

Mental Health Services Act Annual Update & BHSA Transformation FY 25 - 26

Riverside University Health System
Behavioral Health



What is MHSA?

- 2004 CA voter approved ballot proposition (Prop 63)
- 1% income tax on incomes over \$1 million dedicated to the public mental health service system
- Includes a Community Participation and Planning Process
 - Stakeholder feedback informs the plan all year round via Behavioral Health Commission and Regional MH Boards, community advisory groups, allied health care, criminal justice, local governments, CBOs, consumers and families
 - Formalized at start of calendar year
 - Presentations at our network of community advisory groups
- **What about BHSA?**
 - **MHSA Remains in effect until July 2026. Fully repealed January 2027**
- Wind MHSA down while preparing for BHSA
 - Prepare Department infrastructure to manage the change
 - Prepare programs to avoid service disruption

What is the MHSA Plan?

- A big report that goes to the Board of Supervisors and State Department of Health Care Services
- Authorizes MHSA expenditures
- Provides progress and outcomes on existing MHSA funded programs
- Two types of MHSA plans
 - 3-Year-Plan (FY 23/24 -25/26)
 - **Annual Update**



MHSA Frame

- 5 Components:
 1. Community Services and Supports (**CSS**)
 2. Prevention and Early Intervention (**PEI**)
 3. Innovation (**INN**)
 4. Workforce Education and Training (**WET**)
 5. Capital Facilities and Technology (**CFTN**)

CSS

- Largest Component – 76%
- Includes Full Service Partnerships (FSP), Housing/HHOPE, Crisis System of Care, and Mental Health Courts/Justice Involved programs, Peer programs

PEI

- Next largest component – 19%
- Reduce stigma related to seeking services, reduce discrimination against people with a diagnosis, prevent onset of a SMI
- Early intervention for people with symptoms for 1 year or less or do not meet criteria for a diagnosis; low intensity, short term intervention

Riverside Co CSS and PEI Highlights

- Our crisis system of care includes 24/7 crisis support center (951-686-HELP) providing access to our around-the-clock BH mobile crisis teams, and 3 regional 24/7 walk-in Mental Health Urgent Care clinics (Riverside, Perris and Palm Springs).
- Community Assistance, Recovery, and Empowerment Act, known as CARE Court, launched in 10/2023. This collaborative court team serves consumers with schizophrenia spectrum disorders who are court ordered into supportive treatment. The program celebrated its first graduate in 12/2024; one of the first graduations in the State! As of 01/2025, over 400 people were referred and 116 became clients.
- PEI funded Suicide Prevention Coalition pioneered clinical bereavement support for survivors of suicide loss. Community based therapists were trained using a manual developed specifically for Riverside County by Dr. Sally Spencer-Thomas, a nationally recognized leader in the field. Sessions are no-cost for participants. Additionally, in partnership with American Foundation of Suicide Prevention, community volunteers were trained to facilitate suicide loss support groups, which were nearly non-existent before this initiative.

INN

- Funded out of 4% CSS and 1% PEI
- Used to create “research projects” that advance knowledge in the field; not just fill service gaps
- Time limited: 3-5 years
- Requires additional State approval process to access funds

WET

- Funded from a portion of CSS dollars.
- Recruit, retain, and develop the public behavioral health workforce

CF/TN

- Funded from a portion of CSS dollars
- Improve the infrastructure of public mental health services: buildings and electronic programs.

Riverside Co INN, WET & CFTN Highlights

- In 02/2024, MHSA Admin successfully completed the State review process to receive \$29M MHSA Innovation plan funds for the Mindful Body and Recovery Program, an eating disorder intensive outpatient and education program. This level of care had been missing in public BH. Early implementation started in 09/2024.
- WET centrally coordinates one of the largest BH internship programs in the IE. Last year, WET received 120 applications and accepted 37 MA and BA students from 10 different universities. 42% were bilingual with over 50% being Spanish speakers. RUHS-BH hires a majority of the graduates.
- Renovation is complete on an augmented adult residential care facility on Franklin Ave. in the City of Riverside. The facility has 84 beds and integrated, on-site FSP services. Facility is scheduled to open 03/2025.
- Mead Valley Wellness Village broke ground in 2024! The Village is a campus of BH services providing a continuum of BH care from outpatient to residential in a single location. In addition, the village will provide some physical health care services and employment support.

What's Next for Community Stakeholders?

Public Posting & Hearings

- **April 2025 : 30 day website posting**
 - Give written feedback on draft plan
- **May 2025: Public Hearings**
 - Provide your opinion to the BHC
 - In-person: MIMHM
 - May 01 Desert
 - May 08 Mid-Co
 - May 15 Western
 - Virtual 24/7 videos on-line



Does my feedback do anything?

- Yes! Does every comment lead to a change? No.
- Staying and being informed helps. Asking questions is encouraged.
- Understand the BH Continuum of Care that is already offered. Be as specific as you can about what you like or what you'd like to see changed.
- Connect to a Department advisory group so your voice can be amplified:
 - Behavioral Health Commission and related committees, MH Regional Boards
 - Cultural Competency Reducing Disparities and related community subcommittees
 - PEI and regional TAY collaboratives



ruhealth.org

The screenshot shows a web browser with the URL ruhealth.org/behavioral-health. The page header includes the Riverside University Health System logo and a navigation bar with links for RUHS, NEWS, LOCATIONS, and APPOINTMENTS. The 'RUHS' link is underlined in red, and its dropdown menu is open, with 'Behavioral Health' highlighted in green and marked with a red asterisk. Other menu items include 'About Us', 'MHSA', 'Programs', and 'Services'. To the right, there are buttons for 'Community Health Centers' and 'Me'. The background of the page is dark and blurry.

ruhealth.org/behavioral-health

Home Page | ruhs bh guide to services - Google | About ruhealth.org/sites/default | Behavioral Health - Home | Riverside University Health System

https://www.ruhealth.org/behavioral-health

Log in - MD-App | Signed Out - Cisco... | DHCS-16-009 | Mental Health Servi... | MSHA Components | MSHA Three Year PL... | Sign in to Site Point... | Log in | Building Ca... | Home Page | CABH... | Other bo...

Riverside University HEALTH SYSTEM

Find Your Way | MyRUHealth Patient Portal | Giving | Find us on social: | Search

RUHS | NEWS | LOCATIONS | APPOINTMENTS | RESOURCES | SERVICES | CAREERS | SELECT LANGUAGE

Behavioral Health

Crisis Help NOW | Get Started

CARES Line | Crisis Support System of Care | Locations | Guide to Services | Mental Health Urgent Cares | Take My Hand

Contact Info

Sign Up for Email Notifications

- MHSA@ruhealth.org
- MHSA Admin: 951-955-7198
- MHSA Admin: David Schoelen
 - DSchoelen@ruhealth.org
- PEI: Diana Gutierrez
 - DAGutierrez@ruhealth.org
 - PEI@ruhealth.org
- WET: Nisha Elliott
 - NElliott@ruhealth.org
 - WET@ruhealth.org
- INN: (Planning lead) Leah Newell
 - LMNewell@ruhealth.org
 - bhculturalcomp@ruhealth.org

What is BHSA?

- Behavioral Health Services Act (BHSA)
- Proposition 1 (March 2024 ballot)
 - Became law January 2025
 - Prop 1 also included \$6.4 billion bond for BH residential care and supportive housing
 - Embedded timelines: 1st new Integrated Plan 7/2026
- Not just a MHSA crosswalk. New components, regulations, reporting, and oversight.



The BHT Process

State guidance, direction, and legislative refinement is currently, actively being developed.

This is a slow-going process that includes dialogue between State and Counties to negotiate how the laws will be applied.

Some of what is presented today may change with future State updates.

Guiding Principles Change

MHSA

- Funds of last resort. Can be used for non-billable services
- Strong focus on peer support and MH recovery
- County had more independence
- Serious Mental Illness (SMI)
- Reach people before they have consequences of SMI and promote MH recovery
- Early Intervention designed to prevent onset of SMI
- Outreach based on stigma reduction, education, and awareness

BHSA

- Still funds of last resort, but prioritize Medi-Cal and commercial payor billing
- Focus on homelessness, especially encampments
- State has more oversight
- SMI AND Serious SUD
- Address the consequences of untreated BH disorders and prevent exacerbation
- Early intervention designed to prevent disorders from becoming severe and disabling.
- Outreach based on connecting people to care

Planning and Reporting Changes

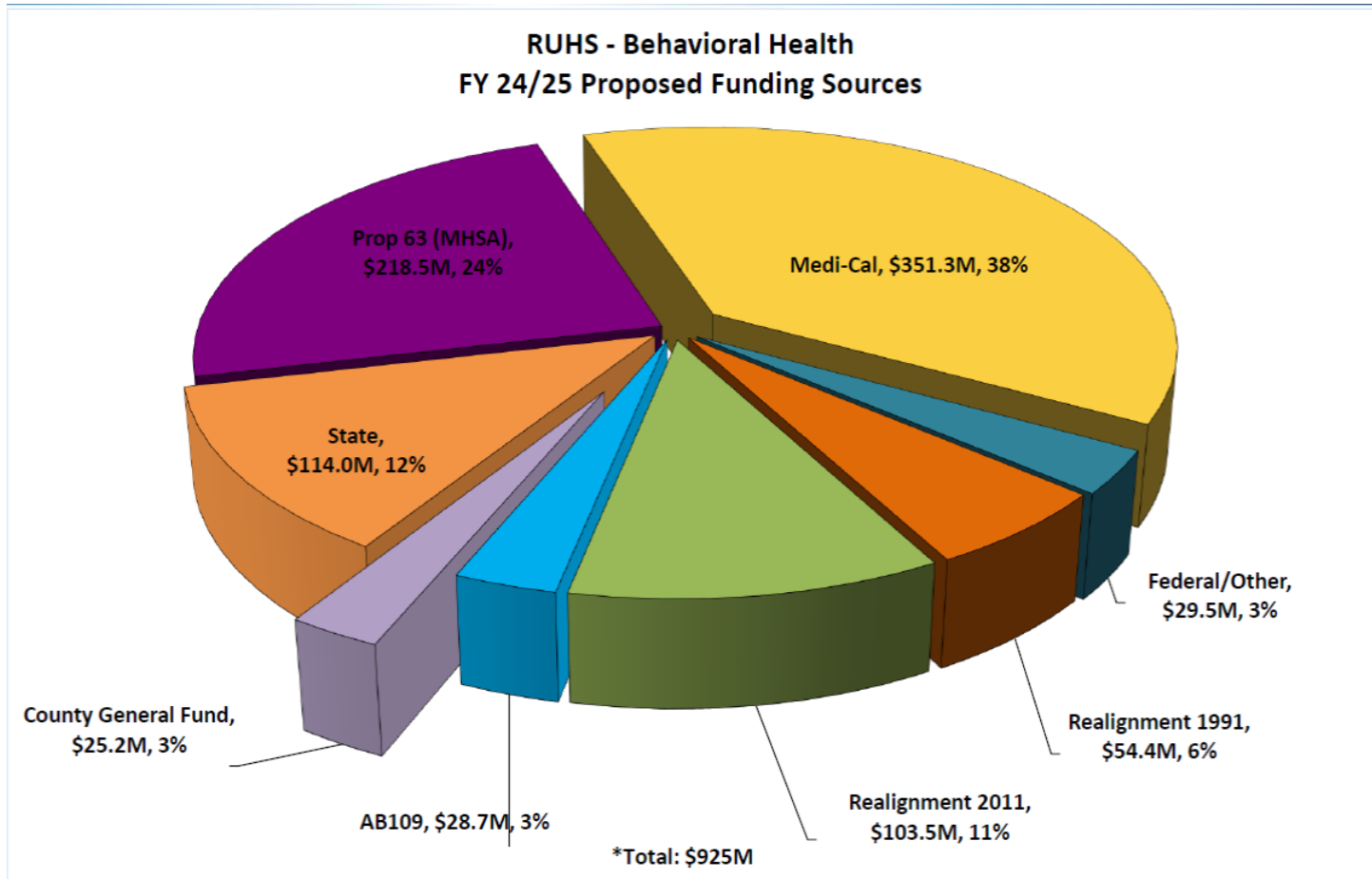
MHSA

- Annual Community Planning and Participation Process (CPPP)
- Each county set own goals
- County had no EBP restrictions
- Component funding percentages were rigid
- Prudent reserve max is 33% of CSS
- Report contained only programs and budget for MHSA funds
- No strong sanctions for non-compliance
- Annual Review and Expenditure Report (ARER)

BHSA

- CPPP every 3 years but mandates list of stakeholders to include 5 largest cities, local health jurisdictions, manage care plans
- State to define success metrics
- State to provide menu of approved EBP and CDEBP for program model
- Funds can be moved between components with State approval
- Prudent reserve max is 20% of total
- Report contains ALL BH funds
- State can direct plan revisions and provide sanctions
- Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)

RUHS-BH Funding Sources



Component Changes

MHSA

- State Allocation: 5% OTT
 - Admin costs
- CSS: 76%
 - FSP
 - GSD, Crisis, Criminal Justice,
 - Outreach and Peer Programs
 - Housing
- PEI: 19% (51% on youth < 25)
 - Prevention
 - Early Intervention
- INN: 5%
 - Encumbered funds good through life of current ED-IOP plan 2029
- WET (funds from CSS)
- CFTN (funds from CSS)

BHSA

- State Allocation: 10% OTT
 - Population based Prevention
 - INN partnership fund
 - Workforce initiatives
 - Admin costs
- Housing: 30%
 - No treatment, support svcs
 - Includes (CFTN) housing developments
- FSP: 35%
- BHS: 35%
 - Early Intervention (50%)
 - Definition change
 - 51% on youth < 25
 - WET, INN, CFTN (except housing)

At What Stage is Riverside's BHT?

- Key Department leadership attend workgroups with California Behavioral Health Directors Association (CBHDA)
- State has released two Behavioral Health Transformation policy manual modules in late 2024. More to come.
- Department created a BHT Workgroup:
 - Creating an internal timeline
 - Unbraiding MHSA funds to help understand which programs are at most risk based on BHSA regulations and community priorities
 - Develop and plan for the new expanded stakeholder process
 - Transform MHSA Admin into BHSA Admin
 - Prepare for the new reporting procedure and document



BHSA Timeline

By June 30, 2026

- Board of Supervisors approves FY 26-29 Integrated Plan
- Submit FY 26-29 Integrated Plan to DHCS and BHSOAC

July 01, 2026

- FY 26-29 Integrated Plan becomes effective

June 30, 2027

- FY 27/28 Annual Update is due

January 20, 2029

- FY 26/27 BH Outcomes, Accountability, and Transparency report is due



DANKSCHEEN
 TASHAKKUR ATU
 SUKSAMA
 EKHMET
 GRACIAS
 ARIGATO
 SHUKURIA
 GOZAIMASHITA
 EFCHARISTO
 YAQHANYELAY
 SUKSES
 MABAKKE
 MEHRBANI
 PALDIYES
 BOLZIN
 MERCI
THANK YOU
 BIYAN SHUKRIA



MHSA Annual Update FY 25/26

Plan Highlights

Community Services and Supports (CSS)

General System Development

- Riverside County Mobile Crisis Response for Behavioral Health is now available 24/7. The Mobile Crisis Response Teams include clinical therapists, case managers, addiction counselors, and peer support specialists. This team is dispatched where the behavioral health crisis is occurring with the goal to deescalate the situation, link to ongoing care, and avoid unnecessary emergency department care, psychiatric hospitalizations, and law enforcement involvement. The Mobile Crisis Teams are countywide, and have successfully diverted 70% of contacts from law enforcement and inpatient admissions, demonstrating their effectiveness in handling crises without traditional enforcement methods. The Crisis Teams can be accessed by calling 951-686-HELP
- Community Assistance, Recovery, and Empowerment (CARE) Act more commonly known as CARE Court launched in October 2023. This new collaborative court team provides engagement, assessment, care planning, linkage, and wrap around case management services to consumers with schizophrenia spectrum disorders who are court ordered to engage in supportive treatment. The program celebrated its first graduate in 12/2024; one of the first graduations in the State! As of 01/2025, over 400 people were referred and 116 became clients.

Peer Support Service

- Peer Administration successfully supported RUHS-BH Peer Support employees to pass the Medi-Cal Peer Support Certification Program. 99% of incumbent peer employees have successfully completed the certification process.
- Parent Support and Training successfully implemented a new training support for fathers called, “Nurturing Fathers.” The program includes individual and group sessions

Prevention and Early Intervention (PEI)

The intent of Prevention & Early Intervention is to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment. There are seven work plans with several programs and services in each. PEI providers continued to show success in meeting program goals and objectives and reaching the target populations.

Work Plan 1: Mental Health Outreach, Awareness, and Stigma Reduction – includes several different strategies that focus on mental health stigma reduction, education about mental health symptoms, and increasing access for underserved communities.

- The Community Mental Health Promoter programs focus on target populations including Latino/a/x, Native American, Asian/PI, and Middle Eastern/North African. Providers engaged with 13,973 community members delivering 3,666 1-hour presentations with information about: anxiety, depression, mental health, schizophrenia, self-care, substance abuse, suicide prevention, trauma, and bipolar disorder.
- PEI Administration continued to offer trainings, virtually and in-person, available to the general community focused on mental health awareness, self-care and wellness, trauma and resiliency, and suicide prevention. Additionally, in-person suicide prevention trainings were offered throughout the fiscal year. Trainings are free and available every month. In total for FY 23/24 1,506 participants attended the 91 trainings that were offered.
- PEI, in partnership with the Suicide Prevention Coalition, has launched short-term grief counseling for survivors of suicide loss at no cost to residents of Riverside County. This pilot project will offer 6-8 free sessions to suicide loss survivors through community-based clinicians who are trained in a specific approach to support suicide bereavement. PEI partnered with IEHP and Molina to train several of their providers to offer this as a benefit to their members. Suicide Loss survivors can request this service by visiting the TIP website at: <https://tiprivco.org/bereavement-counseling/>.

Work plan 2: Parent Education and Support – includes services that assist parents and families in building protective factors and reducing risk for the development of mental health problems.

- The Triple P program offers a multi-level system of parenting and family support strategies for families with children aged 2-12, and for families with teens aged 12-16. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. Teen

Triple P aims to promote positive, caring relationships between parents and their teens, and to help parents develop effective management strategies for dealing with a variety of teen behavior problems and common developmental issues. During FY23/24, the provider for this program increased their services, aiming for twice the numbers served to better meet community need. They nearly met that goal for this fiscal year, serving 686 families countywide.

- The Strengthening Families Program is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week. In FY23/24 the program served 117 families with 144 parents attending with an 85% completion rate; 80% were Hispanic/Latinx.

Work plan 4: Transition Age Youth – outreach, stigma reduction, and suicide prevention activities for (TAY) at highest risk of self-harm. This includes targeted outreach for LGBTQ TAY, TAY in or transitioning out of the foster care system, runaway TAY, and TAY transitioning into college.

- The Directing Change Statewide Program and Film Contest for FY23/24 included 203 Film Submissions from 26 schools & CBOs by 580 youth. The partnerships with RCOE and RUHS-PH continued to make the event a success. In addition, there was a local rotary that was able to sponsor the event, contributing to cash prizes for this year’s winners. Riverside County’s Eleanor Roosevelt High School won 1st place in the Suicide Prevention Category titled “Speaking Up” for both our local recognition ceremony as well as the statewide contest. The Riverside County recognition ceremony also featured an Art Gallery Walk, recognizing the youth who submitted and won the state’s monthly Hope & Justice contests throughout the academic year.
- Stress and Your Mood is an evidence-based early intervention program used to treat Transition Age Youth who are experiencing depression. In FY23/24 the program served 244 TAY with 68% completion, outcomes include a statistically significant reduction in depression and all participants showed improvement overall.

Workplan 5: First Onset for Older Adults - includes services to reduce first onset of depression and to reduce the impact of depression in the older adult population.

- The programs within this work plan include Cognitive Behavioral Therapy for Late-Life Depression (CBTLLD), Program to Encourage Active Rewarding Lives for Seniors (PEARLS), and partnership with the Riverside County Office on Aging to deliver Caregiver

Support Groups, Healthy IDEAS, and mental health liaisons to assist Office on Aging staff via consultation, outreach, and early intervention service delivery. These programs served 403 participants with overall reductions in depression and anxiety along with improved quality of life.

Workplan 6: Trauma-Exposed Services – provides services to reduce the negative impact of trauma for individuals, families, and the behavioral health service system.

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a school-based group intervention (for grades 5-12) that has been shown to reduce PTSD and depression symptoms and psychosocial dysfunction in children who have experienced trauma. CBITS served 313 youth with 84% completion. Outcomes include improvement in depressive symptoms and 64% of youth trauma symptoms dropped below clinical significance. Bounce Back is an adaptation of the CBITS model for elementary school students (grades K-5). This adaptation is currently out for competitive bid.

Work plan 7: Underserved Cultural Programs – This workplan includes programming for each of the underserved ethnic populations within Riverside County. The programs include evidence-based and evidence-informed practices that have been found to be effective with the populations identified for implementation.

- Building Resilience in African American Families project (BRAAF) utilized a multi-intervention strategy with the primary program goals of reducing the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health issues. This program faced many challenges over the years regarding program recruitment, retention, and fidelity to the program curriculums. After strategic supports, additional trainings, and technical assistance, it was determined that this program was no longer meeting the needs of the African American community in Riverside County. Furthermore, it was determined by community stakeholders that the County needs to better understand what the current needs are of this underserved population. Currently, we are in the competitive bid process for a Qualitative Community Engagement Project to select a culturally specialized research agency that can assist with conducting a comprehensive and strategic community needs assessment to inform the development of more appropriate programs and supports for the African American population in Riverside County across the continuum of behavioral healthcare.
- Mothers & Babies/Mamás y Bebés: The Mothers & Babies program worked to increase engagement and service delivery to African American women throughout Riverside County. For FY23/24, the program served 255 women with 91% completion, 83%

served were Latina and 3.5% were African American, overall outcomes showed statistically significant reduction in depressive symptoms. All 3 contract providers are actively increasing strategic outreach and partnering with other African American serving organizations/workgroups, including the Perinatal Equity Initiative and The Amani Project. One of the providers, Riverside Community Health Foundation, is aiming to further this work by holding a focus group with previous African American participants to learn from them how to make the curriculum more culturally relevant and will be piloting a group for African American moms lead by African American facilitators, that will incorporate the feedback from the focus group.

Innovation (INN)

- Our 5-year Innovation Plan, **Help@Hand** (Help at Hand), ended in February of 2024. The Help at Hand Innovation Plan explored the best ways to bring technology-based mental health tools into the public mental health service system. Riverside County planned and implemented nine (9) projects, all in alignment with the initial goals and objectives. Eight of the nine projects have been transitioned into our standard system of care to continue to serve the Riverside County community, with the ninth one continuing to inform our work with the Deaf and Hard-of-Hearing Community (DHoH). Information on the Help at Hand project can be accessed at <https://HelpatHand.info>. Highlights from the H@H project include:

DHoH - The needs assessment and resulting work done by Riverside County has provided a path for learning about DHoH community needs and how to help them better access mental health services technology. The information generated by this effort makes an invaluable contribution to one of Riverside's diverse communities.

1. Translated the Digital Mental Health Literacy (DMHL) video series on the Help@Hand website in ASL and found that the DHoH community benefited.
2. Launched a needs assessment survey to gain more insight into the specific needs of the DHoH community.
3. Administered ASL-inclusive Peer Support Specialist Training, with two participants completing the course and eligible to take the Medi-Cal certification exam.
4. Launched the Peer-supported TakemyHand video chat pilot using Peer Support Specialists who are deaf or hard of hearing.
5. Riverside adapted the DHoH Needs Assessment so that other Collaborative members could adopt and use to tool in their own communities
6. In collaboration with UCI, Help at Hand will produce two research papers. The first, [Understanding the Potential of Mental Health Apps to Address Mental Health Needs of the Deaf and Hard of Hearing Community: Mixed Methods Study](#), was published on November 11, 2022. The second is set for publication later this year. These research publications contribute to advancing knowledge in digital mental health technology for

the DHoH community, provide educational value to other research organizations, and can help inform public policy and decision-making, ultimately driving societal improvements.

TakemyHand™ - The Live Peer Chat is now under RUHS BH Peer Support Services, and continues to provide free, peer-to-peer live chat interface using real-time conversations for individuals 16 or older seeking non-crisis emotional support. It remains available online at TakeMyHand.co. or TomamiMano.co for Spanish speakers and via iPhone and Android Apps.

1. The mobile app was approved by Google Play in 2024
2. The Emotional Wellness Check-In Tracker feature was added to the mobile app
3. Univision/NBC Interviews created and ran TV campaigns in <https://vimeo.com/showcase/11106848> (English) and <https://vimeo.com/showcase/11106895> (Spanish).
4. Between 2021 – 2023, Total users ranged from 5,362-33.4 K and total sessions from 4,867 – 39.4 K.

La CLaVe - a mental health awareness education program created to help individuals and their families recognize the symptoms of serious mental illness, was well-embraced by the community. This program continues as part of the Prevention and Early intervention plan.

1. Univision/NBC Interviews and “Break Stigma” videos promoted La CLaVe in the Desert region to educate and help reduce stigma in the desert community, which has a large percentage of Spanish-speaking residents: <https://vimeo.com/showcase/11106748> (English) and <https://vimeo.com/showcase/11106770> (Spanish)
2. The Prodromal Questionnaire Brief (PQB) was integrated into the TakemyHand™ website and mobile app under the Learn La CLaVe section.
3. Riverside realized the benefits of its efforts by the end of 2024 with 52,952 engagements.

Man Therapy - a mental health engagement campaign geared specifically for men was also well-embraced by the community. This program also continues as part of the Prevention and Early intervention plan. Man Therapy also now has an active Spanish website option that went live in February 2024.

1. The Spanish website went live in February 2024.
2. By the end of 2023, the partnership supported 56,444 participants through 64,889 website sessions and completed 16,033 screenings for users from Riverside County.
3. Riverside grassroots efforts reached other community members outside the county with 26,692 screenings completed in California.

The App for Independence or A4i - a mobile app used to support the recovery process of individuals living with schizophrenia or psychosis is now also managed under Peer Support Services.

1. Piloted over two (2) years for high-risk populations such as adults, older adults, and transitional aged youth (TAY)
2. For more information visit the Hearts Showcase website:
<https://vimeo.com/showcase/11000292>
3. An animated video was created in partnership with Dreamsyte to encourage adoption of the A4i app among the pilot participants [A4i Animated Video](#)

The Whole Person Health Score - a screening tool that can help a person and their health care team determine areas of health strength and risk across six domains: physical health, emotional health, resource utilization, socioeconomic, ownership, and nutrition and lifestyle. Our Help @ Hand partners separately assisted in the digitization for virtual platforms and validation of the tool, ensuring a reliable measure that is easily accessible by the community and their healthcare providers.

1. Initially the tool was digitized to facilitate a survey assessment
 - a. The tool was distributed by three different departments: Medical Center/Community Clinics, Behavioral Health, and RivCoONE
 - b. The 28-question assessment provides a “snapshot” of an individual’s health
 - c. There were 1,863 WPHS assessments completed during February 2023 and February 2024: MC/CC (301); BH (1,066); RivCoONE (496)
2. Later the holistic, patient-centered adult tool developed by RUHS was validated to evaluate the measurement performance of WPHS domain and composite scores
 - a. The analytic sample included 58,055 patients who completed at least one WPHS survey between August 2019 and February 2024.
 - b. The dataset included demographic and clinical characteristics, WPHS responses and scores, types of clinical visits, and diagnosis indicators of chronic health conditions.
 - c. The assessment of data quality provided actionable recommendations for further refinement and implementation.
 - d. Further evaluation is encouraged to ensure the WPHS continues to evolve as a valuable tool for patient-centered care and quality improvement within RUHS.

90 interactive **Kiosks**, installed in waiting areas throughout Riverside County, provided a wide range of information on healthcare access.

1. Kiosks were deployed in clinics and community organizations across the different geographic regions

2. A kiosk locator is present on the H@H website to help consumers find where to learn more about available resources via the closest kiosk
3. They remain active as points of service navigation and education for people seeking care.

The **Recovery Record App** – is used to assist with eating disorder management, and piloted as part of the Help at Hand Innovation project.

1. Providers that worked with clients using Recovery Record found it easy to use and valuable in tracking client emotions and behaviors.
2. This eating disorder tracking and support mobile app continues to be utilized as a part of the new Eating Disorder Innovation project.

Help@Hand Summary project - Here is the story map with the latest **numbers** related to the 2024 reporting period. “Transforming Emotional Wellness across Riverside County and beyond with Technology”: <https://arcg.is/1SW0Dz>

- As Help@Hand ended, a new plan began. Over the past year, we have actively shaped a new Riverside County Innovation plan, an Eating Disorder Intensive Outpatient and Training Program, entitled The Mindful Body and Recovery Program. This Five-Year, \$29 Million plan was approved by the State in February 2024. Designed to address the challenges of treating eating disorders, this project is creating an Eating Disorder Hub where we can examine how to best treat, train, and educate our Riverside County Community through an integrated care approach.

The Intensive Outpatient Program (IOP) will serve adolescents ages 12 to 18 years old who require this higher level of care. This project aims to address the critical need for improved treatment and care for individuals with eating disorders, which have the second-highest mortality rate among mental health conditions. By focusing on enhancing treatment practices, increasing access for underserved populations, and raising community awareness, we aim to improve both the quality and availability of care. This approach includes training practitioners and providing a level of care previously non-existent in public behavioral health.

In addition to the IOP, we will implement targeted education and outreach programs to promote early diagnosis and intervention, which are key to preventing the escalation of eating disorders and ensuring individuals receive timely treatment. Through these efforts, we aim to foster a deeper understanding of eating disorders and make a lasting impact on treatment outcomes and access to care for vulnerable populations.

Early implementation of the project started in August of 2024. Since then, The Mindful Body and Recovery Program has hired, trained, and onboarded staff, developed a

strategic plan, and started building its operational infrastructure. Moving forward, our next steps include welcoming members, creating, collecting, and distributing informational materials, and collaborating with plan partners to educate the community. Currently housed at the Perris Valley CHC, The Mindful Body and Recovery Project is set to relocate by the end of 2026 to the Mead Valley Wellness Village as part of the Capital Facilities' project.

Workforce Education and Training (WET)

- The department is invested in having well trained paraprofessionals and professionals thus offering trainings department wide and to our contracted providers. Also supporting community members and retirees to be trained. In the last year 158 trainings were offered, which was an increase from the 98 trainings that were offered the previous year. Collectively 402 continuing education (CE) units were provided. 2,646 attendees were trained. Trainings offered were, Cognitive Behavioral Therapy for PTSD, Dialectical Behavioral therapy, Lehman center lead Square Model Training which was revised to be consistent with Cal AIM. Trainings on Suicide Harm and Trauma as well as Seeking Safety in which there were 79 staff trained this year. In addition, Lehman offered competency trainings for Clinical Supervisor. Culturally specific trainings were offered such as Disability Training for the Generalist Clinician and Gender Affirming Care. Staff safety is important thus 16 NCI trainings were offered and 332 staff were trained which was an increase from 267 the previous year. Lastly, Lehman center has provided trainings to the TOPPS program in connection with Hemet Unified School District.
- Recruitment outreach efforts increased reaching approximately 2,205 students and community members, inclusive of two outreach events called, Get Psyched, that were in collaboration with Vista Del Lago High School and Moreno Valley College reaching 200 Highschool students and secondly, the first Get Psyched event in Palm Desert reaching approximately 230 high school students. Both events centered on the education and career pathways into public behavioral health service system. Also, as it relates to students, provided support doing Mock interviews with the school's health academy programs. WET/Lehman programs have participated in May is Mental Health Month Fair at Fairmount Park and Indio, public forum for the Mental Health Service Act (MHSA) plan, the Norco College Health, Wellness, and Safety Fair, supported other programs by participating in the Directing Change event and Lehman participated in a community focused Halloween Drive Thru Event.
- Retention is important. To support pre-licensed clinical workforce, CLAS has been expanding its services and increased applicants from 29 last year to 31 this year. 24 Clinical Licensure Advancement and Support (CLAS) participants became licensed and promoted to Clinical Therapist II (CTII) positions which was an increase from 16 last year. The Lehman Center and WET staff have provided clinical supervision. Also, WET

acquired a grant from Kaiser Permanente which funding would offset staff salary, support in hiring diverse staff, and unlicensed staff to achieve licensure. Lehman Senior CTs have offered clinical support to clinical supervisors, provide group supervision, and oversee interns. The program also provided coaching/mentoring to managers and supervisors. WET is in full implementation of the centralized support program for Clinical Supervisors to be able to ensure consistency county wide.

- The WET Internship programs continue to be one of the largest behavioral health internship programs in the Inland Empire. The Graduate Internship, Field, and Traineeship (GIFT) Program received over 120 applications and accepted 37 master or bachelor students into the program. Students were from 10 different universities. 42% of the students were multi-lingual with over 50% of being Spanish speakers. Many had lived experience (as a consumer or family member). Demographically, 51% identified as Hispanic or Hispanic mixed with another race, 21% Caucasian or white, 11% as African American, and 3 % identified as other races (Asian or Multiple Mixed Races).

Capital Facilities and Technology (CFTN)

- Mead Valley Wellness Village broke ground in 2024. Full service Behavioral Health Campus that serves as a safe, monitored, and therapeutic community and living space while simultaneously delivering high quality, person-first, treatment for Behavioral Health. The Village will be architecturally designed and landscaped and offer a full continuum of behavioral health care in one location. Consumers and their families move through the campus' continuum of care from intensive oversight and treatment activities, to decreased therapeutic contact enabling consumers to prepare for a self-sustained recovery grounded in their own community. The Village is schedule to open in December 2026.
- Renovation has completed on an augmented adult residential facility on Franklin Avenue in the City of Riverside. This adult residential facility provides 84 beds with integrated, onsite full-service partnership (FSP) services. This facility provides a level of service comparable to the department's existing adult residential and care facility location in Palm Springs (Roy's Desert Springs & Windy Springs Wellness Center combination).

Regional Key Program Grid MHSA Annual Update FY 25-26
Community Services & Supports (CSS): Full Service Partnership (FSP)

	Western Region	Mid-County Region	Desert Region
FSP Track in outpatient clinics	X	X	X
FSP Outreach Prior to Acute Hospital Discharge	X	X	X
Children's FSP			
Multi Dimentinal Family Therapy	X	X	X
Wraparound	X	X	X
Youth Hospital Intervention Program (YHIP)	X	X	X
TAY (Transitional Age Youth):			
TAY FSP Program	X	X	X
Adult:			
Adult FSP Program	X	X	X
Older Adult FSP:			
SMART Program	X	X	X

CSS: General Service Development (GSD)

General			
BH Care at Community Health Center	X	X	X
Parent Child Interaction Therapy/Preschool 0-5	X	X	X
DBT, Eating Disorder, NCI, MI, TF-CBT, other EBP	X	X	X
TAY Centers	X	X	X
Crisis System of Care:			
24/7 Mobile Crisis Teams	X	X	X
Mental Health Urgent Care (MHUC)	X	X	X

Crisis Residential Treatment (CRT)	X	X	X
Clinician/Police Partner Teams (CBAT)	X	X	X
Mental Health Court & Justice Related:			
Mental Health Court/Veterans Court	X	X	X
Homeless Court	X		X
Law Enforcement Education Collaboration (CIT)	X	X	X
Youth Treatment Education Center	X		
Juvenile Justice EBP	X	X	X
Adult Detention BH Discharge Preparedness	X	X	X
Laura's Law Assisted Outpatient Treatment	X	x	x
CARE Court (Includes mobile access countywide)	X		

CSS: Outreach and Engagement

Lived Experience Programs:

Consumer Affairs: Peer Support

Peer Support and Resource Centers	X	X	X
Peer Support Specialist Certification Classes	X	X	X
WRAP/Facing Up/WELL	X	X	X

Parent Support & Training: Parent Partners

Educate, Equip & Support	X	X	X
Triple P/Triple P Teen	X	X	X
Nurturing Parenting	X	X	X
Parent Partner Training	X	X	X

Family Advocates:

Family WRAP (English & Spanish)	X	X	X
Family to Family Classes (English & Spanish)	X	X	X
DBT for Family (English & Spanish)	X	X	X

Housing & Housing Programs:

HHOPE Programs	X	X	X
Homeless Outreach Teams	X	X	X
Permanent Housing Property for Chronic Homelessness	X		X
Permanent Supportive Housing Units	X	X	X

Prevention and Early Intervention (PEI)**Western Region****Mid-County Region****Desert Region****Mental Health Outreach, Awareness
& Stigma Reduction:**

Stand Against Stigma (formerly Contact for Change)	X	X	X
Promotores de Salud Mental y Bienestar	X	X	X
Community Mental Health Promotion Program	X	X	X
Integrated Outreach & Screening	X	X	X
Asian/PI Mental Health Resource Center	X	X	
Helpline	X	X	X

Parent Education & Support:

Triple P - Positive Parenting Program	X	X	X
Mobile MH Clinics & Preschool 0-5 Program	X	X	X
Strengthening Families	X	X	X

Trasistion Age Youth (TAY) Project:

Stress and Your Mood	X	X	X
TAY Peer-to-Peer Services	X	X	X
Active Minds Chapters (Send Silence Packing)	X	X	X
Outreach to Runaway Youth/Safe Places	X	X	X

Teen Suicide Awareness & Prevention Program	X	X	X
First Onset for Older Adults:			
Cognitive Behavioral Therapy for Late-Life Depression	X	X	X
Program to Encourage Active Rewarding Lives (PEARLS)	X	X	X
Care Pathways - Caregiver Support Groups	X	X	X
Mental Health Liaisons to Office on Aging	X		X
Carelink/Healthy IDEAS	X	X	X
Trauma-Exposed Services:			
Cognitive Behavioral Intervention for Trauma in Schools	X	X	X
Seeking Safety TAY	X	X	X
Seeking Safety Adult	X	X	X
Underserved Cultural Populations:			
Mamas y Bebés (Mothers & Babies)	X	X	X
Native American Project	X	X	X
Asian American Project/KITE	X	X	

Innovation (INN)

	Western Region	Mid-County Region	Desert Region
Tech-Suite (Help @ Hand) Project:	X	X	X
Mindful Body and Recovery Project	X	(But serves county wide)	



SAVE THE DATE

Mental Health Services Act (MHSA) Plan Update FY 25/26 Public Hearings

HOSTED BY THE RIVERSIDE COUNTY BEHAVIORAL HEALTH COMMISSION

Desert

Thursday,
May 1st, 2025

Civic Center Park
YMCA of the Desert
43930 San Pablo Ave
Palm Desert,
CA 92260

Mid-County

Thursday,
May 8th, 2025

Valley Wide Recreation Park,
901 W. Esplanade Ave,
San Jacinto, CA 92582

Western

Thursday,
May 15th, 2025

Fairmount Park, 2601
Fairmount Blvd.,
Riverside, CA 92501

**FORUM: OPEN TO THE PUBLIC DURING
MIMHM EVENT
HEARING: 1:30 - 4:00 PM**

This is an opportunity for the community to get information, voice their opinion, ask questions, and provide input.

for more information please visit:

<https://www.ruhealth.org/behavioral-health/MHSA>



This information is available in alternative formats upon request. If you are in need of reasonable accommodation, please contact (951) 955-7156.

