from a short term crisis stabilization program, to a longer term FSP model provides a structure and stability that youth and families were desiring. The previous YHIP model was short term in duration (average 90 day stabilization) with a warm handoff to longer term outpatient services. With the FSP model, youth and families can stay connected to their treatment team for as long as they need that intensive level of service. As with all FSP models of care, the YHIP team provides services to youth and families several times per week and most services are field based (school, home, community).

YHIP also includes a team of staff trained in the evidence-based practice First Episode Psychosis (FEP). This model serves youth, ages 14-15, and their families, who exhibit signs of first episode psychosis. Staff were trained by Orygen (a leader in FEP work out of Australia).

**Western YHIP:** The Western YHIP team is comprised of a Behavioral Health Services Supervisor, two Clinical Therapists, one Parent Partner, one TAY Peer, and one Office Assistant. The BHSS carries a small caseload of approximately 6 youth. The Western team provides approximately 70% of their services in the field. They provide individual and family therapy, parent support & psychoeducation, groups including a Self-Expression group, transportation, and case management.

Noted trends include a significant amount of youth with co-occurring issues, specifically youth experiencing substance abuse challenges. Goals for the next three years include the following:

- 1) Increase Spanish case management

- 2) Provide parenting classes in Spanish
- 3) Fill YHIP current vacancies to increase their capacity to serve
- 4) Provide more outreach & engagement to the community
- 5) Provide more support in the school setting to address on campus issues such as bullying
- 6) Continue to work toward reducing hospitalization of youth.
- 7) Provide ongoing support & trainings to First Episode Psychosis staff embedded in YHIP.

**Mid-County YHIP:** The Mid-County YHIP team is comprised of a Behavioral Health Services Supervisor, four Clinical Therapists, two Behavioral Health Specialists, one Parent Partner, two TAY Peers, and an Office Assistant. The Mid-County team provides approximately 70% of their services in the field. They provide individual and family therapy, parent support & psychoeducation, groups including a LGBTQ group and a Depression & Anxiety group, transportation, and case management.

Noted trends include a significant amount of youth with co-occurring issues, specifically youth experiencing substance abuse challenges – marijuana and prescription pills were identified as predominant drugs of choice. Goals for the next three years include the following:

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

**Desert YHIP:** The Desert YHIP team is comprised of a Behavioral Health Services Supervisor, four Clinical Therapists, a Substance Abuse Counselor, two Parent Partners, two TAY Peers, and an Office Assistant. The Desert team provides approximately 70% of their services in the field. They provide individual and family therapy, parent support & psychoeducation, groups including a TAY Peer led “WRAP” group, transportation, and case management.

Noted trends include a significant amount of youth with co-occurring issues, specifically youth experiencing substance abuse challenges. Additionally noted are an increased number of youth that identify as LGBTQ. Goals for the next three years include the following:

- 1) Adding additional groups such as a SAFE group, LGBTQ group, and Spanish speaking parenting groups
- 2) Increased utilization of the CANS (Child Adolescent Needs & Strengths) tool in Child and Family Team Meetings, as well as using the CANS to help navigate the course of treatment.
- 3) More integration of substance abuse services and groups for youth that struggle with co-occurring disorders.
- 4) Increased integration of TAY Peers into treatment team
- 5) Provide ongoing support & trainings to First Episode Psychosis staff embedded in YHIP.

#### MHSA in Action!

##### **Margarita's Story:**

My name is Margarita. I am the mother of 5 children. In my marriage I was a victim of domestic violence. There was no respect for any of us. Anything that I would say or think was viewed as, "stupid or non-sense." I used to feel as if I was down in a hole where there was no escape, like garbage. One day, at the birth of one of my children, the nurse was helping me get my underwear and I felt ashamed. I told her I was capable of doing it. I did not think I deserved the help.

I felt very sad, depressed, and very angry at myself and that hurts a lot. I would like to explain many things but it is very difficult for me to do it as I barely know how to read and write. Sometimes I don't even understand what I write. On one occasion my husband asked me to write down a message. After he read it, he told me that if he wrote like I do, he would strangle himself. I was feeling very bad and sad. It hurt both my heart and my soul. I felt hopeless and very lonely.

My youngest daughter started to have panic attacks. I took her to the hospital. From there, they sent me to the Temecula clinic and the YHIP program. That's when my life started to change. All the staff have treated me with respect and love, particularly Dr. Ginesta and Mr. Javier. To me, they are like two angels from heaven. I feel better about myself. I have the desire to live and understand that, "it is possible." With the faith in God, all is possible.

May God bless you all always,

## MHSA in Action!

### Teanna's Story

I remember being a carefree kid running, laughing, singing, and dancing happily, enjoying my life as every kid should be. Then one day something happened in the house I grew up in. I was in shock when I saw who someone I adored, with all my heart, had become. When I saw the one person I never thought could scare me so bad, I thought there wouldn't be a new day for me and my family, it deeply affected me. I began withdrawing from family and friends and feeling worthless. My anger was easily triggered by the smallest things. My grades began to drop to F's, my family structure began to change, and my mom moved me to another state hoping it would be better for us.

She had mentioned that we would be moving, but I did not get the chance to say goodbye to the people I was close to at school. My mom thought the change in me was simply teenage transition, I was not being understood. I got to a low point in life where I would vent to my friend because it made me feel better. She was worried about me and her mom called the police from a different state and they contacted police in my state. I was held overnight in a hospital, not much was done. I was extremely exhausted. When I woke up, I answered a few questions and I was released. My mom decided it was time to come back to California so we could be closer to family. I think she thought that would help me. But there was a lot more work that needed to be done. There were so many reasons for me to be depressed. I started getting bullied at school and I did not tell anyone. The more the bullies bullied me, the more I began to feel like their words were true. I was worthless, I was stupid, and nobody liked me. These words from others began to pop in my head. They were aggressive, they were loud, they were screaming. And I heard them. I thought they were right that I didn't deserve to be here and I said it out loud. I was held in the school office until my mom could come and get me. I was not allowed to come back to school until I had a psychiatric evaluation. For the first time I saw my mother was scared and confused, and so was I. During the evaluation I was placed on a 72-hour hold. My mother visited me every day and prayed for me every night. She promised we'd get through it together and she kept that promise. After being at a facility for 6 days I was diagnosed with severe depression with psychotic features.

After being released I was introduced to YHIP. The program changed my life completely. Anna taught me how to speak up. She taught me that my feelings mattered and that if I approached my problems differently using confidence and coping skills I could get through anything. Lisa helped me find coping skills to use when my irritability kicks in. Connor taught me Tai-Chi as a meditation skill and we had so much fun messing up, it taught me that everything did not have to be so serious. Kim provided support for my whole family. With the help of this amazing team and the skills they taught me, balanced with medication, I can say that I feel like myself again. My grades are up, I am back to drawing, singing, dancing and laughing. I hang with my family and friends daily. I now enjoy simple things like reading. I do not let my anger win anymore. I am closer with my mom. I am not isolating myself as much anymore and most of my days are better than bad. I still have off days and I still have moments where my feelings get the best of me. But, I also have a support system and coping skills to get me back on track. I do not know if depression ever really goes away, but I believe after everything I have learned I am able and ready to handle it as it comes. I want to thank YHIP for taking the time to work with me at my lowest point so far in life. You not only changed me, but repaired parts of my family.

## MHSA in Action!

### YHIP Story

*I was chosen to write a letter to the bosses because apparently I've become a success story. Which isn't completely wrong but isn't completely true either. When I first joined the program last April I was a complete mess, self-harming every other day. My walls were up, never really showing my true self till a month or two while in the program was when I finally opened up a little and it was like opening the flood gates and my therapist couldn't get me to shut my trap to save her life.*

*I'm currently been in the program roughly 11 months, so almost a full year. The employees are very nice and have helped me with issues that I couldn't talk with my family. For example I've been identifying, as a Trans boy for the last 3-4 years but it wasn't til recently they helped me figure out how to start to medically transition which really got me excited. There's some things I still have to figure out but there's no doubt that they will help with that too.*

*This program has helped me because without it I probably would have been in the wrong crowd, but I'm not anymore which is really good because I would hate to disappoint my family because of actions that could easily have been avoided. So even though I'm not completely a full success story I'm pretty damn close to one.*

*I'm so thankful I was given the chance to better myself, even though I've lost people along the way. would never trade it for the world because I've made friends as well so that's a plus even though I don't really talk to them much. A grateful patient*

## Navigation Center

### FSP Outreach/Involuntary CSU

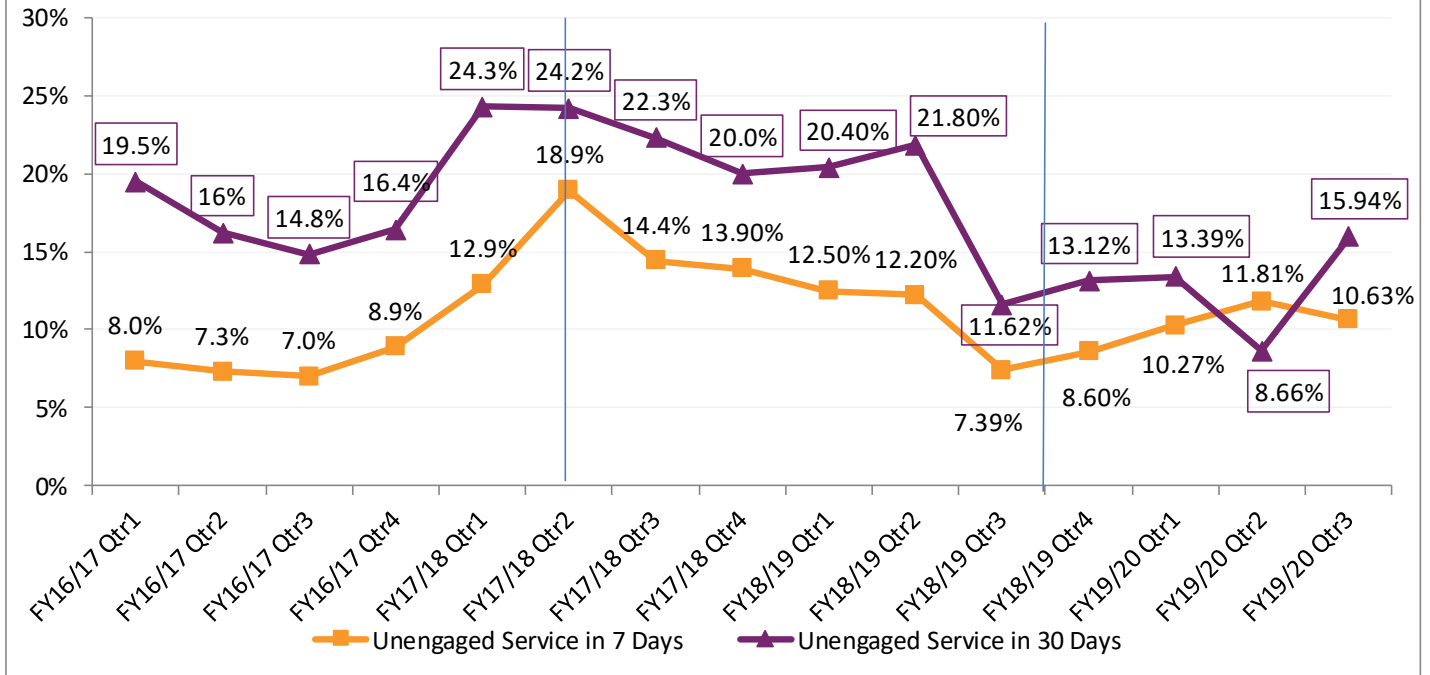
The intervention is a post-hospital navigation center with peer-support staff and clinical staff located in the same building complex as the Inpatient Treatment Facility (ITF), the RUHS-Medical Center, Arlington Campus. The purpose of the navigation center is to assist consumers with accessing outpatient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

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

Intervention services from the Peer Navigation Center began in the first quarter of the 17/18 fiscal year (July-Sept 2017). *Figure 3* shows the percentage of unengaged consumers with follow-up services within 7 days and within 30 days, at baseline through the third quarter of FY19/20. The proportion of unengaged consumers served post-discharge has increased above the baseline of 8.9%. Initially this increase was substantial but has more recently shown some decreases due to some staffing challenges. Overall inpatient admissions to ITF did show some decreases as well.



## Follow-up after Discharge at 7 days and 30 days



Due to the program’s success, services were expanded into the Emergency Treatment Services (ETS). The RUHS Medical Center, Arlington Campus Emergency Services and the Navigation Center Services will reorganize. In a plan to better address the needs of people who have repeated visits to the psychiatric emergency room, the Navigation Center will expand FSP Outreach into a daily presence in ETS – groups and individual outreach to consumers who have otherwise been hard to engage into our system of care. They work jointly with substance use programs, housing, Transitional Age Youth programs, full service partnerships and our standard outpatient providers.

## **Mental Health Court and Justice Involved**

**Mental Health Court Program:** Riverside County's first Mental Health Court program came into existence in November 2006, under Proposition 63, MHSA funding and is located in the Downtown Riverside area. Mental Health Court program expanded its service area to include the Desert Region in 2007 and the Mid-County Region in 2009. The Mental Health Court program is a collaborative effort between Riverside University Health System-Behavioral Health (RUHS-BH) and our partners in the Riverside Superior Court, Riverside County Public Defender and District Attorneys' offices, local private attorneys, Probation Department, Family Advocate, RUHS-BH community services, as well as private insurance services. Together with our partners we work to develop a comprehensive 12-month program for each participant (must be at least 18 years of age), consisting of, a stable place for the person to live, linkage to outpatient/community services to address their mental health/substance use treatment needs, as well as frequent oversight by the Probation Department and the Court. During FY 18/19 there was a total of two hundred and fifty-three (253) referrals received across all three regions, of which seventy-four (74) were accepted into the program and a total of sixty-seven (67) from FY18/19 successfully "promoted" from the program. In order for the court to consider a participant ready to "promote" from the Mental Health Court program, certain criteria must be met. The criteria requires the participant to have a stable place to live, that they have been actively engaged in their outpatient treatment for at least ninety (90) consecutive days, have not produced a negative urinalysis over the last ninety days, and have never been charged with a new crime during their time in the program. In 2014 California voters passed the referendum *Criminal Sentences, Misdemeanor Penalties, Initiative Statute*, also known as Prop. 47, which had a tremendous impact on the overall number of individuals who were referred to the Mental Health Court programs. In the year 2014 there was combined four hundred and seventy-two (472) new referrals across all three regions; however after the passing of Prop. 47, the total number of referrals received dropped an average of thirteen (13) percent each year, culminating in two hundred and sixty-eight referrals received for the year 2018.

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

**Mental Health Diversion Program:** On July 1, 2018, Penal Code 1001.36, also known as Mental Health Diversion, came into effect as Governor Brown signed the budget into law. With the passage of this new pretrial diversion law, individuals who are accused of committing a crime may now be eligible to postpone any further action from taking place in their case(s), in lieu of receiving mental health

treatment. During FY 18/19 Mental Health Court received one hundred and sixty-four (164) referrals, across all regions, from the Riverside Superior Court to assess individuals and assist the court in determining whether the person met the necessary criteria to be considered eligible for Mental Health Diversion. As part of the assessment process, Mental Health Court staff will provide the court with a detailed treatment plan for their consideration, which outlines recommended services for the individual as well as available housing options. Of the one hundred and sixty-four (164) referrals received, the court granted Mental Health Diversion in sixty-three of those cases. Because the Mental Health Diversion program may last anywhere from twelve (12) to twenty-four (24) months, the treatment plan prepared by Mental Health Court staff must also take this length of time into consideration when being developed. Should the court find the person to be eligible for the program and adopt the recommended treatment plan, Mental Health Court staff then work towards implementing said treatment plan and provide follow up case management services while the person is in the program. While in the program, participants are expected to be actively engaged in their treatment, remain abstinent from all illicit substances and alcohol, as well as report to the court at least every thirty (30) to ninety (90) days for a progress hearing. Successful completion of the Mental Health Diversion program will allow the person to have their charges dismissed and the record of their arrest sealed.

Veterans Treatment Court/Military Diversion/Veterans Mental Health Diversion Programs: Veterans Treatment Court continues to have a positive impact in the lives of the men and women who so valiantly served our country, along with those closest to them and the communities in which they live. From July 1, 2018 through June 30, 2019, the Veterans Treatment Court program received one hundred and eighteen (118) new referrals, which is an eleven (11) percent increase as compared to the one hundred and seven (107) referrals received during the prior fiscal year. In addition, one hundred and fourteen (114) referrals were received to assess Active Duty, Reserve, and Veterans who were interested in the Military Diversion or Mental Health Diversion Programs, also offered through Veterans Treatment Court, which is an increase of a hundred and fifty-three (153) percent from the previous fiscal year's forty-five (45) referrals. Unlike Veterans Treatment Court, Military Diversion and Mental Health Diversion offer participants the opportunity to enter the program without having to plead guilty, which is a unique benefit, as it will allow those on Active Duty and in the Reserves to remain serving while they are also receiving treatment. On May 24, 2019, the Veterans Treatment Court program graduated twenty-five (25) participants from the program and in May 2020 anticipates graduating another twenty-five (25) from the program.

Misdemeanant Alternative Program (MAP): The Misdemeanant Alternative Program provides the court with treatment plans designed to assist those in the criminal justice system, who have been

charged with a misdemeanor and found by the court to be incompetent to stand trial, obtain mental health services. The overall purpose for doing so is to link these individuals with the appropriate level of treatment, in hopes that by doing so, their overarching symptoms which are preventing them from working with their legal counsel will be reduced so that they can be found competent and can move forward with their case. For FY 18/19, the Misdemeanant Alternative Program received sixty-five (65) referrals, which is a ten (10) percent increase in the total number of referrals received during FY 17/18, which was fifty-nine (59).

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

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

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

## MHSA in Action!

### John's Story:

Hello, my name is John and I am twenty-five years old. I am currently a client in the De Novo program which is mandated through mental health court. Now as you might hear "mental health court" you might think of a person with a background of extensive mental health problems. In this story, this is not the case. I was diagnosed around the age of 10-12 years old; with Bipolar disorder, because I was told from a therapist I argue with my mom a lot. Now these might have not been the therapist's exact words but this was the mental illness, which was the one and only mental illness, that was assigned in my case. I was obviously really young to fully understand the term "mental illness" at the time but this illness would later on in life be referred to as a "chemical imbalance" to me around the age of 17-18; which was still mind boggling to me at that time but later on fully understood as I got sober. This is my story about my journey with drugs, addiction, recklessness, and health as well as mental health. How I overcame these obstacles by the grace of God. And where I am at today.

At the age of eleven I smoked marijuana for the first time in my life with a couple of friends. To make a long story short I was caught by my mom, punished and didn't smoke again till about five or six years later. After that time had passed I had a girlfriend at the moment and we went to a park one night to smoke marijuana. I was floating in and out of consciousness after getting high. My first time I only had red eyes, the munchies, and that's it. But the second time was different. I can honestly tell you that half of my addiction was chasing that second feeling I got; which I dubbed my first feeling because my first feeling I didn't feel much. Now I heard this phrase "chasing that first high" in the De Novo program and thought wow that's something I could really relate to. Because like I said half of my addiction was spent like that and the other half was just being influenced by music and friends into partying, getting high, drunk, and throwing up every other day. Which we later learned in life, through a friend, was actually called binge drinking. Everything I could honestly say has been a learning process. Nothing was set right in front of me just to be told it's bad. I went through trials and tribulations to become sober. I look back and say wow, I guess when you do things like that, that's obviously the aftermath of those type of things.

Unfortunately, it made more sense the more I experienced it. Now you might think, "didn't you learn how to do drugs from being social in high school?" No, honestly not. I played football throughout high school which I think is part of the reason I stayed away from drugs. I didn't party, school and football were my life. I didn't hang out much outside of school until sixteen or seventeen, when I was getting ready to graduate high school. This was the beginning of my addiction. The beginning of a six-year downfall. And the beginning of a road that led to nights on the streets, hospitals, and jails.

Once I graduated, I had a different girlfriend than the one from the park. This new girlfriend's dad got me a job working construction in home renovations with him for his own business. He would pay me under the table so the money was good and untaxed. I spent a lot of it on hotels by the beach, alcohol, marijuana, and friends. We did a lot of partying and before you know it my buddy had his own place. So that meant less money on finding a place to party and more money on weed and liquor. That's when the binge drinking took place and it was normal to throw up at a get together. We were young and reckless with our health, unaware of what we were doing to our bodies. It wasn't long until I started selling drugs and started experimenting with new ones too. Acid was the first one I experimented with outside of marijuana and alcohol. Me and the same friend that had his own place, which was long gone by now, decided to drop acid at my dad's apartment.

*The first time I didn't feel it, like the marijuana for the first time, so I decided to do more. Before you know it, I was having psychosis. I took one too many. "You have a chemical imbalance" was what I was told by my girlfriend's mother.*

*I felt confused, not fully understanding what she told me. I took my first hospital trip because of too much acid. I was admitted to a psychiatric hospital in Los Angeles county. It felt strange being away from my family. All I could think was "I'm not nearly as ill as these other patients, I'm still all there in my head." Little did I know forcing my way out of the hospital and going back to the drugs caused me a lot of damage.*

*By this time I started experiencing something called paranoia. The delusion that everyone is secretly plotting your success. I started experiencing this bad and it affected friend and family relationships badly. One night I was drinking with my father and he said come on let's go out. We went out, he drank too much, I was highly intoxicated, and we ended up in jail, him for assault and me for resisting arrest. This was my first time in jail and I tell you it was the worst thing I've ever experienced in my life. I did not like it one bit. I hated it so much that I had \$2,000 saved up and ended up bailing myself out with it. Not long before, I got into cocaine and then years later meth. More jails and more hospitals came and I hated these places but I still kept going back to the same thing, drugs. My last time getting in trouble was my last straw. I was in jail and before I got out I told my mother and father I wanted to quit using. Lo and behold I was appointed to the De Novo program. I've heard stories from other ex-users and see them as living testimonies in relation to what I was going through. I've learned a lot in the program. I've been sober for 18 months since August 10, 2018 and things couldn't be more clear for me. I'm working now and I have better relations with my family and friends. No matter what you're going through don't give up. You can tum things around. It's not too late or too early. Addiction is real.*

### **MHSA in Action!**

#### **Nadia's Story:**

*I am very thankful for my experience with the Riverside University Health System mental health program. I have learned a lot from the therapist, the case workers, lawyers and judge. The beginning of my experience was spent at the Coachella Valley Rescue Mission, where I made friends and a strong foundation for coping skills and communication. My case worker, Bonnie, was amazing and very supportive. In the staff there, I found a support system. I also attended groups and therapy at the Indio Oasis Mental Health clinic. Now I am independent and still continue therapy and working on my coping skills at the Corona Mental Health Clinic.*

*In the past year, I have lived in two different cities, completed a 6-month program at the Coachella Valley Rescue Mission, moved into transitional housing, and now I am living on my own in Corona. I started school in Los Angeles this February for music production at the Los Angeles Film School. I am also working full time near Disneyland and planning on moving closer to Los Angeles soon. My passions include: music, jewelry making, yoga, and hiking. I have been creating music by writing songs, playing guitar, and recording. I make jewelry by soldering different high end metals together such as gold or silver. I was able to start creating jewelry again and work on my online website and promote my business.*

*I am looking forward to continuing my treatment in therapy and support from my psychiatrist. Currently I am working on Cognitive Behavioral Therapy and have really enjoyed the results. I am thankful for my new found coping skills and the experience I have gained through this program. Carlee, my case worker, has been a continuous line of support for me through the changes and challenges experienced the past year. I am also thankful for Alicia for her care and communication to help me achieve my goals.*

## **MHSA in Action!**

### **Mental Health Court Story**

*Carpe Diem*

*I am a participant of the Riverside County Mental Health Court. I started my program in 2019. My involvement in the program started with an arrest that occurred during a mental health crisis. The catalyst for the crisis was a combination of an adverse medication reaction and the acute stress of my wife's cancer with a terminal diagnosis. Never having any contact with the criminal justice system, the following months were frightening and confusing. It was like living in a new unknown world. I had to rely on lawyers as interpreters and advocates. Over many months, lawyers and court personnel helped me complete all the tasks and provide the documentation that supported that I would be a good candidate for this program. It was a trying time and there were those that opposed my participation. In the end, my acceptance was finally confirmed.*

*Program acceptance and participation has changed the course of my life. Instead of punishing due to mental health issues, I am getting the help that I need for my family and myself. Counseling has been ongoing. I am learning about myself and the life skills that have helped me change into a better version of myself. I have grown into a better person, husband, and father. I have been able to care for my wife as she struggles through treatment. I have been with her every day and every appointment. She credits me with giving her the strength to endure at times when she wants to give up. I have learned that just being there alleviates her fears and strengthens her resolve. I am able to be present in the moment. Each day I strive to carve out time to spend individually with each child. These skills learned in counseling have led to more positive interactions and better relationships with my children. We are now able to enjoy more family time. Finally, I have gained insight into myself. Having completed a year-long class, I now understand how to better cope with stressors, manage stress, and deal with conflicts that arise during daily life. One must be open to change.*

*The process has not been easy. There have been setbacks. Obstacles to be overcome. Although the assessment process was initially intimidating, I had to stand accountable for the actions that led to the arrest. Providing a true and honest accounting of those events was one of the first steps to changing my life. With the help of my mental health team, I continued to gain insight into the thoughts and behaviors that were a catalyst to my arrest. Growth comes in small incremental steps. The court individuals that have oversight of the process have provided compassionate guidance and counsel. They have taken an active interest in me and my family. It is a family centered approach to treatment. On a weekly basis, I must objectively report my progress - successes and opportunities to improve. This holds me accountable to actively work on my own personal growth and achieving the goals set forth in my individual plan of care. The required court appearances provide the opportunity to measure my progress in the program.*

*Gratitude makes sense of the past, brings peace for today, and creates a vision for tomorrow. In the beginning, I lacked the insight. I failed to identify that I needed help. It was not until after the crisis that I came to this realization. Identifying the problem is the first step. Everyday provides an opportunity to continue along a positive course. Moving forward on this trek is a choice. As I have progressed along this path, there is clarity for the future. I am grateful for the life that I now have. I appreciate the opportunity to participate in a program that is focused on recovery and rehabilitation. I am indebted to those that have supported my success.*



## MHSA in Action!

### Mental Health Court Story

#### *Reflections on Mental Health Program*

*While I am rather ordinary, my story is not. I once thought that the defining moment of my life was when I learned of my catastrophic and terminal illness. After a couple of months, I gave up and struggled to face my own death. My husband could not bear the thought. He was not willing to let me drift slowly into the night, while I was adamant on a death with dignity. This led to a series of events: a mental health crisis, arrest, charges being filed, and a job loss. It was the single darkest moment of my life. Having over 20 years of experience dealing with acute mental health issues, I knew exactly what I had seen and experienced. Initially, nobody seemed to care. The darkest moment was hearing his charges read in open court. It all became so surreal. I ruminated on my children thereafter. A mother dying and a father facing prison. I was swallowed by the black abyss. Out of despair, we started to plan for the worst. In retrospect, the decision to plan for the future was a blessing. We waited patiently and nervously to hear about program acceptance. Patience and fortitude were essential. The outcome is worth the wait.*

#### ***What are the benefits to participating in the program?***

*You are more than a number:* *Nothing was more frustrating than court hearings moving so fast that you could not understand what was going on. Thankfully, we had a wonderful attorney that worked to keep us informed.*

*People take the time to listen:* *We now have a mental health team that takes the time to understand our situation and needs. They possess the unique skill set to understand and intervene.*

*It is treatment focused and person-centered care:* *An individual plan of care is established based on the intake assessments .*

*It makes the assumption that you can change your life:* *Never has my family been happier or my marriage been stronger. The life skills and insight gained from counseling and self-improvement classes have been lifealtering.*

*There is concern for the whole family unit:* *This was our first contact with the criminal justice system. In regular court, I was told what and how to think by the victim advocate. I was treated with disdain for working on my 20-year marriage and trying to mend my family. Now, I am called by name and treated with respect.*

*It is treatment and life skills:* *Counseling and education classes led to self-discovery. For those willing to learn and grow, the opportunity is there.*

*It provides for structured accountability:* *The expectations are clearly set and the steps required delineated in the beginning. Consequences for lapses in judgement and behavior are outlined.*

*Your success is celebrated:* *I had tears of joy at our first progress hearing. The court report highlighted all the work and effort my husband had put in. His achievements were acknowledged. Reinforcement for the motivated participant will yield a bounty of positive results.*

*We decided to make it through together. He was my rock, comforter, and protector in times when I was so sick that I questioned my life choices again and again. He tenderly cared for me through all the pain and suffering. In turn, I was his cheerleader and biggest fan as he tried to reinvent himself into a better version. He went out into the world for self-discovery and brought back new information, skills, ideas, and techniques from classes and counseling. He is now on the right path. I have conquered the disease and am now able to walk beside him*

## Adult Detention

MHSA regulations restrict funding in involuntary settings but MHSA funds can support consumers in detentions as part of discharge planning and when providing mental health care to a consumer who was enrolled in an FSP.

Riverside University Health System – Behavioral Health (RUHS-BH) Forensic Behavioral Health (FBH) program provides a wide array of behavioral health services to consumers incarcerated in one of Riverside County's five jails. Consumers receive a thorough behavioral health screening when they are booked into a county jail in order to determine if behavioral health services are needed and if needed what types of services are warranted and at what level of acuity. FBH staff members provide individual therapy, psychiatric services including provision and management of psychotropic medications, case management services, discharge planning services including linkage to resources in the community such as housing assistance, benefits establishment (i.e., SSI, SSDI, and MediCal, Cal-Fresh), and linkage to community-based behavioral health services. FBH offers a wide array of group therapy programs including Life Skills Group, Social Skills Group, Seeking Safety, Co-Occurring Life of Recovery, Anger Management, and Dialectical Behavior Therapy. FBH began offering medication assisted treatment (MAT) to those with a diagnosable opioid or alcohol use disorder in September of 2019. Medications are prescribed to those who meet MAT program inclusion criteria that are proven to significantly reduce cravings for those with an opioid or alcohol use disorder. Additionally, MAT program participants receive individual and group substance use counseling services while in custody and are linked to substance use treatment programs and mental health service programs prior to release from custody.

FBH works closely with the RUHS-BH Research and Evaluation unit to track a wide range of metrics related to direct service provision to incarcerated consumers. Specifically, we track such metrics as: total number of cases at the end of each month, number of new cases open each month, number of FBH service encounters per month, number of psychiatric encounters per month, number of individuals who were successfully linked to an outpatient provider following release from custody. An examination of data from calendar year 2019 revealed that DBH opened 16,637 new cases during 2019, completed 15,596 psychiatric encounters, and provided 215,996 unique direct services to incarcerated consumers.

Program goals for FBH over the course of the next 3YPE plan include: (1) to increase the participation of incarcerated consumers in evidence-based behavioral health groups, (2) to increase the volume of incarcerated consumers who are actively participating in medication

assisted treatment for opioid and alcohol use disorders, and (3) to increase the success rate of linking consumers to community-based behavioral health services following release from custody.

### **Juvenile Justice**

Riverside University Health System – Behavioral Health (RUHS-BH) Juvenile Justice Division (JJD) provides behavioral health services to youth who are in custody in one of Riverside County's three juvenile halls or who are sentenced to the Youth Treatment and Education Center (YTEC). Youth receive a thorough behavioral health screening when at a juvenile hall or at YTEC in order to determine if behavioral health services are needed and if needed what types of services are warranted and at what level of acuity. FBH staff members provide individual therapy, psychiatric services including provision and management of psychotropic medications, case management services, discharge planning services. Youth are offered a multitude of evidence-based practice group therapy programs, including Seeking Safety, Anger Replacement Therapy, Trauma Focused Cognitive Behavior Therapy, and Dialectical Behavior Therapy. Youth receive individual and group substance use counseling services, including enrollment in the evidence-based practice group model known as A New Direction. Finally, youth are linked to behavioral health services after release from one of the juvenile halls: JJD staff members from the JJD Aftercare Program reach out to the youth at his/her residence and provide wraparound behavioral health services. Youth released from YTEC are seen in their home along with their family members by staff from the YTEC Aftercare Team and are provided with Functional Family Therapy and other behavioral health services as needed.

As with the Adult Detention Behavioral Health program, Juvenile Justice works closely with the RUHS-BH Research and Evaluation unit to track a wide range of metrics related to direct service provision to incarcerated consumers. Specifically, we track such metrics as: total number of cases at the end of each month, number of new cases open each month, number of FBH service encounters per month, number of psychiatric encounters per month, number of individuals who were successfully linked to an outpatient provider following release from custody. The number of youths released from the juvenile hall system and linked to Aftercare wraparound services is also tracked, as are youths who graduate from the YTEC program and who are successfully linked to the Aftercare Functional Family Therapy program.

Program goals for FBH over the course of the next 3YPE plan include: (1) To significantly increase the volume of individual and group behavioral health services available to youth in the juvenile

halls and YTEC, as nine additional clinical therapists were hired during 2019 and the first quarter of 2020. (2) Substance Use Treatment and Prevention (SAPT) services will begin in earnest throughout the three juvenile halls and YTEC, as two substance use counselors were hired and two more are currently being recruited.

**Community Behavioral Health Assessment Team (CBAT)**

The Community Behavioral Health Assessment Team (CBAT) is a co-responder team comprised of a clinical therapist and a law enforcement officer (Sheriff or PD). CBAT functions as a team that responds to 911 behavioral health related crisis calls, mental health emergencies/5150, substance abuse related, and homeless engagement. CBAT provides field based risk assessment, linkage and referral, and follow up case management. The goal of CBAT is to decrease psychiatric inpatient hospitalizations, decrease incarceration, decrease emergency department admissions, reduce repeated patrol calls, make appropriate linkages to care and resources and strengthen partnership between the community, Law Enforcement and Behavioral Health. The program has shown much success in reaching its' goals, with 84% of the response to calls resulting in diversion from hospitalization.

CBAT locations expanded from two teams: Riverside Police Department and Hemet Police Department, to three additional sites in FY18/19: Indio Police Department, Southwest Sheriff and Moreno Valley Sheriff. In 2020, a fourth CBAT site will be added: Murrieta Police Department.

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	ESTIMATED TOTALS
# of calls 37 # of follow ups 3	# of calls 31 # of follow ups 11	# of calls 69 # of follow ups 17	# of calls 76 # of follow ups 11	# of calls 50 # of follow ups 8	# of calls 62 # of follow ups 3	CALLS RESPONDED TO 591 FOLLOW UPS 78
# % Homeless 20 50% Hx of MH 36 90% Hx of SU 27 68% # of 5150 written 7 Diversion 80% Average Call 40	# % Homeless 33 53% Hx of MH 36 90% Hx of SU 35 56% # of 5150 written 3 Diversion 90% Average Call 31	# % Homeless 37 44% Hx of MH 75 89% Hx of SU 44 52% # of 5150 written 8 Diversion 83% Average Call 30	# % Homeless 24 28% Hx of MH 59 68% Hx of SU 34 39% # of 5150 written 12 Diversion 84% Average Call 38	# % Homeless 16 28% Hx of MH 37 64% Hx of SU 20 34% # of 5150 written 11 Diversion 78% Average Call 43	# % Homeless 16 25% Hx of MH 46 71% Hx of SU 30 46% # of 5150 written 13 Diversion 80% Average Call 37	HOMELESS 43% MH/Hx 62% SU Hx 52% 5150'S WRITTEN 85 DIVERSION % 84% CALL TIME 37
JANUARY # of calls 72 # of follow ups 15	FEBRUARY # of calls 39 # of follow ups 13	MARCH # of calls 55 # of follow ups 1				
# % Homeless 24 28% Hx of MH 50 59% Hx of SU 37 44% # of 5150 written 11 Diversion 85% Average Call 40	# % Homeless 33 46% Hx of MH 44 61% Hx of SU 37 51% # of 5150 written 6 Diversion 90% Average Call 35	# % Homeless 8 14% Hx of MH 33 63% Hx of SU 20 36% # of 5150 written 12 Diversion 79% Average Call 42				

## **MHSA in Action!**

### **CBAT Success Stories**

*INDIO CBAT: 55-year-old male that has been homeless for the past **10+ years**. History of mental health symptoms with poor compliance. Indio Police Department's Quality of Life staff worked on engaging into treatment, assist with transportation and linkage to emergency housing. He is now active in treatment, housed in a hotel for temporary housing and on the list to secure long-term housing.*

*MORENO VALLEY SHERIFF CBAT has established excellent relationships with RUHS-BH Blaine St. clinic and Jefferson Wellness Center, as well as the Behavioral Emergency Response Team (BERT) at RUHS Hospital. We have coordinated and collaborated with MH Court and linked 5 consumers with severe psychosis to their services. We have begun to establish CBAT as the experts on MH scenarios at the Moreno Valley Sheriff's station and Sergeants are forwarding 5150 reports to CBAT clinical therapists to follow up with individuals who have been placed on 5150 applications.*

*"I am a school psychologist in Moreno Valley Unified School District. I was given your contact information from one of my colleagues, whom you and one of the therapists assisted. She shared with us how helpful and what a great resource this is."*

*SOUTHWEST SHERIFF CBAT: a 17 y/o male, on a freeway overpass was contemplating suicide. CBAT, along with Fire Department and other local First Responders, were successful in de-escalating the situation and getting the juvenile to safety. CBAT transported the juvenile to Emergency Treatment Services and provided him and his mother with support and appropriate resources for continued care.*

*A 44-year-old male, who was a Riverside County firefighter diagnosed with PTSD, was making vague statements of suicidality. He has struggled with depression for the last two years due to a traumatic call on fire duty in which a child died in his arms. CBAT deputy was able to build rapport quickly based on commonalities. He did not meet criteria for a 5150 hold. He was willing to take resource information from CBAT. He later contacted CBAT expressing gratitude for the time spent and reported doing well and seeking mental health services.*

### **Prop 47**

Leveraging funds from multiple sources is required under MHSA regulation utilizing some MHSA funds, our Prop 47 program was able to offer a greater reach of services to the community.

Riverside County established an Integrated Care Behavioral Health Full Service Partnership (FSP) program model designed to provide integrated behavioral health services that feature both specialty mental health (MH) services and substance use disorder (SUD) services. Service locations were established at two sites in high need areas of Riverside County, the Coachella Valley (Desert Region) and the area of Perris/Moreno Valley (Mid-county region). Recovery International was contracted to provide the Integrated Care FSP program. The program sites were named De Novo which means “new beginnings” The program is designed to serve justice involved participants with serious mental health disorders, substance use disorders, or co-occurring disorders.

The Integrated Health FSP model includes: psychiatric and medication support, evidence based interventions such as DBT, CBT, Seeking Safety, and Motivational Interviewing. Services include interventions that support skill building across the client's life domains (e.g. anger management, family therapy), system navigation and access ( e.g. housing, transportation, benefit assistance), household management (e.g. budgeting, household maintenance, retaining housing), health and wellness training and support (e.g. money management, importance of coordinated physical health care, nutrition and exercise, nutrition and exercise, meal planning etc.), peer support, family counseling, and targeted case management. Furthermore, the FSP programs provide after-hours support for participants in crisis, vocational services such as, access to computers to help search for and fill out applications for jobs as well as email access.

Within a short 6 month period, at the end of the fiscal year, June of 2019, a total of 122 unduplicated clients were served in the program and in total, there were 254 referrals with a 48% successful enrollment rate.

## **General System Development: Clinic Expansion/Enhancements:**

### **Children & TAY System of Care**

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

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

In total, Children's Integrated Service programs served 11,496 (7,376 youth; and 4,580 parents and community members) in FY18/19. Across the entire Children's Work Plan, the demographic profile of youth served was 48% Hispanic/Latino, 9% Black /African American, and 18% Caucasian. A large proportion (24%) of youth served was reported as "Other" race/ethnicity. Asian/Pacific Islander youth represented less than 1% served.

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

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

The Department has increased collaboration with DPSS through Pathways to Wellness which is the name given to the program to screen and provide mental health services to DPSS dependents to meet the conditions of the Katie A. vs Bonita class action settlement. RUHS-BH clinical staff supported the Department's implementation of Pathways to Wellness through both the TDM process and Child and Family Teaming collaborative team meetings. RUHS - BH staff collaborated with DPSS staff at TDM meetings serving 1,333 youth in FY18/19.

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

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full scope Medi-Cal, and a number of youth without Medi-Cal, through Behavioral Coaching Services (BCS). TBS and BCS services are provided to minors at risk of hospitalization or higher level placements. TBS expansion staff coordinated referrals and provided case management to 448 youth in FY18/19. Contract providers include: Charlee Family Care; ChildHelp, Inc.; ChildNet Youth and Family Services; Community Access Network; Mountain Valley Child and Family Services; New Haven Youth and Families; and Victor Community Support Services. Additionally, the State of California has mandated that youth receive specialty mental health services such as ICC (Intensive Care Coordination) and IHBS (Intensive Home Based Services) services. All programs who provide Children and TAY services also must provide these services to youth that meet criteria as well as participate in the CFT's required by the State.

Clinic expansion programs also included the use of Behavioral Health Specialists in each region of the county to provide groups and other services addressing the needs of youth with co-occurring disorders. Mentorship Program offers youth who are receiving services from our County clinics/programs who are under the age of 18 an opportunity to connect with a mentor for 6 – 8 months. Coordinated through Oasis Behavioral Health, an average of 42 youth participated in the mentoring program at any given time during FY18/19. The mentors are varied in their life experience and education. Several of the mentors have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the mentor program objectives is to link youth to an interest in



the community. Parents of participating youth have commented that this program helped their child with school and has improved their confidence.

Evidence-based practices (EBP) expanded in the children clinics include Cognitive Behavioral Therapy (CBT) and Parent Child Interaction Therapy (PCIT) both of which were implemented to address the unique needs of the youth population (youth transitioning to the adult system and young children). CBT continued to expand with the availability of Trauma-Focused (TF) CBT for youth who experience symptoms related to significant trauma. The number of staff trained to provide TF-CBT increased in FY 18/19, increasing program capacity, yielding a total of 244 youth being served.

PCIT was provided within the context of a full service partnership (FSP) program to 29 youth. PCIT was reclassified from an FSP to a standard outpatient model due to attrition of trained clinicians, and FSP services being offered in other intervention models. PCIT will continue as a general system development program with an emphasis on developing capacity within the clinics with PCIT rooms. PCIT has been provided across the children's clinics, but is primarily concentrated in the children preschool 0-5 program.

Additionally, expansion of services to youth and families included treatment of youth with Eating Disorders using a team approach to provide intensive treatment. In addition to treatment for Eating Disorders, children's clinic staff were also trained to provide the IY Dinosaur School Program in small groups in the clinics. This program helps children develop positive coping strategies around behaviors related to anger and other intense feelings. Traditionally, this program was only offered in a school setting, but there was an increased service need for children ages 4-8 y.o. who have difficulty with managing behavior, attention, and other internalizing problems.

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

Services; Olive Crest Treatment Center; Special Service for Groups; Tessie Cleveland Community Services Corporation; Carolyn E. Wylie Center; and Palm Springs Unified School District.

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

Services to youth involved in the Juvenile Justice system have continued even as the County probation department has changed its approach to incarcerating youth. The Juvenile Halls have dramatically reduced their census over the last few years, choosing instead to serve youth in the community. Behavioral Health programming for justice-involved youth was adapted by increasing Wraparound services and converting the Wraparound Program into a FSP. In addition, the RUH-BH has expanded aftercare services to youth released from the Youth Detention Facility when sentences were completed. Both Wraparound and Functional Family Therapy have been offered to youth upon release. Within the juvenile justice facilities, a number of groups were offered including Aggression Replacement Therapy and substance abuse treatment. IN FY 18/19, Wraparound FSP served 294 youth.

### **General System Development: Clinic Expansion/Enhancements**

#### **Adult System of Care**

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a recovery focused supportive system of care for adults with serious behavioral health challenges.

Stakeholders' priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies included a combination of program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. These strategies are intended to be recovery oriented, incorporating both cultural competence and evidence-based practices.

Recovery-focused support is a key component in the outpatient clinic system. All System Development programs have enhanced services with the integration of Peer Support Specialists and Family Advocates into clinics and programs. Peer Support Specialists have continued to serve as an important part of the clinic treatment team by providing outreach, peer support,

recovery education, and advocacy. Wellness Action Recovery Plan (WRAP) groups have become well established in our adult clinic system due to the work of Peer Support Specialists. Peer Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery. [See page 123](#) for more information about all the activities and services that Consumer Affairs and Peer Support Specialists provide.

Family Advocates have been an important component of enhanced clinic services. Family Advocates provide families with resources and information on mental health, diagnosis, the legal system, recovery, and health care system navigation. Any family with questions about the mental health care of their adult loved one can consult with Family Advocates when needed. [See page 157](#) for more information about the Family Advocate Program and all the services that they provide in Adult System of Care.

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

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

In total, 19,659 consumers have benefitted from the programs operated due to clinic expansion and enhancements.

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

## **Mobile Psychiatric Services**

In a review of the high utilizers of emergency psychiatric services, RUHS-BH determined a new approach to address the needs of this population was critical to reducing the impacts of repeat hospitalizations. In FY18/19, the Mobile Psychiatric Services (MPS) program was developed to provide increased supports with the goals of reducing re-hospitalization and reduction to the burdens on psychiatric emergency services to the top 40 high utilizers in our system.

The MPS program provides integrated behavioral health (BH) services for clients with serious and persistent mental illness who are high utilizers of crisis services and frequent hospitalizations with little to no connection with outpatient services. The MPS program strives to provide an accessible, culturally responsive, integrated, and best practice based system of behavioral health services to support clients in their recovery.

Mobile Psychiatric Services (MPS) provides field based services to engage and treat high utilizers of crisis services, hospital based services, and individuals who also have little to no connection to standard outpatient services. MPS connects individuals to appropriate outpatient services for continuity of care and links them to other appropriate resources after initially engaging and stabilizing them through the provision of street based services wherever they may be.

The Mobile Psychiatric Services team is a collaborative and cooperative true team approach involving people with different backgrounds, skills, and areas of expertise. The team includes a Psychiatrist, Clinical Therapist(s) (CT), licensed vocational nurse (LVN), Behavioral Health Specialists (BHS), Peer Support Specialists (PSS), Community Service Assistant (CSA), and an Office Assistant (OA).

The MPS program services include: mobile response, psychiatric assessment, medication consultation, assessment, medication management, behavioral management services, substance abuse screening, and referral to outpatient services for any client who is a high utilizer of crisis services but not currently engaged in more traditional outpatient BH services.

The goal is to provide a collaborative, cooperative, client-driven process for the provision of quality behavioral health support services through the effective and efficient use of resources by the MPS team. The goal is to empower clients through case management, street-based medication services, and build upon their strengths and abilities to promote an improved quality of life. Facilitating access to necessary supports to eventually and effectively engage individuals in the variety of outpatient services that are offered throughout the county reduces the risk of hospitalization/re-hospitalization.

High utilizer clients could be short term (4-6 weeks) or long term (6-24 months). Clients can be seen in a motel, home, room and board and/or board and care facilities, sober living facilities, or homeless encampments. Short-term clients can be described as previously stable individuals who have a sudden, presumably brief, decompensation but they do not need 24-hour care. By week three or four, in the majority of cases, MPS will begin to decrease team visits and transition the clients to outpatient programs and continue to provide support until the client is stable with the outpatient setting. Long term clients can be described as individuals who do not stabilize and require care in a CRT, hospital, or urgent care setting every 1-2 months. The individuals receive one to eight visits per week for medication administration, medication education, illness education, coping skills development, intensive case management, and peer support services. The team psychiatrist will visit the client a minimum of one time per week while the nurse will visit two times per week.

Services for homeless individuals include treatment for psychosis and substance use, initiating psychiatric treatment and case management in the field. This may also involve long-acting injection treatment for either disorder, as well as PO medications. The MPS team assists with applying for insurance and initiates housing applications as well as connecting the clients with other services that may aide in their stabilization. A vital component in stabilizing the illness and helping these individuals on their journey to stabilization is having a safe place to live, together with community based behavioral health services.

We anticipate over the course of time to reduce the number of high frequency users of emergency psychiatric services. Through the engagement strategies listed above, we aim to connect these individuals with ongoing outpatient treatment services and build the supports around each individual to help sustain their connection over time, lessening or eliminating their need to access emergency services.

MPS served a total of 196 consumers in FY 18/19. MPS focuses on reaching the consumers who had the highest use of crisis and hospital services and the least utilization of outpatient care. The focus is to reach people where they are at: a homeless encampment; a shelter; wherever the consumer feels comfortable and is willing to accept services. In addition to the 196 consumers directly served by MPS, the program completed outreach to an additional 63 consumers who currently have declined care.

## **Veteran Services Liaison**

Riverside University Health System- Behavioral Health (RUHS-BH) is dedicated to integrity; we are equally committed to the people who seek our assistance in their time of need. RUHS-BH continues to honor the principle that every Veteran and his or her family are inherently entitled to the highest quality of life with dignity and honor. We are dedicated, as President Lincoln so eloquently echoed in his 2<sup>nd</sup> Inaugural Address *“to care for him who shall have borne battle, and for his widow, and his orphan.”*

### Program Narrative/Progress Data

Riverside County is home to 125,000 veterans. On August 17, 2017, retired Navy Senior Chief “Reported for Duty” as RUHS-BH’s full-time Veterans Services Liaison (VSL). The VSL is a journey level Clinical Therapist that serves as a portal to behavioral health care. The VSL continues to foster an effective cooperative relationship with the VA Ambulatory Care Center’s Veterans Community Outreach Team (VCOT), local non-profit entities and organizations to reduce veteran suicide throughout Riverside County and improve veteran access to mental health care. The VSL continues his efforts as the Co-Chair of VA ACC’s Veteran Community Outreach Team (VCOT) and is an active member of Riverside County BHC Veterans Subcommittee, San Bernardino DBH Veterans Awareness Subcommittee, Temecula Murrieta Interagency Council and VA ACC Mental Health Summit Committee. Through these efforts, the VSL maintains continuous collaboration and coordination efforts with more than 65 organizations throughout Riverside County. The VSL provided direct mental health services to 33 Veterans (Army-15, Navy-9, USMC-9) and received referrals from a host of entities including various county clinics, The Place Safehaven Program, UC Riverside, and Path of Life. The VSL also provided 5 presentations throughout the community to include Camp Anza on the topic of Military Discussing/Writing of Experiences (with approximately 100 in attendance), Rancho Springs Medical Center for facility Social Workers on the topic of Mental Health Resources for Veterans and their Families (with approximately 25 in attendance), Azusa Pacific University on the topic of Veterans in Social Work (with 20 in attendance), Camp Anza on the topic of Veteran Challenges in Transitioning to Civilian Life (with approximately 25 in attendance) and Riverside County Office of Education, Murrieta on the topic of Mental Health Resources for Veterans and their Families (with approximately 15 in attendance).

### Three Year Plan Goal

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

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

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

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

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

### MHSA in Action!

#### **Thomas' Story**

*My youngest memories as a child involved CPS, parent's drug use (meth), foster home and staying with family members. My mother and father were drug addicts for quite a few years.*

*I graduated high school on time and entered the Marine Corps (USMC) six days after graduating high school. I was in the marines for three years and was medically discharged due to a bad knee (torn patellar tendon). That was my first introduction to the power of pain pills. I was discharged with a disability rating allowing for some source of regular monthly income.*

*Eventually, I found myself taking up to 50 pain pills a day (at five dollars a pill). I continued this pace until I lost my job, apartment and all my belongings. When I could no longer afford pain pills, I started "dabbling" with meth. Eventually, I sold everything to meth. I was homeless and addicted on the streets of Riverside for three years.*

*The funny thing was, I lost all possessions in my life as a result of meth addiction and I did not think I had a problem... until I lost my wallet. For some reason, losing my wallet forced me to come to terms with the fact I was addicted and homeless; life became dark and aimless.*

*And then I met Aurelio, the Veteran Services Liaison (VSL). The VSL started to visit me each week on the streets of Riverside, laying behind a dumpster of a local fast food restaurant or walking the streets off University Avenue. Each week, the VSL would find me. On one occasion, the VSL even had me admitted to a hospital because he feared for my health and safety; I was in bad shape. The VSL's regular visits, continuous encouragement, desire to help and unwillingness to give up on me proved to be a key part to my road to Recovery.*

*I have been clean now for one year, go to all my scheduled medical and legal appointments. I now have a valid California driver's license, have a social security card, and even saved enough to buy my own car, free and clear; and I pay my own auto insurance.*

*I have proven to myself that with my personal desire to live, along with the help of others, I can pull myself away from homelessness and addiction.*

*My future is, once again, promising and I thank the VSL and so many others in my life that supported me through my journey.*

*I would like to also thank Amy and Eleno of the HHOPE team for their unwavering personal commitment to help me find and achieve my Recovery.*



## **General System Development: Clinic Enhancements/Expansion**

### **Older Adult System of Care**

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

The OAISC Work Plan includes strategies to enhance services by providing staffing to serve older adult consumers and their families at regionally based older adult clinics (Wellness and Recovery Centers for Mature Adults), and through designated staff expansion located at adult clinics. Older Adult Clinics are located in Desert Hot Springs, San Jacinto, Riverside, Lake Elsinore and Temecula, and expansion staff are located at adult clinics in Perris, Banning and Indio. The Wellness and Recovery Centers have continued to innovate with the development of enhanced psychological services as part of assessment and evaluation. Older Adult clinic programs and expansion staff combined served 2,836 older adult consumers.

The clinic Wellness program is designed to empower mature adults who are experiencing severe, persistent mental health challenges to access treatment and services in order to maintain the daily rhythm of their lives. The Wellness and Recovery Centers for Mature Adults provide a full menu of behavioral health services including psychiatric services, medication management, case management, individual therapy and group therapy, psycho-educational groups, peer support services and animal assisted therapy. Older Adult Clinics currently offer over 25 therapy and psychoeducational groups including Wellness, WRAP, Facing Up, Cognitive Behavioral Therapy for Depression, Anger Management, Cognitive Behavioral Therapy for Psychotic Symptoms, Seeking Safety, Dialectical Behavioral Therapy, Bridges, Grief and Loss, Brain Disorders and Mental Health, Creative Arts, Art Therapy, Computers, Chronic Medical Conditions, and Co-Occurring Disorders. In addition, we have developed Spanish psychoeducational groups, Wellness and WRAP for monolingual older adults. Moreover, at three of our Wellness and Recovery Centers (Rustin, Lake Elsinore and Temecula), we have implemented a Drop-in Mindfulness Center, utilizing the family room model for the older adults we serve. Peer support Specialist work hand in hand with clinicians and other staff to provide the full array of groups.

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

The proportion of older adults served across the county is close to the county population with 20% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 24.7%. The Caucasian group served was 44% and the Black/African American group served was 10%. The Asian/Pacific Islander group served at 2.3% which is less than the county population of 7% Asian/Pacific Islander.

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

**Consumer Affairs**

**Evidence-based/informed Programs/Classes**

Mary Ellen Copeland's Personal Wellness Recovery Action Planning (WRAP) Seminar

WRAP Facilitation Training

Facing Up Facilitation

My Wellness My Doctor & Me

WELL – Wellness and Empowerment in Life and Living

Advanced Peer Practices

Recovery Coaching

Seeking Safety

Recovery-focused Service Delivery

**Special Projects**

Movies on the Green

Recovery Happens Event

May is Mental Health Month Event

LGBTQ Community Inclusion Projects – Palm Springs and Hemet Pride

TAY Fest

The Longest Night

Suicide Awareness Week

Annual Peer Summit

Each Mind Matters – Directing Change

International Peer Support Advocacy – Orygen Youth Health - Melbourne, Australia

Community Advocacy Partnership with CAMHPRO (California Association of Peer Run Organizations)

The Gym at Rustin – Peer Support and Physical Wellness

Consumer Affairs Vision Statement:

**County-wide Services and Activities**

The Peer Navigation Line

Peer Support Groups in Supportive Housing

Community Outreach & Engagement

Peer Opportunities Workshop

Peer Support Volunteer Program

Peer Support Internship Program

Stakeholder Forums

Conference Workshop Presentations

**Statewide Transformational Advocacy**

MHSA Tech Suite Innovations Program

SB10 Peer Support Certification Advocacy Forums

"We create doors, where walls and windows separated people from their promise of a life worth living. We usher in the whole person, their families, and their loved ones, recognizing their value, uniqueness and the contributions they can make to their community. We promote an affirming environment that recognizes the gifts that all people possess, by stepping away from old ways of thinking. Our knowledge and experience are sought after to provide support to the entire system to develop and sustain an environment that welcomes and inspires all who pass our threshold."

### **Program Narrative**

Consumer Affairs continued growth within the Behavioral Health Service System. The recovery model and consumer initiatives were implemented in cross-agency training and participation throughout the year. This is the priority of the Consumer Affairs Program, which remained strong, and Peer Support Specialists (PSS) are utilized in a variety of areas and programs to integrate the consumer perspective into treatment teams within the behavioral health system. PSS are people who have experienced significant mental health and/or substance use challenges that have disrupted their lives over lengthy periods and have achieved a level of recovery and resiliency to use their recovery experience, benefiting others who experience behavioral health challenges. PSS have been added to existing programs and to developing innovative programs.

During this fiscal year, Senior Peer Support Specialists (SPSS) provided much needed technical and moral support in clinics, to both line staff Peer Support Specialists (PSS) and the clinic Supervisors. We discovered that collaborative approaches to in-clinic challenges have created higher levels of mutual support and camaraderie between the SPSS and the Supervisors. PSS line staff have become more prone to reach out to both their clinic Supervisor and their assigned SPSS mentor to problem-solve challenges, achieve higher levels of productivity and improve their overall sense of self-efficacy.

Clinical Supervisors and Administrators have collaborated with the Consumer Affairs Program Manager to brainstorm and maximize productivity for PSS. We explored the multitude of avenues a PSS is able to provide services to those they work with. As a result, PSS line staff are now receiving consistent messaging at the Supervisory level, regarding what services they can offer and contribute to higher productivity. Through this collaboration, Consumer Affairs created specific protocols and standards for productivity that have informed the entire system.

With that new information, reaching the system in a more global format, Consumer Affairs responded by taking action to create and provide training to all Behavioral Health Supervisors.

The training, **The Supervisors' Guide to Peer Support**, was offered 4 times in this fiscal year. It is a 4-hour educational course for clinic and program Supervisors to clarify roles and responsibilities for Peer Support Specialists on treatment teams and the role of the Senior Peer Support Specialist as their partner at the clinic level. The course reviews County policies and procedures for all employees and assists Supervisors to clarify understanding of their role with their peer employee, how they can appropriately integrate consumer providers in their workflow, reduce stigma and troubleshoot challenges that may arise at the clinic level. This process has allowed space for more growth in recovery model practice and supervisory acuity of the PSS roles in clinics.

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

- **Personal Wellness Recovery Action Planning Seminar (Personal WRAP®)** with 31 total attendees in this fiscal year, which included all levels of staff (PSS, BHS, CT, Supervisors, and Administrators)
- **Five-Day WRAP® Facilitator Training**, with 65 total participants, which included PSS, BHS and CT staff members
- **Recovery Focused Service Delivery**, with 13 participants, all nursing staff at the Public Health Hospital, members of the Whole Person Care Program
- **Understanding Consumer Culture**, with 78 participants, which included all levels of staff from all Southern California Region Counties at the Cultural Competency Summit, held at Riverside Convention Center
- **The Senior Peer Support Orientation & Training Manual** is a training available to all Senior Peer Support Specialists in the Consumer Affairs Program and Clinic Supervisors. It is a manualized training curriculum, that includes specific Peer Support Leadership policies, coaching resources and Consumer Affairs-specific procedural expectations for staff working within the Consumer Affairs Program.
- **Advanced Peer Practices** is an advanced-level peer support course that focuses on transformation advocacy and the responsibilities to retain Peers in systems that are traditionally structured for clinical practice. This course is offered to all RUHS-BH Peer Support Specialists, who have passed probation as full-time employees.

### **Progress in Consumer Affairs Programs**

#### **Community Outreach & Engagement**

The Consumer Affairs Program has provided material & planning support, outreach resource materials and Peer Support Specialist staff to over 50 community outreach events, Countywide, during the fiscal year. The most highly attended and noteworthy events of mention are as follows:

- **The Inaugural Hemet Pride Event**, Consumer Outreach Event to Support LGBTQ Community – In partnership with Cultural Competency, the LGBTQ community had never before been outreached at this level in that region of Riverside County.
- **Show Your Colors Event @ Rustin Conference Center** - A staff team-building and community engagement for LGBTQ consumers by staff displaying LGBTQIA2+ colors, flags and décor in working and public areas of the RUHS-BH Campus at the Rustin Behavioral Health Conference Center.
- **Movies on the Green** – An open-to-the-public outreach and engagement event, for the purposes of community inclusion and stigma reduction, promoting social interaction and fun. The movie, "COCO", was presented to approximately 100 community member attendees. There was a free opportunity drawing for door prizes, and free popcorn, hot cocoa, and coffee were served.
- **Recovery Happens, Substance Abuse Prevention & Treatment Health and Resource Fair** was held at Fairmount Park, serving upwards of 2000 community members, to provide outreach, engagement, and support around individuals and their families, who are struggling with a substance use challenge. This event's chairperson is the Senior Peer Support Specialist for the SAPT and Forensics programs.
- **Beloved Corona**, a community outreach event, with a Consumer Affairs engagement table, provided outreach materials and giveaways to reduce mental health stigma and link community members to mental health and substance use peer support services.
- **Perris Clinic Creativity Gallery** where consumers and their families contribute to fine art works and performances in the parking lot of the Perris Family Room Clinic, for a full day of outreach, food, fun and community socialization.
- **The Voices of Recovery Choir**, performed "This Is Me" at the lunchtime Keynote presentation at the Southern Regional Cultural Competency Summit, held at the Riverside Convention Center.
- **First Annual Gender Health Conference** Consumer Affairs joined the Gender Health Steering Committee, in partnership with San Bernardino County, provided interagency advocacy, planning services, event coordination, and workshop presentations to support this inaugural event.

- **National Coming Out Day** a Transitional Age Youth (TAY) event, a celebration honoring the "coming out" journey of members of the community. In partnership with the Cultural Competency Program and Eisenhower Health, an estimated 80 attendees participated in LGBTQ advocacy and supportive activities and received peer support and other behavioral health resources.
- **Spooktacular**, a luncheon event for TAY and members of their supportive "chosen families". There were 30 attendees, who enjoyed a potluck-style lunch and learning activities with staff.
- **Desert Sage**, an outreach table event, held in partnership with The Center of Palm Springs, an LGBTQ community resource center. This event was TAY-focused, with an estimated 200 participants.
- **College of the Desert Active Minds event**, which outreaches young people and their families to develop new avenues to education and vocational development.
- **TAY Appreciation Day** is an event that celebrates the TAY and members of supportive "chosen families". There were an estimated 30 attendees.
- **Peer Support Christmas Caroling** at the Psychiatric Inpatient Treatment Facility ITF/ETS as an opportunity to connect with, and provide support to community members struggling with mental health challenges during the holidays.
- **The Longest Night Riverside** is a month-long blanket drive and outreach event, with a "Movie on the Green" at the Rustin Conference Center. The movie featured was "How the Grinch Stole Christmas" and staff provided free opportunity drawings for gifts, handed out comfort items (blankets, gloves, coats, hats & toiletries) and shared cocoa and popcorn to approximately 120 community members.
- **TAY Winterfest** is a potluck-style luncheon for TAY consumers and their supportive "chosen families".
- **Lunch N' Learn** is an outreach event planned and presented in collaboration with The American Lung Association to provide education to TAY community members, focused on whole health wellness and awareness for better heart, lung and circulatory system health. Healthy eating, exercise and smoking cessation were topics of discussion.
- **The Longest Night in the Desert** is a month-long blanket drive and outreach event, where staff provided free raffled gifts, handed out comfort items (blankets, gloves, coats, hats & toiletries) and shared cocoa and popcorn at Miles Avenue Park in Indio, CA. Approximately 70 people attended.

- **Out of the Darkness** is a Community Walk in Palm Desert, CA that brings awareness to mental health, suicide and substance use stigma.
- **Send Silence Packing** events in Downtown Riverside and Palm Desert are events in partnership with Prevention & Early intervention and College of the Desert Active Minds. Peer Support Specialists were stationed to support community attendees at this deeply impactful display of backpacks, representing youth suicides in Riverside County. This event brings awareness to young people, educators, campus staff, and the community about mental health, suicide prevention, and aims to change the conversation about mental health on campus.
- **Bad Art Night** is an event to encourage TAY and their supportive "chosen families" to explore creativity and fine art as wellness discovery tools.
- **The 17th Annual Desert Regional Art Show and Creative Writing Contest event** was held at the Coachella Valley Mission's Gymnasium, where over 200 consumers shared their fine artworks to a crowd of approximately 400 attendees.
- **May is Mental Health Month Fair event** in Downtown Riverside at Fairmount Park, is a free public health outreach fair, attended by an estimated 2000 attendees.
- **Perris High School Mental Health Fair**, a TAY-focused mental health and substance use awareness fair. Stigma reduction activities and opportunities to provide resources to young people, high school faculty, and parents were highlighted.
- **TAY Got Talent** is an outreach and socialization opportunity for young people to display their talents in a supportive community environment.
- **TAY Friendsgiving**, an alternative to traditional Thanksgiving festivities, focused on TAY consumers and their "chosen families". This event features a potluck-style meal and "friendship-focused" activities to provide skill-building and support during stressful holiday interactions at home and in the community.
- **HoliTAY** is a winter holiday socialization event, potluck and gift exchange, focused on the TAY community and supportive "chosen family".
- **Riverside Interagency Symposium** held at the Moreno Valley Community Center. This event was a symposium that brought together health and human services agencies, to discuss and collaborate, to bring better service integration to the community. The focus of this symposium was on the undocumented community members, separated by recent California Border Patrol regulations and the mental health impact on a person, who is detained, and/or separated from other family members in that detention process.



- **Suicide Awareness Walk** at the Rustin Conference Center. The Consumer Affairs Team organized a lunchtime outreach walk around the Rustin Conference Center, inviting all staff and visitors to participate. 196 pinwheels were placed along the walk route, representing the 196 deaths by suicide in Riverside County in 2018. Community Outreach tables were placed along the route as well, representing Prevention & Early Intervention and The Crisis Outreach Teams. Approximately 100 people participated.
- **Mental Health Awareness Week – Agua Caliente Clippers Basketball Team** sponsored event. Consumer Affairs, in partnership with Prevention & Early Intervention, worked to raise awareness and reduce mental health and substance use stigma by sharing lived experience at the Agua Caliente Clippers Game. A Mental Health Awareness Jersey, signed by the team was raffled off and a Peer Support Specialist shared their journey to wellness and recovery to the over 2500 attendees.

#### **Peer Support & Recovery Model Concepts Training to Behavioral Health Stakeholders**

- **Recovery Focused Service Delivery for Agency Partners** presented to The Inland Empire Health Plan (IEHP) to create pathways to recovery for new consumers in the health plan, introduced Peer Support, Peer Community Centers access and clarified County Peer Support Specialist roles in transitions to care.
- **CAST – Coping And Support Training** was a collaboration with Operation Safehouse and Cup of Happy to provide education to TAY consumers to develop healthy coping skills and build social and familial supports.
- **Clarifying the Peer Support Role vs. Clinical Roles** was a training provided at the Countywide All Supervisors Collaborative and the Desert Children's Coordinator's Meeting to introduce new Supervisors to the recovery model practices embraced by RUHS-BH and to clarify roles and responsibilities of Consumer Peer Support Specialists working in the behavioral health system. A total of 62 RUHS-BH Supervisors and 9 Supervisors from contracted service providers attended and received the SAMHSA Core Competencies of Peer Support and information about SB10, the CA State Senate bill to create a Peer Support Certification process in California.
- **20/20 Gift Program Peer Panel** is an opportunity for Peer Support staff to share their experiences working full time in a public health care service system with MFT and MSW students, whose internships have them working in RUHS-BH clinics, alongside peer providers.

- **Transgender Foundations Training** is a peer-written, developed and presented curricula in a 3-part series of trainings available to RUHS staff, Department of Corrections Officers, Inmate Populations (Chino Women's Prison), Public Health, Inpatient Treatment Facilities, City of Riverside and other area community partners to introduce transgender community awareness, cultural sensitivity and inclusion for transgender consumers, their family members and supporters. It sets the foundation for additional clinical best practices trainings to address gaps in health care, specific to transgender community members, and understanding gender identity and LGBTQ social justice concerns. A booklet, "Know Your Colors" was also peer-written, developed and distributed at these trainings and at community outreach events. It outlines various gender identity and sexual orientation flags and provides a glossary of important LGBTQ terms, to better inform providers and community members.
- **WPATH Peer Panel** was an opportunity for consumer Peer Support Specialists to participate in the Q&A portion of the annual WPATH (World Professional Association for Transgender Health) Conference held in Palm Springs. These PSS shared their lived experiences as behavioral health consumers and people who identify as members of the transgender community.
- **Peer Opportunities Workshop** is a 4-hour course for Peer Employment Training graduates, designed to orient newly Certified Peer Support Specialists to the many ways a Peer Support Specialist can be of service to their community. The course lays out the job opportunities, not only within the RUHS service system but also with agency partners and other community peer-run organizations. Senior Peer Support staff provide detailed step-by-step instructions to apply for County jobs on the Job Gateway website, to submit a volunteer application, and to pursue possible internship opportunities in behavioral health.
- **Supervisors Guide to Peer Support** provided as a workshop at the California Behavioral Health Director's Association (CBHDA) Annual Behavioral Health Symposium in Sacramento.
- **Building Peer Leaders in Youth Services** was operationalized and presented at all TAY Drop-in Centers Countywide as the official Peer Employment Training for all youth consumers ages 18-25, who were interested in becoming certified in the practice of peer support. This is the finalized version of the TAY Peer Support Pre-Employment Training curriculum pilot executed in the last fiscal year. RUHS-BH graduated 44 TAY consumers in this fiscal year.

- **Peer Employment** – Substance Abuse Prevention & Treatment (SAPT) and Forensics programs Peer Leadership staff provided a SAPT Presentation at Peer Employment Training for contracted service provider, RI International. This training is an overview of SAPT Programs and a "How to" when utilizing PSS in County SAPT programs.
- **Resilient Brave Youth (RBY)/CSEC Training** is a PSS-provided training to all staff at DPSS in Temecula to orient teams around outreaching and engaging young people and their families affected by commercial exploitation.
- **Out of the Life** is a lived experience and recovery journey from experiences in commercial exploitation training presented to Riverside County Sheriff's Department, Riverside County Anti-Human Trafficking Taskforce (RCAHT), at the Ben Clark Training Center.
- **9th Annual All Peer Summit** Consumer Affairs worked in collaboration with the Family Advocate Program and Parent Support & Training to hold the 2nd Annual All Peer Summit, bringing together all peer providers in the RUHS service system for a full day of learning, sharing, and support.
- **Human Trafficking – Lived Experience** is a peer-led workshop delivered to MSW students at California Baptist University.
- **Each Mind Matters - Directing Change** - Consumer Affairs provided media coverage in partnership with Prevention & Early Intervention for the Inland Empire Directing Change Screening and Recognition Ceremony held at the California Theater of Performing Arts in San Bernardino. Senior Peer Leadership participated in local judging of films submitted by Riverside County.
- **Stepping Stones Pride Event** - Consumer Affairs sponsored the TAY Center Stepping Stones Pride Event to outreach LGBTQ young people and their allies. This event provided resources and peer support to the community at large in a celebration atmosphere to welcome people to the TAY Center and to normalize mental health and substance use challenges for young people and their families.

### **Peer Support Advocacy for Change**

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

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

- Participated in SB906 Community Advocacy Forum held at the Rustin Conference Center to outreach and educate TAY Youth Peers, Peer Support Specialists, and Families regarding Statewide Peer Support Certification Senate Bill 10.
- Collaborative partner to the Crisis Innovations Grant planning for Mobile Crisis Teams, with the provision of field-based Peer Support Specialists working in the community with Law Enforcement and School Districts to expand crisis response services and peer support.
- Provided Peer Support Leadership assistance and support to NAMI California for Southern Regional Advocacy Forum held at Rustin Conference Center.
- Partnered with the California Association of Mental Health Peer Run Organizations (CAMHPRO) – to hold The Southern Regional Peer Support Advocacy Conference, sponsored by the MHSOAC, to provide community outreach, engagement, and education to advocate for statewide Peer Support certification, SB906. Approximately 130 consumers, Peer Support Specialists, and other stakeholders were in attendance.
- Consumer Affairs Senior Peer Support presented the Transgender Foundations workshop at the California Association of Social Rehabilitation Agencies Fall Conference (CASRA).
- Substance Abuse Prevention & Treatment (SAPT) Peer Support Leadership facilitated an In-Service Training for contract provider, Soroptomist House of Hope, on Recovery Services, DMC-ODS 115 waiver implementation, and peer workforce.
- Consumer Affairs Program Manager provided workshops on Advocacy for the Peer Support Practice at the Annual International Association of Peer Supporters Conference in Orlando, Florida.
- Consumer Affairs collaborated with Workforce Education & Training (WET) to improve the Senior Peer Support leadership role through mentorship by a clinical WET Staff Mentor. This leadership enrichment program was a 6-month educational series for all Senior Peer Support Specialist Staff. This collaboration improved staff morale and created space for Senior Peer Leadership to problem-solve internal and external conflicts, assisting staff to remove barriers to successful professional relationships within the service system.
- Consumer Affairs leadership provided staff support and consumer advocacy to address shortfalls in services to those who identify as transgender, receiving services in the Emergency Psychiatric Inpatient Treatment Facility. This advocacy led to the

transformation of service system policy on treatment for trans-identified consumers. Consumer Affairs advocated for recovery-focused language use and stigma reduction that was adopted into hospital policy.

- Consumer Affairs Program Manager met with Melbourne Australia's Orygen Youth Health Organization leaders to explore opportunities to employ peer workers in socialized psychiatric services. Consumer Affairs training programs for Peer Support Specialists working on treatment teams were shared. Plans to provide training to Australian providers, working with young people experiencing first-episode psychosis was finalized to take place in May 2019.
- Resilient Brave Youth (RBY) Peer leadership participated in the development of the CSEC/human trafficking coalition of Coachella Valley.
- Resilient Brave Youth (RBY) Peer leadership provided a presentation/CSEC training for CASA (court-appointed special advocates) in Riverside.
- Resilient Brave Youth (RBY) Peer leadership presented at the CSEC conference in Moreno Valley "Boys are Victims Too" with over 200 attendees from DPSS, RUHS-BH, Probation, and Juvenile Justice.
- Consumer Affairs leadership participated in the LGBTQ Finding Freedom Symposium in Palm Springs, to develop relationships with organizations who support LGBTQIA+ community with substance abuse challenges in our region. Also to continue learning how to better serve the LGBTQIA+ community.
- Consumer Affairs Program Manager traveled to Melbourne Australia to present as the keynote address at the Orygen Youth Health Symposium "Let's Get Functional". The presentation titled "Credentialing Your Lived Experience: The Peer Support Practice" was provided at the Docklands, Melbourne Conference Center, to approximately 500 internationally recognized mental health professionals and researchers, working to explore new ways to outreach, engage, and support young people who experience their first episode of psychosis. RUHS-BH's reputation for quality and consistently professional peer support was employed by the conference organizers to provide advocacy to the government health care system in Australia. In partnership with Orygen Youth Health Administration, RUHS-BH Consumer Affairs Program Manager worked to influence change to that system, introducing recovery model concepts and practices, in hopes to begin the process of assisting young people to discover their own sense of wellness and self-efficacy, through training and support, to become Peer Support Specialists. This would create a completely new job track in Australia's health care system. The Consumer

Affairs Program Manager was asked to return for further education to Orygen Health Care Staff and researchers.

- The Consumer Affairs team participated in the Trauma Transformed: Trauma-Informed Systems Transformation that includes a Leadership Learning Collaborative and a Champions Learning Collaborative. Senior Peer Support staff and the Program Manager participate in these preliminary leadership activities.
- Consumer Affairs Senior Peer Support Staff assigned to the Research & Technology Team took a leadership role in the development and implementation of the web-based consumer service [www.MyHealthpoint.org](http://www.MyHealthpoint.org) that allows for consumers to access information regarding the services they are being provided by RUHS-BH, to schedule appointments, and communicate with their providers.
- Consumer Affairs began work on the SMI/ID (Serious Mental Illness/Intellectual Delays) workgroup to develop strategies and workflow for young people who experience mental health challenges and have unique abilities. This workgroup was set up to create opportunities for staff to address the needs of these individuals and their families in a more culturally and clinically appropriate way. Consumer Affairs was present to make certain that the person receiving the services was placed at the center of the conversation and that peer support was offered to all consumers and their families.
- Consumer Affairs Program Manager edited the RUHS-BH policy regarding Representative Payee check distribution, utilizing person-first language and recovery-focused advocacy to reduce systems stigma perpetuation. The updated policy was approved by the Department Executive Team, utilizing these edits.

### **Statewide Collaboration Efforts**

- Consumer Affairs leadership joined the CalMHSA Innovations Technology Suite Project Cohort, in partnership with RUHS-BH MHSA Administration to bring experienced Peer Support leadership to the collaborative process at the State level.
- Consumer Affairs Program Manager presented a workshop on the Riverside County Peer Support Career Ladder at the Peer Partners Southern Regional Conference, held at the Westin Conference Center in Ontario, CA
- Consumer Affairs Program Manager provided a one-day mentorship in-service training to Calaveras County Peer Support leadership and program management team. Subjects covered in the training included HR Processes for Peer Providers, Supervision of Peer Providers on Treatment Teams, Senior Peer Support Mentorship, Training Clinical

Supervisors working with Peer Support Specialists, Advocacy for Peer Support Career Ladders, The Importance of the Peer Role, SAMHSA Core Competencies for Peer Supporters, and The Importance of Certification. This mentorship process is meant to transform systems Statewide in preparation for CA State Peer Support Certification Senate Bill 10.

- Consumer Affairs Peer leadership assigned to the MHSa Technology Suite Project created the Technology Suite Peer Support Specialist Duty Statement to share with CalMHSA for Cohort 2 of the Innovations Technology Suite Project In-Person Collaboration. This duty statement was adopted by several County agencies newly hiring Peer Support Specialists in their service systems to support their county specific Technology Suite activities.
- Consumer Affairs presented (8) Binders to The Department of Health Care Services for Fiscal Year 2018/2019, outlining over 30 different facets to the Consumer Affairs program, Peer Support Services, recovery-focused trainings, transformational advocacy activities, internship and volunteer opportunities, RUHS-BH leadership in social media activities, and policies written to create more opportunities for Peer provider integration system-wide.
- Consumer Affairs Program Manager provided a one-day mentorship in-service training to Santa Barbara County Mental Health Director, Peer Support Leadership and Program Management Team. Subjects covered in the training included HR Processes for Peer Providers, Supervision of Peer Providers on Treatment Teams, Senior Peer Support Mentorship, Training Clinical Supervisors working with Peer Support Specialists, Advocacy for Peer Support Career Ladders, The Importance of the Peer Role, SAMHSA Core Competencies for Peer Supporters and The Importance of Certification. This mentorship process is meant to transform systems Statewide in preparation for CA State Peer Support Certification Senate Bill 10.
- Consumer Affairs Program Manager presented "Advocating for the Peer Support Practice" workshop at the SHARE Los Angeles Peer Support Workers Summit in Culver City, CA. Approximately 150 Peer Support Specialists, Peer Supervisors, and Program Managers attended.
- Substance Abuse Prevention & Treatment (SAPT) Peer Support leadership presented on a panel at DHCS Conference Substance Use Disorder (SUD) Workforce: Recovery & MAT (Medication Assisted Treatment) Summit in Anaheim, Ca.

## **Supporting the Peer Workforce**

In its thirteen-year history, the Consumer Affairs program has been steadfast in the pursuit to provide monthly training and support to the people, whose job class is the only class in the RUHS-Behavioral Health System to have self-disclosure as part of the job duties and expectations. In this pursuit, Consumer Affairs leadership has successfully sustained monthly one-on-one supervision with Senior Peer Support Specialists and monthly group training supervision for all peer providers.

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

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

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

## **Annual Consumer Affairs Activities**

- Peer Volunteer and Internship Programs is year-round, in 6-month rotations. In FY18/19, Consumer Affairs had 14 Certified PSS Volunteers and 9 PSS Interns.
- SPSS provided six (6) Peer Opportunities Workshops for Peer Employment Training and Building Peer Leaders in Youth Services graduates. These take place year-round.



- SPSS Support RI, International staff at all 4 Wellness City locations: The Place Homeless Shelter in downtown Riverside, The Path Homeless Shelter in Palm Springs, as well as RII and Telecare Peer Support Specialist Staff at the Crisis Stabilization Units year-round.
- SPSS and PSS staff attend to support each Peer Employment Training Graduation County wide eight (8) times per year to provide material support, moral support to graduates, and provide the keynote address to the graduates and attendees.
- Consumer Affairs Communications Senior Peer leadership provides approximately 70% of all social media postings for RUHS-BH, in efforts to have a constant flow of outreach presence on Facebook, Instagram, and Twitter. Since having this position, our social media presence has increased by 115.6%. Fans and Followers increased on all platforms: Twitter 37.5%, Instagram 6,671, and Facebook 60.6%. Which can be referenced back to the Social Media Analytics report FY 18/19.

#### **Goals for 3YPE Plan FY20/21-22/23**

- To create an anger management group curriculum that adheres to the Peer Support Recovery Model to be delivered to consumers in all clinic and detention environments.
- To create an eating disorders group curriculum that adheres to the Peer Support Recovery Model to be delivered to consumers in all clinic and detention environments.
- To build upon Peer Support workforce numbers to increase peer provider presence in TAY, specifically in the Children's Services System, and Detention Environments.
- To create a new Peer Support Specialist category for individuals from the Deaf & Hard of Hearing Community. To meet the needs of DHH individuals, RUHS-BH Consumer Affairs is striving to penetrate this hard to engage community through peer support. Adding a specific Peer Employment Training for DHH consumers to bolster representation of this community to the peer workforce.
- To create and launch a "Real Peer Chat" technology, instead of leaning on existing artificial intelligence programming in smartphone applications and websites. In that creation, the bigger goal is to influence Statewide peer support program growth, influencing other Counties to grow peer support programs that assist peer providers to adhere to SAMHSA Core Competencies for Peer Supporters.
- To increase bilingual Spanish PSS services. With the addition of our new Spanish-speaking Senior Peer, we will be moving forward to focus energies on the Spanish speaking community *to support and provide more recovery-oriented services in Spanish.*

## MHSA in Action!

### Jasmin's Story

*I grew up in a big Hispanic family with both of my parents. My dad hid his longtime addictions to alcohol and drugs, my mom took it all in silence to protect the family. I was fortunate enough to have an older brother that took it upon himself to be a good role model. Yet home was a scary place most of the time, we never knew when my dad would be angry, or if he'd take it out on any of us. The majority of my school years were filled with bullying and self-hatred due to my being born with albinism in a mostly Hispanic school district.*

*The word "albino" became one of my triggers and it consumed my mind. I hated who I was, the reflection in the mirror caused me so much pain. I wanted to look like the people around me but I just couldn't. It seemed as though no one around me understood me so I hid it away. I avoided the topic, I went on as if that wasn't a part of me but I allowed that word to have an immense weight wherever I went. Hearing the word caused panic inside of me, it was all I could think about once it was said. I allowed it to eat me from the inside out.*

*I was never comfortable in my own skin, I always felt like an outsider that wanted to be accepted. This all led me to a path of depression and anxiety. Later I developed an unhealthy coping habit of self-harm, it was the only thing that would make me feel like I could breathe. I always felt alone, I had no hope, and I was full of shame and disgust with myself. I made myself believe that I was better off dead, I attempted to take my own life multiple times until it got to a point of no going back. It had caused me to end up in a mental hospital and that terrified me.*

*At that point, I knew that I had to seek help and begin my journey of recovery. I ended up at TAY Desert Flow where I was surrounded by compassion and understanding. I dove into the groups and opened myself up to the peer support specialists. It was honestly the best decision I ever made, they stood by my side when I thought that I didn't have it in me to make it through. This is where the hard work of self-love began. I realized that I was tired of not living, I embraced the resilient person that I always was and took on my biggest fears.*

*Now I see myself as someone who is unique and as someone who can make a positive impact through kindness and acceptance. Now when I hear the word, I see the world, and I can even say it out loud: albino. It doesn't define, it's a part of me but it isn't all of me. There is so much more to me, I'm able to be stronger each day as I hold my head up high. I'm able to keep my loved ones close and know that I'm not alone. I look back to the person that I used to be and now I have that light that I wished I had back then. I'm volunteering at TAY Desert Flow and looking forward to completing my peer training. I hope to be able to help people as a peer support specialist soon after my completion and to hold the hope for those that are in the same place that I once was..*

## MHSA in Action!

### Matthew's Story

*My journey to becoming a peer began before I even knew what a peer was. At the time, I was in college and a lot of things were happening. My parents were getting a divorce, my older brother was projecting a lot of his frustrations on me, I was working part-time minimum wage at a job I was not passionate about, both of my friends were moving on from school in their own different ways and I was barely able to focus in school. I felt like nothing was working out and I was being left behind. I have been depressed or anxious before and it would eventually go away, but this time around I could not shake it.*

*I reached out to a close friend of mine who was, at the time, going through the Peer Employment Training (PET). My friend tried his best to motivate me to use positive self-talk, positive thinking, and to explore options that I have to change my situation. In all honesty, I was not having it. I felt like there was no hope, that I was all out of options and I tried everything. The truth is, I was not ready to make that choice; to choose to change my thinking and make my life the way I want it to be.*

*I remember when it finally hit me. I started praying and I was upset. In prayer, I was talking about how I have been feeling, how I viewed my life, the things that I wanted in my life and how I have done everything. Then it came to me did I REALLY do everything? Suddenly, I stopped dwelling on my problems and I started focusing on solutions. I went down every issue I had. The issues I did not have the power to fix, I accepted, which was not easy. The things that I did have the power to change, I did research to figure out how to change it. I sought out help from Doctors that told me that I was feeling symptoms of depression. They gave me anti-depressants and encouraged me to see a therapist, which I did. Also, through some research, I learned some things that I could do to manage depression like journaling, meditation, mindfulness, and exercising, which I found out later were called Wellness Tools. Now, to be clear, all of this did not happen overnight. I dealt with this challenge for about two years and it took me a year to train myself to be more proactive in my recovery, to get myself to use these wellness tools, to get myself to get out of bed to go to school or work to the point that it was consistent and to manage negative thoughts. I was not back to how I was two years prior to the onset of my challenges with depression. To be honest, I still utilize daily maintenance for these challenges. I got to the point that it did not stop me, that I was not hopeless, that I could still fight to be happy.*

*My friend that supported me, who is now a Peer Support Specialist, has seen my progress and suggested I try the TAY Peer Employment Training. At first, I was not sure because even though I am at a place where I could recognize that I had improved, I still felt that I had more work to do. My friend encouraged me constantly to do this and this time I chose to listen.*

*I was nervous the first day of PET, I did not know what to expect and I definitely did not expect how friendly the facilitators were. I did not expect to be open, vulnerable, relate and grow close to a group of*

*people within a short period of time. It was an amazing experience and I was able to see the benefits of recovery language, of being a Peer, and having groups for people with challenges who are able to relate to each other and walk through this journey of recovery together.*

*Eventually, I graduated and I learned about the hiring freeze. During the hiring freeze, the county was not hiring therefore there was not a job ready for me right after graduating. Fortunately, my friend encouraged me to volunteer, to get my foot in the door and gain experience. I did exactly that. I volunteered at The Journey at Rustin and TAY Stepping Stones. The majority of my time was spent at Stepping Stones. In this role I had the privilege to shadow experienced PSS that I was able to develop connections with. I also had the privilege to co-facilitate groups, build rapport with the members, and to meet the Senior Peers (SPSS) for different programs.*

*I was volunteering for a year when one of the SPSS told me about the possibility of being an intern. I constantly checked the County Job Site to see if the internship popped up, but it did not show. I got a little nervous, but finally there it was, the internship. I was really happy about that. As an intern, I gained more responsibilities. I was able to facilitate and create groups on my own. The members were comfortable enough with me to talk to me one on one. I was attending internship training with a small group of amazing interns and I got the chance to meet more SPSS that taught us and shared their experiences. Meeting these SPSS, hearing their stories, and seeing how skilled they are as Peers was very motivating.*

*I was an intern for about 5 months when there was an opening for a Peer position. I received a call from Stepping Stones, the clinic where I volunteered and interned, to come in for an interview. Of course, I jumped at the opportunity for an interview with Stepping Stones. I have been there for more than a year and I have enjoyed it a lot. I went through the interview process and I was hired.*

*Now, I am a Consumer Peer Support Specialist at TAY Stepping Stones. I have been working there for 5 months and I have new responsibilities, such as having members that I am assigned to support, working on treatment teams, supporting members outside of clinics, and documentation. Working here I am learning so much and challenging myself by going out of my comfort zone. Even though being a PSS could be exhausting, being able to support members in their recovery journey and seeing the members grow through challenges that I have been through myself makes it worth it.*

## MHSA in Action!

### Valerie's Story:

*I remember the day I came home that June. It was an eight-hour drive from the university I was attending and I was finally going back home. I felt like the entire world was lifted off my shoulders and I could finally breathe again. I was home, but I began to isolate myself. I began to become extremely irritable and angry all the time. I still felt shame, rage, sadness, and I felt so lost. I started attending community college and these feelings I thought I left behind were unleashed like a tidal wave. I loved going to school but I began to hate it with a passion. I stopped eating, I stopped sleeping, I was constantly doing homework and trying to shove the monster I created back into my backpack. I cried so much. It was the first time I questioned why being alive was so exhausting.*

*I couldn't recognize myself anymore, I didn't know who I became and I didn't know how to fix her. I think I hated myself and didn't feel deserving of being fixed. I remember the day I first met my therapist that same year in October. I felt so small. I felt overwhelmed by the idea of having to sit there for hours. I remember feeling trapped even though my decision to be there was completely voluntary. I learned that I was showing symptoms of depression but my anxiety was at a much higher degree. I started the process of recovery and attended sessions weekly. I initially began going to therapy because of my college experience, but I quickly realized there was so much more I needed to heal from. I could name every single thing that truly caused me damage growing up but the thing I needed the most was forgiveness towards myself. I had internalized my experiences and thought that everything that happened to me was my fault. It wasn't and it has taken me some time to accept this. I feel like I am home now, and maybe home just meant finding myself again. It's nice to laugh again. It's nice to love, be loved by others, and feel deserving of that love. It's nice to feel inspired and eager to learn again. I am now a full-time student and have managed to maintain a 4.0 GPA at my community college. I have hope and very much look forward to accomplishing my goals without so much fear. I am extremely grateful for the staff at the TAY arena, much of my progress is thanks to them. I am also extremely lucky to have been surrounded by such a supportive group of people including my family, friends, and boyfriend who showed me unconditional love during my hardest times. I'm proud of myself for the obstacles I have overcome and eternally thankful for the team that encouraged me.*

## Parent Support and Training Program

### Evidence-Based Programs/ Classes

Educate, Equip, Support (EES)

Triple P/Triple P Teen

Facing Up

safeTALK

Nurturing Parenting

Strengthening Families

Mental Health First Aid-Youth

Parent Partner Training

### Special Projects

Back to School Backpacks

Thanksgiving Meals

Snowman Banner Gifts

Donations

### County-Wide Services/Activities

Parent-to-Parent Telephone Support Line

Open Doors Support Groups

Resource Library

Outreach and Community Engagement

Volunteer Services

Workshops/Trainings

Multi-Agency Collaboration

Presentations

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

## **Parent Support and Training Administration**

Parent Partners are hired as County employees for their unique expertise in raising their own child with special needs. The Mental Health Peer, Policy, and Planning Specialist (PS&T Manager) for Children's Services is intended to implement parent/professional partnership activities at the policy and program development level. This position works in partnership with the Children's Services Administrators and the RUHS-BH Executive team to ensure the parent/family perspective is incorporated into all policy and administrative decisions. The Manager provides oversight to eight (8) Senior Parent Partners, ten (10) Parent Partners, one (1) Volunteer Services Coordinator, one (1) Secretary, and one (1) Office Assistant. Each Senior is assigned to a different region of the County (Western, Mid-County, Desert) to collaborate with the regional Children's Administrator, Children's Supervisors, and regional Parent Partners (who are designated to work in a specific clinic/program). They provide coaching and guidance to the regional Parent Partners to ensure best practices in working with families. Parent Partners within the Administration unit provide supports to the broader community as well. In FY18/19 PS&T reached out to over 20,000 parents, youth, community members, and staff with needed information and resources on how to better advocate for their children, and families. Services provided include:

**Parent-to-Parent Telephone Support Line** - available Countywide and open to parents/caregivers who live in Riverside County and are seeking parent-to-parent support through a non-crisis telephone support line. This is another way of supporting and educating parents who are unable or choose not to attend a parent support group. Support is provided in both English and Spanish.

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

Current Group locations:

- Open Doors Riverside (Parent Support)
- Open Doors Murrieta (Parent Support)
- Open Doors Riverside – Spanish (Parent Support)
- Open Doors San Jacinto (Clinic Parent Partner)

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

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

**Outreach and Community Engagement** - Community networking/outreach reduces stigma and builds relationships by providing educational material, presentations, and other resources. It targets culturally diverse populations to engage, educate, and reduce disparities. This fiscal year PS&T participated countywide in the multiple May Is Mental Health Month resource fairs. This year, in addition to the large MIMHM fair in Riverside, in the Mid-County region there were several MIMHM fairs to ensure the community was able to participate. PS&T planned and hosted a Children’s Fun Zone at each of the fairs to reduce stigma and be able to hand out resources to parents. Parent Partners attend a variety of community health fairs, cultural events, school-based events, and other community-based events to share information and available resources/services within Behavioral Health.

Outreach Events:

Path of Life Health Fair	NAMI Walk
Family Resource Center Perris Health Fair	Million Man Event
Arlanza Fair	Black History Parade
Recovery Happens Fair	May Is Mental Health Month
I.E. Disabilities Health Fair	Health and Safety Event
Working Well Together Conference	NAMI Conference
Tribal TANF	Cultivating Our Community
African American Family Wellness	Rubidoux Resource Fair
Million Father March	Heart For Health



LULAC Community Health Fair	Fiesta Educativa
Fiesta Familiar	TAY Got Talent
Riverside Summerfest	HOPE Resource Fair
Summer Chillin Fair	Day of the Child
Cabazon Community Fair	YAC-Teen Health
Family Engagement Conference	Tahquitz HS Health Fair
Parent Education Summit	Family Resource Fair - DHS
St. Charles Health Fair	IE Perinatal MH Collaborative
Town Hall Meeting	Filipino American Resource Fair
Community Expo	HOPE Holiday Event
Shark Tank Presentation	Ducks For Tots
St. Edwards Health Fair	Ribbons for Noah

**Evidence-Based Programs/Classes** - The Parent Support & Training program continues to provide the following classes/trainings in the community at a variety of sites in both English and Spanish. In FY18/19 340 parents in the community participated in our parenting classes and 137 parents in the community participated in our parent workshops.

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

- **Facing Up** - This is a non-traditional approach for overall wellness for families to encompass physical, mental, and spiritual health.
- **safeTALK** - Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed, or avoided - leaving people more alone and at greater risk. safeTALK training prepares you to help by using TALK (Tell, Ask, Listen, and Keep safe) to identify and engage people with thoughts of suicide and to connect them with further help and care.
- **Nurturing Parenting** - Is an interactive 10-week course that helps parents better understand their role. It helps in strengthening relationships and bonding with their child, learn new strategies and skills to improve the child's concerning behavior, as well as develop self-care, empathy, and self-awareness.
- **Strengthening Families** – is a 6-week interactive course that will focus on the Five Protective Factors. The Five Protective Factors are skills that help to increase family strengths, enhance child development, and manage stress.
- **Mental Health First Aid Youth** – teaches how to offer initial help to youth with the signs and symptoms of a mental illness or in a crisis, reviews the unique risk factors and warning signs of mental health problems in adolescents ages 12-18. It emphasizes the importance of early intervention and covers how to help an adolescent in crisis or experiencing a mental health challenge and connect them with the appropriate professional, peer, social, or self-help care.
- **Parent Partner Training** - This is a two-week class for parents/caregivers to navigate mental health, and other systems, in order to better advocate for their children.

**Special Projects** - Donated goods and services benefit children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates, as well as cultural and social events. In FY18/19 the following projects provided resources to families:

- 18th Annual Back to School Backpack Project: 445 backpacks were distributed to youth at clinics/programs.
- 18th Annual Thanksgiving Food Basket Project: 122 food baskets were distributed to families.

- 18th Annual Holiday Snowman Banner Project: 1,784 snowflake gifts were distributed to youth in clinics/programs.

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

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

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

#### **Clinic/Program Parent Partners Support**

**Leadership/Coaching** - Newly hired Parent Partners are provided training that includes the following: an orientation for Parent Partners, and topic-specific training which includes How to Facilitate a Support Group, orienting parents to the behavioral health system, and Nurturing Parenting Facilitator Training. The training is also made available to Parent Partners employed by partner agencies to include: Department of Social Services, contract providers, and other community-based providers that we work with. All trainings/meetings are open to all Parent Partners working within a multitude of systems. Training includes topics such as: Recovery Skills, Telling their Story, and working within the County system as an employee/volunteer.

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

UC Davis Parent Partner trainings. This year, we were able to be trained as Educate, Equip, Support (EES) Facilitator Trainers, allowing for sustainability and provides an additional resource for the parents we serve.

PS&T co-facilitated the 9<sup>th</sup> Annual All Peer Retreat/Conference, attended by over 190 Parent Partners, Family Advocates, and Peer Support Specialists. There were a variety of workshops and speakers for all Peer staff to continue their professional development in their respective roles. PS&T was excited to come together with all of the amazing people who work for the Department who have lived experience, to network, and learn from each other.

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

### **Partnerships/Collaboration**

PS&T program has continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways trainings for new staff. PS&T along with DPSS have incorporated the changes in both systems to ensure that all children entering the child welfare system are receiving the mental health services that are needed. This has been an avenue to have the parent and family voice continue to be heard in both systems. The Parent Support & Training program continues to attend Team Decision Making (TDM) and Child Family Team (CFT) meetings to be a part of the process and a support to the families. PS&T attended 132 CFT meetings for families and 23 meetings for our Non-Minor Dependents.

In FY18/19, PS&T collaborated with Substance Use, Probation, and Detention programs to provide Triple P parenting classes. 233 parents participated in Triple P through our continued partnership with Family Preservation Program. 194 parents at the Day Reporting Center (Probation) participated in parenting classes. At Smith Correctional Facility, 262 parents have participated in Triple P classes while incarcerated.

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

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

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

- Riverside County Department of Mental Health Committees/Boards
- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee (Faith Based Communities)
- Translation and Interpretation Committee
- Cultural Awareness Celebration Committee
- Pathways to Wellness/CCR - Collaboration with DPSS
- TAY Collaborative Committee
- Building Bridges Committee
- Pathways to Wellness/CCR - Family Perspective Presentation
- Women, Infants and Children Clinics
- Behavioral Health Commission (previously the Mental Health Board) (Recovery Presentation)
- Mental Health Children's Committee
- Wraparound Family Plan Review Meeting
- Western Region Supervisors Meeting
- Central Region Supervisors Meeting
- Mid-County Region Supervisors Meeting
- Desert Region Supervisors Meeting
- Kinship Navigators Committee
- Peer Workshop Presentation
- Pathways to Wellness (CSOC) CORE Meeting
- Pathways to Wellness (CSOC) Steering Committee
- Pathways to Wellness (CSOC) Work Groups Leader Orientation
- TAY Collaborative

- Task Force Family and Youth Murrieta

### **Parent Support and Training Program Plans for 3YPE plan FY20/21-22/23**

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

One of the identified areas of need is for homeless families that we work with. This will be a continued area of focus. Families and youth are more successful when there is a component of housing stabilization for the entire family.

One of the main barriers that continue to impact parents/caregivers is the transportation system in our County. PS&T provides classes/trainings to parents in their local area as much as possible to overcome this barrier.

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

PS&T will continue collaborative efforts with Department of Public Social Services and Probation in regards to the Pathways to Wellness (Katie A.) and Continuum of Care Reform (CCR) and transformation of mental health services to families within systems. PS&T will continue to collaborate on committees and with ongoing trainings to staff, community, parents, and youth that are involved with that system. Parent Support and Training plans to have a key role in upcoming

Child, Family, Team Meetings, and providing Intensive Home-Based Services to those families. PS&T will begin to offer orientation meetings for parents of youth that are involved within the juvenile justice system.

RUHS-BH PS&T is intended to assist families, regardless of whether or not they are receiving any type of mental health services. Assistance will be provided to identify needs, overcome

obstacles, and actively participate in service planning for their child and family. Targeted outreach to particular underserved groups is a key area of focus: African American, homeless families, and prison-release parents will be engaged through outreach, community events, and needed classes/programs, e.g.: anger management classes, and building parental advocacy skills on behalf of their children as they navigate multiple public systems. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will help to avoid homelessness, hospitalization, incarceration, out of home placement, and/or dependence on the state for years to come.



## MHSA in Action!

### Parent Support Story

*I assisted my husband in receiving getting custody of our daughter, Mia, in order to remove her from the DPSS system. Her biological mother was neglectful and frequently used substances while being in her presence. Mia struggled academically and behaviorally. Starting from elementary school, both dad and I would receive frequent complaints by her teachers due to her misbehavior. Mia struggled with lack of attention, lying, stealing, defiance, being sneaky, unable to remain in her seat, etc. My husband was not really on board with mental health services since it has a bad stigma and cultural barriers. The rest of the school year passed when we noticed our child was continuing to struggle emotionally and academically. That is when our child first started mental health services. She graduated from the program but then she began to enter adolescence stage, when she relapsed. During middle school, Mia would frequently would get suspended; run away, use drugs, was kicked out of the police Explorers program (although she enjoyed it there), frequently ditched classes, was defiant towards staff, began self-injury, and attempted suicide.*

*She was linked to Emotionally Related Mental Health Services (ERMHS) at school since that is where most of the behaviors occurred. However, that service did not help and magnified her behavior, she was able to use it as a form of manipulation. In high school, Mia's symptoms continued to increase. We noticed her behaviors increasing and she was suspended more often, had over 125 trancies, was sleeping in class, received straight Fs, and received a citation while being on campus. Since she regressed, Kaiser referred her to a higher level of care. At this point, my husband and I were beginning to feel hopeless. We tried everything but it did not work. Although she learned coping skills, her symptoms where so intense she was unable to use the interventions and continued to react aggressively towards peers and educational staff. There were always social workers in and out of the home due to her risky and manipulative behaviors. They would open and close cases because her behaviors would occur in school because she desperately wanted to be accepted by her peers and had to fit in because of her insecurity, which caused her to be on home hospital. At this point Kaiser knew she needed a higher level of care and made a referral to Riverside University Health Systems - Behavioral Health.*

*Mia continues to receive mental health services at Temecula Children's Program for services and is now receiving adequate care after several attempts to meet her needs. Although, she was not hopeful that this program would work for her. Temecula staff provided skills and were able to convince her to start treatment. Thankfully, with the support from the Parent Partners I was finally getting the support I was lacking because raising a child with mental illness is extremely draining. It was nice to have a Parent Partner to have someone that can empathize with me and help me feel like I was not alone. She also helped me explore new ideas or cry when I needed a release. I learned it was okay to cry and healthy. She encouraged me to set boundaries, participate in more self-care, and assisted me in enrolling my daughter in a Charter School. She ended up passing some of her classes. Mia is no longer contemplating suicide, does not self-injure, and no longer fights us on taking her medication. She is starting to be able to differentiate the hurt and trauma she experienced while living in the home of her biological mother who neglected her. She learned it was not her fault. She received psycho-education and is able to identify how the drugs took over her and her biological mother's life. She looks forward to weekly sessions of Aggression Replacement Therapy (ART) with the BHS, and attending Trauma Focused Cognitive Behavioral Therapy (TFCBT) sessions with her therapist. I attended support groups in order to gain some optimism and most of all, for Mia to gain her life back.*

## MHSA in Action!

### Patricia's Story

*My name is Patricia, I am 38 years old, and I have son named Jeffery who is 10 and has been diagnosed with Autism, ADHD and excessive anger. Growing up I was in special education and was diagnosed with a learning disability, I have overcome many obstacles in my life, including graduating high school, going to Job Corps and living independently. Most recently, my son had been having many struggles starting in Kindergarten a few years ago, having behavioral issues, causing him to be transferred to different schools. He has been taking medications since he was 3 years old for his ADHD diagnosis, but in 2019, his behaviors escalated so much he was put on independent study for the remainder of the school year. Jeffery was referred to the Wraparound program through Behavioral Health starting in June 2019. Since then the program has helped Jeffery to start talking more, having healthier interactions with Mother, Grandfather, teachers and staff, his behaviors have improved so much that he is able to have increased hours at school and is following teachers directions, home behaviors are improving, but still in progress.*

*He has been able to go in the community more with Mother and Grandfather, which the Wraparound team had been taking Jeffrey and I in the community to help him to become more social and thank to all the Wraparound team and his behavioral health therapist that have drastically helped Jeffrey in all areas of his life, including his school, community and home life. Wraparound has helped me to become more independent and self-sufficient, I am now being paid to take care of my son through IHSS services and the Wraparound Parent Partner and team assisted me with getting us connected with Inland Regional Centers services, which Jeffrey now has Respite services and a case manager. I appreciate the Wraparound team, they are an amazing team, always there for support, helping and guiding me and Jeffrey to become independent and self-sufficient. I would highly recommend Wraparound for other families that are struggling, because it will help them, as it has helped me.*

## MHSA in Action!

### Parent Support Story

*I remember being a carefree kid, running, laughing, singing, and dancing happily Just enjoying my life as every kid should be. Then one day something happened in the house I grew up in. I was in shock when I saw who someone I adored with all my heart had become. When I saw the one person id never thought would scare me so bad that I thought there wouldn't be a new day for me and my family, it deeply affected me. I began withdrawing from family and friends and feeling worthless. My anger was easily triggered by the smallest things. My grades began to drop to F's, my family structure began to change, and my mom moved me to another state hoping it would be better for us.*

*She had mention that we would be moving, but I did not get the chance to say goodbye to the people I was close to at school. My mom thought the change in me was simply teenage transition, I was not being understood. I got to a low point in life where I would vent to my friend because it made me feel better. She was worried about me and her mom called the police from a different state and they contacted police in my state. I was held overnight in a hospital, not much was done, and I was extremely exhausted. I woke up.*

*Answered a few questions and I was released. My mom decided it was time to come back to California so we could be closer to family, I think she thought that would help me. But there was a lot more work that needed to be done, there were so many reasons for what I know was me being depressed. I started getting bullied at school and I did not tell anyone. The more the bullies bullied me, the more I began to feel like there words were true. I was worthless, I was stupid, and nobody liked me. These words from others, began to pop in my head. They were aggressive, they were loud, they were screaming. And I heard them, I thought they were right I didn't deserve to be here, and I said it out loud. I was held in the school office until my mom could come and get me. I was not allowed to come back to school until I had a psych evaluation. For the first time I saw my mother as scared, and confused, but so was I.*

*During the evaluation I was placed on a 72-hour hold. My mother visited me every day and prayed for me every night. She promised wed get through it together, and she kept that promise. After being at a facility for 6 days I was diagnosed with sever depression with psychotic features. After being released I was introduced to the YHIP. The program changed my life completely. Anna taught me how to speak up, she taught that my feelings mattered, and that if I approached my problems differently using confidence and coping skills I could through anything. Lisa helped me to find coping skills to use when my irritability kicks in. Connor taught me Tai-Chi as a meditation skill and we had so much fun messing up, it taught me that everything did not have to be so serious. Kim provided support for my whole family. With the help of this amazing team and the skills they taught me, balanced with medication, I can say that I feel like myself again. My grades are up, I am back to drawing, singing, dancing and laughing. I hang with my family and friends daily. I now enjoy simple things like reading. I do not let my anger win anymore. I am closer with my mom. I am not isolating myself as much anymore and most of my days are better than bad. I still have off days and I still have moments where my feelings get the best of me. But, I also have a support system, and coping skills to get me back on track, I do not know if depression ever really goes away, but I believe after everything I have learned I am able and ready to handle it as it comes. I want to thank YHIP for taking the time to work with me at my lowest point so far in life. You not only changed me but repaired parts of my family.*

## MHSA in Action!

### Veronica's Story:

*Hola mi nombre es Veronica y soy mamá de unos gemelos de 9 años ellos fueron diagnosticados con ADHD. Mi vida estaba llena de bastante estrés ya que es muy difícil manejar este tipo de discapacidad mis gemelos tenían bastantes problemas de comportamiento y agresividad en la escuela y en mi hogar inclusive en tres ocasiones tuvieron que llamar a la policía en la escuela para que lo pudieran controlar y él tenía 7 años ya se había saltado el barandal de la escuela dos veces era super pesado ya que como tengo gemelos primero era uno y al día siguiente era el otro todos los días llamadas de la escuela para que yo fuera a controlar a mi hijo porque ellos no me ofrecían servicios que ellos necesitaban dentro de la escuela y como yo no sabía nada de lo que era un IEP ya estaba agotada por eso cuando me refirieron a un nuevo lugar de ayuda mental la verdad dude mucho en llevar ahí a mis gemelos ya que ellos desde los 5 años los llevo a terapias en otro lugar y en verdad jamás mire cambios o soporte para nosotros los papás, pero al haber llegado al RIVERSIDE UNIVERSITY HEALTH SYSTEM BEHAVIORAL HEALTH a sido una luz en mi camino una nueva esperanza de ayuda, de guía, orientación para nosotros los papás*

*Todo el personal es muy amable desde el sr. de seguridad que está ahí, las de la oficina todo el personal te hacen sentir confianza, los terapeutas para mí en lo personal los mejores porque siempre están atentos en poder ayudar a mis hijos para que se puedan adaptar mejor en la escuela gracias a ellos conocí el programa de TBS los cuales empezaron a ganarse la confianza de mis hijos para poderlos ayudar ya que estaban mis niños muy rebeldes en mi hogar y para mí era muy pesado sin ayuda poder lograr el cambio que logramos juntos en equipo en verdad es increíble todo lo que logramos juntos con la ayuda de SIQUIATRA, TERAPEUTAS, COMPAÑERA DE PADRES, TBS. y aunque terminamos las terapias de TBS siempre me dijeron que en cualquier momento que ellos la volvieran a necesitar no dudara en pedir ayuda que ellos siempre me ayudan al igual con las terapias de cada semana en la clínica terminamos porque ya era hora de poner en práctica todo lo que aprendí siempre me han brindado la confianza de creer en mí que estoy haciendo buen trabajo con mis hijos el comportamiento de ellos fue de un 90% que se mejoró en mi hogar y seguimos cada día trabajando para que sea mejor, porque este verano por primera vez fue un verano genial los pude llevar yo sola sin la ayuda de mi esposo a un parque de diversiones y mis hijos siguieron todas mis indicaciones.*

*Estoy segura que sin la ayuda de todos ellos no lo haya podido lograr. También tienen cursos para papás como TRIPLE P, EDUCATE, EQUIP & SUPPORT estos cursos han sido de mucha ayuda y aprendizaje ya que gracias a estos cursos aprendí más sobre los problemas mentales y el gran soporte que tenemos de nuestra entrenadora es genial nos escucha cada inquietud que tenemos nos hace sentir cómodas y seguras al llegar al primer curso para papás llegué con vergüenza, tímida, sin saber sobre los derechos de mis hijos ni cómo pedir las ayudas en la escuela que ellos necesitaban pero gracias a esos cursos hoy en día me siento segura al ir yo sola en la escuela a pedir las ayudas que necesitan mis hijos. Que nosotros como papás somos la voz de nuestros hijos que estos centros de ayuda de RIVERSIDE UNIVERSITY HEALTH SYSTEM BEHAVIORAL HEALTH son necesarios en nuestra comunidad que necesitamos más cursos para papás para saber cómo ayudar a nuestros hijos porque con las ayudas de estos centros y nuestro apoyo como papás ellos podrán el día de mañana poder lograr sus metas que a pesar de sus discapacidades ellos pueden lograr sus metas y ser integrados como parte de la comunidad como todos que con la ayuda necesaria se puede lograr hasta lo imposible.*

## **Family Advocate Program**

### **Evidence Based Programs/ Classes:**

- Family WRAP
- Substance Use WRAP
- Family-to-Family
- Dialectical Behavior Therapy (DBT)
- Mental Health First Aid (MHFA)

### **Special Presentations**

- Family Psychoeducation
- I'm Not Sick, I Don't Need Help
- What is 5150?
- Addictions, Families, and Healing
- My Family Member Has Been Arrested
- Families, Mental Illness and the Justice System
- Meet the Doctor
- Mental Health Court
- Conservatorship
- What Will Happen When I'm Gone?
- Nutrition and Wellness
- Taking Care of Yourself While Taking Care of Others

### **Special Projects**

- May is Mental Health Month
- Family Wellness Holiday Celebration
- NAMI Walks

### **Countywide Services**

- Toll-Free Family Advocate Service Line
- Family, Sibling, Substance Use Support Groups
- Outreach and Engagement
- Free Trainings
- Free Presentations
- Resources
- Education
- Substance Use
- Forensics
- Family Advocates in Clinics/ Programs
- Transitional Age Youth
- Volunteer Services
- Multi-Agency Collaboration
- In-Service Presentations

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

general. All services provided by FAP are free of charge and available in both English and Spanish.

Currently, FAP employs ten (10) Senior Family Advocates and thirty-two (32) Family Advocate Peer Specialists providing services throughout the three Regions in Riverside County (Western, Mid-County, and Desert). Peer support is an evidence-based practice for individuals with mental health conditions or challenges.

The ten Senior Family Advocates are assigned regionally, to specific sites, and countywide. Regionally: one in the Western region, one in the Mid-County region, one in the Desert region. Specific sites: one to the Transition Age Youth (TAY) Drop-In Center in the Desert, one to the TAY Drop-In Center in Mid County, one to the Family Rooms located in Lake Elsinore and Perris. Countywide Senior Family Advocates provide services with one each assigned to specialized areas: Forensics, Substance Abuse, Outreach & Engagement, and Prevention & Early Intervention (PEI). The Senior Family Advocate works in collaboration with clinical staff and provides leadership, mentorship, and guidance to Family Advocate Peer Specialists. The thirty-two Family Advocate Peer Specialists work directly with family members of consumers in several clinics, programs, and sites within Riverside County.

The Family Advocate Program offers support, education and resources in the forms of:

**Presentations**- FAP host numerous informational presentations to family members and the community on topics, including but not limited to:

- **Family Psycho Education** presented by Dr. Alex Kopelowicz. This presentation attracted ninety-two in attendance. Comments regarding what family members liked most about the presentation include: “explanation of importance of family involvement in care of sick family members.” Another shared, “Dr. Alex K. was very understanding of our challenges we as a family go through. Very informative. Most important gave us HOPE.”
- **I’m Not Sick I Don’t Need Help** presented by the LEAP foundation. Comments regarding what family members liked most about the presentation include: “What I enjoyed mostly was learning how to relate to our loved ones and how to treat someone with a mental illness.” “Roleplaying, hands on, small group exercises to implement LEAP.”
- **What is a 5150?**

- **Addictions, Families, and Healing.** Comments regarding what family members liked most about the presentation include: “The organization and detail of the material provided. “The presenters’ energy and passion.” “The knowledge of addiction, its process and how it effects families.”
- **My Family Member Has Been Arrested.** Comments regarding what family members liked most about the presentation include: “Great program.” “Thank you. Keep this program going. Can’t survive without it.” “Thank you for educating us. God bless you all.” “Although my loved one does not live with me, the information and education on this matter is extremely important as no one else is receiving or attending these meetings in my family.” “My brother was recently picked up and is now in a mental hospital, however he lives in Delaware. I hope they have some of the same programs there.”
- **Families, Mental Illness and the Justice System.** Comments regarding what family members liked most about the presentation include: “How informative it was and introduced me to many new concepts.”
- **Meet the Doctor.** Through our “Meet the Doctor” series, the FAP collaborates with Riverside University Health System – Behavioral Health (RUHS – BH) psychiatrists to inform and educate families from a provider’s perspective on topic’s such as medication compliance, sleeping disorders, Schizophrenia, Bi-polar and more. Comments regarding what family members liked most about the presentation include: “I understood everything. It was clearly explained. It was a great experience.” “The doctor was very new, fresh and updated on the newest information. “Seemed very knowledgeable but very approachable.” “Gave me clarity about my bipolar diagnosis and the meds affiliated with it.”
- **Training-** FAP facilitates the following training courses to family members/ caregivers:
  - Family WRAP (English and Spanish). Family WRAP is recognized by the Federal Substance Abuse and Mental Health Service Administration (SAMHSA) as an evidence based practice.
  - Family-to-Family (English and Spanish). The National Registry of Evidence Based Practice (NREPP) listed Family-to-Family as an evidence based practice.
  - DBT for Families (English and Spanish)
  - Crisis to Stability
  - Real Recovery

- Mental Health First Aid (MHFA) is a public education program that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and overviews common treatments and supports.

**Outreach**- FAP networks with community agencies through outreach at local universities, colleges, high schools, and middle schools, providing educational materials resources to staff and students on mental health and stigma reduction. FAP attends health fairs and shares information on trainings to culturally diverse populations. Outreach and engagement include May is Mental Health Month for the past two years, National Alliance on Mental Illness (NAMI) Walk, Recovery Happens, and numerous public engagements. The Outreach and Engagement Countywide Senior Family Advocate organizes all-inclusive community mental health events for families to make interpersonal connections to the mental health system in Riverside County. FAP hosted its fifth annual “Family Wellness Holiday Celebration” (formerly known as “Posada”) attended by approximately 100 family members from diverse communities. Per community suggestion, the FAP, in collaboration with NAMI, will explore the implementation of other cultural adaptations of NAMI programs such as “Compartiendo Esperanza” for the Spanish speaking community, as well as “Sharing Hope” modeled for the African American community. FAP assists in various anti-stigma campaigns where behavioral health outreach is not traditionally given, such as community centers and faith-based organizations. Mental health awareness takes place in Veteran clinics and hospitals to provide information on the NAMI Home front. NAMI Home front is an educational program designed to assist military families in caring for a family member diagnosed with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other diagnoses. Through our presentations, trainings, and outreach efforts, we learned the importance families place on information and education.



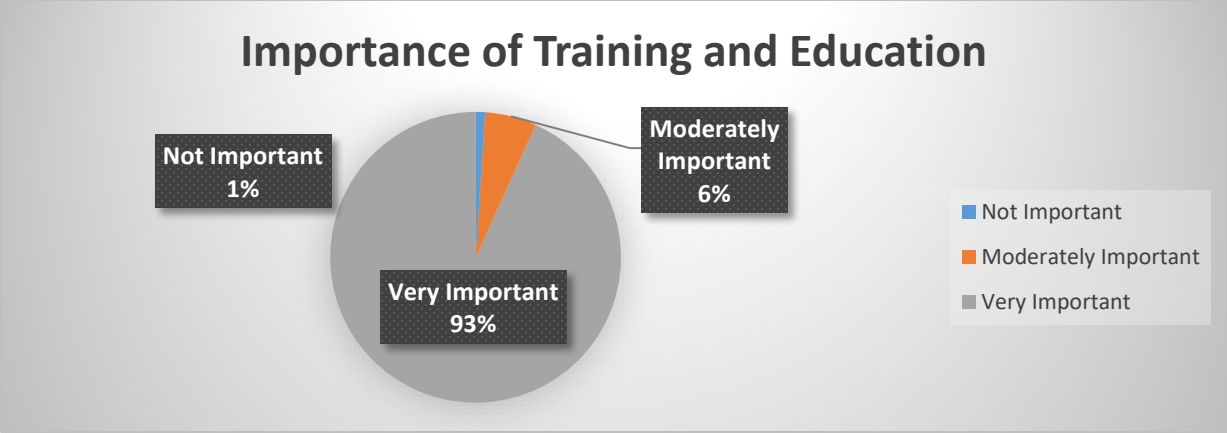


Table 1. Feedback surveys collected from family members/ caregivers show an overwhelming request for information and education.

Many families served by FAP find information and education vital because they are an integral part of caring for their loved ones.

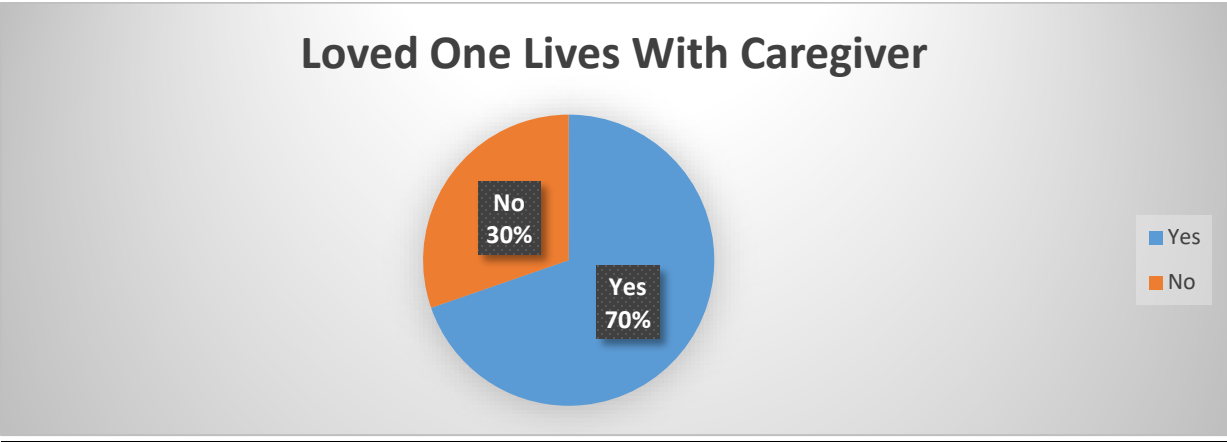
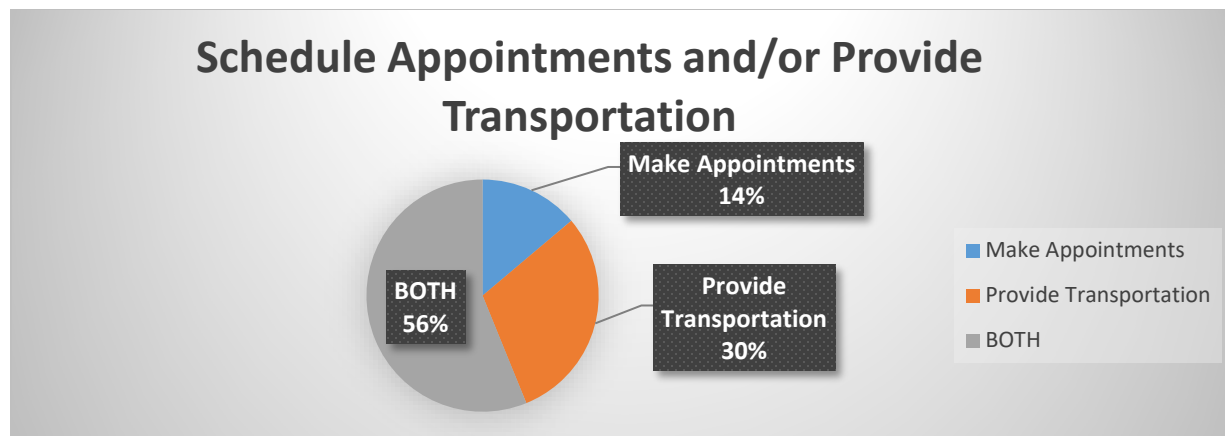


Table 2. Seventy percent of the families reported that their loved diagnosed with a mental illness resides with them.



*Table 3. Fifty-six of the families/ caregivers reported scheduling and providing transportation to their appointments.*

**Clinics/ Sites-** the Family Advocate Peer Specialists work directly with family members of consumers within their clinics, sites, and programs. A Family Advocate Peer Specialist is located in the Navigation Center to assist families/ caregivers of loved ones receiving services at Emergency Treatment Services (ETS) and Inpatient Treatment Facility (ITF). These Family Advocate Peer Specialists assist in enhancing family support services within the outpatient clinic and work directly with the clinical staff to advocate for families' integration into treatment. Family Advocate Peer Specialists provide support at the Blaine, Hemet, Temecula, and Indio Adult Behavioral Health Clinics. By promoting the empowerment of family members, they are better able to assist in their loved one's road through recovery as well as their own. Family Advocate Peer Specialists assigned

to the Family Rooms emphasize the engagement of families into treatment by offering support, education, and resources to enhance the family member's knowledge and skills and expand their participation and active role in their loved one's treatment. The FAP continuously implements its commitment to providing support, education, and resources to families in the TAY Drop-In Centers. Education, information, and engagement of parents, family members, and other support persons are included in the services and can receive supportive service from Family Advocates. Throughout Riverside County Family Advocate Peer Specialists hold weekly family support groups, TAY family support groups, and a sibling support group. Services include providing individual family support to family members within the behavioral health system, as well as in the community.

**Substance Use-** FAP assists families in understanding the Substance Abuse programs within the behavioral health system. The Senior Family Advocates educate families and provide skills needed to build healthy boundaries for their loved ones with co-occurring challenges. The countywide position acts as a liaison between Substance Abuse programs, behavioral health providers, and families. In each region of Riverside County, Substance Abuse Family Support Groups occur monthly. The Senior Family Advocate collaborates with the Substance Abuse Prevention and Treatment (SAPT) Program and other RUHS – BH programs to offer support, education, and resources to families throughout Riverside County. Also, this position provides direct linkage to community-based supports such as NAMI, DBSA, RI, Nar-Anon, Al-Anon, COTA, and regional Family Advocates and their support groups.

**Forensics-** FAP works with the Office of Public Guardian (PG) and Long Term Care (LTC) programs to assist families within the judicial system, Diversion Court, and Mental Health Court. Families experience increased struggles with understanding the complexity within the criminal justice system such as incarceration, the criminal court proceeding, MH Court, long term care, and public guardianship. The Senior Family Advocate can assist families in navigating these programs, offering support, providing a better understanding of the system, and giving hope to their loved ones. This Family Advocate Peer Specialist provides support, resources, and education to families whose loved one has been placed on conservatorship and is at a long term care facility. The Senior Family Advocate acts as a liaison between families and the programs to offer additional support and an understanding of the Veterans Mental Health Court and Detention. The State of California, Council on Criminal Justice and Behavioral Health (CCJBH) recognized the FAP for the support offered to families in the judicial system and its continued contribution to reducing recidivism rates. The FAP developed several forensic family educational series for the library of presentations provided countywide to family members, providers, and the community; “Families, Mental Illness, and the Justice System,” “My Family Member has been Arrested,” and “The Conservatorship Process.” All presentations are available in English and Spanish.

**Collaboration-** FAP attends and participates in several Behavioral Health Department Committees. Such as TAY Collaborative, Criminal Justice, Behavioral Health Regional Advisory Boards, Adult System of Care, Veterans Committee, and Cultural Competency Committees, to ensure that the needs of family members are heard and included within our system. FAP is part of the Family Perspective Panel Presentations with several RUHS – BH programs and agencies such as the Graduate Intern Field and Trainee (GIFT) program with WET, and the Crisis

Intervention Team (CIT) training to Law Enforcement. The CIT training includes the family perspective when called upon to de-escalate a mental health crisis. The PEI Senior Family Advocate is the designated Adult MHFA coordinator and, as such, collaborates with other Senior Family Advocates trained and Peer Specialists to provide this course to the community at large. The FAP remains the liaison between the RUHS – BH and the NAMI to assist the four local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program and facilitate classes in both English and Spanish as needed. RUHS – BH provided dedicated workspace to the Western Riverside, Mt. San Jacinto, and Temecula NAMI affiliates. These workspaces include computers, telephone access, storage, and conference rooms. FAP assisted the Riverside and Hemet NAMI affiliates in starting the first two Spanish-speaking NAMI meetings in Riverside County. In partnership with the local affiliates, the Spanish NAMI meetings are incredibly successful in providing much-needed support to our Spanish-speaking communities. Most recently, FAP partnered with the Filipino American Mental Health Resource Center to engage, support, and educate family members on mental health services. FAP works in collaboration with the Cultural Competency program outreach and engagement coordinators in all three regions.

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

In the past three years, FAP engaged over 8,000 family members/ caregivers through special events, support groups, outreach engagements, and contact via telephone or e-mail. In addition, FAP certified 822 MHFA graduates. Through our forensics outreach, FAP helped over 500 families within MH Court, Diversion Court, and Veterans Court.

In the upcoming Fiscal Years, The FAP proposes to increase its involvement and offer new educational supports to families and expand services such as:

- Continue to increase Family Advocate Peer Specialist positions to other clinic sites and programs such as Substance Abuse clinics and TAY

- Recovery Management for family members
- Forensics' support groups
- Have an active role in Mental Health Urgent Care
- Expand Family Advocate staff into the Crisis Residential Treatment Facility (CRT)

The FAP believes that recovery is essential in their support services to families. We provide support to the family members as they go through their own recovery journey. With continued support, education, understanding, and self-care recovery is possible for all members of the family.

**MHSA in Action!**

**Richard's Story:**

*I am writing this letter to express my appreciation for the Family Advocate Program offered by Riverside University Health System - Behavioral Health. It is a program that has helped me in so many ways and has allowed me to be more supportive of my son who receives care and treatment at the Indio Center.*

*I first became aware of the Family Advocate Program one year ago shortly after my son's intake at the Behavioral Health Center in Indio. I received my first phone call from Angelica Venegas and learned from her of all of the services available to me. The call came at the perfect time because I was feeling so much stress about my son's situation and had no one with whom to discuss it. We talked for over an hour that day as I learned about all of the resources available to help me cope with my stress. I remember feeling so encouraged following that phone call.*

*Angelica told me about upcoming meetings both at the Indio Center and elsewhere. She also told me about the "Family to Family" 12 week program starting the first Saturday in March 2019. It was an excellent program and helped me in so many ways. Angelica continues to stay in touch encouraging me and telling me about upcoming meetings and activities. She has also helped me keep track of my son's recovery program so I can encourage him and support him in his recovery. We have often seen each other at the local NAMI monthly meeting.*

*Currently, Angelica and I are talking about an additional opportunity to bring my family together to work together as a family team. I look forward to it with much optimism.*

*The support that I have received and continue to receive has been so valuable. I feel very fortunate to be a part of this program. I will continue to stay in touch with Angelica and I know that I can always call her when I need help or encouragement.*

*By the way, my son is doing so much better since entering the program.*

## MHSA in Action!

### O. Family Story:

Good afternoon,

*I am the head of the household for the O. family and my son is diagnosed with a mental illness. He is 25 years old and was diagnosed with schizophrenia 7 years ago and he has been receiving mental health services at the Perris family room for 5 years now. When my son was diagnosed, it was very difficult for the whole family. At that time, we lived in San Fernando Valley and we did not know what to do. We sought help and there was none. We wanted information and none was given. All the doors we knocked on seemed to be closing on us. It was very difficult. We wanted to help my son but we did not know how. Fortunately, we uprooted and moved to Moreno Valley in Riverside County and my daughter found the NAMI website through an internet search. We called for help. The very next day, we got a call from a family advocate who provided us with all the information and offering his support. He sent us to the Perris family room clinic and that is where recovery started not just for my son but also for the whole family. My son attended mental health recovery groups for two years straight and some groups in riverside. My daughter, my wife, and I have also been attending different family support groups in Perris, Moreno Valley, and Riverside. Thanks to all this, we have learned how to support my son and thanks to all the groups and his medication today, he is stable. It has been three years since his last psychiatric crisis where he was hospitalized for two weeks. Shortly after that, he enrolled in Moreno Valley community college and he just transferred to the University of California, Riverside. He just started his first week of classes there (1/5/20). My son is doing a lot better but my wishes are for him to be independent so that he can satisfy his needs on his own and control his mental health symptoms. It would be more helpful if the information we received was more readily available and there were additional support groups in Spanish as this is an additional barrier to overcome. I want to take this opportunity to thank all of you for your time and your support during our trying times and in addition, I want to wish that you keep doing this forever. Thank you very much.*

## MHSA in Action!

### M. Family Story:

*We are honored to write you this letter discussing our personal experience with our loved one, Javier. At the time, he was around 21 years old. We felt we had lost him. He hadn't showered for weeks, was refusing to eat at home because he swore the food was poisoned, believed the government was spying on us, and didn't even trust his own family. My mother had to go as far as to fake she was sick to convince him to receive help. I'm not sure why that worked, but whatever stability he had left inside his head got him to get up and say he would go if his brother-in-law came along.*

*He volunteered to be taken into the Blaine St. clinic in Riverside. With his mother's and brother-in-law's support, they drove there and asked for information and were greeted by the Family Advocate Venecia . She was a wonderful young woman that patiently listened and asked what we needed. She guided us to make an appointment for Javier's evaluation and testing to see if he qualified for services at the clinic. Venecia then told us there were Family Support groups we could attend closer to our home to receive comfort and understanding of how to cope with a family member in this situation. Therefore, a week later the entire family arrived to its very first NAMI meeting with Family Advocate Maria Algarin. It would be the beginning of a new change for all of us, we were not alone, others were suffering just as much as we were and no one was there to judge. Because of our schedules, we decided that the day out of the week for the family group at Blaine clinic worked better for us, so we began to attend with Family Advocates Venecia and Maria D. We were very grateful they were there for us to guide us and understand our needs in my mother's native Spanish language.*

*The Blaine staff have all been wonderful people, starting from the receptionist, nurses and of course, Javier's Doctor, Dr. Amador. He allowed us to ask questions about any concerns we had and with the permission of Javier, we were allowed to be present if we wanted to see him. Dr. Amador has been very patient, he has made us feel he cared for his well-being that he is more than just the title of a mental health problematic patient. Javier could not have asked for a better doctor.*

*As a family it was very difficult to accept that he had Schizophrenia. We were ashamed, we lost our patience, and we could not understand him. We assumed he would eventually just be "normal". That, sadly, was not the case. With the help of the family support groups: Familia a Familia, family therapy, and siblings support group we learned to accept and understand the new Javier with medication. Although, even now it can, at times, be a little difficult we have learned to listen and tolerate. These programs that are offered at the Blaine St. clinic have helped us to have some peace of mind. Without them we would be lost, we would be ignorant in the world of mental health problems, and we wouldn't understand him as a mother, a father, sisters and as a brother-in-law. We all learned and helped to understand each other's different roles with Javier. Each one of us saw him differently and without the help of these groups we would constantly be in disagreements due to the lack of understanding. We will forever be grateful. Today, six years later, Javier continues to attend the same clinic, with the same doctor, and his mother still makes time for family groups because she says we still need to continue to attend to refresh our memories and retell our stories to others who are walking into the same situation we were once in.*

## Housing

### **MHSA Housing Activities, July 1, 2018 - June 30, 2019**

The Riverside University Health System – Behavioral Health continued to provide housing and homeless services to our department and the community at large through our Homeless Housing Opportunities, Partnership, and Education (HHOPE) program. HHOPE provides a full continuum of housing and homeless services. These include but are not limited to:

- Coordinated Entry System (CES): a 24/7 hotline and staff to assess and refer those in a housing crisis
- Street Outreach & Case Management
- Emergency Housing
- Rental Assistance
- Transitional / Bridge Housing
- Permanent Supportive Housing
- Augmented Adult Residential Facilities
- New Housing Development & Production Activities

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

One critical aspect of the program is the HHOPE Housing Resource Specialists who are funded through MHSA. This position provides ongoing support to scattered site housing managers and residents. During FY 18/19, the staff of the HHOPE Program provided property management and resident supportive services to consumers residing in nearly 300 supportive housing apartments/units across Riverside County, which incorporated various funding streams including HUD, state and MHSA funds. They also support the various landlords in the MHSA apartments and our emergency shelter motel vendors to ensure safe and available housing options. Their role includes grant compliance, rental assistance, and prevention activities.

HHOPE was awarded a HUD grant as the Riverside County Coordinated Entry Lead. A Coordinated Entry system (CES) provides a cohesive and integrated housing crisis response



system with our existing programs, bringing them together into a no-wrong-door system, which allows our housing crisis response community to be effective in connecting households experiencing a housing crisis

(whether sheltered or unsheltered) to the best resources for their household to provide sustainable homes. HHOPE was very active in FY 18/19 in the continued development and operations of the CES program and worked to ensure that our individuals were protected and ensured that those at most risk are treated equitably. HHOPE staff will provide ongoing supports and education to the community regarding the CES system capabilities and work to continually improve the system. In 18/19 CES fielded over 7,000 calls for homeless assistance. CES referred 677 households for housing assistance/vouchers. HHOPE CES staff provided training on the County's homeless assessment, the VISPDAT, and trained assessors who collected 1,062 assessments of homeless individuals/households; these are forwarded to HHOPE staff for processing.

The HHOPE program currently has 8 dedicated mobile homeless outreach teams, composed of a Behavioral Health Specialist II and a Peer Support Specialist on each team. These teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to our MHSA services. These teams continue to be integral and are key players in the housing of homeless Veterans initiatives in our community as well as the chronically homeless. The Veterans initiatives resulted in Riverside County being awarded as the first large community in the nation to achieve functional zero for Veteran homelessness.

Recognized as innovative in our Housing Crisis program development and street engagement programs, RUHS-BH HHOPE continues to work in collaboration with city government and law enforcement to provide contractual street engagement in targeted services to the City of Palm Springs. The Palm Springs project began in 2016/17 and experienced significant success, resulting in adding an additional outreach team in the City of Palm Springs beginning in 2018. Utilizing an innovative Housing Crisis approach and housing plan development initiatives, these teams play a key role in linking those on the streets into our Behavioral health services and system. HHOPE has also worked with local agencies to provide ongoing trainings to staff on Housing Crisis program development and is working collaboratively with law enforcement agencies as they develop new homeless specific services in their programs.

During FY18/19, MHSA funding for temporary emergency housing and rental assistance was continued and further supplemented with grant funds from EFSP (Emergency Food, Shelter

Program) in order to provide access to emergency motel housing or rental assistance. These funds also help support our Housing crisis program around housing prevention services to prevent actual homelessness and subsequent families or individuals living in the streets. Not counting EFSP funds, MHSA alone, through HHOPE's administration, provided 45,841 bed nights of emergency housing for consumers. This represents 907 unduplicated households who received housing assistance with 1,207 total household members of whom 209 were children. Further, MHSA funds provided a total of 8,388 bed nights of rental assistance. This assistance is provided to help consumers pay a first month's rent or avoid eviction. This assistance helped 125 unduplicated households with 246 total household members of whom 79 were children.

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

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

The Place, located in Riverside, opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry, shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center operates 24/7/365 and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. The drop-in center had 6,522 total visits in FY18/19. The permanent housing component operated at above 100% occupancy over the course of the year. Overall, more than 91% of residents of The Place maintained stable housing for one year or longer.

The Path, located in Palm Springs, opened in 2009 and provides permanent supportive housing for 25 adults. It is located immediately adjacent to a Full Service Partnership clinic operated by RUHS-BH. Nearly 92% of the individuals who have resided in The Path maintain stable housing for one year or longer and the PATH maintain over 100% occupancy rates across the year. Five individuals moved on from their residency at The Path to live independently in their own apartments.

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

HHOPE staff have also provided ongoing consultation, landlord, and housing supports to the Riverside County Probation department. Through the AB109 Housing program, the HHOPE program worked to contract housing providers to meet the needs of offenders recently released from jail and seeking housing. Housing ensures stability and safety for the AB-109 Early Release individuals who are living on the streets while they work to re-engage with their families and community as well as seek reinstatement in active and positive community contributions, including employment and self-sufficiency.

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

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

The MHSA permanent supportive housing program continues to maintain stable housing for over 109 at risk participants with each MHSA-funded project consisting of 15 integrated supportive housing units within the larger 75-unit complex. Each apartment community includes a full-time onsite RUHS-BH funded support staff with a dedicated office. Additionally, the HHOPE program staff support the tenants as well as wrapping supports around the landlord to help support them around any complications they may experience. The MHSA apartment units operate at 100% occupancy and experience very little turnover, with an ongoing waiting list of more than 100 eligible consumers for housing of this kind.

Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

HHOPE has been identified as one of the leading providers of supportive housing in our community and as such has provided ongoing consultation services and specialized training to other Behavioral Health staff and community agencies on landlord services and Supportive Housing Best Practices. Three trainings in the summer 2017 were attended by more than 280 individuals, with additional program specific training provided to new PSH agencies. Our HHOPE administrator has been a presenter at the National Alliance on Ending Homelessness, the nation's

premier homelessness conference in both FY 18/19 and 19/20. This allows what HHOPE has learned in the past years to be shared and educate others on the best services for our individuals

### **Looking Ahead to FY19/20**

The HHOPE staff will continue to provide a unique Housing Crisis Response program with ongoing landlord and supportive housing supports throughout the community. Additionally, we will expand our Housing Crisis Response - outreach and engagement teams to an additional team in Palm Springs and a new team in the Blythe community in eastern Riverside County,

There are now a total of 105 units of MHSA permanent supportive housing delivered to mental health consumers in Riverside County with more than 200 in other supportive housing, yet there are more than 100 MHSA-eligible consumers who are presently on a waiting list for permanent supportive housing in Riverside County. Permanent supportive housing for people with a behavioral health challenge remains an integral part of the solution to homelessness in Riverside County. The need for this housing continues to outpace the supply. While there remains much community uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program due to the loss of various state and federal funding, such as Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, we continue to press forward and seek every opportunity to provide needed housing opportunities. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing which includes units of permanent supportive housing for MHSA-eligible consumers. One such effort is the No Place Like Home Program.

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

Key features of the program include:

- Counties will be eligible applicants (either solely or with a housing development sponsor).

- Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.
- Counties must commit to provide mental health services and help coordinate access to other community-based supportive services.”

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

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

## Prevention and Early Intervention (PEI)

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

Cultural Competency Outreach and Engagement Activities

Ethnic and Cultural Leaders in a Collaborative Effort (Consultants)

Filipino American Mental Health Resource Center

Toll Free 24/7 “HELPLINE”

Network of Care

Peer Navigation Line

“Dare to Be Aware” Youth Conference

Contact for Change

Up2Riverside Media Campaign

Promotores de Salud Mental y Bienestar

Community Mental Health Promotion Program

Suicide Prevention Activities

Integrated Outreach and Screening

### PEI-02 Parent Education and Support

Triple P - Positive Parenting Program

Strengthening Families Program

Mobile Mental Health Clinics

Inland Empire Maternal MH Collaborative

### PEI-03 Early Intervention for Families in Schools

Peace 4 Kids Program

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

Stress and Your Mood Program (SAYM)

Peer-to-Peer Services

Outreach and Reunification Services to Runaway TAY

Active Minds

Directing Change Program and Film Contest

Teen Suicide Awareness and Prevention Program

## Prevention and Early Intervention (continued)

### PEI-05 First Onset for Older Adults

Cognitive-Behavioral Therapy for Late-Life Depression

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

Care Pathways - Caregiver Support Groups

Mental Health Liaisons to the Office on Aging

CareLink/Healthy IDEAS

### PEI-06 Trauma-Exposed Services

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Seeking Safety

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Informed Systems

### PEI-07 – Underserved Cultural Populations

Hispanic/Latinx

Mamás y Bebés (Mothers and Babies)

African American

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

Africentric Youth and Family Rites of Passage Program (RoP)

Guiding Good Choices (GGC)

Cognitive-Behavioral Therapy (CBT)

Native American

Strengthening the Circle

Wellbriety Movement and Celebrating Families

Gathering of Native American Families (GONA)

Asian American/Pacific Islander (AA/PI)

KITE: Keeping Intergenerational Ties in Ethnic Families; Formerly known as Strengthening Intergenerational /Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families



**Prevention and Early Intervention Programs for Fiscal Year 2019/2020**

Program Name	Description	Target Pop.	Status / Provider
<b>PEI-01 Mental Health Outreach, Awareness, and Stigma Reduction</b>			
RCDMH Cultural Competency Program - Outreach and Engagement	RCDMH staff provide community outreach and engagement activities targeting underserved populations. This includes ethnic and cultural leaders (consultants) as well as taskforce groups for underserved populations.	Community-at-large	RUHS-BH; Cultural Brokers (Consultants) RFP released 10/21/19; Pre-Bidder's conference 11/21/19; closed 1/23/20; in evaluation; Hispanic/Latinx, African American, Native American, Asian/PI, LGBTQIA, Deaf/Hard of Hearing, and Faith-Based communities
Filipino American Mental Health Resource Center	Agreement to run a Resource Center in support of outreach activities and education, as well as linkage to appropriate mental health services for Filipino Americans in the Perris Valley and surrounding areas of Riverside County in order to reduce mental health stigma, increase mental health awareness, connect community with services and community mental health resources	Filipino American Community	Perris Valley Filipino American Association, Inc.
Toll Free 24/7 Helpline and 211	24/7 crisis/suicide prevention hotline; Provides referrals and resource information.	Community-at-large	Contract with Community Connect
Network of Care	Interactive website available to consumers, family & community members, community-based organizations and providers; Easy access to a wide variety of behavioral health resources.	Community-at-large	<a href="http://www.riverside.networkofcare.org">www.riverside.networkofcare.org</a>
Peer Navigation Line	A toll free number to assist the public in navigating the Behavioral Health System and connect them to resources based upon their individual need. Staff of the PNL are individuals with "lived experience."	Adults and older adults	RUHS-BH
May is Mental Health Month Event	Community events (in each region) held to celebrate May is Mental Health Month.	Community-at-large	RUHS-BH (May)
Dare to be Aware Youth Conference	Full day conference for 800 middle and high schools students; Goals are to increase awareness and reduce stigma related to mental illness.	Middle & High School students	RUHS-BH January 31, 2020 at the Riverside Convention Center
Contact for Change	Includes two programs: Speaker's Bureau and Educator Awareness Program. Each program involves presenters with lived experience of mental health challenges sharing their personal story of recovery. The Educator Awareness Program is presented to school professionals and include information to help them identify the key warning signs of early onset mental illnesses in children and adolescents in school.	Speaker's Bureau: employers, landlords/housing officials, healthcare providers, legislators, faith-based communities, media, community-at-large, ethnic & cultural populations; PEI Target populations: Educator Awareness Program: educational faculty & administration	Countywide Contract with RI International; RFP released 10/8/19; Pre-Bidder's conference 11/12/19; closed 1/2/20; in evaluation
Media & Mental Health Promotion and Education Materials	Up2Riverside Campaign (Narrowcasting)	Community-at-large	Contract with Civilian
Promotores de Salud Mental y Bienestar	Health workers who work and are from the community they serve. They provide health and mental health education and support to members of their communities.	Hispanic/Latinx community members	Contract with Vision y Compromiso for West and Desert regions

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

Community Mental Health Promotion Program (CMHPP)	Health workers who work and are from the community they serve. They provide health and mental health education and support to members of their communities	African American, Asian American/PI, Native American, LGBTQ, Deaf/Hard of Hearing community members	Riverside San Bernardino County Indian Health - NA Countywide Special Services for Groups - A/PI Western & Mid; Borrego Community Health Foundation - LGBTQ Desert, African American Health Coalition - AA Countywide No Bidders for Deaf/HoH
Integrated Outreach and Screening	Outreach at Riverside County Health Care Centers (FQHC) integrates mental health and physical health care and allows greater opportunity to identify early signs of mental illness and reduce disparities in access to mental health care through referral with linkage to needed resources that will reduce delay in receiving help	Consumers of Community Health Centers	RUHS-BH & RUHS Medical Center
<b>Suicide Prevention Activities</b>			
Suicide Prevention Learning Collaborative and Coalition	Through CalMHSA, RUHS-BH had the opportunity to participate in a learning collaborative focused on the development of a countywide strategic plan for suicide prevention as well as a Suicide Prevention Coalition. Preliminary work regarding data collection and understanding best practices started in FY18/19. FY19/20 will include a stakeholder process specific to suicide prevention as well as the development of a strategic plan for Riverside County and the start of a Countywide coalition.	Community-at-large	Suicide Prevention workgroups were held July 15th and 16th, 2019, a Riverside County Suicide Prevention Strategic Plan is in development. Suicide Prevention Coalition will be developed with partner agencies and a variety of stakeholders to implement the plan
Applied Suicide Intervention (ASIST) Workshop	This workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. This two-day workshop incorporates small group discussions and skills practice that are based upon adult learning principles.	Community-at-large	RUHS-BH PEI staff provide trainings to community providers, school staff, and community-at-large
safeTALK Workshop	This 3 hour workshop is a training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid and resources.	Community-at-large	RUHS-BH PEI staff provide trainings to community providers, school staff, and community-at-large
Know the Signs presentations	A 1-hour presentation intended to prepare individuals to prevent suicide by encouraging them to know the warning signs for suicide, find the words to offer help to someone they are concerned about and reach out to local resources. Know the signs. Find the words. Reach out. Available in Spanish.	Community-at-large	RUHS-BH PEI staff provide trainings to community providers, school staff, and community-at-large
Mental Health First Aid (MHFA) - Adult and Youth courses	After completing a statewide and county specific needs assessment, UACF will be organizing and facilitating Mental Health First Aid workshops for community members. Available in Spanish.	Community-at-large	RUHS-BH PEI staff provide trainings to community providers, school staff, and community-at-large
<b>PEI-02 Parent Education and Support</b>			
Triple P - Positive Parenting Program	Level 4 of Triple P is being provided to parents/caregivers of youth 2-12 years old and 12-16 years old (Teen Triple P). It is an 8 week group model.	Parents/caregivers of children 0-12 and teens 12-16	Contracts with the Wylie Center for Western, Mid-County, and Desert regions; RFP released 10/3/19; Pre-Bidder's conference 11/20/19; closed 1/16/20; in evaluation
Mobile Mental Health Clinics and Preschool 0-5 program	For families w/ children who exhibit chronic disruptive behaviors at home, in school, preschool or daycare. Services are provided in mobile clinics. Services include: PCIT, Incredible Years, Strong Kids group, TCIT, Parent and Staff consultations.	Parent/caregiver & child (aged 2-6)	RUHS-BH

<b>PEI-02 Parent Education and Support (continued)</b>			
Strengthening Families Program (SFP 6-11)	This program brings together 8 - 12 families per cycle for fourteen group sessions; For families with children ages 6-11.	Parents & their children	Contracts with MFI for Western and Mid-County and Latino Commission for Desert Region
Inland Empire Maternal Mental Health Collaborative (IEMMHC)	The Riverside and San Bernardino collaborative works to educate and bring awareness to the issue of maternal mental health. Activities include an annual conference, film screenings with panel discussion, and other activities to support these efforts.	Each conference has had about 200 or more people attending, including local professionals that serve pre and post natal women	Support and participation in the Inland Empire Maternal Mental Health Collaborative; March 11, 2020 - Documentary screening & discussion; Not Carol
<b>PEI-03 Early Intervention for Families in Schools</b>			
<b>RUHS-BH Public School Collaborative for Middle-School Students</b>			
Peace4Kids	This model is based on Aggression Replacement Training (ART). Peace4Kids improves skill acquisition and performance, anger control, decreases the frequency of acting out behaviors and increases the frequency of constructive, pro social behaviors. The Peace4Kids curriculum added the empathy component, character education and expanded the anger control and social skills lessons. A parent component was added along with a discipline structure.  Recipient of the 2019 RnVCo Innovates Award for demonstrating new ideas that have been implemented, enhanced, and achieved results.	Children (and their parents) in grades 6-8 enrolled at Desert Springs Middle School and Painted Hills Middle School	RUHS-BH outstationed at Desert Springs Middle School and Painted Hills Middle School
<b>PEI-04 Transition Age Youth (TAY) Project</b>			
Stress and Your Mood Program (SAYM)	Based on the concepts of Cognitive-Behavioral Therapy (CBT); Typically a group model but can be individual.	TAY (16-25), LGBTQ, Foster Youth, Youth transitioning into college, runaway youth	Contracts with Operation SafeHouse for Western and Desert Regions; FY20/21 will be part of TAY Resiliency Project
TAY Peer-to-Peer Services	Will utilize youth speaker's bureaus to outreach and educate at-risk youth and the community-at-large of the unique issues each group of identified at-risk youth experience as they relate to mental health and interpersonal issues. Will also include a mentoring program.	TAY (16-25), LGBTQ, Foster Youth, Youth transitioning into college, runaway youth	Contract with Operation SafeHouse for Western and Desert regions; Contract with Victor Community Support Services for Mid-County; FY20/21 will be part of TAY Resiliency Project
Outreach and Reunification Services to Runaway TAY	Provides crisis intervention and counseling strategies to facilitate re-unification of the transition age youth with an identified family member. Outreach includes training and education for business owners, bus drivers, and other community agencies to become aware of at-risk youth who may be homeless or runaway and seeking support. Trained individuals assist youth in connecting them to safety and additional resources. Follow-up referrals assist with stabilization of the living situation for the youth. RUHS-BH collaborates with community providers to identify specific outreach strategies to reach runaway TAY and to reach unserved and underserved populations, including LGBTQ youth.	TAY (16-25)	Contract with Operation SafeHouse

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

<p>Active Minds</p>	<p>Local colleges and universities will develop and support chapters of this student run mental health awareness, education, and advocacy group. The student run chapters will organize campus wide events to remove the stigma that surrounds mental health issues and create an environment for open conversations about mental health issues. RUHS-BH continues to support the Send Silence Packing exhibit on campuses when available. SSP is a nationally recognized traveling exhibit of 1,100 donated backpacks representing the number of college students lost to suicide each year.</p>	<p>TAY &amp; their families</p>	<p>There are chapters at RCC, UCR, College of the Desert, MSJC, MVC, &amp; Cal Baptist  Fund the Send Silence Packing Exhibit when available - Spring 2020 tour canceled due to COVID, will be rescheduled for Spring 2021</p>
<p>Directing Change Program and Film Contest</p>	<p>The contest is part of Each Mind Matters: California's Mental Health Movement and statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. Youth are asked to produce a short film that focus on suicide prevention and mental health challenges. A simultaneous program contest and award ceremony is coordinated at the local level for Riverside County youth.</p>	<p>Youth and TAY ages 14-25</p>	<p>RUHS-BH co-sponsors with San Bernardino DBH 2020 Riverside entries: 171 Film Submissions from 26 schools by 563 youth  2020 local event canceled due to COVID; Riverside County Virtual Recognition Ceremony May 7, 2020; available on FaceBook, Instagram, Snapchat, YouTube</p>
<p>Teen Suicide Awareness and Prevention Program (TSAPP)</p>	<p>MOU with RUHS- Public Health to incorporate Suicide Prevention (SP) curriculum with many Middle and High School campuses within 8 school districts. The main goal of the SP program is to prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school and middle school within the selected school district will be required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. In addition IPS will assist each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. Students are highly encouraged to participate in the annual Directing Change video contest. The remaining activities will include handing out SP cards at open house events, school events, and making PSA announcements.</p>	<p>Middle and high school students</p>	<p>MOU with RUHS - PH</p>

**PEI-05 First Onset for Older Adults**

<p>Cognitive-Behavioral Therapy (CBT) for Late-Life Depression</p>	<p>Early intervention program for older adults with depression. This is an individual intervention that can be provided in the location where the participant feels comfortable.</p>	<p>Older Adults</p>	<p>Contract with The Center (Desert); Contract for Western and Mid-County regions was not re-newed; an RFP released 9/13/19 for Western &amp; Mid-County regions; RFP cancelled due to proposals received did not provide adequate information to address the required services and proposed costs were determined to be unreasonable.</p>
<p>Program to Encourage Active Rewarding Lives for Seniors (PEARLS)</p>	<p>Program for older adults who have minor depression and are receiving home-based social services from community services agencies; Individual early intervention.</p>	<p>Older Adults</p>	<p>Contract with Inland Caregiver Resource Center Countywide.</p>

<b>PEI-05 First Onset for Older Adults (continued)</b>			
Care Pathways - Caregiver Support Groups	Psychoeducation curriculum and supportive interventions and provide support groups for caregivers of seniors with mental illness, dementia, or receiving PEI services. Recipient of the 2019 RivCo Innovates Award for demonstrating new ideas that have been implemented, enhanced, and achieved results.	Adults and Older adults	MOU with Office on Aging
Mental Health Liaisons to Office on Aging	Two RCDMH clinical staff assigned to consult with Office on Aging staff as well as provide clinical intervention as assigned.	Older Adults	RUHS-BH staff are outstationed to Office On Aging
CareLink Program	Care management program which includes the provision of Healthy IDEAS, an early intervention for older adults with minor depression	Functionally impaired adults and frail and at risk older adults	MOU with Office on Aging
<b>PEI-06 Trauma-Exposed Services</b>			
Cognitive-Behavioral Interventions for Trauma in Schools (CBITS)	Cognitive Behavioral Therapy group intervention at schools to reduce children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.	Children ages 10-15	Contracts with: Junipero USD; Western region - JUSD;  Operation SafeHouse: Western region - RUSD, Alford USD, & Moreno Valley USD; Mid-County - Lake Elsinore, Navview, and Hemet USD; Desert region - Palm Springs USD
Seeking Safety	Coping skills program designed for people with a history of trauma and substance abuse; Group or individual format. Female, male or mixed gender groups. Found effective with people with PTSD and for those with a trauma history that do not meet criteria for PTSD.	TAY and Adults	Contracts with Riverside City College in the Western region and The Wylie Center for Mid-County region have sunset 6/30/19. RFP closed 12/20/18; currently in contract negotiations
Trauma-Focused Cognitive Behavior Therapy (TF-CBT)	A psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems in children and adolescents. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy.	Children and Adolescents	RUHS-BH
Trauma Informed Care	Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.	RUHS-BH System of Care	RUHS-BH - implementation has started with Trauma Transformed. Kick-Off training held April 8, 2019; T4T is in process; Leadership Learning Community in place; Champions Learning Community in place

<b>PEI-07 Underserved Cultural Populations</b>			
<b>Hispanic/Latino</b>			
Mamás y Bebés (Mothers & Babies)	Manualized 12 week mood management perinatal group intervention for women.	TAY and Adult women	Contracts: Western region - Reach Out Mid-County region - Riverside Community Health Foundation
<b>Building Resilience in African American Families (BRAAF)</b>			
<b>- Boys Program</b>			
<b>- Girls program</b>			
Africentric Youth and Family Rites of Passage Program	After school program, held for two hours, three days per week for the 9-month academic year. Serves 15 youth.	Boys Program: African American males enrolled in middle school  Girls Program: African American females enrolled in middle school	Boys Program: Contracts with Sigma Beta Xi, Inc in Western region,  Riverside County Black Chamber of Commerce for Mid-County, Family Health and Support Network for Desert region.
Cognitive Behavioral Therapy and/or Cognitive-Behavioral Interventions for Trauma In Schools (CBITS), if indicated	Cognitive Behavioral Therapy interventions will be available to youth in the program and their families as needed. This can be done as individual, family, and/or group intervention. If enough youth meet criteria for PTSD, then CBITS can be offered. CBITS is a group intervention to reduce children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.	Children ages 10-15	Girls Program: Contract with Family Health & Support Network in Desert region (pilot) - Pilot showed success, approved for expansion to all 3 regions.  RFP for Boys program released 4/27/20; Pre-Bidder's meeting 5/12/20; close date 6/10/20 RFP for Girls program to be released soon.
Guiding Good Choices	Prevention program that provides parents of children 9-14 years old with the knowledge and skills needed to guide their children through early adolescence; Group model.	Parents/guardians of African American children aged 9-14	
<b>Native American</b>			
Wellbriety and Celebrating Families Movement with CBT intervention, as needed	Cognitive behavioral support group model for families to strengthen recovery from alcohol and/or other drugs, break the cycle of addiction and increase successful family reunification. 16 week curriculum that integrates traditional Native teachings and cultural practices, including the Healing Forest Model, as a framework allowing each community to include traditional practices. Cognitive Behavioral Therapy interventions will be available to youth in the program and their families as needed. This can be done as individual, family, and/or group intervention.	Native American families for the whole family ages 3 through adult	RFP released 12/10/19; closed 2/20/20; currently in evaluation
Gathering of Native Americans (GONA)	A culture-based planning process for a 4-day event where community members gather to address community identified issues. It uses an interactive approach that empowers and supports AI/AN tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices	Native American community	
<b>Asian American</b>			
Keeping Intergenerational Ties in Ethnic Families (KITE)	Formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITE): A Curriculum for Immigrant Families. Program designed to address needs of Asian/Pacific Islander families including community education/outreach workshops, a bicultural parenting class, and family support service linkage.	AA/PI immigrant parents and/or caregivers	Contract with Special Services Group (SSG) West and Mid-County Regions

**Special Projects**

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

## PEI Overview

### What is PEI?

Prevention and Early Intervention (PEI) aims to prevent the development of mental illness or intervene early when symptoms first appear. Our goal is to:

- Increase community outreach and awareness regarding mental health within unserved and underserved populations.
- Increase awareness of mental health topics and reduce discrimination.
- Prevent the development of mental health issues by building protective factors and skills, increasing support, and reducing risk factors or stressors.
- Address a condition early in its manifestation that is of relatively low intensity and is of relatively short duration (less than one year).

Programs need to be provided in places where mental health services are not traditionally given, such as schools, community centers, faith-based organizations, etc. The intent of PEI programs is to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment.

In Riverside County, PEI programs have been in place since September of 2009. The annual update and community planning process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate programs and services that have not yet been implemented, and look at new and expanded programs and services. A PEI Steering Committee met to review input from the community, RUHS - BH

committees, and stakeholder groups. These diverse groups also reviewed the outcomes of programs currently being implemented in order to make informed decisions about programs and services included in the 3 Year Program and Expenditure Plan for FY20/21-22/23 PEI plan. Stakeholder feedback is a critical element in the success of PEI programming. We take the voice of the community seriously and look for ways to improve our communication. To this end, quarterly PEI Collaborative meetings are held to share program highlights and outcomes, current and upcoming PEI activities, receive feedback from the community, and provide a space for provider networking and partnership

development to improve the delivery of services. Additionally, a quarterly newsletter, the PEI Pulse, is disseminated electronically and available on our website.







MHSA Community forums are also a part of our regular stakeholder process at large community events.

In fiscal year 18/19 program implementation continued serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster trainings related to those models and other PEI topic-specific trainings. In FY18/19 there were 144 training days with 2,411 people trained.

The PEI unit includes an Administrative Services Manager, four Staff Development Officers (SDOs), two Clinical Therapists (CTs), three Social Service Planners (SSPs), one Family Advocate/NAMI Liaison, one Secretary, and two Office Assistants (OA). The SDOs have completed the process of becoming trained trainers in many of the programs being funded which allows for local expertise as well as cost savings. Each SDO worked with their assigned PEI providers to offer training and any needed problem solving and technical assistance, as well as monitoring of model fidelity. The SSP/CTs also offer ongoing support to the PEI providers through technical assistance including, but not limited to, support surrounding outcome measures. The Family Advocate serves as the Department's NAMI liaison with our four local affiliates. In addition, the Family Advocate is the lead coordinator for MHFA trainings and does extensive outreach throughout the County for mental health awareness and suicide prevention. The PEI unit was built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community. In FY18/19 two Requests for Proposals (RFP) were released and 5 new contracts were awarded for PEI programs.



In addition to training and technical assistance to PEI providers, the PEI unit coordinates and implements a variety of community-wide activities to include: suicide prevention training and coordination, education and awareness events such as: the local Directing Change Screening and Recognition ceremony, the Dare to be Aware Youth Conference, Send Silence Packing exhibits and community presentations, May is Mental Health month activities, suicide prevention week activities: mini-grants, awareness walk, and more. Outreach activities that focus on mental health awareness and suicide prevention are carried out by PEI staff throughout the year to educate the community about mental health and reduce stigma while encouraging help seeking behavior. Efforts in FY18/19, utilizing the EMM Toolkit for Mental Health Matters month, included workplace awareness of self-care. Resource tables encouraging people to share their “Lime Green Story” were set up in the outpatient clinic lobbies throughout the Department for staff and consumers.



The Annual Prevention and Early Intervention Summit is also provided. The PEI Unit held the 7th Annual PEI Summit in August of 2018. The overall purpose of the Summit is to (1) address any challenges PEI providers have been facing in the past year and provide skills they can directly apply to their work in PEI, (2) educate providers about all PEI programs and increase their understanding of how their program fits into the PEI plan, (3) to increase collaboration, partnership, and referrals between PEI providers, and (4) recognize the contributions of PEI providers in Riverside County and motivate providers to continue the work in the year to come. The FY18/19 Summit theme “Prevention Works: 10 Years of PEI in Riverside County” focused on the successes and outcomes of PEI programs since first implementation and developing provider skills to use themselves



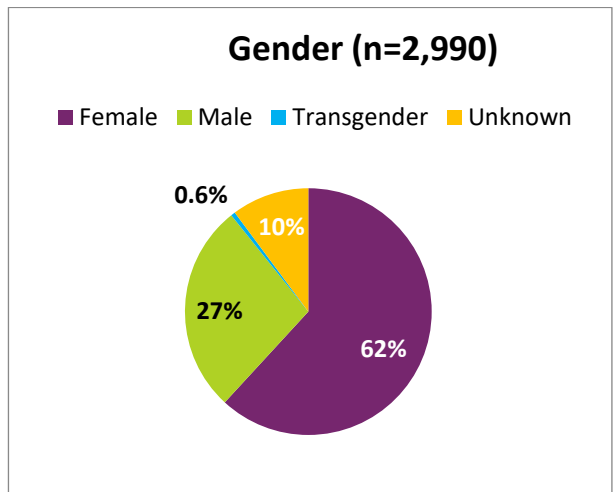
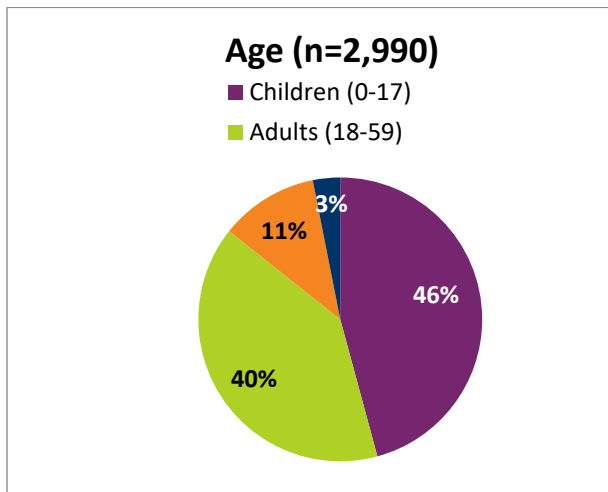
as a tool for change within their program practice. One hundred and forty-nine providers attended the Summit and the overall evaluations were very positive.

**Who We Serve – Prevention and Early Intervention**

In FY18/19 60,624 Riverside County residents were engaged by Prevention and Early Intervention outreach and service programs. Of those, 2,990 individuals and families participated in PEI programs (excluding outreach). The following details the demographics of the participants.

Table 1

Race/Ethnicity	PEI Participants (n=2,990)	County Census (n=2,361,026)
Caucasian	15%	37%
Hispanic/Latino	52%	48%
Black/African American	11%	6%
Asian/Pacific Islander	1%	6%
Native American	1%	0.4%
Multi-Racial	8%	3%
Other/Unknown	12%	0.1%



PEI programs are intended to engage un/underserved cultural populations. In Riverside County the target ethnic groups are: Hispanic/Latino, Black/African American, Asian/Pacific Islander, and Native American. The table above lists each of the groups and the percentage of PEI participants from each in comparison to the County census for Riverside. The table demonstrates that PEI services are reaching the intended un/underserved ethnic groups at appropriate rates, with the

exception of Asian/PI. RUHS-BH Cultural Competency program has been working closely with a community consultant, an Asian American taskforce has been established, and programs designed specifically for the Asian/PI population focusing on parenting and mental health promotion/education have begun (FY19/20). More detail about this is explained under work plan PEI-07.

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

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

#### **Cultural Competency Outreach and Engagement Activities:**

##### **Cultural Competency Program**

The Cultural Competency Program is dedicated to fostering a system of care in which persons from diverse backgrounds have the opportunity to experience wellness and recovery through our shared values:

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



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

The Cultural Competency Program highly values cultural humility by instilling a “commitment and active engagement in a lifelong process of learning that service providers humbly enter

collaboratively with clients” (Tervalon and Murray-Garcia, 1998). The goal is to create a climate that fosters learning culturally responsive values and skills for our workforce. It requires using self-reflection and having a curiosity for learning.

I am dedicated and committed to diversifying our workforce, developing innovative strategies and implementing responsive programs. These efforts are possible because of our staff, Cultural Consultants, collaborative efforts with MHSA, PEI and WET, and our Ethnic/Cultural communities who join us in our mission to serve everyone with respect and dignity.

Sincerely,

Sylvia Aguirre-Aguilar, MPH  
Mental Health Services Program Manager  
Cultural Competency Program

### **Cultural Competency Reducing Disparities (CCRD) Advisory Committee**

The Cultural Competency Program Manager, Cultural Consultants, and staff team engages with diverse communities to build partnerships and collaborative efforts. The overarching goal is to be inclusive, open and responsive to community needs. Common ground promotes active engagement and community participation. CCRD includes representatives from diverse groups, including the deaf and hard of hearing and blind or visually impaired communities. The advisory committee represents RUHS-BH department staff, community based organizations, and individuals with lived experience.

The Cultural Competency Reducing Disparities Advisory Committee identifies unserved and



underserved communities in Riverside County. This objective is determined by working with the Research and Evaluation Unit overseen by Brandon Jacobs. Riverside County service level utilization data is used to determine who is served as well as where service gaps exist.

The “Who We Serve – Consumer Population Profile” and “Service Disparities: Unmet Need, Penetration, and Service Trends” reports are presented to the committee. The stakeholders use this information to have an open dialogue and explore engagement strategies that will work well in underserved communities. For example, the

LGBTQ community expressed concerns regarding not having data disaggregated for their population. This impacts on “not being able to show our story” as expressed by Rev. Benita Ramsey.

In 2018, the program hosted a two-day Statewide Cultural Competency Summit, “Honoring California’s Diversity: A Call to Action,” sponsored by CIBHS. The group was instrumental in identifying cultural considerations and topics for the diverse communities served throughout California. Members of CCRD and its subcommittees also coordinated cultural displays to honor the customs and traditions of these communities. Projected attendance was 406 cultural competency managers, behavioral health directors, MHSA, WET, and PEI staff, clinicians, peer specialists, family advocates and other allied health professionals.

The Cultural Competency Program and CCRD actively partners with the WET Program to promote workforce training. This collaboration included the planning of an Agency Cultural Competency Assessment, which identified areas of strengths as well as areas of improvement. Among the strengths:

- Services and initiatives are provided with an effort to learn about and understand different cultures (e.g., Cultural Competency Program, Cultural Competency Summit, Recovery Happens Event).
- Provision of programs addresses the needs for various diverse populations.
- Staff feel proficient in the acknowledgement and understanding of divergent social values, communication styles, and ability to understand consumers’ experiences of racism, oppression and discrimination.
- Staff feel confident in the organization’s ability to culturally and linguistically adapt delivery of services.
- Staff reported that RUHS - BH promotes a culturally sensitive environment, respects varying traditional values adopted by different cultures, and encourages the effort to reach out to families so as to appropriately adapt treatment approaches as needed.

The CCRD committee prioritized the recommendations as follows:

1. Hiring Bilingual Staff
2. Cultural Competence Staff Training
3. Sustainability
4. Dissemination of Information
5. Availability of Resources

CCRD reviews the updated Cultural Competency Plan on an annual basis. The plan addresses: adherence to CLAS Standards, commitment to Cultural Competence, strategies and efforts for reducing racial, ethnic, cultural and linguistic mental health disparities, assessment of



service needs and adaptation of services, culturally competent training activities, hiring and retaining culturally and linguistically competent staff, and language capacity.

The Cultural Competency Program Manager continually seeks opportunities for Cultural Learning and Cultural Humility. The CCRD Advisory Committee places a high value on continual learning, mutual acceptance, and honoring cultural traditions, and enlists the support of local diverse communities to offer and share their stories of mental health adversity, recovery and healing. CCRD and all its subcommittees are committed to being inclusive and respectful of each other.

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

- Duplicate and distribute Deaf and Hard of Hearing videos.
- Duplicate Working with American Indians educational booklet.
- Work collaboratively with Workforce Education & Training to:
  - Review and select Cultural Competency foundational eLearning training program.
  - Secure executive management approval for mandated CLC training for workforce.
  - Plan and develop training for addressing trauma in the Black/African American community.
  - Support AAPI community mental health awareness forums.
- Promote Coming Out Day/Pride panel presentations and LGBTQ related workforce training, including Transgender Foundations and Working with Trans Consumers.
- Actively engage community representation which includes transitional age youth.
- Promote and recruit a workforce and leadership that is culturally and linguistically diverse.
- Establish and promote culturally appropriate policies and infuse them throughout RUHS-BH.
- Coordinate departmental activities which promote quality improvement.
- Provide RUHS-BH workforce trainings related to at least three underserved populations.
  - Addressing Trauma in the Black Community – Joi K Madison (February 19, 2020 / Summer & Fall 2020 Series)

- Working with Diverse AAPI Communities – Dr. Rocco Cheng (Sept / Oct 2020, 4 Hours)
- Native American Training – Dr. Renda Dionne (2020, 4 Hours)
- Cross-cultural Perspectives in the Latinx Community – Dr. Jonathan Martinez (2020-2021, 4 Hours)
- Cross-cultural Perspectives in the AAPI Community – Dr. Rocco Cheng (2020-2021, 4 Hours)
- Moving Toward Cultural Humility Systems Approach – Dr. Steve Lopez (2020-2021, 4 Hours)
- A Trans-Narrative Perspective – Landon Martin, LCSW (TBD)
- Deaf & Hard of Hearing Training – Gloria Moriarty (2-4 Hours)
- Blind & Visually Impaired Training – Pete Benavidez (2-4 Hours)
- TransFoundations 101 (Ongoing)
- Maintaining Sober Living in the Native American Community – Sparrow Goudey (TBD)

- Actively recruit ethnically diverse members for all program committees.

During FY18/19, the Outreach and Engagement Coordinators provided community outreach and engagement activities targeting underserved cultural populations and reached 6,337 individuals. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information. They also continued to provide short-term mental health services upon request in a variety of community based locations including but not limited to faith based organizations and resource centers. Those services include individual and family support. The Outreach Coordinators work closely with each of the un/underserved cultural group taskforce committees described below.

**Ethnic and Cultural Leaders in a Collaborative Effort (Consultants):** Throughout the community planning process, stakeholders indicated the need for mental health awareness education specifically tailored for unserved and underserved cultural populations. Input from the community focused on ensuring that individuals providing the mental health awareness information reflect the culture of the communities receiving the information. RUHS-BH has continued to work with Ethnic and Cultural Community Leaders from ethnic and cultural populations within local communities in order to identify key community leaders and to build a



network of individuals from these communities to promote mental health information and the use of PEI services. The Ethnic and Cultural Community Leaders represent the following populations: African American; Native American; Asian American/Pacific Islander; LGBTQ, Deaf/Hard of Hearing, and Faith-Based. An RFP was released in FY19/20 to find consultants for all groups. The Ethnic and Cultural Community Leaders assist RUHS-BH in coordinating advisory groups for each of the populations they represent that are inclusive of key community leaders, community based providers, and faith based organizations. Each advisory group will work to develop culturally and linguistically appropriate mental health education and awareness materials which will provide information on mental health, mental illness, and available mental health services. Each advisory group has an identified set of goals and objectives developed by each advisory group. See below for details. Because the Ethnic and Cultural Community Leaders come from the community they serve they can address barriers due to linguistic and cultural differences, stigma, and mistrust of the system.

### **Advisory Groups:**

#### **Latinx Outreach and Engagement**



The Cultural Competency Program strives to build relationships as part of its Outreach and engagement activities and focuses on cultural core values of la familia. Family plays a significant role with helping an individual's recovery. The Latinx community responds well to building relationships, respeto (respect) and personalismo. It's beneficial to combine cultural festivities as one way to also give health messages on

wellbeing or bienestar. This concept is one that is less stigmatizing and one that is more accepting in this community. Relationships are built over time and with that comes trust. We have used these methods in the Cultural Competency Program, including the Promotoras model of care.

We have also organized community platicas, conversations which include themes that are generated by the community. The themes focus on well-being, recovery, mental health and when to seek care. Promoting Latino health means using strategies that reduce stigma and encourage day-to-day wellness practices. Having peers and/or family members give personal stories also helps initiate discussion and makes others realize they are not alone.

The Latinx community in Riverside largely resides in the areas of Arlanza, Casa Blanca, and the Eastside. Stakeholders at the last Latino Health Forum prioritized mental health as their #1 concern. Participants expressed interest in children's mental health, more programs and services in welcoming community settings, community education and stigma reduction as a way to encourage treatment, and designating both prevention and treatment of mental health problems as equally important.



**Latinx Outreach and Engagement Activities in FY 18/19:**

- Provided bilingual mental health education through KERU Radio station's La Cultura Cura show in Blythe. Up to 300 listeners tuned in to the segments each month. CCP Outreach and Engagement Coordinators covered a variety of behavioral health and substance use topics such as Suicide Prevention, Coping with Holiday Stress, and Having an Attitude of Gratitude.
- Participation in UCR School of Medicine's Latino Research Project addressing mental health for migrant workers in the Eastern Coachella Valley.
- Provided mental health consultations at the LULAC Health Fair in Riverside on September 15, 2018.
- Participated in the Flying Doctors Health Fair held in Desert Mirage on September 29, 2018. Outreach and Engagement Coordinator connected with approximately 200 community members and provided referrals to local children, TAY, adult and substance use facilities.
- Sponsored St. Joan of Arc Church's 89<sup>th</sup> Annual Carnival Bazaar in Blythe on October 26-28, 2018.
- Provided mental health resources to Latinx families at the 12<sup>th</sup> Annual Fiesta Educativa Conference on March 9, 2019 in Hemet.
- Sponsored NAMI's Cinco de Mayo Kermes: A Celebration of Family, Culture, Community, and Wellness event in Hemet on May 3, 2019.

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

- Continue RUHS–BH/Diocese of San Bernardino/LLU/RUHS–MC Collaborative Partnership.
- Collaborate with Vision y Compromiso’s Promotoras/Community Mental Health Workers to bring cultural wellness services to this population.
- Continue KERU Radio Interviews, providing mental health education to the Spanish-speaking community in Blythe.
- Continue supporting the annual LULAC Health Fair by providing mental health consultations.
- Partner with Latino Health Committee from Reach Out organization.

### **Nosotros Family Wellness Group**

The Nosotros Family Wellness Group is a community-based monolingual Spanish-speaking group in the heart of Eastside Riverside. It is predominantly a working class community. The Community Settlement Association has historically been a safe space for people of color, specifically the African American and Latino communities in the area. The participants are very committed to the group, which consists of ¾ female and ¼ male participation. This group has a consistent attendance of about 12-15 adults per workshop and meets monthly. Families are welcome to attend as a unit, as childcare is provided in a separate room and youth are welcome. Light refreshments are provided due to the meetings being held in the evenings.

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

- Continue supporting the Nosotros educational monthly meetings.
- CCP staff to continue to offer cultural wellness workshops and presentations such as “Creative Arts as a Healing Modality”, “Wellness & Mindfulness Tools & Techniques”, “Music & Movement for Releasing Stress”, “Interactive Learning”, and “Moving Away from Substance & Making Healthy Choices”. CCP staff are also a referral source for mental health, wellness, and community-based services.
- Partner with a network of speakers to broaden the scope of wellness and educational opportunities for families. Collaborate with current bilingual/bicultural staff from Parent Support & Training, Consumer Affairs, Family Advocates, Outpatient clinics, community

providers (RCHC, Community Health Systems, IEHP, Borrego Health, etc.) as supportive providers of wellness services.

- Meet the needs of the group based on feedback provided through MHSA 3 Year Survey. Members expressed interest in the following: free individual counseling, counseling for youth and families, wellness (nutrition, yoga) and alternative treatments, hands-on activities/arts and crafts, more presentations, and availability of weekend groups or later hours for working parents.

### **Jurupa Unified School District (JUSD) Family Wellness Group**

The Jurupa Parent Center hosts the Jurupa USD Family Wellness Group, which is an RUHS-BH partnership between the Parent Support & Training and Cultural Competency Programs. This is a large group of Spanish-speaking families that fluctuates from about 25 to 45 people per workshop and meets monthly. Childcare is also provided by the school district in a separate room. Light refreshments are made available to all.

During focus groups, JUSD parents identified a variety of behavioral health topics that should be addressed in the community, including managing stress, anxiety and depression in children & adolescents, living a life with gratitude, and self-motivation/self-awareness and effective communication skills.

### **Jurupa Wellness Group Goals and Objectives for FY 20/21, 21/22, 22/23:**

- Continue coordinating and supporting the group's monthly meetings.
- Meet the needs of the group based on feedback provided through MHSA 3 Year Survey. The parents and youth expressed interest in the following: professional mentors for the youth, one-on-one counseling services, family therapy/supportive community groups, increased frequency of support group as well as extended/weekend hours, hands-on activities, professional speakers (specifically psychologists and immigration/legal experts), workshops on special needs and behavioral health, information on school-based services, and information about Mamás y Bebés & additional support to new parents.

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



In 2017, a collaborative partnership between Riverside University Health System – Behavioral Health, the Diocese of San Bernardino, Loma Linda University, and Riverside University Health System – Medical Center, which focused on reaching the Latino Spanish speaking parishioners was established as an initiative. The goal was to provide culturally appropriate behavioral health information and screening, health screening and facilitating linkage to services in the community. The health fairs were very successful and the community responded with enthusiasm. Health fairs are hosted in each region of the County and include the full spectrum of services available from prevention to treatment.

### **2018/2019 Outreach and Engagement Health Fairs:**

- St. James Roman Catholic Church in Perris, CA – July 15, 2018  
Behavioral Health screenings, psychiatry and therapy services provided to approximately 50 individuals.
- St. Anthony’s Catholic Church in San Jacinto, CA – November 18, 2018  
Behavioral Health screenings, psychiatry and therapy services provided to approximately 30 individuals.
- Sanctuary of Our Lady of Guadalupe Church in Mecca, CA – May 5, 2019  
Behavioral Health screenings, psychiatry and therapy services provided to 55 individuals. Linkage and referrals provided to 40 individuals. General information and resources provided to 80 individuals. Prevention and Early Intervention and Family Advocate information provided to 50 individuals.
- St. Edward Roman Catholic Parish in Corona, CA – June 2, 2019  
Behavioral Health screenings, psychiatry and therapy services provided to 74 individuals. PEI and Family Advocate information provided to 65 individuals.
- St. Vincent Ferrer Catholic Church in Menifee, CA – August 11, 2019



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

- Our Lady of Soledad in Coachella, CA – October 6, 2019  
Behavioral Health screenings, psychiatry and therapy services provided to 70 individuals. Referrals made to FQHC, adult, mature adult, TAY, and children's clinics.

As 2019 came to a close, the RUHS-BH Planning Committee comprised of the CCP Manager, PEI Manager and Regional Administrators (adult & children), evaluated its progress and fine-tuned its operational vision for the Latino Outreach Collaborative Effort. Their recommendations included enhancing our Outreach and Engagement and focus on strategic planning efforts by incorporating outreach activities prior to the health fairs. PEI would strive to build local parish capacity by providing a variety of PEI services to include: presentations by Promotores de Salud Mental and suicide prevention trainings: Know the Signs, safeTALK, ASIST, and Mental Health First Aid. Additional programs to reduce stigma related to mental illness and increase help seeking as well as parenting programs and other services as identified by the needs of the particular parish community will also be available on site. There will be a more targeted effort to promote community engagement and identify local parish champions to enhance our efforts to reduce mental health stigma and promote prevention and early intervention. PEI's strategic planning will take the collaborative outcomes to another level and will promote strong linkage to our behavioral health system of care. Quarterly health fairs will be scheduled for each year in the upcoming 3YPE plan.

2020/2021 Outreach and Engagement Health Fairs:

- St. Kateri Tekawitha, Banning/Beaumont (TBD)
- St. John the Evangelist, Jurupa Valley (TBD)
- Sanctuary of Our Lady of Guadalupe, Mecca (TBD)
- Our Lady of the Valley, Hemet (TBD)

## African American Family Wellness Advisory Group (AAFWAG)



In 2018-2019, AAFWAG improved its outreach and engagement with consumers, staff, and general constituency of Riverside County. Through its efforts, AAFWAG was able to address the stigma surrounding behavioral health in the African-American/Black community; as well as, provide a platform for the voice of the African-American perspective to be heard.

AAFWAG's tagline, "Lift Every Voice" resonates throughout the African-American community, as these words are the first three words of the Black National Anthem. The members view it as a way to educate the community on behavioral health, as storytelling is a healing modality.

Through collaboration with organizations such as The Group, the Riverside Branch NAACP and Healthy Heritage, AAFWAG has been able to create partnerships with local nonprofits, churches, community groups and parents. County residents have joined RUHS-BH in the charge to make positive change and the results of their input is evident.

The following active members promote the activities of RUHS-BH at community meetings, as well as, provide resources and linkages to services on behalf of AAFWAG: Annette Beh, Phyllis Clark, Shor Denny, Burma Manns, and James Woods.

Member participation has resulted in helping Prevention and Early Intervention develop the Building Resilience in African-American Girls pilot project and increasing community participation in development and review of other activities.

In 2018/2019, AAFWAG community participation included:

- Committee members attended the two-day Statewide CIBHS Cultural Competence Summit hosted by RUHS-BH at the Riverside Convention Center. They partnered with the Riverside African-American Historical Society to coordinate a display table of African-American dolls, garments, books, and other artifacts. AAFWAG member and community partner James Woods also engaged attendees in a wellness activity that promoted self-care and mindfulness.
- Distribution of educational materials at the Martin Luther King Walk-a-Thon, sponsored by Riverside African-American Historical Society.

- Event sponsorship and distribution of educational materials at the Moreno Valley African-American Family Reunion.
- Distribution of educational materials and wellness activities at the RUHS-BH May is Mental Health Month event.
- Event sponsorship and distribution of educational materials at the Juneteenth Celebration in the City of Riverside.
- Regularly attended the Riverside Eastside Pastor's organization meetings to
- reduce/prevent gang activity, especially where Latino and African-American youth are involved.
- Carlos Lamadrid participated in a Black History Month Lecture by Kwanzaa creator, Dr. Manlana Karenga, which provided education on African American traditions and values.
- Showcased a panel of African-American behavioral health experts and peers for the Cultural Competency Reducing Disparities Committee's Black History Month celebration.

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

- Host an implicit bias event featuring Dr. Bryant Marks.
- Hold community workshops focused on stigma reduction and linkage to service for African-American residents of the county.
- Sponsor and participate in African-American focused events throughout the county including annual Community Now Gala and TEA conference.
- Develop a series of cultural trainings for RUHS-BH staff working with African-American consumers.
- Increase outreach to African-American women and girls by working with groups such as the California Black Women's Health Project and additional health agencies to develop programs that will reduce stress and help improve behavioral and physical health.
- Work with Health Equity Leadership Institute (HELI) to develop a tool to measure the impact and scale of culturally competent services.
- Collaborate with LGBTQ Consultant to develop an outreach and education program to engage and educate the African-American LGBTQ community.
- Increase awareness of the Behavioral Health Commission and encourage AAFWAG members to learn more about their purpose and mission.





- Modernize the name of the committee to be more representative of its multi-generational membership.
- Draft new AAFWAG information material for distribution.



**Asian American Task Force (AATF):**

In Fiscal year 18/19, the AATF benefitted from the public-private partnership and collaboration between various entities and volunteers, including:

RUHS–BH

Cultural Competency Program (CCP)  
 Older Adult Services Administration  
 Western Region Children’s Administration

Prevention and Early Intervention (PEI)  
 Administration  
 Workforce, Education and Training (WET)

Community Groups

ICAA (Inland Chinese American Alliance)  
 PVFAA (Perris Valley Filipino American Association) and the FAMHRC (Filipino American Mental Health Resource Center)

State/Federal Partners

Department of Vocational Rehabilitation (DOR)  
 Congressman Mark Takano’s Office

Educational institutions

UCR School of Medicine’s Asian Pacific American Medical Student Association (APAMSA)

Contract Providers

Special Service for Groups (SSG) and Asian Pacific Counseling & Treatment Center (A/PCTC)

Under the leadership of Co-Chairs, Maria Abrigo, State Farm Business Owner, Tony Ortego, RUHS–BH Older Adult Services Administrator and Novanh Xayarath, Western Region Children’s Programs and TAY Stepping Stones Administrator, the committee’s membership contributed significantly to the impact of the following FY 2018-2019 AATF activities and accomplishments:

## AATF Community Outreach and Awareness Events

- The annual AATF Suicide Prevention and Awareness Social Media outreach in September 2018 reached 1,200 people, which more than doubled the previous year's result. AATF advisor, Robert Youssef from WET and Melanie Ling, representative from Congressman Mark Takano's office acted as co-chairs of this outreach effort. Congressman Takano shared his personal story of Hope and urged those who need support to seek help.
- In October 2018, AATF participated in the two-day statewide CIBHS Cultural Competence Summit hosted by RUHS–BH at the Riverside Convention Center. AATF officers, members and staff produced a display table of Asian and Pacific Islander cultural artifacts such as books, artwork, garments, tools, cooking utensils and musical instruments.

- On February 8, 2019, the Cultural Competency Program and AATF hosted its first Lunar New Year Cultural Festival, coordinated by Co-Chairs, Maria Abrigo and Betty Yu and County staff Sylvia Aguirre-Aguilar and Tony Ortego. The event was held in the Rustin Conference Center



parking lot and generated a diverse, multigenerational and multicultural gathering of people. Ten booths provided a variety of Asian cultural activities such as calligraphy/art and Indian tea sampling as well as mental health resources and cultural snacks. The program of cultural performances included Taiko Drumming, yoga, traditional Filipino dancing and a showcase of Indonesian dresses. The exhibitors/cultural brokers included the ICAA, FAMHRC, Indian Friends from the Inland Empire, Indonesian Friends Inland Empire, PVFAA, UCR's APAMSA, SSG and the Asian/Pacific Counseling and Treatment Center (A/PCTC), and RUHS–BH's CCP, Consumer Affairs, Family Advocate Program. AATF leaders and community members expressed their sincere appreciation to Tony Ortego, CCP staff and Program Manager, Sylvia Aguirre-Aguilar, Administrative Analyst, Ann Marie Foglio and Office Assistant, Priscilla Gutierrez for their outstanding support.

- AATF's final outreach event for this fiscal year was held on May 15, 2019 at the Rustin Conference Center. This is the annual HOPE event in celebration of the APA (Asian Pacific American) Heritage and Mental Health month. Co-Chairs were Novanh Xayarath and Dr. Andrew Subica from the UCR School of Medicine. The theme was "Celebrating Heritage, Diversity and Wellness". A representative from the Chinese Historical Society of Southern California shared the history and contributions of Asian Americans Pacific Islanders (AAPIs) in Riverside County. Dr. Subica followed with an informative



presentation that focused on the history of mental health treatment, the impact of stigma in the AAPI communities and the evolution of the recovery model.

Mr. Xayarath facilitated a panel of experts that included consumers, family members and professionals who reflected on the presentation and shared their own insights on recovery and how to reach AAPIs with such a deep stigma about seeking mental healthcare. Various attendees wore traditional AAPI fashions to highlight the richness of their cultures. The Never Stop Band formed by consumers in Los Angeles performed in the courtyard. Selvino Moscare also showcased his artwork, which spoke to the importance of art and culture in recovery. Over 100 people attended this celebration! AATF will continue to strategize how to effectively outreach to current Asian clients at RUHS–BH clinics and identify their needs and gaps in services.

- AATF consultant participated in the PEI Steering Committee as a subject matter expert with the AAPI population and reviewed evaluations of funded projects, and program outcomes. Discussion was also held on potential projects in the pipeline for release of RFPs for funding support. AATF consultant concurred with the recommendations of the PEI team, shared positive feedback for the thorough evaluations conducted and advocated for the support of projects for underserved ethnic and cultural populations.

**AATF Plans for FY 2020-2021, FY 2021-2022, and FY 2022-2023 are:**

- AATF will continue its four annual outreach and educational events in late January/early February (Lunar New Year), May, September and October.

- In September, AATF will continue to observe the Suicide Awareness and Prevention month by using social media to outreach to the AAPI population.
- AATF will continue to conduct outreach and mental health awareness during the festive Lunar New Year season. With the outstanding support of the CCP with funding from PEI, AATF will lead this effort at a community event. Utilizing promotional giveaway items and raffles, volunteers will effectively engage the public and encouraged the completion of surveys on mental health awareness and resource access.
- AATF plans to host the annual HOPE event to celebrate May being the Asian Pacific Heritage and Mental Health month.
- AATF will continue to support the implementation and outreach efforts of the FAMHRC.
- AATF will support the implementation of the two new contracts (Mental Health Promoters and SITIF/KITE) that was awarded to SSG's A/PCTC, which provide services in Cambodian, Chinese (Cantonese, Mandarin, Taiwanese), Japanese, Korean, Laotian, Filipino (Cebuano, Ilocano, Tagalog), Thai, and Vietnamese. Both SITIF (Strengthening Intergenerational Ties in Immigrant Families) and KITE (Keeping Intergenerational Ties in Ethnic families) will involve outreach and engagement with community members. In its first few months of program operation at A/PCTC, a waiting list had to be developed for the Chinese-speaking parents who are eager to join the KITE parenting program. This once again demonstrates that AAPI families will utilize services when they are presented to them in a culturally relevant manner by people who speak their languages and understand their heritage.
- AATF will continue working with RUHS–BH staff and community groups to increase access to the growing and diverse AAPI families in Riverside County. While there are EPSDT funds for AAPI TAYs, it is culturally essential that the service focus be on the entire family. AATF will continue to advocate for a culturally competent Asian Family Clinic to engage this hard to reach and mostly immigrant population, which requires services and care in their own language, provided by professionals and peers from their own AAPI cultural backgrounds.



- AATF will continue to voice the critical need for additional bilingual staffing support at the Cultural Competency program to outreach to the diverse AAPI residents in need of mental health care and to serve other underserved ethnic and cultural populations.

In the Unmet Needs report for FY 17/18, it was indicated that the disparity for AAPI adults in mental health care at RUHS–BH has increased by over 12% since FY 03-04. The rate is now at 91.67%. AATF finds this trend to be alarming and unacceptable. AATF has tried unsuccessfully over the years to engage current AAPI consumers to help identify strategies to reverse this growing problem, especially with the increase of AAPI families in Riverside County. It is time to use research data and community-defined evidence to develop programs that will reach this population. AATF will continue to make it a priority to support activities of outreach/education, and workforce training in serving AAPI communities. AATF continues to support culturally competent program planning and development to assure the availability of relevant services. They highly recommend including unique, culture-specific approaches, which are necessary to increase access and quality of care for AAPIs. AATF wishes to take this opportunity to thank Sylvia Aguirre-Aguilar and her team for their outstanding support of AATF’s activities and goals and to administrators such as Tony Ortego and Novanh Xayarath for their leadership and commitment to serve AAPI families in need of care.

The AATF membership consists of:

Gladys Lee, Consultant

Karen Lim

Maria Abrigo, Co-Chair

Melanie Ling

Novanh Xayarath, Co-Chair

Selvino Moscare

Richard Lee, MD

Mila Banks, Secretary

Lynette Sullivan

Robert Loeun

Priscilla Gutierrez, Office

Est’ee Song

Robert Youssef

Assistant

Andrew Subica, PhD

Glenis Ulloa

*Members:*

Stephanie Wong

*Volunteers:*

Sylvia Aguirre-Aguilar

Sheila Wu, PhD

Hermie Abrigo

Joey Chen

Betty Yu

Agnes Nazareno

Angelica Cruz-Chernick

Mario Nazareno

Catherine Ha

*Advisors:*

Yvonne Tran

Luciana Hsu

Michael Carney

Pastor Daniel Kim

Katrina Cline

Pastor Samuel Kim

Herb Hatanaka, DSW

Xenia Kwok

Carlos Lamadrid

Myrna Careso Leon

## Deaf and Hard of Hearing



The Cultural Competency Program's Cultural Competency Reducing Disparities (CCRD) Committee has greatly benefitted from its collaboration with the Center on Deafness Inland Empire (CODIE) representatives, Gloria Moriarty and Lisa Price. In addition to providing counsel on how to be more inclusive of and sensitive to the Deaf and Hard of Hearing community, Gloria also helps identify the mental health challenges, violence against women, and their vulnerability. The CCP plans to develop another sensitivity training

for the RUHS-BH workforce in 2020.

The MHSa Innovations Planner, Tonica Lucas worked closely with Gloria in identifying needs of the deaf community and her feedback was crucial to their planning process. The TechSuite Innovations / Help@Hand project has called upon Gloria's expertise in the early stages of their application development as well. Gloria is highly valued for her insight and her service and commitment is readily evident. Gloria and Lisa also participated in the Statewide Cultural Competence Summit.

Greater numbers of deaf community are participating in the annual May is Mental Health Month (MiMHM) celebration, which has ASL interpreters onsite every year. This would not be possible without our collaboration with CODIE.

Carlos Lamadrid represented the CCP at Mayor Rusty Bailey's monthly Model Deaf Community Committee Meeting, held at Riverside City Hall. For this ongoing participation, Carlos received special recognition from the committee.

The program sponsored the DEAFestival event in Downtown Riverside and outreach staff hosted a resource booth to help link the deaf community to behavioral health services. This has been a rewarding experience for Carlos Lamadrid, and an opportunity to witness the deaf communities' interactions, wellness, and resiliency every year as an ally.

## Deaf & Hard of Hearing Video Production

A series of behavioral health videos for the deaf and hard of hearing consumers have been finalized. The videos include information on behavioral health, prevention and early intervention, mental health, suicide prevention, and parenting. Aside from providing the information in ASL, the messages are also relayed in English via text and audio. The video production reflects a diverse

community, with representation from various ethnic and age groups. The intended outcome of this production is to have a learning tool that will help decrease stigma, increase access to behavioral health services and is specific to the deaf community. The videos will be made available in 2020.

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

- Diana Brown, PEI Manager, led the effort to bridge the gap between the California School for the Deaf (CSDR), CODIE, and the Cultural Competency Program. Ongoing partnership will include regularly scheduled meetings focused on relationship building and identifying strategies to reduce barriers in access to behavioral health services for the deaf and hard of hearing community. This effort will include connecting RUHS-BH staff that are bilingual in ASL with CSDR to facilitate interdepartmental collaboration.
- Introduce the deaf and hard of hearing mental health awareness videos.
- Continue collaborative efforts with the Tech Suite / Help@Hand App service team.
- CCP will continue to support and sponsor the annual deaf awareness activities in Downtown Riverside in the month of September.
- The CCP Western Region Outreach and Engagement coordinator will continue to serve as a county liaison between the program, RUHS-BH and the Mayor of Riverside's Deaf Community Riverside committee (transitioning into a City Commission in 2020).

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

Riverside University Health System – Behavioral Health (RUHS–BH) is committed to developing



innovative, culturally competent programs which improve access to underserved communities and reduce disparities in behavioral health across racial/ethnic and socioeconomic groups. This lays the foundation for planning cultural and ethnic specific programs which utilize non-traditional methods in reaching underserved communities. The Community Advocacy for Gender and Sexuality Issues

(CAGSI) is a LGBTQ Wellness Collaborative and was formerly known as the LGBTQ Taskforce. CAGSI is a county-wide coalition of LGBTQ related organizations, consumers, and providers. The goal of CAGSI is to assist RUHS–BH in reducing disparities in the mental health system by

ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community. In response to both RUHS–BH and the community's desire to reduce stigma and disparities around behavioral health care for the LGBTQ community, CAGSI engaged in the following activities in FY 2018/2019:

- Rev. Elder Benita Ramsey gave the invocation at the CIBHS Cultural Competence Summit hosted by RUHS-BH and coordinated by the Cultural Competency Program at the Riverside Convention Center in October 2018. Her words set the tone for the entire day. She spoke of inclusion, giving safe harbor to others and honored the native land and its first peoples.
- Continued their collaboration with Children’s Behavioral Health Services through the Transgender Youth Workgroup to assure quality culturally competent services to Transgender and Gender diverse children, youth and young adults and their families.
  - **Workforce Education:** Expanding the Cultural and Welcoming capacity of the RUHS–BH workforce through education and training is a major goal of the work group. The Transgender Foundations course was expanded and delivered in each region of the County. This workshop introduced transgender concepts across social, cultural, legal, and political contexts. It provided a lived-experience perspective that addressed appropriate language use, gender identity, sexual orientation, body image, and how to create affirming safe spaces. This workshop challenges participants to explore their own implicit biases, assumptions, and how they impact the services we provide. The training was well received by 166 staff participants.



- Collaborated and Co-Produced the Second Annual Hemet Pride Event at Tahquitz High School. The three-hour event began with a one-hour meet and greet where resources and light refreshments were shared. The evening was capped off with a panel of community

members sharing their thoughts on LGBT Life in the Mid-County, Coming Out, Transitioning while in school, and assessing age appropriate behavioral health care in the





region. The highlight however, was the participation of young people. Approximately 20+ youth expressed their experiences of being LGBTQ in the Mid-County in the Q & A session and underscored the importance of creating safe spaces. The breadth of questions, interest and curiosity sparked a meaningful dialogue. Their engagement captivated the audience and spoke to the need for more resources and increased visibility of LGBTQ supports. The event was a partnership between the local chapter of the National Alliance on Mental Illness, NAMI Mt. San Jacinto and the RUHS–BH MHSA PEI Cultural Competency Program’s CAGSI-LGBTQ Task Force.

- Palm Springs Pride Participation skyrocketed this year. From the Pride float entry to the Behavioral Health Booth, visibility of the department’s commitment to serving the LGBTQ community was at an all-time high. Staff volunteers at the outreach booth interacted with more than 5,000 pride attendees sharing resources in both the Youth Zone and the General Pride area.

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

- Met monthly the 3rd Tuesday of every other month.
- Participated in and Co-Sponsored the First Annual Gender Health Conference.
- Participated in the Coachella Valley Pride Event in conjunction with Desert Flow Transitional Age Youth (TAY) Center.
- Coordinated activities and outreach with all three TAY Centers.
- May is Mental Health Month – Provided booth volunteers at CCRD group table.
- Riverside County Pride – Provided mental health information to 500 interested Pride participants and distributed 100 Youth Themed Mental Health Brochures.
- Participated in the World Professional Association for Transgender Health(WPATH) GEI Training. WPATH offers “Global Education Initiative (GEI) Certified Training Courses: Best Practices in Transgender Medical and Mental Health Care” to increase access to knowledgeable healthcare providers for the transgender community by training those providers globally in the context and principles of the WPATH Standards of Care, and their implementation into clinical practice.
- **Community Education and Outreach:** Gave 50 presentations to 1,375 participants in diverse groups including, but not limited to, the faith community, foster parents,

department staff, and community groups. Sample topics included: Gay and Gay Mental Health Needs of LGBT Older Adults; Reparative Therapy and other Harmful Issues facing the LGBT Community; and Who is the LGBT Community in Riverside County.

- **Faith-Based Outreach:** Provided training and support to churches exploring “Open and Affirming” standing on a denominational level.
- **Statewide Engagement:** CAGSI representatives participated monthly with the LGBT Health and Human Services Network collaborative conference calls and regional convening of the Out4Mental Health Statewide Workgroup

The goals of CAGSI for 3YPE plan for FY20/21-22/23 are:

- 1) To assist RUHS–BH in reducing disparities in the mental health system; by ensuring the implementation of cultural competent services and advocating for and implementing prevention and early intervention strategies for the LGBTQ community.
  - Expand Mentoring and Supervision opportunities to provide experienced clinician and care providers an opportunity to share their lessons learned, provide guidance to new therapist and staff.
  - Continue our collaboration with Transgender Youth Work Group to transform the system of care through Workforce Training and Education. Moving forward, the plan is to follow and expand on the formula of workforce education trainings established in 2019 to address the LGBTQ community as a whole with an emphasis on social determinants of health, diverse impacts on ethnic and cultural communities. Proposed RUHS–BH Trans and LGBTQ Training Series for FY 20-21 as follows:
    - Beginner/Introductory Level: *Transgender Foundations with Dylan Colt and Shannon McCleerey-Hooper.* The first installment in the LGBTQ Training series is designed for all staff to create a welcoming culture for all people with a particular emphasis on the Transgender Community. This workshop introduces transgender concepts across social, cultural, legal, and political contexts. It brings a lived-experience perspective that will address appropriate language use, gender identity, sexual orientation, body image, and how to create affirming safe spaces. This workshop will also challenge participants to explore their own implicit biases, assumptions, and how they impact the services we provide. Persons completing this level of training will be eligible to attend other levels of training and will be designated as “Trans-friendly”

- Intermediate Level: “*Becoming Trans-aware: Working with Transgender Consumers*” with David Schoelen. Mental Health professionals and paraprofessionals who have knowledge of the Trans community or who attended the first training in the series will feel best prepared for this course. In a supportive atmosphere, participants will learn how to utilize that information to begin a culturally informed, clinical practice with consumers who identify as transgender. Participants will increase their understanding of personal and professional biases, increase understanding how transgender culture can inform assessment and treatment outcomes, as well as, explore clinical implications related to coming out, and working with family.
  - Advanced Level: This level of training is designed to build capacity of staff to become Trans-knowledgeable. Training will be provided by Various Gender Specialists, and is designed to assist clinicians begin to build their expertise in Trans Care.
  - Expert Level: *Trans-Champions*. Trainees with this level of experience will be identified as “go-to” persons on Transgender care issues at their clinic site. Training will be provided through Specialized Certification Provider, WPATH. This is appropriate for Clinical and/or Medical staff directly providing services and treatment for our Transgender population.
- 2) Work towards reducing Stigma, Homophobia, Transphobia and other cultural barriers that affect the Gender & Sexually Diverse Community across the life span by supporting community initiatives such as the Gender Health Conference and Gender Youth Summits.
  - 3) Increase cultural and linguistic prevention/education programs and share recovery experiences relevant to the LGBTQ community.
    - a. Collaborate with the LGBTQ Community Health Worker Program.
    - b. Support the continued implementation of the psychosocial education curriculum for the SOURCE LGBT youth engagement project.
    - c. Advocate for cultural awareness of the behavioral health needs of the LGBTQ Transgender and Gender Diverse populations by cross planning of other cultural and ethnic consultants.

- d. Conduct Community seminars & workshops on behavioral health in the LGBTQ Community that increase community awareness of mental health, recovery, and wellbeing.
- e. CAGSI will participate in the community engagement activities that celebrate LGBTQ culture including, but not limited to, participation in “Palm Springs Pride” and various pride events across the county, Transgender Day of Visibility, LGBT Pride Month, and LGBT Health Month to provide mental health education and outreach.
- f. Continue Community Education and Outreach, by giving presentations to participants in diverse groups including, but not limited to: the faith community, foster parents, RUHS–BH staff, consumers and family members, and other community groups.
- g. To support the implementation of a LGBTQ presence in the three county funded TAY centers by supporting establishment of LGBTQ Support groups, cultural programming & rendering a list of resources and entities that provide culturally competent/responsive services (e.g., clinics, legal assistance, other social/health needs).
- h. To actively continue to advocate for data collection that speaks to the needs and disparities impacting LGBTQ access to behavioral health services.
- i. To collaborate with the Research and Evaluation team in order to strategize on ways to locate data for this population in a way that will tell their story. The story of the LGBTQ community cannot be told without quantitative data that shows the disparity. This is a statewide issue that needs to be addressed.

## **Native American Committee Report for FY18/19**

### **American Indian Council (AIC)**

The American Indian Council is formed under the Cultural Competency Program at the RUHS-BH. It is focused on decolonizing/reindigenizing approaches to mental health and wellness for American Indians from conception through intervention.

Goals include providing information through written materials, as well as presentations and demonstrations on cultural understandings of the etiology of mental health issues, cultural definitions of mental health issues, how the forces of history, colonization, and oppression impact mental health and wellness currently, identifying cultural strengths including relational worldview with emphases on the



family and systems of care, and supporting, utilizing, and revitalizing traditional health practices and cultural strengths from within the community, thereby increasing access to culturally appropriate resources and cultural providers. Its overall mission is to guide the Cultural Competency Program and RUHS-BH towards spurring and supporting the reindigenization of traditional practices and cultural strengths, including the reintroduction of the indigenous lifestyle which supports the AI population to achieve balance (wellness) within themselves, with others, and with the larger world.

To address cultural disparities, Western adaptation processes typically involve modifying an intervention or assessment without competing with or contradicting its “core elements or internal logic” (McKleroy, Galbraith, Cummings, Jones, Harshbarger, Collins...ADAPT Team, 2006). However, residing within these “core elements and logic” is the social construction of the dominant culture reality, defined and shaped over time primarily by, and for, them (Greenfield, B., Skewes, M. C., Dionne, R., Davis, B., Cwik, M., Venner, K., & Belcourt-Dittloff, A. (2013). Within this context, cultural adaptations are typically “wrapped around” the Western constructs so as not to compete with or contradict them. This can be seen as a reductionist approach, reducing cultural input only to that which represents the dominant culture-defined constructs. State reports on reducing disparities for American Indians as well as council input speaks to the need for reindigenization or traditional approaches.

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

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

The AI population in Riverside county is diverse, with twelve local tribes and a large, geographically spread urban population consisting of both federally recognized and unrecognized



AIs who are disproportionately represented in the mental health system, yet have limited access to both mainstream and culturally appropriate services. The traditional practices available aren't widely accessible to this large population, and due to colonization and oppression many traditions aren't being supported and practiced in a consistent

manner. In addition, there isn't a current mechanism for bringing culture bearers and healers together and little systematic support is provided for the work they do, or to support re-indigenization. American Indians have higher rates of mental health needs, and yet they face many barriers in gaining entry into services. In California, American Indians and Alaska Natives (AI/AN) are twice as likely as Whites to have experienced serious psychological distress during the past year (11.6% vs. 5.6%). However, California AI/AN experience greater difficulty than Whites in accessing care for psychological distress, driven by hundreds of years of historical injustice that have left them distrustful of treatment options grounded in mainstream American

culture that are based on the beliefs and values of White Americans, their historical oppressors (see Science Still Bears the Fingerprints of Colonialism at: <https://www.smithsonianmag.com/science-nature/science-bears-fingerprints-colonialism-180968709/>). Strengthening cultural identity is a key way to counter this exclusion and discrimination while promoting wellness. AI communities should be supported in efforts to revive or sustain cultural traditions/practices, languages, and ceremonies to address the loss of culture and improve wellness.

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

The initial council goal was to identify community helpers and provide a series of gatherings to provide support, decolonization practices, and spur revitalization and/or practice of traditional healing, including storytelling as a healing modality. RUHS-BH requested the training be provided for RUHS staff and community members. The Curriculum and Training on Working with American Indians was developed, submitted, and approved for CEU approval through RUHS. All four trainings were piloted with Riverside County Mental Health Staff and community members. This helped to build cultural resources though developing a training curriculum to provide a framework for guiding services offered to the American Indian community. A series of focus groups with the American Indian community were conducted with RUHS and Native Listening sessions were attended focused on Healing in connection with water. Presentations were also conducted.

Storytelling as a healing modality has been a central theme of the council and involvement in a community healing intervention through storytelling has been implemented as part of outreach efforts, as well as offering a community defined healing modality. Most council members are involved in the healing story of Menil and Her Heart, a Cahuilla Healing story focused on re-indigenization of traditional stories, themes of missing and murdered indigenous women and girls, questions of suicide, and Native representations and healing practices within these issues.

## **AIC Community Outreach, Awareness Events, and Project Implementation**

### **Accomplishments FY18/19**

#### **I. Involvement in workshops and Native American Community Performances focused on healing.**

Storytelling as a healing modality has been a central theme of the council and a community healing intervention that has been a point of focus. Storytelling has been implemented as part of outreach efforts as well as highlighting a community defined healing modality. Most council members, as well as other community members, are involved in a local healing story focused on re-indigenization of traditional stories, themes of missing and murdered indigenous women and girls, questions of suicide, and Native representation within the healing narrative. Councils involvement in this project builds on the work of the training series conducted with RUHS in 2017/18



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



To this aim, council was involved in seven workshops and two performances that were held this year and attended by over 200 people. Performances took place at the Dorothy Ramon Learning Center February 24, 2019 with over 100 members in attendance and a cast and crew of twenty; and at the State Child Welfare Conference on the Pala Reservation with over 100 members in attendance. A talk back was conducted after the Pala performance focusing on mental health and wellness themes, including violence, grief, and suicide, and culture and storytelling as healing modalities, led by Native Psychologist Dr Art Martinez. The play is presented as a healing ceremony and council actively engages and facilitates the talkback, or community forum, after the performance. The focus highlights the necessity of re-indigenization for American Indian healing and wellness and the use of story as a healing modality.

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

This culture handbook aims to shed light on trauma from an American Indian perspective. It is hoped that this will be used both for those providers wishing to work with American Indians, as well as to provide a framework for American Indians to understand their own trauma in the context of history and colonization. It aims to move from a deficit base model of trauma informed care to an asset driven strengths model: *A Healing Centered Approach*. A Healing Centered Approach is holistic— involving cultural practices, spirituality, civic action and collective healing. A healing centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively (Shawn Ginwright, Ph.D). It is a framework for trauma we are rarely taught in mainstream mental health.

### **Overview of the Handbook**

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

- **Section I: American Indians of Riverside County.** Who are the American Indians living in Riverside County in terms of demographics, common misconceptions, and resources.
- **Section II: Establish Safety. Establish safety** through cultural humility. Cultural Humility involves understanding your own history and lens as a first step in working with American Indians; and working to both understand and minimize power differentials and oppression mechanisms and outcomes.

- **Section III: Tell the Story.** We tell the story within a historical, global lens thereby expanding the conceptualization of trauma informed care. The trauma that occurred in the past, continues in the present, and links to individual trauma symptoms and community trauma of indigenous peoples today.
- **Section IV: Re-Connection** as Indigenous People. For American Indians reconnection at the deep level of relational worldview is the healing intervention. This respectful connection is with ourselves as indigenous people, with each other, with our ancestors, with the universe. That is why cultural preservation, revitalization, and gatherings are healing interventions. They impact us at the level of relational worldview, where we are hit hardest with the trauma. Furthermore, storytelling connects us with our ancestral and cultural connections. For non-indigenous people, cultural humility involves being a good ally, supporting cultural strengthening, and developing partnerships with people and groups who advocate for indigenous rights.

### III. Participated in Focus Groups and Listening Sessions.

- 1) Set up a series of focus groups for PEI on Working with American Indians. These took place on the following reservation or cultural organizations.
  - American Indian RUHS Council
  - Dorothy Ramon Learning Center community meeting with Elder Ernest Siva.
  - Sherman Indian School focus group
  - University of California Riverside Native American Students Association focus group
  - Pechanga Tribal Cultural Resource Center Focus Group

The overall goal of the focus groups was to gather information for RUHS PEI to improve mental health outcomes and reduce health disparities for American Indians through the use of culturally appropriate mechanisms.



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

- Mindful Practice Inc in Temecula
- Sherman Indian School in Riverside

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

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

- 1) Statewide Cultural Competence Summit, Honoring California's Diversity: A Call to Action. Riverside, CA Oct. 2018. Over 406 attendees, including cultural competency managers, behavioral health directors, MHSA, WET, & PEI staff, clinicians, family advocates, and other allied health professionals.
  - a. Keynote: Bimaadiziwin: A Healthy Way of Life. Finding Balance in the Midst of Intergenerational Trauma.
  - b. Workshop: Storytelling as a Healing Modality for American Indians.
- 2) Riverside County Tribal Alliance Reducing Stigma/Increasing Health Promotion Presentations
  - a. Morongo Tribe. Native American Trauma Informed Care and Storytelling as a Healing Modality, Part 1. April 2019
- 3) Dorothy Ramon Native Poetry Storytelling Festival
  - a. Facilitated workshop. Storytelling as a Healing Modality. February 9

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

- 1) Continue with existing mental health promotion, awareness, and anti-stigma community events.
- 2) Present at the California Indian Conference Location, 2020 date TBA (typically held October).
- 3) Increase needed resources and support to continue with the current project to build a system of support which educates about mental health issues and wellness from an American Indian world view, builds on cultural strengths, and supports and promotes the reindiginization of healing practices.
- 4) Continue to revitalize storytelling as a healing modality.
- 5) Provide storytelling as healing workshops within the community.
- 6) Provide training to county staff on working with the American Indian community and using storytelling as healing. The goal is to do three 4-hour workshops.
- 7) Collaborate with Native American Community Health Worker project.
- 8) Training for Council TBA
- 9) Plan, coordinate and develop a Native American Resilient Ways subcommittee
  - a. Organize talking circles, pre & post surveys, and assessing our strategies.

- b. Identify current local health disparities within the Native American Communities (Cahuilla, Serrano, Pechanga, Morongo, Soboba, Torres-Martinez, Agua Caliente, St. Augustine, 29 Palms, Santa Rosa Territories) urban, rural, and reservation. Administer Pre- and Post-test needs survey and promote ongoing dialogue.
- c. Invite local native community elders, professionals, adults to participate in a dialogue to better understand and serve the needs of the Native American urban/rural/reservation populations. Include staff from UCR Native American Student Programs, Native American Community Council (Henry J. Vasquez), Native Scholars, Sherman Indian HS staff and students, RSBCIHI/NARC staff, RUHS-BH Native Staff, Native Consumers, and allies.
- d. Identify by asking what are the greatest challenges and best way to meet the needs of current / existing services and how to support innovative ways to healing and bridging the gap in health disparities.
- e. Collaborate with the Native American Community Mental Health Worker program to bridge cultural wellness services to the respective communities above and report to the NARW subcommittee.
- f. Continue to participate with the Tribal Alliance Substance Abuse subcommittee.



### **Spirituality Initiative**

The Cultural Competency Program planned and coordinated the Open Table Conference at Corpus Christi Catholic Church with the Children's program. A special 4 Directions Native American blessing was provided by Carlos Lamadrid and Singing Byrd and Reverend Benita Ramsey provided an invocation. 43 participants were given an overview of the young



adult population in Riverside, which included local statistics and service needs. Open Table organization representatives explained the Open Table model of outreach and shared testimonials from past participants. Youth from the Riverside TAY Drop-In Center, Stepping

Stones also shared their powerful stories of recovery, resilience and the importance of having a helping hand along the way.

The Cultural Competency Program incorporated a new area of focus in Engaging the Muslim American Community, a workshop series developed by Riverside County staff, Riba Eshanzada, MSW. The workshop provided an overview of the Muslim faith and the rich cultural values of its community. In addition to discussing issues that contribute to gaps in service including high suicide rate among transitional age youth and children, Islamophobia, violence, and attacks against Muslims, the workshop explored women's rights, political climate, and how Muslims are negatively portrayed in the media. The curriculum bridges a connection between Islam and other faith communities by recognizing that there is intersectionality and common struggles that may present themselves in different ways. The objective is to better equip providers to work with Muslim American clientele by: providing the community's perspective on mental health and the role of immigration/legal status.

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



- Organize a speaker's panel of diverse faith practitioners, leaders, clients, and staff to share how views and practices support the recovery process.
- Promote spiritual awareness and diversity via educational opportunities (Spirituality Conference, Speaker's Circle, etc.) with other interfaith groups.
- Support Riverside Interfaith Annual Multi-Faith Walk for Peace, which promotes living in an inclusive community, dialogue among spiritual communities, and creating awareness of our commonalities in order to respect our spiritual differences.
- Distribute pre/post surveys at each Speaking Circle.
- Review Cultural Competency Assessment recommendations and findings pertaining to Spirituality.
- Assist in selecting a panel participant/elder from the Native American tradition for the first annual Riverside Interfaith Forum, in conjunction with California Interfaith Awareness Week in March 2020.
- Support the first annual Riverside Interfaith Forum in conjunction with California Interfaith Awareness Week. This event will provide participants the opportunity to meet people from

different faiths, visit various houses of worship, and hear the teachings of renowned faith leaders. The forums will be carefully moderated so that there is an open dialogue that is respectful and committed to the mission of the gathering.

- Identify Muslim American providers and resources.
- Continue to promote the Engaging the Muslim American Community Workshops.
- Develop a partnership with the Muslim Family Foundation.
- Promote workforce training that will address the needs of the Muslim community.

**Filipino American Mental Health Resource Center:** The resource center focuses on outreach activities and education to the Asian community in Moreno Valley and surrounding areas in order to reduce mental health stigma, increase mental health awareness, connect community with services and community mental health resources. The Outreach and Engagement Coordinators work closely with the resource center providing monthly support groups and presentations on mental health topics. Establishing itself as a safe space and resource in the community has been a more difficult process than expected. Staff turnover, resource center location change, and hours of operation were all factors that impacted the resource center's first full year of implementation. Seven mental health related events/presentations were conducted along with other outreach activities and referrals.

**Toll Free, 24/7 "HELPLINE":** The "HELPLINE" has been operational since the PEI plan was approved and in FY18/19 the hotline received 6,239 calls from across the county. 76% of callers sought crisis prevention and intervention services. 60% of callers mentioned a mental health need and 25% specifically mentioned suicidal thoughts or behaviors. Many of the mental health calls do not involve suicidal thoughts. These callers report struggles with other mental health related issues, i.e.: panic attacks or hallucinations. Active rescue calls involve a caller who is actively engaging in suicidal behaviors. HELPLINE operators work closely with law enforcement and first responders to provide emergency intervention. In FY18/19, one HELPLINE operator was recognized, along with a local police officer by the Kiwanis of California-Nevada-Hawaii, on behalf of Kiwanis of Riverside with the Heart of a Hero "First Responder Award" for saving the life of a young teen caller after a near fatal suicide attempt. The operators also make community presentations regarding suicide prevention and facilitate safeTALK and ASIST trainings.

**Network of Care:** Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In FY18/19 the website had 269,790 visits and 679,431 page views.

**Peer Navigation Line:** The Peer Navigation Line (PNL) is a toll free number to assist the public in navigating the Behavioral Health System and connect them to resources based upon their individual need. The public can contact the PNL, which is staffed by individuals with “lived experience” who can listen to the caller’s worries and talk about their choices, help figure out where local resources can be found, help the person decide which resources are best for them, point out possible places to start, answer questions about mental health recovery, and help the caller see the hope through sharing “lived experience.” The resources provided include, but are not limited to, behavioral health, education, vocation, shelter, utilities, pets, and other social services. In FY18/19 the Peer Navigation Line had 1,037 contacts.

**“Dare to Be Aware” Youth Conference:** This 17<sup>th</sup> Annual conference for middle and high school students was held on November 16, 2018, with 881 youth in attendance. Students from 5 middle schools and 27 high schools were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day began with a keynote presentation from Rachel’s Challenge which focused on the simple acts of kindness and their impact on others. The students then attended 1 of 6 workshops offered: Rachel’s Challenge: Student/Faculty training, LGBT Community, Juntos Podemos, Growing in Power, Behind the MASC-ularity, and Miss Representation. In a pre/post survey completed by youth in attendance, there was a statistically significant change showing decreases in stigmatizing attitudes and increases in recovery attitudes related to mental illness.

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

- **Educator Awareness Program:**

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

- **Speaker’s Bureaus:**

This will be an interactive public education program in which consumer speakers share their personal stories about living with mental illness and achieving recovery. The target audiences and goals are:

- Employers: to increase hiring and reasonable accommodations
- Landlords/Housing officials: to increase rentals and reasonable accommodations
- Health care providers: for provision of the full range of health services
- Legislators and other government-related: for support of greater resources to mental health
- Faith-based communities: for greater inclusion to all aspects of the community
- Media: to promote positive images and to stop negative portrayals
- Community (e.g., students, older adults, service clubs, etc): to increase social acceptance of mental illness
- Ethnic/Cultural groups: to promote access to mental health services

Contact for Change provided 16 Educator Awareness presentations reaching 431 educational faculty and administration. The program also provided Speakers' Bureau presentations to 1,032 community members. Pre to post measures showed decreases in stigmatizing attitudes and increases in positive attitudes towards recovery and empowerment.

**Up2Riverside Media Campaign:** RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 125,595 users who visited the site in FY18/19, of which 75% were from a mobile device. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.

Between July 1, 2018 and June 30, 2019, a targeted outreach effort, known as Narrowcasting, placed outreach materials about mental health and lime green ribbons in 303 venues across Riverside County. In total, 11,844 Each Mind Matters educational materials were distributed and 11,196 lime green ribbons were distributed.

A campaign study found 77% of respondents recognized at least one message from the It's Up to Us media campaign. Respondents who recalled any campaign messages were more likely to



encourage a family member or friend to get help. People who had seen the campaign reported that the ads helped them know where to seek help for mental health problems and where to seek help for someone showing warning signs of suicide.

**Promotores de Salud Mental y Bienestar Program:** Promotores de Salud Mental Program is an outreach program that addresses the need of the county's diverse Latino Community. During fiscal year 2018/2019, Promotores de Salud Mental was released for Request for Proposal and went through the evaluation process. Implementation began in FY19/20. An outcome report will be available in next year's update.

**Community Mental Health Promotion Program:** The Community Mental Health Promotion Program (CMHPP) is an ethnically and culturally specific mental health promotion program that targets: Native American, African American, LGBTQ, Asian American/Pacific Islander, and Deaf and Hard of Hearing. A similar approach as the Promotores model, the program will focus on reaching un/underserved cultural groups who would not have received mental health information and access to supports and services. A Request for Proposal was developed and was released in March 2018. Program implementation will begin in FY19/20. An outcome report will be available in next year's update.

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

- **Suicide Prevention Learning Collaborative and Coalition** – Through CalMHSA, RUHS-BH had the opportunity to participate in two learning collaboratives related to suicide prevention. One was focused on best practices for suicide safer messaging and reporting about suicide and suicide prevention. The second focused on the development of a strategic plan for suicide prevention as well as a Suicide Prevention Coalition. Preliminary work regarding data collection and understanding best practices started in FY18/19. FY19/20 included a stakeholder process specific to suicide prevention as well as the development of a strategic plan for Riverside County. The next three-year plan will include the development of a Countywide coalition designed to meet the goals and objectives outlined in the strategic plan.

### **Training**

The training teams were expanded through a Training for Trainers (T4T) process in all three models: safeTALK, Applied Suicide Intervention Strategies Training

(ASIST), and Mental Health First Aid (MHFA) Adult and Youth. Both RUHS-BH staff as well as community partners were trained in the models and agreed to provide trainings throughout the County annually and adhere to data protocols. A coordinated effort has been organized through the PEI team to ensure trainings are available Countywide and often to meet the needs of the community. Quarterly trainer meetings are held to provide support to trainers and maintain fidelity to the training model. Trainings are offered throughout the year at the RUHS-BH Rustin Conference Center as well as at other community locations throughout the County to include: schools, community centers, places of worship, community based organizations, other county departments, and businesses.

- **safeTALK** – is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. In FY18/19 20 additional trainers joined the training team. Together, they provided 28 trainings and 588 individuals completed the course. 94.8% of these community helpers reported that they agree or strongly agree that after the training they feel prepared to talk directly and openly to a person about their thoughts of suicide.
- **Applied Skills Intervention Training (ASIST)** - is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. Fifteen (15) new trainers joined the training team in FY18/19. They provided 12 trainings and 246 individuals completed the course. 96.4% of trained helpers reported that they agree or strongly agree that as a result of taking this training they now feel prepared to help a person at risk of suicide.
- **Mental Health First Aid (MHFA) training** – Adult and Youth is an 8-hour course that teaches the public to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward the appropriate treatments and other supportive help. The MHFA training program was designed to teach members of the public how to support someone who might be developing

a mental health problem or experiencing a mental health-related crisis, and to assist them to receive professional help and other support. The Adult course is designed to learn how to help an adult person who may be experiencing a mental health related crisis or problem. The Youth course is primarily designed for adults who regularly interact with young people. It teaches parents, family members, caregivers, teachers, school staff, peers, neighbors, and other caring citizens how to help an adolescent (ages 12-18) who are experiencing a mental health and/or substance abuse addiction or challenge. In FY18/19 30 additional trainers were added to the team and 31 trainings were provided. 433 community members completed the course. 95.7% of participants reported as a result of the training they feel more confident to recognize and correct misconceptions about mental health, substance use, and mental illness when they encounter them

### **Suicide Prevention Community Activities**

- **Suicide Prevention Week Mini-Grants:** Every year



Each Mind Matters, through CalMHSA, develops and disseminates a toolkit for suicide prevention week. In FY18/19, RUHS-BH offered mini-grants to community based organizations and schools to implement the toolkit. Eleven (11) organizations were awarded to increase Riverside County's capacity to prevent suicide by encouraging individuals to Know the Signs, Find the words to talk to someone they are concerned about, and Reach out to resources. CBOs

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

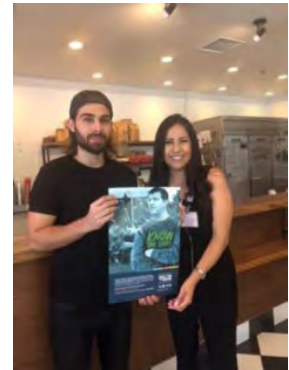




- Suicide Prevention Week Proclamation:** RUHS-Behavioral Health partnered with Public Health received a proclamation from Riverside County Board of Supervisors recognizing suicide prevention week 2018. Continued support through the Board of Supervisors has helped to move suicide prevention collaboration forward with a wide variety of partner agencies.

- Suicide Prevention Awareness Walk:** Prevention and Early Intervention partnered with Consumer Affairs to host an awareness walk. A pledge table to Know the Signs and other resources were available, including the Employee Assistance Program.

- Community engagement:** Know the Signs coasters and coffee sleeves were distributed to local coffee houses along with posters and print materials for the community.



- Social Media:** RUHS-BH Facebook, Instagram, Twitter and Up2Riverside Facebook were used to increase awareness and educate the community about Prevention Signs, and available



Suicide Week, Know the resources

- **College Outreach Day:** RUHS-BH PEI worked with two local colleges to host pledge tables to Know the Signs and provided resources for suicide prevention and mental health.
- **Send Silence Packing:** Since 2011 RUHS-BH has been partnering with Active Minds and local college and university campuses to bring the Send Silence Packing exhibit to



Riverside County with the goals of inspiring and empowering a new generation to change the conversation about mental health. The exhibit displays 1,100 backpacks that represent the number of college students lost to suicide each year. In FY18/19 we expanded the conversation and hosted the exhibit in Downtown Riverside on the Main Street Pedestrian Mall bringing focus to include other high-risk groups for suicide. It is our deepest hope that our collaboration with Send Silence Packing will save lives and educate the public that talking about mental health is a good thing. The Downtown exhibit featured

the backpack display as well as an opening ceremony with remarks from County Supervisor Chuck Washington, Dr. Matthew Chang, Director of Behavioral Health, and Kim Saruwatari, Director of Public Health. In addition, a special keynote presentation from Kevin Briggs. He is an Affinity speaker with the Active Minds Speakers Bureau, the nation's premier source for young adult mental health programming. During his 23-year career with the California Highway Patrol, Kevin spent much of his time covering the Golden Gate Bridge, saving the lives of over 200 suicidal individuals. He has devoted his life to spreading awareness about mental health and wellness worldwide. He shares stories from his own life, both professional and personal, and talks about mental illness



and despair, including his own struggles with depression. He offers suggestions for using active listening skills that anyone can employ, as well as his own "Triad for Healthy Living"



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as well as his own "Triad for Healthy Living"

guide. The event was well attended and engaged many of all ages in conversations about suicide prevention and mental health. Two additional backpack exhibits were also provided in the Mid-County and Desert regions at Mt. San Jacinto, Menifee Campus and College of the Desert respectively.

**Integrated Outreach and Screening:** This expansion of outreach at Riverside County Health Care Centers integrates mental health and physical health care and allows greater opportunity to identify early signs of mental illness while also educating healthcare colleagues. Integration of services will reduce stigma associated with mental health and help seeking while also increasing access to mental health services as individuals and families who regularly attend to their physical health needs will also get screened for mental health needs where it is convenient for them. The focus of this expansion is psychoeducation for healthcare staff, stigma reduction, screening, assessment, and referral with linkage to needed resources that will reduce delay in receiving help. The RUHS Community Health Centers (CHC) currently serve around 50,000 individuals each year. They provide a gamut of services in the clinic and also perform multiple outreach functions working at churches, schools, etc. Federally Qualified Health Centers, also known as CHCs, are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services (UC Davis Center for Reducing Health Disparities). Health centers deliver care to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the nation's veterans ([www.hrsa.gov](http://www.hrsa.gov)). Poverty level has an impact on the mental health status of all Americans. Those living below the poverty line are three times more likely to have serious psychological distress as compared to those living above the poverty level.

In line with the mission of PEI, this expansion creates greater opportunity for early detection of mental health issues. Primary health care providers have identified barriers to a greater partnership between primary and mental health care that includes the "extreme separation" between the allied professions, the difficulty in connecting a patient to mental health care when the need has not yet risen to a crisis state, a lack of knowledge of resources and mental health system navigation, and a lack of partnership between the professionals involved leaving the

primary care physician to be excluded from the mental health care planning (Primary Care Medical Providers Attitudes Regarding Mental and Behavioral Medicine, 2012). Screening within a physical health location reduces stigma related to help seeking and increases access to services. Once identified, linkage to appropriate resources and services will be done with supports in place to ensure connection. Integrated care is a currently evolving best practice model. Expanding PEI efforts into the CHCs will increase our reach into and throughout Riverside County. This is in-line with PEI's time-limited partnership to leverage Whole Person Care funding which focuses on coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved health and wellbeing through more efficient and effective use of resources. Support focuses on integrated care for a particularly vulnerable group of Medi-Cal beneficiaries who have been identified as high users of multiple systems and continue to have poor health outcomes. Efforts include shared data between systems, coordinated care real time, and evaluation of individual and population progress – all with the goal of providing comprehensive coordinated care for the beneficiary resulting in better health outcomes. The expansion has the added benefit of increasing penetration rates for RUHS-BH and further develop the breadth and spectrum of the full service delivery system.

This will be a comprehensive approach throughout Riverside County. The CHCs are located in the following cities: Banning, Corona, Hemet, Indio, Jurupa, Lake Elsinore, Moreno Valley, Palm Springs, Perris, Riverside, and Rubidoux. The Health Centers currently serve the target demographic of Behavioral Health, but as noted above, are reaching members of the community Behavioral Health is not. This expansion increases Behavioral Health's reach farther into the communities of Riverside County.

In FY18/19 27,018 individuals were screened for depression using the PHQ-2 and PHQ-9. 42% of those screened represented an underserved group. Identification provides opportunity to improve earlier access to needed services. In the next 3YPE plan, we will move into phase 2 of the integrated outreach at the CHCs which includes staffing with a focus on screening, access and linkage, psychoeducation for healthcare staff, stigma reduction, as well as coordination and provision of a variety of prevention services.

### **PEI-02 Parent Education and Support**

**Triple P (Positive Parenting Program):** The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. In FY18/19 RUHS - BH contracted

with one well established provider to deliver the Level 4 parenting program for both parents of children 2-12 as well as parents of teens 12-17 in targeted communities in the West, Mid-County and Desert regions of Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs. A total of 341 parents were served through the Triple P classes with a 77% completion rate. Evaluation of the impact of change in parenting as a result of the classes showed increases in positive parenting as well as overall decreases in inconsistent discipline. Parents also experienced a decrease in their depression, anxiety, and stress levels. In addition to pre and post surveys that look at parenting practices, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed overall decreases in the frequency of children's disruptive behaviors and a significant decrease in both the intensity and frequency of problem behaviors. In the Triple P Teen model, results indicate teens had shown significant decreases in total problems of emotional, conduct, hyperactivity, and peer problems as well as significant increases in prosocial scores on the Strengths and Difficulties questionnaire. Analysis of the Alabama Parenting Questionnaire (APQ) showed a statistically significant improvement in parental involvement across all regions, an improvement in positive parenting, and a decrease in poor monitoring and supervision scores. The overall impact of the program continues to be very positive.

**Strengthening Families Program (6-11) (SFP):** SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. In FY18/19, 193 families enrolled in the program. In total, 137 (71%) families met the program completion criteria of completing 10 or more sessions. 96% of the families identified as Hispanic and 75% of the participants reported Spanish as the primary language spoken in the home. Of the 193 families enrolled in SFP, the majority of families (89%) lived in an underserved or low income community, and indicated their children had low academic motivation (75%). Evaluation of program outcomes include measuring decreases in behavioral, emotional and social problems as well as measuring increases in parenting skills, parent supervision, building family strengths, enhancing school success, concentration skills, and pro-



social behaviors. Many statistically significant outcomes resulted for families that completed the program. These included: increases in parental involvement, increases in positive parenting, and decreases in inconsistent discipline. When asked about their involvement in their child's school, parental involvement increased and suggested that parents were more involved in their child's school success at the end of the program.

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



parent consultations regarding specific problem behaviors, and small groups for children whose parents are incarcerated as well as a school readiness group (Dinosaur school). In FY18/19, 136 children and families received PCIT through the mobile units. Countywide there was a statistically significant decrease in the frequency of child problem behaviors and in the extent to which

caregivers perceived their child's behavior to be a problem. Overall parents felt more confident in their parenting skills and ability to discipline their child. Parents felt their relationship with their child and their child's behavior improved. In addition to PCIT, in FY18/19 staff also provided Trauma-Focused Cognitive Behavioral Therapy, Incredible Years, Dinosaur School, and Strong Kids Group for children whose parents are incarcerated. Staff provided 32 parent consultations in elementary schools and early head starts in 8 different school districts and 50 provider consultations. Parenting groups were also offered to include Educate, Equip, Support (EES) classes that served 21 parents and Triple P parenting classes that served 17 parents. The mobile units also participate in outreach activities and attended 10 events in FY18/19 reaching 1,023 people in the community. Each unit is also equipped, stocked, and prepared to respond locally and to other counties if called upon in response to disasters through regional mutual aid agreements. The staff takes the mobile units to community events to provide outreach and education to underserved communities.

**Inland Empire Maternal Mental Health Collaborative (IEMMHC):** This Riverside and San Bernardino collaborative works to educate and bring awareness to the issue of maternal mental health. Activities include an annual conference, film screenings with panel discussions, and other activities that support these efforts. One of the goals of the collaborative is to provide an annual conference on a topic related to maternal mental health. RUHS – BH supports the conference every other year. In January 2019, the collaborative offered a certification training through Post-Partum Support International, Perinatal Mood Disorders: Components of Care. A two-day training for a variety of service providers, totaling 118, was offered followed by an additional day advanced psychotherapy training for mental health providers, attended by 53.

### **PEI-03 Early Intervention for Families in Schools**

**Peace4Kids:** Peace 4 Kids, Level 1 curriculum, is based on five (5) components (Moral Reasoning, Empathy, Anger Management, Character Education, and Essential Social Skills). The program goals include: helping students master social skills, improve school performance, control anger, decrease the frequency of acting out behaviors, and increase the frequency of constructive behaviors. There is also a parent component, which strives to create social bonding among families and within families, while teaching social skills within the family unit. Level 2 is for students that had previously completed Level 1 and includes advanced lessons related to the same five components as Level 1, with the same goals as Level 1. RUHS – BH and Palm Springs Unified School District continue to have a Cooperative Agreement to have the program at the two middle schools in Desert Hot Springs. The Peace 4 Kids program enrolled 404 students in FY18/19; 298 students were enrolled in level 1, and 132 students were enrolled in level 2. Parents were invited to attend the “Family Time” component of the program. In total 38 parents participated. Pre and post measures were completed by the students and parents. Outcomes comparing pre to post scores showed statistically significant improvements in emotional problems, conduct problem, hyperactivity, peer problems, and overall problematic behavior and overall behavioral difficulties. Pro social skills also significantly improved as reported by student and parent ratings. After completing the program one student reported, “I have learned character traits. The most important one I have learned would be goal setting because I would want to be able to accomplish something in my life when I grow.”

### **PEI-04 Transition Age Youth (TAY) Project**

This project includes multiple activities and programs to address the unique needs of TAY in Riverside County. As identified in the PEI Work Plan this project focuses on specific outreach, stigma reduction, and suicide prevention activities. Targeted outreach for each activity focused

on TAY in the foster care system, entering college, homeless or runaway and those who are Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ).

The **TAY Resiliency Project** includes the delivery of Stress and Your Mood as well as Peer-to-Peer services. These two programs have been in the PEI plan since implementation began. However, through service delivery and lessons learned, the two programs have been packaged into one project which allows for better coordination. The two programs often work hand-in-hand and creating a seamless workflow between the two will enhance communication and access for TAY. These two programs were re-released for Request for Proposal under the TAY Resiliency Project and will begin services under this new project name in FY20/21.

**Stress and Your Mood (SAYM):** SAYM is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. In FY18/19, 268 youth completed the program. Continued outreach efforts to reach underserved youth were effective in that 54.3% of those enrolled were Hispanic and 18.9% of the youth reported being LGBTQ. The youth receiving the services were given pre and post measures to assess their depressive symptoms and level of functioning. Youth who participated in the SAYM program showed decreases in the frequency of depression symptoms. Each youth was also given a measure of overall functioning and these measures indicated statistically significant improvements within interpersonal distress, somatic, interpersonal relations, and behavioral dysfunction. The satisfaction surveys were also very positive. Of note is that 87.5% of the youth indicated that they “agree or “strongly agree” that as a result of the program they know how to obtain help for depression and 99% indicated that they “agree” or “strongly agree” that they learned strategies to help them cope with stress. After completing the program, a youth reported: “I learned how to cope with anxiety like sleeping, coloring, exercising, etc. I learned how it’s okay not to feel happy all the time. I learned there’s a few people you can trust, I learned how people do really want to help you and care for you.”

**Peer to Peer Services:** This program is one in which Transition Age Youth (TAY) Peers provide formal outreach, informal counseling and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. The components of this program include: Speakers’ Bureau Honest, Open, Proud presentations, Coping and Support Training (CAST), Directing Change workshops, Peer Mentorship, and general outreach activities. In FY18/19 there were a total of 430 various Peer-to-Peer events throughout the county with a total attendance of 4,141. Event topics included mental health

stigma reduction, psycho education, coping skills, LGBTQI support, and program marketing. The TAY peers attended large health fair events and passed out mental health related information in



the community. There were 177 Speaker's Bureau Honest, Open, Proud presentations by the TAY peers reaching 2,043 individuals. Post-test results revealed statistically significant increases in participants' cognitive. Affective and behavioral reactions to people with mental illness; participant's attitudes toward people with mental health conditions, capabilities to overcome psychological challenges; participant's attitudes about people with

mental illness relative to people without, and participant's willingness to seek out mental health services if they were experiencing impairing anxiety and/or depression. There were 25 full cycles of CAST completed with 251 participants enrolled and 73% of those completing the program. Participants reported the highest ratings in overall level of satisfaction with the support they get from the program, and in the encouragement and support from their group leader. For those who completed the program, there were statistically significant improvements in self-esteem, control of their moods, and use of the "Stop, Think, Evaluate, Perform, Self-praise" (STEPS) process in making overall healthy decisions. There were a total of 6 Directing Change workshops in FY18/19 with 75 participants. Improvements were found in participants' comfort in sharing their stories. The Peer Mentorship program enrolled 32 TAY. Few Youth completed the 32 sessions that were a part of the program design. A little more than a third attended 9-16 sessions, and more than a third completed 17-32 sessions. Improvements were found in mentee ratings of goal achievement with 74% reporting a positive change in goals related to coping/mood; and 84% reporting a positive change in goals related to relationships and 74% school/work achievements. The Peers have also been integrated into other PEI community activities and events. They support the Directing Change local event by offering the Directing Change workshops and educating youth on how to enter the film contest. The Peers are a part of the planning committee for the Dare 2 Be Aware Youth Conference and present topics in breakout sessions or offer their personal testimony of recovery. The Peers and their outreach efforts are incorporated into the suicide prevention and mental health awareness activities throughout the year as well.

**Outreach and Reunification Services to Runaway Youth:** This program includes targeted outreach and engagement to this population in order to provide needed services to return them to a home environment. Outreach includes training and education for business owners, bus drivers, and other community agencies to become aware of at-risk youth who may be homeless

or runaway and seeking support. Trained individuals assist youth in connecting them to safety and additional resources. Outreach includes going to schools to provide students with information on available resources, including crisis shelters; going to places where youth naturally congregate, such as malls; and working with organizations most likely to come in contact with the youth. Crisis intervention and counseling strategies are used to facilitate re-unification of the youth with an identified family member.

**Active Minds:** Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11, FY11/12, and FY13/14 RUHS - BH provided seed funding for four campuses in Riverside County to start up their chapters on campus. The college and university campuses that now continue to have Active Minds chapters are: University of California Riverside, College of the Desert, Riverside City College, Mount San Jacinto College, and Moreno Valley College. Student activities include providing information to students and faculty regarding mental health topics and promoting self-care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and State level. Maintaining student participation in the club, particularly at the community college level, has been a challenge. The RUHS-BH PEI team has been working closely with advisors and club presidents to provide technical assistance, outreach materials, and ongoing support to assist them with club activities and planning for the future. Additionally, suicide prevention trainings have been offered on their campuses for both faculty and students.

Send Silence Packing (SSP) is an exhibit of 1,100 backpacks that represent the number of college age students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. At each exhibit, 1,100 backpacks are displayed in a high-traffic area of campus, giving a visual representation of the scope of the problem and the number of victims. RUHS-BH continues to support these efforts through sponsoring the Send Silence Packing traveling exhibit. In FY18/19 exhibits were held in all three regions of the County: College of the Desert, Mt. San Jacinto College – Menifee campus, and in the City of Riverside on the Main Street Pedestrian mall (a community event) as described earlier in this document.

**Directing Change:** The Directing Change Program and Student Film Contest is part of Each Mind Matters: California’s Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives



surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. In order to support the contest and to acknowledge those local students who submitted videos, RUHS – BH and San Bernardino Department of Behavioral Health have partnered to host a local Directing Change Screening and Recognition Ceremony. The semi-formal event was held at the Fox Theater in Riverside in 2014, the Lewis Family Playhouse in Rancho Cucamonga in May 2015, the Fox Theater in Riverside in May 2016, 2017, 2018, and at the California Theater of Performing Arts in San Bernardino in 2019. Students, their families as well as school advisors and administrators were invited to celebrate the students. PEI staff, in conjunction with PEI program providers, conducted outreach and awareness at high schools throughout the county to raise



awareness about the contest and encourage students to make videos. In FY18/19 students from 29 schools, universities, colleges, and community based organizations, submitted a total of 182 films from Riverside County, the highest in the state, with a total over 650 student/youth participants resulting in 6 State winners and 8 regional winners.

**Teen Suicide Awareness and Prevention Program:** Riverside University Health System – Public Health, Injury Prevention Services (IPS) continued to implement the teen suicide prevention and awareness program in eight school districts throughout Riverside County in FY18/19. The 12 districts served were Alvord, Banning, Beaumont, Coachella Valley, Corona-Norco, Hemet, Menifee, Moreno Valley, Murrieta Valley, Palm Springs, San Jacinto, and Temecula Valley. IPS continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. IPS provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus. The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school

and middle school within the selected school district will be required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. It is imperative to create buy in from the



students on each campus, and by focusing on a peer to peer approach with the SP program it helps to bridge the trust among students and utilize the program to its full potential. Individuals in each service group will be identified as SP outreach providers, with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers will have training on topics such as:

- Leadership
- Identifying warning signs to suicide behavior
- Local resources to mental/behavioral health services
- Conflict resolution

In addition, IPS assists each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. The students are highly encouraged to participate in the annual Directing Change video contest. The remaining activities include handing out SP cards at open house events, school events, and making PSA announcements. This helps to build momentum around suicide prevention and reduce the stigma associated with seeking mental health care services. As a way to provide additional services that target the staff and parents of students at the selected school sites, training opportunities are offered. IPS provides Gatekeeper trainings to school staff that include safeTALK and ASIST. In addition, IPS works with Riverside County Helpline to provide suicide prevention and awareness trainings to parents. This helps to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness. The program supported 37 high school sites and 36 middle schools in FY18/19. As a result, there were 73 suicide prevention curriculum trainings conducted to over 2,000 students, 51 Healthy Relationship presentations at 14 school sites, 34,500 mental health related brochures and help cards were distributed, and there were 125 suicide prevention campaigns impacting approximately 80,152 students across Riverside County. IPS staff continued to provide parent education and staff development activities in FY18/19. The parent education component provided parents with a 1 to 2-hour presentation on the warning signs, risk factors,

and resources available to youth in crisis. FY18/19 provided 12 parent workshops, in English and Spanish, reaching 152 parents and 12 community workshop reaching 233 community members. The staff development component consisted of providing 8 safeTALK suicide awareness trainings impacting 196 community and school personnel as well as 3 ASIST workshops impacting 81 school personnel.

### **PEI-05 First Onset for Older Adults**

There are currently five components to this Work Plan and each of them focuses on the reduction of depression in order to reduce the risk of suicide. A total of 463 unduplicated older adults and adults transitioning to older adulthood received services from evidence-based practices and 3,843 were outreached to by the Office on Aging.

**Cognitive-Behavioral Therapy for Late-Life Depression:** This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. The PEI Staff Development Officer continued to provide training and consultation in the program to new staff. There continued to be a great deal of outreach activities that occurred during FY18/19 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. In FY18/19, 73 older adults were served in this program. In the Desert region, 84% of participants were Caucasian, 92% reported identifying as LGBTQI, and 42% were 70-79 years old. In the Western and Mid-County regions 89% were Hispanic and most participants were between the ages 61-73. As with other PEI programs, pre and post measures were given to program participants and those tools were used to evaluate the effectiveness of the program. Outcomes included statistically significant reduction in depressive symptoms, reducing from moderate to minimal, which is the primary goal of the program. In addition, participants reported a statistically significant increase in their quality of life indicating that participants were engaging in more social behavior and pleasurable activities. This program has demonstrated positive outcomes since implementation began. One participant reported, “My practitioner was very helpful, understanding, and easy to talk to. I looked forward to my sessions. The strategies on how to cope with my feelings were very helpful.”

**Program to Encourage Active, Rewarding Lives for Seniors (PEARLS):** This program is a home-based program designed to reduce symptoms of minor depression and improve health related quality of life for people who are 60 or older. This program was originally provided through the PEI plan by RUHS-BH staff. Due to costs versus numbers served it was determined through



the community planning process to discontinue this service by RUHS-BH and instead implement the PEARLS model in the community recognizing that community based providers have a better ability to engage target communities and individuals who will benefit from these services. A request for proposal was developed and released in August 2017. A Countywide provider was identified and implementation began in FY18/19. The program had only a partial year of implementation and programs take time to ramp up. In the first year, FY18/19, this program served 36 participants. The participants were predominantly female (61%). The data on race and ethnicity for those enrolled into the program showed a pattern similar to the race/ethnic proportions represented in the Riverside County older adult population: 55.6% Caucasian, 22.2% African American, and 19.4% Hispanic. Countywide, depression and anxiety symptoms decreased for participants. PEARLS participants reported the greatest increase in satisfaction with their feelings about their emotional well-being and their relationship with their families. They also report an increase in satisfaction about their life in general and also reported increases in participation in social and pleasant activities.

**Care Pathways - Caregiver Support Groups:** A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called “Care Pathways”, consists of a 12-week cycle that provides education and support on a variety of topics that caregivers face. These include preventing caregiver burnout, talking to doctors about medication, learning from our emotions, and stress reduction techniques. They continued to have great success in marketing the program. The OoA served 250 individuals in FY18/19. About four-fifths (81.2%) of all participants enrolled completed the program. The majority of participants were female and 73% of program participants had been caregiving for one to ten years. Almost half (42%) of the caregivers participating in support groups were in the age category of 60-79. There was a statistically significant decrease in current levels of stress from pre- to post-test at the end of the 12-week series. Caregivers reported high levels of satisfaction with 81% of participants who completed the survey reported that the support groups helped them in reducing some of the stress associated with being a caregiver and 97% of participants reported that they would recommend the support group to friends in need of similar help.

**Mental Health Liaisons to the Office on Aging:** There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including: screening for depression, providing the CBT

for Late Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff and other organizations serving older adults about mental health related topics, as well as providing mental health consultations for Office on Aging participants. In FY18/19 two Clinical Therapists staffed this program. The Mental Health Liaisons participated in 124 outreach events within the 18/19 fiscal year. They also processed 128 referrals which resulted in approximately 5% of those referrals being enrolled in Cognitive Behavioral Therapy. Sixty-eight percent of the referrals they received were referred to other non PEI programs to meet their needs. The liaisons also provided the CBT for Late Life Depression program to 19 older adults in FY18/19. The Office on Aging provides services to disabled adults as well as older adults, and some of the disabled adults were identified as clients that could benefit from this treatment model for depression. Rather than turn these clients away or refer them to some other program, the in-house liaisons provided services to them. Program participants are asked to complete the Beck Depression Inventory (BDI) and the Quality of Life (QOL) measure prior to receiving the program as well as at the conclusion of service. The BDI pre to post scores showed a statistically significant improvement of symptoms of depression. Overall, depression reduced from moderate to minimal. QOL survey results indicated that program participants felt better about life in general, and the qualities of their health and emotional well-being. And it was found that there was a statistically significant decrease in the amount that participants' physical/emotional health interfered with their social activities. Additionally, pre to post test scores showed a statistically significant decrease in anxiety symptoms from moderate to minimal after completing the program.

**CareLink/Healthy IDEAS Program:** CareLink is a care management program for older adults who are at risk of losing placement in their home due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home. In FY18/19, 85 of the individuals that were served through the CareLink program were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depressive symptoms for Healthy IDEAS participants showed a statistically significant decrease. The Quality of Life Survey showed the greatest improvements in how participants felt about relaxation time in their lives and health in general. Carelink participants reported they were satisfied with many aspects of the program, and 100% said they were helped the most by home visits and telephone contacts.

## PEI-06 Trauma-Exposed Services

**Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** This is a group intervention designed to reduce symptoms of Post-Traumatic Stress Disorder and depression in children who have been exposed to violence. Providers have developed partnerships with school districts to provide the program on school campuses. In FY18/19, 252 youth were enrolled in the program with 86% completing the program having attended 8+ sessions. Overall, the largest numbers of participants were Hispanic females. Of particular note is that a part of the model is that the clinicians meet individually with the students, the parent/caregiver, and a teacher. Intake data showed that 92% of youth served had witnessed physical trauma and 88% reported experiencing emotional trauma. Participants completed pre/post outcome measures to measure the impact on depression and symptoms of trauma. Comparison of data from pre to post revealed that program participants showed a significant decrease in traumatic symptoms. 80% of youth agreed or strongly agreed that the program taught them how to better cope with stress. 80% of youth agreed or strongly agreed that the program has prepared them to cope with stress if something difficult happens in the future. Some youth responses on the satisfaction survey include: “I learned many things like being vulnerable, checking the facts before I assume anything. I learned that I can change my thoughts and my actions.”

**Seeking Safety:** This is an evidence-based present focused coping skills program designed for individuals with a history of trauma. The program addresses both the TAY and adult populations in Riverside County. A total of 177 individuals were enrolled and participated in at least one topic session with a 68% completion rate. Eighty percent of those served were TAY. Participants were asked to provide information about their trauma-related symptoms before they began the program and when they completed. Post test scores revealed a decrease in trauma related symptoms and showed a statistically significant decrease across the total score and all subscales (dissociation, anxiety, depression, sexual abuse trauma index, sleep disturbance, and sexual problems). Comparison of pre/post scores on the COPING Inventory showed an improvement in positive coping responses and a decrease in negative coping responses to life stressors. Overall responses to the satisfaction survey, given upon completion of the program, were positive. Participants found the program to be helpful and would recommend Seeking Safety to others. A participant commented, “Helped me realize it is ok to express my true feelings, it’s ok to live for me! I can say no and feel ok about it. I can be kind to myself and I deserve it.”

**Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT):** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat post-traumatic

stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy. This model has been implemented successfully within RUHS – BH children’s clinics. Outcomes from the program demonstrate significant reduction in traumatic symptoms and improvement in behavioral difficulties. RUHS - BH and the Riverside County Department of Social Services are collaborating to serve children who are brought into the foster care system, including providing clinical intervention when needed.

**Trauma-Informed Systems:** The Community Planning Process continued to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts. The discussion centered on not focusing efforts on direct service for adults who have experienced trauma, but rather to develop a trauma-informed system and communities. There is currently a County-wide effort focusing on trauma and resiliency known as the Resiliency Initiative. RUHS-BH will partner in these efforts to maximize benefits to the community. A contract was put in place with Trauma Transformed in FY18/19 to begin a Trauma Informed Systems transformation. Implementation kicked off in April 2019 with leadership training in Trauma 101. 10 RUHS-BH staff (2 of whom will become master trainers) have begun the training process to become trainers in this workshop and roll out the Trauma 101 training for all department staff. Implementation continued into FY19/20 which began the Leadership and Champion Learning communities. Consultation with Trauma Transformed will continue through FY19/20.

#### **PEI-07 Underserved Cultural Populations**

This Work Plan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based and evidence-informed practices that have been found to be effective with the populations identified for implementation. In addition to the programs identified below it is important to note that each of the populations was identified as priority populations in all of the PEI programs being implemented. Demographic information, including ethnicity and culture, is gathered for PEI programs in order to ensure that the priority

populations are receiving the programs. The mental health awareness and stigma reduction activities also include focus on the unserved and underserved populations throughout the county.

**Hispanic/Latino Communities:** A program with a focus on Latina women was identified within the PEI plan.

**Mamás y Bebés (Mothers and Babies) Program:** This is a manualized 9-week mood management course for women during pregnancy and includes three post-partum booster sessions with the goal of decreasing the risk of development of depression during the perinatal period. In FY18/19 one service provider was contracted to deliver this program in one region (Western). A total of 60 women were screened and 40 were served through this program. 78% of the women identified as Hispanic, 22% as African American, and 42% reported Spanish as their primary language. 63% completed the program. Pre- to post-test outcomes data indicated that depression symptoms were decreased statistically significantly. Results from the satisfaction survey indicate 100% of the women agreed or strongly agreed that the program taught them how to get help for depression while pregnant and after the birth of her baby. Participant comments include, “The staff was very welcoming and helpful. I felt safe to talk about my feelings and to know there was no judgement against me was very helpful.” “I had the opportunity to talk with other moms and realized I was not the only one with post-partum depression.” “I now have the power to control my thoughts and keep moving forward.”

**African American Communities:**

**Building Resilience in African American Families (BRAAF) Boys Program:** This project was identified through the Community Planning Process as a priority for the African American community. The project includes three programs:

**Africentric Youth and Family Rites of Passage Program:** This is a nine month after school program for 11–15-year-old males with a focus on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in family enhancement dinners. The providers initially focused their efforts on outreach through personal contacts, marketing and presentations in order to facilitate referrals. This included outreach to faith-based organizations, community providers, schools, and health fairs. A total of 59 youth and their families participated in the program in FY18/19 in the Western, Mid-County and Desert Regions. In measuring resiliency, 39 youth demonstrated a positive change in their sense of mastery as measured by the Resiliency Scale, which means they were better equipped to cope with adverse

circumstances. They also demonstrated a positive change in relatedness, which means they are better equipped with interpersonal skills that can serve as a protective factor. By the end of the program, families demonstrated a statistically significant increase in family connectedness. Overall satisfaction rates from either the youth or parent were above 85% indicating the program met or exceeded their expectations.

**Guiding Good Choices (GGC)** - This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. In FY18/19 a total of 58 parents graduated from GGC. Overall, County results show statistically significant improvement in involvement and positive parenting. Parents reported they learned, “that is it never too early to have conversation with my kids about drugs and alcohol and how important it is to have those conversations.” “The importance of family meetings.” “Learned how to be patient and different types of parenting skills.” In addition, parent support groups following the completion of GGC were offered. These group are designed to be an open space where parents can share parenting skills and seek advice on how to overcome family difficulties in raising a young teenage child. The parent support groups provided the opportunity for parents to build their own support network. Topics discussed were: drugs, lying, bullying, weapons, etc.

**Cognitive Behavioral Therapy (CBT)** - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address emotional crisis, and provide coping skills. CBT intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer. Twenty-two youths benefitted from this intervention this fiscal year. Pre to post test results on the Strengths and Difficulties Questionnaire showed a decrease in emotional, conduct, hyperactivity, and peer problems subscales. The pro-social subscale increased meaning the youth are more open to ask for help, to help others, and to behave in more socially positive ways.

The Executive Directors for each of the providers continue to meet as a Leadership Team along with RUHS - BH staff. The BRAAF Leadership Team meets regularly to support the implementation of the evidence-based practices included in the BRAAF project. An annual project collaboratively planned and implemented is the primary goal of the leadership meetings. Program Administrators also coordinate outside of the leadership meetings in order to complete the annual Unity Day project. The event includes family style activities, outreach/community service activities,

food, and traditional Africentric rituals. The project will also include elements that will serve as evidence and historical reference that Unity Day took place in the selected community. The event is usually held in the Spring.

When asked how the program helped you to get along better with your family participants responded, "I learned that I am Black and be proud of that." "I respect my grandma now. Before I used to say bad things to her." "It helped me be a king. I feel good about my culture."

When asked how has the program changed how you feel about your culture participants responded, "More confidence and determination. I had mixed emotions on my culture because of how the system was." "This program has made me feel proud of who I am and the color of my skin." "Feel good about my culture because now I know what my ancestors had to do to be free like I am today."

**Building Resilience in African American Families (BRAAF) Girls Program:** The pilot BRAAF Girls project, was released for bid through the Request for Proposal process during FY16/17. It is the result of community feedback requesting a culturally tailored program for African American girls in Riverside County. Implementation began in January of FY 17/18 as a pilot program in the Desert region

**Africentric Rites of Passage Program** - is an evidence-informed, comprehensive prevention program for African-American girls in middle school and their caregivers/families. The project is designed to wrap families with services to address the needs of middle school aged African-American girls, build positive parenting practices, and address symptoms of trauma, depression, and anxiety. The goal of BRAAF is empowerment of African American girls ages 11-13 through a nine-month Rites of Passage Program. The BRAAF Girls ROP serves girls enrolled in middle school, who meet criteria, in an after school program three days per week for 3 hours after school on Mondays, Wednesdays and Fridays and every Saturday. The Saturday sessions will focus on dance, martial arts and educational/cultural excursions. Sixteen youth completed the program. The BRAAF Girls ROP program stresses parent and caretaker involvement to promote healthy relationships with their girls. Family enhancement and empowerment buffet dinners are held monthly for a minimum of 2 hours each meeting, over 9 months of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Community guest speakers/experts are included in the monthly presentations. Sixteen youth participated in the pilot project in the Desert region. Pre and post tests are completed to track progress. Statistically significant change was shown in positive ethnic identity. Families demonstrated shifting closer to a connectedness strength from being a

separated family. By the end of the program, youth were able to identify several risk factors and protective factors for themselves and identified seeking help from a parent or therapy as a strength. Overall satisfaction rates from youth or parents were above 90% agreeing that the program met or exceeded their expectations.

**Guiding Good Choices (GGC)** - This is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. Fourteen parents completed the GGC course. When asked at completion, 100% of parents reported that they agree or strongly agree with the statement, "As a result of the program, I am satisfied with our family life right now."

**Cognitive Behavioral Therapy (CBT)** - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of Posttraumatic Stress Disorders (PTSD), exposure to violence, anxiety, depression, address emotional crisis, and provide coping skills. CBT intervention is under the guidance/consultation of the RUHS - BH Staff Development Officer. Twelve youth participated in the CBT component of the program. On the Strengths and Difficulties Questionnaire, a statistically significant decrease in conduct was shown and an increase on the pro-social scale which means the youth are more likely to promote healthy and enjoyable relationships.

#### **Native American Communities:**

At initial implementation of the Riverside County PEI plan in 2009, the Native American project included 2 parenting programs that were culturally adapted for the Native culture implemented by a community based organization. An RFP was released in the spring of 2015 in anticipation of the contract expiring. No competitive bids were received. There were no contracts awarded as a result of the RFP. The PEI Steering Committee recommended focus groups with the Native American population of Riverside County to determine what programs and services are most appropriate at this time.

Focus groups were conducted in FY18/19 with Native American community members and providers. Concerns identified in focus groups included: substance abuse, loss of culture, depression, anxiety, disconnection, and family/parenting needs. Stakeholders feedback regarding what is needed included: traditional healing, culture, feeling connected, and education. Stakeholders also stated that in order to be effective program implementation must include: cultural traditions, group gatherings, and mental health education. New programs have been



identified and approved through the PEI Steering Committee. The project will include both evidence-based and community-defined programs: Wellbriety Celebrating Families, Gathering of Native Americans (GONA), and Cognitive-Behavioral group and individual interventions. PEI Administration worked closely with the Cultural Competency program to develop an RFP that included the identified programs and is tailored to best meet the needs identified through the community stakeholder process. An RFP was released in FY19/20 to identify a provider. Once identified, program implementation will begin during the next 3YPE plan.

### **Asian American/Pacific Islander Communities:**

**Keeping Intergenerational Ties in Ethnic Families (KITE):** Formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families; the name of the program was changed to a more culturally appealing name. This was done by the newly contracted provider (FY19/20) who has an expertise in serving this population. This is a selective intervention program for immigrant parents that include a culturally competent, skills-based parenting program. As identified through the Community Planning Process, building relationships within the Asian American/Pacific Islander communities is the essential first step prior to offering any program. Significant focus was placed on identifying a consultant from the community to continue the outreach that was begun over the past few years by the Department. An Asian American/Pacific Islander Task Force has been formed to engage representatives from communities with the goal of relationship building, identifying culturally appropriate ways to increase awareness of promoting health, and developing a plan to implement the KITE/SITIF program. A Request for Proposal was released at the end of FY 17/18 and a provider identified in FY18/19. Implementation began in FY19/20. Data will be available at the next update.

### **Other PEI Activities**

**Prevention and Early Intervention Statewide Activities:** In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 and 2017/2020 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. The PEI Steering Committee, during this annual update stakeholder process, continued its support and recommended continued funding of the JPA for the next 3YPE plan 2020/2021-2022/2023. This allows support of ongoing statewide activities including the awareness campaigns. The purpose of CalMHSA is to provide

funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California's mental health movement) and Know the Signs (a suicide prevention campaign) as well as some local activities. Additional benefits this year of the statewide efforts include suicide prevention and mental health educational materials with cultural and linguistic adaptations. In FY18/19, Riverside County was able to participate in two Learning Collaboratives through CalMHSA related to suicide prevention: Suicide Safer Messaging and Suicide Prevention Strategic Plan and Coalition Development (this is the first of a multi-year collaboration). This opportunity provided subject matter experts in the area of suicide prevention to give guidance and support to our local efforts in the development of a suicide prevention strategic plan and coalition. The Collaborative includes many other Counties throughout the State and supports increased partnership across County lines and assists us in ensuring our local plan is in-line with the California Statewide strategic plan. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these activities.

## Innovation (INN)

### **INN-05: TAY Drop-In Center**

Drop-In Centers that focus on the engagement and skill development of TAY youth, provide TAY PSS training, and expand behavioral health care including treatment for first episode psychosis as well as other specialized services.

### **INN-06: Commercially Sexually Exploited Children (CESC)**

Field based coordinated care teams that provide adapted TF-CBT, parent support, peer support, and any other assistance needed to engage and treat CESC youth.

### **INN-07: Tech Suite Project**

Collaboration between 14 counties to bring interactive technology tools into the public mental health system through a "suite" of applications designed to educate and improve identification and early detection of signs and symptoms of mental illness, connect individuals seeking help in real time via peer chat app, and increase access to mental health services no matter where people are located

## MHSA INNOVATION Component Plans History

Plan #	Project Name	Years of the Plan	Description	Status
INN-01	Recovery Arts Core Project	1/2009-6/2012	Mobile, community-based, peer delivered art education and services to consumers that includes presentations on recovery, art classes and peer education to increase quality of services and recovery for consumers.	Expired
INN-02	Recovery Learning Center (RLC)	Western 4/2011-4/2016 Desert 5/2012-4/2017	Peer recovery coaches who provide WRAP, recovery coaching, and other peer support services for consumers to develop wellness skills and empower personal responsibility to achieve goals.	Expired
INN-03	Family Room Project	4/2012-5/2017	Family Advocates and Peer Specialists facilitate the engagement of family members in the consumer's recovery, identify barriers to family involvement, model effective communication between the family members, facilitate referrals to services and supports in the community for the family, and respond to the on-going needs of the family as they progress in recovery.	Expired
INN-04	Older Adult Self Management Health Team Project	4/2012-4/2016	A team approach for intensive collaboration and coordination of treatment with primary care providers and other agencies to provide support services to the older adults with both mental health and physical health needs.	Expired
INN-05	TAY Drop-In Center	8/2015-8/2020	Drop-In Centers that focus on the engagement and skill development of TAY youth, provide TAY PSS training, and expand behavioral health care including treatment for first episode psychosis as well as other specialized services.	Active
INN-06	Commercially Sexually Exploited Children (CESC)	2/2017-2/2022	Field based coordinated care teams that provide adapted TF-CBT, parent support, peer support, and any other assistance needed to engage and treat CESC youth.	Active
INN-07	Tech Suite Project	2/2019-2/2024	Collaboration between 14 counties to bring interactive technology tools into the public mental health system through a "suite" of applications designed to educate and improve identification and early detection of signs and symptoms of mental illness, connect individuals seeking help in real time via peer chat app, and increase access to mental health services no matter where people are located in their county.	Active

### What is a Mental Health Services Act Innovations Project?

- An Innovations Project is essentially a research project to determine if a particular mental health need can be solved using a practice that was not previously used to solve that same need anywhere in the world.
- Research measurement tools and data collecting are part of the plan design. The data collected is based on the hoped or expected outcome of the project.
- The focus of Innovations Projects should not be about filling in the gaps of missing services. Instead, each Innovations Project must have significant learning goals. There must be something new learned by the introduction of the project. The results should add knowledge to the mental health field and should be generalizable to other programs or counties.
- Each Innovations Project has a designated end date for evaluation purposes. Funding for the project is limited to 3-5 years. If a project is considered successful, other funding sources to sustain it must be explored and accessed.

### An Innovation Project must have one of the four following primary purposes:

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes

- Promote interagency collaboration related to mental health services, supports, or outcomes
- Increase access to mental health services

**An Innovation Project must also be defined by one of the three following project definitions:**

- Introduces a new mental health practice or approach
- Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community
- Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

### **INN-05 TAY Drop-In Centers**

The TAY Center Project was presented to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in July of 2015 as an Innovation Project and was approved in August of 2015 as a 5 year Plan. As a MSHA Innovation projects, the regional TAY Drop-In Centers were intended to: a) Increase the quality of services, including better outcomes, to TAY consumers; and b) To promote interagency collaboration for service agencies that serve TAY.

The innovation was also designed to develop a TAY peer-training curriculum and provide a unique location within the TAY centers for the TAY peer staff to provide a team approach with other clinical staff in a youth-centered space. The TAY Drop-In Centers are intended to be a place for engagement into behavioral health services, access resources, and the implementation of an early intervention model for TAY experiencing first episode psychosis.

To address unique needs in various parts of the County, three regional centers were opened (West, Mid-County, and Desert). The Western Region TAY Center is called Stepping Stones, the Mid-County center is called The Arena, and the Desert region center is called Desert FLOW.

### **MHSA Innovation Project Learning Goals**

Each INN project includes a set of learning goals. The INN goals for this project focus on the following key areas:

1. To determine if Peer Support Specialist (PSS) who receive training and mentored practice in a dedicated TAY Center results in the development of effective TAY PSS work skills, and to determine if a high percentage of TAY PSS become employed or volunteer within the social service arena including mental health systems, probation, or public social services.
2. To determine if implementing TAY PSS workforce development within a dedicated TAY training hub results in high completion rates for training.
3. To determine the effectiveness of training TAY PSS to work as part of an integrated interdisciplinary team in an adapted evidence-based practice for First Episode Psychosis (FEP). Also to determine the impact of these services with TAY consumers and their families.
4. To determine any effects among the interagency partners regarding work or volunteerism with TAY PSS and/or hiring TAY PSS throughout the social services arena.

### **Plan Progress**

From July 1, 2018 through June 30, 2019, two TAY Peer Support trainings were held with a total of 26 trainees attending and 22 graduating. These two trainings were held in Mid-County region. A large percentage of those who started training graduated (85% overall).

All TAY Centers participated in community outreach by conducting local public awareness activities to target TAY and their families. Together, the centers reached over **6,800** community members including outreach by the centers at the three annual “May is Mental Health Month” fairs. During the 2018-2019 fiscal year, TAY Center team members engaged in a total of 48 outreach events that were documented across all 3 regional TAY Centers. Some locations where the TAY centers presented tabling or hosting a resource event were public locations such as high schools, colleges, libraries, community centers, and health fairs. Each center also used their physical location to host outreach activities, and invited the community to learn more about the TAY Center resources available for TAY and their families.

Additionally, each region hosted a TAY Collaborative meeting with the purpose of sharing resources and collaborating with other programs and agencies to better serve TAY youth and their families. Examples of organizations attending the monthly TAY Collaborative include faith based organizations, Inland Empire Health Plan, North County Health Systems (NCHS), WRAP,

MHSA Prevention Early Intervention, Department of Public Social Services, HHOPE housing, Victor Community Support Services, and Neighborhood Clinics.

In addition to establishing TAY Collaboratives with a broad array of providers, the TAY centers developed unique approaches to developing and maintaining interagency partnerships. Initially, the centers were designed to reserve some dedicated space for other providers. As partnerships developed, the TAY centers learned that established organizations did not necessarily have the resources to allocate their staff permanently. Rather, the other agencies came into the TAY centers at scheduled times to support TAY youth on site. For example, the Mid-County TAY center established a relationship with the North County Health Systems (NCHS), a local health clinic one block from the Mid-County TAY center. NCHS provided physical health, dental and other medical services including benefits enrollment and operated with a sliding fee scale. NCHS regularly set up a table at the TAY center lobby to offer resources and educate youth on the health services offered. In addition, when a TAY Center member had a health care need, the TAY Center was able to send the youth to the NCHS.

TAY Peer Support Specialist (PSS) taught TAY members how to navigate the system of resources available in the community. Staff coach the youth while out in the community to learn how to access resources, while promoting independence and empowerment. TAY PSS were very creative in finding resources. Some examples include: Meeting Basic Needs - Local food pantries; Education Resources - Engaging Youth Back Into School, Come Back Kids, Riverside Office of Education (RCOE); local NAMI Chapters - Family to Family Classes and Mental Health First Aid; Primary Care Health Clinics - Borrego Health and North County Health Systems; Job and Vocational Resources - Oasis Vocational program and California Conservation Corp.

Each TAY Center provided a variety of services, activities and events. Youth accessed Mental Health (MH) Assessments, Individual Therapy, MH Groups, Psychiatry, MH Rehabilitative services, Case Management, collateral services with family members, and evidenced based practices, such as first episode psychosis, eating disorders treatment, and Trauma-Focused CBT.

Various recover-centered Mental Health groups were provided with focuses ranging from women and men's empowerment to TAY Recovery support groups. PSS and youth, working with the clinical team, had input into the development of groups and activities. Staff worked with the center's supervisor to propose a group topic. Once the supervisor reviewed the therapeutic

content and assured criteria were met, staff were able to implement a variety of creative mental health groups attractive to TAY. Each center developed groups, activities and events that were part of their regularly scheduled activity calendars. In fiscal year 2018-2019, 64% of all Services were delivered by Peers.

A total of 1,235 unduplicated youth received services at the TAY Centers in FY 18-19 compared to 475 youth served in 17-18 FY. Most services were provided in group settings. During the 2018-2019 fiscal year, there was progress in continuing to provide and expand efforts to implement the evidence-based First Episode Psychosis (FEP) program to TAY youth.

### **Plan Status Update**

Through the duration of the past 5 years, the TAY Centers have become a very valuable program within the TAY service system provided in Riverside County. Innovation plans are authorized by the MHSOOC for 3-5 years. The TAY Centers were authorized as a 5-year plan ending in June 2020. The goal of the department is to continue to invest in the TAY Centers. Their budget will move from an INN funded program at the end of June 2020 to the Community Services and Supports Budget starting in July 2020.

Stakeholders, the RUHS-BH Children's Services Deputy and related department leadership, and the managers from Consumer Affairs and Parent Support and Training have met to discuss continued planning for the TAY centers. As the final data is received and reviewed as this plan completes, clarity on full lessons learned and their application in RUHS-BH will become more apparent. Decisions will be made moving forward based on that research data, stakeholder feedback, and overall budget and economic conditions. RUHS-BH has made a commitment to continue the TAY center programming.

### **INN-06 Resilient Brave Youth**

The following report is a summary of data for the Mental Health Services Act Innovation (INN) Project Commercially Sexually Exploited Children (CSEC) approved by to the MHSO Oversight and Accountability Committee in February 2017. The project was proposed because CSEC youth are at a high risk for experiencing symptoms of traumatic distress including PTSD, anxiety, and depression which suggests trauma-informed treatment would be effective with this population. Despite the risks faced by this population, specific data on outcomes and therapeutic approaches to meet their needs are sparse in the research literature. This project



was proposed to bridge this gap in knowledge. The CSEC INN project combines an adapted Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model to effectively treat trauma with a field-based coordinated Specialty Care Team approach designed to meet the challenges of engagement and coordination of multiple agencies. This project was designed to improve the quality of services, promote trauma informed care, and increase interagency collaboration ultimately resulting in better outcomes for CSEC youth and families. The developers of TF-CBT have reported a need to adapt the current evidence-based practice to meet the needs of CSEC youth. This adaptation involves integrating motivational interviewing and the stages of change model in order to optimize engagement and treatment completion of TF-CBT. The adaptation utilizes TAY Peers and Parent Partners to provide services to families/caregivers to enhance engagement and provide support. These TAY Peers and Parent Partners are an integral part of the CSEC Specialty Care Team working to identify barriers and support all phases of TF-CBT treatment. It was proposed that about 100 youth a year could benefit from the program. When implemented, the program was called Resilient Brave Youth (RBY) to recognize positive assets of participants.

Each INN project must have learning goals. The INN goals for this project will focus on the following key areas:

1. Effectiveness of adapting TF-CBT for a commercially sexually exploited youth population to understand if this adapted approach delivered in a Specialty Care Team model increases engagement, retention, and outcomes.
2. Effectiveness of a coordinated Specialty Care Team approach with a CSEC team including the use of TAY Peer Specialist and Parent Partners to increase engagement and retention in services and improve outcomes.

### **Status of Implementation**

Significant time in the first year and half of this innovation project involved ramping up the program to full implementation. Initial work to implement RBY involved hiring staff, staff training, and outreach efforts within behavioral health and with outside agencies. In addition, data collection for evaluation activities were developed. A referral form was designed to collect key information about potential participants and provide a way for referring parties to direct potential program participants.

Agency/Organization Type			
Behavioral Health	21	Other Outside Groups	2
DA's office and partners	1	Public Health	1
DPSS/CSD	7	School District/RCOE	3
Group Home	1	Southern Counties CSD meeting	1
Juvenile Justice/Probation	5	Total	42

RBY staff include clinicians, behavioral health specialists, peers and parent partners. Each case has a lead clinician as well as a peer specialist, with other staff involved as needed.

Trends in this program that remain consistent is the inability to maintain and fully complete the youth's treatment goals for many reasons. The CESC population is proven to be a challenge to engage in services of any kind, as well as maintain in the program due to their high risk behavior of running away, dropping out of services, and moving out of the county. The RBY staff have adjusted their criteria for beginning services in their program by including those youth who are at risk and just beginning to be identified as possible CESC youth. An increase in referrals shows that more youth are at risk and can benefit from prevention or early intervention services to reduce the outcome of youth becoming CESC youth in our county.

The first referrals to the program were in October of 2017 and the program starting serving clients that month as well. An initial challenge in enrolling participants were that some referred youth were sent to placements out of the state before the program was able to fully serve the client. It is hoped that as the understanding of what RBY program can offer youth improves, more CSEC youth will be placed within the County where RBY staff can provide needed mental health services.

**FY 20/21-22/23**

The goal for the upcoming year is to increase the number of referrals and provided services by building interagency partnership and conducting more community outreach.

## INN-07 Technology Suite (Tech Suite)

RUHS-BH had the opportunity to join a 14 county INN collaborative called the Technology Suite; a set of smart phone applications that can assist people with wellness and mental health recovery. Most of the last fiscal year was spent with our community stakeholders – meeting with over 1,200 Riverside County consumers, family, and supporters to ascertain community opinion and feedback on interest and viability.

This INN Plan was approved by the MHSa Accountability and Oversight Commission in September 2018 and was approved by Riverside County Board of Supervisors in January 2019. The project was named Help @ Hand so that all counties participating can refer to it the same way. RUHS-BH began work within Cohort #2 with hiring staff to begin working on this project in March 2019.

RUHS-BH and our collaborative county partners intend to utilize a suite of technology-based mental health services and solutions which collect passive data that identifies early signs and signals of mental health symptoms and will then provide access and linkage to intervention. Tech Suite applications will serve as an enhancement to current MHSa Plan activities from prevention and early intervention to an additional care plan tool designed to decrease the need for psychiatric hospital and emergency care service.

The primary focus areas of this project are:

- Early Detection and Suicide Prevention
- Improve Outcomes for High Risk Populations
- Improve Service Access for Rural Regions and Underserved Communities

This project, implemented in multiple counties across California, will bring interactive technology tools into the public mental health system through a highly innovative set or “suite” of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services

when needed. Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products.

The targeted populations include:

1) Hearing and Visually Impaired Communities

Riverside County is home to one of the two schools for the deaf in California, and as a result, Riverside County has one of the largest populations of deaf and hard of hearing individuals in the State. Model Deaf Community states, “National studies indicate that approximately 10% of the total population is deaf. In Riverside, that number is estimated to be 17%.”

2) Higher Risk Populations: first onset; re-entry; FSP consumers; eating disorders; and, suicide prevention

- The State is prioritizing the detection and treatment of first onset psychosis as a State-wide standard in Prevention and Early Intervention. Research indicates that prodromal signs of the illness can be detected and early intervention can delay the disorder. Intervention can be highly effective when prescribed early with greatest success within the first 18 months of onset.
- The criminal justice reentry population is at high risk of failing to connect with behavioral health services upon discharge from jail in addition to being at high risk for homelessness. Moreover, the re-entry population has exceptionally high rates of behavioral health need. The Department of Health Care Service has Re-entry Focused Whole Person Care (WPC) Pilots; Riverside is one of four approved WPC pilots that is especially dedicated to serving individuals re-entering the community post-incarceration and that have designed programs to directly engage local jails and/or probation departments. Prevention of re-incarceration is a primary goal of service and additional tools can enhance already existing programs targeted at this population.
- Full Service Partnership (FSP) programs are designed to serve consumers who have the highest service utilization and the greatest risk for relapse. Working with FSP clients can be challenging and adding tools to assist the consumer in his or her own wellness management may provide immediate

feedback and better tailored wellness strategies that more readily meet the goals of this population.

- **Suicide Prevention to High Risk Populations:** In Riverside County, males died at greater rates than females due to self-inflicted injury. Caucasians have the highest rate of deaths in Riverside County and California. In Riverside County, people between the ages of 45 to 84 years old die at the highest rates by suicide than other age groups. Overall, California shows the same trends for adult suicide rates. However, Riverside County's 65-84 year old population between 2003 and 2013 died at higher rates of self-inflicted injuries most years than the overall California population. Riverside County had higher rates of non-fatal injury ER visits than California overall. Females were in the emergency room due to non-fatal self-inflicted injuries (suicide attempts) at higher rates than males. Riverside County females' ER visit rates were also higher than the overall rate for California females. In Riverside County in 2006-2010 and 2012, non-fatal self-inflicted injuries that resulted in ER visits were recorded for Caucasians at a higher rate than other races/ethnicities. However, in 2011 and 2013 the African Americans in Riverside County were treated in the ER a higher rate than Caucasians. Fifteen to 19 year olds were treated in the ER because they injured themselves at the highest rate compared to other age groups in Riverside County and California. Also, 20-24 year olds were in the ER at a high rate for self- injury both in Riverside County and California. Both of these age groupings include transitional age youth (TAY).
  
- **Consumers with Eating Disorders:** Though the therapeutic professions have grown more sophisticated in serving people with eating disorders, the disorders remain challenging to treat due to the co-morbid physical health problems that result from the disorder, as well as the addictive dynamics that often fuel the disorder in secrecy. Additional self-monitoring tools that can be used in conjunction with our existing Eating Disorder program could enhance outcomes and reduce risk.

### 3) Traditionally Underserved Communities:

“...The Latino community is poised to become a major trendsetter with new forms of technology and early adoption of media use. Nielsen Media Research has observed that Latinos access media from every available platform ... when compared with non-Hispanic Whites. Although Latinos may use the same technologies as non-Hispanic Whites, they tend to use them differently, with greater importance placed on cultural and linguistic factors....Given the prevalence of smartphone and mobile device use among Latinos, López and Grant suggested that cell phone–mediated interventions may prove most effective in targeting hard-to-reach populations.” (Victorson, Banas, Smith et al., Am J Public Health. 2014 December; 104(12): 2259–2265)

Riverside identifies the following populations as underserved: 1) Hispanic/Latino; 2) American Indian; 3) African American; 4) Asian-Pacific Islander; 5) LGBTQ; and, 6) Deaf and Hard of Hearing.

At the core of the model is the “Technology Ambassadors” program that will become part of our Transition Age Youth (TAY) drop in centers. The Ambassadors would serve as Peer Support Interns, an expansion of Riverside’s existing Peer Internship Program that includes stipends for participants. Not only is the community served with this approach, but this approach also generates an expertise, purpose, and job skills for the TAY Ambassador. Both Gen Z and Millennials are most interested in working in technology (45%) and education (17%). (Workplacetrends.com, 2018)

In order to improve access for rural regions, the technology would be made available to our programs that currently provide service to members in our Mid-County and Desert Regions. Those consumers who have greater barriers to accessing regular clinic contact or outreach would be candidates to utilize the technology as an addition to their existing services. Additionally, primary care and urgent care agencies in these regions would be outreached to participate in an Allied Health Care Education program. Agencies that agree to receiving education on better serving mental health consumers would also have access, in conjunction with a regional peer, to utilizing the technology with their clientele.

There has been a lot of progress and change to the Help @ Hand Program since the project began in March 2019. RUHS-BH have been working with CalMHSA on getting demonstrations from many of the possible applications that all counties could include in their suite of apps. The Help @ Hand staff have also created their Peer Chat app called "Take my Hand" to begin piloting in early 2020 in Riverside County. This app will allow for our RUHS-BH Peer Support Specialists the ability to live chat with anyone who might be in need of resources, someone to talk to, or link to other services. The Help @ Hand staff have also worked to develop a brochure that could be used by anyone that navigates through Free apps that anyone could use to improve their mental wellness. The Help @ Hand staff continue to work on product and application testing to see what possible apps should be included in the suite for Riverside County and ongoing development of a training curriculum for new Peer Support Specialists who come on board the project to assist with consistency of program implementation.

Trends and some lessons learned to this point are related to the challenges of working with 13 other counties in a collaborative effort and also working with CalMHSA as the project lead. What staff have found is that the definition of "Peers" is not universal and what RUHS-BH considers Peer Support Specialists is not what other counties consider in the same way. Also, some of the anticipated apps that were piloted by Cohort #1 were found to not be secure or protect identity or PHI information of consumers. Lots of work has gone into starting over with introductions and demonstrations of other apps that do protect identity and PHI information. Also, working within a collaborative format with many other counties also assures that it takes longer to get things moving towards full implementation so CalMHSA and the OAC have decided to expand this innovation project from 3 to 5 years.

Throughout the process of beginning the Help @ Hand project, staff have gathered Stakeholder Feedback that has allowed for the ongoing development of better implementation strategies for the project both at the county level as well as at the state level with CalMHSA. Through the CalMHSA stakeholder feedback process and digital literacy focus groups, they found that there is a need to make sure that the apps used in the suite need to be culturally competent and in multiple languages. CalMHSA has included this in the process of vetting reliable apps that counties can use in their suite. Through development of the Take My Hand peer chat app that RUHS-BH developed, feedback was considered from stakeholders around culturally competent considerations including from the deaf and hard of hearing community, a suggestion to include a visual signer in the app features to limit problems that arise with literacy issues.

Goals (3 year):

1. Have at least 3 or more sponsored apps to include in our tech-suite available to consumers and Riverside County community members
2. Peer chat in culturally competent/multi languages including ASL
3. Show an increase access to services and linkage to support services
4. Complete 9 trainings/workshops per year in our RUHS system staff as well with community to teach them how to use the tech-suite apps effectively



## Workforce Education and Training (WET)

### Plan 1: Workforce Staffing Support

#### (Staffing the WET Team)

1. Coordinator
2. Staff Development Officer of Training
3. Staff Development Officer of Education

### Plan 2: Training and Technical Assistance

4. Training for staff and contractors
5. New Employee Welcoming
6. Cultural Competency and Diversity
7. Administrative & Clinical and Supervisor Development
8. Crisis Intervention Training (CIT)
9. Community Resource Education

### Plan 3: Career Pathways

10. Consumer and Family Member Mental Health Workforce Development Program
11. Clinical Licensure Advancement and Support (CLAS) Program
12. Mental Health Career Outreach and Education
13. Volunteer Services Program (VSP)

### Plan 4: Internship and Residency Programs

14. Graduate, Intern, Field, Trainee (GIFT) Program
15. Psychiatric Residency Program Support
16. The Lehman Center (TLC) Teaching Clinic
17. Alcohol and Drug Abuse Counselor training program

### Plan 5: Financial Incentive Programs

19. Financial Incentives for Workforce Development

## MHSA Workforce Education and Training (WET) Plan and Strategies for Fiscal Year 2018/2019

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed in 2004 by California voters. The MHSA established ongoing funding in an effort to help transform the public behavioral health system and to improve its structure and services.

There are five major components of the MHSA, each focusing on a different aspect of the system:

1. Community Services and Supports
2. Prevention and Early Intervention
3. **Workforce Education and Training**
4. Capital Facilities and Technology
5. Innovations

The Workforce Education and Training (WET) component was established to address the ongoing workforce development needs for public behavioral health departments. This includes a specific focus on the recruitment, training and retention of a qualified workforce that is culturally competent and recovery-oriented, that incorporates those with lived-experience, and includes those with language and cultural capacities that help meet the needs of the communities we serve. To achieve these goals, WET established five individual work plans with corresponding strategies/actions.

**Workforce Education and Training** work plans:

1. Workforce Staffing Support
2. Training and Technical Assistance
3. Career Pathways
4. Internship and Residency
5. Financial Incentives

Riverside University Health System-Behavioral Health (RUHS-BH) engages in a year-round community and stakeholder planning process to help advise and inform overall program planning and decision making. Below is a brief outline of RUHS-BH's WET work plans, strategies/actions and impact.

**Plan 1: Workforce Staffing Support (Staffing the WET Team)**

Strategies/Actions	Description/Status	Impact
<p>1. Coordinator 2. Staff Development Officer of Training 3. Staff Development Officer of Education</p>	<ul style="list-style-type: none"> <li>Administrative structure for WET functions.</li> <li>Staffing structure to support all WET plans.</li> </ul>	<p><b>FY 18/19:</b> Positions re-organized Responsibilities reassigned. <b>July-Present:</b> Staff turnover: 2 SDOs; Vol. Svs. Coord.; 2 OAs.</p>

**Plan 2: Training and Technical Assistance**

Strategies/Actions	Description/Status	Impact
<p>4. Training for staff and contractors</p>	<ul style="list-style-type: none"> <li>Staff/department training plan to offer trainings focused on Evidence Based Practices, Advanced Treatment and Recovery Skills</li> <li>Fund other relevant training functions for the department</li> <li>CEU authorizing agent for professional licenses and certification within department</li> </ul>	<p><b>FY 18/19:</b> Over 40 advanced trainings with over 365 CEs offered. Strengthened structure and support of critical treatment-related EBPs like DBT/FBT for ED, DBT, TFCBT. <b>July-Present:</b> Collaborative work to bring in Seeking Safety.</p>
<p>5. New Employee Welcoming</p>	<ul style="list-style-type: none"> <li><i>New Employee Welcoming (NEW)</i> is a comprehensive overview of the RUHS - BH service delivery system. Employees are oriented to organizational structure, recovery oriented philosophy, cultural competency, and employee resources.</li> </ul>	<p><b>FY 18/19:</b> Six full series offered. 180 new and returning staff trained. <b>July-Present:</b> 3 additional series offered.</p>

	<ul style="list-style-type: none"> <li>• Provides an overview of the knowledge and skills critical to effective service delivery, and introduces staff to documentation standards and the electronic medical records system.</li> <li>• Serves as refresher trainings for staff who need additional support and training.</li> </ul>	
<b>6. Cultural Competency and Diversity</b>	<ul style="list-style-type: none"> <li>• WET partners with our Cultural Competency program to provide funding, planning and support to address culturally-informed practices addressing specific service needs of individual cultural communities.</li> </ul>	<p><b>FY 18/19:</b> Collaborated with CSUN to complete a department-wide cultural competency assessment. Recommendations being implemented.</p> <p><b>July-Present:</b> Annual, mandatory cultural competency training requirement established for 2020 and forward.</p>
<b>7. Administrative &amp; Clinical and Supervisor Development</b>	<ul style="list-style-type: none"> <li>• <i>Administrative Supervisor Development:</i> A specific training series designed to meet the performance needs of RUSH-BH administrative supervisors. Includes orientation, bi-monthly 1 hour trainings, a mentorship program and a digital handbook. Training topics will focus on best business practices, personnel development and program evaluation and development.</li> <li>• <i>Clinical Supervisor Development:</i> A specific training series designed to meet the performance needs of RUSH-BH clinical supervisors. Project</li> </ul>	<p><b>FY 18/19:</b></p> <p><i>Administrative Supervisor Development</i>-Monthly workgroup established; 9 professional development trainings offered; mentorship models reviewed; increase in supervisor attendance at meetings.</p> <p><i>Clinical Supervisor Development</i>- Cohort developed; bimonthly trainings began in Sept.</p>

	includes extensive foundational curriculum in Competency-Based Clinical Supervision, advanced curriculum, a train-the-trainer model, and orientation for supervisees.	
<b>8. Crisis Intervention Training (CIT)</b>	<ul style="list-style-type: none"> <li>• Collaboration with Riverside County Law Enforcement agencies and first responder groups to train officers/deputies regarding behavioral health and effective interventions with people experiencing a mental health crisis.</li> <li>• WET offers additional training specifically for correctional staff in our county jails.</li> </ul>	<b>FY 18/19:</b> See annual update report.
<b>9. Community Resource Education</b>	<ul style="list-style-type: none"> <li>• Centralized point of contact to maintain and increase awareness and access of community resources: Youtube, Facebook, Instagram, Twitter and Snapchat, RUHS-BH website, Network of Care portal, and UP2US, iConnect (SharePoint software); Employee Recognition Program</li> </ul>	<b>FY 18/19:</b> Employee Recognition Program promotion; quarterly workgroup maintained; awards issued for 3 quarters; decline in participation in last 2 quarters.

<b>Plan 3: Career Pathways</b>		
<b>Strategies/Actions</b>	<b>Description/Status</b>	<b>Impact</b>
<b>10. Consumer and Family Member Mental Health Workforce Development Program</b>	<ul style="list-style-type: none"> <li>• WET provides funding, planning and support to address the integration and development of family members and</li> </ul>	<b>FY 18/19:</b> See annual update report.

	<p>peer support staff in our workforce.</p> <ul style="list-style-type: none"> <li>• Department currently employs over 160 peer staff at all levels of the organization.</li> </ul>	
<b>11. Clinical Licensure Advancement and Support (CLAS) Program</b>	<ul style="list-style-type: none"> <li>• Staff support program that assists pre-licensed clinical therapists in developing their professional identity and clinical skills in order to pass State licensure exams.</li> <li>• Participants receive access to additional resources including department-sanctioned study time, specialized workshops, and test preparation materials.</li> </ul>	<b>FY 18/19:</b> Introduced online workshops, phone consultations, classroom workshops; clinical supervision
<b>12. Mental Health Career Outreach and Education</b>	<ul style="list-style-type: none"> <li>• Promotion of mental health careers (career pathways) with junior high, high school and community college students to encourage interest and commitment to public mental health service; targeted efforts around students from underserved communities.</li> </ul>	<b>FY 18/19:</b> Over 8 community presentations/events. Nearly 1000 in attendance. <b>July-Present:</b> 5 additional presentations/events. 460 in attendance.
<b>13. Volunteer Services Program (VSP)</b>	<ul style="list-style-type: none"> <li>• VSP encourages volunteerism to support the department's mission, vision and values.</li> <li>• Volunteers creates opportunities to educate, expose and encourage community member to consider behavioral health careers.</li> </ul>	<b>FY 18/19:</b> ~100 volunteers. Average 33% rate of volunteers becoming employed with agency. 16% for this fiscal year.

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<b>Plan 4: Internship and Residency Programs</b>		
<b>Strategies/Actions</b>	<b>Description/Status</b>	<b>Impact</b>
<b>14. Graduate, Intern, Field, Trainee (GIFT) Program</b>	<ul style="list-style-type: none"> <li>• Internship/traineeship program for local students seeking advanced degrees in behavioral sciences.</li> <li>• GIFT Program recruits for students with language, cultural/ethnic and lived-experience capacities that will strengthen workforce composition.</li> </ul>	<b>FY 18/19:</b> 50 student interns; more than 50% Spanish speaking; 60% Hispanic; 11% African American
<b>15. Psychiatric Residency Program Support</b>	<ul style="list-style-type: none"> <li>• WET provides planning and support for psychiatric residents' placement and training in RUHS-BH to encourage careers in public behavioral health.</li> </ul>	<b>FY 18/19:</b> See annual update report.
<b>16. The Lehman Center (TLC) Teaching Clinic</b>	<ul style="list-style-type: none"> <li>• Teaching clinic for student practitioners and staff to learn how to effectively serve public behavioral health consumers (children, families and adults)</li> <li>• Targets training around undeserved communities including local LGBTQ and Latino communities.</li> </ul>	<b>FY 18/19:</b> 12 students; 2 pre-licensed clinicians; 1 PMHNP; PAs studying in program.
<b>17. Alcohol and Drug Abuse Counselor training program</b>	<ul style="list-style-type: none"> <li>• Internship program for local substance abuse counselor students.</li> <li>• Program recruits for students with language, cultural/ethnic and lived-experience capacities that will strengthen workforce composition.</li> </ul>	<b>FY 18/19:</b> ~ 20 interns; program development underway.

### Plan 5: Financial Incentive Programs

Strategies/Actions	Description/Status	Impact
<b>19. Financial Incentives for Workforce Development</b>	<ul style="list-style-type: none"> <li>• Provide/promote financial incentives or supports to staff in order to encourage career development and retention in RUHS-BH.</li> <li>• 20/20 and PASH Program; Mental Health Loan Assumption Program (MHLAP); Textbook and Tuition Reimbursement; National Health Service Corp (NHSC) Loan Repayment; LLU MSW /Riverside County cohort support</li> </ul>	<b>FY 18/19:</b> 20/20 Program- Three new staff admitted. 16 participating. Tuition reimbursement had 20 new awardees. NHSC- 10 current employees

### Highlights from FY18/19

Items	Description/Status	Impact
	<ul style="list-style-type: none"> <li>• <b>Staffing changes:</b> Loss of two positions. Staff turnover from August-November.</li> <li>• <b>Advanced trainings:</b> Over 40 unique advanced training topics offered (see attachment) with over 365 CEs offered. Strengthened support of critical treatment-related EBPs like DBT/FBT for ED, DBT, TFCBT by providing coordination, structure, oversight and evaluation to the programming. Collaborative work being done to bring in Seeking Safety to department to address Trauma + Substance use. Comprehensive case management training series.</li> <li>• <b>Cultural Competency:</b> Collaborated with CSUN to complete a department-wide cultural competency assessment. Included a focus group and dept-wide survey. Recommendations reviewed with CCRD and currently being operationalized for implementation. In addition, an annual mandatory cultural competency training requirement was established for 2020 and forward.</li> <li>• <b>Administrative Supervisor Development-</b>Monthly workgroup established; 9 professional development trainings</li> </ul>	



	<p>offered; mentorship models reviewed; increase in supervisor attendance at meetings; well-reviewed by supervisors.</p> <ul style="list-style-type: none"> <li>• <b>Clinical Supervisor Development-</b> 15 person cohort developed; bimonthly trainings began in Sept.; participants receiving specialized training in Competency Based Clinical Supervision; well-reviewed by participants.</li> <li>• <b>Employee Recognition Program-</b> program is continuing to be promoted and developed. Online portal for recognizing employees is actively utilized. Awardees are selected quarterly and recognized in meetings, on the website, a video is created to highlight their story, and they are given a plaque. There has been a decline in submissions over the past year.</li> <li>• <b>Social Media-</b> Significant increase in reach. 450% increase in traffic. 115% increase in subscriptions/followers. 1,000 people connected to resources since inception.</li> <li>• <b>Outreach and engagement:</b> Over 13 community presentations/events. Nearly 1500 in attendance.</li> <li>• <b>Student Interns:</b> 50 student interns; more than 50% Spanish speaking; 60% Hispanic; 11% African American; 25% male</li> <li>• <b>Volunteers:</b> 33%average rate of volunteers becoming employed with agency</li> <li>• <b>Tuition reimbursement:</b> had 20 new awardees pursuing degrees as AOD counselors, MSW, MFT degrees, etc.</li> </ul>	
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<b>Looking forward the next 3 years</b>		
<b>Plans</b>	<b>3 year goals</b>	<b>Intended impact</b>
<b>Plan 1: Workforce Staffing Support</b>	<ul style="list-style-type: none"> <li>• Adequately staff the WET Team by filling empty positions.</li> <li>• Stabilize/reduce turn over.</li> </ul>	Support and sustain programming.
<b>Plan 2: Training and Technical Assistance</b>	<ul style="list-style-type: none"> <li>• Increase advanced trainings and EBPs that address emergent client needs/trends.</li> <li>• Include hybrid and online training options.</li> </ul>	Respond to client needs. Increase access to pertinent training.
<b>Plan 3: Career Pathways</b>	<ul style="list-style-type: none"> <li>• Leverage community partnerships</li> <li>• Utilize/leverage new OSHPD WET funding to expand regional projects</li> </ul>	Increase pipeline programs into public service
<b>Plan 4: Internship and Residency Programs</b>	<ul style="list-style-type: none"> <li>• Increase diversity and retention of graduates in the service system</li> </ul>	Increase pool of qualified candidates
<b>Plan 5: Financial Incentive Programs</b>	<ul style="list-style-type: none"> <li>• Identify and expand financial incentive options</li> <li>• Targeted marketing and advertising</li> <li>• Build in retention strategies wherever possible</li> </ul>	Increase options, access and utilization. Improve retention.

## **What is WET?**

**“Education. Vocation. Transformation.”**

The Workforce Education and Training (WET) component of the Mental Health Services Act (MHSA) was established to address the ongoing workforce development needs for public behavioral health departments. This includes a specific focus on the recruitment, training and retention of a qualified workforce that is culturally competent and recovery-oriented, that incorporates those with lived-experience, and includes those with language and cultural capacities that help meet the needs of the communities we serve. To achieve these goals, WET established five individual work plans with corresponding strategies/actions.

1. Workforce Staffing Support

2. Training and Technical Assistance
3. Career Pathways
4. Internship and Residency
5. Financial Incentives

The workforce is the heart of any public service agency. Staff development is a commitment to quality care. It helps an agency improve customer care, meet critical agency goals, and improve staff retention. Most of the success of any agency can be tied back directly to the exceptional work being done by front line staff day in and day out. For this reason, workforce development must remain an ongoing focus for public service agencies if they intend to meet the current and future needs of their evolving communities. WET was designed to develop people that serve in the public, behavioral health workforce. WET's mission is to promote the recruitment, retention, and to advance the recovery-oriented practice skills of those who serve our consumers and families. WET values a diverse workforce that reflects the membership of our unique communities. We strive to reduce service disparities by improving cultural and linguistic competency and by encouraging and supporting members of our diverse communities to pursue public, behavioral health careers. WET also values the meaningful inclusion of people with lived experience – as consumer, parent, or family member – into all levels and programs of public behavioral health service.

WET understands that people with mental illnesses deserve the best of public service, not just when seeking mental health care, but also when needing allied services such as law enforcement, academics, housing, social services, and primary health care. As a result, WET takes an active role in educating other service providers on confronting and understanding the impact of stigma, learning how to effectively engage someone experiencing distress, and connecting people to resources that benefit their recovery.

WET actions/strategies in the RUHS-BH WET Plan are divided by the funding categories originally designed by MHSA regulations. Each funding category represents a strategic theme to address WET's mission. The actions/strategies developed within each category were developed and informed by our stakeholders and are currently advised by our WET Stakeholder Steering Committee, comprised of representatives from department job classifications, academic institutions, a health care pipeline organization, cultural competency, and lived experience practitioners from Consumer Affairs, Family Advocate, and Parent Support and Training.

Fiscal year 2018-19 brought many opportunities, changes, and challenges for WET programming in Riverside County. During the 2018-19 fiscal year and beyond, WET continued to experienced major staffing changes that impacted programming and strategy. Despite major flocculation in staffing, WET was able to continue efforts to strengthen existing evidenced-based practices for serving some of our most vulnerable consumers, develop a comprehensive case management training series, expand our reach with social media, and complete a comprehensive cultural competency assessment on our workforce. Perhaps most importantly, WET was able to secure ongoing funding for approved workforce development activities through careful work with our agency's leadership. With strong engagement from our stakeholders and renewed funding, WET is strategically poised for continued and sustained success through for the coming years.

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#### **WET-01 Workforce Staffing Support**

This work plan is designed to establish the basic structure and the staffing necessary to manage and implement Riverside County's WET plan. WET's administrative staffing has enjoyed many years of consistency, with only modest changes to manage the increased demands of program development. However, over the past two fiscal years, WET has experienced ongoing changes to our team that have challenged our abilities to ensure sustainability and integrity of its programs. WET administrative staffing remains critical because WET manages the programs encompassed with the approved plan, and also manages the daily operations of our Department's Conference Center, training plan, and serves as the RUHS-BH designee for the Southern Counties Regional Partnership (SCRIP), which is a collaborative of 10 southern county WET programs.

Just after the end of fiscal year 2018/19, several positions became vacant including the Staff Development Officer of Education and more recently the Staff Development Officer of Training and Volunteer Services Coordinator. WET gained approval to refill some of our vacant positions. Concerted efforts were made to recruit and fill positions that we were approved.

#### **WET-02 Training and Technical Assistance**

This work plan is designed to provide the training and technical assistance needed to meet the centralized and customized training needs of Riverside County's public behavioral health workforce. Annual, global training goals include ensuring that our behavioral health workforce is prepared to serve the consumers of today and the consumers of the future.

To meet those global training goals, we focus our strategies on the following:

- A) Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program
- B) Cultural Competency and Diversity Education Development Program
- C) Professional Development for Clinical and Administrative Supervisors
- D) Community Resource Education
- E) Crisis Intervention Training (Law Enforcement Collaborative – See Crisis Intervention Training for more).

#### A. Evidence Based Practices, Advanced Treatment, and Recovery Skills Development Program

Workforce Education & Training (WET) strives to educate, innovate, empower, and transform the learning and lives of our Riverside University Health System – Department of Behavioral Health (RUHS-BH) workforce. A main purpose of our work is to provide necessary training to all staff within our service system.

Training audiences have expanded to include Department employees, employees of partner agencies, partner academic institutions and the community. All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA to ensure content was relevant:

- 1) Community Collaboration
- 2) Cultural Competency
- 3) Client and Family-Driven
- 4) Wellness Focus which includes Recovery and Resilience
- 5) Integrated Services

WET brought back many existing, well-received trainings, as well as scheduled some new training opportunities. Riverside County WET continued to support and develop the use of a wide range of evidenced-based, advanced treatment practices to best serve the consumers in our communities. Significant groundwork was laid to help strengthen the provision of several of our practices by providing greater support, structure and coordination directly by WET team staff members. Prominent evidenced-based practices the department continues to endorse include Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family Based

Therapy, Cognitive Behavioral Therapy, Motivational Interviewing, Parent-Child Interaction Therapy, and Multidimensional Family Treatment to name just some. In an effort to respond to the growing need for trauma informed practices, WET and the department is also endeavoring to reignite Seeking Safety as an endorsed, evidenced-based practice to address the needs of adult consumers with substance abuse and trauma challenges.

WET was proudly successful in our training efforts for 2018/19. A few examples of new trainings offered included the culturally focused *Engaging the Muslim Community and Spirituality: No Longer the Forgotten Factor in Recovery and Mental Health* as well as others addressing specific, emergent clinical needs like *Marijuana: Pharmacology, Treatment & Interventions*. In 2018/19, WET hosted 154 trainings. The target audiences for these trainings included RUHS–Behavioral Health clinical and administrative staff, contract providers, community members, and retirees. A total of 88 trainings were held where 708 continuing education (CE) credits were offered. Fifty individual CE topics were covered. Across all trainings, WET hosted a total of 2,869 attendees. All WET sponsored trainings were assessed via a standard evaluation. Attendees evaluated the overall content of the training, instructor methods, how well the training was delivered, and the training facility. On average, using a standard 5 point scale where 5 indicates strong agreement, our trainings have produced the following evaluation trends and outcomes:

Content learned can be applied to my work and professional contexts.	5
This course enhanced my professional expertise.	5
This course was relevant to my professional expertise	4
There was a good balance between theoretical and practical concepts.	4
Diversity/Multi-cultural/Language concepts were addressed.	3
The instructor demonstrated substantial knowledge and expertise of the topic.	3
The instructor kept me engaged.	3
The instructor was responsive to questions, comments, and opinions.	4
The instructor presented course materials in a coherent and logical manner.	4
The instructional materials were well organized.	5
Visual aids, handouts, and oral presentations clarified content.	4
Teaching methods and tools focused on how to apply course content to my work environment.	4
The amount of material presented was appropriate for the amount of time provided.	3
The materials provided are likely to be used as a future reference.	5
Facility was comfortable and adequate for training.	5
All facility needs were met.	
Facility was accessible.	5

Evaluation and feedback are extremely important to the ongoing evolution of a comprehensive training plan. Improvements and enhancements are suggested and made, and as a result, our workforce remains equipped to meet the needs of our communities. That is why this past year, WET endeavored to create a comprehensive training series for our case managers, with a focus on skill-development and attitude shaping that aligns with accepted standards and competencies for public behavioral health practitioners. During this fiscal year, the department phased-out the existing case management training series and replaced it with an enhanced multi-day, comprehensive training series. Using regional best practice standards released to local behavioral health departments, our agency began the process of realigning this curriculum with the new competencies and standards of practice. This training series, included a range of relevant information from orientating case management staff to important recovery concepts, establishing sophisticated consumer care skills, and refining more advanced counseling concepts. Though the curriculum was developed in fiscal year 2018/19, the training series is just being rolled out at the time of this writing.

Collaboration and partnerships were themes of these past two fiscal years. WET closely partnered with our Prevention and Early Intervention (PEI) team to endorse and launch the Trauma Informed System initiative in our agency. This initiative is aimed at organizational change to support nurturing and sustaining a trauma-informed system. Initial groundwork for this agency-wide endeavor was laid on 2018/19. WET also closely partnered PEI to increase our agency's capacity to provide targeted community-wide trainings aimed at addressing and reducing stigma, educating the community about mental health and equipping the community with the skills and knowledge to effectively recognize and respond to thoughts of suicide in others. This was achieved through increasing the number of staff trained in safeTALK, ASIST and Mental Health First Aid. These trainings are being extensively offered to the community at no cost. See the PEI section for more information on data and outcomes.

Additional training benefits for our Riverside County workforce came directly through our involvement in the Southern California Regional Partnership (SCRCP). The SCRCP consists of the WET coordinators from the 10 most southern counties in the state of California. This partnership has a small allocation of money that is designed to be used on public behavioral health workforce development projects that would be beneficial for this region. There were two exciting training projects that came through this past fiscal year worth mentioning including the provision of a series of trauma informed trainings through the institute and the launch of the Competency Based Clinical Supervision project to improve and strengthen clinical supervision practices in the region. To add to that success, the clinical supervision project was actually developed and sponsored by our WET team here in Riverside County and was accepted and funded by the SCRCP.

To continue to grow and evolve our advanced training offerings, exciting new partnerships were formed to leverage expertise, resources, and training facilitators outside of our agency. As such, we were able to partner again with UCLA Integrated Substance Abuse Programs through the Pacific Southwest Addiction Technology Transfer Center. Though a grant funded program, UCLA was able to offer our staff three unique trainings orientated around working with those with substance use disorders – which represents nearly 36% of our consumers served each fiscal year. Courses they provided our staff included *Cognitive Behavioral Therapy for Relapse Prevention* and *Advanced Motivational Interviewing*. Going forward, WET will continue to build relationships with other community partners with the intention of bringing value- added trainings to our workforce.



Not only is WET concerned with the development of our workforce, we are equally involved with building the knowledge and competency of our extended workforce family- our agency partners and community members. Through ongoing feedback from stakeholders and leadership, WET increased the number of seats reserved for contract and community providers in our key, advanced trainings offered throughout the year. And we will continue to expand our resources to ensure all consumers receive the best services from any County of Riverside agency. To aid the department in retention and skill development of our workforce, both internally and externally, we offered over 700 continuing education credits for licensed or certificated staff including psychologists, clinicians, substance abuse counselors, and registered nurses. We were also able to meet critical governing boards' license renewal requirements by coordinating Law & Ethics and Clinical Supervision workshops.

Finally, Riverside County's WET team continues to successfully manage the Rustin Conference Center, a central training and meeting space for Riverside County's behavioral health workforce. The Rustin Conference Center averages over 800 guests each week and hosted over 150 trainings and meeting during this past fiscal year. Riverside County is a large, geographically diverse county. To increase access and meet the training needs of our staff located throughout the County, WET also continues to host and support relevant trainings at accessible, alternate locations. The Conference Center serves as a meeting space to support multiple collaborative initiative and efforts occurring throughout our communities.

As a training and education team that supports a workforce of over 1,600 employees and a few hundred partner agency staff, we recognize the necessity of envisioning and restructuring how we offer staff training and development. Through ongoing stakeholder engagement and feedback, recommendation by critical stakeholders, WET is on the road to introduce some new tools to our training arsenal. Efforts to increase the accessibility of trainings by offering workshops in multiple modalities is underway. WET is currently purchasing an eLearning software, is actively using the Webex platform to accommodate distance learners in our diverse geography, and will be offering more "flipped-classroom" training formats in an effort to maximize accessibility to core and critical trainings for all department staff.

#### B. Cultural Competency and Diversity Education Development Program

WET serves as a primary support to the RUHS-BH Cultural Competency Program in the identification and coordination of training related to cultural competency and culturally informed care. The WET Coordinator and the Cultural Competency Coordinator meet regularly to review the status of RUHS-BH's training to assist staff with developing culturally informed practice and service, as well as, the identification and necessity of trainings addressing the unique needs of each cultural community.

An exciting development for our department-wide cultural competency efforts was achieved via the Southern Counties Regional Partnership. Through this state collaborative, Riverside County WET and Cultural Competency teams were able to work with a university researcher and cultural competency subject matter expert to design and execute an assessment of our department's current level of cultural sensitivity and responsiveness. This assessment tool, and the subsequent results, highlighted areas of strength and areas of needed attention related to cultural training and workforce development. Work on the development of this assessment tool was completed during fiscal year 2017/18. This cultural competency assessment was administered department wide in November of 2018, with the results indicating several areas of strength and a few areas of needed growth. Recommendations for improvement were reviewed and prioritized by our internal Cultural Competency and Reducing Disparities (CCRD) workgroup. Initial steps have been taken to execute and implement these recommendations, beginning with the authorization to mandate ongoing cultural competency training for all staff in our agency. That mandate will go into effect in 2020.

### C. Professional Development for Clinical and Administrative Supervisors

Understanding that administrative supervisors are the leaders that have to integrate managerial direction into the direct practice settings, supervisors hold a unique role in the success of service delivery. It is not an easy job and they require additional support and tools to help reinforce their achievements.

Using data gained from a 2016 needs assessment with our department supervisors, in addition to updated and ongoing consultation with supervisor leadership in the department, WET developed a comprehensive administrative supervisor training plan. There are 5 major components to this training plan including: orientation, training, a handbook, mentorship and resources. In an effort to make products available as quickly as possible, WET worked with supervisor leadership to prioritize these 5 components, which led to identifying training and

resources as a priority, followed by the orientation, mentorship and the handbook components. A deeper evaluation of the training needs of administrative supervisors revealed training needs themed around 3 core topics: business practices, personnel management, and program development. During fiscal year 2018/19, WET conducted 7 special training for supervisors on the following topics: clinical supervision, the use of Employee Assistance Programs, improving employee engagement, the disciplinary process, the role of a business analyst, trauma informed systems and a training on how to use our agency's learning management system. These trainings, along with summaries that were archived for simply access and review, were well received and positively reviewed by the supervisors. Over the course of the year, attendance increased significantly as participants shared about these workshops.

As with our administrative supervisors, our clinical supervisors are also faced with complicated circumstances. As a public service agency, we often hire high numbers of pre-licensed staff whom must receive weekly, legally and ethically required clinical supervision. Often times, these pre-licensed staff require supervision for 1½ to 6 years! So, providing clinical supervision is both a necessity and a burden, especially when considering that there is little training or support to fulfil this role in our agency. Understanding that ubiquitous responsibility, WET worked closely with two nationally acclaimed clinical supervision experts to develop a training plan for clinical supervisors in public behavioral health. The premise of their training plan is rooted in hard-science which confirms that one is likely to have to serve in the role of clinical supervisor at some point in their career, that clinical supervisors are often ill-prepared to serve in this role, and that clinical supervision is a competency that must be systematically developed and maintained. This is most commonly known as the Competency Based Model of Clinical Supervision.

WET worked with these clinical supervision experts to develop a training plan, which included foundational and advanced training for new and experienced clinical supervisors, a strong focus on skill development and mentorship, along with a Train-the-Trainer element to address sustainability. Once the plan was development, it was presented as a proposal to the Southern Counties Regional Partnership. In September 2018, the proposal was presented, accepted and funded by the partnership, further lending credibility to this pervasive workforce development deficit. As a result, all 10 southern counties belonging to this partnership will benefit from this training plan and offerings. The cohort for Riverside County was selected in late 2018 and training began in March 2019. Regular feedback from the participants indicates that the experience and materials are, overall, well received and confidence and competence in their ability to provide sound clinical supervision is improving.

#### D. Community Resource Education (CRE)

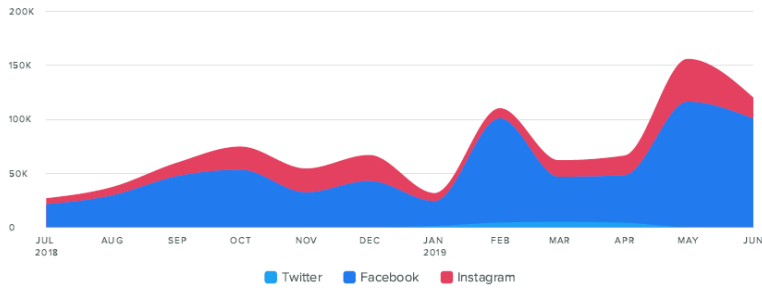
The Community Resource Educator (CRE) serves as a liaison to key community resource organizations, and problem solves resource access issues within the service delivery system, establishes a library of community resource referral applications and promotional materials, and educates both department staff and the community on viable resources to help with consumer family needs. Additionally, the CRE serves to educate staff on academic and career development programs and serves as department historian regarding department accomplishments, awards, and recognition.

Social media has become the dominant form of communication and interaction among the population in general, so our ability to contribute to these social media conversations is critical. Through the work and leadership of the CRE, Riverside University Health System – Behavioral Health was able to adopt these tools in order to elevate its presence as a resource and insight about mental health and substance use concerns in our community. Social media allows us to participate in conversations as they're happening. Rather than posting static, one-way messages, we can 'listen' to what our consumers are saying and then engage them in relevant conversations.

We officially launched Facebook, Twitter, Instagram and YouTube as our first phase into the social media realm in June of 2016. The results of have been extremely positive. As of June 30, 2019, we have seen 863,200 impressions across all of our social media applications for FY18/19 as compared to 258,551 impressions across all of our social media applications the prior fiscal year, showing a household reach increase of 455.3% versus the prior fiscal year. Impressions are the number of times a post from our page is displayed on someone's feed. Facebook, in particular, has grown to almost 1500 "fans," a 60.6% increase over the prior year. The community has viewed our videos over 19,000 times to date. Resource content posted on our feeds (measured as "Engagements") has been "liked," "shared" or commented on over 72,684 times, showing a 360.3% increase over the prior year.

### Group Impressions

#### Impressions Per Month



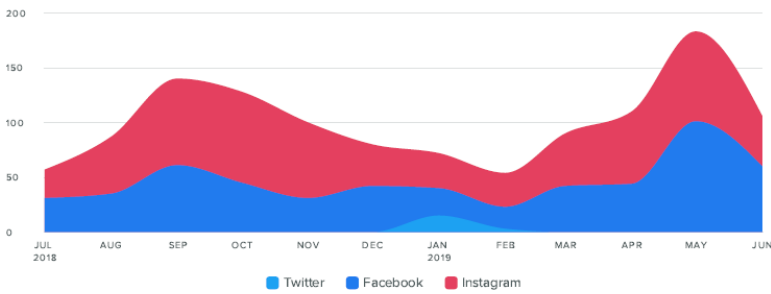
Impressions Metrics Totals % Change

<b>Total Impressions</b>	<b>863,155</b>	<b>↗ 455%</b>
Twitter Impressions	13,951	↗ 20%
Facebook Impressions	646,174	↗ 424%
Instagram Impressions	203,030	↗ 886%

Total Impressions increased by  
**↗ 455.3%**  
 since previous date range

### Group Audience Growth

#### Followers Gained, By Month



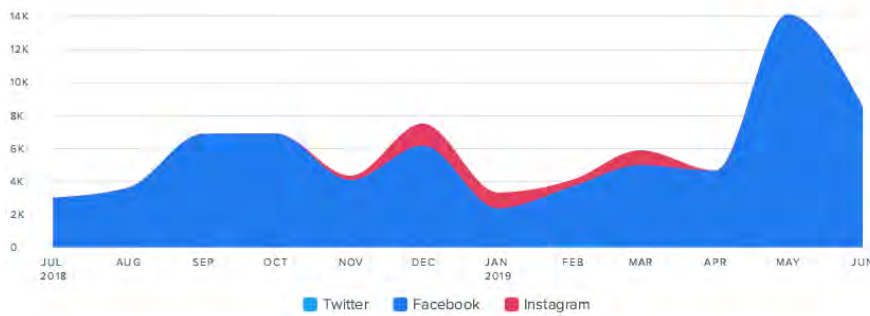
Audience Growth Metrics Totals Total Followers % Change

<b>Total Followers</b>	<b>1,770</b>	<b>↗ 116%</b>
<b>Total Net Follower Growth</b>	<b>1,083</b>	
Twitter Net Follower Growth	18	↗ 37.5%
Facebook Net Fan Growth	466	↗ 60.6%
Instagram Net Follower Growth	599	↗ 6,671%

Total followers increased by  
**↗ 115.6%**  
 since previous date range

### Group Engagement

#### Engagements Per Month



Engagement Metrics	Totals	% Change
<b>Total Engagements</b>	<b>72,684</b>	<b>↗ 360%</b>
Twitter Engagements	251	↗ 67.3%
Facebook Engagements	68,500	↗ 350%
Instagram Engagements	3,933	↗ 420%

The number of engagements increased by  
**360.3%**  
 since previous date range

WET is in the second year of our Snapchat account as part of our second phase in social media. What makes Snapchat different from other social media apps such as Instagram or Facebook and also why we chose Snapchat, Snapchat is incredibly popular with young people. With our target population, teens, middle schoolers, high schoolers, college-age adults, Snapchat performs better than other social media apps. We used Snapchat with four events in 2019 and recorded over 12,000 views. As our social media presence, content, and discussions grow, we expect it to reach even more consumers and family members in the future.

Snapchat Event	Swipes	Uses	Views
Dare to be Aware Suicide Awareness Conference	275	72	7,336
May is Mental Health Month Wellness Fair - Mid County	89	64	1,024
May is Mental Health Month Wellness Fair - Western Region	15	19	464
Directing Change: Suicide Prevention	199	76	3,587
<b>Total</b>	<b>578</b>	<b>231</b>	<b>12,411</b>

WET began the development of an online collaborative platform called iConnect in late 2016. Using Microsoft SharePoint technologies, we begun cataloging and centralizing a searchable library of resources that can be used across the service delivery system. The platform also allows collaboration among staff by taking advantage of tools such as calendar synchronization,

online discussion boards and personalized sections for programs. The result is an electronic hub that staff can utilize to access resources, information, and experiences that were not previously accessible in a timely, efficient manner due to the geography and infrastructure of our agency. The software was beta tested at one program and has since been rolled out slowly to other clinics and programs across the service delivery system. To date, there are 407 users taking advantage of over 1,000 collected resources and a 50% increase in user adoption from the prior fiscal year.

We are the second year of the first of four phases of our staff recognition program- where both staff and consumers have the opportunity to recognize good work. Recognition is important because it creates a work environment that helps employees feel good about what they do and about each other. In addition, the program creates and maintains a culture of empowerment. When staffs' strength and positive attributes are emphasized, developed, and nurtured, this ultimately enhances their performance in a recovery-based service delivery system. Features of this program include an ongoing, year-round formal recognition process and options for spotlighting exceptional stories with department leadership, participation in organization-wide Employee Appreciation Month, a ritualized formal recognition process coined "Nurturing Hope", and the further development of a Department Historian.

The first phase of this program began in February 2018. The formal recognition process launched with a web portal that allows staff throughout the department to give recognition to another employee that is then shared with the recognized employee's direct manager or supervisor. Each quarter, a recognition committee, comprised of various staff members and leadership, come together to review each submission and select winners based on seven defined guidelines. Selected winners are celebrated throughout the year with various ceremonial acknowledgments. Since the inauguration of the first phase, we have seen over 700 submissions of employees recognizing their peers.

In 2019, the employee recognition program was expanded to include 5-minute videos that highlight the recognition winners selected by the recognition committee. The video highlights the individuals who nominated the employees along with the winner, retelling the story in a PSA story telling setting. These videos, in addition to a department wide e-mail blast and formal recognition at selected Behavioral Health Commission meetings, are also posted on the department website for public recognition. There have been six recognition winners to date;

each presented a plaque to honor their service and commitment to the department. Our goal over the next three years is to grow this phase of the recognition program by continuing to tailor and expand ways to highlight and distinguish employees in both a public setting and setting that is more intimate, honoring the concept that recognition is personal. One person may enjoy public recognition at a staff meeting while another prefers a private note in their personnel file. Change in management along with the reorganization of the greater system has currently paused the remaining stages of the employee recognition program to allow it to line up with the new structure within the department.

As we move into 2020, the CRE will begin moving forward in assisting the training coordinator in the development of an e-learning (online learning) program. The program will allow WET to film, create, produce, and archive trainings for the service delivery system. An online training system reduces many costs that would normally be associated with our current structure of classroom training, including travel, staff time, trainers, accommodations, course materials, venues, and catering.

With outdated training methods, updating and reproducing learning materials is costly and time-consuming and unlike classroom trainings, with online learning, you can access the content an unlimited number of times. Online training will allow us to update important text packets and lesson plans quickly and easily, and since they remain online, we have the potential to save on printing costs. The program in development enables our trainers to get a higher degree of coverage to communicate the message in a consistent way for their target audience. This ensures that all learners receive the same type of training with this learning mode. Given the savings the department can see after implementing an online employee-learning program, ROI is one of the clearest benefits of e-learning for the department.

#### E. Crisis Intervention Training (CIT): Law Enforcement Collaborative

RUHS-BH collaborates with local law enforcement (LE) agencies to enhance officer training on interactions with people experiencing mental health issues and/or crises. The CIT training began through the actions of a committee made up of Behavioral Health and Riverside County Medical Center professionals to develop, evaluate, revise, and provide training to sworn and correctional staff within Riverside Sheriff's Office (RSO) and Riverside Police Department (RPD).



The CIT training has grown to be more than a training and is now acting as the CIT Program. The CIT Program is coordinated, managed, and directed by a CIT team consisting of one, full time CIT International Certified CIT Coordinator and one, full time licensed clinical therapist. The past expansion of the CIT Program ensured that any First Responder agencies and justice-involved professionals who were unable to access the CIT training through the Sheriff's Department were now able to obtain further education on increasing effectiveness and safety when encountering individuals experiencing mental health issues and crises. The CIT Program has been able to expand the courses offered to First Responder agencies to include the 16-hour CIT/CCIT (Crisis Intervention Training/Corrections Crisis Intervention Training); an 8-hour CIT; safeTALK (suicide awareness training); ASIST (suicide prevention); MHFA (Mental Health First Aid); and "I'm not sick, I don't need help," LEAP to help someone with severe mental illness accept treatment; additionally, the CIT Program can create curriculum upon request.

The CIT Program is designed to prepare First Responders with a variety of tools for utilization when they come into contact with individuals experiencing mental illness; highlights the importance of First Responder safety and the overall safety of the community, and to model and emphasizes the importance of interagency collaboration and the benefits of utilizing behavioral health and community resources.

The CIT Program conducts the majority of the 16-hour CIT classes with Riverside County Sheriff Department at the Ben Clark Training Center (BCTC). Any classes for First Responders outside the Sheriff's Department are coordinated through the CIT Coordinator. The CIT training provided at BCTC is certified by the Commission on Peace Officer Standards and Training (POST) and the Board of State and Community Corrections (BSCC) for continuing education credits. All 16-hour CIT trainings are instructed by the CIT team and a law enforcement partner, with guest speakers representing community partners such as the VA, Vet Centers, Recovery International and RUHS-BH programs: Parent Partners, Family Advocates, Consumer Affairs, Housing, Transitional Age Youth, and Crisis Response Teams. The professional trainers facilitate learning on the bulk of the core content. This content is then enhanced and validated through the lived experience testimonies our guest speakers present to participants. Guest speakers also discuss the programs they work in as resources for First Responders and allow participants to ask questions about lived experience stories which acts to normalize mental health issues. Our guest speakers also take the opportunity to glean any new information about what a person with mental illness or a family member of someone with mental illness should

know when collaborating with First Responders in order to bring that information to their programs, better educating the community.

During 2018/19 the CIT Program trained over 649 individuals in 36 separate trainings.

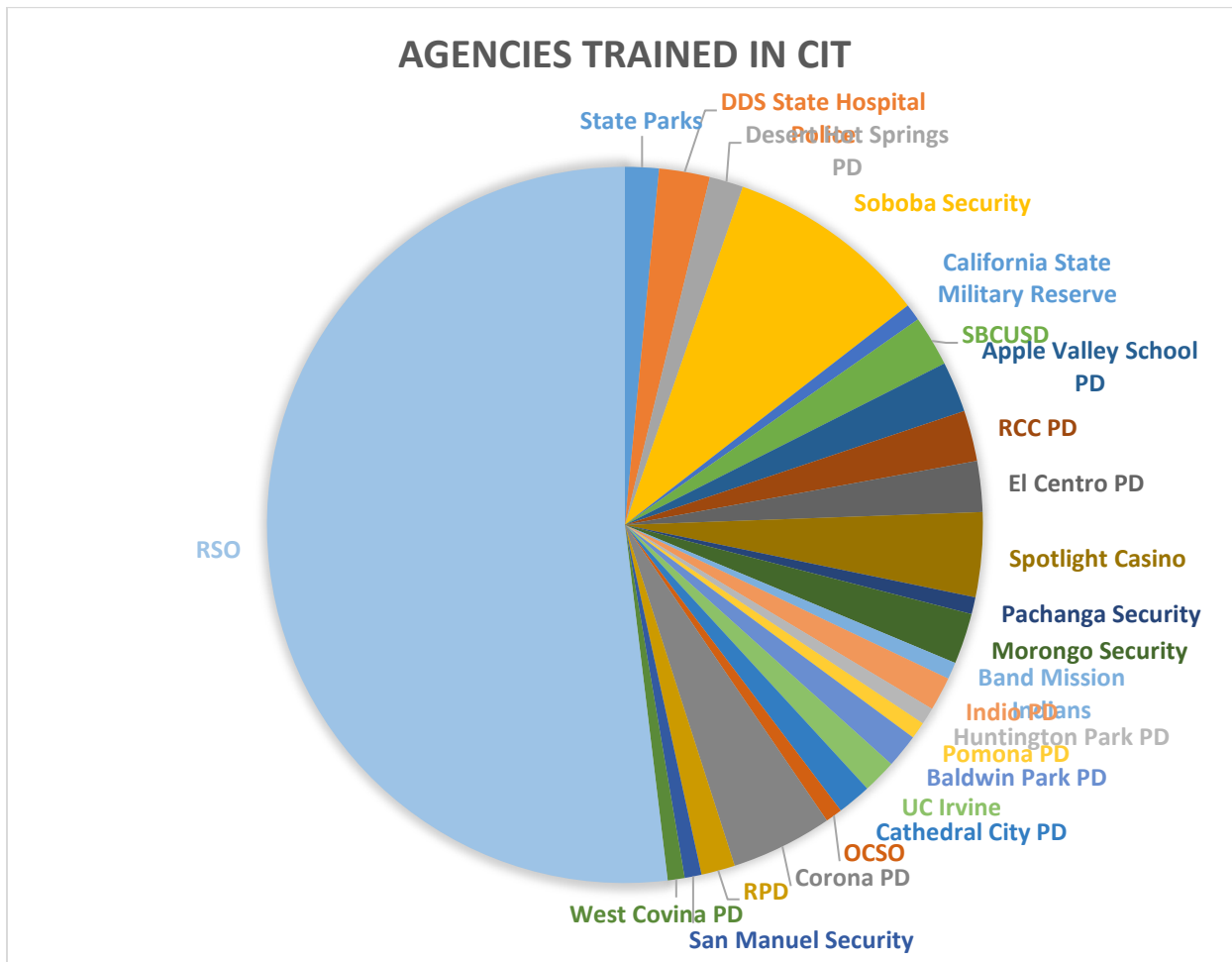
Trainings included:

- 11 RSO Sworn and Correctional 2-Day CIT Courses
- 1 RSO Dispatch Update
- 1 RSO Chaplains Academy
- 3 RSO Correctional Core Academies
- 3 RSO Adult Corrections Officer Supplemental Course
- 2 RSO Inmate Classification Course
- 4 RPD ICAT trainings
- 1 RPD Field Training Officer Training, Mental Health Course
- 1 Riverside Probation 1-day CIT Course
- 1 DPSS 5150 In-Service for Welfare Fraud Investigators
- 1 "I'm not sick, I don't need help" and Mental Health 101 training for the Riverside Public Law Library
- 2 NCTI Paramedic School 1-day CIT Courses
- 2 In-Service trainings on "I'm not sick, I don't need help" and Mental Health 101 for Cois Byrd Detention Center
- 2 Forensic Medical Staff 1-day CIT Courses
- 2 Val Verde School District Mental Health 101 Courses

A highlight of the RSO 2-Day CIT training included the number and variety of institutions participating, reaching 25 separate institutions (See figure 1). Additionally LE personnel continue to provide positive feedback out the course, reinforcing its continued need within the Riverside County LE community. (See testimonial section)

In addition to providing trainings for First Responders, the CIT Program staff also participated in several initiatives sponsored by various Riverside County Law Enforcement agencies, including a revamping of the Riverside Sheriff's Office Peer Support Program, the Terrorism Early Warning Group, and a presentation with the Riverside County Grand Jury. In order to stay up to date in current training/information for First Responders and Behavioral Health trends, the CIT Program was able to attend several seminars and conferences including the CIT International

Conference in Kansas City, KS, California CIT Association (CACITA) Conference, and the Southern Counties Regional Partnership.



During FY 18-19, the CIT Program and WET applied for, and won, a SAMSHA GAINS Train-the-Trainer solicitation for the “How Being Trauma-Informed Improves Criminal Justice System Responses” training. A multidisciplinary team of behavioral health, substance abuse providers, correctional deputies, probation officers, law enforcement officers and other criminal justice professionals would be trained the next fiscal year to facilitate this training at their perspective organizations and collaboratively throughout Riverside County. This training brings the CIT Program into compliance with the direction of RUHS-BH, providing trauma informed services to the residents of Riverside County.

Moving forward in the next 3 years, we hope to expand further training to non-LE First Responders. Particular emphasis will be placed in cultivating current relationships with the Riverside Probation Department, NCTI Paramedic School, Juvenile Justice, Forensic Medical staff and other criminal justice professionals, and efforts will be made to connect with the

various Fire Departments and Hospitals within Riverside County. The CIT Program will take a larger role in the RSO Correctional Academy conducting 22 hours of instruction on mental health. The CIT Program will also increase variety of trainings offered to Riverside County Sheriff Correctional staff, to include “I’m not sick, I don’t need help” and How Being Trauma-Informed Improves Criminal Justice System Responses.

Lastly, the CIT Program plans on collaborating with our LE partners to provide a Reverse CIT Training Series to RUHS-BH staff, bringing the knowledge obtained through years of training Law Enforcement to behavioral health staff who often do not understand why Law Enforcement officials respond as they do. This understanding will further reinforce progressive collaboration and improvement in our interventions with partnering agencies and ultimately individuals in our community who may experience a mental health crisis or have mental health needs.

#### MHSA in Action!

##### CIT Stories

*“I actually used the training my first day back. I took a 5150 and he was gravely disabled. Never would have made that determination without the class. Thank you”. – Deputy, Lake Elsinore RSD*

*“...In your class last week...just had a deaf, bipolar, manic episode...that I used some of your techniques and holy crap, they worked. He was able to calm down for me. So thank you thank you thank you very much for what you guys do...” – Corporal, Corona PD via voicemail*

*“Just wanted to let you know the training was excellent. I can honestly say I have a new perspective on those suffering from Mental Illness and have more compassion for them. I did want to let you know that I was able to use some of the things I learned in the training just last week on a suicidal student here at the college. The student seem to connect with me and was able to get her the help she needed. I know I’m in a different county but the information from that training will be put to good use here. Please pass onto your staff and speakers a thanks for sharing and educating me more.” –Detective, Irvine Valley College Police Department*

#### **WET-03 Mental Health Career Pathways**

This work plan is designed to provide community members with the information and supports necessary to identify educational or professional career pathways into the public behavioral health service system. These actions/strategies help create accessible career pipelines aimed at expanding and diversifying our workforce in ways that better meet our communities’ needs. Actions/strategies within this work plan are:

- A) Consumer and Family Member Mental Health Workforce Development Program;
- B) Clinical Licensure Advancement Support (CLAS) Program; and,
- C) Mental Health Career Outreach and Education

#### A. Consumer and Family Member Mental Health Workforce Development program

Consumer and family member integration into the public mental health service system continued to expand. WET continues to support the administration of the Peer Intern Program, providing a stipend for graduates of the Peer Pre-employment Training with an opportunity to apply their knowledge and receive on-the-job training. This is in addition to the Peer Volunteer Program, an already successful program, welcoming peers to give back while also gaining experience in peer related duties. See the Consumer Affairs update in this report for more information on those programs.

#### B. Clinical Licensure Advancement Support (CLAS) Program

The Clinical Licensure Advancement and Support (CLAS) Program was designed to support the Department's journey level clinical therapist in their professional development and preparation for state licensing. Associate therapists that were within 1,000 hours or less from being eligible to take the state licensing examination were invited to join the CLAS Program. Participants received one on-line practice test material, a one-hour weekly study group, and customized workshops on critical areas of skill development.

There are two primary reasons that WET wanted to focus specific resources and attention on this part of our workforce. First, this strategy promotes retention of a critical component of our workforce. Nearly 50% of our clinical workforce is comprised of pre-licensed clinical therapists and these employees must complete the licensing process within a certain amount of time in order to remain employed with the agency. This program is also highly desired and well-received by the workforce, which means helping to increase retention through increased employee satisfaction and loyalty. Second, this program helps us diversify our workforce and helps to increase competency of our clinicians.

Our CLAS Program cohort is increasingly diverse and WET has the opportunity to introduce rigorous training, education and mentorship to support their professional development and

competency development. WET began more carefully tracking demographic data on participants in this program and the results are promising. Currently, seventy-nine (79) percent of the participants are non-Caucasian, with the largest racial/ethnic group being 47% Hispanic. Thirty-eight (38) percent are bilingual in English and Spanish, and 64% are under the age of 40. Of the 187 people who have been enrolled in CLAS, 68% have stayed with the Department after getting obtaining their license.

Program enhancements added during fiscal year 2018/19 included focus groups to re-establish the needs of the participants, “office hours” for targeted consultation, and regional mini-lessons aimed at skill sets and knowledge that would be applicable to staff as County employees as well as for their future licensing exams. The mini-lessons were the most successful of the interventions added, with steady attendance at the bi-monthly events. While only a few participated in the regional focus groups, those who attended gave valuable feedback about the program and their obstacles in obtaining licensure. Holding “office hours” was the only program enhancement that was not utilized by staff, and after six consecutive weeks of being offered, was discontinued.

Future goals for the CLAS Program are two-fold. One is to reduce participants’ time in the program to obtain their clinical license. The second is to increase retention rate and length of time with the Department of staff once they have obtained their license. Though we will continue to explore greater retention strategies, CLAS Program participants demonstrated a greater retention rate than employees who do not participate. WET continues to refine the CLAS Program to improve upon outcomes.

### MHSA in Action

#### CLAS Story

*The CLAS Program has helped me fine-tune my knowledge of therapeutic theory, legal and ethical issues and best practice issues. I believe that this program has provided me with multiple refreshers that I need to continue providing the care to the consumers that I work with. The staff that provides the services in the CLAS program are welcoming and helpful and I would recommend this program to anyone that needs a refresher or needs assistance in studying for their boards.*

#### C. Mental Health Career Outreach and Education

This action item includes different strategies designed to promote careers in behavioral health, to help support local career pipeline efforts, to provide accurate information related to mental health and to, in general, reduce stigma wherever we can in the communities we serve. In 2018/19, we hired a licensed mental health clinician who took the lead on coordinating many of these efforts. The results have been positive. Historically, our mental health career outreach strategies have mostly targeted local high school and community college students. This past fiscal year, we have been able to significantly expanded those outreach efforts to include underserved student groups on university campuses and large community and sporting events. WET participated in agency forums, career fairs, advisory committees and classroom presentations. In total, our new team members was able to deliver at least 13 community presentations to over 1,500 students and community members- nearly doubling our outreach from the previous year.

We also continued our engagement and support of local steering committees to represent the industry of behavioral health, promoted volunteerism, challenged stigma, and sought collaborative opportunities to support local students in their career development. We participated in high school career fairs and supported our department's annual youth conference named Dare to Be Aware, where 800 middle & high school students participated in workshops on various behavioral health topics and social issues. We sponsored and presented on behavioral health careers at the annual Inland Empire Health Professions Conference, where over 500 middle and high school student convened to learn about building local careers in the medical field.

Volunteer Services Coordination (VSC) was assigned to WET management in 2010 as a natural pipeline for recruitment and career pathways development. The Volunteer Services Program thrived, averaging over 120 volunteers each year that served thousands of hours in our clinics and at special community events. Recent data shows that nearly one third of our volunteers go on to become employed with our agency, further securing the importance and impact of this program. In October 2019, our Volunteer Services Coordinator position was vacated. Strategies for maintaining volunteer programming are currently being explored.

As we look toward the future and continue our outreach efforts, we are making plans to stabilize our volunteer programming, continue to build more partnerships with community colleges, offer more externship and mentorship options, increase our presence on local advisory committees and customize our trainings to reach greater minority populations. The next five years will also bring greater focus on strengthening local pipeline and career awareness projects that extend

into the K-12 education systems and that offer increased financial incentives to promote public behavioral health career choices.

#### WET-04 Residency and Internship

This work plan is designed to create opportunities for new professionals in our communities to learn and train with local public behavioral health. Well-structured and organized residency and internship programs also serve as effective recruitment and retention strategies. Residency and Internship programs have long been the heart of practitioner development. These programs are structured learning experiences that allow participants to provide service to our consumers and community while also meeting academic or professional development goals.

RUHS-BH Residency and Internship Actions include:

- A) Graduate Intern, Field and Traineeship (GIFT) Program
- B) Psychiatric Residency Program Support
- C) The Lehman Center Teaching Clinic (TLC).

#### A. Graduate Intern, Field and Traineeship (GIFT) Program

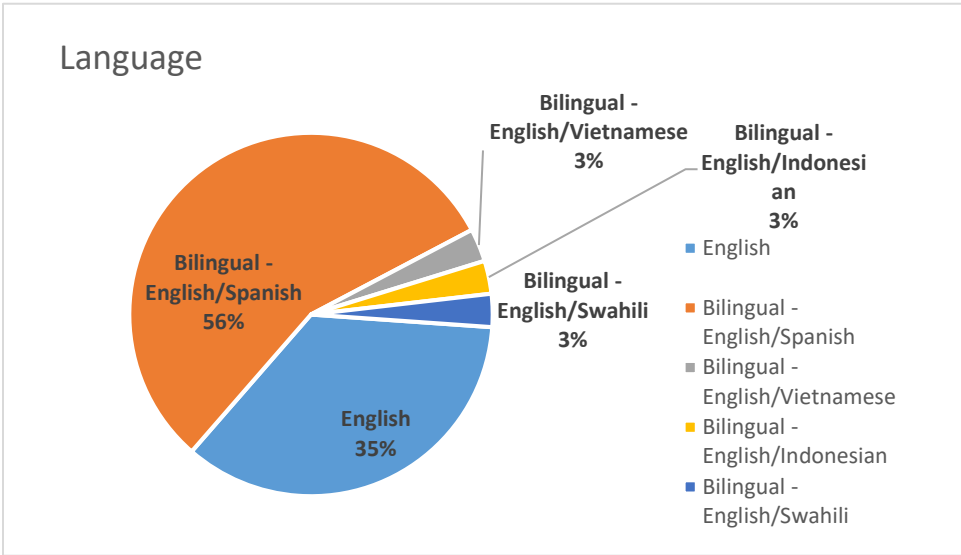
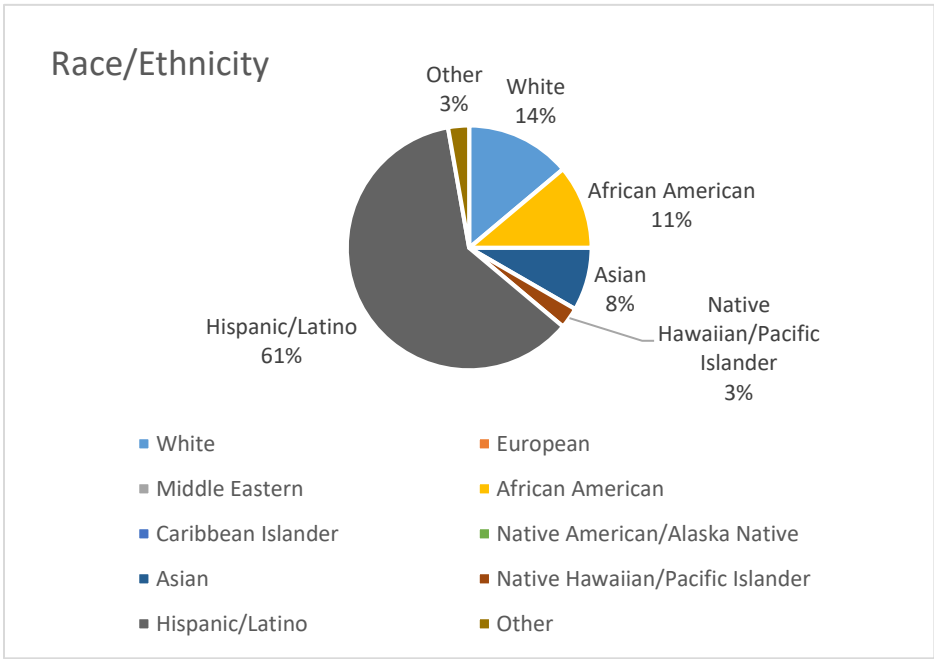
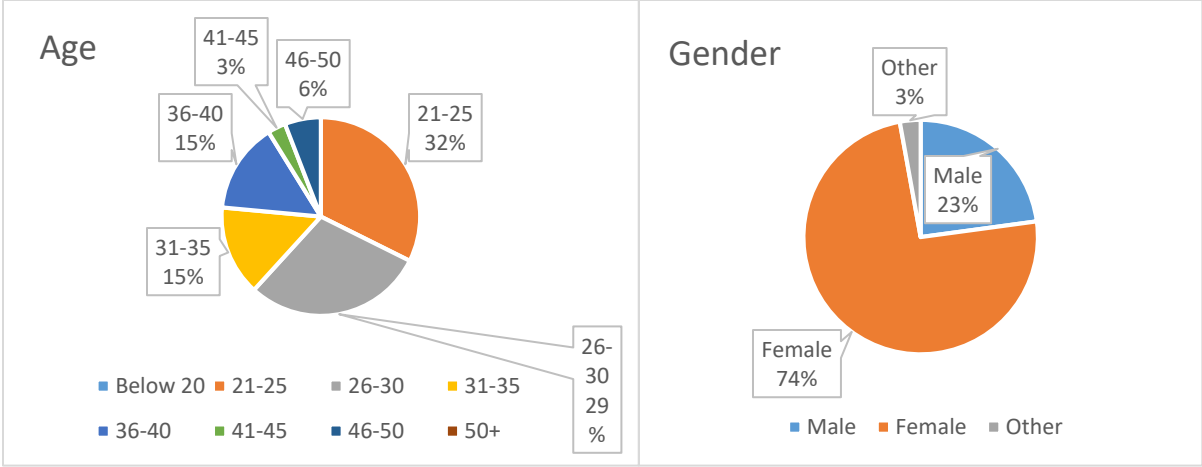
Graduate social work programs have repeated the same slogan since their inception: Field is at the heart of social work. WET realizes that the practical orientation to working with consumers and families is central to the development of any behavioral science student's education, not only to give them the confidence and competence of basic skill, but to set the values and ethics that will form their ongoing service. WET recognizes that the Department's student programs are not just about creating a larger pool of job applicants, but rather a larger cohort of well-rounded, successful, and recovery-oriented partners in transformation.

The WET Graduate Intern, Field, and Traineeship (GIFT) Program remained one of the most highly sought training programs in the region. The Department is the largest public service, formal internship program in Riverside County. The Staff Development Officer of Education interviewed every applicant, screening to identify students who met MHSA values and Department workforce development needs: were passionate about public, recovery-oriented service; committed to the underserved; who had lived-experience as a consumer or family member; or, had cultural or linguistic knowledge required to serve consumers of Riverside County.

WET had affiliation agreements with more than 20 educational institutions, including every graduate program that has a specialty in Mental Health. In Academic Year 2018/19, the GIFT Program had 105 applications and coordinated internships for 40 master and bachelor level



students and 5 doctoral students. Fifty-six percent of this cohort was bilingual in Spanish and many had lived experience as a consumer or family member. Sixty-one percent of the cohort identified as Hispanic/Latino, 11% identified as African American and 8% identified as Asian American.



Every student committed to, and received, 90 hours pre-placement training to enhance their field learning in behavioral health. These trainings were coordinated and conducted by WET in partnership with Quality Improvement staff and included: Welcoming and Orientation to Department Mission; Recovery and Service Delivery Structure; Psychosocial Assessment and Differential Diagnosis for both Adults and Children; Non-Violent Crisis Intervention and Mental Health Risk; and Electronic Management of Records (ELMR) and standards of documentation.

In addition to the initial training and orientation, all students received weekly individual supervision and WET staff provided nearly 45% of the field supervision required by the students' universities. WET also served as a central backing for all members of the learning team: the clinic field site, the student, and the university. This allowed for standardized support, monitoring, and oversight.

The Department's graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. The Department continues to hire many of the graduating student cohort each year – not only meeting the workforce development needs for this hard-to-fill job classification but confirming that the WET GIFT Program had prepared them to succeed in public mental health service. Data indicates that the GIFT Program students also have a higher retention rate than employees hired outside of this intern experience. The WET Steering Committee also noted that graduates of the GIFT Program have been a recognized asset to our service delivery system.

GIFT Program continues to refine and expand its programming. Work began to sharpen the student recruitment and selection process to meet changing/growing workforce needs especially in the realm of integrated care. Opportunities to gain relevant education and training within primary healthcare settings are currently being negotiated. Enhancing cultural and linguistic training opportunities for students is also a leading focus with the reintroduction of a clinical Spanish language training track planned for the upcoming academic year. Further, the program implemented an evaluation tool to measure targeted, department-specific clinical and professional competencies.

The WET Steering Committee continues to advocate for the improvement in the application and retention of GIFT Program graduates as employees. Though the department fully supports this program as valuable and necessary to achieving our workforce development goals, WET data suggests that we could achieve better recruitment outcomes with the GIFT Program. The GIFT Program allows our Department an extensive period to evaluate the work ethics and skills of interning students; students who have learned our policies, procedures, and electronic record system. These students are often more loyal to the Department, as they have established

mentors and relationships within our system. Yet, even in times of position demand, we under-hire from this recruitment pool.

#### B. Psychiatric Residency Program Support

The Residency Training Program in psychiatry is fully accredited and is a partnership between the UCR School of Medicine and the RUHS-BH. It is administered through the office of the Medical Director and financially supported by WET funding. Though WET does not directly manage this program, our team provides a range of professional supports to the Residency Program in an effort to improve the development of psychiatrists dedicated to public service. Residency programs provide the post-M.D. training required for physicians to become fully independent and board certified in their specialties. Psychiatry training programs are four years long and, during that time, residents provide patient care under the supervision of attending physicians who are faculty of the residency program.

Inland Southern California has a severe shortage of psychiatrists and the goal of this residency training program is not only to train new psychiatrists, but also to recruit quality psychiatrist to have careers with RUHS-BH. Physicians tend to practice in the same geographic region where they completed their residency. Residents train primarily in the inpatient and outpatient facilities of Riverside County, including the psychiatry department of the Riverside County Regional Medical Center and the outpatient clinics of the RUHS-BH. The four-year program enrolls four or more residents each year. A distinctive feature of the training program is the integrated neuroscience research curriculum in collaboration with UCR faculty, where these future psychiatrists learn about advanced technologies.

#### C. The Lehman Center Teaching Clinic (TLC)

The Lehman Center (TLC) is a teaching clinic staffed by highly qualified licensed professionals who teach and supervise student practitioners who are training to serve in our system of care. TLC proudly opened its doors in October 2014. Named after Judy Lehman, the retired Department Supervisor who helped found the centralized student placement coordination; TLC is an innovative training clinic that offers both traditional and advanced training options for the students selected each year. TLC is a single clinic with two campuses – one for adults and one for children and families. Students are supervised by seasoned, professional clinicians whose sole responsibility is to oversee and instruct the students' practice. During the 2018/19 academic year, TLC trained 12 student practitioners, 2 pre-licensed clinicians and 1 psychiatric mental health

nurse practitioner. Because many of these students were bilingual/Spanish therapists, TLC served Spanish speaking clients who would have otherwise experienced delays in receiving services.

Additionally, TLC continued to offer specialized programming to meet the prevention and early intervention needs of the LGBTQ community. Students co-facilitated community support groups for LGBT youth focused on identifying cultural strengths, connecting with community, and building resiliency. Students from this program also supported community presentations at local high schools and for department staff. In 2018/19, the TLC expanded their teaching and training opportunities to include physician assistant students as well as more options for registered nurses pursuing a specialty in psychiatric mental health. In addition, TLC staff expanded their in-service trainings and supervision support to local supervisors, pre-licensed clinicians and staff from our partner agencies.

## MHSA in Action!

### Lehman Center Story

*My name is Jacob Escobedo and I was a student intern in the 2018-2019 GIFT program cohort. I completed my field practicum for my Master of Social Work program at Azusa Pacific University at the Lehman Center- Adult Campus from August, 2018 until May, 2019. I remained at the Lehman Center as a volunteer until my time of employment in September, 2019. I spent a little over a year receiving training at the Lehman Center. My time at the Lehman Center was instrumental in the formation of my professional development as a clinician. It was under the supervision and guidance of several highly skilled licensed professionals, that my skills as a therapist were developed. Under the training of Sheri Marquez, I developed a sincere appreciation for the use of solution focused skills, mindfulness, and narrative therapy. As a rather new therapist, I am still in the early stages of developing my theoretical orientation however I find myself conceptualizing client's and even the world through the lens of narrative therapy and it has been highly effective in rapport building and intervention with my clients. I would not have had this experience without exposure to this modality from Sheri Marquez.*

*Under clinical supervision with Nina Le, LCSW my skills in cognitive behavioral therapy were strengthened and I developed a greater awareness of the professional use of self in therapy. Clinical supervision also provided me the opportunity for self-reflection on my professional challenges as well as clinical issues that required attention. I learned a great deal about the use of professional and clinical language in documentation which has significantly prepared me to fulfill documentation expectations for my current position. I also learned a great deal about clinical assessment which has made me comfortable with the process, effectively allowing me to skillfully navigate through the portions of the assessment, while appropriately documenting the information.*

*The skills and experience that I gained at the Lehman Center made me a suitable candidate for my current position at Riverside County in the Juvenile Justice Division. The emphasis on the person in environment and systems oriented treatment has prepared me for my current position as a clinical therapist in which I work with youth, probation staff, and families. The exposure that I had from leading groups at the Lehman Center has oriented me to the group therapy dynamic and made me more confident when assigned group therapy in my current position. I also learned valuable professional skills which has equipped me to function and collaborate with other helping professionals and my own clinical team.*

*The Lehman Center, adequately prepared me to function as an emerging professional, social worker, and clinician. However, I am grounded in one statement that I was given during my time with the Lehman Center: "always a student."*

*Sincerely,*

*Jacob Escobedo, MSW, ASW*

*Clinical Therapist I*

*2019 GIFT Program Graduate*

**MHSA in Action!**

**Lehman Center Story**

*I am eternally grateful to The Lehman Center for providing me the best internship experience. As I approached graduating with my Master's in Social Work from Loma Linda University, I felt more prepared each day to become a clinical therapist with Riverside University Health System-Behavioral Health. Now as a Clinical Therapist with RUHS-BH working with the AB109 population, I can confidently conduct assessments, meet documentation standards within the department and run a plethora of groups all due to the constant support and trainings that I received through The Lehman Center. I attribute my success to them because they pushed me to be the best therapist I can be.*

*Erica Hall*

**MHSA in Action!**

**Lehman Center Story**

*Obtaining licensure as a Marriage and Family Therapist is every Associate MFT's goal. Through The Children's Lehman Center, I have been able to receive on-the-spot supervision, feedback, experience client diversity, and utilize multidimensional treatment teams all the while obtaining my children and family hours. This opportunity allowed me to stay employed at an adult-only County Behavioral Health Clinic. As a result, I simultaneously treated children on the one hand and adults on the other, allowing me to observe the recovery process unfold across the life span, enriching my ability to conceptualize clients.*

*Lance J. Johns, AMFT*

## WET-05 Financial Incentives for Workforce Development

This work plan is designed to offer financial and academic incentives to support workforce development efforts. The purpose in offering financial and academic incentives for workforce development is twofold; the long term retention of quality employees and fostering a qualified workforce that is committed and prepared to serve in public behavioral health. WET approaches financial and academic incentives strategically; we focus on filling unmet workforce needs specific for our agency as well as maximizing workforce development funding investment.

### 1. 20/20 & PASH Program

The 20/20 & PASH Program is designed to encourage and support Bachelor Degree level employees to pursue graduate study preparing them for Clinical Therapist I job openings. WET inherited management of the 20/20 Program in 2007. Program records indicated that 14 Department employees had entered the program from 1992 to 2007.

Due to fiscal constraints, the program was suspended from new applications from 2008 through 2010. The program was reopened in fall 2011. With WET recommendation, the Department expanded the targeted areas of workforce development beyond bilingual/bicultural skills to include certified skills in treating chemical dependency, developmental disabilities, or acute physical health. Additionally, applicants scored higher if they demonstrated a commitment to work in the hard to recruit geographical area of Blythe. WET also developed the Paid Academic Support Hours (PASH) phase of the 20/20 Program in order to support employees who were accepted into part time, graduate school programs.

The program parameters were revised in 2013, 2016 and again in 2019 in order to strengthen the program, to streamline the application process and to enhance quality selection. Significant changes were made to the selection process, number of candidates to be accepted and the payback agreement. WET wanted to increase the years of retention of 20/20 employees and address long-term shortfalls in DBH leadership due to retirement. National research on the public mental health service system reported that turnover was concentrated in the first 2 years of employment. To capture the most vested candidates, employees were required to have a minimum of 2 years of DBH service to qualify for the 20/20 Program as opposed to simply passing probation. Applicants also had to complete a quality appraisal interview with WET before progressing to selection interviews with the Assistant Directors. The quality appraisal process included a review of applicants' interests and aptitudes for DBH leadership. Further, WET increased the level of support and oversight of program candidates to promote success



and ensure compliance with program regulations. This led to greater efforts to help employees and in a few cases, it led to a participant being released from the program. In 2019, the number of total candidates accepted was capped at 3, and the payback agreement for those accepted was extended to 5 years.

From 2012 to the present, the department has enjoyed an increase in both interest and number of applicants for this program. In general, employees who complete the 20/20 Program remain employed with the department. From 2012 to 2019, 39 employees were accepted into the program, and 30 continue to serve in the Department.

Year	Accepted into program	Currently working for department
2012/13	3	2
2013/14	5	2
2014/15	5	3
2015/16	6	5
2016/17	10	8
2017/18	7	7
2018/19	3	3

## 2. Tuition and Textbook Reimbursement

Riverside County encourages the development of Department sponsored Tuition Reimbursement to support employee skill development and create pathways to career advancement. WET developed and proposed an infrastructure to manage a Tuition Reimbursement Program. Partnering with central Human Resources' Educational Support Program (ESP), WET implemented the Tuition Reimbursement Program at the start of 2013.

In the last three years, our Department has seen a significant increase in employee interest and application to this program. Since its inception in 2013, there have been close to 100 employees who have accessed or benefitted from Tuition and Textbook Reimbursement. Degrees and certificates range in topic from clinical degrees, accounting, business and public administration, computer science as well as substance abuse counselor certifications. The program has two components designed to address separate Department needs:

PART A: Authorizes employees to seek reimbursement for earning a certificate or degree that creates a promotional pathway or would increase their knowledge in their current position, but is not required for your job classification. Employees apply to ESP and complete vocational testing that matches employee interest in a related academic degree with a Riverside County career. Only upper division coursework is reimbursed. To incentivize academic success, WET added that tuition reimbursement is contingent on the grade received in the coursework.

PART B: Authorizes employees to seek reimbursement for completing individual coursework and is managed by WET. County policy allows Departments to authorize payment of coursework up to \$500. Employees who seek higher education on RUHS-BH job related subjects can attend the individual courses that will enhance their abilities to serve and perform. PART B also provides the employee that is ambivalent about school an opportunity at a “school trial” to ascertain if education advancement is comfortable and manageable. Employees seeking education across technical, administrative, and clinical areas of study are eligible to apply.

See the table below outlining amounts awarded each fiscal year since inception:

<b>Year</b>	<b>Awarded</b>
FY 13-14	\$47,418.47
FY 14-15	\$49,389.36
FY 15-16	\$42,059.91
FY 16-17	\$65,187.05
FY 17-18	\$70,197.22
FY 18-19	\$113,827.77
FY 19-20	\$58,638.96 ~

### 3. Mental Health Loan Assumption Program (MHLAP)

The MHLAP is a MHSA workforce retention strategy for the public mental health service system. Both Department employees and service contractors were eligible to apply. Managed Care contracts were excluded. This program was administered through the Health Professions

Education Foundation. Each county designated hard-to-fill or retain positions that qualified for eligibility. It was an annual, competitive application process. Selected applicants could be awarded up to \$10,000 in student debt reduction in exchange for a year of service in the public mental health service system. Awardees could be selected up to six times.

Each county could specify the eligible, hard-to-fill or retain job classifications that are unique to their own workforce needs – including non-clinical positions. Riverside identified: Psychiatrist; Psychologist; Clinical Therapist I and II; Registered Nurse; Licensed Vocational Nurse and Licensed Psychiatric Technician; Nurse Practitioner; Physician’s Assistant; Health Education Assistant; and, Supervisor and Manager positions. Applicants were awarded additional scoring points if they spoke a language necessary to serve the consumers of that county or if they share a demographic with an underserved population.

WET had applied for and was selected to sit on the State MHLAP Advisory Board, allowing Riverside’s needs to be represented in the development of the program, as well as, provided additional insight into the application and selection process that benefitted staff during application completion. WET continued to offer application assistance to any MHLAP applicant from Riverside County. As a part of the advisory committee came the responsibility to also score other counties’ MHLAP applications – up to 150 applications per cycle. WET fulfilled this responsibility each year.

WET’s promotion of the MHLAP significantly increased the number of applicants and the number of awards for Riverside’s public mental health employees. During the August 2017 cycle, over \$550,000 were awarded to Riverside’s public mental health service system employees. The following table demonstrates the MHLAP application and awards data for Riverside County:

<b>Year</b>	<b>Applications Received</b>	<b>Applications Reviewed</b>	<b>Awards Provided</b>	<b>Total award money</b>
2009	28	28	13	\$135,583
2010	16	16	15	\$125,700
2011	61	55	33	\$251,400
2012	68	68	57	\$500,000
2013	72	68	58	\$528,941
2014	101	92	78	\$547,996

2015	159	137	92	\$612,547
2016	114	99	88	\$700,596
2017	136	123	82	\$561,128

Funding for the MHLAP ended in fiscal year 17/18. Though this program was wildly popular and one of the most successful recruitment and retention strategies offered through MHSAs, the State has not committed ongoing funding for this project. The last of the awardees will have just completed their service obligations after which the State will produce a report on the overall success of this program.

4. Licensed Mental Health Services Provider Education Program (LMH)

The LMH is another MHSAs workforce retention strategy for the public mental health service system. This program is also administered through the Health Professions Education Foundation. It has an annual, competitive application process. Selected applicants could be awarded up to \$15,000 in student debt reduction in exchange for two years of direct service in the public mental health service system. Applicants can be awarded up to three times.

To be eligible for the LMH, the applicant must be in a direct service position. Despite the title, both registered and licensed practitioners are eligible, making this loan repayment program one of the most accessible to staff. Like with the MHLAP, WET has made targeted efforts to promote the LMH and to support applicants in the process of applying with the intention of increasing the number of applicants and the number of awards for Riverside’s public behavioral health employees. Awardees are just now being notified by the State. This past application cycle, Riverside County had 57 folks apply. Forty-eight applicants were selected, with \$719,453.00 issued in awards!

5. National Health Service Corp (NHSC)

The NHSC offers loan repayments for licensed health providers (Licensed Clinicians, Psychologists, Psychiatrists, and Nurses). The NHSC offers between \$40,000 and \$60,000 in loan forgiveness in exchange for a two or three year service obligation. Last year, the NHSC expanded loan repayment programs to include master-level, licensed or certified substance use practitioners. We continue to work with our NHSC representative to maintain ongoing eligibility for our qualified sites. RUHS-BH currently has 10 participating in this program.

The mission of the NHSC is to provide incentives for professionals to work in rural and underserved areas. Award eligibility is based on the location of the employee's clinic. The NHSC determines eligibility by reviewing the evaluation scores established through the Health Professional Shortage Area (HPSA) application process. Employees who serve in programs located in a HPSA that scored at 14 or above are good candidates for application.

Program eligibility has changed over time based on available funding and political philosophy. Throughout the fiscal year 18/19, as RUHS-BH programs began integrating into physical health care sites, we sought collaborate with these sites to leverage our NHSC efforts in order to sustain, improve and expand opportunities for staff serving in these integrated sites. Our agency understands that a partnership with RUHS- Medical Center and Community Health Care clinics will strengthen these agencies' HPSA scores, thus increasing these agencies' ability to serve communities through recruitment and retention of talented medical and behavioral health staff in rural and underserved areas of our county. Working in collaboration with our partner agencies also allows for an increase the number of clinics and staff that are eligible for NHSC loan repayment programs. Our Department is continuing its efforts to collaborate with partner agencies and is currently maintaining certification of existing sites.

WET 3-year goals

<b>Looking forward the next 3 years</b>		
<b>Plans</b>	<b>3 year goals</b>	<b>Intended impact</b>
<b>Plan 1: Workforce Staffing Support</b>	<ul style="list-style-type: none"> <li>• Adequately staff the WET Team by filling empty positions.</li> <li>• Stabilize/reduce turn over.</li> </ul>	Support and sustain programming.
<b>Plan 2: Training and Technical Assistance</b>	<ul style="list-style-type: none"> <li>• Increase advanced trainings and EBPs that address emergent client needs/trends.</li> <li>• Include hybrid and online training options.</li> </ul>	Respond to client needs. Increase access to pertinent training.
<b>Plan 3: Career Pathways</b>	<ul style="list-style-type: none"> <li>• Leverage community partnerships</li> <li>• Utilize/leverage new OSHPD WET funding to expand regional projects</li> </ul>	Increase pipeline programs into public service
<b>Plan 4: Internship and Residency Programs</b>	<ul style="list-style-type: none"> <li>• Increase diversity and retention of graduates in the service system</li> </ul>	Increase pool of qualified candidates
<b>Plan 5: Financial Incentive Programs</b>	<ul style="list-style-type: none"> <li>• Identify and expand financial incentive options</li> <li>• Targeted marketing and advertising</li> <li>• Build in retention strategies wherever possible</li> </ul>	Increase options, access and utilization. Improve retention.

## Capital Facilities and Technology (CFTN)

### What is Capital Facilities?

Funds used to improve the infrastructure of public mental health services. Capital Facilities allows counties to acquire, develop or renovate buildings to house and support MHSA programs. Technology supports counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family members' access to health information and records electronically within a variety and private settings. The last CF/TN funds were allocated in 2013-2014, but a portion of CSS funds can be used to address new workplans or projects.

### North Palm Springs Adult Residential Facility – Roy's Behavioral Health Oasis

In 2017, Riverside County proposed and approved an MHSA Amendment to our Capital Facilities component plan. Counties are allowed to shift funds from the Community Services and Support (CSS) component to continue to fund Capital Facility projects. Riverside County plans to convert a homeless shelter (Roy's Place) into a large Adult Residential Facility with a 90-100 bed capacity. This plan update includes a transfer of funds for the completion of this project.

It is located in a commercial building that also houses outpatient FSP program, 24/7 homeless drop in center and permanent supportive housing. The project would develop a portion of the unfinished bays in order to expand the outpatient FSP program. The remainder of the building (current shelter and remaining unfinished bays) will be remodeled for use as a 90-100 bed licensed adult residential care facility.

The project will establish a licensed augmented residential care facility. The facility will include 45-50 bedrooms, indoor outdoor activity areas, common living areas, restroom/showers, laundry facility, commercial kitchen and dining room, staff offices and meeting rooms. It will serve 90- 100 individual adults per day.

The facility is located in North Palm Springs. It is located in a commercial industrial complex that borders the north side of the 10 freeway. It is approximately 5 miles from downtown Palm Springs and 10 miles from Desert Hot Springs. There is limited access to public transportation lines; however, the transportation will be provided by the residential care facility operator a part of the condition of their license and contract.

The facility will be used for MHSA funded programs and services. The existing FSP and operation of the homeless drop-in center and permanent housing program are currently fully

or partially funded by MHSA. The facility is county owned. It is County of Riverside policy that all county owned facilities are maintained by Riverside County EDA/Facility Maintenance currently maintains the existing shelter facility, the FSP, and the Homeless Drop-In/Housing facilities. While residential program services will be contract provided, services will be under the direction of RUHS-BH for the purpose of providing service augmentation to the new MHSA funded Wellness Plus Living Program and the county provided FSP services. Services are required to be re-bid on a regular basis and RUHS-BH contract language insures continuous operation during transition to new contract providers.

The facility is schedule to open in 4<sup>th</sup> Quarter of 2020.

### **Riverside Arlington Recovery Community (ARC)**

Individuals with untreated serious mental health and/or substance use disorders have frequent contact with the criminal justice system. The advent of state led criminal justice diversion initiatives, and the lack of diversion resources and incentives have made it increasingly challenging to enroll justice-involved individuals in recovery-based services. As a result, RUHS-BH has identified a need to establish community based programs that can effectively engage and serve individuals who have had contact with the criminal justice system, whose contact is related to an untreated or ineffectively treated mental health and/or substance use disorder (SUD). Specifically, RUHS-BH seeks to establish programs that achieve the goals of diversion and/or alternatives to incarceration for qualified offenders. These individuals often have mental health, substance abuse, and trauma-related histories and are in need of engagement, case management, housing, and community supports to effectively treat their disorder.

The ARC Program will provide a fully integrated residential and outpatient approach to treating serious mental health and SUDs, with the purpose of providing opportunities for diversion from incarceration and correctional facilities, reducing recidivism, and engaging individuals in restorative justice activities. Integrated care will provide residential and intensive outpatient treatment, case management, support, and wraparound services based on the principles of mental health and substance abuse recovery. Additionally, physical health care will be offered to ensure that the consumer is receiving the appropriate level of care. This will include obtaining medical histories, monitoring health status to determine potential need for urgent or emergent care, testing associated with detoxification, and overseeing patient self-administered medications. The ARC Program will be required to be



State certified to provide both Specialty Mental Health Medi-Cal Services and Drug Medi-Cal Services.

The ARC Program proposes to increase and expand access to community mental health treatment, SUD treatment, and trauma-centered services that offer relevant alternatives to incarceration. The program will enhance existing treatment services and coordination of services to target non-violent mental health and/or substance using offenders in Riverside County. The services will include a drop-off center for outreach teams and law enforcement as an alternative to incarceration or hospitalization. The ARC Program will accept consumers struggling with mental health stabilization and/or substance use intoxication who are at-risk of being placed in custody. The ARC Program will provide American Society of Addiction Medicine (ASAM) level 3.2 withdrawal management (3.2-WM) with a seamless transition to residential services and medicated assisted treatment (MAT) for those who qualify, and will transition consumers through the continuum of behavioral health care.

The ARC Program will provide a full array of services for people with chronic mental illness and addiction in danger of incarceration in Riverside County. The planned 54-bed facility will accept three different populations of consumers: consumers with chronic mental illness, consumers with chronic SUDs, and consumers with co-morbid diagnosis of mental illness, SUD, physical health, and consumers with co-occurring disorders. The ARC Program aims to interrupt the cycle of incarceration to be the first step on a recovery journey. ARC will be located in the City of Riverside.

### **Riverside Hulen Safehaven – The Place – Renovation and Remodel**

The Place, located in the City of Riverside, opened in 2007 and provides permanent housing for 25 adults, along with supportive services, laundry, shower facilities, meals, referrals, and fellowship for drop-in center guests. The drop-in center safehaven operates all year long, 24 hours a day, 7 days a week, and serves as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. Safehaven had 6,522 total visits in FY 18/19. The permanent housing component operated at above 100% occupancy over the course of the year. Overall, more than 91% of residents of the Place maintained stable housing for one year or longer.

The Place is 13 years old. The population served has changed over time. In partnership with the City of Riverside, RUHS-BH plans to renovate the facilities.

### Technological Needs

The Department has fully implemented the original Behavioral Health Information System purchased through the Technology Component. The final year of the Technology funding was FY13/14, and no further funds are being allocated to this component at this time.

Upcoming priorities include implementation of telepsychiatry and telecounseling. An additional priority will be to meet the new Federal Managed Care requirements regarding Network Adequacy, time and distance access standards, and changes to the authorization process.

## MHSA Funding

### MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Riverside County

- Three-Year Program and Expenditure Plan  
 Annual Update  
 Annual Revenue and Expenditure Report

**Local Mental Health Director**

**County Auditor-Controller**

Name: Matthew Chang, MD. Telephone Number: 951-358-4501 E-mail: Matthew.chang@ruhealth.org	Name: Paul Angulo, CPA, MA-Mgt. Telephone Number: 951-955-3800 E-mail: pangulo@co.riverside.ca.us
Local Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Matthew Chang, MD.  
Local Mental Health Director (PRINT)

\_\_\_\_\_  
Signature Date

I hereby certify that for the fiscal year ended June 30, \_\_\_\_\_, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated \_\_\_\_\_ for the fiscal year ended June 30, \_\_\_\_\_. I further certify that for the fiscal year ended June 30, \_\_\_\_\_, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Paul Angulo, CPA, MA-Mgt.  
County Auditor Controller / City Financial Officer (PRINT)

\_\_\_\_\_  
Signature Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Funding Summary**

County: Riverside

Date: 4/2/20

	MHSa Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2020/21 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	38,573,427	27,722,605	25,455,816	1,037,810	50,600,360	
2. Estimated New FY2020/21 Funding						
3. Transfer in FY2020/21 <sup>a/</sup>						
4. Access Local Prudent Reserve in FY2020/21						0
5. Estimated Available Funding for FY2020/21	38,573,427	27,722,605	25,455,816	1,037,810	50,600,360	
<b>B. Estimated FY2020/21 MHSa Expenditures</b>	92,229,217	27,933,901	5,662,054	4,006,320	39,000,000	
<b>C. Estimated FY2021/22 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	(53,655,789)	(211,296)	19,793,762	(2,968,510)	11,600,360	
2. Estimated New FY2021/22 Funding						
3. Transfer in FY2021/22 <sup>a/</sup>	0				0	
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	(53,655,789)	(211,296)	19,793,762	(2,968,510)	11,600,360	
<b>D. Estimated FY2021/22 MHSa Expenditures</b>	94,996,093	28,771,918	5,831,916	4,126,510	0	
<b>E. Estimated FY2022/23 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	(148,651,883)	(28,983,214)	13,961,846	(7,095,020)	11,600,360	
2. Estimated New FY2022/23 Funding						
3. Transfer in FY2022/23 <sup>a/</sup>					0	
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	(148,651,883)	(28,983,214)	13,961,846	(7,095,020)	11,600,360	
<b>F. Estimated FY2022/23 MHSa Expenditures</b>	99,745,898	30,210,514	6,123,512	4,332,835	0	
<b>G. Estimated FY2022/23 Unspent Fund Balance</b>	(248,397,780)	(59,193,728)	7,838,334	(11,427,855)	11,600,360	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	24,217,189
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	24,217,189
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	24,217,189
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	24,217,189

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. CSS-01 Children's	17,217,447	1,076,474	7,678,477	0	3,552,537	4,909,959
2. CSS-01 Transitional Age Youth	4,702,655	1,671,771	2,519,272	0	509,915	1,697
3. CSS-01 Adults	9,889,196	3,886,620	5,813,139	0	0	189,437
4. CSS-01 Older Adult	5,558,594	2,169,785	3,296,712	0	0	92,097
5. CSS-02 Crisis System of Care	6,075,395	2,826,227	1,852,740	0	628,012	768,416
6. CSS-02 Mental Health Courts and Justice Inv	4,547,952	1,212,107	2,422,960	0	0	912,885
7. CSS-03 Housing and Housing Programs	9,364,435	6,829,092	0	0	0	2,535,343
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. CSS-02 Crisis System of Care	16,831,891	7,249,312	8,477,510	0	437,289	667,780
2. CSS-02 Mental Health Courts and Justice Inv	4,455,937	3,443,526	890,718	0	0	121,693
3. CSS-02 Children's Clinic Expansion and Enha	77,822,674	15,194,957	40,164,011	0	20,323,480	2,140,225
4. CSS-02 Transition Age Youth Clinic Expansio	8,891,907	5,060,559	3,831,193	0	0	154
5. CSS-02 Adults Clinic Expansions and Enhanc	145,836,947	30,436,609	63,933,663	18,453,980	1,395,528	31,617,166
6. CSS-02 Older Adult Clinic Expansions and En	10,071,027	4,008,256	5,502,707	0	0	560,064
7. CSS-03 Lived Experience Integration of Care	6,100,647	2,632,157	2,073,485	321,529	475,551	597,925
8. CSS-03 Housing and Housing Programs	2,690,054	1,784,655	0	0	0	905,398
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	6,350,031	2,747,110	3,602,921	0	0	0
<b>CSS MHSa Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	336,406,787	92,229,217	152,059,508	18,775,509	27,322,313	46,020,240
<b>FSP Programs as Percent of Total</b>	62.2%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. CSS-01 Children's	17,733,971	1,108,768	7,908,831	0	3,659,113	5,057,258
2. CSS-01 Transitional Age Youth	4,843,735	1,721,924	2,594,850	0	525,213	1,747
3. CSS-01 Adults	10,185,872	4,003,219	5,987,533	0	0	195,120
4. CSS-01 Older Adult	5,725,352	2,234,879	3,395,613	0	0	94,860
5. CSS-02 Crisis System of Care	6,257,657	2,911,014	1,908,322	0	646,852	791,469
6. CSS-02 Mental Health Courts and Justice Inv	4,684,390	1,248,470	2,495,649	0	0	940,271
7. CSS-03 Housing and Housing Programs	9,645,368	7,033,965	0	0	0	2,611,403
8.	0	0	0	0	0	0
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. CSS-02 Crisis System of Care	17,336,848	7,466,791	8,731,836	0	450,408	687,814
2. CSS-02 Mental Health Courts and Justice Inv	4,589,615	3,546,832	917,440	0	0	125,344
3. CSS-02 Children's Clinic Expansion and Enha	80,157,354	15,650,806	41,368,932	0	20,933,185	2,204,432
4. CSS-02 Transition Age Youth Clinic Expansio	9,158,664	5,212,375	3,946,129	0	0	159
5. CSS-02 Adults Clinic Expansions and Enhanc	150,212,055	31,349,707	65,851,673	19,007,600	1,437,394	32,565,681
6. CSS-02 Older Adult Clinic Expansions and Er	10,373,158	4,128,303	5,667,788	0	0	576,866
7. CSS-03 Lived Experience Integration of Care	6,283,666	2,711,122	2,135,689	331,175	489,817	615,863
8. CSS-03 Housing and Housing Programs	2,770,755	1,838,195	0	0	0	932,560
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	6,540,532	2,829,523	3,711,008	0	0	0
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	346,498,990	94,996,093	156,621,293	19,338,775	28,141,982	47,400,848
<b>FSP Programs as Percent of Total</b>	62.2%					

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. CSS-01 Children's	18,265,990	1,142,031	8,146,096	0	3,768,887	5,208,976
2. CSS-01 Transitional Age Youth	4,989,047	1,773,582	2,672,695	0	540,969	1,800
3. CSS-01 Adults	10,491,448	4,123,315	6,167,159	0	0	200,974
4. CSS-01 Older Adult	5,897,113	2,301,925	3,497,482	0	0	97,706
5. CSS-02 Crisis System of Care	6,445,386	2,998,344	1,965,572	0	666,258	815,213
6. CSS-02 Mental Health Courts and Justice Inv	4,824,922	1,285,924	2,570,518	0	0	968,480
7. CSS-03 Housing and Housing Programs	9,934,729	7,244,984	0	0	0	2,689,745
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. CSS-02 Crisis System of Care	17,856,953	7,690,795	8,993,791	0	463,920	708,448
2. CSS-02 Mental Health Courts and Justice Inv	4,727,304	3,653,237	944,963	0	0	129,104
3. CSS-02 Children's Clinic Expansion and Enha	82,562,075	16,120,330	42,610,000	0	21,561,180	2,270,565
4. CSS-02 Transition Age Youth Clinic Expansio	9,433,424	5,368,747	4,064,513	0	0	164
5. CSS-02 Adults Clinic Expansions and Enhanc	154,718,417	32,290,198	67,827,223	19,577,828	1,480,516	33,542,651
6. CSS-02 Older Adult Clinic Expansions and En	10,684,352	4,252,359	5,837,821	0	0	594,172
7. CSS-03 Lived Experience Integration of Care	6,472,176	2,792,455	2,199,760	341,110	504,512	634,339
8. CSS-03 Housing and Housing Programs	2,853,878	1,893,341	0	0	0	960,537
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	<b>6,736,748</b>	<b>2,914,409</b>	<b>3,822,339</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CSS MHSA Housing Program Assigned Funds</b>	<b>0</b>					
<b>Total CSS Program Estimated Expenditures</b>	<b>356,893,960</b>	<b>97,845,976</b>	<b>161,319,932</b>	<b>19,918,938</b>	<b>28,986,241</b>	<b>48,822,873</b>
<b>FSP Programs as Percent of Total</b>		<b>62.2%</b>				

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. PEI-01 Mental Health Outreach, Awareness and Stigma	20,308,993	18,879,943	560,860	0	814	867,377
2. PEI-02 Parent Education and Support	7,040,803	1,688,536	1,764,370	0	1,071,920	2,515,977
3. PEI-03 Early Intervention for Families in Schools	1,511,537	1,511,537	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	536,091	536,091	0	0	0	0
5. PEI-05 First Onset for Older Adults	801,865	790,013	11,852	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	686,672	686,672	0	0	0	0
7. PEI-07 Underserved Cultural Populations	2,052,790	2,052,790	0	0	0	0
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. PEI-04 Transitional Age Youth (TAY) Project	531,038	531,038	0	0	0	0
12. PEI-05 First Onset for Older Adults	84,058	84,058	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	<b>1,173,224</b>	<b>1,173,224</b>				
<b>PEI Assigned Funds</b>	<b>0</b>					
<b>Total PEI Program Estimated Expenditures</b>	<b>34,727,070</b>	<b>27,933,901</b>	<b>2,337,082</b>	<b>0</b>	<b>1,072,734</b>	<b>3,383,354</b>



**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. PEI-01 Mental Health Outreach, Awareness and Stigma	20,918,263	19,446,341	577,606	0	838	893,398
2. PEI-02 Parent Education and Support	7,252,027	1,739,192	1,817,301	0	1,104,077	2,591,456
3. PEI-03 Early Intervention for Families in Schools	1,556,883	1,556,883	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	552,174	552,174	0	0	0	0
5. PEI-05 First Onset for Older Adults	825,921	813,713	12,208	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	707,272	707,272	0	0	0	0
7. PEI-07 Underserved Cultural Populations	2,114,373	2,114,373	0	0	0	0
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. PEI-04 Transitional Age Youth (TAY) Project	546,969	546,969	0	0	0	0
12. PEI-05 First Onset for Older Adults	86,580	86,580	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	1,208,421	1,208,421				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	35,768,882	28,771,918	2,407,194	0	1,104,916	3,484,854

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. PEI-01 Mental Health Outreach, Awareness and Stigma	21,545,811	20,029,731	595,016	0	863	920,200
2. PEI-02 Parent Education and Support	7,469,588	1,791,368	1,871,820	0	1,137,200	2,669,200
3. PEI-03 Early Intervention for Families in Schools	1,603,589	1,603,589	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	568,739	568,739	0	0	0	0
5. PEI-05 First Onset for Older Adults	850,699	838,125	12,574	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	728,491	728,491	0	0	0	0
7. PEI-07 Underserved Cultural Populations	2,177,805	2,177,805	0	0	0	0
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. PEI-04 Transitional Age Youth (TAY) Project	563,378	563,378	0	0	0	0
12. PEI-05 First Onset for Older Adults	89,177	89,177	0	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	<b>1,244,673</b>	<b>1,244,673</b>				
<b>PEI Assigned Funds</b>	<b>0</b>					
<b>Total PEI Program Estimated Expenditures</b>	<b>36,841,948</b>	<b>29,635,075</b>	<b>2,479,410</b>	<b>0</b>	<b>1,138,063</b>	<b>3,589,400</b>

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet

County: Riverside

Date: 4/2/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. INN-06 Commercially Sexually Exploited Chi	3,409,848	2,253,495	1,154,302	0	0	2,051
2. INN-07 Tech Suite	3,123,639	3,000,892	0	0	0	122,747
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	407,668	407,668				
<b>Total INN Program Estimated Expenditures</b>	6,941,155	5,662,054	1,154,302	0	0	124,798

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet

County: Riverside

Date: 4/2/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. INN-06 Commercially Sexually Exploited Chi	3,512,143	2,321,100	1,188,931	0	0	2,112
2. INN-07 Tech Suite	3,217,348	3,090,918	0	0	0	126,430
3.	0	0	0	0	0	0
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	419,898	419,898				
<b>Total INN Program Estimated Expenditures</b>	<b>7,149,389</b>	<b>5,831,916</b>	<b>1,188,931</b>	<b>0</b>	<b>0</b>	<b>128,542</b>

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet

County: Riverside

Date: 4/2/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. INN-06 Commercially Sexually Exploited Chi	3,617,508	2,390,733	1,224,599	0	0	2,176
2. INN-07 Tech Suite	3,313,869	3,183,646	0	0	0	130,223
3.	0	0	0	0	0	0
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	432,495	432,495				
<b>Total INN Program Estimated Expenditures</b>	<b>7,363,871</b>	<b>6,006,873</b>	<b>1,224,599</b>	<b>0</b>	<b>0</b>	<b>132,399</b>

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. WET-01 Workforce Staffing Support	1,815,970	1,077,416	738,554	0	0	0
2. WET-02 Training and Technical Assistance	1,365,749	1,245,113	105,410	0	10,355	4,871
3. WET-03 Mental Health Career Pathways	281,596	281,596	0	0	0	0
4. WET-04 Residency and Internship	1,741,082	1,217,998	382,274	0	135,073	5,737
5. WET-05 Financial Incentives	184,197	184,197	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	<b>5,388,593</b>	<b>4,006,320</b>	<b>1,226,238</b>	<b>0</b>	<b>145,428</b>	<b>10,608</b>

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet

County: Riverside

Date: 4/2/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. WET-01 Workforce Staffing Support	1,870,449	1,109,739	760,710	0	0	0
2. WET-02 Training and Technical Assistance	1,406,722	1,282,466	108,573	0	10,666	5,017
3. WET-03 Mental Health Career Pathways	290,044	290,044	0	0	0	0
4. WET-04 Residency and Internship	1,793,314	1,254,538	393,742	0	139,125	5,909
5. WET-05 Financial Incentives	189,723	189,723	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	<b>5,550,251</b>	<b>4,126,510</b>	<b>1,263,025</b>	<b>0</b>	<b>149,791</b>	<b>10,926</b>

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. WET-01 Workforce Staffing Support	1,926,562	1,143,031	783,532	0	0	0
2. WET-02 Training and Technical Assistance	1,448,923	1,320,940	111,830	0	10,986	5,167
3. WET-03 Mental Health Career Pathways	298,745	298,745	0	0	0	0
4. WET-04 Residency and Internship	1,847,114	1,292,174	405,554	0	143,299	6,086
5. WET-05 Financial Incentives	195,414	195,414	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	<b>5,716,759</b>	<b>4,250,305</b>	<b>1,300,916</b>	<b>0</b>	<b>154,284</b>	<b>11,254</b>



FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside

Date: 4/2/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Roy's Place	2,000,000	2,000,000	0	0	0	0
2. ARC	10,000,000	10,000,000				
3. IST Diversion	15,000,000	15,000,000				
4. Diversion Campus	10,000,000	10,000,000				
5. Hulen	2,000,000	2,000,000				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	39,000,000	39,000,000	0	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. New Hemet Clinic	0					0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	0	0	0	0	0	0

**FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Riverside

Date: 4/2/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. EPIC	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	0	0				

## Community Feedback Surveys

A community feedback survey was provided at each stakeholder meeting and was distributed by e-mail to various community agencies. Additional feedback survey forms were provided to various community organizations for distribution to stakeholders that may not have been present at community forums. The survey included a series of items for written comment and a “Tell us About Yourself “ demographics page to gather information on the age group, race/ethnicity, language, gender, region of the county, and any group affiliation. Summarized written comments relating to service gaps, access and communication about services are provided below. There were two different areas identified, which included Service Gaps and Access. Within these areas, common subthemes were also included.

Which behavioral health services have you found helpful and would like to keep?
BRAFF, Million Man Meditation, AAFWG, TAY programming , Transportation Services
The Perris MHS Center was helpful in providing resources for medical application process. B/C otherwise I'm unsure how to find accessible medical/ mental health sources
Crisis Response/ Stabilization
Assist, SafeTalk and other suicide prevention trainings TSAPP
Toll free 24/7 helpline and 211. Cognitive behavioral therapy (CBT) for later life depression. Program to Active rewarding lives for seniors (PEARLS). Mental Health liaisons to office og aging. I support all of the other Behavioral Health Services
Peer Support Services, May is Mental health Month Fair, Recovery Happened Fair, Adult FSP Program , Trainings for Mental Health First Aid, Suicide Asst
Peer Support Program. MiMHM Fair, Pathways to success vocational training
Consumer affairs and peer support program. Navigation Center. Mobile Psych Services. Tay Drop ins- keep it peer run!!! WRAP. Family Advocates/ Parent Partners
I have patients who are very pleased with Rivco. PEI services in schools where their children attend. Also appreciated are programs for older adult population - our veteran population in Riverside Co. (specifically Desert, Beaumont/ Banning & beyond) is heavily Vietnam era, Korean War era & even WW II era Veterans, they are all 65 + age group)

FAMHRE- this program focus on outreach to the Filipino Community, a large AAPI population in Riverside County. KITE (SITIF) has served several AAPI groups and has a wait list. SSG EPSDT only provider with multilingual services for AAPIs.
CSSOC- Mobile Crisis , TAY Drop Ins , FSP's any and all programs that do outreach and provide services in the field
Participen en group ( <i>Participating in groups</i> )
La Salud Mental ( <i>Mental Health</i> )
Salud Mental ( <i>Mental Health</i> )
Continuar con el grupo de apoyo "entre nosotros" en el community settlement asociation ( <i>Continue with support groups "Among Us" in the community settlement association</i> )
Continuar con el group nosotros. Las clases son muy interesantes ( <i>Continue with the "Nosotros" group. The classes are very interesting</i> )
Seguir con grupo nosotros ( <i>Continue with "Nosotros" group</i> )
Continuar con el grupo "nosotros" consejeria segui aprendiendo diferentes temas y tener compañerismo comunitario ( <i>Continue with the group "Nosotros" counseling. Continue to learn different topics and have community fellowship</i> )
Servicio comunitario (grupo nosotros) Servicio de salud mental, servicios e infromacion de abuso de sustancias ilicitas, servicios de consejeria ( <i>Community service (Nosotros group) Mental health service, substance abuse services and information, counseling services</i> )
Las clases de cada mes del grupo comunitario ( <i>Each months community group</i> )
Seguir con el grupo "Nosotros" Consejeria ( <i>Continue with the group "Nosotros" counseling</i> )
Con el hecho de no concelar las reuniones de cada mes, me doy por bien servido ( <i>By not closing the meetings every month, I take it for granted</i> )
Las reuniones de cada mes, por que son diferentes cada ocasion ( <i>The meetings of each month, because they are different each time</i> )
Seguir asiendo al group Nosotros ( <i>Continue the "Nosotros" group</i> )
Continuar con el tema group de salud mental ( <i>Continue with the topic of Mental Health</i> )
TSAPP was very much new to me and a service I was unaware this service w/ in the school district
All services are great just need to expand services; 2x times a year work shops vs. once a year workshops
Mental Health suicide prevention community engagement

The services are good as is
Each Mind Matters
Urgent Mental Health
MHSA/PEI and Urgent Cares (MH)
CBT/LLD
PEI trainings (Safetalk, ASIST, PEI Quarterly...)
Stress and your mood, CBITS, Mama y bebes, BRAF
PEI- DHS- Peace 4 Kids is a great program to reach out to middle school students and their families as the school. It reduces the stigma of mental health and allows us to reach out to students with prevention skills.
Case management
The Trainings
The PEI referral program with the element of providing home visits as many of our seniors are limited to behavioral health services access due to transportation and/or stigma of accessing a clinic
Services related to parent involvement in child's behavioral and mental health; should be maintained and increased.
Parent and Child involvement , NAMI, group, Community classes
Formas de relajacion ( <i>Forms of Relaxation</i> )
Grupo de apoyo en la comunidad ( <i>Community Support Group</i> )
Grupos de apoyo sobre Salud Mental, clases comunitarias, clases a poblacion en riedgo ( <i>Mental health support groups, community classes, classes for at-risk populations</i> )
El grupo de apoyo me ha funcionado con mis hijos y espero sigamon tenerlo ( <i>The support group has worked for me with my kids and I hope we can continue to have it</i> )
Clases en la comunidad sobre como sabre llevar la depresion y ansiedad ( <i>Classes in the community on how to deal with depression and anxiety</i> )
Mamas y beses support group
Las clases de abriend puertas ( <i>Door opening classes</i> )
Servicio communitario, servicios de salud fisico ( <i>Community service, physical health services</i> )
Grupo de apoyo y informativo de salud mental ( <i>Mental Health Information and Support Group</i> )

Grupo de apoyo o de salud mental ( <i>Mental Health Information or Support Group</i> )
La comunicacion como mantener buena comunicacion group de Apollo ( <i>Support group for how to maintain good communication</i> )
Grupos de apoyo sobre salud mental ( <i>Mental health support groups</i> )
Si los grupos de apoyo me an ayudado tener mas conosimientos. Que tienen evidado de nino. Me a ayudado poder asistir. ( <i>Yes, the support groups have helped me get to know more prevention for children. It has helped me to attend.</i> )
So en my punto de vista me parese Bueno ( <i>So from my point of view I think it's good</i> )
Parents group Riverside
Parent s workshops. Parents Support Groups
Behavioral services I found helpful is the group help which helps give family help to their problems
Family therapy and supportive community groups
I have found helpful coming to this group
Prevention and Early Intervention in the younger (elementary grades) and older individuals i.e Parent Partners, PEARLS

**Which behavioral health services have you not found helpful or would like to see us change? Please also tell us about any service gaps or services that seem missing.**

25 yrs. and older programs for Deaf Community hiring of African American and other multicultural profession for consumers
I'm heard from friends they're had poor experiences seeking help when they were on their linking prints - (suicide) in terms of needing someone to talk to not being forced to stay
There is still a long wait sometimes for clients to get in to see psychiatrist and get treatment following a stabilization episode
Older adults CSS- had no significant changes. More programs devoted to older adults in next 3 year plan. There are gaps in employment as far as staff shortages. Many clinic are short staff and its difficult to fill positions due to hiring freeze.
Low SES people living in higher SES areas have low access to services. Though Corona is higher SES we have pockets of very low SES and it is hard for these folks to find services.
Community Service Assistants - have been utilized as transportation. Would be helpful if they are utilized more for support and/or assistance with integrity. Clients with community linkage to

community organizations; Food banks, community action program, library, financial institution resources for housing, utility, taxes. More services for clients residency at the Place. Obtain input from clients residency at Place regarding restoration ideas. Culture competence - i can only speak for our black clients. need programs / events that address our needs in behavioral health

Utilization of CSA employees

WET : advanced training topics expand to contractors and make requirements of those staff to make these courses. Contract more of these services (new programs) out to private providers then the county doesn't have to pay the benefits and retirement. Need housing like the Path and The Place in the Mid-County Region. This helps support the FSP. Mid County FSP does not have its own facility. The hiring freeze has made it more difficult to support these (up to 200) clients.

Behavioral health needs their own psychiatric hospital or take over and completely restructure ETS/ITF more recovery with peers. Bring back some RLC (Recovery Learning center) concepts such as peers being primary staff supporting clients groups everyday that allow walk-in- don't need referral to attend. Offer WRAP - different time of the day. Evening options. NEW FSP clinic for Mid-County located in Menifee which is the center of Mid-County

The disparities for AAPI Adults/Older Adults is over 90%. While there is an EPSDT contract with a well established AAPI provider. There is a great need for services for Adults and Older Adults and a model of care that is culturally effective for AAPI families.

I think traditional clinics should be revamped and modeled after the drop in centers. We should start implementing tech in services (text, video chat). Gaps in service would be to long before an appointment for someone coming out of hospital/crisis. Not enough CSA for transport.

Cuidad de ninos (*childcare*)

Mas recursos (*more resources*)

Mas recursos (*more resources*)

Abrir mas grupos en horarriod tarde y/o sabados (*Open more groups at later times and/or on Saturdays*)

Consejeria para los jobenes? (*Therapy for adolescents*)

Tener grupo cada mez manos de obra consistencia de sonsegera y personal bilingal (*Have a group each month, consistently and have bilingual staff*)

Nesecitamos consejeria (*We need advice*)

Dar consejeria gratuita (individual y familiar) (*Provide free counseling (individual and family)*)

Mas informacion de servicios medicos de bajos recursos viviendas mas informacion. Un servicio o algo para mover a los homeless que hay muchos en la calle y algunas son peligrosos



para nuestras familias. <i>(More information on low-income medical services and housing. A service or something to move the homeless that there are many on the street and some are dangerous to our families)</i>
Todos los servicios de salud mental son buenos. Consejeria con un psicologo. <i>(All mental health services are good. Counseling with a psychologist)</i>
El horario, me gustaria cambiar pero tambien hay que considerar a los demas <i>(The schedule, I'd like to change but we also have to consider the others)</i>
Todo sido muy importante para mi me a sido gran <i>(It's all been very important to me)</i>
Que haya servicios de diferentes temas y he aprendido mucho <i>(That there are services of different subjects and I have learned a lot)</i>
None
Traveling mobile unit would be nice to offer onsite services
Increase housing access to education , crisis services for parents/families
I'm not sure what programs are specifically for LGBTQ individuals
Providing therapist that speak Spanish in multiple centers. The lack of Spanish speakers provides a gap of services Need increased services in general for elderly , undocumented, Asian community, LGBTQIA, Muslim Americans and homeless
None
We just need more of all of it! Eating disorders PEI is missing!
Started the clinics and had less opportunity for contract providers to stay in business
In-home therapy for seniors with limited transportation and/or health conditions that cause them to be home bound.
Perhaps available in recorded format for reference
I am in need of child and parent together receiving and involvement classes closer to Limonite and Mira Loma/Eastvale
Que Sea mas temprano y que sean mas veces al mes <i>(To be earlier and more times a month)</i>
Talleras mas frequentez <i>(More frequent trainings)</i>
Que las talleres se den al menos c/15 dias <i>(Trainings be given every 15 days)</i>

Me gustaria que las clases sean mas seguidas ( <i>I'd like the classes to be more frequent</i> )
Es primera bes que bengo pero me parese muy interesante siga mas ( <i>It is the first time that I benefit but I found it very interesting to continue more</i> )
Que se extienda esta informacion a personas indocumentades y que sea gratis sin necesidad de tener medical ( <i>That this information be extended to undocumented persons and that it be free of charge without the need for a doctor</i> )
Mamas y bebes support group is a 8 week, 1 day class, it would be better if they were longer to keep getting and sharing with other moms who are going through what we are
Me gustaria que fueran en la escuela y donde va mi nina y que fuera en la manaa. Me gustaria que dieran clases de ingles en cada escuela. Me gustaria que dieran clases de lectura en las escuelas que can nuestros hijos. ( <i>I'd like for you to go to the school and where my girl goes and for it to be in the morning. I'd like them to give English classes in every school. I would like them to give reading classes in the schools that our children attend</i> )
Que los servicios sean mas frecuentes ( <i>Make the services more frequent</i> )
Clases sean mas frecuentes, hacer servicios comunitario ( <i>Classes given more frequently, do community service</i> )
Que las clases o talleres se den clase cada semana ( <i>For the classes and trainings to be done once a week</i> )
Clases o talleres se den cada semana y otros horarios ( <i>Classes or workshops are given every week and at other times</i> )
Seria bueno tener las clases 2 veses por mes ( <i>It would be nice to have the classes twice a month</i> )
We would have to have class two times a week
Times of workshop- unable to attend during weekdays due to work schedule. Not very accomodating for working parents
Professional mentors in school
Have a meeting more than once a month
Two times a week, and in schools for adolescents and youth
I would like for this group to be more than once a month

**What other thoughts or comments do you have about behavioral health services or about the MHSA plan?**

I'm not very knowledgeable in MHSA or sought out behavioral health services. But I wish we knew what to expect beforehand, instead of wasting time

More innovative programs for older adults

School-based mental health clinics would be very beneficial

Would like to see inclusion of literacy programs. As this would empower clients and build self-esteem. Include Arts education, data supports that the arts boost socio-emotional development and allow opportunity for clients to utilize arts as a coping mechanism for mental health symptoms. Need more staff.

Reconsider bringing back services i.e Recovery Learning Center in a different location perhaps an area near Blaine/Rustin. Similar to the TAY Drop in center on University Blvd. to engage and provide supportive service to clients not ready to engage in outpatient MH services but likely to consider with early engagement which also decrease them from negative coping skills. Include more opportunities to improve literacy skills for clients. Inclusion of the Arts in psycho-education groups. There is evidence based to demonstrate how the arts help with social-emotional.

Create part time peer positions more peers everywhere more groups. Create a drop-in center like the TAY ones but for adults needing more support groups, safe place to go and hang out that has clinical staff as needed

Any augmentation/addition of services for aging population would be great they are definitely "underserved"

How does RUHS-BH align the MHSA philosophies and punitive to serve underserved ethnic and cultural populations with a county that is geared to the mainstream?  
I feel like we are moving in a positive direction we just need more staff

Me gustaria como mama ser capacitada para poder ayudar a mis hijos en todos sus facetas y necesidades especialmente en salud mental ( I would like as a mother to be trained to help my children in all their facets and needs especially in mental health.)

Nutricion (Nutrition)

Hacer manualidades (*Make crafts*)

Incorporas manualidades, clases de distintas actividades (*incorporate crafts, classes of different activities*)

Saber mas acerca de los servicios. Incorporar manualidades. (*Knowing more about the services. Incorporate crafts.*)

Me han ayudado satisfactoritamente y aprovecho lo mas que puedo incorporar manualidades (*They've helped me a lot and I make the most of it. Incorporating crafts*)

Dar clases de medicina alternativa ( <i>Give classes on alternative medicine</i> )
Alternativas naturales manualidades aprendera cucinar algo ( <i>Alternative natural medicines, crafts, learn how to cook something</i> )
Clases de relajacion como manualidades , yoga, ect. ( <i>Relaxation classes such as crafts, yoga, etc.</i> )
Me parece muy bueno el servicio o tratamiento por medio de este plan de MHSA ( <i>I think the service or treatment through this MHSA plan is very good</i> )
Me parece muy el servicio tratamiento ( <i>I find the treatment service very good</i> )
Son muy bueno y me ayuda ( <i>They are good and they help me</i> )
Ecstatic we have more programs to provide preventative help
Great workshop great speaker
We need more tx for adults. More innovative services for adults 20+
Seems well-run, \$ spent well, exciting programs (new and different, innovative)
Need increased services for several underserved communities (Muslim Americans, Non-English, Non-Spanish Speakers (Vietnamese Speakers...))
Great job putting this together
Thank you for your continued support of our communities
Additional services in the desert region
Servivios para edad avanzada; clases ( <i>Senior Services and classes</i> )
I would like to see more programs of self help for children 12-18 all teen classes and parent involvement. Prevention and awareness
Mas practicas con la familia ( <i>More practice with families</i> )
Clases para ninos/padres, temas sobre el autism ( <i>Classes for children/parents, autism topics</i> )
Clases p/los ninos con los mismo temas de los adultos. Talleres d/ ambas padres u ninos. Temas de inclusion, sesibilizacion de la poblacion. ( <i>Classes for children with the same topics as adults. Workshops for both parents and children. Inclusion issues, population awareness.</i> )
Que hayga mas visitantes profesionales actividades familiares y me encantaria que nos ensenen a tratar a ninos especiales ( <i>More professional visitors, family activities and I'd love you to teach us how to treat special children</i> )

Mas profesionales en salud y legal y sicologia ( <i>More professionals in health and legal and psychology</i> )
Hacemos un local de personas en nuestra comunidad que sean a bajo costo ( <i>We make a place for people in our community that are low cost</i> )
Have more groups to share experience and learn
Que se me hace muy importante poder aprender y tener informacion que me puede servir y que si algun dia alguien me pide algun consejo voy a tener muy buena informacion para compartir ( <i>That it is very important for me to be able to learn and have information that can help me and that if one day someone asks me for some advice I will have very good information to share</i> )
Informacion sobre los avances en todas las enfermedades mentales ( <i>Information on advances in all mental diseases</i> )
Mas orientacion profesional sobre migracion, psicologos, abogados, maneras mas informadas. Programa "NOMY" "NOMI" ( <i>More professional guidance on migration, psychologists, lawyers, more informed ways. NAMI program</i> )
Mas profesionales, talleres que afectan a nuestra salud mental ( <i>More professionals, workshops that affect our mental health</i> )
que nos puedan facilitar mas profesionales en salud mental como psicologos o terapeutas ( <i>Provide us with more mental health professionals such as psychologists or therapists</i> )
Mas talleres de prevencion en asuntos agrarias de educacion, migracion, salud y clases de parenting. Clases de asesoria social ( <i>More prevention workshops in agricultural education, migration, health and parenting classes. Classes for social counseling</i> )
Mas practican con manualidades. Tener doctora que den platicas. Tener mas conocimiento con inmigracion. Que las familias no se separen ( <i>More practice with crafts. Having a doctor who gives talks. Have more knowledge of immigration. That families don't get separated.</i> )
Tener psicologos mas frecuencia y tener mas informacion sobre nuestra familias y saber tratar a los niños con tratamientos especiales ( <i>Having psychologists more often and having more information about our family and knowing how to treat children with special treatment</i> )
We would like to have more professional to come to our class
People (Mental Health Professional) should have 1 on 1 conversations with low grade students to make sure everything's fine.
More in group activities with the people who come
More dynamic activities with family
Provide more culturally integrated mental health providers/

**What are some ways that the county can increase awareness about behavioral health care services offered in your community?**

African American Media you tube mental health 2-3 minutes

Hire social media consultant/managers for all cultural groups. Provide support to community based programs for their success (how to scale) How to groom community members to be service providers

Make themselves more known , more outreach or presence somehow

Maybe some TV advertisement for local clinics

Better website - have a way to let people sign up for updates online. See LA county website for an example

Come to a UNITY meeting in Corona(4 th Thursday of the month 11:30am to 1pm) Corona City Hall. At this meeting services available in the community are advertised

Partnership with Moreno Valley School District. Preservice in school programs supported by title I/LCAP through ELAC/AAPAC/School site Counsels

Consider mental health fair in Moreno Valley that students in MVUSD can participate in something locally done in conjunction with City of Moreno Valley and MVUSD School Board. More PSA's on social media that promote mental health.

Continue having representation (consumer affairs) at local health fairs throughout county and different organizations/community.

I think partnering with faith-based groups, churches, parishes, ect is a great idea

There are not many services offered for AAPIs but PEI is changing this. AATF has several events per year to increase awareness but one diversity of the AAPI populations is a major challenge. AATF purpose that of an AAPI professional level staff be added to the cultural competency program to maximize AATF efforts

Advertisement at big events, having a resource table at events throughout the county, presentations at school all levels, more social media presence.

Clases, Ceminarios, informacion un numero gratuito a donde llamar (*Classes, conferences, information and a free number to call*)

Mas seminarios gratis (*More free seminars*)

Haciendo seminarios (*Do seminars*)

Dar seminarios abiertos al publico engeneral en tardes o sabados (*Provide seminars open to the general public in the evenings or on Saturday*)

Corriendo la voz ( <i>Spreading the word</i> )
Con seminarios al publico y que sean en las tardes ( <i>seminars to the public and that are in the evenings</i> )
Dando mas clases, boleties y dando mas informacion ( <i>Giving more classes, tickets and give more information</i> )
Una feria cultural en el lugar mas ferias comunitarias en el lugar ( <i>A cultural fair on site plus community fairs on site</i> )
Mayor Publicidad de las clases de salud mental que ofrecen como enviar los flyers a traves del RUSD, calendario del actividad ect. ( <i>Increased advertising of mental health classes that offer flyers through the RUSD, calendar of activity, etc.</i> )
Promover el programa en los eventos de la ferias de salud ( <i>Promote the program at health fair events</i> )
Promover el program el los eventos se la ferias de salud ( <i>Promote the program at health fairs</i> )
Por medio de esta grupo ustedes se den cuenta de la problema ( <i>Through this group you realize the problem</i> )
Seminarios y en la tarde en un horario perfecto ( <i>Seminars and in the afternoon at a perfect time</i> )
Newsletters, Mailers
Taking classes to communities closer to parents who do not drive. I live in and we have offices to accommodate services.
Mas talleres ( <i>More trainings</i> )
Informacion en escuelas para entregar a padres ferias de salud en escuelas ( <i>Information in schools to give parents health fairs in schools</i> )
Ferias de salud en las escuelas. Talleres comunitarios ( <i>School health fairs. Community workshops</i> )
Mas talleres en informasion ( <i>More workshops in information</i> )
Mas talles informativos ( <i>More informative workshops</i> )
mas difusion a travez de los distritos en juntas ( <i>more diffusion through the districts in meetings</i> )
Have more classes, or have schools have small meetings with children, so they can speak up if they are going through something and need help

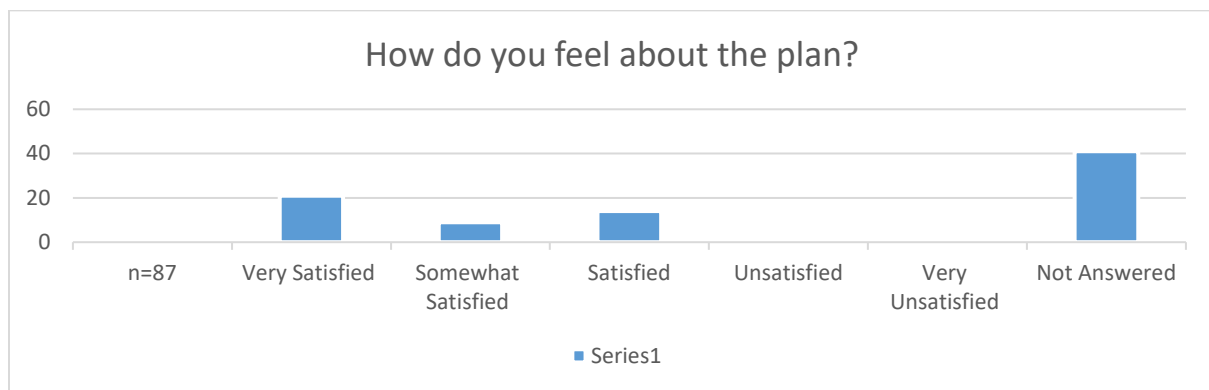
No Se ( <i>I do not know</i> )
Mas programas de prevencion ( <i>More preventative programs</i> )
Mas talleres con profesionales ( <i>More workshops with professionals</i> )
Mas talleres sobre la salud mental ( <i>More mental health workshops</i> )
Mas conocimiento - workshop ( <i>More about us – workshop</i> )
Mas talleres y servicios ( <i>More workshops and services</i> )
More classes more info
Make or have more information about workshops not only through social media but in other places
Billboards
Make announcement at school to help provide information spread out
Email or mail in general

What areas around MHSA rules or regulations would you like more information in order to increase your understanding about MHSA planning and stakeholder participation? What areas of Riverside County processes, government systems, or rules would you like more information in order to increase your understanding about how the county operationalizes MHSA planning?

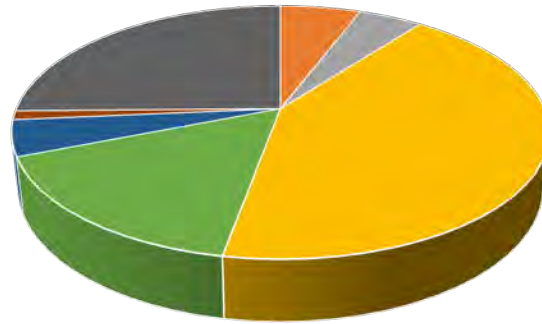
More info on Perris, MoVal, Riverside, San Jacinto, Hemet
More community focus group in hours that are convenient for people to attend. When you do these updates in meetings there are mostly staff there. It's a long update and can very confusing to the community .
How school districts can partner to provide school-based mental health services
More
I have no understanding of any of it
Que deberia ser accesible para todos ( <i>It should be accessible for all</i> )
Informacion en las reuniones es una buena manera ( <i>Information at meetings is a good way</i> )



conocer las reglas. No se acerca de las reglas de MHSA, por lo tanto me gustaria saber las reglas, a lo mejor en una clase dar a conocer las reglas, derechos, obligaciones de MHSA. <i>(Know the rules. I don't know about the MHSA rules, so I would like to know the rules, maybe in a class to make known the rules, rights, obligations of MHSA)</i>
I was not aware of services offered by MHSA. Appreciate being notified by school district
Made aware of this programs and availability
Mas informacion sobre el tema <i>(More information on the subject)</i>
Mas informasion <i>(More information)</i>
No entiendo inesima mas informacion y que melo espliguen estoy aqui por primera bes <i>(I don't understand. I need more information and that's why I'm here for the first time.)</i>
More information about MHSA and what classes are offered
Mas informacion sobre que es <i>(More information about what it is)</i>
Mas informacion al publico general. Difusion de los programas mas vamente <i>(More information for the general public.)</i>
Que es MHSA? <i>(What is MHSA?)</i>
Que es mesa? Mas informacion sobre todo el dinero del condado <i>(What is MHSA? More information about all the money in the county)</i>
Informacion de mental defector <i>(Information on Mental Defect)</i>
Mas tayeres para salud mental <i>(More trainings on Mental Health)</i>
Obtaining more information
Nothing

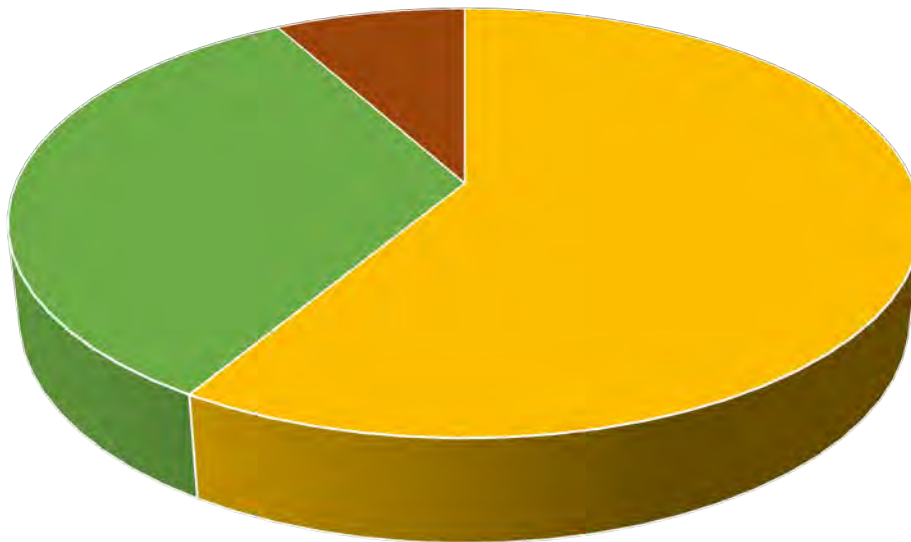


### What is your Race/Ethnicity?

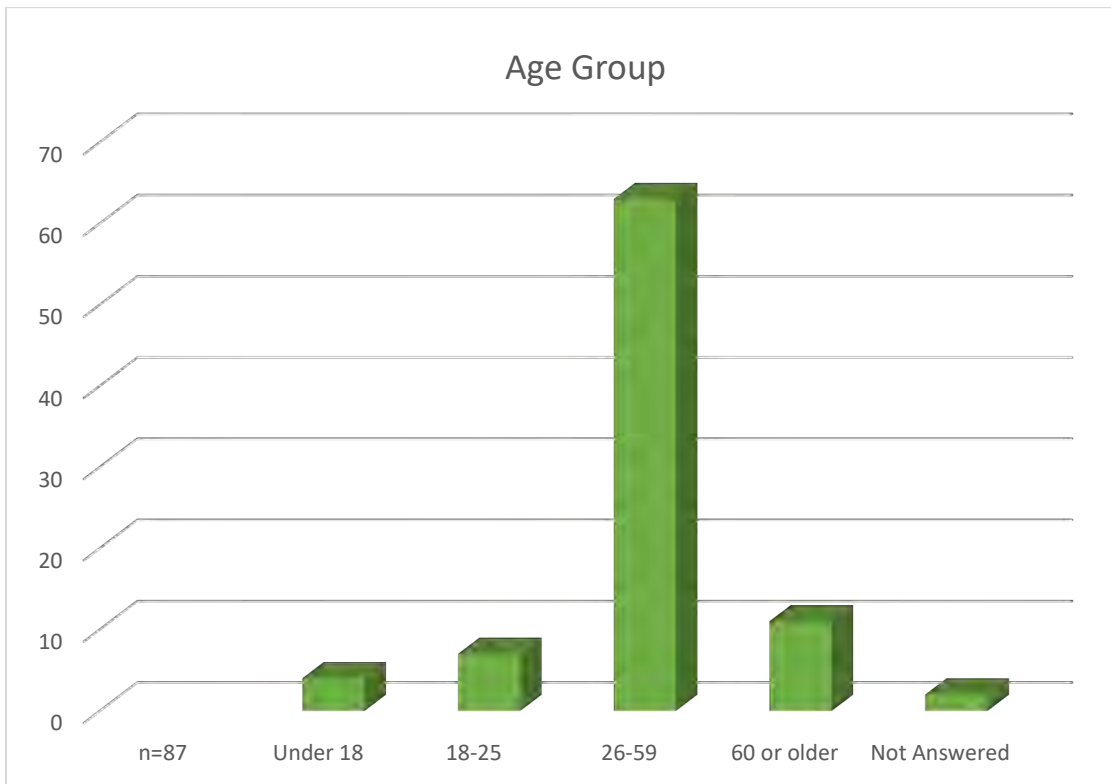
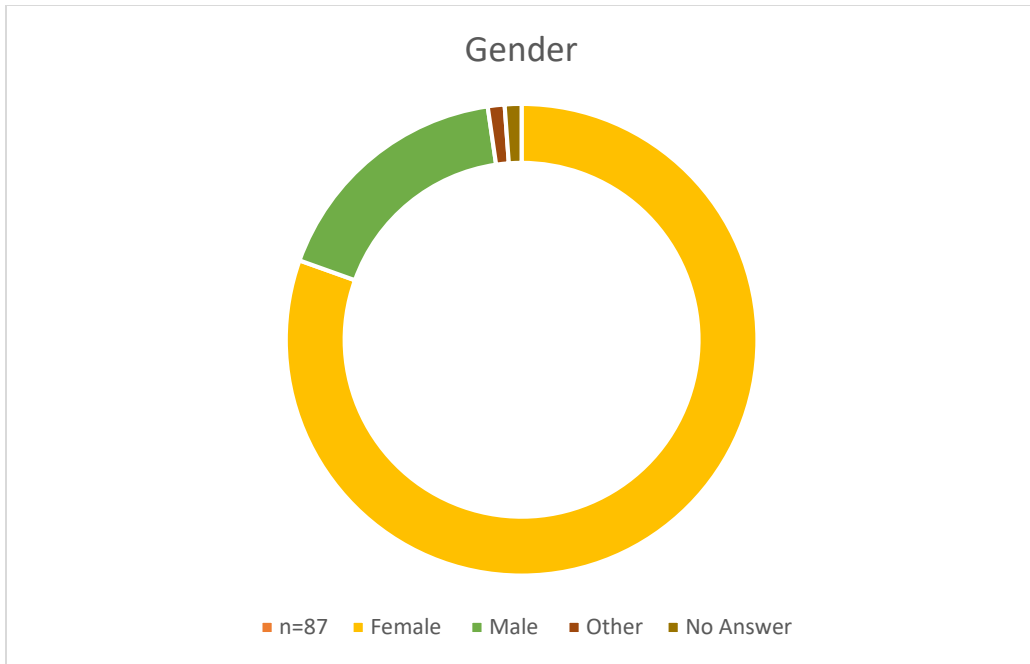


- n=87
- Black/African American
- Tribal/Native/American Indian
- Mixed Race
- Not Answered
- Asian/Pacific Islander
- Latino/Hispanic
- White/Caucasian
- Other

### What is the Primary Language you speak at home?



- n=87
- English
- Spanish
- Other



## Behavioral Health Commission – Public Hearing