Riverside County

Department of Mental Health

MHSA

Riverside County Mental Health Services Act

Plan Update

FY2013/2014

PROVIDING HELP / EMPOWERING RECOVERY

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

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2013/14 MHSA ANNUAL UPDATE
COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Riverside County

Local Mental Health Director	Program Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This 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 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.

Jerry Wengerd, MH Director
Local Mental Health Director/Designee (PRINT)

Signature

5-13-13
Date

County: Riverside

Date: 5-13-13

2013/14 MHSA ANNUAL UPDATE
COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

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: **Jerry Wengerd**	Name: **Paul Angulo, CPA, MA-Mgmt**
Telephone Number: **951-358-4500**	Telephone Number: **951-955-3800**
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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 other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Jerry Wengerd, MH Director
Local Mental Health Director (PRINT)

Signature 5-13-13
Date

I hereby certify that for the fiscal year ended June 30, 2012, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated December 20, 2012 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2012, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County 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 the attached report is true and correct to the best of my knowledge.

Paul Angulo, Auditor/Controller
County Auditor Controller (PRINT)

Signature 5-13-13
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

INTRODUCTION

Message from the Director

I am pleased to have the opportunity to provide our Community Stakeholders with this Annual Update of all Riverside County's Mental Health Services Act (MHSA) components and programs. As government has shifted responsibility from the state to a local level, we are obligated to provide a more robust and broad stakeholder process. I've challenged my team to reach out to as many constituents as possible and to ensure we have a transparent and inclusive planning process.

The Department remains committed to all the Consumer-Driven Initiatives such as Employment, Training, Peer Supports, Peer Centers, and Consumer and Family-operated treatment options. We see an opportunity for growth and expansion of our Integrated Service Programs to provide alternative levels of care and outreach to an increased number of individuals. There will also be a continued focus on current and future supportive housing projects.

Our leadership is also working on a growth plan in preparation for the advent of Healthcare Reform in 2014. This means being ready to serve an increased number of individuals in every service line we offer. To this end, we are exploring the expansion of our program sites and strategies to increase workforce capacity. To properly plan and manage the extent of these changes there will also need to be some restructuring of the Department's administrative functions.

We continue to explore Integrated Health opportunities as a result of collaboration with Health and Substance Abuse. The Department's prevention programs have been fully implemented and some very exciting outcomes are beginning to surface. There are also many opportunities around Stigma Reduction and Suicide Prevention as we have been able to dovetail our local efforts with those being rolled out through the statewide programs.

As you read through this Update you will see more specific detailed information about all the MHSA components and programs and performance outcome data to support their ongoing impact. We continue to see the positive impact and transformation that MHSA has had on our service delivery system and the individuals who receive those services. I thank you for taking the time to allow us to share the exciting progress we've experienced with our MHSA programs.

Jerry Wengerd,
Mental Health Director

MHSA Vision

The Riverside County Department of Mental Health (RCDMH) believes and promotes that people can and do recover from mental illness. Recovery does not necessarily mean that someone is "cured" and is not limited to just the absence of symptoms, but rather that the individual has created the purposeful path that leads him or her to a meaningful, productive and fulfilling life beyond a mental health diagnosis. It is about regaining, and frequently discovering, who you are, and who you were meant to be. The Department of Mental Health's vision is to provide services that reflect our consumers' own pictures of their recovery and to empower them in their journeys towards fulfilling lives. Consumers' visions for their recovery include:

- Having a safe, stable, and comfortable living environment,
- Engaging in chosen, productive, daily activities (work, school, personal interests),
- Being safe in the community and out of trouble with the law,
- Being connected and involved with family, peers, and the community,
- Not being incapacitated by internal stress, or drug or alcohol use.

The degree to which we help consumers meet their criteria for successful recovery is a measurement of the Department's success in fulfilling its own vision.

History

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposed a 1% tax on personal income exceeding $1 million. These funds were designed to transform, expand, and enhance the current mental health system.

The keys to obtaining true system transformation are to take into consideration the fundamental principles outlined in the MHSA: Community Collaboration, Cultural Competency, Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services, Access to Underserved Communities and creating an Integrated Service array.

The Mental Health Services Act has allowed Riverside County to significantly improve services including integrated recovery–oriented approaches and improved access to underserved populations, adding prevention and early intervention programs, opportunities for building workforce, education and training initiatives and piloting new innovative treatment approaches. It also allowed for enhanced Capital Facility and Technology infrastructure.

Update Requirements

Riverside County is proud to introduce the MHSA Annual Update to its Community Stakeholders and Collaborative Partners. The intent is to provide you with a progress report of each of the primary components of the MHSA: Community Services and Supports, Prevention and Early Intervention, Workforce/Education and Training, Capital Facilities/Technology and Innovation. In November of 2012 the Mental Health Services Oversight and Accountability Commission released FY13/14 MHSA Annual Plan Update instructions.

Every county Mental Health Department prepares and submits a three-year component and expenditure plan and updates these plans on an annual basis. Historically the Department received MHSA funding through component allocations. With recent legislative changes the funds distributed to counties is now received monthly, based on unspent and unreserved monies in the State MHSA fund at the end of the prior month (effective 7/1/2012). The county monthly distribution formula is established by the Department of Health Care Finance and is in accordance with established stakeholder engagement and planning requirements (Welfare and Institutions Code, Section 5847).

MHSA Legislative Changes

AB1467 went into effect immediately after it was chaptered into state law on June 27, 2012. This omnibus health trailer bill for the 2012/13 state budget brings changes to a number of provisions for Proposition 63, the Mental Health Services Act.

AB1467 expands the Mental Health Services Oversight and Accountability Commission's (MHSOAC's) role to include new activities and assigns tasks in the areas of technical assistance and evaluation. The MHSOAC will help provide technical assistance in collaboration with the State Department of Health Care Services (DHCS) and in consultation with California Mental Health Directors Association (CMHDA).

The MHSOAC will work in collaboration with DHCS and the Planning Council, in consultation with CMHDA, to design a plan for a coordinated evaluation of client outcomes. The California Health and Human Services Agency will lead this planning effort. It reinstates the provision that county Innovation Plans be approved by the MHSOAC. All county 3-Year Plans and Annual Updates must be adopted by the County Board of Supervisors and submitted to the MHSOAC within 30 calendar days of the approval.

Some important clarifications have resulted because of AB1467 regarding the approval, submission and required elements of the three-year program and expenditure plan and annual updates.

- Plans and updates must include the following additional elements: 1) certification by the county Mental Health Director to ensure county compliance with regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements and 2) certification by the county Mental Health Director and the county Auditor-Controller that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the Act.
- Counties must demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. Providers of alcohol and drug services and health care organizations are also added to the list of stakeholders to be engaged in the development of the three year plan and update.
- MHSA funds shift to monthly distributions to counties and are to be made pursuant to a methodology provided by DHCS. It also amends the provision that formerly required distributions be based on the amount specified in the county plan to instead require that counties base their expenditures on the plan and update.
- MHSOAC will continue to have approval authority over Innovation Plans. County Innovation Plans must meet certain requirements: choosing a 'primary purpose' from four standard options and choosing an 'approach' from three standard options provided in the component guidelines. It also requires that once an Innovation project is proven to be "successful", it be moved to another funding category.

MHSA Budget Summary

Over the past nine months MHSA monthly distributions have exceeded our projections by more than 20%. However, this appears to be a one-time increase due to the change in tax laws and how MHSA funds are distributed. Realignment II stabilized several funding sources and improved cash flow starting in FY11/12. However there are no guarantees that the same funding levels will be maintained. All the major mental health funding sources [1991 Realignment, Realignment II (EPSDT and Managed Care), and MHSA] with the exception of Medi-Cal are tied to sales taxes and personal income taxes. Both of these funding sources can fluctuate considerably based on the State's economy. There are other concerns that the Realignment II programs (Drug Medi-Cal, EPSDT, and Managed Care) will grow faster than the sales taxes and will put increased strain on MHSA funds in the future. MHSA funding is projected to decrease by 15% in FY13/14 compared to FY12/13. However this is projected to be 36% more than the low point we reached in FY11/12.

County Demographics

Riverside County stretches 200 miles across from Orange County to the Arizona border. Geographically Riverside County is the fourth largest county in the state, comprising over 7,200 square miles and is home to diverse geographical features, including deserts, forests, and mountains. There are 28 cities in Riverside County, large areas of unincorporated land, and several Native American tribal entities. The western portion of the county, which covers approximately one-third of the land area, is the more populous region and has faced the highest population growth pressures; the desert areas are less densely populated.

At slightly more than 2.2 million residents (2,244,399), Riverside County is also the fourth largest county in California in terms of population according to 2012 population estimates. Since 2000, the population has grown by approximately 43%; and the County experienced the highest population growth of all California counties. The largest ethnic group reported by Riverside County residents was Hispanic/Latino, comprising 46% of the County population. The next largest racial group was reported as White at 40% of the County population. Black/African-American and Asian/Pacific Islander were each reported as 6%; the Native American population was less than 1% of the total population. A small percentage (2%) of County residents reported multi-racial or other as their race/ethnicity. The most common

language spoken at home is English and the most common Non-English language is Spanish. Riverside County's population is relatively young, with a median age of 34 years and nearly 30% of residents under age 18. However, older adults are a significant proportion of the population at 12%.

Employment in Riverside County declined in 2008 and 2009 but rebounded in 2010 and continued to rise in 2012. It is estimated that the Riverside-San Bernardino metro area will experience rising employment from 2013 to 2018 and total non-farm employment will increase by 8%. The unemployment rate has fallen to 11.8% in 2012 after reaching a high of 14% in June 2011. Poverty estimates for Riverside County indicate that 14.45% of residents live below the poverty level; and 21.87% of residents live between the poverty level and 200% of poverty level.

Community Planning and Local Review

Local Stakeholder Process

Riverside County has a continuous Community Planning Process that is ongoing year round. MHSA Planning Committees meet on a monthly basis and are the primary means for sharing information and receiving input on MHSA related activities including the Annual Plan Update. The Planning Committees include Cultural Competency/Reducing Disparities (CCRD) Task Force, Children's, Transition Age Youth (TAY), Adult, and Older Adult. The CCRD also sponsors Sub-Committees which include input from the African-American Wellness Advisory Group; Asian-American; Native American; Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) as well as the Deaf and Hard of Hearing and Blind Support Services groups. This ensures perspective not only by age span but specific ethnic and cultural groups as well. Consumer and family member perspectives are also included in the stakeholder process as their representation and participation is a membership requirement for all the MHSA Committees.

Other Committees included in this year's expanded Stakeholder process were:

- The Full Service Partnership (FSP) Committee made up of County and contract providers that focused on quality and performance issues of FSP programs.
- The Care Integration Committee which included partners from Community Health, Riverside County Regional Medical Center, Substance Abuse and Mental Health in preparation for Health Care Reform and to make decisions and recommendations around Integrated Health Care models.
- Inland Empire Health Plan participated in all MHSA System of Care Committee's to provide review and input.
- "The Group", a gathering of city, community, and business leaders from political, private, and public sectors.
- All-County Supervisors Committee to gain insight from front line service-delivery clinic leaders.

- Veteran's Committee to gain perspective and guidance on issues related to Veterans' mental health concerns.
- Blindness Support Services, Inc. to receive input and perspective from the visually impaired.
- Specific to Workforce Education and Training, input was sought from Riverside County Education Support Program and University and Educational partners.

Specific Plan Update presentations and overviews were conducted at all the aforementioned MHSA Planning Committees, the CCRD Sub-Committees, and the Mental Health Board (MHB) from January through March 2013. This not only educated our Stakeholder Community about current MHSA program and budget information but provided an optimal opportunity to provide input into planning and development of the Plan Update.

At each of the initial committee meetings, the MHSOAC recommended instructions for completing the FY13/14 Annual Update were shared. Along with the Update process, opportunities for input were provided, and sequential timelines for completing the update were reviewed. An update, covering the MHSA programs which are included in the original 3-year MHSA Plan, was provided as handouts and component activities, budgetary information and legislative changes were reviewed. The meetings were then opened for discussion, Q&A, and feedback. At the second round of scheduled meetings, outcome data on the performance of the programs was shared, and when applicable, age-group specific outcomes were provided. Specific feedback information from the committees is provided on page 119.

The Department also works closely with its Mental Health and Regional Mental Health Boards on all MHSA planning activities. This includes MHSA as a standing agenda item which allows for discussions on such issues as program updates and budget information. These issues are introduced for dialogue and advisory input from Board Members and the Public.

The FY13/14 Annual Plan Update was an agenda item for the January, February, March and April Mental Health Board meetings. The MHB also assists the Department by hosting a Public Hearing to capture community stakeholder input into the Plan Update. These opportunities allow the Department to keep the main governing Mental Health Board informed of all MHSA issues related to the Annual Plan Update as well as receiving essential feedback into the planning process.

All MHSA Planning Committees and Mental Health Board members were notified of the 30-day posting of the Draft FY13/14 Annual Plan Update and offered copies to review.

Stakeholder Description

The Planning Process involves consumers, family members, and parents of children affected by mental illness, as well as stakeholders which includes service providers and system partners, representatives from community-based organizations, Social Services, Probation, Office on Aging, County Office of Education, Health Department, Substance Abuse, Board of Supervisors, Executive Office, Law Enforcement, and the Public Defender's office to name a few.

Key stakeholders include the National Alliance for the Mentally Ill (NAMI), Consumer Affairs, Family Advocate, and Parent Partner representatives. In addition, Cultural Competency/Reducing Disparities Task Force members, representatives, and consultants provide input and representation from the Lesbian, Gay, Bi-Sexual, Transgender, and Questioning, Hispanic, Native American, Asian-American, African-American, and Visually impaired and Deaf community perspectives.

30-Day Public Comment

The Annual Update was posted for a 30-day public review and comment period, from April 1, 2013 through May 1, 2013, with a Public Hearing held on May 1, 2013.

Circulation Methods

The Draft Plan Update and Feedback Forms were available in English and Spanish and posted on the Department website, at County Clinics, disseminated to all county libraries as well as distributed through the Mental Health Board and all MHSA Planning Committees. Advertisements for the Public Hearing were posted for publication in the Press Enterprise, and Spanish La Presna, newspapers which are distributed in all regions of the County. Local newspapers in the Desert and Mid-County regions also advertised the Hearing. A Spanish translator was available at the Public Hearing (as Spanish is the only threshold language in Riverside County).

Public Hearing

After the 30-day public review and comment period, a Public Hearing was held by the Mental Health Board on May 1, 2013.

All community input and comments were reviewed with an Ad Hoc MHB Executive Committee for review and to determine if changes to the project(s) were necessary. All input, comments, and Board recommendations are documented and included in this Update (see page 123).

Implementation Progress Report by Component

Community Services and Supports (CSS)

Riverside County's CSS plan was approved by the State DMH in June 2006. Following an exhaustive Community Planning Process, the CSS Plan included six (6) key Work Plans that embedded over 40 program strategies within them. Work Plans were developed to represent all age spans as well as Peer Support and Recovery and Outreach and Engagement initiatives.

Integrated service models were introduced by age category, and are referred to as Full Service Partnerships (FSP). FSPs are 24/7, wrap around programs designed to include treatment, case management, transportation, housing, crisis intervention, education/training, vocational and employment services as well as socialization and recreational activities. These programs are referenced throughout the CSS update.

Also described in this update are non-FSP, also referred to as System Development programs. These programs allowed the department the opportunity to address infrastructure issues and to expand and enhance services under the principles outlined in the MHSA.

For FY13/14 all CSS Work Plan initiatives will continue as originally proposed and without need to consolidate or eliminate any programs. Clinic Enhancements and continued transformation of Out-Patient Mental Health settings are a primary focus of MHSA ongoing implementation.

FSP-01 Children's Integrated Services Program

Children's Integrated Services programs have continued to provide an array of services through interagency service enhancements and expansions; evidence-based practices in clinic expansion programs and full service partnership programs; and continued support of Parent Partners employed as permanent County employees. Parent partners have been incorporated into the clinic services team at all the children's clinics. Parent Partners complete parent orientations for those seeking services. Parent orientations provide the opportunity to inform parents about the clinic processes and offer support/advocacy in a welcoming setting. 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. See Parent Support and Training Highlights, page 108, for more details.

Priority populations identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependent) and those suffering from a co-occurring disorder.

Issues identified for children/youth during the planning process included children/youth involved in the juvenile justice system, those with co-occurring mental illness and substance abuse disorders, addressing the needs of youth transitioning to the adult system of care, homeless youth, and young children 0-5 years old. In total Children's Integrated Service programs served 6,872 youth in FY2011/2012. Some specific examples are described in the following summary. Across the entire Children's Work Plan the demographic profile of youth served is 42.8% Hispanic/Latino, 9.47% Black/African-American and 24.4% Caucasian. A large proportion (10.9%) of youth served was reported as other race/ethnicity. Asian/Pacific Islander youth are underrepresented at 1.3% served compared to 5% in the population, and Caucasian youth are underrepresented at 24.4% served compared to 26% in the population. The Black/African-American youth are overrepresented at 9.47% served compared to 6% in the County population.

Integral to the Children's Work Plan were service enhancements with interagency collaboration and the expansion of effective evidence-based models, as well as parents or caregivers as part of the support and treatment process. Collaborative Team Decision Making (TDM) is an interagency service component that has continued to be supported in FY2011/2012. TDMs are conducted with department of mental health clinical staff and department of social service staff to problem solve around placement avoidance while insuring the safety of the child/children where there is risk that they may be removed from their family. This process supports the Family–to-Family approach adopted in Riverside County as part of Social Services Re-Design. Staff conducting TDM meetings served 1,322 youth in FY2011/2012. Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case management 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 manage to an additional 71 youth. Supports for

parents facing the challenges of raising a child with Serious Emotional Disturbances (SED) has been a key component of the children's work plan. A multifaceted approach to assistance for parents continued throughout FY2011/2012 with Parent support staff (Parent Partners) in outpatient clinics providing direct support services to clients and their families; and a Central Parent Support team to provide a variety of assistance to parents including: community outreach, a parent support warm line, evidence-based parenting classes, and Educate, Equip and Support (EES) classes. Parent partners provided a number of support services impacting 504 individual youth and families. Some of the families and youth served were follow-up contacts after youth hospitalizations. The Department's EES classes provided training to 77 parents. Additional contacts were provided to 1,762 parents through community engagement and outreach efforts at 44 community events. Parent Partners participated in community events and meetings with diverse traditionally underserved communities. Clinic expansion programs also included Behavioral Health Specialists assigned in each region of the County to address the needs of youth with co-occurring disorders providing groups and other services.

The availability of Evidence-Based Practices (EBP) in the children clinics continued in FY11/12 with trauma-focused Cognitive Behavioral Therapy (CBT), and Parent Child Interaction Therapy (PCIT) meeting the unique needs of the youth population (youth transitioning to the adult system and young children). Also in FY11/12 Cognitive Behavioral Therapy continued to expand with the availability of Trauma-Focused CBT for youth with symptoms related to significant trauma experiences. PCIT was provided within the context of a full service partnership program to 153 youth. Outcomes for PCIT have consistently shown reductions in externalizing/disruptive behaviors and decreases in parental stress as measured by Eyberg Child Inventory (ECBI) and Parental Stress Index (PSI).

Youth involved in the Juvenile Justice system have benefitted from the implementation of Aggression Replacement Therapy (ART) in several youth juvenile justice settings. ART is an EBP that focuses on the development of strategies to manage anger and improve social skill competence. The ART program served 65 youth during FY11/12. The Multi-Dimensional Family Therapy (MDFT) Full Service Partnership program was specifically implemented to serve youth with a co-occurring disorder. Four regionally based teams provided MDFT services to a total of 143 FSP youth in FY11/12. Collaborations with County probation have resulted in referrals from the youth probation department to MDFT with nearly 70% of youth served referred through the

Probation Department. Children's FSP programs served a diverse group of consumers. The majority served by the MDFT Full Service Partnership programs were Hispanic/Latino youth (63%).

Recent outcomes from MDFT FSP programs showed improvements in youth behaviors with a 59% decrease in the number of arrests, and a 67% decrease in admissions to the emergency room for psychiatric reasons. The number of youth hospitalized dropped 55% compared to baseline. School suspensions decreased by 83% compared to baseline. Measures of externalizing behaviors showed a clinically significant change in pre to post scores on the Youth Outcomes Questionnaire (YOQ).

Full service partnership services were also provided to 17 youth in the foster care system through Multidimensional Treatment Foster Care (MTFC). Services emphasize skill development to reduce externalizing behaviors and/or co-occurring substance abuse problems. The MTFC program utilizes treatment foster homes to serve wards and dependents of the court as an alternative to group home placement. This is a highly structured program. Treatment foster homes are certified, and licensed in collaboration with Probation and Social Services.

Children's FY13/14

The Department is committed to sustaining the Children's services originally proposed in the 3-year plan in addition to looking at opportunities for service expansion. In particular the Multi-Dimensional Family Therapy (MDFT), Full-Service Partnership (FSP) program will expand by one team in each geographic region of the County. The Department has identified the overwhelming need to expand capacity in the MDFT programs as a result of increases in service requests from the judicial system and youth experiencing delays in receiving services.

Other areas of growth will be through the Department's System Development, Clinic Enhancement Initiatives which will allow for expansion of clinic locations to accommodate increasing out-patient services needs and impact a larger geographic range of services. The expansion will include Jurupa, Indio, and Cathedral City. The Western Region expansion in Jurupa will allow for the Children's Treatment Services caseload to be divided into two separate locations while at the same time increasing capacity. The Department will also explore piloting a Children's Integrated Health model in this location as the Department prepares for Health

Care Reform. If proven effective the model would serve as a standard for clinic enhancements department wide.

The Department also plans to continue to expand the Parent Support Unit's scope and impact with the addition of senior positions. The Department continues to support the use of Trauma Focused Cognitive Behavioral Therapy and plans to expand its implementation in clinic settings. Finally as proposed in last year's Annual Update the Department successfully consolidated Western Region Children's Services into one physical plant with the use of Capital Facilities funding. The consolidation includes Children's Case Management, Children's Treatment Services, MDFT, Multi-Dimensional Foster Care, Preschool 0-5, Parent Child Interaction Therapy, Incredible Kids, and Wraparound.

FSP-02 Services for Youth in Transition

Services to Transition Age Youth (TAY) were designed to facilitate successful transitions for youth by reducing incarcerations, homelessness, hospitalizations, and promoting independent living. TAY with a serious persistent mental illness that are high utilizers of crisis or hospital services, or that are experiencing incarcerations and/or homelessness were an identified service priority. CSS plan strategies to support transition age youth continued during FY11/12. Integrated Services Recovery Centers, Peer Support and Resource Centers and Crisis Residential Services were designed to address the issues identified for TAY youth during CSS planning. TAY with co-occurring disorders were also a priority.

TAY Integrated Services Recovery Centers (ISRC) established in each region of the County (Western, Mid-County, and Desert) continued to provide Full Service Partnerships services focusing on youth transitioning to adult services. A variety of services and supports are available at the TAY ISRCs including mental health services, housing supports, vocational counseling, substance abuse counseling, peer support and psychiatric services. A total of 313 TAY youth were served by the FSP programs with 89 youth served in the Western Region; 115 youth served in the Mid-County Region; and 109 served in the Desert Region. The TAY FSP program shows good progress in regard to racial/ethnic disparities. The ethnic/race groups served by the TAY FSP programs nearly reflect the proportion of Caucasian and Hispanic/Latino individuals in the Riverside County population with more Hispanic/Latino TAY (40%) youth served than other ethic/race group. The Black/African-American group at 14% is over

represented in the TAY FSP relative to the County population and the Asian group is underrepresented. Recent outcomes evaluation for TAY FSPs showed a 75% reduction in the number of arrests; a 76% reduction in the number of admissions to the emergency room for psychiatric reasons; and a 46% reduction in the number of inpatient psychiatric hospital admissions. TAY youth in acute crisis have benefitted from the continued operation of Crisis Residential Treatment (CRT) services to eliminate or shorten the need for an acute inpatient hospital stay. CRT services operating in the Western and Desert Regions provided this community-based alternative to 129 TAY age youth. In addition eight TAY youth benefitted from the Adult Residential Treatment program which provides a therapeutic residential treatment setting for up to six-months for the purposes of transitioning the consumer to a less restrictive living situation. This program serves as a step-down bridge from a more restrictive IMD setting; and provides the services and structure needed to assist consumers with removing barriers to discharge; and optimizing re-integration into the community.

Peer Support and Resource Centers provide another avenue for TAY youth to receive educational and vocational support as well as peer mentorship. Progress of the Peer Support and Recovery Centers are included under the Peer Support and Recovery Center Work Plan (SD-05) with a summary provided in the section for that Work Plan**.**

Another strategy implemented in order to improve outcomes for TAY, the County's 3 TAY FSPs and 3 TAY PSRCs have received training in the evidence-supported Transition to Independence Process (TIP) model. The TIP model purveyor, Stars Training Academy, provided a series of 3 training weeks in December 2011, April 2012, and July 2012 to teach the model and assist with implementation of the practice at these 6 TAY sites. A Site-Based Trainer process was initiated in order to support fidelity and sustainable implementation in Riverside County. Site-Based Trainers were recruited from the six TAY sites along with Training and Fidelity Liaisons from the Department's PEI Unit and are undergoing the rigorous certification process outlined by Stars. Site-Based Trainers delivered a three-day TIP Training in February 2013 and will demonstrate proficiency in training on core TIP competencies in order to be certified.

TAY FY13/14

The Services for Youth in Transition will continue to sustain the programs outlined in the original 3-year CSS plan. This includes three (3) Integrated Services Recovery Centers (ISRC), one in each distinct region of the County, which act as the TAY Full-Service Partnership. The

Department is looking for opportunities to expand capacity in these programs by adding clinic staff to the ISRC teams. Initially this will translate to an additional 20 slots in Western Region, and the impact is still being assessed in the other two regions.

The other key aspect of the TAY continuum of care is Consumer Operated Peer Support and Resource Centers (PSRC). Again, there are three (3) distinct and separate Centers, one in each region, that provide a spectrum of Peer Support, Housing, and Vocational type support services.

The Department is also committed to continuing the Transition to Independence Process (TIP) implementation. The Department is collaborating with the leadership teams and staff of the original six (6) TAY service sites (3 ISRC/3 PSRC), the TAY collaborative and broad community of TAY service providers to establish an ongoing training and implementation plan for FY13/14.

FSP -03 Comprehensive Integrated Services for Adults

The Comprehensive Integrated Services for Adults (CISA) Work Plan continues to provide a broad array of integrated services and a supportive system of care for adults with serious mental illness. The priority issues identified during the CSS planning process for adults were focused on unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies include 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. Peer-Support Specialist (individuals with lived experience) working in the clinics as regular department employees provided continual support for consumers' recovery. Family advocates who have a family member with a serious mental illness contribute a unique perspective to supportive services provided in the clinics and in the community. See Family Advocate Program Highlights, page 105, for more details.

Three regional Integrated Services Recovery Centers have continued to provide Full Service Partnership services for adults with a service array that includes; mental health services, vocational counseling, substance abuse counseling, peer support and psychiatric services. In total 699 adults were served in the FSP programs with the Western Adult program serving 337 FSP consumers, the Mid-County serving 196 FSP consumers, and the Desert serving 166 FSP consumers. Adult FSPs have some disparities in regard to the proportion of Hispanic and

Caucasian consumers served when compared with the county general adult population. The Caucasian group served is larger than the proportion in the Riverside County general population and the Hispanic/Latino group served is less than the proportion of Hispanic/Latinos in the County's population. The adult FSP programs racial/ethnic distribution showed the majority served are Caucasian (52%) followed by the Hispanic/Latino group at 23% of those served. An initial FSP Outcomes retreat has evolved into quarterly meetings for FSP program management and supervisors including contract providers. FSP outcome reports have been presented which provided an avenue for further discussion with staff in regard to outcomes and target populations. Overall FSP outcome results have been positive. Recent FSP outcomes data showed a 94% decrease in the number of arrests at follow-up. Acute inpatient hospital admissions decreased by 67% compared to baseline; and admissions to the emergency room for psychiatric reasons have decreased visits 94% compared to baseline data. Comparisons of consumer's residential status at intake and their most recent residential status showed that homelessness decreased and consumers living on their own in an apartment, house, or rented room increased.

The Adult Mental Health Court continued a model of interagency collaboration involving the Riverside County Superior Court, District Attorney, Public Defender, Sheriff, Probation, and Mental Health. Dedicated mental health staff provide assessment, linkages, and case management for consumers referred through the Superior Court system. Adults with serious mental illness can, when appropriate, receive treatment rather than incarceration. Consumers who are successfully engaged, and who agree to participate in the program, are linked by the Mental Health Court program staff to one of the Integrated Service Recovery Centers, or other appropriate county clinic or community resource based on the consumer's needs and recovery goals. The Mental Health Court program served 736 consumers in FY11/12; and has shown that nearly 80% of participants have successfully remained in the community with no new arrests during their program year. See page 79 for a full description of the Mental Health Court and page 83 for the Veterans Court Programs.

The employment of Peer-Support Specialists is part of the Adult CISA Clinic enhancements. 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.

Recovery Management and Co-Occurring Disorder groups are evidenced-based practices offered in the adult clinics and supported through the Adult Work Plan. Training, and continued staff support to ensure fidelity, have been a key component in offering these groups to consumers. Many consumers have benefitted from this therapeutic group service. Outcomes from Recovery management showed that knowledge of illness and self-management strategies improved from initial measurement to follow-up. In total 10,979 consumers have benefitted from clinic expansion and enhancements.

Family Advocates are an additional enhancement to clinic services. Family Advocates posted in each of the three county regions serve as liaisons and advocates for families and consumers accessing services through Riverside County. In addition the Family Advocates unit provides a variety of informational and support services to assist families of mentally ill Adult and TAY consumers in the community who may not be currently utilizing the county system. Typical Family Advocate activities include assistance with navigating access to clinic services and connections to self-help support groups like NAMI. The Family Advocate Program provided support to 729 family members and provided outreach at community events to 352 people. Crisis Residential Treatment (CRT) services and the Adult Residential Treatment (ART) program are also a part of the CISA program expansion. Three-hundred and seventy-four (374) adults benefitted from access to the CRT which provides a short-term alternative to an acute psychiatric hospital admission. The CRT supports stabilization and discharge planning in a residential treatment setting for up to two-weeks. The Adult Residential Treatment program served 38 adults enabling them to stay in a therapeutic residential treatment setting for up to six-months before transitioning to a less restrictive living situation. This program allowed the consumers to receive assistance with removing barriers to living more independently and maximized the opportunity for a successful re-integration into the community.

The Homeless/Housing Opportunities, Partnership & Education Program (HHOPE) is MHSA funded as part of the original CSS plan. During calendar year 2011, there were 6,000 bed nights funded for emergency housing or rental assistance. 258 represents the number of persons housed each month (average for the 2011 year) in permanent supportive housing (includes HUD grants, shelter plus care, men's grant, women's grant, The Path, The Place, Rancho Dorado and Vintage at Snowberry – the latter two are MHSA projects). HHOPE

manages, coordinates, monitors and supports all programs providing supportive services. See the Housing section, page 75, for additional information.

The System Development programs demographic profile shows the largest group served were Caucasian (41%). However, the Hispanic/Latino group shows a greater proportion served (29%) than found in the FSP programs. The Asian/Pacific Islander group shows a smaller proportion served than is found in the general population with 2.3% served compared to 7% in the County population. The Black/African-American group served at 12% is larger than the proportion in the County population (6%). Ethnic/Race proportions have improved from previous fiscal years with the proportion of Hispanic/Latino consumers served reflecting the county population in some regions. Other regions show some disparity between Caucasian and Hispanic groups but the gap has improved each fiscal year.

Adults FY13/14

The Department is not only committed to sustaining the programs outlined in the original Comprehensive Integrated Services for Adult 3-year plan, but has plans for programmatic expansion in FY13/14. The three (3) Integrated Services Recovery Centers (Full Service Partnership-FSP) continue to be saturated and require increased capacity to meet the service needs. This will be accomplished by exploring alternative levels of care, further creation of a continuum of care, and targeting high utilizers in restrictive settings. Creating an alternative level of care for FSP consumers will allow for a logical transition from intensive to lower level of cares and self reliance and independence. Also by adding FSP teams that are targeting the population in restrictive settings, an additional 100 consumers will benefit from the increased capacity. This also fits with the target population identified in the original Community Planning Process as individuals at risk of being placed in skilled nursing facilities or restrictive settings.

Through the Clinic Enhancement initiative the Department plans to expand service sites in preparation for Health Care Reform. This will include additional capacity in the cities of Lake Elsinore, Temecula, and Cathedral City. As the additional sites are being developed the expectation is that they will implement integrated health care models in each of the locations. The Department is also supporting the continued expansion of the Family Advocate Program with additional Senior Peer Support positions as well as the Veteran's Liaison position. The

Veteran's Liaison will continue the development of resource information, training, and community education to our Veteran community and their families.

The Homeless/Housing Opportunities, Partnership and Education (HHOPE) Program continues to provide emergency and supportive housing, rental assistance, and supports. Also the MHSA Housing program has expended its original one-time allocation through the investment of seven permanent supportive housing projects. The Department recognizes the importance of these housing projects and will set aside funds ($500,000) to support current and future supportive housing projects.

FSP-04 Older Adult Integrated System of Care

Older Adult Integrated System of Care (OAISC) is providing integrated services, which includes a Full-Service Partnership (FSP) Program and other supportive services. The OAISC Work Plan included strategies to enhance the staff available to serve older adults at regionally-based older adult clinics and through designated expansion staff located at adult clinics. Older adult clinic programs served 1,482 older adult consumers. Recovery Management groups, co-occurring disorder groups, case management and services provided by Peer Support Specialists are some of the services available. The proportion of older adults served across the county closely reflected the County population with 22% Hispanic/Latino served and a County population of Hispanic/Latino older adults at 21%. The Caucasian group served was 52% and the Black/African-American group served was 11%. The Asian/Pacific Islander group served at 3.6% was slightly less than the County population of 6% Asian/Pacific Islander.

The OAISC Work Plan also included full service partnership services through a multi-disciplinary team approach. Three regionally based multi-disciplinary service teams, called the Specialty Multi-Disciplinary Aggressive Response Treatment (SMART) Team have continued to provide FSP services including: mobile outreach assessments, which include health and mental health assessments, intensive case management, medication management services, crisis assessment, intervention and stabilization, rehabilitation services, linkage to community resources, and short-term treatment (6–8 visits). The SMART model encompasses mobile home-based treatment services, consultation with primary care physicians, psycho-educational services, support, and education to families, integration of substance abuse services into the treatment process and referrals to other service providers. A total of 304 older adults were served

through the SMART FSP teams with 127 served in the Western Region, 95 served in the Mid-County Region, 82 served in the Desert Region.

Outcomes for the SMART FSP program consumers showed a 76% decrease in the number of admissions to an emergency room for psychiatric reasons. Acute psychiatric hospitalizations decreased by 57%. The number of older adults with an arrest decreased by 75%. SMART programs were successful at engaging 30% of those identified with a co-occurring substance abuse problem into treatment services. Follow-up data on residential status showed fewer FSP older adults in emergency shelter or homeless. The demographic profile of FSP older adults served somewhat reflects the county older adult population with 16% Hispanic/Latino served and a county population of older adults at 21%. The Caucasian group represented 61% of FSP consumers which slightly less than the proportion found in the county general population. The Black/African-American group served was overrepresented at 8% while the Asian/Pacific Islander group served at 1% was less than the county population of 6%.

Older Adult FY13/14

The core programs outlined in the original Older Adults Integrated Services Work Plan will be sustained and carried into FY13/14. This includes the SMART Full Service Partnership teams in each distinct region of the County. The Department also acknowledges the constant need for growing capacity in the FSP, and will add clinical staff to the SMART teams initially in Western and Mid-County Regions to accommodate an additional 15 slots in each of those regions. The Desert Region is still assessing capacity needs and opportunities for potential expansion as necessary. Expansion funds will be set aside once the need is clearly identified in the Desert. Peer Support Services, Housing, and a variety of Evidence-Based training models for staff and service providers will also continued to be offered. The Department's Workforce Education and Training division is currently finishing an Older Adult Core training series to be implemented system wide to increase and enhance staff competencies in senior mental health issues. The other key areas of impact on the Older Adult system of care are the recently implemented Self Management Health Team Innovation project and a wide spectrum of PEI programs. Both of these initiatives are described in more detail in their respective sections of this document.

SD-05 Peer Recovery Support Services

Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan. These centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources, knowledge, and experience to aid in their recovery process. The Centers offer a variety of support services including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency. Three regionally located centers, operated by contract providers (Oasis Rehabilitation and Recovery Innovations) served a total of 1,875 mental health consumers in FY11/12. In 2012 Jefferson Transitional Programs (JTP) was acquired by Recovery Innovations and will now operate as Recovery Innovations at JTP. In the Western Region, Recovery Innovations at JTP, there were 210 adults and 78 transition age youth who received support services. Recovery Innovations also operates a Peer Center in the Mid-County Region where 407 adults and 69 transition age youth received services. See page 86, for additional information on the Recovery Innovations at Jefferson Transitional Program. In the Desert Region, 914 adults and 197 TAY were served by Oasis at the Harmony Peer Support and Resource Center. See page 95, for additional information on the Harmony Center activities. See page 98 for a full description of a variety of Consumer Empowerment Initiatives such as Employment, Supportive Education, and Training highlights.

Peer Recovery Support Services FY13/14

The key component in this peer centered work plan is sustainability of the Peer Support and Resource Centers. As designed in the original CSS plan there are three (3) main centers in each distinct region of the county. Following years of implementation, and as identified community needs grew, the Department expanded the Peer Center operations to a variety of satellite locations including Temecula, Banning, and Blythe. To diminish further accessibility barriers the Department yet again plans to continue expansion of the Peer Center satellite operations. In the Desert Region the Peer Center service is offered in Indio creating hardship for those consumers residing or receiving services in the Western Coachella Valley including existing FSP clients. Thus to increase access to Peer Support Services the decision was made to set aside funding for next fiscal year for expansion to the Palm Springs/Western Coachella Valley area. The other area of continued support in the Western Region Peer Center Expansion

is the Art Works program. Formerly funded through the Art Core Innovation component is now and will continue to be sustained through the CSS Peer Recovery and Support Services Work Plan.

There is also a growth opportunity in the Mid-County Region. The Temecula satellite operation is located in a shared location with the County Mental Health Clinic and there are plans to move to an expanded space. As a result, this will allow for additional recovery coaches to be hired and the number served through the program to be increased. The Department also plans to provide technology equipment and support to all three Peer Center operations to ensure consumers have computer and internet access, training and technical assistance.

The Department is also committed to all the consumer initiatives such as Peer Employment training, vocational and volunteer/stipends opportunities, and expansion of workforce for Peer Specialist and Senior Peer positions.

OE-06 Outreach and Engagement

In September of 2011 Riverside County submitted a Plan Amendment that all outreach and engagement activities described in the Community Services and Support Plan (O/E-06, Outreach and Engagement) be integrated into the Prevention and Early Intervention Plan (PEI-01, Mental Health Outreach, Awareness, and Stigma Reduction). This allowed the Department to provide a more consistent approach to its outreach activities, avoid duplication of effort, and create staffing and resource efficiencies within the program.

During FY11/12, the Outreach Coordinators conducted 514 community events and contacted 4,141 individuals for further follow up. In order to reach and engage 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.

The Gay/Lesbian/Bisexual/Transgender and Questioning Task Force continues to actively outreach and engage the LGBTQ population. During FY11/12 the Department sponsored Sensitivity Trainings in the community for health care providers; participated on the Statewide Reducing Disparities Project; and participated in the Desert Pride Festival.

The Deaf and Hard of Hearing Leadership Group has conducted three presentations during the year to staff and community about Deaf and Hard of Hearing culture. In addition it has implemented a Mental Health Awareness program in the Coachella Valley with participation of different organizations providing services to the Deaf and Hard of Hearing Community

Asian-American/Pacific Islander population outreach and engagement continues via the Asian-American community member's monthly meeting. The Department has participated in various community events such as the Chinese New Year, and other community activities in different Asian-American churches, Pilipino Association organization of Riverside, and the Asian-American Resource Center.

Promotores de Salud Mental Program is an outreach program that addresses the needs of the County's diverse Latino community. Program implementation began in January 2011. During fiscal year 2011-2012, Promotores de Salud Mental provided a total of 2,114 mental health education and/or modular presentations. Across the three types of formats 37% were mental health education presentations, 31.2% were modular presentations, and 5.2% were participation in health fairs/public events. Type of presentation was not indicated for almost 30 percent of the presentations (28.1%).

A total of 18,902 people attended either a mental health education or modular presentation.

- Almost half of the presentation activities were provided in the Desert Region of the County. The Mid-County and Western Regions accounted for 16.1% and 19.7% of the presentations. Geographic region was not indicated for 15% of presentations.
- The overwhelming majority of presentations in the Mid-County Region were mental health education presentations (83%), while in the Western and Desert Regions modular and mental health education presentations were more evenly distributed.
- Many of the Desert outreach activities were provided in the more isolated cities of Mecca and Thermal
- Almost all attendees were between the ages of 19-59, and reported Hispanic/Latino as their ethnicity. Eighty-five percent reported Spanish was their primary language.

- Across modular and health education presentations more women (64.2%) attended activities than men (35.8%).
- Satisfaction surveys were completed by 15,077 (79.8%) attendees. Overall, the presentations were well received by the participants with a large proportion (83.5%) strongly agreeing that the information was easy to understand and the presenters presented the information with enthusiasm (82.2%). Most (79.3%) of the participants strongly agreed they would recommend the presentations to friends and family.

The Cultural Competency/Reducing Disparities Committee focuses on identification and recruitment of community liaison leaders and consultants to work in engaging ethnic specific communities and increase the level of participation and involvement of hard to reach communities. The Ethnic Specific consultants are focusing on how to promote community participation and partnerships. It requires a clear understanding of the current reality (decreasing services and increasing need), and the role of the communities and their commitment to build community wellness by working with existing community resources and by building partnerships.

Outreach and Engagement FY13/14

For FY13/14 the Department is committed to continuing all the programs outlined in the consolidated CSS outreach and Engagement and PEI Mental Health Outreach, Awareness and Stigma Reduction Work Plans. This includes regionally disbursed outreach coordinators targeting ethnically diverse unserved and underserved communities and ethnic/culturally specific consultants to assist the Department in reaching these difficult to reach populations. Activities continue to expand by virtue of consolidating the work plans and creating efficiencies not only in staffing but in sharing resources between CSS and PEI. As a result, the Department will be able to support more community education, conferences, summits, faith-base initiatives, and mental health awareness activities county wide. There also is an opportunity to blend local stigma reduction and community education efforts with those being implemented through the PEI Statewide initiatives. See page 36 for more detailed information regarding PEI Community Education and Stigma Reduction efforts.

Workforce Education and Training (WET)

"Education. Vocation. Transformation."

National data on public mental health workforce development indicates that during periods of fiscal constraint, workforce training and development funding is typically the first to be reduced or eliminated. The authors of the Mental Health Services Act understood that true transformation begins with people; a workforce that was committed to public service and who had the knowledge to meet the needs of the people they served. Training dollars needed to be consistent. WET funding is dedicated to public mental health recruitment, retention, and development.

Infused with the overriding mission and values of the MHSA, Riverside County's WET unit has moved to advance our WET Plan and provide more definition to our planning and development. We have learned from our successes and our disappointments, from direct and indirect stakeholder feedback, regularly revising and recreating our implementation so that it is best tailored to the unique needs of Riverside County.

WET-01 Workforce Staffing Support

As the WET Program has grown, our staffing has reflected the needs of our current responsibilities and possibilities. Because Riverside County Department of Mental Health now has a dedicated training space that was not available when our WET plan was originally written, we discovered we needed less support and site organization staff, and more instructors or dedicated trainers. We eliminated our Health Education Assistant position and replaced it with a Clinical Therapist classification, titled Mental Health Training Specialist, which could lead curriculum development and conduct related training. This position has allowed for an increase in the number of RCDMH developed mental health trainings provided to both staff and community and more effort and organization around financial incentives coordination.

WET has long participated in the Riverside County Mental Health Board's Subcommittee on Veterans and was honored and excited about having the Veteran's Services Liaison (VSL) become a member of the WET team. The VSL was conceived to both educate mental health service providers on the unique needs and experience of our military veterans, but also to advocate for veterans' mental health care services within vet service organizations. For more

about the VSL, please read the "Veteran Services Liaison" report found on page 102 of this Update.

We have added a new direction to the development and revision of the Department's New Employee Orientation, which we have renamed the New Employee Welcoming (NEW). We have reviewed the salient points of the existing orientation and have researched models and organizational theories to best inform our transformed NEW. In addition to educating new employees on basic department operations, the NEW will also serve as the foundation training necessary for all Department employees regardless of job classification. The NEW will not only be a course of learning but also a genuine reception for new employees into a successful organization inviting them to be part of that success.

RCDMH WET unit has actively participated in the Southern California Regional Partnership (SCRP), a consortium of southern county WET units, created to network and share workforce development resources. Riverside County assisted in the interview and hire of a SCRP Coordinator and the identification and planning of regional projects including: 1) Support and coordination of Health Professional Shortage Area (HPSA) designation applications to the Federal government which would allow for increased financial incentive opportunities for RCDMH staff; 2) Researching core competencies for effective public mental health practice; and, 3) Offering a unique Cultural Competency training that complements our existing diversity training.

WET-02 Training and Technical Assistance

Based upon our original stakeholder input, general training for Riverside County's public mental health workforce was concentrated into three areas: 1) Evidence-Based Practices (EBP); 2) Advanced Treatment Skills (ATS); and, 3) Recovery Skills Development (RSD). All instructors, whether contracted or Department staff, were provided with the 5 Essential Elements of the MHSA – Community Collaboration; Cultural Competency; Client and Family Driven; Wellness, Recovery, and Resilience; Integrated Services – and directed to incorporate these concepts into their curriculum where appropriate.

Registering for training has become easier and more efficient. WET partnered with Riverside County's central Human Resources Department to integrate our training schedule and registration into Riverside County's existing electronic Learning Management System (LMS).

The LMS allows employees to register for all their training – both mandated human resources training as well as their clinical development training – all in one location. This also creates a central training transcript that supervisors can use at a glance to evaluate each employee's training history.

WET envisions a core series of training specific to each operational job area that would promote the development, as well as establish performance expectation, for RCDMH employees. The first core series was designed for our paraprofessional staff and has been completed. This series of 5 Core Trainings has been well-evaluated by attendees, many remarking that is was the first time they fully understood the concepts within the curriculum. Several staff have even repeated classes and WET has received feedback from supervisory and managerial leadership that staff has integrated their learning into their daily practice. The next core series is for Office Assistant, Support, and Administrative staff. Initial curriculum is finished and going through final revision. Implementation planned for the first half of 2013.

WET brought back many existing, well-received trainings, as well as scheduled some exciting new training opportunities: Clinical Supervision; Human Trafficking; Child and Elder Adult Reporting; Discharge and Community Integration; Tough Cases; and Family Based Therapy for Eating Disorders. WET has also looked for opportunities to integrate training experiences in order to build upon the training we offer. We have not only started the implementation training for the EBP, Dialectical Behavioral Therapy (DBT), but also offered a subsequent DBT training specific toward recovery from eating disorders.

Enhancing our staff's development of cultural competency was provided through these additional trainings as well: Understanding and Serving Military Veterans; Bridges Out of Poverty (understanding and serving consumers who experience generations of poverty); Deaf and Hard of Hearing Sensitivity; Spirituality in Mental Health; Language Interpretation in Mental Health Practice; Gender Responsive Mental Health Practice; and our comprehensive cultural competency training – the California Brief Multicultural Scale (CBMCS) training. Two of WET's staff have also been trained to be trainers in the CBMCS, offering increased diversity and training expertise to the current CBMCS training team.

As recommended by the Mental Health Board Executive Public Hearing Review Committee, WET will explore training opportunities in FY13/14 around multi-cultural issues and assess how those models could be implemented within clinic settings.

WET also actively collaborated with Riverside County Regional Medical Center, RCDMH Detention Services, Riverside Police Department (RPD), and Riverside Sheriff's Office (RSO) to participate in educating Riverside County law enforcement on working with consumers who experience a mental health crisis. The partnership between mental health professionals and law enforcement is nationally and commonly referred to as Mental Health Crisis Intervention Training (MH CIT). WET took an active role in revising the training curriculum on suicide, and has attended the California Conference on CIT in order to keep abreast of State and Federal trends. For more about Riverside County's CIT, see "Law Enforcement Collaborative", page 57.

Additionally, the WET plan highlighted the need to provide supplementary developmental support for our Department supervisory staff. Stakeholder input reinforced our anecdotal wisdom that clinic and unit supervisors were critical pillars of successful employee skill development and retention as they set the tone for overall consumer and employee satisfaction. Recent data suggested Department Managerial leadership was nearing potential retirement in the next 5 years, creating an urgent need for the development of leadership succession preparation. Managerial Succession training, involving the Director, Assistant Directors, and the majority of Managerial leadership, was well attended and received by current supervisory staff who had an opportunity to explore leadership concepts and ask questions of their seasoned executives.

Lastly, our stakeholders consistently voiced that mental health services could not be community based unless key resources were understood and accessible. As a result, WET created a central point of coordination to optimize utility of department and community resource listings that includes the Network of Care (NOC); 211/Community Connect; RCDMH Website; RCDMH Guides to Services; and the new Up2Riverside Website. Riverside County's NOC has been revised and updated to become a very usual tool for staff, consumers, and families. It not only has a full data base of resources, but also personal wellness tools. WET has started to provide NOC in-service to staff in order to optimize this great intervention tool.

WET-03 Mental Health Career Pathways

Consumer and family member integration into the public mental health service system continued to expand. The number of Senior Peer Support Specialist positions, peers who have augmented leadership and administrative responsibilities, increased. The Office of Consumer Affairs, in conjunction with WET, developed and implemented a 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. WET has also successfully partnered with the Parent Support Program and the Family Advocate Program.

Additionally, recent movement in peer employment has been centered on supporting peers to become credentialed in recovery. WET interviewed and supervised an MSW student intern who researched and developed a proposal to prepare RCDMH's Senior Mental Health Peer Specialist to become Certified Psychiatric Rehabilitation Practitioners. The implementation of this program is scheduled for early 2013.

RCDMH has a diverse group of pre-licensed clinicians who provide additional linguistic and cultural knowledge to our consumers. Retaining these clinicians as licensed therapists would immediately diversify our advanced, clinical staff. As a result, the Clinical Licensure and Support (CLAS) Program was created. Over 50% of eligible CT I staff have participated in the CLAS Program. Since implementation, 10 staff has become fully licensed and 9 have passed their initial exams. WET has actively involved participants in the evaluation of the program in order to continue to strengthen the supports and outcomes. The second cohort of participants is scheduled for recruitment in early 2013.

WET-04 Residency and Internship

Riverside County has taken a committed, proactive vision in the development of our future workforce. Our student intern program has been consistently well evaluated by both students and their universities, yet we continue to expand our program to optimize the learning and preparation of students placed into our field sites. Our student training program has been fully restructured and renamed: Graduate Intern, Field, and Traineeship (GIFT) Program. GIFT has

created identified application and start dates, an informational web page complete with electronic application, a standardized rubric for interview and selection, and annual evaluation and reporting. Our students have consistently remarked that their RCDMH internship experience exceeded their expectations and has been more meaningful and comprehensive when compared to their other internship experiences.

Over 20 of our department clinics/agencies accommodated student learning from approximately 16 Southern California universities, supporting degree requirements from undergraduate, graduate, and doctoral programs. During this academic year, WET received over 150 applications requesting a Riverside County field placement. Our University and School Liaison developed objective and measurable screening and interview tools with the direct purpose of targeting students who met MHSA mission goals 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. Over 40 students were placed into both clinical and administrative settings.

Every student received centralized training to enhance their field learning in public mental health agencies. These trainings were coordinated and conducted by WET in partnership with PEI and Quality Improvement staff and included: Differential Diagnosis for both Adults and Children; Conducting a Psychosocial Assessment; Non-Violent Crisis Intervention and Mental Health Risk; and Electronic Management of Records (ELMR) Documentation.

WET provided per diem, licensed clinical therapists to perform as field instructors at clinics that required the supplementary staffing support. In addition, WET served as that central support agent for both our department field sites and our affiliated universities. WET and the student's university partnered to develop a remedial learning plan in order to provide augmented learning for students struggling to meet field requirements. These plans were well received by department field sites and the universities and were equally accepted by the students who described this process as supportive and hopeful. The students who participated in these plans all successfully graduated. WET also provided seasoned clinical and peer support staff to present at local colleges and universities on recovery and mental health related topics, as well as to inform on mental health career pathways. Feedback regarding these presentations from our educational stakeholders was overwhelmingly positive.

WET-05 Financial Incentives for Workforce Development

The Riverside County Department of Mental Health 20/20 and Paid Academic Support Hours (PASH) Program is a workforce development program directed at regular status employees who are eligible to earn a MSW or MFT graduate degree. The 20/20 and PASH Program enables selected participants to maintain a full time salary while modifying up to 50% of their work hours to attend school. Employees have to demonstrate their commitment to public mental health service as well as their ability to address the disparities in our workforce needs. Participants sign a binding agreement to work for RCDMH for the same amount of time that they received academic support. Our most recent cohort was selected in 2011 and consisted of 10 employees from a variety of job classifications. Four of those original 10 have graduated and all now serve our consumers and families as Clinical Therapists: Two with lived experience, and 2 who are bilingual/Spanish and hold chemical dependency counseling certifications.

Understanding that workforce development will be a key component to meeting the needs of the Affordable Care Act, WET also researched and developed a proposal for textbook and tuition reimbursement. This proposal will allow staff to pursue degrees or certification that would enhance their job performance or prepare them for a promotional pathway into a hard-to-fill or retain position. Additionally, this proposal allows staff who have been removed from formal education the opportunity to take a single program-related course and explore if returning to school is right for them. The proposal has been accepted and implementation is planned for early 2013.

In addition, WET maintained an active role in State administered workforce financial incentives. WET provided Riverside County representatives to our local MSW and MFT stipend programs to assist in the selection process of MHSA stipend awards, as well as, to maintain a seat on the Mental Health Loan Assumption Program (MHLAP) advisory board. Forty per cent of the MHSA stipend students at Loma Linda University and 40% of the MHSA stipend students at California State University, San Bernardino have their field placements with RCDMH! The MHLAP provides up to 10 thousand dollars to qualified applicants in exchange for a year's continued service in the public mental health service system. Riverside had an unprecedented 68 accepted MHLAP applications and 57 Department and contracted employees were awarded, bringing an additional half of a million dollars to Riverside County for public mental health workforce retention.

Prevention and Early Intervention (PEI)

Since the approval of the Prevention and Early Intervention (PEI) plan in September of 2009, significant strides have been made towards full implementation of the plan. In the 11/12 fiscal year many programs became fully implemented while others were getting started. And although full implementation was not completed many more community members were served through PEI programs. The PEI Unit organized 35 days of training which included 301 participants. Many of the trainings provided were the evidence-based models that were identified in the PEI plan but also included other PEI topic specific trainings. Please refer to the list of trainings in the Training and Technical Assistance section of this report (page 56). The PEI unit includes four training and fidelity liaisons who are licensed clinicians. The liaisons participated in trainings and, when available, participated in the train the trainer opportunities. In addition to organizing and attending the trainings, the liaisons also implemented the models in which they were trained. This allowed them to become familiar with the model as well as potential challenges in implementation. Each liaison worked with their assigned PEI providers to offer support, problem solving, and evaluation of model fidelity. The liaison positions were 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.

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 reach 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.

Outreach activities: This allowed the Department to provide a more consistent approach to its outreach activities, avoid duplication of effort, and create staffing and resource efficiencies within the program.

- During FY11/12, the Outreach Coordinators conducted 514 community events and contacted 4,141 individuals for further follow up. In order to reach and engage 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. As part of the outreach program the Department implemented a series of Psycho-Educational Workshops for various communities:

- Coachella Valley Deaf and Hard of Hearing Community
- Casa Blanca Community
- Eastside Community
- MECCA & Purapecha Community

- The Gay/Lesbian/Bisexual/Transgender and Questioning Task Force continues to actively outreach and engage the LGBTQ population. During FY11/12 the Department sponsored Sensitivity Trainings in the community for health care providers, participated on the Statewide Reducing Disparities Project, and participated in the Desert Pride Festival.

- The Deaf and Hard of Hearing Leadership Group has provided three presentations during the year to staff and community about Deaf and Hard of Hearing culture. In addition it has implemented a Mental Health Awareness program in the Coachella Valley with participation of different organizations providing services to the Deaf and Hard of Hearing Community

- Asian-American/Pacific Islander population outreach and engagement continues via the Asian-American community member's monthly meeting. The Department has participated in various community events such as the Chinese New Year, and other community activities in different Asian-American churches, Pilipino Association organization of Riverside, and the Asian-American Resource Center.

- Spirituality Initiative – The Department remains committed to targeted outreach focused on local faith-based organizations and their leaders.

Toll Free, 24/7 "HELPLINE" has been operational since the PEI plan was approved and in FY11/12 the hotline received 4,915 calls from across the county.

Network of Care: An average of 19,763 hits were made to the website monthly, totaling 237,156 hits for the year. An additional 16,417 individuals visited the Network of Care site for service members, veterans and their families.

Call To Care: The Call to Care Training Program for non-professional caregivers has the goal to provide training and support to community leaders that are connected to underserved populations in order to increase their awareness and knowledge of mental health and mental health resources, and to increase their readiness to identify potential mental health issues and eliminate stigma and discrimination associated with mental illness. Twelve (12) trainings were conducted with approximately 360 participants. In addition, three Call to Care Continuing Education Summits were held, one in each region of the county, with a total of approximately 210 participants.

"**Dare To Be Aware" Youth Conference:** This conference for middle and high school students was held in November 2011 with 827 youth attending the conference. Students from 6 middle schools, 21 high schools, and 5 RCDMH programs were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. Workshops included topics such as depression, healthy relationships, self-abusive disorders, and suicide prevention. The overall goals of the conference are to increase awareness related to mental health, reduce stigma and discrimination, and increase knowledge about how to ask for help.

NAMI Signature Programs: In FY11/12 the two organizations that were identified to implement the Parents and Teachers As Allies, In Our Own Voice and Breaking The Silence Programs began outreach to entities such as schools, community-based providers, faith-based and service organizations. There were 48 In Our Own Voice (IOOV) presentations made across the county reaching 761 people. Audience members were asked to complete a questionnaire which included questions about how the presentation changed their perception of mental illness. Overall, they demonstrated a much healthier perception of mental illness as a result of the IOOV presentation. It is also important to note here that the IOOV presentation is delivered monthly to law enforcement through their training academy. Developing relationships with school districts proved to be somewhat of a struggle in this first year of implementation and as a result there were 4 Parents and Teachers as Allies presentations reaching 54 people, reaching district nurses and health clerks, school counselors, school psychologists and parents. The Breaking The Silence Program will be a focus in FY12/13.

Media and Mental Health Promotion and Education Materials: RCDMH continued to contract with a marketing firm, AdEase, to continue and expand the Up2Riverside anti-stigma campaign in Riverside County. The campaign included television ads, 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 result there were 28,849 site visits in FY11/12. 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. Video digital personal stories were added in December 2011 and over 17,053 visits have been recorded since that date. Another significant stigma reduction activity was a contract with Jefferson Transitional Programs to host a community education film series in the Palm Springs. Each series included three separate films including "Healing Neen", a film depicting the trauma faced by a young woman and her recovery; "Ward 54", a film about the difficult situations that our soldiers face; and "Lens and Pens: Art in an Unexpected Place", a film about the inspiring true story of a transformational art workshop for individuals with mental health diagnoses. The showings included a panel discussion or an interview with the participants in the film. The audience at the films included consumers, family members, providers, nursing students and the community at large. The series were very well received and participants voiced that positive impact the films had on their perception of mental illness.

Ethnic and Cultural Leaders in a Collaborative Effort: These are community leaders who represent the unserved and underserved cultural populations within the county. In FY11/12 RCDMH worked with leaders from the African-American, Deaf and Hard of Hearing, LGBTQ, Asian-American and Native American communities to build relationships as well as identify and address the needs of those populations in order to reduce stigma related to mental health and identify appropriate resources based on the community's identified needs. The Leaders collaborated with the RCDMH Cultural Competency Manager in developing plans to effectively engage those communities and provide information related to mental health topics and resources. This led to the development of the African-American Family Wellness Group and the Asian-American/Pacific Islander task force. The LGBTQ task force continued its work from the previous year. The groups meet monthly and include diverse membership.

Promotores de Salud Mental (Community Health Promoters): Promotores de Salud Mental Program is an outreach program that addresses the need of the County's diverse Latino Community. Program implementation began in January 2011. During fiscal year 2011-2012, Promotores de Salud Mental provided a total of 2,114 mental health education and/or modular presentations during the fiscal year 2011-2012. Across the three types of formats 37% were mental health education presentations, 31.2% were modular presentations, and 5.2% were participation in health fairs/public events. Type of presentation was not indicated for almost 30 percent of the presentations (28.1%).

- A total of 18,902 people attended either a mental health education or modular presentation. Almost half of the presentation activities were provided in the Desert region of the County. The Mid-County and Western regions accounted for 16.1% and 19.7% of the presentations. Geographic region was not indicated for 15% of presentations.
- The overwhelming majority of presentations in the Mid-County region were mental health education presentations (83%), while in the Western and Desert regions modular and mental health education presentations were more evenly distributed.
- Many of the Desert outreach activities were provided in the more isolated cities of Mecca and Thermal.
- Almost all attendees were between the ages of 19-59, and reported Hispanic/Latino as their ethnicity. Eighty-five percent reported Spanish was their primary language.
- Across modular and health education presentations more women (64.2%) attended activities than men (35.8%).
- Satisfaction surveys were completed by 15,077 (79.8%) attendees. Overall, the presentations were well received by the participants with a large proportion (83.5%) strongly agreeing that the information was easy to understand and the presenters presented the information with enthusiasm (82.2%). Most (79.3%) of the participants strongly agreed they would recommend the presentations to friends and family.

PEI-02 Parent Education and Support

This project includes four evidence-based programs.

- **Triple P (Positive Parenting Program):** In FY11/12 RCDMH continued the contracts with four providers to provide the parenting program in targeted communities throughout Riverside County. A total of 287 parents were served through the Triple P classes. Evaluation of the impact of change in parenting as a result of the classes indicated significant improvement in parental involvement as well as an overall improvement in positive parenting. In addition, the parents complete pre and post surveys regarding their children's behaviors. Analysis of the data received from these measures showed significant decreases in the intensity and frequency of problem behaviors. The PEI unit also coordinated Triple P Level 4 trainings which included contract providers but also invited department staff including Parent Partners, clinicians working in CalWORKs and substance abuse providers also completed the training and began providing the classes within their units.

- **Parent Child Interaction Therapy (PCIT):** FY10/11 included completion of the other two mobile clinics (there are 3 total), driver training for all staff and identification of sites to provide mobile services. The three units are "wrapped" in parent and family friendly pictures and language that Triple P Australia provided to the department. The mobile units travel to unserved and underserved areas of the county to reach populations in order to reduce ethnic and cultural disparities. 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. 160 children have been served through the program. One mobile unit also travelled to a large annual children's conference on the Central Coast of California to demonstrate the use of the clinic. The presentation received a lot of positive response. It is anticipated that in FY12/13 the mobile clinics will reach full service capacity.

- **Parent Management Training**: Despite several inquiries training remains unavailable from the developer. As a result, this program will not be implemented as a part of the Prevention and Early Intervention plan. Due to positive outcomes observed and documented through implementation of the Triple P program, expansion of Triple P will be considered in order to reach more parents/caregivers.

- **Strengthening Families Program**: Implementation of this program had been on hold as the PEI unit worked to implement many other programs in FY11/12. An RFP for this program was released in the fall of 2012 and full implementation is anticipated in FY13/14.

The opportunity to continue the expanded use of evidence-based parenting programs became available in FY11/12 when RCDMH entered into an MOU with the Department of Social Services (DPSS) to fund three programs throughout Riverside County for parents who had been referred as a result of contact with DPSS.

PEI-03 Early Intervention for Families in Schools

This project includes one evidence-based model and is the project that is identified to meet the Local Evaluation Project that was required in the PEI Guidelines.

Families and Schools Together (FAST): In FY10/11 a provider was identified though the Request for Proposal process to implement a pilot FAST program at 6 elementary schools (2 in each region). The program utilizes a team of 4 (one school administrator, one parent partner from the school, and two community based organization staff) to implement the program at each school site. The teams received training from Families and Schools Together, Inc. and completed two cycles of the 8 week program at each school site. The partnerships between the schools and the provider lent to very effective outreach to families at the schools to engage them in the program. In addition, providing the program at the school sites de-stigmatized the intervention and increased families' willingness to attend. One hundred and eight families graduated from the FAST program; 78% of those families were Hispanic; there were approximately 1,000 outreach contacts to families at school and in the home; and there was an equal distribution of males and females who completed the program. Pre and post measures were completed by adult participants as well as school staff. Family functioning measures across all sites showed improvement in family cohesion, parents reported improved child behavior and parental effectiveness. Teachers reported overall improved relationships between the children and their parents, improved contact between the children's families and themselves as well as the school, and improved behaviors and peer relationships of the children.

PEI-04 Transition Age Youth (TAY) Project

This project includes 5 programs to address the unique needs of TAY in Riverside County. As identified in the PEI 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).

Depression Treatment Quality Improvement (DTQI): DTQI is an evidenced based early intervention program used to treat individuals who are experiencing depression. Providers in the Western and Desert regions of the County continued to receive training and consultation via review of audio tapes and telephone support from the PEI training and fidelity liaison. The liaison completed the Train the Trainer process and is now able to support ongoing training and consultation without assistance from the developer. In FY11/12, 45 youth were enrolled in the program. The outreach efforts to reach the priority populations identified by the community were effective in that the two ethnicities that were primarily served were Hispanic (55%) and African-American (22%) and 18% 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 before they participated and at the end of the program. The results were very positive in that before they intervention, almost 90% of the youth scored in the range that indicated clinically significant depressive symptoms and the post scores indicated statistically significant reduction in symptoms. Each youth was also given a measure of overall functioning and these measures also indicated statistically significant improvements in mood and behavior. The satisfaction surveys were also very positive. Of note is that 100% of the youth indicated that they “agree or “strongly agree” that they learned strategies to help them cope with stress and that if they needed help again they would return to this program. An RFP was released in FY11/12 to find a provider for the Mid-County Region.

TAY Peer To Peer Services: This program is one in which Transition Age Youth (TAY) Peers provide information, support, and resources for other TAY who are at high risk of developing mental health problems. The “Cup of Happy” TAY program has become well known in the Western and Mid-County regions. The youth continue to find many creative and innovative methods to reach TAY that have been very effective. Some examples include several flash

mobs arranged in public places to increase awareness about mental health topics and development of a blog to discuss issues face by TAY. A Facebook page was set up and videos were posted to YouTube. The TAY attended large health fair events, passed out mental health related information on the streets, held support groups for LGBTQ youth in a local coffee shop, and hosted a weekly event at a community center where TAY could come and present their original spoken word works. Almost 1800 youth attended Peer To Peer led groups and activities. Outreach resulted in 258 individual contacts and 90% of those individual contacts resulted in linkage to PEI services and programs. An RFP was released to find a provider for the Mid-County region and one was selected to begin work in FY11/12.

Outreach and Reunification Services to Runaway Youth: This program provides targeted outreach and engagement of youth who are homeless and/or runaway to provide crisis intervention and counseling to reunify the youth with a family member. 574 youth received services through this program.

Digital Storytelling: Digital Storytelling was not a priority for FY11/12. The marketing firm contracted for stigma reduction activities has developed digital stories for the Up2Riverside website. Developing internal capacity to provide this program may be pursued in FY13/14.

Active Minds: FY11/12 was the second of two years of funding available to college and university campuses that started an Active Minds chapter. Active Minds is a student run group on college and university campuses to promote conversation among students, staff, and faculty about mental health. RCDMH continued to work with the four campuses who were receiving the funds, University of California Riverside, College of the Desert, Palo Verde College, and Riverside Community College – Riverside campus. Each chapter reported many activities. Examples include the use of "therapy fluffies" where therapy dogs are brought onto the UCR campus during the week of finals to reduce anxiety and Active Minds members providing mental health related information at campus events. Active Minds chapters are few in the State of California and even fewer are chapters based on community college campuses. 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. There are several other college and university campuses that did not apply for the funding and RCDMH released another RFA in FY11/12. In April 2012, RCDMH provided funding for the West Coast Coordinator from Active Minds to come to UCR from Washington, DC, to

participate in the Active Minds Regional Summit. This was also an opportunity for the Coordinator to facilitate a meeting with the Active Minds chapters. The purpose of the meeting was to assist the chapters with goal setting and to discuss ways to engage students in the campus based activities. In addition to all of the locally planned activities, RCDMH funded the National Organization to present the Send Silence Packing display at College of the Desert, UCR, and Mount San Jacinto College. The display is 1100 backpacks laid out representing the approximately 1100 college students who die by suicide each year. Most of the backpacks include pictures and or stories about someone who dies and some of the backpacks belonged to those students. The displays received press and there was a very positive and powerful response to the displays. Staff from the National office tour with the display and set up a table with information about mental health and engage viewers in conversations about mental health. The staffers also blogged about their experiences on the Active Minds website.

High School Yellow Ribbon Campaign: RCDMH renewed the Memorandum Of Understanding with Riverside County Community Health Agency, Injury Prevention Services (CHA–IPS) to implement the teen suicide prevention and awareness program. The program kicked off with an assembly at each school site with a motivational speaker talking about the importance of positive peer relationships and reaching out to others when they need help. CHA-IPS staff then provided training to a leadership group at each campus. The training included topics of leadership, identifying warning signs of suicidal behaviors, finding local resources to obtain appropriate mental health services and conflict resolution. The staff then assisted the students to facilitate three campuses based mental health awareness and suicide prevention activities. Some examples of the activities that the students developed and implemented on their campuses are: the creation of a cyber-bullying video, student created posters around campus with positive messaging, a Walk-A-Thon and lunchtime tables with giveaways to attract the students. The program supported the 8 high school campuses that were involved in FY10/11 and added 8 additional high schools and 4 middle schools for FY11/12, totaling 20 schools throughout the county.

PEI-05 First Onset for Older Adults

There are five components to this workplan and each of them focuses on the reduction of depression in order to reduce the risk of suicide.

Cognitive-Behavioral Therapy for Late-Life Depression: This is an evidence-based early intervention. Providers who needed the training were provided it in collaboration between the developer of the model and one of the PEI Training and Fidelity Liaisons. The Liaison has worked with the developer to allow her to become a certified trainer in the model and that process will be completed in FY12/13. There continued to be great deal of outreach activities that occurred during FY11/12 in an effort to reach those unserved and underserved communities and to build relationships with referring agencies. One provider exclusively serves LGBT older adults and another provides services in Blythe, which is an isolated community on the border of Arizona. In FY11/12, 104 older adults participated countywide. The largest percentage of participants were ages 60-64 (26%), but of note is that 19% were 80-90 years of age. 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, which is the primary goal of the program. In addition, participants reported an overall improvement in their quality of life from pre to post program. Participants also completed a satisfaction survey at the end of the program. Results of the rating given, 96% of the responses indicated that they gained strategies to help them cope and 92% gained strategies to help them improve their quality of life. Another significant result of the program is that 96% stated that they would return to the program again if they were in need of help.

Program to Encourage Active Rewarding Lives for Seniors (PEARLS): This program is designed to reduce symptoms of minor depression and improve health related quality of life. This program is being implemented through RCDMH Older Adult Services staff. PEARLS staff continued efforts to outreach to educate the community as well as referring parties about the program. A total of 88 older adults were enrolled in the program in FY11/12. Demographic data was collected for the participants and data on race/ethnicity showed a pattern similar to the race/ethnic proportions represented in Riverside County. Outcomes demonstrated a statistically significant decrease in depressive symptoms. One PEARLS participant wrote on

their satisfaction survey, “I benefitted by actually turning thoughts and actions around into something positive. I feel good about me and know what direction I am going in. I am confident, and I owe it all to PEARLS”.

Caregiver Support Groups: A Memorandum of Understanding (MOU) was continued with the Area Office on Aging (OoA) to provide the groups in the Western and Mid-County regions. 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 is marketing the program. The OoA served 239 individuals in FY11/12. Eighty-seven percent of participants were female. There was a statistically significant decrease in depressive symptoms from prior to beginning the group and the end of the 12 week series. Caregivers were also given a pre/post overall self-assessment tool that asked them to rate their stress level, crying spells, and feelings of being overwhelmed. There were statistically significant reductions in scores as well. OoA group facilitators reported that some of the caregivers were in need of short term additional support; and as a result one of the Mental Health Liaisions embedded in the OoA was assigned to assist with those who needed that extra support. A community based organization was identified to provide the caregiver support groups in the Desert Region. They developed their 12 week curriculum and began outreach and marketing activities.

QPR for Suicide Prevention: QPR stands for Question, Persuade, and Refer. The QPR suicide prevention model will be used to train gatekeepers who interact with older adults in order to look for depression and suicidal behaviors and refer them for assistance. This training model was not implemented as efforts continued to focus on development of programs to provide prevention and early intervention for older adults.

CareLink Program: RCDMH was provided the opportunity to enter into an MOU with the Office on Aging to further the goals of the PEI Older Adult work plan by offering 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 included 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 FY11/12, 156 individuals were served through the CareLink program and of those, 28 people were identified as at risk for depression and were enrolled in the Healthy IDEAS program. Depression symptoms for Healthy IDEAS participants showed a statistically significant decrease. A Quality of Life survey was also given pre/post and demonstrated an overall increase in their rating of their quality of life.

PEI-06 Trauma Exposed Services for All Ages

The work plan includes 5 evidenced-based practices and provides programs for individuals in elementary school, young adults, adults and older adults.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): This is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. Two PEI training and fidelity liaisons were trained in the model and began the process of becoming trained trainers. This will allow the department to train contracted staff in the future and also allow for community capacity building in the model. Three community based organizations and one schools district provided the program in targeted school districts throughout the county. In FY11/12, 126 youth completed the program. Overall, the largest numbers of participants were youth between the ages of 11 and 14, female, in eighth grade and of Hispanic ethnicity. 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. 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 depressive symptoms were reduced across all scales and post traumatic stress disorder symptoms decreased significantly. Parents/caregivers and teachers were asked to complete a measure to demonstrate impact on their child's behaviors. Overall, improvements were reported in behavioral difficulties.

Seeking Safety: This is an evidence-based coping skills program designed for individuals with a history of trauma. Two community based organizations began full implementation of the program in FY11/12. This began with extensive outreach efforts and identifying effective marketing for the program. The program addresses both the Transition Age Youth (TAY) and

adult populations in Riverside County. A total of 311 individuals were enrolled and participated in at least one topic session. Participants were asked to provide information about their trauma related symptoms before they began the program and when they completed. Changes in the frequency and intensity of trauma symptoms showed a statistically significant change. Program participants also reported that they would use the coping skills they learned in the program on an ongoing basis. In FY12/13, PEI staff will continue to work with contractors to provide the program to more people to assist them in maintaining fidelity to the program. In addition, the PEI Coordinator will begin to explore the use of the model within the department.

Prolonged Exposure (PE) Therapy for Post-Traumatic Stress Disorder (PTSD): This evidence based early intervention is a cognitive-behavioral treatment program for men and women with PTSD who have experienced either single or multiple/continuous traumas. It is a course of individual therapy designed to help individuals process traumatic events and reduce their PTSD symptoms as well as depression, anger and anxiety. This model was selected through the community planning process to be implemented with older adults by RCDMH staff. In FY11/12 staff outreached to many potential referral sources included the Department of Public Social Services, rape crisis centers, Family Justice Centers and area hospitals. Despite this widespread outreach, appropriate referrals to the program were very limited and the clinicians were unable to complete the certification process. This program will no longer be implemented as a part of the RCDMH PEI plan. PEI staff will explore other models to address trauma for older adults.

Safe Dates: This dating violence prevention program was not implemented in FY11/12 primarily due to the need to prioritize the implementation of PEI programs.

Trauma Recover and Empowerment Model: This model was not implemented in FY11/12 primarily due to the need to prioritize the implementation of PEI programs.

PEI-07 Underserved Cultural Populations

This workplan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence based practices that have been found, through research, to be effective with the populations that the programs are being implemented with. In addition to the programs identified below it is important to note that each of the populations were 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 included focus on the unserved and underserved populations throughout the county.

Native American communities: The two programs included for this population focus on parent education and support.

- **Incredible Years – SPIRIT:** This program is a Native American adaptation to the Incredible Years parenting program in which the facilitator provides the service to parents in their home. The program focuses on strengthening parental competencies. RCDMH expanded the contract in order to allow the provider to implement the changes to the program by the developer. The provider does serve the Native American population throughout Riverside County. Staff was trained in the Incredible Years model as well as the Native American adaptation. In FY11/12, 85 parents received the program in their home.

- **Guiding Good Choices:** The program is a prevention program that provides parent education to parents of children ages 9 -14 years old with the goals of strengthening and clarifying family expectations for behavior in order to enhance the conditions that promote bonding within the family and teach children the skills to successfully resist drug use. As with the previous program the provider does serve the Native American population throughout Riverside County. This five week parent education program was provided to 93 individuals in FY11/12.

Building Resilience in **African-American** Families: This project was identified through the Community Planning Process as a priority for the African-American community. The two providers, one for the Western Region and one for the Mid-County Region, continued to implement the programs in FY11/12 and in addition a provider was identified in the Desert Region. 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 3 times per week and include 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 the health fairs. A total of 48 youth and their families participated in the program in FY11/12, which was almost double the number from the previous year. All providers conducted widespread and effective outreach to recruit youth and families to the program. The developer of the program also provided a follow-up training to support further implementation of the program. Each program developed curriculum to engage the youth in learning about their culture and relate those teaching back to their own development.

- **Effective Black Parenting Program:** This is a parent education program for parents of African-American children. As with the Rites of Passage Program there was extensive outreach to schools and community providers to solicit referrals for the program. A total of 108 parents participated in the 14 week group. As a part of the contracts, each provider also identified parents who completed the group model to be trained. That training also occurred in FY11/12. The goal of this is to have parents facilitate the one day seminar version of the program in their communities.

- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** As stated earlier in this update, this is group intervention designed to reduce symptoms of Post Traumatic Stress Disorder and depression in children who have been exposed to violence. Each contractor was also trained in this model and 26 youth between the ages of 10 -15 received the program in FY11/12. Outcome evaluations of youth completing the program showed a significant decrease in trauma symptoms.

During the annual update feedback process, there was feedback that the community was interested in the department implementing a similar model for girls. The PEI unit began the process of working with the African-American Family Wellness Group in FY12/13 to identify potential programs for girls.

Hispanic/Latino communities: Two programs with a focus on Latino women were identified within the PEI plan.

- **Mamás y Bebés (Mothers and Babies) Program:** This is a manualized 8 week mood management course during pregnancy and includes 4 post partum booster sessions with the goal of decreasing the risk of the development of depression during the perinatal period. Two providers were identified through the RFP process and contracts were approved in fall of 2011. Staff received training in November 2011; outreach to recruit participants began in early 2012 and began in April 2012. From April through June 2012, 20 women participated in the program. Due to the outreach efforts it is expected that many more women will be served in the program in FY12/13.

- **Cognitive-Behavioral Therapy (CBT) for Depression (with antidepressant medication):** This program was developed specifically for use with Latino women. This model was not implemented in FY11/12 primarily due to the need to prioritize the implementation of PEI programs.

Asian-American/Pacific Islander:

- **Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF):** A Curriculum for Immigrant Families: This is a selective intervention program for immigrant parents that includes a culturally competent, skills-based parenting program. As identified through the Community Planning Program, 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 to outreach that began over the past few years by the department. Although progress has been made in this area, additional relationship building is needed prior to beginning to look at program implementation. An Asian-American/Pacific Islander task force was 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 SITIF program.

Other PEI Activities

Two PEI Training and Fidelity Liaisons were asked to present at the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Summit. Attendees include practitioners from across the country that are implementing or are interested in implementing the model. They were asked to present on the Mental Health Services Act, the CBITS model being identified through the community planning process and their role in maintaining fidelity. There was a great deal of interest in the Riverside model and they have both been contacted by people for additional information.

One of the goals of the PEI unit is to respond to training needs of providers as needed which includes training on topics other than specific evidence based practices. Examples of these types of training for FY11/2 include a presentation regarding stigma and LGBTQ youth suicide prevention training for the Peer-to-Peer providers. The Peer-to-Peer youth presented the LGBTQ specific training at a local children's conference. In addition, a specific training was brought in for the Youth Development Workers in the Building Resilience in African-American Families Program.

San Diego County Behavioral Health sponsored a conference for Southern Region Community Colleges on "Supporting Students with Behavioral Health Challenges". The PEI Coordinator participated in the Steering Committee for the conference and as a result, teams from four Riverside County community colleges attended. The conference covered a multitude of topics related to student health and was very well received. Each participant also received a binder with general as well as county specific information to help them assist students.

RCDMH and Public Health entered into an MOU to provide support groups for new mothers experiencing depression and anxiety. This program is a support to Work Plan 2 – Parent Education and Support. The need was identified through a needs assessment of the Inland Empire Perinatal Mental health Collaborative. The PEI Plan includes a prevention program for pregnant women and this program helps in addressing the needs after the child is born.

RCDMH has public school collaboration for middle school students in Desert Hot Springs (DHS). Department staff are located at the two middle schools in DHS and the project has four components: Aggression Replacement Training (ART); Cognitive Behavioral Intervention for

Trauma in Schools; Guiding Good Choices Parenting Program; and Peer Mentorship. In FY11/12 staff worked closely with school personnel to identify youth at risk of mental health problems. They have become integrated into the schools and have shown success in engaging the youth in the programs. Close to 150 youth were served in the programs and staff are developing additional outreach plans to engage more parents and caregivers in the Guiding Good Choices program.

Another RCDMH led project designed to support Work Plan 5 – Early Onset for Older Adults was embedding mental health liaisons within the Riverside County Office on Aging. The liaisons, who are Clinical Therapists, performed a number of activities to support Office on Aging staff. These included consultation and education for the staff, outreach in the agency's InfoVans to provide mental health related information and provide screening for depression, as well as provide early intervention services for older adults involved with the Office on Aging.

In order to further support the implementation of the PEI plan, an RFP was released to identify organizations that could assist with community capacity building activities or needed to build their infrastructure in order to more effectively impact the individuals they serve. This resulted in 10 community capacity contracts:

- Oasis Rehabilitation hosted the first of two Transition Age Youth "Un-Conventions" The purpose was to bring together TAY and TAY serving organizations to identify and develop plans to address the needs of TAY. A second "Un-Convention will be held in FY12/13 and a resource guide will be developed and distributed. Another important goal is to build a network of providers.
- The Sundance Company worked to build the infrastructure of community based organizations. They identified small community based organizations that serve at risk individuals and families to provide training, support, and resources. This included trainings on board development and grant writing.
- Operation SafeHouse utilized the funding to conduct an evaluation of the outcomes of the services that they offer as an organization and to find opportunities to acquire additional funding.

- Gilda's Club, Desert Cities, provided support services to individuals recently diagnosed with cancer and their family members.
- Shelter From The Storm provided support services to women who were victims of domestic violence.
- The Wylie Center led the Inland Empire Perinatal Mental Health Collaborative. The collaborative promoted maternal and family mental health by raising awareness, decreasing stigma, and providing effective resources for women experiencing perinatal mood disorders. The collaborative has a wide breath of representation.
- The Foundation for Cal State San Bernardino, Palm Desert Campus, hosted the first Mental Health Summit that brought together 100 providers and community members to kick off the development of a public awareness campaign to reduce stigma and educate the public regarding mental illness and available resources in the Coachella Valley. Two addition Summits will be held in FY12/13 to develop action plans and assess progress towards those plan.
- The Center utilized the funding to assist in the development of a sustainable counseling program for depression.
- The Riverside Area Rape Crisis Center worked with high school campuses to implement the Strength and Be Strong Campaigns. The Strength Campaign for boys focuses on prevention of violence against women and the Be Strong Campaign for girls focuses on empowerment and healthy relationships. School staff were trained to provide the programs on their campuses and were given the curriculum.
- Path of Life developed a program to provide prevention and early intervention services to families in the transitional housing program. The intervention included identification of needed resources and support for students so they could remain in school.

Training, Technical Assistance and Capacity Building

In the original Training, Technical Assistance and Capacity Building proposal the Department requested funding to support Evidence-Based Practices though the expansion of our CIMH contract, Law Enforcement Collaborative training, and consumer training and vocational supports. The Department continues to expand its CIMH contract to support trainings related to Evidence-Based and Promising Practices identified in the MHSA Plans. In addition to staff participation the intent is to expand training capacity to our community providers and agencies as well as cross-county opportunities that may present themselves in the Southern Region. The Department set aside $300,000 for the CIMH contract expansion. Below are specific training examples that resulted from the initiative in FY11/12.

Training Conducted During FY11/12:

CA Brief Multicultural Competency	7/6, 7/12, 7/21, 7/27, 10/4, 10/13, 10/18, 10/27
Clinical Supervision	8/9, 8/10
Law and Ethics	9/7, 4/11
Providing Interpretation Services	9/26, 5/16
Child Abuse Reporting	9/27
Elder/Dependent Adult Abuse Reporting	9/27
Interagency Symposium	11/3
Nonviolent Crisis Intervention	11/29, 12/13, 1/18, 2/28, 2/29, 3/28, 4/4, 4/25, 5/23, 6/13
Therapeutic Use of Drug Screening with Youth and Families	1/19
Communication and Counseling	2/1, 4/11, 6/21
DSM	2/2, 2/14, 3/7, 3/27, 5/9
Recovery Practices: Leading and Coaching	2/7, 2/8, 2/9
Advanced Recovery Practices	2/7, 2/9, 2/15, 3/6, 3/8, 3/13

Law, Ethics & Boundaries	2/29, 5/15
Substance Abuse 101	4/3
Mental Health 101	4/3
Psychopharmacology	4/10
Cognitive Behavioral Therapy	4/10
Motivational Interviewing	4/17
Mental Health Risk	4/18, 6/26
COD Treatment Manual	4/24
Deaf & Hard of Hearing	6/12, 6/20

Law Enforcement Collaborative

The Department remains committed to collaborating with and training Law Enforcement agencies across Riverside County on mental health issues. Through these efforts, it is anticipated that Law Enforcement officials will increase their knowledge and skills when it comes to intervening with individuals experiencing mental health related issues.

There continues to be good cooperation from both Sheriff and Riverside Police Representatives. There have also been Police Officers and Deputy Sheriff Officers from other Counties attending the training including Fullerton, Brea, Orange County, Los Angeles office of the Department of Defense, and Los Angeles Police and Sheriff. In addition, there have been Police and Sheriff Sub-Stations personnel attending from Moreno Valley, Perris, Palm Desert, Indio, Blythe, Palm Springs, and Desert Hot Springs. The attendance for most 2-day trainings is approximately 25-30.

Trainings for FY12/13 include a total of 12: 6 for Jail Correctional Staff and 6 for Sheriff Patrol. Trainings are offered at the Riverside County Sheriff Ben Clarke Training Center, located in the City of Riverside. The training was POST (Peace Officer Standards and Training) certified by the State of California in July 2011. Approximately 1,300 Correctional Staff and 500 Sheriff Patrol have been trained. In addition, the Riverside Police Department (RPD) receives the training twice per year: once in the fall and once in the spring. There have been over 800 RPD police officers trained and their training is also POST certified.

Evaluations are reviewed after each 2-day training session. The overwhelming responses are that the training is well received and participants have requested to hear from family members as part of the consumer panel. The Jefferson Transitional Programs consumer panel receives excellent comments following the trainings and their participation has been very successful. The Department will also provide a member from the Family Advocate and Parent Support programs to participate on the panels moving forward in 2013.

Training Schedule for 2013

Riverside Sheriff's Department:

- February 13-14, 2013
- March 12-13, 2013
- April 9-10, 2013
- May 8-9, 2013
- June 12-13, 2013

Riverside Police Officers:

- June 2013

Consumer Employment, Support, Education, and Training Initiatives are reported on page 98.

Innovation

Innovation Programs are defined as novel, creative, and/or ingenious mental health practices or approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative of unserved and underserved individuals. The Innovation Component allows counties the opportunity to "try out" new approaches that can inform current and future mental health practices/approaches and contributes to learning rather than having a primary focus on providing a service.

By their nature, Innovation projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy. Innovation projects are, therefore, time-limited with one-time funding. If an Innovation project proves to be successful and a county chooses to continue it, the program must transition to a different funding source (for example the CSS or PEI component) or another source of stable funding.

INN-01 Recovery Arts Core Project

The Mission: Recovery Arts Corps (RAC) Peer artists travel throughout Riverside County to facilitate art classes as a gateway to the concept of recovery from mental illness.

The Vision: The Recovery Arts Corps was a group of artists who have walked the path to mental wellness and overcame the stigma of mental illness. It is through the arts that they shared recovery principles in locations outside the "normal" offices of mental health facilities. By sharing personal struggles and successes, they created a non-threatening environment for peers to explore the possibility of a meaningful life.

The Goal: The goal of the Recovery Arts Corps was to bring art classes with recovery elements to various facilities throughout Riverside County, and to show these classes have a positive impact on individuals' recovery. Through facilitation of recovery arts classes by peer specialists who were also artists, it was hoped that this unique method of engaging artistically-inclined and creatively-interested peers in recovery would help these peers to find additional ways to enhance their recovery journey.

In order to best meet these goals, a strategic planning meeting was held early in FY11/12 and was open to all Art Works and RAC staff, contractors, volunteers, and peer students.

Classes: Nineteen separate classes were conducted across the three regions of Riverside County utilizing the following curricula: Mixed Media, Going in Circles (assemblage arts), Recovery in Nature (watercolor mixed media), Oceans from the Stream (poetry journaling), Got Voice (singing), Hip Hop Dance, Salsa Dance, Creative Collage, and Paper Crafts. Six classes were assigned to each region, and one additional class took place in the Mid-County region (for a total of seven classes in that region).

Class sites included: Grandview Manor, Geel Place, Recovery Learning Center, Operation Safe House, and training classes at Art Works Gallery in Western Region; Lighthouse Treatment Services, Perris Peer-Run Center, Rancho ANKA, the Hemet/San Jacinto ANKA FSP, and Majesty Village in Mid-County Region; and Recovery Ranch, Milestones, Harmony West, The Path, and Coachella Valley Arts Alliance in Desert Region.

Contractors: RAC contracted with 9 independent peer artists to teach 19 classes during FY11/12, and either fully or partially funded the employment of two full-time and two part-time employees who were also peers. The three part-time and two full-time peer artist employees on staff during FY11/12 had all begun their involvement with Art Works Gallery as volunteers before working their ways into paid positions. In addition, six peers were paid for either the completion of new curriculum or the updating of old curriculum. These curricula became part of the Recovery Arts Corps available class curricula list.

Student Quotes: In answer to the question, "How has the Recovery Arts Corps program affected you and your recovery?"

- "It gave me a custom made interesting art piece to take home"
- "It had a great positive effect because of art. I love art, what it does, and how it frees me."
- "Put me in a very good mood!"
- "It's helped me to open myself and my feelings"
- "Drawing pictures made me feel good. It was nice and quiet."

- “It has helped me to know myself a little bit more”
- “Helped with relaxation, focusing on one thing helped me spend time with my friends”

In answer to the question: “What has changed in your life, if anything, as a result of the Recovery Arts Corps program?”

- “This art freed me from the fear of the feeling that I don't know how to do it because I haven't done art in a long time. In this art ‘I'm never wrong.’”
- “I feel more comfortable about creativity”
- “Being myself and getting to know myself.”
- “I am happier with my life. I learned a lot.”
- “It motivated me to keep a vivid positive vision on my goals”
- “I am more confident in myself”

In answer to the question: “Do you have any other comments or suggestions?”

- “The art class was great as it was.”
- “Love this class!!!”
- “Thank you; I had a good time in class.”
- “I would like to attend more and go to Artworks”
- “You guys/ladies did a good job Thanks for everything”
- “This class is fun.”
- “Maybe have the class more often. Thank you”.

Art Works - Notable Events:

October 2011: The Acting Out Loud Performance Project's consumer-created and performed play, "Jubilee," travels by invitation to Orlando, Florida to present at the 2011 Substance Abuse and Mental Health Services Administration's Alternatives Conference.

November – December 2011: Popular 5-week writing workshop "Memory Shapes and Sounds" is held as part of the After Works Program, facilitated by Inlandia affiliate Angela Thompson-Brenchley. Following the workshop itself, student artwork, and creative writing/poetry is printed in a full-color chapbook and released during a special celebratory open-to-the-public event during the final Friday of the "Memory, Shapes, and Sounds" workshop. Art Works @JTP is able to leverage City Arts and Culture Grant funds and Poets & Writers Grant funds in order to provide this opportunity.

March - June 2012: "Community Education Film Series" is held in Riverside, Palm Springs, Hemet, and Temecula. This year's theme fell in step with the Substance Abuse and Mental Health Services Administration's spotlight on trauma-informed care. The three films shown were: **Healing Neen**, the story of Tonier "Neen" Cain who endured abuse, rape, homelessness, and incarceration before an opportunity to heal gave her a way out… and up; **Ward 54**, a heart-wrenching telling of the devastating epidemic of suicide among our military service men and women; and **Lens And Pens: Art in an Unexpected Place**, a behind-the-scenes look at the Lens and Pens program at Washington DC's St. Elizabeth's Hospital that changed the lives of those incarcerated within. A live speaker panel was on site at each of the 12 screenings, and the speaker list includes Tonier "Neen" Cain, Steve Steinberg (Riverside County Dept. of Mental Health Mid-County Manager), Brenda Scott (NAMI California board member and consumer family member), Douglass Tavira (Riverside County Dept. of Mental Health Veteran's Services Liaison), Lydia Theon Ware-i (formerly homeless mental health consumer who works at JTP's Homeless Safe Haven, the PLACE), and Sue Moreland (CEO of Jefferson Transitional Programs).

May 2012: Art Works collaborates with Coachella Valley Arts Alliance to feature entries from "Outrider Arts," an exhibition held in recognition of "May is Mental Health Month." Winning art pieces on display at the gallery were displayed at Riverside County Dept. of Mental Health's

Mental Health Services Act offices in downtown Riverside following the Art Works Gallery exhibition.

May 2012: Art Works @JTP secures funding to continue mobile art unit (renamed Recovery Arts In Motion) throughout Riverside County.

May – June, 2012: Inlandia affiliate Angela Thompson-Brenchley returns to After Works to facilitate another creative writing workshop called "Writing Our Place." Following the workshop itself, student artwork, and creative writing/poetry is printed in a full-color chapbook and released during a special celebratory open-to-the-public event during the final Friday of the "Writing Our Place" workshop. Once again, Art Works @JTP is able to leverage City Arts and Culture Grant funds and Poets & Writers Grant funds in order to provide this opportunity.

Classes: The total number of workshops and class sessions offered through Art Works Gallery was 167 during FY11/12. Art Works Gallery offered 20 specific curricula during 119 separate class or workshop sessions, in addition to the highly popular Friday evening workshop series, After Works, which offered 48 separate workshops during FY11/12.

Art Works Gallery Class Attendance: Art Works Gallery class attendance for FY11/12 was approximately 700 students at 119 separate class or workshop sessions. The average attendance at a regular Art Works Gallery class totaled about 6 students.

After Works Workshop/Event Attendance: Attendance at the 48 After Works events and workshops during FY11/12 totaled 866, an average of 18 individuals each. The best attendance occurred during the following workshops: Spooky Sparkly Spiders, Photo Jewelry, and Fused Glass with Dawn Woodruff; Meet the Artist with Jill Simpson; Shoeboxes as Art with Lisa Henry; "Memory, Shapes and Sounds" and "Writing Our Place" Chapbook Creation workshops with Angela Brenchley of Inlandia Institute; and Mixed Media Postcards with Ahnna Hayes. Each of these workshops included audiences in excess of 18 students, some far greater (such as Dawn's Fused Glass workshop in December, which had an attendance of 32).

Instructors: During FY11/12, there were 32 separate instructors for all Art Works Gallery and After Works workshops and classes. Some instructors taught only a single class or workshop, while others taught a series of classes or workshops. Of these 32 instructors, 25 have personal lived experience with mental health challenges.

Special Event Attendance: Art Works' FY11/12 community outreach touched at least a total of 2,950 lives throughout Riverside County, as well as in Orlando, FL. This was accomplished through Art Works Gallery's participation in the monthly Riverside Downtown Art Walk on the first Thursday of each month, the free Community Education Film Series, and performance of the Acting Out Loud plays Scrambled Eggs and Jubilee and one-person shows by Lydia T. Ware-i and Tiffany Keeler. Art Walk outreach included community members, peers, mental health workers, and family members and friends. The approximate attendance at Art Walk exhibitions totaled 2,300 for 13 exhibition events (two in November) in FY11/12. The Community Education Film Series was presented in four cities throughout Riverside County (Riverside, Temecula, Hemet/San Jacinto, and Palm Springs) with a total attendance of 492. In addition, the Jubilee performance troupe performed for the SAMHSA Alternatives Conference in Orlando, FL. The Acting Out Loud performance troupe performed at several other sites during FY11/12, as well.

The Innovation funding for this proposed one-time pilot project ended June 30, 2012. After review of the performance outcomes measures it was determined that the program had a positive impact of the lives of the participants. However the Mobile aspect of the program was not effective as attendance and completion of program cycles was not effective. The Department also understands the value of the expressive arts programming which was also voiced by community stakeholders through the annual update process. Thus the Innovation program was transformed into a stationary, centrally located "Art Works" program supported by Community Services and Supports funding. The Department was able to glean out the positive aspects of the "Arts Core Project" and embed them into the transformed expressive arts program.

INN-02 Recovery Learning Center

The Recovery Learning Centers (RLC) provide services to Transition Age Youth, Adults, and Older Adults with serious emotional disorder and/or serious mental illness, and/or with co-occurring substance abuse disorders. Priority populations include unengaged homeless individuals, high users of services (e.g., those from acute-inpatient settings, outpatient crisis services). Adults are also referred from the Mental Health Outpatient Clinics.

The intent of the RLC's is to create a new service delivery model, one that is "consumer-driven", not just consumer-enhanced. By contrast, peer run centers typically function only for support and offer socialization, vocational, and consumer education. RLC's are mental health services centers that are envisioned, developed, and led by peer practitioners, with the intent to operationalize the recovery philosophy into practice. The RLC was conceived and designed by a peer leadership forum which included consumers who have worked as Peer Support Specialists in the public mental health service system, volunteers, peer community leaders, and consumer stakeholders. This consumer group proposed development of a peer-operated mental health services clinic and brought their proposal to Riverside County as a recommended pilot.

Consumers who are served by programs that were developed and implemented by peers have shown better healing outcomes, greater levels of empowerment, shorter hospital stays, and fewer hospital admissions (Dumont & Jones, 2002). The design of the RLC including program philosophy, physical plant, structure and service delivery as envisioned by people with lived-experience who are dedicated to improving the lives of consumers.

The RLC provides a range of mental health services, instead of offering ancillary peer services which serve as an adjunct to professionally provided services, which is the current standard of practice. By establishing a program rooted in recovery philosophy and operated by people with lived-experience, the RLC not only allows for a unique learning experience for consumers, but also serves as a transformational influence in the overall mental health services system. There are two Recovery Learning Centers – one located in Indio, serving the Desert Region and one located in Riverside, serving the Western Region.

Desert Region - RLC Progress Update for FY11/12

- The Recovery Learning Center – Desert Region began staff recruitment in March 2011. The Mental Health Services Supervisor (MHSS) was hired in May 2011 and the Senior Peer Support Specialist (SPSS) was hired in April 2011.
- The plan was for the existing Indio Mental Health Clinic to move their Children's Services (Out Patient (OP), Multi-Dimensional Family Therapy (MDFT), and Wrap-Around) into a separate Children's Clinic in downtown Indio. The vacated Children's Services space would become home to the new Recovery Learning Center, thus giving adult consumers

the choice between traditional outpatient mental health services or peer-driven services provided by the RLC.

- Unfortunately, the space identified for the Children's Clinic fell through and the RLC project was placed on hold.
- During FY11/12, the MHSS and SPSS of the RLC developed a Consumer Advisory Committee to provide feedback and ideas on activities that could be beneficial to the RLC.
- The MHSS and SPSS began to identify programs and services within the community who would partner with the RLC to provide wellness services for consumers. Such programs included the Coachella Valley Arts Alliance, Palm Springs Art Museum, Harmony Center, and Coachella Valley Rescue Mission.
- In order to deal with the problem of not having available space, the Desert Region Administrator re-developed the RLC as a field-based peer support program, with most of the recovery coaching taking place in "real life" community settings, rather than in the mental health clinic. We call this a "Recovery Learning Center without walls".
- The proposal was approved and the MHSS identified enough office space in the clinic to house 3 Recovery Coaches. This allowed the MHSS to begin staff recruitment in spring of 2012.

Western Region - RLC Activities for FY11/12

- Grand opening community celebration was held on Sept 28, 2011 with over 250 people in attendance.
- Building completed with decorations and furnishing.
- Hired 7 PSS, 2CT, 2OA, psychiatrist, Sr. PSS, RN
- Welcomed 186 people. Member enrollment continued to flex between 70 – 85 members
- Completed 12 WRAP classes
- Conducted an average of 10 different recovery activities a week.

- Facilitated 217 activities such as (WELL, Medications for Success, Relaxation, Drumming, Healthy Living, etc.)
- Provided 12 in-service trainings for the staff.
- Held our first graduation in which 6 members graduated
- Assisted 10 members with vocational services through Jefferson Wellness Vocational Program
- Linked 3 members to Riverside Community College
- Another alternative therapeutic treatment modality being piloted at the RLC is animal assisted therapy.

Desert Region - RLC Progress Update for FY12/13

- The RLC - Desert Region opened its doors to new referrals on July 2, 2012. The SPSS began by taking on new members while new PSS hires were going through HR process, and conducted outreach to consumers from various locations.
- Target populations included residents of Board & Cares; clients who completed Urgent Care at the Indio OP Clinic; those that completed a 14-day stay at the Desert Rancho CRT; and clients referred by psychiatrists who were not successfully engaged in treatment. A First Recovery Coach was hired on Sept 6, 2012. The Second Recovery Coach was hired Nov 1, 2012 and the third Recovery Coach was hired on December 3, 2012.
- As of January 15, 2013, the RLC had received 30 referrals and had 13 actively engaged members.
- Recovery Coach and SPSS began implementation of first WRAP group in September 2012; completed in December with 6 graduated members.
- Second WRAP group began January 15, 2013.
- WRAP graduates created an Alumni group called “Moving Forward”. Group is scheduled to begin January 17, 2013.

- Recovery Coaches often meet members in their homes, at local restaurants, grocery stores, park settings, and the local Peer Center.

- Recovery Coaches work on specific member goals. Member identified goals have included losing weight, reducing isolation, achieving sobriety, and obtaining employment. Recovery Coaches meet with members in the community to support their goal achievements. For example, a Recovery Coach met with their member at a restaurant to assist the member with identifying healthy choices for eating.

- RLC hosted an "Open House" for Indio Adult & Children's staff, RLC members, and staff from Residential Case Management to learn about RLC philosophy and meet Recovery Coaches.

- RLC added a PSS Intern in December 2012 for a 6-month internship as a Recovery Coach.

Desert Region - RLC Challenges

- Loss of SPSS: The SPSS has been out on Medical Disability since October 2012. We were able to identify an Interim SPSS who has taken over the SPSS's responsibilities.

- New hires having difficulty learning the new Electronic Medical Record (ELMR), billing and documentation procedures, and use of "Medi-Cal language" in progress notes.

- Low number of referrals received to date.

- Difficulty engaging and "selling Recovery" to consumers with chronic and severe mental illness, who are reluctant to commit to a new program.

Western Region - RLC Challenges

- Difficulties with recruitment of diverse and multi-cultural/multi-linguistic Peer Support Specialists.

- Difficulty with achieving diversity levels of Peer Support Specialist (with expertise in the mental health recovery process).

- Developing appropriate interview process to identify the Peer Support Specialists with experience in working with recovery in mental health settings.
- Retention of Peer Support Specialists and Senior Peer Specialist.
- Developing protocols that recognize the innovative approach of the services.
- Challenges with billing codes and Medi-Cal billing services that do not meet the recovery innovative approach.

Desert RLC Plans for FY13/14

- Revamp the Consumer Advisory Committee to include both current members and mental health consumers, but also partner agencies in the community who assist our members in achieving wellness.
- Recruit and hire all 5 PSS positions (3 of the 5 are currently filled).
- Have each PSS assigned to 15 members for a total of 75 active members enrolled in the program.
- Continue to outreach and engage potential members living at Desert homeless shelters (Coachella Rescue Mission; Martha's Kitchen, Roy's Resource Center); as well as continued outreach with Milestones Board & Care, Desert Rancho CRT, La Hacienda Apartments, PHF discharges, and Adult OP clinic "meds only" consumers.
- Celebrate milestones and achievements of RLC members by honoring them at the Harmony Center "Celebration of Successes" bi-annual graduations.

INN-03 Family Room Project

The Family Room is a new way (modality) of delivering services which means that mental health services are being provided within the context of a partnership between the person needing services, family, supportive individuals, and the provider. Overall the new modality of services is an integration of treatment planning, program content and collaboration with family members and or individuals who have an important role in a person's life who is receiving services. This approach is based on the premise that serious mental illness frequently derails individual and family lives by creating losses of dignity, hope, respect, uniqueness, and self

acceptance. In addition, there are also losses due to stigma, poverty, lack of choices, social isolation, and lack of opportunities. Therefore the Family Room not only works with the individual who is receiving services but also provides education, skill training and support to the family members and loved ones who are important to the life of the person. In providing these services the focus is on regaining back what was once lost.

The new way of delivering services also makes great effort to create a culture of acceptance, purposeful interpersonal interactions, personal power, and motivation. The primary interventions to achieve these goals are trauma reduction, personal motivation, knowledge building, relationship enhancement, and restoring self determination. Also, in this process of cultural endeavor a great emphasis is given to the clinic physical environment and appearance (lobby, paint colors, clinic offices, and group rooms) so that it can lower any barriers and enhance effectiveness of services. In this aspect the clinic has created a family friendly lobby, by rearranging the reception area, removing the glass window in the lobby, creating a welcoming and an information center in the lobby, establishing so-called "family rooms" to resemble a family living room and selecting warm color paint for the entire clinic.

In addition, the Family Room provides services by employing "Family Specialists" who have lived experience with their loved ones who have been receiving mental health services. However, all staff is being trained to provide services with inclusion of family members.

Currently the Family Room has employed three Family Specialists (they have lived experience as a family member) who with other staff provide programs such as Family Support Group, Peer Support Group, From Crisis to Stability and Recovery Up-Front, which are in addition to the individual services that they provide. The Family Room clinic also works closely and collaborates with the Department's Family Advocate and a Family Room Advisory Council (FRAC) that is made up of consumers and family members. The next step for the Family Room Clinic will be to establish efficacy data by measuring outcomes on the services that are being provided.

INN-04 Older Adult Self Management Health Team Project

Healthy Living Partnership (HeLP) - The new Integrated Health Innovation project establishes an Older Adult Self-Management Health Team program, titled the Healthy Living Partnership (HeLP) for consumer engagement and health care self-management education and support.

This project employs the Chronic Disease Self-Management Program (CDSMP), interagency collaboration, coordination of care, and peer support to assist consumers with at least 3 chronic health problems as well as mental health issues.

The primary purpose of the HeLP Program is to increase the quality of services to this population by monitoring the outcomes of intensive coordinated physical and mental health care received by the clients in this program. Services include medication management; intensive collaboration and coordination with primary care providers; and a Peer Support Specialist to provide ongoing support, facilitate consumer use of the HeLP resource room, and assist consumers in locating and utilizing community activities. A Registered Nurse is in a pivotal position to coordinate medication services and provide consultation and case management services to the consumer. The CDSMP group is a 6- to 8-week intervention that addresses topics including 1) skill-building techniques to cope with issues such as frustration, fatigue, pain, and isolation; 2) appropriate exercises for maintaining and improving strength, flexibility, and endurance; 3) appropriate use of medications; 4) effective communication with family, friends, and health care providers; 5) nutrition; and 6) how to evaluate new treatments.

Outcome measures are used to evaluate the efficiency and effectiveness of the program and include lab tests at entry and every 6 months and pre- and post-treatment measures assessing factors including consumer perception of health and well-being, activity level, and use of coping skills.

Program implementation was in April 2012, starting with the staff training in the delivery of the CDSMP group treatment program. As of January 1, 2013, 36 referrals were received by the program. Of that number, 24 enrolled; 6 declined to participate, 2 are being followed up on, 1 was declined because of dementia, and 3 declined because they are enrolled in a FSP.

Capital Facilities/Technological Needs

On March 14, 2008, the State Department of Mental Health released the guidelines for the MHSA Capital Facilities and Technology Component. 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 member's access to health information within a variety of public and private settings.

Capital Facilities

In the original Capital Facility Plan, Riverside County recommended four prioritized projects. The Hemet Clinic was identified as the first priority for implementation. The other three projects were recommended in the event that the original Hemet Project was not successfully executed. All recommended projects were the result of local community and stakeholder planning process and posted and distributed for a 30-day open review/comment period.

The original acquisition of the Hemet Clinic was blocked due to community opposition. The Department consequently was instructed to withdraw its intent to purchase the Hemet Facility. The second recommendation, in order of priority, was the consolidation of the Western Region Children's programs which would create a single physical plant and structure to maximize functional, operational, and cost efficiencies

The MHSA Children's Out-Patient Program Consolidation Project included the purchase of two existing structures, at a combined capacity of 78,116 square feet, centrally located on 3075 & 3125 Myers Street, Riverside, CA 92503. These buildings were previously used as a corporate headquarters for a recreational vehicles (RV) manufacturer. All renovations for the proposed project will consist of program operational and administrative needs, including Riverside County's Information Technology (RCIT) required updates to the data communications system in order to meet County standards. Specifically, four (4) Parent-Child Interactive Therapy (PCIT) rooms each consisting of a Play Room, Observation Room, Group Room, Interview Room, Chart Room, and a Lobby/Greeting Area will be set up and equipped. Renovations for these rooms include modified light fixtures, the installation of one-way mirrors, correct room door placements, and specific electrical circuits, and other construction as needed by the program.

This project allows consumers to access children's services at a centralized location, while minimizing costs and maximizing program services. The project will consolidate the Western and Central Children's programs. It is expected that the Western Children's programs will serve 2,281 individuals/families per year, while Central Children's is anticipated to serve 1,279 individuals/families per year. The Western Children's program consolidation will include the Children's Interagency Treatment Services for Families (ISF) Wraparound, Riverside Wraparound, the Multi-Dimensional Family Therapy (MDFT)-Western Expansion program, as well as the Western Children's Administration. The Central Children's programs will include the Assessment and Consultation Team (ACT), Children's Case Management, Multi-Dimensional Treatment Foster Care, Youth Hospital Intervention Program (YHIP), Parent Support and Training Unit, the Therapeutic Residential Assessment and Consultation Team, and Central Children's Administration. The Information Technology staff will also be housed at the site to support aforementioned programs. It closed escrow at the end of September 2011.

Technological Needs

RCDMH received approval to use MHSA Technology funding for implementing the Behavioral Health Information System (BHIS), as well as approval regarding the specific details for how funds will be used to implement the BHIS.

This implementation plan for BHIS includes: (1) purchasing and configuring hardware, (2) purchasing software, (3) professional fees associated with customizing the software for RCDMH, (4) additional staff for development, implementation, maintenance, and training.

The county has replaced the legacy INSYST and eCura software applications with a fully integrated BHIS for Practice Management, Managed Care, and Clinical EHR (Electronic Health Record). The new BHIS has been implemented in phased releases. Phase I included Practice Management, Administrative Workflow, Managed Care, Billing & Accounting, and all state mandated reporting. Phase 2 involved the implementation of a Clinical EHR function.

Electronic Health Record Implementation FY11/12

Phase 1 was completed at the very beginning of FY11/12, and Phase 2 was initiated. The second phase of the implementation primarily focused on the Clinical Workstation (CWS) module. This included the actual clinical content of the Electronic Health Record. Basically, it

replaced all of RCDMH's hard copy charts with electronic charts. This second phase went live on July 2, 2012. In addition to CWS, other modules were implemented as well: Executive Report System (ERS), Document Management for scanning various documents into the clinical record, Client Fund Management System (CFMS), and signature pads for recording client's signatures.

This implementation was executed by using program representatives from throughout the County's programs. Clinical documentation forms were designed and created. Reports were designed. Beginning around January, testing was initiated. During the testing process, individuals who are not on the implementation team were invited to work through the various forms to identify ways that they could be improved. Training materials were developed. Three Beta sites were identified and went Live earlier than the rest of the Department. Concurrently, trainings were delivered to over 700 end users who were direct service providers or supervisors.

During this same time frame, ongoing work was needed to troubleshoot various issues that came up as a result of the first phase of the implementation. Specifically, workflow was refined regarding the billing process and reports were revised or designed to provide users with the information they needed to troubleshoot data entry.

Plans for FY13/14

In 2012/2013, we have been refining business workflow and working with the vendor to address software bugs. In addition, we are working on implementing software that will meet the Federal Meaningful Use requirements. This will add the ability for psychiatrists to order lab tests and receive lab results electronically in the clients' electronic health records. This will also introduce a software product called Consumer Connect that will make it possible for consumers to view their health records through a secure web portal.

FY13/14 is the final year of the budget for this implementation. During this year, County operated programs will be working to continue development of new business practices to incorporate the new software into their workflow. Processes will continue to be refined for making workflow more efficient and accurate regarding: Quality Improvement auditing practices, clinic error checking, and billing processes. In addition, there will be activities focused on the continued development of electronic methods for exchanging data with contract providers who have their own electronic health records.

MHSA Housing

MHSA Housing Activities, July 1, 2011 - June 30, 2012

The Department of Mental Health operates two Safehaven facilities that follow a low demand drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals. Both facilities are operated via contract that emphases peer-to-peer engagement and support. Ninety nine percent of staff have received mental health services (consumers of care or peers) and many have also experienced prolonged periods of homelessness. The Place, located in Riverside, opened in 2007 and provides permanent housing for 25 adults along with supportive services, laundry facilities, 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. Those seeking housing at The Place must have a diagnosed mental illness and be considered chronically homeless. The permanent housing component operated at above 95% occupancy rate during 2011/12, with any vacancies being quickly filled. During FY11/12, The Place had an average of 900 drop in guests each month.

The Path, located in Palm Springs, opened in 2009 and provides permanent supportive housing for 25 adults on the campus of Roy's Resource Center. It is located immediately adjacent to an FSP clinic that is operated by the Department of Mental Health. More than 80% of the tenants who have resided in The Path maintain stable housing for longer than 1 year. The Path had an average of 120 drop-in visitors each month during FY2011/12.

Both facilities are operated by Recovery Innovations Jefferson Transitional Programs under contract with RCDMH and both continue to operate at or near full capacity. During FY11/12, funding for temporary emergency housing was continued. The success of The Path and The Place, together with the prominent role they play in the continuum of housing for Department of Mental Health consumers, positions these programs for continued success as a valuable contact point for homeless individuals with mental illness.

The MHSA permanent supportive housing program continued to advance its efforts during FY2011/12 through the opening of new permanent supportive housing in all three service delivery regions of the Department of Mental Health. A total of 45 MHSA units were completed and occupied during FY2011/12 for TAY, adults and older adult consumers. All of the MHSA units were embedded in affordable housing communities that were built in the City of Riverside, the City of Menifee and in Thousand Palms. It should be noted that MHSA housing funds assisted developers in financing affordable housing projects as MHSA funds leveraged the development of 382 total affordable housing units during FY2011/12. Fifteen (15) MHSA units were developed in each project.

Vintage at Snowberry, located in the City of Riverside, consists of 224 units of senior housing and is the largest affordable housing development in California to include MHSA units and utilize MHSA funds as part of its financing plan. Other government entities participated in the development of this community, including the City of Riverside, the state of California (through the award of Tax Credits), the Riverside Economic Development Agency, and the Department of Housing and Urban Development. Vintage at Snowberry was one of the most successful communities of its kind ever developed by its sponsor. The first MHSA residents moved into Vintage at Snowberry in August 2011. All 15 MHSA units are occupied and have been continuously occupied since its opening.

Another 15 units of MHSA permanent supportive housing for seniors opened in FY2011/12 in the City of Menifee. The Vineyards at Menifee is a new 80 unit community that includes 15 MHSA units. The Vineyards at Menifee provides the first MHSA permanent supportive housing units in the Mid-County service delivery region of Riverside County. The first units were available for occupancy in November 2011. All MHSA units were occupied immediately and remain occupied.

Legacy, located in Desert Hot Springs, opened during FY2011/12 and provides 15 units of MHSA housing for TAY, Adults and older adults within a 78 unit affordable multi-family housing community. Occupancy of MHSA units began in November 2011. All MHSA units are occupied and have been continuously occupied since opening.

An application for MHSA funds was submitted to the state Department of Mental Health and the California Housing Finance Agency (CalHFA) during FY2011/12 for development of 15 MHSA units as part of the acquisition and construction of an existing 96-unit affordable housing community in Desert Hot Springs. Verbena Crossing will provide housing for TAY, adults and older adults as part of the $10 million redevelopment and refurbishing of this community. The occupancy of the first MHSA units is expected to begin in early spring 2013.

An additional application for MHSA funds was submitted to state Department of Mental Health and CalHFA during FY2011/12 for the development of 15 MHSA units for TAY, adults and older adults as part of the development of a new $21 million, 78-unit affordable housing community in the City of Riverside. Preliminary approval of the financing was projected for late 2012, followed by the issuance of a financing commitment by CalHFA in early 2013 and groundbreaking shortly thereafter. Occupancy is expected in early- to mid-2014.

Stakeholder presentations were conducted in April 2012 for the proposed development of 15 units of MHSA permanent supportive housing for TAY, adults and older adults in Perris, located in the Mid-County service delivery region of the Department of Mental Health. The MHSA units would be part of Perris Family Apartments, a 75-unit, $20 million affordable housing community that is being developed by an entity that has previously developed housing in partnership with the Department of Mental Health. Stakeholders provided enthusiastic support for this development. An application to the state Department of Mental Health and CalHFA for MHSA funds was projected to be submitted in late 2012. Construction is expected to begin in 2014.

The first units of MHSA permanent supportive housing in Riverside County were completed and available for occupancy in October 2010 to serve TAY, adults and older adults. The 15 MHSA units are located in Rancho Dorado, located in the City of Moreno Valley, consisting of a two-phase community that has 150 units of affordable housing. The MHSA units at Rancho Dorado have been continuously occupied since the property was opened.

Looking Ahead to FY 2013/14

The development of MHSA permanent supportive housing is dependent upon the vitality and activity level of the housing industry in general. There was improvement in FY2011/12 in the conditions that had previously thwarted housing development activity. The continued period of low historic interest rates and better access to financing helped existing projects proceed and prospective projects gain support from investors and financing sources. Stability in these conditions will allow the three projects that are currently in the pre-development, early development and acquisition/rehab phases of activity to progress.

The elimination of Redevelopment Agencies statewide, however, has withdrawn a source of funding for affordable housing that has traditionally been a powerful driver of new housing. It is not clear what, if any, new mechanisms will evolve in place of Redevelopment Agencies to provide the crucial gap funding that has historically been the engine to help affordable housing to be created. Affordable housing communities provide a natural setting and partnership for the development of MHSA units. The vacuum brought about by the elimination of Redevelopment Agencies raises the concern that any reduction in affordable housing development activity may also reduce the opportunities for MHSA housing in the future.

MHSA MENTAL HEALTH COURT

Riverside Mental Health Court:

Western Riverside County's Mental Health Court has been operational since November 2006, after re-establishing under Proposition 63/MHSA funding. This program has expanded from one Clinical Therapist and one Office Assistant in 2006 to current levels of eleven full time employees and one student intern.

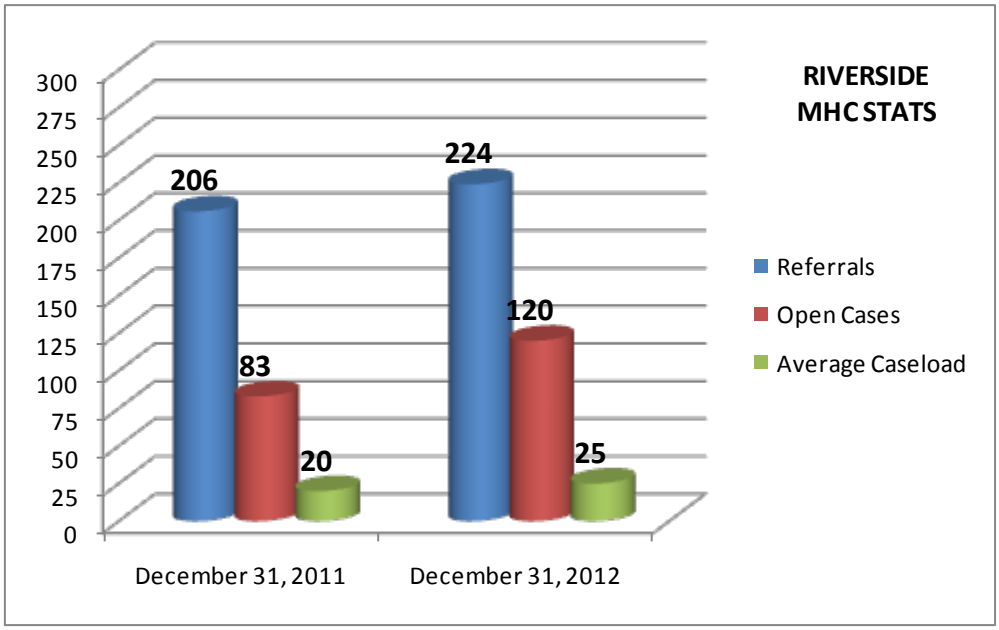
Current staffing levels:

- 1 Mental Health Services Supervisor (MHSS) (vacant)
- 5 Clinical Therapists assigned to MH Court (one vacancy)
- 4 Behavioral Health Specialists
- 1 Office Assistant III

There is currently a candidate for the MHSS position in the Sheriff's background check. Detention also has one vacant Clinical Therapist position in Riverside and is working with HR to identify potential candidates to fill the position.

2012 YTD Stats as of December 31, 2012:

- Referrals - 224
- Open cases - 120
- Average caseload - 25



Mid-County Mental Health Court:

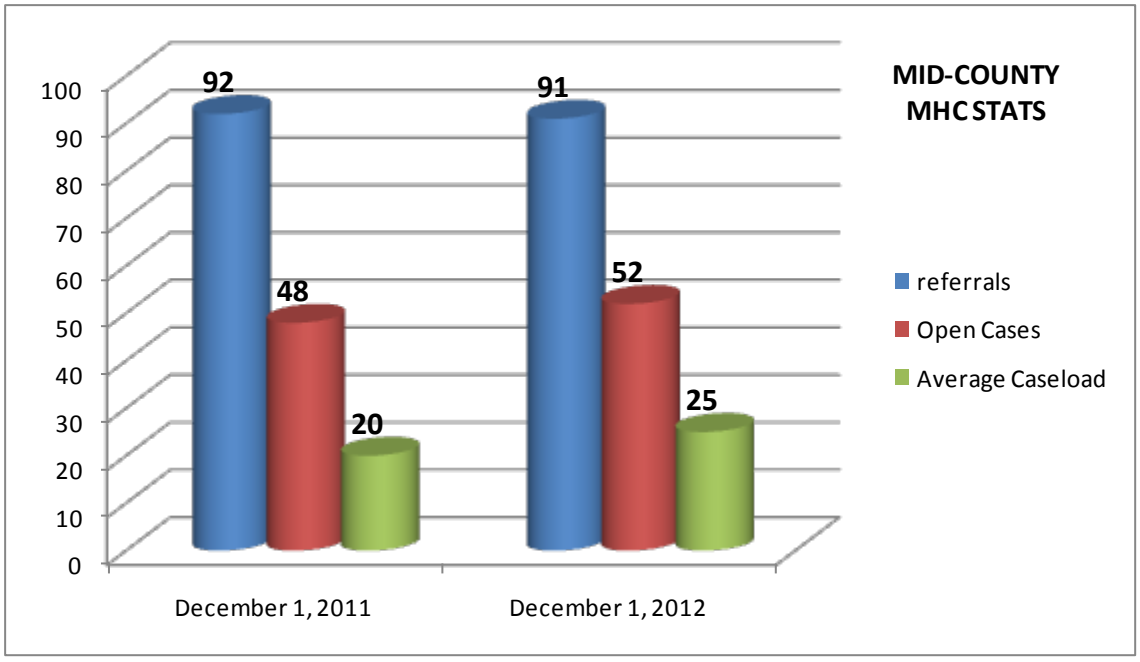
The Mid-County/Southwest Mental Health Court was established in September of 2009.

Current staffing levels:

- 1 Clinical Therapist
- 2 Behavioral Health Specialists
- 1 Office Assistant

2012 YTD Stats as of December 31, 2012:

- Referrals - 91
- Open cases - 52
- Average caseload - 25



Indio Mental Health Court:

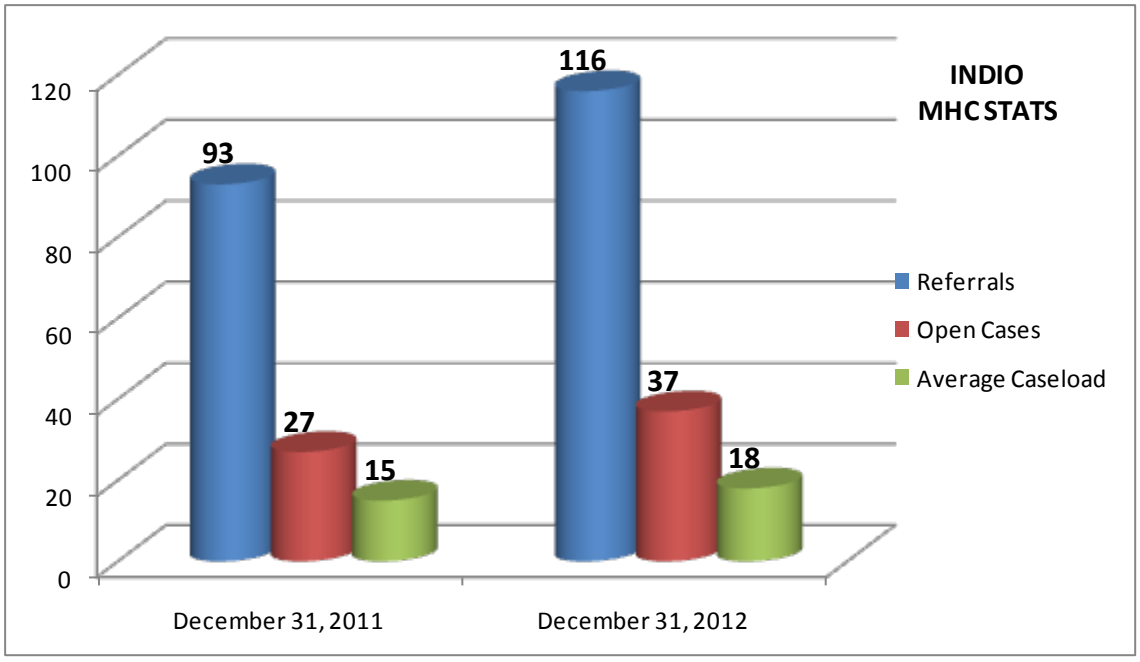
The Desert region's Indio Mental Health Court was established in May of 2007.

Current staffing levels:

- 1 Clinical Therapist
- 2 Behavioral Health Specialists
- 1 Office Assistant

2012 YTD Stats as of December 31, 2012:

- Referrals - 116
- Current open cases - 37
- Average caseload - 18



In 2012 the Mental Health Court was awarded the Council on Mentally Ill Offenders (COMIO) best practice award and the California State Association of Counties (CSAC) Merit Award.

Mental Health Court continues to be a highly successful program here in Riverside County.

Veterans Court

On January 5, 3012, Veteran's Court convened for the very first time in Department 31 under the leadership of Superior Court Judge Mark Johnson. Veteran's Court is a joint effort between the Riverside County Superior Court, Veteran's Administration (VA), and several Riverside County and City agencies including the District Attorney, Public Defender, Probation, Mental Health, Riverside Police Department, and other county Veteran agencies. The Court specifically addresses the needs of Riverside County Veterans charged with criminal offenses, and it is a 12 to 18 month program that provides treatment and rehabilitation to Veterans.

A key component of the program is mentoring. Veteran mentors are pre screened volunteer veterans and are very critical to the success of the participants. Mentors provide support and guidance to the veterans in a way that is culturally competent, as they understand and relate to the military culture so engrained in Veteran's Court participants. These volunteers dedicate countless hours each week to support the veterans and the program. Currently, there are five (5) veteran mentors.

The goal of entry into the program is three weeks (21 days) from arraignment, the Veteran's Court referred form is completed by the client's attorney early in the Court process and the case is set in Department 31 for an eligibility hearing seven to fourteen days out. At this time the court requests mental health clinical assessments, which are done by the Clinical Therapist assigned to the Veteran's Court. Year to date MH has provided 10 clinical assessments and referrals are growing daily as the program grows. So far we have had 61 veterans referred to the program and a total of 18 were accepted; 17 males and 1 female. Please see attachment 1 which is a detailed summary of the demographic information for 2012.

The success of the program, both economically and socially, is reflected in many different ways. Veteran's Court saves State and County funds in the avoidance of prison costs ($134.25 per day State, and $142.92 per day at local jails) when participants are in treatment in lieu of incarceration. Also when the Veteran's Administration provided the treatment services, County treatment services were not utilized, saving in both duplication of services and cost. The most significant savings is human life - the veterans who fought for our Country and their families who sacrificed so much as a result. The first Veteran's Court graduation was expected to take place in April 2013.

The Veteran's Court team was selected to attend a week long federal training program specifically for Veteran's Court on July 23-27, 2012 conducted by the National Drug Court Institute. This training involved mentors from all over the Country and walked the team through each step of development of a new Veteran's Court program. The Riverside team had the distinct honor of working with Judge Robert Russell of Buffalo New York, who is responsible for the implementation of the very first Veteran's Court in the United States.

The training highlighted the special skills and understanding needed to work with veterans in a drug court model. In a course of a week the Riverside team developed a mission statement, protocols, and procedures and gained a real understanding of the various roles and responsibilities within the Veteran's Court team.

Veteran's Court Riverside "Stand Down" Event

You may ask "what is a STAND DOWN"? In times of war, exhausted combat units requiring time to rest and recover were removed from the battlefields to a place of relative security and safety called a "Stand Down". Today a STAND DOWN refers to a community-based intervention program designed to help the nation's estimated 200,000 homeless veterans "combat" life on the streets.

Riverside Superior Court, District Attorney, Public Defender, Department of Mental Health, the Veteran's Administration, Veteran's service groups and the community joined together to hold the first Riverside Stand Down last year on November 8-10, 2012. More than 300 veterans participated in the early registration on November 8th, where they indicated the services that they needed to get back on their feet. Upon entering the Stand Down, veterans were offered respect, honor, and assistance. Their immediate physical and mental health needs were addressed. They received a hot breakfast, showers, clothing, a barber, medical and dental services.

Truly the highlight of the event was Veterans hampered by old infractions and tickets were able to request a review for dismissal. Veteran Services provided the District Attorney and the Public Defender with documentation of minor legal issues that were reviewed and/or dismissed on the last day of the event. Approximately 30 cases were reviewed, some cases were immediately dismissed, while others required evidence of completing community service or obtaining services before being dismissed. The purpose was to assure that each veteran would obtain

services he and/or she needed to be able to get employment, driver's licenses, rentals, etc. Many Public Defenders and Private Attorneys volunteered their time to support and respect the veterans.

Finally, five mentors of the Mental Health Court program and our graduate student intern participated in the 3-day event. We provided mental health and substance abuse resources and many other incentives to encourage mental health wellness.

Recovery Innovations at Jefferson Transitional Program (JTP)

(Western and Mid County Peer Support and Resource Centers)

In 2012 Jefferson Transitional Programs (JTP) was acquired by Recovery Innovations and will now operate as Recovery Innovations at JTP.

Mission: Involve people in their own treatment and care so they may walk through the door of recovery with confidence- moving from crisis to stability, victim to survivor and hopelessness to happiness.

Vision: To assist individuals with psychiatric and/or dual diagnosis challenges in becoming productive and thriving citizens through the provision of safe affordable housing; development of functional life skills; opportunities to explore and develop vocational options; and promotion of community awareness and sensitivity to the needs and potential of individuals with psychiatric and/or dual diagnoses.

What We Do: We offer a variety of resources in-house, such as:

- Housing
- Volunteer opportunities
- Vocational training and pre-employment skills training
- Computers
- Workshops on a variety of quality-of-life topics

We also assist individuals in connecting with community resources and supports, in order to promote community integration, physical wellness, and social participation. Examples of these resources include but are not limited to:

- Riverside Community College's Disabled Services Center
- Housing and Urban Development Office
- SSI Advocacy Firms
- Legal Aid
- Transportation Assistance Program (TAP)
- Department of Rehabilitation

Peer Support: From the moment a person walks through the door, they witness their fellow peers greeting them, volunteering at the receptionist desk, answering phones, and teaching recovery classes. In addition, 94% of our staff have lived experience with mental health challenges and are a great demonstration that recovery is possible. Staff and program participants partner to create a culture where each person's talents, skills, and abilities are valued and used to encourage others. Participants are encouraged to develop relationships and support networks with each other to move their recovery journey forward.

Recovery Education: Within our centers, classes are offered daily, and are taught by program participants, staff, and community partners. Class topics range from nutrition and exercise to increasing social participation and goal-setting. In the larger community, individuals educate the public on mental health challenges in order to decrease stigma. Some examples of these efforts include:

- Storytelling through NAMI's In Our Own Voice for the Sheriff's Department, local universities, hospitals, clinics
- Participating in Community Health Fairs
- Participating in Community Events

Community Integration: Our ultimate goal at the Peer Support and Resource Services Center is to see each participant achieve a greater level of independence and involvement within the community. Each month, we provide opportunities to participate in free or low-cost community events. Through these events, participants are encouraged to explore personal interests, engage in new experiences, develop friendships, and discover welcoming places that will increase their quality of life.

Community Support:

- Loma Linda University's Nursing Department developed and taught a Physical Health Awareness class.
- Springboard offered workshops on developing financial stability.
- DBSA has provided the location for JTP's Annual Magic of Believing Fundraiser. Also, every major holiday, all JTP Peers were invited to social events at the home/grounds of DBSA President JoAnn Martin.

- Riverside City Police Department was provided education from a peer panel in conjunction with a Q & A session for law enforcement officers and staff.
- Riverside County Sheriff's Department was provided education from a peer panel in conjunction with a Q & A session for law enforcement officers and staff.

FY11/12 Activities

For FY11/12, the JTP Peer Support and Resource Service Center activities/accomplishments include:

The following is a breakdown for both the Western and Mid-County Region.

Western Region

- The Adult Program served a total of 210 individuals unduplicated.
- The Transitional Age Youth Program (TAY) has served a total of 78 individuals unduplicated.

Mid-County Region

- The Adult Program served a total of 407 individuals unduplicated.
- The Transitional Age Youth Program (TAY) has served a total of 69 individuals unduplicated.

Program Milestones

- Thirteen (13) peers obtained and sustained ninety (90) days of gainful employment.
- Fifty-seven (57) peers enrolled in higher education courses.
- Assisted eighty-seven (87) peers apply for benefits (SSI/SSDI, Work Incentives, and Medical).
- Assisted three hundred thirty-eight (338) peers obtain housing of their choice.

Consumer Supports and Education

ASIST (Applied Suicide Intervention Skill) from RCDMH: JTP provided two 16 hour ASIST classes (25 in each class) for RCDMH and JTP Peer Support Specialists and other designated county mental health staff. This has created a life-assisting community in our county, a group of individuals seeking to prevent the immediate risk of suicide.

Peer Employment Training: JTP provided six Peer Employment Training classes, two in each region (Western, Mid-County, and Desert). There were approximately 150 participants that graduated. The 80 hour classroom training and graduation celebration provided a very positive opportunity for participants to demonstrate empowerment in recovery. JTP continued to work

with individuals who were seeking employment as Peer Support Specialists in the County of Riverside.

NAMI Programs

NAMI Programs at JTP began in Sept 2011 with the hiring of a Program Supervisor and Program Coordinator. A second Program Coordinator staff was hired in the Western Region in April 2012. The program has 2 office locations, one in the JTP Recovery Peer Run Center in Riverside and another at the JTP Peer Run Center in Perris.

NAMI Signature Program: In Our Own Voice

In Our Own Voice (IOOV) is an education and recovery presentation given by trained presenters who are living full and productive lives while personally overcoming their mental health challenges.

This program provides the community with practical, useful information about mental health. Over 58 million Americans live with a mental health challenges each year. Our presenters share their stories of their experience with their diagnosis. People living with serious mental health challenges speak about their personal journeys to recovery. Thus, IOOV presentations consist of compelling and personal testimonials, a short video, and time for audience questions and discussion.

Target audiences include persons living with a mental health diagnosis, mental health service providers, families, students, law enforcement personnel, professionals, faith communities, and all people wanting to learn about mental illness. The presentation takes 60-90 minutes and is intimate and candid. Presenters engage audiences with their brave and gripping personal journeys. They touch on the various phases of recovery including: Dark days, Acceptance, Treatment, Coping Skills and Successes Hopes and Dreams.

For FY11/12 there were 12 IOOV presentations in the Western Region and 27 in the Mid-County Region. A total of 850 people were able to attend IOOV presentation this fiscal year.

In Our Own Voice: Western Region:

- 11/11/11 In Our Own Voice Training for Presenters in Western Region/14 Trained Presenters
- 1/11/12 Ben Clark Training Center/Police and Jail staff/ 13
- 1/17/12 Artworks/ Loma Linda Nursing Program/15
- 3/1/12 Brenda's Board and Care/Residents and Staff/ 32
- 3/5/12 NAMI Western Riverside Program meeting/ Families/Peers /30
- 4/18/12 Ben Clark Training Center/ Police and Jail Staff/ 14
- 4/24/12 NAMI Family to Family Program -12 week class participants / 20
- 5/14/12 Ben Clark Training Center/ Police and Jail Staff/ 29 officers
- 5/22/12 Loma Linda School of Nursing students/ JTP/ 19 nurses
- 5/23/12 Riverside Police Department/ Police Staff and Clergy/ 28
- 5/24/12 Rubidoux California Family Life Youth Empowerment Center staff/ 8
- 6/6/12 Riverside County Office on Aging Staff/ 16 staff

In Our Own Voice: Mid-County Region:

- 11/30/11 Mt San Jacinto College Students Psychology 101 class/ 33 students
- 11/30/11 Mt San Jacinto College Students Psychology 101 class/ 32 students
- 1/10/12 JTP Program Participants/Perris location/ 12 peers
- 1/12/12 JTP Program Participants/Perris location/ 15 peers
- 1/19/12 Loma Linda Nursing Students/ Perris/ 15 Nurses
- 1/31/12 Soboba Indian Clinic/ San Jacinto/American Indian Community/ 8
- 2/9/12 Oasis Youth Opportunity Center Perris/ Staff/ TAY Students/ 10

- 2/14/12 Youth Opportunity Center Moreno Valley/ Staff/ TAY Students/ 9
- 2/14/12 JTP Program Participants/ Perris Location/ 14 Peers
- 2/23/12 ANKA Full Service Partnership San Jacinto/ 14 Staff
- 3/2/12 California Family Life Youth Opportunity Center/ San Jacinto/ 9 staff
- 3/2/12 Jefferson Transitional Peer Run Center/ 5 Staff
- 3/22/12 ANKA Full Service Partnership San Jacinto/ 14 Program Participants
- 3/31/12 NAMI Family to Family Class/ Rancho Springs Medical Center/ 20
- 4/2/12 Tribal Counsel School Torres Martinez Reservation/ 27 Youth and Staff
- 4/17/12 Mt San Jacinto College/Human Sexuality Class/ 30 Students
- 4/25/12 Perris Mental Health Clinic Family Room Staff/ 12 Staff
- 4/25/12 Mt San Jacinto College/ Intercultural Relationship class/ 30 Students
- 4/30/12 Mt San Jacinto College/ Dual Diagnosis Class/ 19 Students and Staff
- 5/1/12 CASA- Center Against Sexual Assault San Jacinto/ 5 Staff
- 5/1/12 CASA- Center Against Sexual Assault San Jacinto/ 10 Crisis Volunteers
- 5/7/12 Family Resource Center Perris/ Spanish Community and Staff/ 11
- 5/14/12 Victor Community Service and Supports Perris/ 26 TAY Students and Staff
- 5/16/12 Mt San Jacinto College/ Psychology 101 Class/ 33 Students and Staff
- 5/16/12 Mt San Jacinto College/ Psychology 101 Class/ 29 Students and Staff
- 5/22/12 Older Adult Clinic San Jacinto/ 11 Staff/ Participants
- 5/24/12 Cultural Competency Reducing Disparities Committee/ 4 Committee Members

Here are some comments from those who attended our presentations:

- One student stated that it “was wonderful to experience the presenter’s first hand story and the dreams for the future”.
- Another Student comment “my friend was diagnosed with depression today and the video showed me what to expect and what to suggest”.
- “The presentation gave great insight for people trying to recover. I think what NAMI does is an amazing thing. I think this world would be better if everyone had to be in the class to learn about it.”
- “I understood how important the need for structure is and to be busy throughout the day.”
- Those attending the Law Enforcement presentations said “it gave me a better understanding of what the consumer might be going through and why they have to come to the attention of law enforcement.” “I now understand that I can be the one that can get them back on the right path to getting the help that they need and have a better understanding of how to assist”.
- The presentation “gave me more insight into my son’s treatment program”.
- The nurses expressed that they learned how important "acceptance" was to the peers in the beginning of their recovery. Presentation increased understanding of key recovery concepts.
- Family members shared some of their personal experiences. Many felt that Recovery may be possible, having heard this presentation.

NAMI Signature Program: Parents and Teachers as Allies

This program is designed for teachers, administrators, school health professionals, Parents, Grandparents and others in the community who would be interested in mental health training

This one to two -hour in-service program focuses on helping school professionals and families within the school community better understand the early warning signs of mental health in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of mental health experiences and how schools can best communicate with families about mental health related concerns.

Parents and Teachers as Allies Trainings:

- Two Trainings were completed for both Mid County and Western Regions in which 45 people were trained to present Parents and Teachers as Allies in all three regions of Riverside County.
- Presentation March 23, 2012 to School Psychologists, Nurses and Counselors in Lake Elsinore/ Audience- 13
- Presentation April 10th 2012 at Arizona Middle School to Spanish Speaking Parents and Bi-Lingual staff/ Audience- 9
- Presentation May 9th 2012 to District Nurses and Health Clerks at Lake Elsinore District office/ Audience- 23
- Presentation June 4th 2012 to Counselors, MFT's and MFT Interns in Hemet Unified School District/ Audience- 9

NAMI Signature Program: Breaking the Silence

Teaching the Next Generation About Mental Illness: One in five of our children will have a mental health challenge at some point in their lives. Mental illness has never been more treatable, but there is a deafening silence about it in our classrooms. Fully scripted innovative lessons and suggested activities for upper elementary, middle School and high school put a human face on mental health challenges and confront the myths that reinforce the silence. Students learn: mental illness is not caused by a character flaw but by a complex interaction of biological, psychological and social factors; mental health challenges have never been more treatable; the warning signs; and how to fight the stigma that surrounds mental illness. Staff will demonstrate the use of the material to the school personnel with the intention that the school use the lesson plans in their classrooms. Presentations are available to school groups and community organizations upon request.

Program Staff made contact with Riverside County Office of Education, Lake Elsinore, Perris, Hemet, San Jacinto, Alvord, Jurupa, Menifee, Temecula, and Riverside school districts to begin working with these districts and others to bring this valuable lesson plan into their classrooms.

Community Support – Program staff attended regular Chamber, Rotary, School District, Mental Health Board, Children's, TAY, CFLC Advisory, School Collaborative, Older Adult, Regional Advisory Board, Adult System of Care, NAMIWALK and NAMI Program meetings to network with the community and provide resources to these organizations. They also participated in various Health Fairs in Riverside County and the May is Mental Health Month event at Fairmont Park.

Upcoming attractions for FY12/13 include partnering with Recovery Innovations to become one organization. We look forward to enhancing our current services, upgrading our curriculums, and moving forward our agencies mission "to create opportunities and environments that empower people to recover to succeed in accomplishing their goals, to reconnect to themselves, to others and to meaning and purpose in life".

Harmony Center

(Desert Region Peer Support and Resource Center)

The Harmony Center reinvents its mission and takes a renewed approach to recovery Self Directive Recovery Plans.

The Oasis Self-Directed Recovery Plan is a process for sorting out and identifying your individual recovery goals. It helps an individual keep track of progress toward their goals over time. The values of recovery are for each person to have hope, personal responsibility, education, self-advocacy skills, and supports to become well and stay well. Each person defines wellness for themselves! It may include living in a community, going to school and/or working, and experiencing physical health and personal effectiveness, among other things. The Oasis Self-Directed Recovery Plan allows each individual to select the recovery goals they want to work on and to plan for how they might make use of support from others as they pursue their goals.

Some of the benefits of having a Self-Directed Recovery Plan that is really YOURS:

- It helps you identify and organize your steps towards recovery.
- It helps you recognize and develop your strengths and abilities.
- It helps those who are willing to support you to know what you seek from them.

Center Updates

There is an increase in TAY continuing to attend classes consistently, rather than just once or twice.

Bi-Annual Celebration of Successes & Achievements last celebration on November 15 presented 141 awards with 60% peer attending.

Harmony Ambassadors – Peer Partners & Peer Support Specialists (PSS) send out the message "Recovery is Real" by going into hospital "Oasis" and Crisis Residential Treatment (CRT), Indio MH Clinic, Blythe MH Clinic & Banning MH Clinic giving them hope, having had similar challenges; and giving information about the Harmony Center.

Peer Employment Training (PET) – Peers are looking forward to this training once they feel they are ready to start part time or even maybe full time. Peer Support and Resource Center (PSRC) staff are 100% PSS with 5 PSS volunteers with daily schedules at the Harmony. The next PET training in the Desert is on Mar. 4-15.

More partnerships with local job training programs, expanded adult education activities, and more wellness programs (smoking cessation, weight loss, healthy eating, fitness training).

Recovery Skilled classes with certificates of completion such as, WRAP, Medication Education, Health, Fitness, and Nutrition.

TAY completing Wellness Recovery Action Plan (WRAP), Situation, Options, Disadvantages, Advantages & Solution (SODAS), and Strength Discovery classes.

Expansion – Harmony just expanded PSRC Suite 204, which means we now have an art room and bigger brighter group room. This is much brighter and cheerful and our members have mentioned they don't feel so closed in.

Expansion in Banning (Harmony West) with their own center (1200 sf). Goal is to expand in attendance, referrals, and retention. Computers are now available to peers, increased services including housing, benefits, and vocational are now available.

Collaboration with RCDMH and the Harmony Center has become much stronger.

Barriers

Transportation - peers have requested some incentives such bus passes. Transportation to areas in Desert Hot Springs has been difficult.

Growth Barriers

Blythe – referrals, need expansion - wanting a bigger space, working with Sheltering Wings location has been moved next to Blythe MH. Harmony West PSS is building a closer relationship with Blythe Clinic, including working the welcoming desk, providing more peer support and conducting outreach to local programs in the area, including supports groups & Palo Verde College.

Plans for FY13/14

- Be the 'Provider of Choice'
- PSRC in all 3 locations having their own center
- Building stronger support system for our members who are homeless or underserved
- Have increased WRAP classes to 3 times a week in Indio and weekly in Banning. 43% are WRAP certified
- Funding for our members PSS who need WRAP certification
- TIPS on site trainer
- PET bi-annually in the Desert Region

Consumer Employment, Support, Education, and Training

As in 2010/11, we experienced extreme growth in Consumer Affairs with Consumer Initiatives and Recovery Model Implementation in 2011/2012.

Again, we saw growth which came in the form of consumers being added to our workforce in a variety of ways. We increased the number of Peer Support Specialists – people who have experienced significant mental health issues which disrupted their lives over a lengthy period of time. These Peer Support Specialists (PSS) have achieved a level of recovery in their lives and are willing to use their experiences to help our consumers. These Peer Specialists have been added to existing programs and to new programs.

We have also added to our numbers by bringing on qualified PSS Interns who have completed Peer Employment Training as do our fulltime PSS. They then go through a selection process which includes a meeting with our Workforce Education and Training Coordinator. Those who are selected provide direct services in our clinics and programs. They do this in a learning capacity with all the duties of our PSS. They are supported in their learning by a regional senior-level Peer Support Specialist. As of today, we have hired all but one of our interns who have completed at least one rotation. In 2012, we completed the "PSS Internship Handbook" which compiles our experience into a structured guideline. This handbook assists the Senior PSS who trains the intern. It also, allows the PSS Intern to work independently taking responsibility for their learning. In doing this we have expanded our practice of putting the consumer in the driver's seat, empowering them as students of recovery.

In 2011/12 we added PSS Interns to a new program for children ages 15- 21. These "Bridge Builders" work as peers to the youth. "Bridge Builders" are young adults who received services throughout their childhood and have acquired a level of recovery which now allows inspiring hope in children and their parents. As part of their training these interns spend several months in the Adult services. While there, they spend several weeks in each program, learning about every level of care from outpatient to crisis hospitalization. Following this they are immersed in the children's program. At this point they are better prepared to help youth move from children's services to adulthood and into the services of their choosing.

The PSS Volunteer Program also increased the number of consumer providers. We were privileged to add another 60 PSS Volunteers in 2011/2012. There were approximately 2,700 volunteer hours. This program has been particularly exciting since the volunteers are all providing direct services resulting in a tremendous client response. The PSS Volunteers perform a variety of tasks. Among those, they greet clients in the lobby and provide resources as well as co-facilitate groups and provide one-to-one peer support. Many of our volunteers have been hired to work for the department or our contractors.

We have added several new senior level Peer Support Specialist positions. We have created positions in our Assembly Bill 109 program, one with Quality Management, one with a new Recovery Learning Center, one in Consumer Affairs Administration, and one with the Bridge Builder program. These are in addition to three regional Senior PSS (Western, Mid-County, and Desert), one in Older Adults, Substance Abuse, Workforce Education and Training (Veterans' Liaison) and The Recovery Learning Center.

Senior Peer Support Specialists have worked for the department as exemplary Peer Specialists. They have then moved into leadership positions. They are responsible for many different tasks including; supporting/training PSS, recruiting, training, and retaining PSS volunteers and interns and collaborating with clinic supervisors. They also facilitate department trainings for all staff from PSS to Psychiatrists. Some of these trainings include, Recovery Documentation, Advanced Peer Practices, Recovery Coaching, and Teaching WRAP.

The Senior Peer Specialists have joined with the Director of Consumer Affairs to facilitate workshops at conferences nationwide. In 2011/2012 these conferences included CASRA, NAPS, NAMI, and California Network of Mental Health Clients. In addition we have facilitated Webinars for Working Well Together on topics which include Recovery Documentation. Other workshops are titled, "Micro-Aggressions in Mental Health", "Tragic Shootings/Responding with Education", "Living Recovery/Returning to Work after a Relapse", "Recovery Coaching", "Consumer Civil Rights" and "Riverside, a County in Recovery/The Senior Peer Initiative". We have also been invited to speak at Loma Linda University, Cal Baptist University, and Riverside Community College. Additionally we have been invited to facilitate workshops at upcoming conferences which include CASRA Spring, USC- Pathways to Client Centered Care, USPRA, and WRAP Around the World.

Our Senior PSS for Substance Abuse works with a large number of volunteers teaching educational classes for clients who are waiting to enter substance abuse treatment. These classes are taught all over Riverside County. They have been extremely successful with many participants no longer needing treatment. This exciting development is even more remarkable since all the education classes are taught by Peer Support Volunteers. This year there has been emphases on helping the students identify emotional issues which may contribute to their substance use. We find opportunities for them to be linked to mental health services if needed. Additionally, this program has begun to gather data which can be used to create evidence based practice.

Our new Senior PSS for Consumer Affairs has the title "Senior Peer Communications Specialist". This peer is responsible for fine tuning our educational process. She assists with creating a consistent message throughout the department on Consumer Affairs projects. This includes department trainings, monthly PSS training and supports, brochures, conference workshops, community events and e-learning.

Our new Senior PSS in Quality management is cause for a lot of excitement. She is working with other QI staff to provide documentation training. This training includes the consumer perspective and recovery language. Additionally she is working with a team of consumer "secret shoppers". Using scripts, these volunteers make test calls to the various clinics and programs. These calls ensure customer service consistent with recovery model values.

Our new Senior PSS for AB109 will work supporting the PSS working in the various programs including the new "drop in" center. They will also interact with other departments and agencies including probation. Modeling recovery and being the evidence that recovery is possible for people exiting the criminal justice system.

We continue to support and train our PSS bringing in the Copeland Center to certify our PSS in WRAP. We also brought in Recovery Innovations to train facilitators in Advanced Recovery and Advanced Peer Practices. We have offered Advanced Peer Practices five times in 2011/2012. We brought in 12 different speakers to train on everything from Values and Ethics to Cultural Competency.

During this time, partnering with our contacted agency, Jefferson Transitional Programs (now Recovery Innovations) we have conducted six Peer Employment Trainings, graduating 150 students. This class is two weeks (75 hours) of intensive college level material. It includes a mid-term and final examination. This class feeds our department new PSS staff, volunteers, and interns. It also assists consumers to further their personal recovery.

Consumer Affairs continues to partner with the Family Advocate Program as well as Parent Training and Supports. Ensuring that we carry a singular message of hope to the community, the senior staff is partnering in a number of ventures providing training to the community, sharing resources and co-facilitating events. We held our second annual "All Peer Retreat" (Consumer Affairs, Family Advocate Program, and Parent Partner Program). This retreat was an opportunity for consumer and family staff to collaborate and to grow in understanding of family and consumer perspectives.

Consumer Affairs is looking forward to another year of advancing the recovery model and bringing the consumer perspective to the department and our community.

Veteran Services Liaison

Highlights 2012-2013:

- A position was established by the Department (December 2011) to address the needs of this particular population and advise on best practices and new strategies.
- Cultural Competency Program requested assistance with identifying and understanding language which is specific to Veterans and their families (Military jargon).
- Met with Family Advocate Program to discuss outreaching to families of Service Members who may be, or have at one time, received services from the Department (ongoing discussion).
- Met with Parent Partner Program to begin discussing issues surrounding children of active Service Members and Veterans, and how to assist (ongoing discussion).
- Advised the Veterans Mental Health Court on criteria for selection of mentors and a Mentor's Coordinator for the Veterans Court.
- Began representing the Department for Veterans on the Beaumont and Coachella Valley (Indio) Veterans Committees. Both committees conduct a yearly expo in their cities.
- Began representing the Department on the Mental Health Board's Veterans Committee and advised in the development of a Veteran's brochure.
- Established contact and working relationships with Riverside County's two Vet Centers: Corona and Temecula. To collaborate on assisting Veterans and Families, outreach to the community (via public events), and share information on services provided by each respective organization.
- Represented the Department and engaged with the public at May's is Mental Health Month Community Event as RCDMH's Veterans Liaison.
- Presentation on Veteran Culture and Engagement at the National Association of Peer Specialists (NAPS) in September (2012), representing the Department as its Veterans expert.

- Represented the Department as its Veterans Services Liaison at a Riverside County film festival showing of the documentary film 'Ward 54', as a member of an expert panel of speakers with lived experience.
- Member of the WET Team Collaborative with PEI - to train faculty staff at Mt San Jacinto College on Mental Health Awareness for returning Students/Veteran Students.
- Represented the Department as its Veterans expert at Riverside County's first Homeless Veteran's Stand Down at March ARB (3-day event).
- Assisted and advised WET's Community Resource Educator on the editing/updating of the Network of Care Veterans Portal (ongoing process).
- Assisted and advised on resources to list for Veterans, Active Duty Military, and their families on the It's Up2Us webpage.
- In collaboration with the GIFT Program, developed a Veteran's Cultural Immersion Training for graduate-level students (MSW/MFT) currently in their clinical placements within the Department.
- Maintaining an acceptable GPA as an RCDMH employee enrolled in the 20/20 program for MSW degree.

Highlights 2013-2014 (Projected):

- Presentation for the California Association of County Veterans Services Officers (CACVSO) on PTSD and Engagement, January 17, 2013.
- Develop a 1-day Field Placement Site for graduate students enrolled in the GIFT program as part of Cultural Immersion Training.
- Establish working and collaborative relationships with VA Loma Linda, specifically with Homeless Outreach Team.
- Presentation on Veterans Culture and Engagement at the Meeting of the Minds Mental Health Conference in Orange County on May 15, 2013.

- Continue to seek out other opportunities to present at mental health conferences locally and outside the county.
- Represent the Department at the City of Beaumont Veterans Expo - January 26, 2013.
- Continue to seek out other local county public events to engaged the public and receive feedback on needs of Veterans and their families.
- Represent the Department as its Veteran's Liaison at this year's May is Mental Health Month event as well as a member of the Planning Committee.
- Assist with planning for Dare to be Aware Annual Youth Conference.
- Advise the Mental Health Board's Veterans Committee on developing new goals and recruiting new community members.
- Continue to work with the following programs: Consumer Affairs, PEI, Family Advocate, Parent Partner, Cultural Competency, Quality Management (QM), GIFT, WET, and others to continue to have discussion/planning on better assisting Veterans and Families.
- Begin to attend outpatient clinic supervisors meetings in each region to better assist them in answering questions and issues with clients who may be Veterans.
- Continue to assist and advise on the updating/editing of the Network of Care Veterans portal.
- Begin facilitating focus groups along with Family Advocate program, to families of Veterans.
- Continue to provide assistance to our local junior colleges and universities in regard to building awareness of needs of their Veteran Student populations.
- Develop a cultural-specific Veterans information brochure in collaboration with Cultural Competency Program.
- Develop a Veterans and Families resource guide in collaboration with Parent Partner program (for children specific services).

Family Advocate Program

The Family Advocate Program (FAP) provides assistance to family members in coping and understanding the illness of their ADULT family member through the provisions of information, education, and support. In addition, the FAP assists with and provides information on improving interactions and facilitating relationships between family members, service providers, and the mental health system.

The Family Advocates are able to provide individual family support to family members within our mental health system, along with, support to the community. They currently offer Informational Presentations and monthly Family Support Groups in both English and Spanish in various locations within their Regions.

The FAP continues to be the liaison between the Riverside County Department of Mental Health and the National Alliance on Mental Illness (NAMI). We assist the 4 local NAMI affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program. Our staff currently teaches the Spanish Family-to-Family program within their Regions and networks with community agencies by outreaching, providing educational materials, attending health fairs, and providing presentations to culturally diverse populations to engage, support, and educate family members on mental health services and supports that are available to them.

The FAP has expanded with the addition of 2 Family Specialist (Mental Health Peer Support Specialist) for the Blaine Mental Health Clinic and the Recovery Learning Center.

- The Family Specialist for the Blaine Mental Health Clinic has been able to provide on-site assistance to families within the clinic and works side by side with clinic staff to encourage family involvement. She also provides valuable feedback to the clinic's treatment team. She supports families going through crisis, guides them on how they can best support their loved one during those challenging times, helps them to understand our services and the role they play in their loved ones recovery. Currently we are working on expanding the number of English and Spanish Family Support Groups and Educational Classes offered through the Blaine Mental Health Clinic. The Family Specialist will also be supporting the families through our Transitional Age Youth (TAY) programs which are co-located at the Blaine Mental Health Clinic.

- A Family Specialist (Family Coach) assigned to the Recovery Learning Center (RLC) works directly with their Recovery Coaches to support and provide the members families with a better understanding of the WRAP and Recovery Concepts that are the centerpiece of the services offered at the RLC. She offers monthly, "Family Nights" which include Informational Presentations and fun activities and/or games for the families. Topics for the "Family Nights" include Communication, Importance of Building Supports and Self-Care, Understanding Mental Health, and Substance Abuse. She has developed a newsletter called the, "RLC, Family Corner", for families/peers that include helpful tips, upcoming activities, and information on community groups/events that may be helpful to them. Currently we are working on offering Family WRAP and a Dual Diagnosis Family Support Group at the Recovery Learning Center.

The FAP continues to work closely with the Mid-County Region MHSA Innovative Program, "The Family Room", located at the Perris Mental Health Clinic. The Family Room's emphasis will be to support families who are in crisis and enhance family member's knowledge and skills by expanding their participation and role so that they can better assist and promote their loved ones road through recovery. Currently The Family Room has 3 Family Specialists who have begun to expand family services within the clinic. They have developed a 6-week educational series called, "From Crisis to Stability", for families and consumers which include topics such as, Understanding Crisis, Communication Skills, Setting Healthy Boundaries, Developing Your Crisis Plan, Self-Care, and What's Next in Our Recovery. They have established a Family and Peer Self-Help Support Group which has a high attendance. The Family Specialists are also included in the treatment team and work closely with clinic staff to support consumer's treatment goals. They also partner with clinic staff to do home visits and support and encourage family involvement when appropriate.

Some of the future goals for the FAP are to be able to offer new educational supports to families and expand our services such as:

- Addition of a 2nd Family Advocate (Senior Mental Health Peer Support) position to the Western Region to support our countywide programs, such as, Public Guardian, Detention, Mental Health Court, and IMD's;
- WRAP for Family Members;

- Assisting the local NAMI's affiliates in expanding their Spanish Speaking Family-to-Family Classes and Support Groups within their regions;
- Addition of a Family Specialist (MHPS) to the Desert Region;
- Addition of a Family Specialist (MHPS) to the Mid-County Region;
- Expanding Family Advocate Volunteer and Intern Programs.

One the major challenges we currently face is our limited staff. We have only one Family Advocate providing support per Region which limits the amount of interaction and support that we can provide to families who truly need it. Historically, families feel left out of the mental health system and by the time they finally connect with our program it is normally during a crisis situation. At this point, our family members require much more support, guidance, and understanding of what and how our services can assist them or their loved ones.

Parent Support & Training Program

Introduction - Why Parent Support?

Parent Support Partnership Programs across the country have been developed in response to the many obstacles confronting families seeking mental health care and to ensure treatment and support be comprehensive, coordinated, strength based, culturally appropriate, and individualized. Parent Support Program activities are intended to engage parents/caregivers from the moment they recognize assistance is necessary. Activities include parent-to-parent support, education, training, and advocacy. This will enhance their knowledge and build confidence to actively participate in the process of treatment planning and at all levels relating to their child as well as their family. These activities are specifically supported in the Mental Health Services Act (MHSA) as a part of Mental Health transformation to promote better outcomes for children and their families.

Background

The Riverside County Department of Mental Health Parent Support Program was established in 1994 to develop and promote client and family directed nontraditional supportive mental health services for children and their families.

What is a Parent Partner?

Parent Partners are hired through the department as county employees for their unique expertise in raising a child with special needs.

A Parent Partner is responsible for working out of a designated clinic or clinics to assist staff in the planning and provision of treatment to children and families. In coordination with clinicians, the Parent Partner will work directly with assigned parents, families, and child caretakers whose children receive mental health services through the Riverside County Department of Mental Health System of Care. Assistance may include activities such as orientation for families newly entering the Mental Health system or a particular clinic setting, parent education, mentoring, advocacy and assistance/empowerment for parents to act on their own behalf for the needs of their children and family. This is primarily a trainee position, which would receive direct supervision from the clinic supervisor(s) of the Mental Health clinic(s) where he/she is assigned.

Mental Health Policy & Planning Specialist

The Family Liaison 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 Administrator's to ensure the parent/family perspective is incorporated into all policy and administrative decisions.

The Vision

Riverside County Department of Mental Health, Parent Support and Training Program will ensure 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 will embrace the concept of meaningful partnership and shared decision-making at all levels and services will benefit from a constant integration of the parent perspective into the system.

This year we were excited to have won a Merit Award through the 2011 CSAC Challenge Awards competition for our Parent Support & Training Program.

Parent Support & Training Program was also able to work with AD Ease Company to develop an on-going commercial for Radio and TV spots to help parents recognize the beginning signs of challenging behaviors in children and where to go to receive assistance.

We have been able to individually reach out and speak with over 1,000 new parents that needed information and resources on how to better advocate for their children.

Current number of Parent Partners County-wide - 26 Total (11 are bilingual).

There is a monthly countywide Parent Partner Meeting for all 26 County-Wide Parent Partners (Mental Health Peer Specialists). Of the 26 Parent Partners' 11 are bi-lingual. Meetings are the 3rd Tuesday of the month at the Banning Mental Health Clinic. The meeting generally includes a round table discussion and updates from each clinic, as well as training and presentations on specific topics. Trainings are incorporated that are beneficial to the Parent Partner's. Presentations are provided by both County and Contracted Programs, such as First Five and car seat safety, How to Facilitate a Support Group, Self-Care, and Documentation for Parent Partners.

This year brought the second All Peer Retreat, with all Parent Partners, Family Advocates, and Peer Specialists coming together. The Theme was "We Are All On The Same Team", and the day was a huge success. Over 100 Peer Specialists, Parent Partners, and Family Advocates learned from each other regarding the different Programs and Services that we all provide. There were a lot of Team Building Exercises, a Motivational Speaker, and Collaboration throughout the day. We are excited to bring together all of the amazing people that work for the Department who have lived experience and to network and learn from each other.

A Parent Partner curriculum has been approved for all newly hired and existing parent partners. All of our employed Parent Partners have completed this new training together.

- Under our Special Projects we have been able to utilize 60 Volunteers this 2011/2012 fiscal year with outreach events and donation projects.
- Back to School Backpack Project: 500 backpacks distributed to youth at our clinics/programs. Thanksgiving Food Basket Project: 127 food baskets were distributed to families.
- Holiday Snowman Banner Project: 998 snowflake gifts were distributed to youth in our clinics/programs.
- In the Mentoring Program that is monitored through Oasis, an average of 33 youth has been in the Mentoring Program at any given time during the present fiscal year. The mentors are varied in their life experience and education. Three of the mentors' have consumer background in Children's Mental Health. They have been very successful in working with the youth that are assigned. Clinicians will ask for them by name on the Mentor Referral. Some of the comments from parents are that this Program has helped their youth with school and has improved his/her confidence.

Support Groups

- 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 Banning (Clinic Parent Partner)

EES Classes

- Total Graduates: 93 county-wide
- Total Classes: 9 county-wide

Triple P Classes

- Total Graduates: 40 county-wide
- Total Classes: 5 county-wide

Parent Partner Trainings

- Total Graduates: 24 county-wide
- Total Classes: 4 county-wide

Community Committees/Boards

- South/West Child Care Consortium (Committee)
- U.N.I.T.Y.
- DOVIA
- RCCV
- Western Child Care Consortium (Committee)
- CAC (Corona)
- M.A.S.
- Eastside Collaborative, Community Health Foundation

- Civic Center Collaborative
- R.U.S.D. English Learners Collaborative
- Alvord School District Network
- Moreno Valley School District Collaborative
- RCOE Fiesta Educativa Committee
- FSA Children's Conference Committee
- Eric Soleader Network – Resource Person

Riverside County Department of Mental Health Committees/Boards

- May is Mental Health Month
- Cultural Competency Committee
- Spirituality Committee
- Translation & Interpretation Committee
- Cultural Awareness Celebration Committee
- TAY Collaborative Committee
- WET Presentation
- Women, Infants & Children Clinics
- Mental Health Board (Recovery Presentation)
- Mental Health Children's Committee

Outreach Events:

Path of Life Health Fair	NAMI Walk
FRC Perris Health Fair	Million Man Event
Arlanza Fair	Black History Parade
Recovery Happens Fair	May Is Mental Health Month
Cal Stat Positive Behavior Intervention	I.E. Disabilities Health Fair

Parent Support & Training Program 2013/2014

Our on-going goal for fiscal year 2013/2014 is to continue our outreach to parents, youth, and families within Riverside County.

Parent Support & Training Program Facilitates Educate, Equip & Support (EES) Classes that is open to parents/caregivers that are both open to clinics/programs and open to the community. Continue to provide on-going Support Groups that are open to the community for parents/caregivers that are raising children that are experiencing challenging behaviors. We are now also providing Triple P Parenting Classes for parents/caregivers of children that are 0-12 yrs. old that are experiencing beginning behavior challenges. Parent Support & Training Program is also Facilitating on-going two week Parent Partner Trainings for parents/caregivers to learn more about Recovery Skills and working within the County System as an Employee/Volunteer. Parent Support & Training Program continues to network within our own system as well as community based organizations to bring information to parents. We are also now a part of the Law Enforcement Training, as a part of the Panel Presentation for the parent perspective of when your child is 5150'd.

Parent Support & Training Program will also be providing Triple P and EES Classes in conjunction with several Agencies for the AB 109 population. PS&T is at the Daily Reporting Center to help support and empower this population of parents that are recently released from prison. It is our hope that with working with this population of parents that we will also be able to outreach to their children. The children of parents that are incarcerated are a group that is often left out of services and not recognized as of being in need.

One of the main barriers that continue to impact parents/caregivers is the transportation system in our county. We try and bring classes/trainings to parents in their local area as much as possible to overcome this barrier.

The Goal

The goal is for Riverside's Parent Support Program 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. The parent perspective will be incorporated in all aspects of planning and at the

policy level. The ultimate goal is to keep children safe, living in a nurturing environment and with sustained connection to their families. This will avoid homelessness, hospitalization, and incarceration, out of home placement, and/or dependence on the state for years to come.

This goal will be accomplished through parent-to-parent support, peer support, advocacy, training and tangible resources. Scholarships and childcare will be provided for education and training to parents who would not be able to attend otherwise. Additional services will be offered for "clients and their families" such as mentorship, transportation, and donated goods. Activities provided will increase participation and involvement of parents/caregivers who have children/youth that are unserved, underserved, or inappropriately served as well as enhance partnerships between families and professionals within multiple systems. The program will require Parent Partner positions and recruitment of volunteers countywide, to ensure the necessary infrastructure is in place to support this program. Expansion of supports and services will reduce stigma while providing support to the unserved, underserved, and inappropriately served and will target culturally diverse populations as required in the Mental Health Services Act.

Existing Support and Services in the Parent Support Program

Countywide Parent to Parent Telephone Support Line is 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" is 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. The goal is to have support groups County wide in English and Spanish.

Parent Support Resource Library offers the opportunity to anyone in the department or community to check out video's 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, anger management, etc. Materials are available in both English and Spanish.

Community Networking/Outreach reduces stigma and builds relationships by providing educational material, presentations and other resources. Targets culturally diverse populations to engage, educate, and reduce disparities.

Educate, Equip & Support: Building Hope (EES)

The EES Education Program consists of 10 -12 sessions, each session is 2 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 health illnesses, advocacy, and parent to parent support and community resources.

Donated Goods and Services benefits children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates and includes cultural and social events.

Mentorship Program

This program offers youth who qualify and are under the age of 18 an opportunity to link up with a mentor for up to 6 months. This last year the Mentorship Program with Oasis and RCDMH Parent Support & Training Program facilitated a Workshop entitled “Mentorship With A Twist” at CMHCCY Children’s Conference at Asilimar. This Workshop was a huge success and empowered both the youth that presented and the audience that attended.

Volunteer Services

Volunteer Services recruits, supports and trains volunteers from the community, including families that are currently receiving services, giving them an opportunity to “give back” and volunteer their services.

Trainings provide staff, parents, and the community information on the Parent/Professional Partnerships, engagement, a parent perspective in the barriers parents encounter when advocating for services and supports for their child, providing mental health services to children and families, from a parent perspective.

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.

Current Staff in the Parent Support Program

- 1 Parent Partner in Administration works in partnership with Children's Programs Administrators' and Top Management to implement parent/professional partnership activities and to ensure the parent/family perspective is incorporated at all levels.
- 4 Senior/Lead Parent Partners work out of Parent Support & Training Program. Each Senior/Lead is assigned to a different Region of the County to collaborate and work with the Regional Children's Administrator, Children's Supervisors, and Parent Partners to ensure and help with providing support for families that we work with.
- 4 Parent Partners are assigned to work out of the Parent Support & Training Program. They provide assistance, answer the support line, provide EES Trainings county-wide, facilitate Support Groups county-wide, and offer support to clinicians and families including orientation for parents/caregivers entering the system when needed.
- 1 Volunteer Services Coordinator coordinates special projects, donated goods, provides outreach, targets culturally diverse populations trains and mentors volunteers, and is bilingual.
- 1 Office Assistant, who answers phones, sends out mailers for Support Groups, EES Classes, and Parent Trainings. Maintains lists for all Donation Projects of Donors and works closely with the Program to maintain all Projects, Reports and Imagenet information for tracking purposes.

MHSA Funding

County: Riverside County **Date:** 4/1/2013

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$23,433,129	$6,246,439	$8,678,385	$19,228,961	$8,564,020	
2. Estimated New FY 2013/14 Funding	$49,770,000			$12,440,000	$3,270,000	
3. Transfer in FY 2013/14[a/]	$0	$0	$0			$0
4. Access Local Prudent Reserve in FY 2013/14	$0			$0		$0
5. Estimated Available Funding for FY 2013/14	$73,203,129	$6,246,439	$8,678,385	$31,668,961	$11,834,020	
B. Estimated FY 2013/14 Expenditures	$55,877,195	$1,285,559	$0	$17,366,353	$6,547,490	
C. Estimated FY 2013/14 Contingency Funding	$17,325,934	$4,960,880	$8,678,385	$14,302,608	$5,286,530	

[a/]Per 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 fun

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	$28,300,497
2. Contributions to the Local Prudent Reserve in FY 2013/14	$0
3. Distributions from Local Prudent Reserve in FY 2013/14	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	$28,300,497

MHSA Funding
Cost Per Client
FY2013/14

FULL SERVICE PARTNERSHIPS

PLAN NAME:	Child FSP
UNIQUE CLIENTS:	460
COST:	$6,305,337
AVERAGE COST:	$13,707

PLAN NAME:	TAY FSP
UNIQUE CLIENTS:	370
COST:	$3,550,801
AVERAGE COST:	$9,597

PLAN NAME:	Adult FSP
UNIQUE CLIENTS:	905
COST:	$14,033,275
AVERAGE COST:	$15,506

PLAN NAME:	Older Adult FSP
UNIQUE CLIENTS:	287
COST:	$3,464,392
AVERAGE COST:	$12,071

Calculation based on Total Program Cost, Inclusive of Outreach Services and Indirect Program Services.

*TAY GSD includes services provided for the TAY population within the child GSD and Adult GSD Programs.

GENERAL SYSTEM DEVELOPMENT

PLAN NAME:	Child GSD
UNIQUE CLIENTS:	8,402
COST:	$36,288,804
AVERAGE COST:	$4,319

PLAN NAME:	TAY GSD *
UNIQUE CLIENTS:	1,763
COST:	$5,492,099
AVERAGE COST:	$3,115

PLAN NAME:	Adult GSD
UNIQUE CLIENTS:	25,751
COST:	$49,205,927
AVERAGE COST:	$1,911

PLAN NAME:	Older Adult GSD
UNIQUE CLIENTS:	1,822
COST:	$5,266,332
AVERAGE COST:	$2,890

PLAN NAME:	Adult/TAY Residential Treatment Services
UNIQUE CLIENTS:	917
COST:	$3,780,460
AVERAGE COST:	$4,123

MHSA Committee

Comments on the FY13/14 MHSA Plan Update

Veterans Committee

The committee shared that they hope to see services continue to be targeted for unserved and indigent populations. They discussed the goals for the Veteran's Committee, which are to designate a Veteran's Liaison and develop a resource brochure to share with Vets and their families. The focus of the committee revolves around outreach and community education. They feel there is a need to get resource information onto the streets and in communities where veterans reside, including those that are homeless and indigent. Another goal is to identify those special interest groups who need information about resources. There is concern about Vets who fall through the cracks, because they are afraid to seek treatment or lack benefits, and may need County services and/or don't want to use VA benefits. They feel that all services need to be tailored to include a family-focused component. The committee also supports the continuation of the Veteran's Court. There may be opportunities to consolidate outreach efforts with currently existing outreach and community education which is being supported through PEI and Cultural Competency. The committee's primary priorities are:

- Continue to fund Veteran's Liaison position through MHSA
- Continue to support development and production of resource materials
- Connect Veteran Liaison outreach activities with PEI and Cultural Competency efforts
- Continue to fund Veteran's component of the Mental Health Court

Older Adult System of Care Committee

General consensus of this committee is that they are pleased with the programs that are currently in place and did not offer additional recommendations but rather the continuation of existing programs, training, and services.

Cultural Competency Reducing Disparities Committee

The FY12/13 consolidation of CSS and PEI Outreach Engagement and Community Education programs was reviewed and discussed. A request was made by the Blindness Support Services Inc. group for an Annual Update presentation and input session at their next meeting. Representatives from the African-American Disparities Committee, "The Group" (a Riverside community leadership meeting), and the Capacity Building Contractor's Forum also offered invitations for presentations to be held at their upcoming meetings.

One individual recommended the need for support related to the Deaf and Hard of Hearing, specifically in the Western Region. Deaf services should include support systems to engage deaf consumers, decrease isolation, and navigate a process for receiving services. Services should also target those that are deaf and homeless.

The need to work more with the faith-based community and organizations and to train them to be Promotores within their organization was recommended. Also, establishing a strong support network in each of the three geographic regions is needed.

It was suggested that the PEI Resource Guide and Mental Health Guide to Services should be uploaded onto the Department's website.

African-American Wellness Advisory Group

This committee asked for clarification on the term 'stakeholder' and who that encompassed. The definition was provided and discussed amongst the members. It was suggested that a presentation be made to "The Group" (as suggested with the CCRD Committee). They also requested that they be provided with copies to review once the draft Plan is completed and how they would be able to provide input. The update process and opportunities for input was discussed which includes face-to-face comments, feedback forms, emails, direct phone calls, fax and public hearings. The committee asked about the Board process and how their input may impact approval and offered to host another opportunity to hear outcome data information on the different programs.

The Group (Community Leaders Committee)

This group had not previously been involved in the MHSA Community Planning Process, so a brief historical review of MHSA was provided and an invitation to participate in the planning process was offered. The MHSA Manger agreed to come back for another presentation and/or provide draft Plan Update documents for their review and comment. A Q&A session was entertained after the meeting concluded.

Children's Committee

The committee inquired about differences since the state DMH has been eliminated and MHSA is being managed locally. They wondered if the new process is more efficient, streamlined, and beneficial to local counties. The committee also requested potential presentations at the Regional Mental Health Boards and requested electronic versions of the distributed materials. Because Regional Board Members attend the main Mental Health Board, the respective chairs often take the information back to their regions but are also welcome to request regional presentations. The Wylie Center suggested possible PEI specific forums be provided for parents from their organization, which will be arranged with the PEI Coordinator.

Blindness Support Focus Group

The most common area of concern was developing programs or supports to help family members adjust to the changes that a blind person will face, particularly that the family needs to learn how to support independence. There was a general consensus that the blind are often seen as frail or "treated like a child."

Therapists need to understand the stages of loss and how they impact a person experiencing visual changes. The blind person may become more easily frustrated over not mastering new abilities and may be reluctant to share these ongoing feelings. Therapeutic supports are necessary to assist someone experiencing the onset of blindness with the psychological adjustments that occur from being sighted and now being visually impaired. One instructor noted that he cannot teach people new skills based on losing their sight, if they have yet to accept that they are visually impaired.

Though mutuality can be important, some instructors need to be sighted in order to best instruct the blind consumer learn new tasks.

TAY Meeting

It was recommended that the PEI Resource Guide be posted on the Mental Health Website and establish a Facebook Page as many of the TAY age group use that social medium as a primary communication forum.

Mental Health Board (MHB)

Public Hearing – May 1, 2013

Comments on the FY13/14 MHSA Plan Update

WRITTEN COMMENTS:

Of the 14 written responses received on Feedback Forms: 4 responses were "Very Satisfied", 4 were "Somewhat Satisfied", 4 were "Satisfied", and 1 was Unsatisfied. (Note: 1 Feedback Form did not record a Satisfaction Response).

1. **COMMENT**: Concern about the Plan: For children who meet criteria but don't have Medi-Cal, I would like to see a way for them to get services and not be denied.

   RESPONSE: Children's programs are already in the process of increasing capacity, expanding program locations, and including those who don't have Medi-Cal. Benefit Teams have been added to all clinics to connect consumers to benefits for which they may qualify.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

2. **COMMENT**: It is very well thought out in almost all parts of the plan. Please see below for the details about concerns with the plan:

   This plan does not go far enough with the Peer Support Specialists. There are over 600 Certified and trained peer support specialists that Riverside County and Recovery Innovations has trained since 2006. I was one of them in 2010.

   If Prop 63 and the Mental Health Services Act was designed to flip mental health services up on its belly since voters wanted a complete overhaul to mental health services – then the Recovery Movement must go outside of the County Mental Health walls and into other places like Kaiser and Loma Linda.

   What I mean is that they need to employ Certified Peer Support Specialists as well, not only ANKA FSP or ANKA Rancho Art, not only Recovery Innovations/Jefferson Transitional Programs or The Harmony Center or County or Riverside Mental Health.

I have come into contact with many other peers that do not know what WRAP (Wellness Recovery Action Plan) is since **they don't have county insurance. These people need WRAP for their own personal recovery.**

Why are there so many trained and certified Peer Support Specialist since 2006, and the County only has perhaps 100 or 200 employed Peer Specialist working at this time? Is it the goal and objective of Riverside County Mental Health and Consumer Affairs to have over 2K Certified Peer Support Specialists that are trained **but not employed as Peer Specialist**? What is the real purpose of PET? Is it to get them employed as Peer Specialists? If the real purpose is to get them hired as Peer Specialists, then let's get to work and find ways where we can hire more of them outside of the County Mental Health Department and contract with other medical centers. This plan has many contracts. This plan is littered with contracts with NAMI, Recovery Innovations, Rancho FSP, and a host of others that would take too long to list. Why can't Consumer Affairs take this a step further?

I learned that Riverside County Mental Health is contracted with The Copeland Center. I found that out about a week ago. I will be doing some research on how well WRAP works and I hope others agree with me that Peer Support and WRAP does work.

My proposal is for The Dept of Mental Health to contract with Kaiser or Loma Linda and hire 10 Certified Peer Support Specialist in each region (Desert, Mid-County, Western) and then have them work for Loma Linda or other private hospitals and clinics (in mental health). Set up a trial run of 2 WRAP classes for about 3 or 4 different private mental health clinics. After the trial run, test it. See how the peers enjoyed the WRAP classes and see if it helped them in their recovery. And hire those already certified (but not employed by the County) to facilitate the WRAP classes.

I have come into contact with many Certified Peer Specialist that are **not working at all as a CPSS**. They want to work as a Peer Specialist and I understand that there is just not enough room to hire 400 more peer supports in the entire county.

If there are so many Certified Peer Support Specialist that have been trained already, why not do this? **I believe in the power of peer support**. I saw a certified peer support back in 2011 for 3 months through Riverside County Mental Health. I needed

the support. I'm now on the mid-county mental health board and I need support, so I just started to go see a new Peer Support Specialist since I know peer support works. I've also volunteered as a Peer Support for 6 months at one of the local clinics. I've seen how this helps other from the other side. And I like how the recovery model looks at the surplus side of being human and not the deficit side of human behavior like the medical model.

If the Department of Mental Health is serious about making sweeping changes to mental health in line with prop 63. . . .

If Consumer Affairs is serious about peers being **special agents** and taking the recovery movement to greater places. .

. . .then the Dept of Mental Health of Riverside County should at least hire more people that have already been certified and trained as a peer specialists and have them contract with private hospitals and clinics so that these Certified Peer Specialists can facilitate (paid positions, not volunteer) WRAP classes to them. I hope you agree.

RESPONSE: Peer Support Specialists (PSS) positions continue to be budgeted in FY13/14 plan, with some expansion of Senior Peer Positions to allow for upward mobility and career pathways. All direct service provider contracts are required to include PSS. The Department is recommending that Consumer Affairs Department reach out to private health care agencies to share the positive impact of PSS in the service delivery model.

MHB recommended no change to the FY13/14 MHSA Plan Update.

3. **COMMENT:** Strengths of the Plan - PEI Programs Triple P (0-12), PCIT (2-8), CHA Post Partum, TAY Programs, Inland Empire Perinatal Mood Disorder. Direct Service in meeting the needs of the community.

   Concerns about the Plans:

   Capacity – some of the programs are impacted with long waiting lists (Children', TAY, and Older Adult).

   Accessibility (i.e. transportation issues and locations).

Dual Diagnosis - Some programs are not addressing individuals who are both developmentally disabled and mental illness.

Communication and dissemination of program information to other agencies.

RESPONSE: Capacity: Expansion of new service locations in all regions and staff to increase regional clinic capacity is included in the Plan.

Accessibility: All new service locations analyze proximity of public transportation routes. Multi-passenger vans have been redistributed to clinics that needed direct patient transports. New vehicle orders have been placed and vehicles will be distributed based upon transportation needs of regions.

Dual Diagnosis: Monthly collaborative meetings are held between Mental Health and Inland Regional Center to address mental health needs and bridge the gaps of service for developmentally disabled clients. Recent interagency training on diagnosing those clients with intellectual disabilities and mental health issues has been conducted.

Communication: Working through interagency collaborations in order to bridge the gap.

MHB recommended no change to the FY13/14 MHSA Plan Update.

4. **COMMENT:** Strengths of the Plan – Support for African-American Outreach and Engagement (AAOE) activities focusing on churches, small emerging non-profits. Continuing to build on community capacity-building training to help non profits be more effective and competitive.

   Concerns: Hope County continues to build capacity and focus on unserved, under served and inappropriately served groups.

   RESPONSE: The Department continues to include community contract providers with training and technical assistance through PEI Capacity Building funds. The Department is committed to expanding program sites in all regions to build service capacity.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

5. **COMMENT**: Strengths of the Plan – Support for AAOE activities focusing on churches, small emerging non profits.

   Concerns about the Plan – Hope County continues to build capacity and focus on unserved, underserved, inappropriately served groups. Minutes of this hearing need to be made available to the public on the County's website. The process was rushed.

   RESPONSE: The Department is funding a Spirituality Initiative administered through the Cultural Competency Division, which is included in the PEI Community Education and Stigma Reduction plan.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

6. **COMMENT:** Strengths of the Plan – Flexibility with funding to meet service needs of consumers.

   RESPONSE: Positive comment noted.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

7. **COMMENT:** Concerns about the Plan – Please consider including MHSA funding for a "Respite for Parents Plan". Also the Blaine Street Programs should be available to ALL of the clinic clients.

   RESPONSE: In the original Children's Work Plan, Respite was included. Per MHSA regulations Respite flex funding can only be offered to Full Service Partnership consumers. The original Respite contract was awarded and later terminated due to under-utilization. Flex funds cannot be used to provide Respite to non-FSP consumers.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

8. **COMMENT:** Strengths of the Plan – Stigma Reduction. Resource information being provided. Opportunities offered to Peers.

   Concerns about the Plan – NAMI information and resources should be given out in all clinics including children's. Every school counselor should have NAMI books with referrals to hand out as needed.

RESPONSE: The Department awarded a contract to Recovery Innovations to administer the NAMI Signature programs (Parents and Teachers as Allies) in schools. The program is available to any school upon request. The Family Advocate Program also provides NAMI Family-to-Family classes in all regions.

MHB recommended no change to the FY13/14 MHSA Plan Update.

9. **COMMENT:** Strengths of the Plan – Serving the housing needs of clients.

   RESPONSE: Positive comment noted.

   MHB recommended no change to the FY13/14 MHSA Plan Update.

10. **COMMENT:** Concerns about the Plan – Would like to see increase in MH services for Elsinore crisis services.

    RESPONSE: The Department plans to expand an Adult Service location to Lake Elsinore which includes Crisis Services.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

11. **COMMENT:** Strengths of the Plan – I have heard a lot of positive feedback about the NAMI Signature Program "In Your Own Voice" from the public and community. How powerful this presentation and how it makes them more aware of what it was like for the person with a diagnosis felt.

    RESPONSE: Positive comment noted.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

12. **COMMENT:** Strengths of the Plan – Comprehensive and seems to be headed in the right direction.

    Concerns about the Plan – Transportation needs. Sustainability. These programs should grow as the population is ever changing (funding limitations streamline). Check with all stakeholders periodically - reach out to all aspects.

RESPONSE: The Department devises a 3-year sustainability plan for all MHSA components. The Department has also established a Prudent Reserve that can be triggered in the event that services are impacted by a negative budget situation.

All new service locations analyze proximity of public transportation routes. Multi-passenger vans have been redistributed to clinics that needed direct patient transports. New vehicle orders have been placed and vehicles will be distributed based upon transportation needs of regions.

MHB recommended no change to the FY13/14 MHSA Plan Update.

13. **COMMENT:** Strengths of the Plan – MHSA staff committed to seeing programs implemented.

    Concerns about the Plan – We need to get outcome results from the programs. Physical and mental health coordination strengthened. Programs must be made available to all mental health needs.

    RESPONSE: Research routinely meets with and supplies outcome reports to Top Management to help inform planning, policy and budget decisions. FSP and PEI outcome reports inform decision making around contract retention and renewals.

    The Department is required annually to provide Implementation Progress information in the Plan Update, which includes outcome data. Program outcome data for FY11/12 is provided in the Plan Update for FY13/14. Specific outcome data reports can also be requested and are often utilized for contractor performance assessments and evaluation of effectiveness. It was recommended that the Quality Improvement Committee (QIC) be invited to provide more, and/or regular, outcome presentations to the Mental Health Board.

    Physical and Mental Health Integration is already being implemented in several locations, and that model will be included in all new service locations. A Children's Integrated Health model will also be piloted in FY13/14.

    MHB recommended QIC presentations be scheduled for future MHB meetings, but no change to the FY13/14 MHSA Plan Update.

14. **COMMENT:** Strengths of the Plan - I feel great. The Plan helps me and strengthens me a lot. I'm in the group on Wednesday and Thursday.

Concerns about the Plan - The concerns are always answered Adults Recovery Management - and I am very happy with the staff here - that helps me a lot.

RESPONSE: Positive comment noted.

MHB recommended no change to the FY13/14 MHSA Plan Update.

PUBLIC HEARING - ORAL COMMENTS:

15. **COMMENT:** What sort of reasonable accommodations are you taking for regular employees and peers who may have disabilities? Are you making reasonable accommodations for their disability?

    RESPONSE: With any of our trainings, the Department offers the opportunity to have the person with the disability notify us if they need accommodations and we make those accommodations as necessary for each individual's needs.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

16. **COMMENT:** Speak a little bit about the training for what we call first line people – the people that our clients first meet when they walk in the door. For example we heard a complaint recently that a lady walked up to the window and was told to fill out this form and the person on the other side of this big glass wall hands her a pen with a napkin, so the person right away feels ' well, what have I got that you afraid you're going to catch'. What kind of training are you giving those people?

    RESPONSE: Very timely question in that one of the original visions of WET was that we would have 4 trainings for each job classification that we have in the Department. We have completed our para-professional series for the behavioral health staff, and now we have just completed the curriculum develop for our clerical and support staff. There are a series of 6 trainings that our clerical staff will be offered to hone their clerical and customer service skills. We are piloting this series this summer, so all the curriculum has been developed we just want to get a first group of folks who can give us feedback on how well we have done. So we are going to populate that first group with folks that are like clerical supervisors and people who have been in the department long enough to give us educated feedback on how successful we were in developing that curriculum. This includes a whole training on customer service and includes one we call 'Pathways to Recovery' to explain not only how to interact with folks who carry a diagnosis who may be symptomatic but as well as being able to retain the values and missions of the Department. We have one on welcoming itself that

involves not only participants into the program but looks at welcoming behavior at the clinic and their key role on engaging people on that front line.

MHB recommended the para-professional and administrative support training be implemented in FY13/14, but no change was required to the FY13/14 MHSA Plan Update.

17. **COMMENT:** You used the word offered – is it also required?

    RESPONSE: If it follows the same pattern as the BHS series, then it will become mandated.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

18. **COMMENT:** I recommend you talk to your budgeting staff about doing the same thing. When people have to take care of their Medi-Cal/Medicare, that's the people interacting with family members of clients, and they need to have that kind of training too because they are already dealing with a touchy subject. If they don't have the cooperation or know how to deal with people that is not being helpful.

    RESPONSE: We have had dialogue around that same subject with Maria Mabey, the Assistant Director of Administration, regarding expanding that particular training into other administrative support groups.

    MHB recommended the para-professional and administrative support training be implemented in FY13/14, but no change was required to the FY13/14 MHSA Plan Update.

    COMMENT: When you go to schools with NAMI is NAMI actually budgeted into working with the schools? Because they didn't have that before – everyone was sent to the Department of Mental Health and they would do 27/26 groups and neither one of those exists, so I wondered if part of the budget that NAMI actually is provided is used for all the schools or is it just by schools of choice. Like you were talking about all your programs that work at the schools for early intervention. Now if a kid is in school and needs some early intervention programs that are in the budget are they

automatically recommended by the school or is it by each school's choice – is it tied in directly with the school?

COMMENT: In the past the schools didn't make recommendations or offer these services to the families and get them to come to the Mental Health Department they usually just kept it within the school district. She wants to know are they doing more outreach with the Department so they are using MHSA dollars and there is more of workability than there used to be.

RESPONSE: The Department awarded a contract to Recovery Innovations to administer the NAMI Signature programs (Parents and Teachers as Allies) in schools. The program is available to any school upon request. The Family Advocate Program also provides NAMI Family-to-Family classes in all regions.

MHB recommended no change to the FY13/14 MHSA Plan Update.

19. **COMMENT:** I would like to say I know firsthand that many of our members utilize the programs and I am excited about expansion because the issues I'm hearing are about capacity. I am concerned about capacity and waiting lists, so while the programs are definitely beneficial when some of our members need access that is more immediate it is not beneficial to be put on a waiting list until July (so to speak). But I do appreciate your programs and an excited that there are some expansions to meet the capacity needs.

RESPONSE: Positive comment noted.

MHB recommended no change to the FY13/14 MHSA Plan Update.

20. **COMMENT:** One concern that I have is outcome based information and how are the results really tabulated and how can we access those outcomes for the programs that we're offering? So you would like for more access to the outcomes information that are provided to 'someone' about these programs.

RESPONSE: Research routinely meets with and supplies outcome reports to Top Management to help inform planning, policy and budget decisions. FSP and PEI outcome reports inform decision making around contract retention and renewals.

The Department is required annually to provide Implementation Progress information in the Plan Update, which includes outcome data. Program outcome data for FY11/12 is provided in the Plan Update for FY13/14. Specific outcome data reports can also be requested and are often utilized for contractor performance assessments and evaluation of effectiveness. It was recommended that the Quality Improvement Committee (QIC) be invited to provide more, and/or regular, outcome presentations to the Mental Health Board.

MHB recommended QIC be scheduled to provide presentations to the MHB, but no change necessary to the FY13/14 MHSA Plan Update.

21. **COMMENT:** You said there are groups that go into Hispanic and Asian and Black communities, but one point I have is whether there is any group of people that handle or have the ability to work with youth that are multi-cultured? I'm aware of some problems in the Indio area where children are half black, half Spanish, or half white and there are only certain groups they are accepted in and there are a lot of little problems going on out there because of that segment. Will there be a possibility of moving in that direction? So I would like to see some programs geared to and would like to see some multi-racial youth support in our community?

    RESPONSE: MHB recommended WET be tasked with exploring training opportunities on multi-cultural issues and assess how those models could be implemented within clinic settings. This recommendation has been incorporated into the Update (see page 32).

22. **COMMENT:** I would like to see the Department work more with our Social Services organization. We see our clients go in for welfare and food stamps or whatever when they are having episodes or problems and they (Social Services) don't help them get services or make the connections with the Mental Health Department. So if that could be something that we work with agencies on, that it would be helpful.

    RESPONSE: Benefit Teams have been established in all clinics and work with Social Services on connecting consumers with any benefit(s) for which they may qualify.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

23. **COMMENT:** A long time ago when I was in Children's Committee they talked about respite for people and parents that have children with problems. Is such a thing like that available for parents that need a respite? So I would like to see in this plan more money devoted to respite care for the parents who are overwhelmed.

    RESPONSE: In the original Children's Work Plan, 'Respite' was included. Per MHSA regulations 'Respite' flex funding can only be offered to Full Service Partnership consumers. The original 'Respite' contract was awarded and later terminated due to under-utilization. Flex funds cannot be used to provide 'Respite' to non-FSP consumers.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

24. **COMMENT:** With the African-American initiative we would like to see the faith-based initiative continue and expanded and try to address the stigma in that community.

    RESPONSE: The Department is currently funding a Spirituality Initiative which is administered through the Cultural Competency organization and is included under the PEI Community Education and Stigma Reduction Plan (see page 37).

    MHB recommended no change to the FY13/14 MHSA Plan Update.

25. **COMMENT:** African-American Family Wellness Group –has been formed and I would like to share with you some of the meaningful things that have happened since that started. And that represents involvement with the faith-based community. The emphasis and majority of 20 – 25 participations basically are small and emerging non profits and faith groups. In addition to the faith working groups – key activities that Janine mentioned that this group provided input on the forthcoming RFPs for building resilience in African-American families programs for girls. And I have to tell you that one of the issues we related to African-Americans in mental health has to do with trust. that effort on the part of the PEI staff I believe was groundbreaking and I believe was a breakthrough in terms of establishing trust with the groups that participated in that project. Early on it was "the County's not going to listen to us" and as the process went forward, they saw that "wow, not only is the County listening, but the County is

incorporating our thoughts". So I think that had a rippling effect. The other thing this groups has set its strategies and its priorities around a 2008 study in reducing disparities project in California. When there was a State MH Department they had a study based on ethnic specifics in addition to LGBT so the African-American Wellness Group was looking at those strategies and applying them locally. Another accomplishment the Family Wellness Group accomplished was California has an African-American Awareness Week the 2nd week of February and this year the group worked with the Riverside branch of NAACP to create a musical drama addressing stigma in the African-American community and they will be performing at Fairmont park on May 16 for May is Mental Health Month. So that gives you an idea of what the African-American Group has been involved with. I have much more information to relay, but as it relates to the Plan, we would like you recommend that we continue those ethnic specific programs.

RESPONSE: MHB recommended the African-American Family Wellness Group provide a presentation at a future MHB meeting to further inform about the group's activities, as it sounds like they are doing fascinating work. However, MHB noted there was no change recommended to the FY13/14 MHSA Plan Update.

26. **COMMENT**: Could I ask her if she has a website where I can check out more about these activities?

    COMMENT: There is no website for the African-American Family Wellness Group but what we can consider is having the County put it on their website.

    RESPONSE: The MHB Liaison will coordinate a presentation at a future Board Meeting for the African-American Family Wellness Group and the Department's Resource Developer will explore adding a link to this information on the Department's website.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

27. There is a gap in care for individuals who may have a dual diagnosis with intellectual related and mental illness and they cannot access care because Riverside County Mental Health they refer them to Regional (Hospital) and Regional refers them back if the diagnosis is related to mental health . And I would like to see more services for these individuals so they can get assistance in obtaining a mental health diagnosis and getting treatment for that diagnosis.

    RESPONSE: Physical and Mental Health Integration is already being implemented in several locations, and that model will be included at all new service locations. A Children's Integrated Health model will also be piloted in FY 13/14.
    Monthly collaborative meetings are held between Mental Health and Inland Regional Center to address mental health needs and bridge the gaps of services for developmentally disabled clients. Recent interagency training on diagnosing those clients with intellectual disabilities and mental health issues has also been conducted.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

28. **COMMENT:** I would like to see continued updates between Mental Health Department and Health services and more coordination as we continue and as funds allow us to do that to make sure that physical and mental health is included with MH analysis.

    RESPONSE: Physical and Mental Health Integration is already being implemented in several locations, and that model will be included in all new service locations. A Children's Integrated Health model will also be piloted in FY13/14.

    MHB recommended no change to the FY13/14 MHSA Plan Update.

29. **COMMENT:** That was going to be my comment also. We aren't hearing that physical and MH are working together and not working together when clients are going for physical health care and the connection needs to be made between them and MH care. The doctors are not working together which means they are separating them into separate boxes - this box is MH and this is a physical health care. But we are one person and one body and they need to keep the connection together, so both entities are working with that person. So, I would like to see that the Blaine Street and

Rubidoux programs are expanded to other locations and we really develop this program of a combination of both types of services at one location.

RESPONSE: Public Health and Mental Health sit together on the Care Integration Committee to strategize integrated health care implementation as part of our Health Care Reform planning process. Integrated Health Models are planned for all new program sites.

MHB recommended no change to the FY13/14 MHSA Plan Update.

30. **COMMENT:** I find this very important because the question I asked about multi-culture because the east end of the Coachella Valley is very large. I recently got a phone call from a counsel person who asked where a person, who was living for over 20 years in a MH home and they were schizophrenic, was having problems finding them a place for them to be at in the Coachella Valley. So I ended up calling Dr. Lundquist and asked can you please call this person because we do not have access for information and places where we can use for putting someone who needs to be living somewhere beside the home. I don't know how to handle it when people ask me because unfortunately I don't have that ability to tell them where to go.

MHB RESPONSE: There is the Mental Health Department's Guide to Services which are a great resource; talking to Dr. Lundquist, Desert Regional Administrator, for resource information; and also the Harmony Center may have some housing referral information available. Just using local entities and resources, you will find some of that some information, but there is just not a lot out there.

MHB RESPONSE: The MHB has new Guide to Services books that will be given out today at the meeting with all kinds of information for all the regions. These books have all kinds of information and I've used it for many clients and it's a fantastic book.

Community education materials and a PEI Resource Guide are also funded through the PEI component.

MHB recommended no change to the FY13/14 MHSA Plan Update.

31. **COMMENT:** I'm from the Fair Housing Council of Riverside County. One of the things I really liked about the Plan is the housing component has really expanded so that is really good news. We are also looking to continue to work with MH housing programs to expand the training for the housing providers who are going to be housing these individual because there is a lack of understanding in terms of fair housing laws and the rules and responsibilities. For both the housing provider and the individual residing in the property, so over the past two years we have entered into MOU to provide these services with housing providers that work with these particular programs and we are looking forward to forward to expanding that not just for these specifics programs but have also been working with outside private housing provider throughout Riverside County. We've done training to over 300 housing providers in the last 2 years on this specific subject on disability, in general, not just mental or physical medical.

RESPONSE: Positive comment noted and information will be shared with the Homeless/Housing Opportunities, Partnership & Education (HHOPE) Program.

MHB recommended no change to the FY13/14 MHSA Plan Update.

32. **COMMENT:** Transportation – has there been any changes in that at all or is that pretty much the same. I just want to know if they have made any headway on that. Just that we need to review the transportation needs of our clients and see if anything could be done to increase transportation accessibility.

RESPONSE: All new service locations analyze proximity of public transportation routes. Multi-passenger vans have been redistributed to clinics that needed direct patient transports. New vehicle orders have been placed and vehicles will be distributed based upon transportation needs of regions.

MHB recommended no change to the FY13/14 MHSA Plan Update.

33. **COMMENT:** Make sure the programs are made available to everyone who needs mental health services rather than just clients of the county. We seem to have money to do that with and I would like to make sure that happens this year - not only veterans - but anyone who needs help.

RESPONSE: Adult programs are already in the process of increasing capacity, expanding program locations, and including those who don't have Medi-Cal. Benefit Teams have been added to all clinics to connect consumers to benefits for which they may qualify.

MHB recommended no change to the FY13/14 MHSA Plan Update.

34. **COMMENT:** I want to express support for this MHSA funding. What this funding has allowed is flexibility to really meet the needs of a diverse group of people that have difficult health issues and it and has been extremely helpful in meeting the full servicing needs of the community and I really do appreciate the MHSA projects.

RESPONSE: Positive comment noted.

MHB recommended no change to the FY13/14 MHSA Plan Update.