Deaf and Hard of Hearing MH Needs

Future Directions:

RUHS-BH will utilize the survey results to continue efforts to better serve the Deaf and Hard of Hearing community of Riverside County. The findings from this survey provided some important information about the needs of the DHoH community including; access to services are a challenge, mental health stigma is an issue, appropriate forms of communication is a pressing need, greater awareness and education on mental health topics are needed.

Key findings:

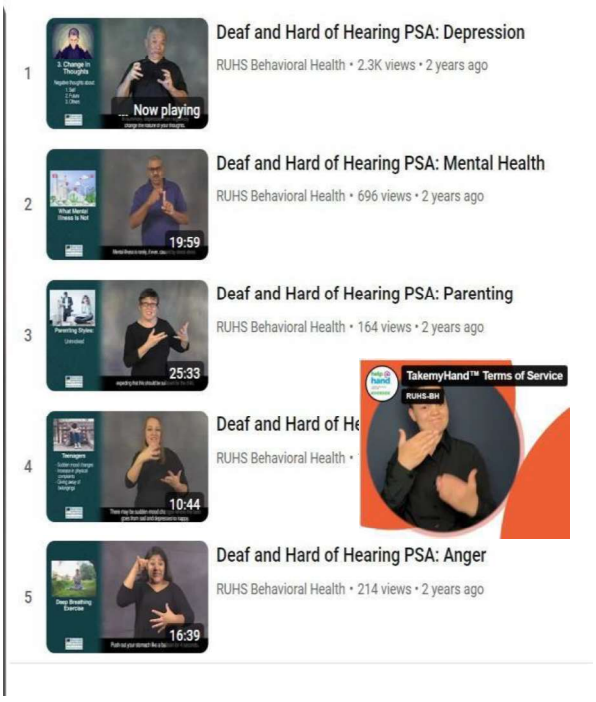
- 89% indicated there is limited support for American Sign Language
- 75% indicated the waiting time to access services is too long.
- 67% questioned the seriousness of their needs.
- 73% indicated they question whether the resources are helpful.
- 40% had the perception that most people thought having a mental illness was a personal weakness.

Initial Actions to Address Needs:

A series of mental health educational videos were produced using ASL. Links to those videos were posted on the TakemyHand™ website. The videos play on the RUHS-BH You Tube channel. There are five videos
covering the following topics: Depression, Mental Health, Parenting, Suicide, Anger.

In addition a trial of providing ASL LiveChat on the TakemyHand™ website was initiated in December of 2023 and functioned through February 26th 2024. One part-time and one full time Deaf certified Peer Support Specialist staff were trained in providing support via the LiveChat. A real time video capability for the LiveChat was installed on the TakemyHand™ website.

Approximately 2 to 5 DHoH people engaged with the LiveChat per week during the trail period offering valuable feedback. Collaborations with CODIE facilitated community involvement, with in-person events to demonstrate the LiveChat service and gather feedback. Feedback included common themes involving technical challenges, direct services for DHoH community, and communication access concerns.



Deaf and Hard of Hearing MH Needs

Future Directions:

Recommendations from the trial period of LiveChat using ASL are summarized below:

- Implement a feature to adjust the video chat screen size for better visual accessibility.
- Increase the availability of ASL Peer Counseling to meet the demand within the community.
- Extend service hours, especially in the evenings, to provide emotional support and accommodate community schedules.
- Provide Deaf-Sensitive Training for TMH Peer Support Specialists to enhance cultural competence and

communication skills.

- Ensure mobile apps are fully functional and accessible for video chat sessions. Recommendations for next steps included:
- Continuously upgrade training curriculum and hiring processes based on community feedback.
- Explore additional features and improvements to enhance visual accessibility and user experience.
- Expand outreach efforts to increase awareness and participation within the target communities.

The goal is to pursue expanding the TakemyHand™ LiveChat service to continue serving the needs of the DHoH community.

Deaf and Hard of Hearing MH Needs

Initial Actions to Address Needs:

Digital Literacy Videos were also produced using ASL and closed captioning to inform the community about safe practices when using technology and online resources. The 10 videos were made available on 77 of the Kiosks deployed in the community. In addition, links to the videos were posted to the TakemyHand™ website resources page.

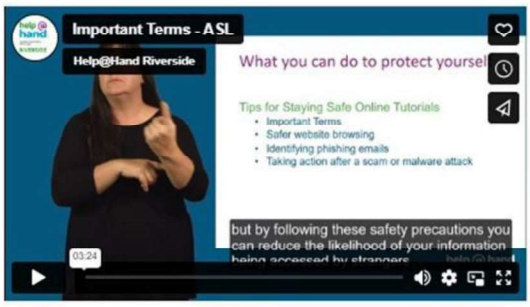
ASL Digital Literacy

Welcome to the Help@Hand Digital Mental Health ASL Literacy Video Page

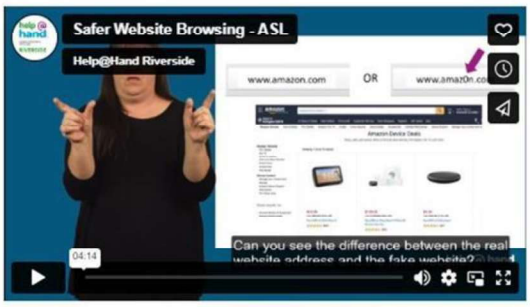
Help@Hand is a California multi-city and county Collaboration created to help shape the future of technology-based mental health solutions and connect people to care across the state. These brief, basic skills video tutorials are intended to empower California communities to make informed decisions about how they engage with technology. Please check out our page for new content. Don't forget to take the survey at the end of each video to let us know if the information was valuable.

"Tips for Staying Safe Online" Video Series

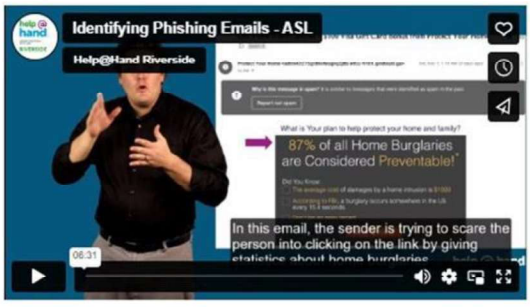
Part 1



"Important Terms" Video Transcription



"Safer Website Browsing" Video Transcription (PDF)



"Phishing" Video Transcription (PDF)



"Scam Malware" Video Transcription (PDF)

Deaf and Hard of Hearing MH Needs

Initial Actions to Address Needs:

Help @ Hand ASL Digital Literacy Videos (continued)

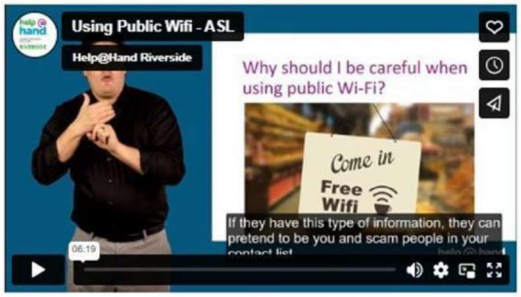
Part 2



"Downloading Anti-Virus and Anti-Malware Software" Video Transcription (PDF)



"Creating and Managing Passwords" Video Transcription (PDF)



"Using Public Wi-Fi" Video Transcription (PDF)



"Adjusting Browser Settings for Internet Explorer" Video Transcription (PDF) – Coming Soon



"Adjusting Browser Settings for Safari" Video Transcription (PDF) –



"Adjusting Browser Settings for Google Chrome" Video Transcription (PDF)

NNI

Project Evaluation

Recovery Record



Recovery Record Pilot

Implementation Highlights

RUHS-Behavioral Health Help@Hand Project piloted the Recovery Record mobile application that serves as digital support tool for individuals with an eating disorder diagnosis. Recovery Record is a mobile platform built on decades of Cognitive Behavioral Therapy and self-monitoring research. The utilization of the mobile app was also embedded within the Riverside County Eating Disorder (ED) Program. The Recovery Record App has daily logs for self-ratings which include: Client daily *Meals*, *Feelings*, *Photos*, *Urges*, *Disordered Behavior*, as well as *Interactions with (to and from) their Clinicians*. Recovery Record features also include a clinical dashboard for providers to view client activity in the Recovery Record App. For this pilot, RUHS-BH recruited County clinic clients and contracted providers' clients as Recovery Record pilot participants. At the completion of Help@Hand in February, 2024, a total of 37 Pilot Participants were enrolled and linked in the Recovery Record App, and 50 Care Team Providers were onboarded. Based on engagement data, 21 Clinicians were linked to RR Clients during Pilot.



Recovery Record Pilot

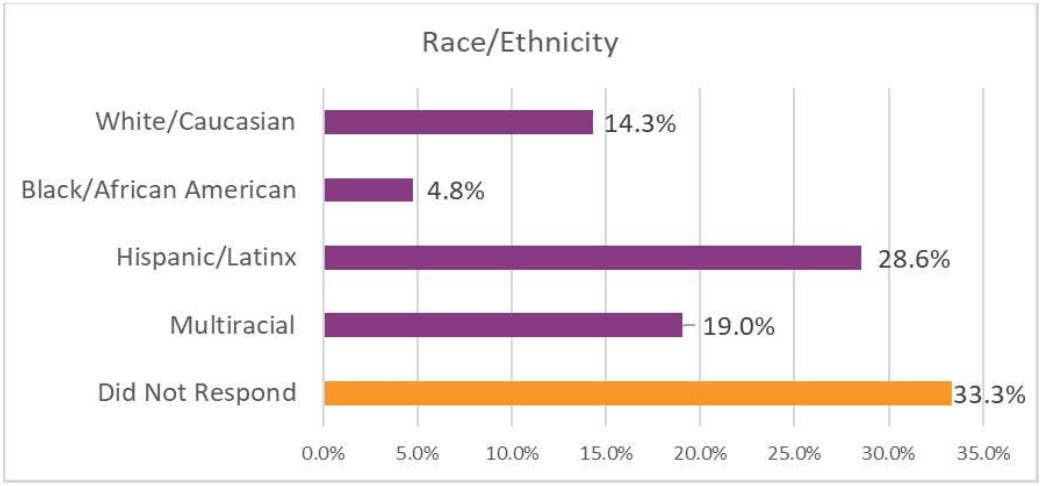
Demographics RR Pilot Participants

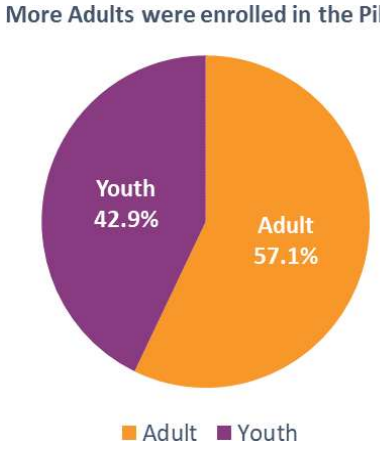
Recruitment of consumers to pilot the Recovery Record (RR) app resulted in 26 total participants that were enrolled and linked to RUHS-BH staff, and 21 clinicians were linked to these RR consumers during the pilot.

Demographic data was available for 21 consumers in the pilot, collected from evaluation forms and the electronic health record.

Summary of Demographics for Recovery Record Pilot consumers (n = 21):

- 57% Adult clients (18 years or older).
- 90% Female, 5% Male and 5% Transgender.
- 19% Multiracial, 14% White/Caucasian, 27% Hispanic/Latinx, 5% Black/African American, 33% chose not to respond

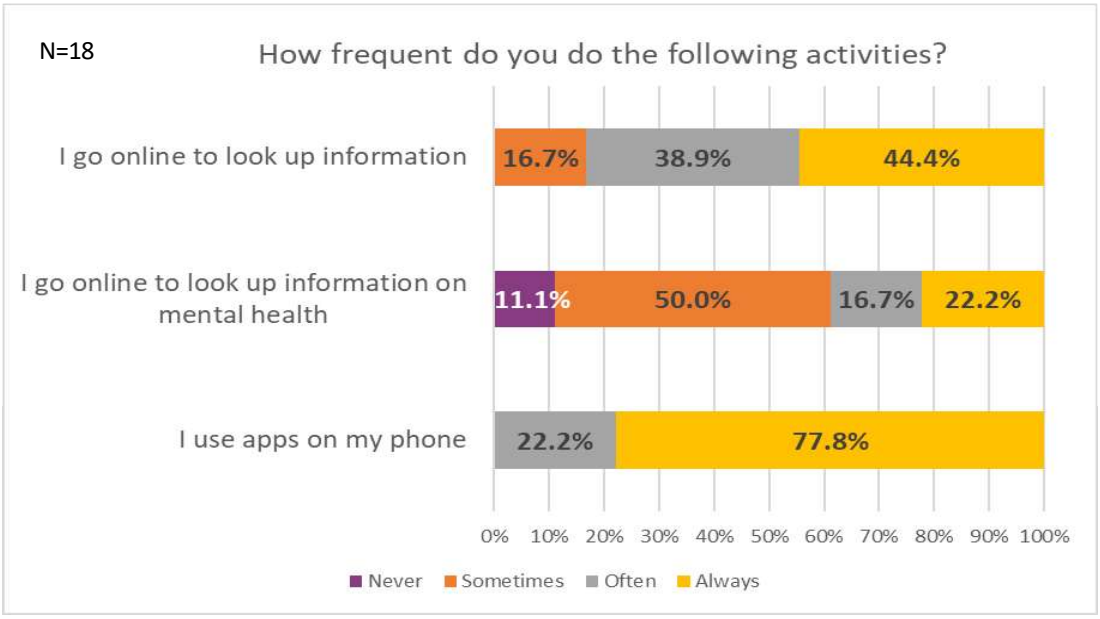


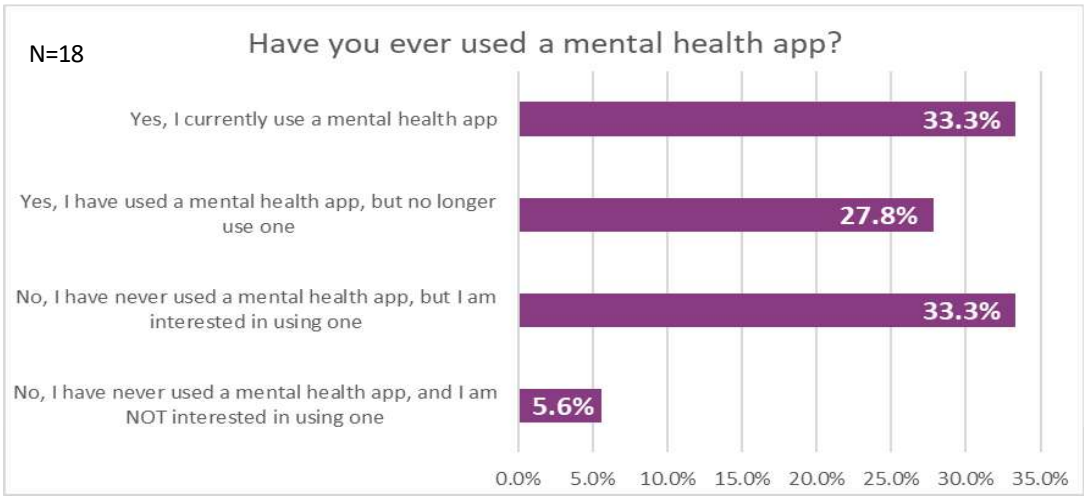


Recovery Record Pilot

Technology Use RR Pilot Participants

Technology use surveys were distributed to consumer who enrolled in the RR pilot. A total of 18 Technology Use surveys were collected. Based on the responses, 89% currently use Smartphones, and over 80% currently use their smartphones, tablets, or computers to browse on Social Network Sites (88.9%), Listen to Music (8.3.%), and for Online Shopping (83.3%). Also, 94% reported they feel *Confident* or *Very Confident* in using Phone applications, and 100% responded that they either *Often* or *Always* use apps on their phones. The survey also included items on seeking information about mental health online, and the use of phone or online mental health applications. The results are shown in the following figures. A large proportion of





respondents reported having used a mental health app (61%), and a third had not used a mental health app but would like to use one.

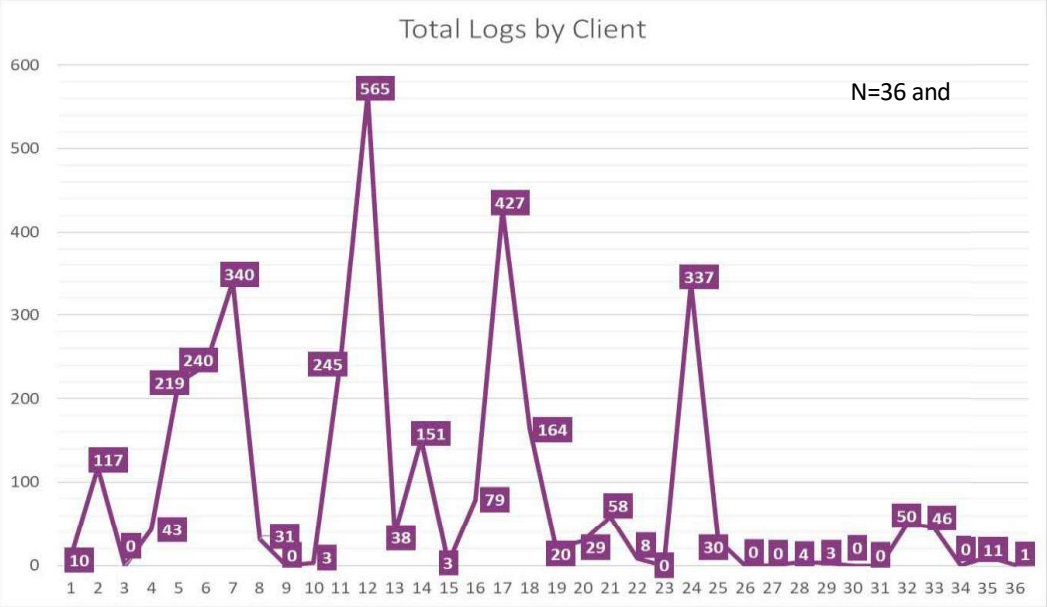
Recovery Record Pilot

Evaluation Summary:

- Evaluate the overall use of Recovery Record app
- Examine any feedback from pilot participants on their experiences with the app

Data collection put in place for depression measures and an Eating Disorder measure did not result in sufficient pre to post measure collection to generate meaningful analysis.

Use of the Recovery Record app was examined using data provided by the Recovery Record developers. Data on app use included the number of times pilot consumers engaged in the logging activity features of the app. Data was available for the 27 RR pilot participants and 9 people that onboarded clinicians linked with in the app but did not formally enroll in the pilot. Data on usage is reported for all 36 consumers.

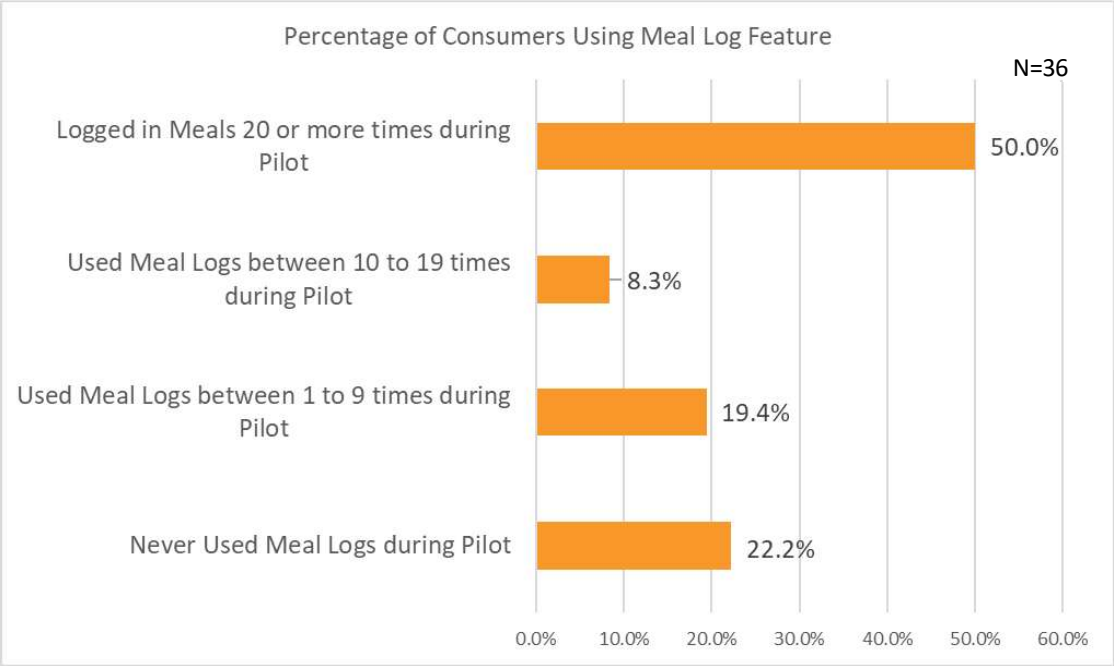


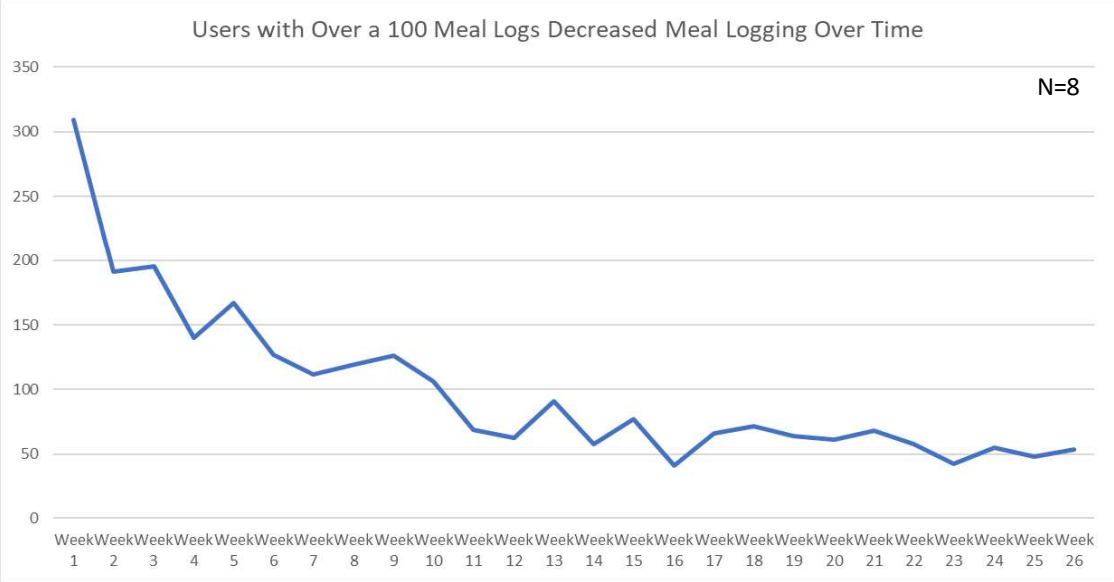
There was wide variation in logging in the RR app with 76% of the clients logging in the app at least once. Nine consumers had 0 log entries and did not use the app. More than a third (36% ,n=13) only logged from 0- 3 times, and 33% logged greater then 3 times but less than 51, and 31% logged between 53 and more than 100 times. This total log count (3,272) includes logging the daily 3 meal and 2 snacks and any logging of feelings or disordered thoughts. For a small proportion of consumers using the app, logging was more regular, while for others they were not as engaged in logging in the app or were not using it.

Recovery Record Pilot

Use of the Recovery Record app was examined using data provided by the Recovery Record developers. The following figures are specific to the Meal Logging feature in the app.

- Out of the total 36 consumers 71.1% logged in meals within the 6-months pilot.
- A few (21%, n=8) consumers did more meal logging with at least a 100+ meal logs.

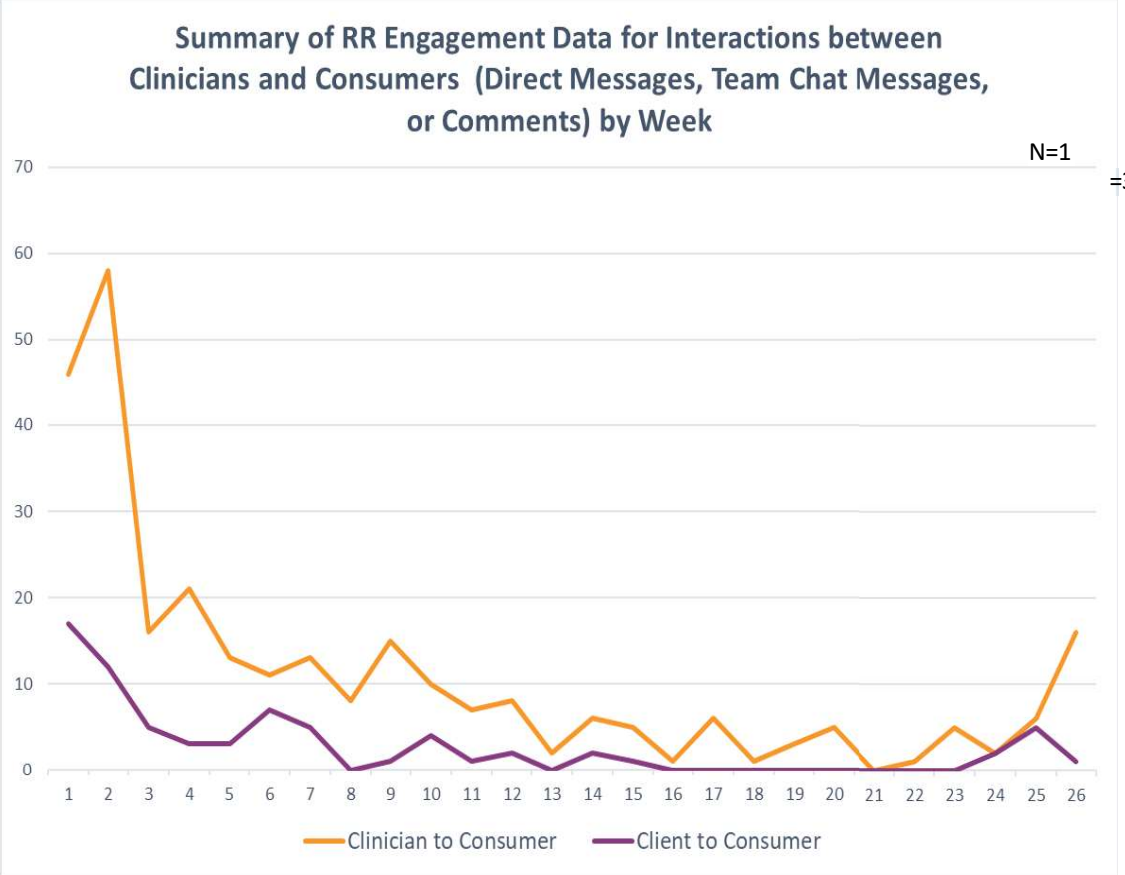




Recovery Record Pilot

Use of the Recovery Record app was examined using data provided by the Recovery Record developers. The following figure is specific to the messaging feature in the app.

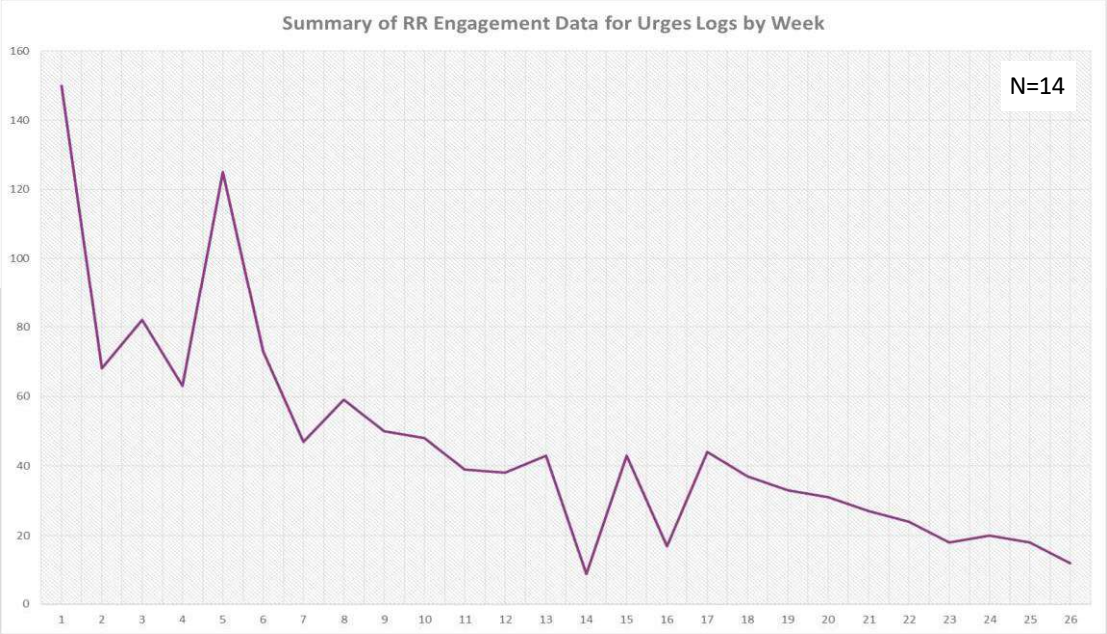
- Use of the messaging feature was low overall and declined over time.



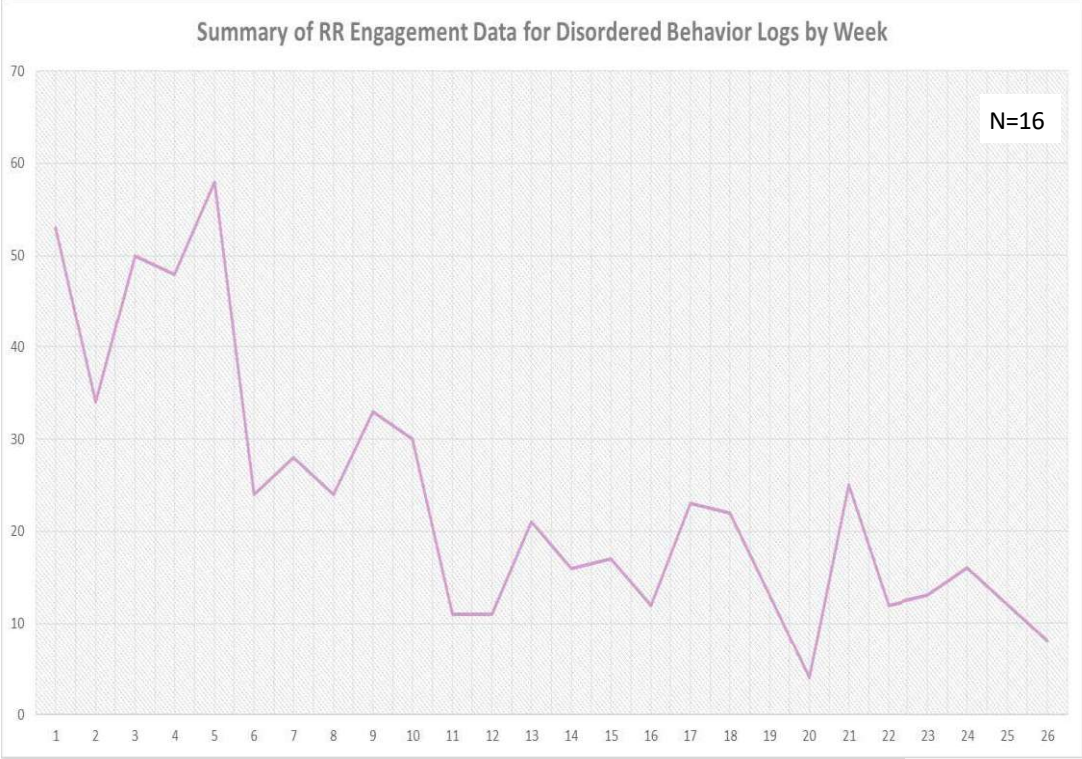
- 16 out of 37 clients (43.3%) used the messaging feature to interact with their Clinicians during the Pilot (i.e. through Direct Messages, Team Chat Messages, or Comments).

Recovery Record Pilot

Use of the Recovery Record app was examined using data provided by the Recovery Record developers. The following figure is specific to recording of urges and disordered thinking.



- 38% of consumers recorded urges at least once and 43% recorded disordered thoughts at least once.
- Logging of urges and disordered thoughts decreased over time.



Recovery Record Pilot

Very little post User Experience surveys were submitted for analysis.

Summary of User Experience Survey after 6-Months Pilot

Analysis of the **5** participant's data from the Recovery Record User Experience Survey post results on select items are shown below. Percentages reflect "*Agreed*" or "*Strongly Agreed*" responses to survey item statements.

- 83.3% enjoyed using Recovery Record
- 66.7% found Recovery Record useful in their daily lives
- 66.7% thought Recovery Record met their wellness needs
- 50.0% thought using Recovery Record improved their mental health
- 66.7% would continue to use Recovery Record if given the opportunity
- 66.7% would recommend Recovery Record
- 83.3% thought Recovery Record is easy to use
- 100.0% thought Recovery Record rarely crashed or caused problems
- 100.0% thought it is easy to navigate within Recovery Record
- 100.0% thought it is easy to find the information they need in Recovery Record
- 100.0% found Recovery Record to be visually appealing and attractive
- 83.3% thought the content in Recovery Record is appropriate for them
- 83.3% trust Recovery Record with their personal information
- 83.3% felt the information in Recovery Record is credible and trustworthy
- 100.0% felt they could get help from others if they had difficulties while using Recovery Record
- 83.3% thought the "Messages from Clinicians" Feature helped them to feel connected to their service providers and services at the clinic they attended.



Recovery Record Pilot

Recovery Record Future Direction

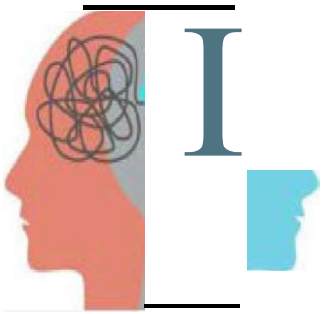
Challenges with Recovery Record were related to the spread of clinicians across many clinics which made it difficult to coordinate and support clinicians in utilizing the app.

- RHUS-BH has reviewed the benefits of Recovery Record noted in some literature for people with eating disorders.
- Given the promise of using Recovery Record app with a population that has high risks, RUHS-BH decided to relaunch implementing Recovery Record in a more structured setting to try the app in one context at the new Eating Disorder Intensive Outpatient Treatment clinic. The will provide the opportunity to have more training for staff and consumers using the app, and will also provide the opportunity for more hands on support for staff.
- Evaluation on the use of the app will also continue in this new Eating Disorder clinic.

NNI

Project Evaluation

Digital Mental Health Literacy



Digital Mental Health Literacy

Early in the implementation of Help@Hand, CalMHSA identified the opportunity to empower staff members with digital literacy trainings to support the implementation of digital therapeutics. The Digital Mental Health Literacy Project (DMHL) was designed to enhance access to digital therapeutic tools for underserved communities (FSP, TAY, Adults and Mature Adults), through digital literacy trainings. RUHS-BH contracted with Painted Brain, to provide train-the-trainer workshops and "Appy Hour" training sessions to consumers and staff. The goal was to increase staff confidence and knowledge to encourage the use of digital therapeutic tools. The Appy Hour component focused on introducing clinic consumers and staff to mental health apps and assisting them with how to use the apps. RUHS-Behavioral Health Peer Support Specialists were tasked with providing Digital Literacy workshops. These workshops provided by RUHS-BH Peer supports were provided to encourage and support consumers' use of digital tools safely, and to use the tools to support their emotional wellness. Peer supports also conducted assisted consumers with accessing their behavioral health records through the County EHR ***myHealthPointe*** portal.

Implementation Highlights:

Providing **Digital Mental Health Literacy** (DMHL) began with training RUHS-BH Help@Hand Peer support Specialist and Peer Support Specialist working in the clinics. A series of Train the Trainer sessions were conducted with Painted Brain facilitating those trainings. During those sessions, Painted Brain focused on informing staff about Anti-Phishing /Anti Scamming, and Online Safety and Privacy.

RUHS-BH Peer Supports collaborated with Painted Brain to provide the **"Appy Hour"** sessions. Peer Support Specialist reviewed and selected the Apps offered at the sessions. Presentations were conducted with clinic supervisors to market the availability of Appy Hours for the clinic consumers, and to schedule Appy Hours sessions. Outreach and recruitment efforts were used to encourage consumers to attend the scheduled Appy Hour workshops. Additional workshops were provided focused solely on using Internet safely for privacy and avoidance of scams.

Consumer received an incentive in the form of a gift card for attending Appy Hour workshops. RUHS-BH Help@Hand Peer Support Specialists also provided "**Learn and Earn**" workshops to support consumers with accessing their behavioral health records through the County EHR ***myHealthPointe*** portal. Consumers received assistance in enrolling in the ***myHealthPointe*** portal, and received a gift card incentive for setting up their account. Learn and Earn workshops also introduced consumers to the **RUHS Whole Person Health Score** (WPHS). The WPHS is a tool to assess social determinants of health which includes an easy to read score report for the consumer to understand areas where additional resources may be needed. Learn and Earn sessions were advertised to County clinics with emails and flyers.

Digital Mental Health Literacy

Train the Trainer DMHL

There were a total of 6 workshops completed Countywide, from April 18th, 2023 to May 9th 2023, with 45 staff attending. The majority of participants were from the Western region (42.2%, n = 19), followed by Desert region (31.1%, n = 14), and Mid-County region (26.7%, n = 12), respectively. There were 2 workshop topics offered by Painted Brain, based on the results from an online poll sent to RUHS-BH Staff in March 2023 prior to starting the Train the Trainer workshops. The topics selected by staff were "Online Safety and Privacy" and "Anti-Phishing and Anti-Scamming", and the majority of staff chose to attend the "Anti- Phishing and Anti-Scamming" (62.2%, n = 28) training. A total of 21 post-satisfaction surveys were submitted via online survey at the conclusion of the training.

Staff response to Training

- 80.9% participants (n = 17) responded that they "Agreed" or "Strongly Agreed" that the ***Workshop helped them in understanding the topic better.***
- 71.4% participants (n = 15) responded that they "Agreed" or "Strongly Agreed" that the ***Workshop presentation was clear and organized***.
- 61.9% participants (n = 13) responded that they "Agreed" or "Strongly Agreed" that the ***Workshop that they attended was useful to them***.
- 47.6% participants (n = 10) responded that they "Agreed" or "Strongly Agreed" that the ***Workshop provided enough information for them to present the information to their clients***.



Participant Comments

Things I learned in the Train the Trainer Workshop were:

"Types of bad actors, types of scams, how to avoid scams, things we can do to increase privacy while browsing online."

"I learned more about the help at hand program and the anti-phishing and anti-scamming issues."

"Why it's so important to be aware."

What I liked about the Train the Trainer Workshop was:

"I liked that the trainers where on top of everyone's questions and encouraged sharing." "Learning more about App permissions."

"I liked the topic and I did learn more about the types of scams and bad actors."

"Learning some of the new terms for scamming."

Digital Mental Health Literacy

DMHL Appy Hour Workshops

Appy Hours were held at County clinic locations and County Peer Support and Recovery Centers. The goal was to increase consumers knowledge, confidence and skills when using online or phone Apps focused on mental wellness.

Each workshop was designed to engage consumers and encourage them to:

- Be Empowered through the use of digital wellness applications.
- Gain hands-on learning on how to best use these digital wellness tools.
- Learn how the app can be integrated into their daily lives.
- Learn how to protect themselves while browsing online and avoid digital phishing and scams.
- Experience a fun and collaborative learning environment.

Additionally, from each wellness app, the goals were for consumers to learn about:

- What a Wellness App is
- What the benefits of a Wellness App are
- Why should consumers use a Wellness App
- What are the user tools within the Wellness App

Painted Brain was contracted by the Help@Hand Innovation to provide a total of 39 Appy Hour workshops Countywide. At the end of each workshop, incentives were also given to all of the consumers who attended, participated, and completed the workshops. Each clinic that participated had the options to choose the workshop and following topics to be offered for their consumers:

- **Don't Panic Wellness App**
- **PTSD Wellness App**
- **Super Better Wellness App**
- **Anti Phishing and Anti Scamming (*Internet Safety*)**
- **Online Safety and Privacy (*Internet Safety*)**

Appy Hour workshops were conducted, from August 22nd, 2023 to November 1st, 2023.



Digital Mental Health Literacy

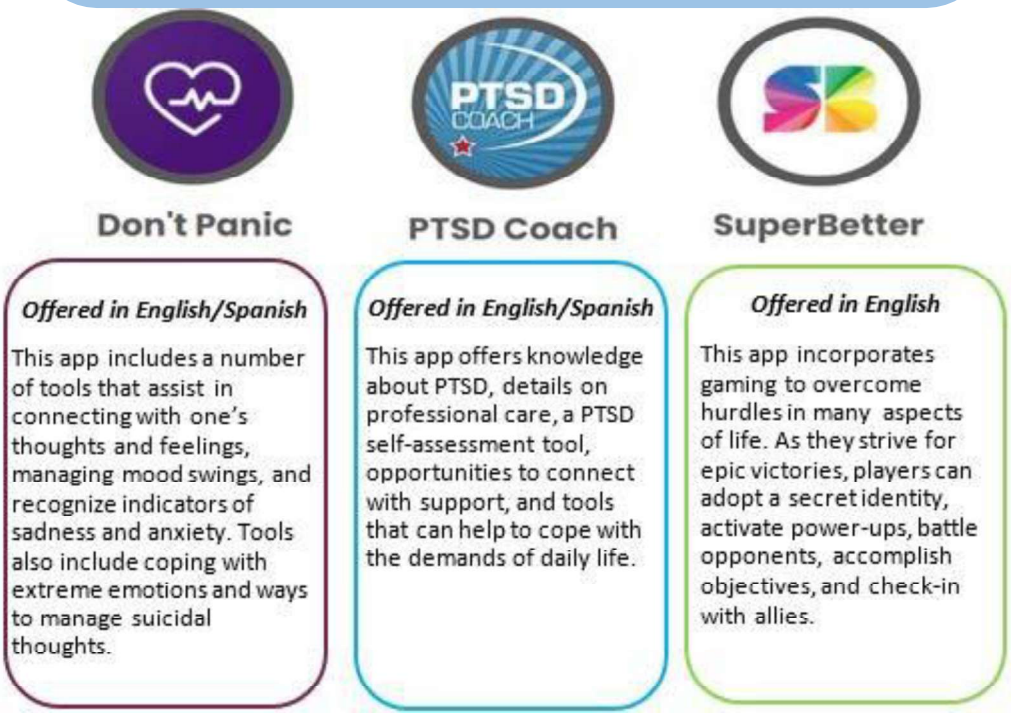
DMHL Appy Hour Workshops

Appy Hour Workshops Mental Wellness Apps

Appy Hour Workshops Summary:

- **39** Appy Hour Workshops completed Countywide
  (***24*** *App Workshops and* ***15*** *Internet Safety Workshops*)
- **447** Consumers attended Appy Hour Workshops

  443 Post Satisfaction Surveys submitted



Additional Workshops

- **Anti Phishing and Anti Scamming**, Focused on learning about phishing and scamming, different types of electronic scams, types of phishing attacks, and how to avoid them.

Online Safety and Privacy, Focused on online safety, privacy and privacy settings, enabling authentication



Digital Mental Health Literacy

DMHL Appy Hour Workshops



Digital Mental Health Literacy

DMHL Appy Hour Workshops Satisfaction

At the end of each Appy Hour workshop, staff asked all consumers to complete post-satisfaction surveys. The post-satisfaction survey is meant to gather participants' feedback on their overall satisfaction with the Appy Hour workshops, the workshops' contents, the engagement with workshop trainers, and whether the consumers would recommend workshops to other people. On the post-satisfaction survey form, consumers comments were also solicited on the things they liked or learned from the Appy Hour workshops, as well as to provide any feedback on things they did not like about the workshops.

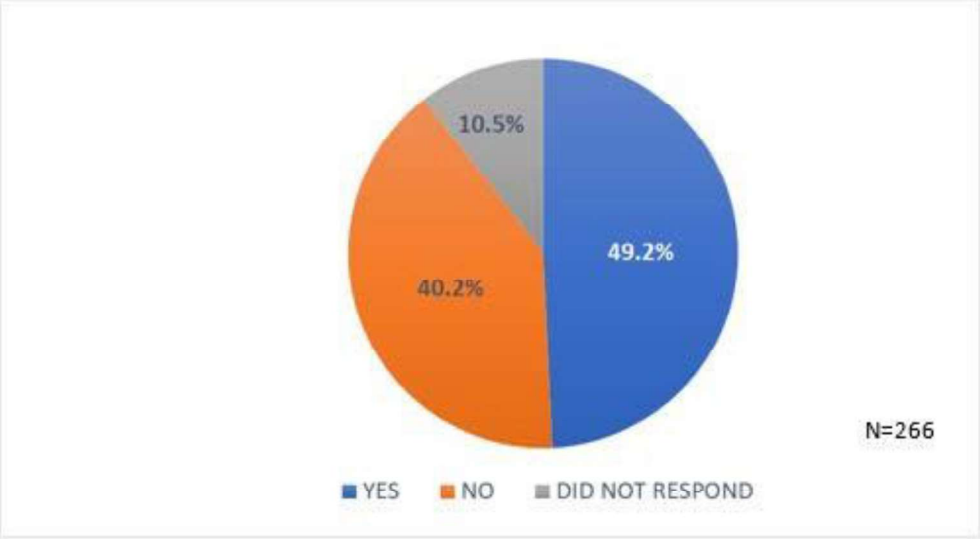
There are two different types of post-satisfaction surveys distributed at the end of the workshops, based on the type of topic attended by consumers: Wellness App surveys and Internet Safety surveys. Each type of survey was analyzed separately.

Appy Hour Satisfaction Survey Summary: Wellness App Series

Don't Panic PTSD Coach SuperBetter

Consumers' experience with using a Mental Health/Wellness App prior to attending the Appy Hour work- shop was gathered on the post-satisfaction survey.

Have you ever used a Mental Health application prior to this workshop?

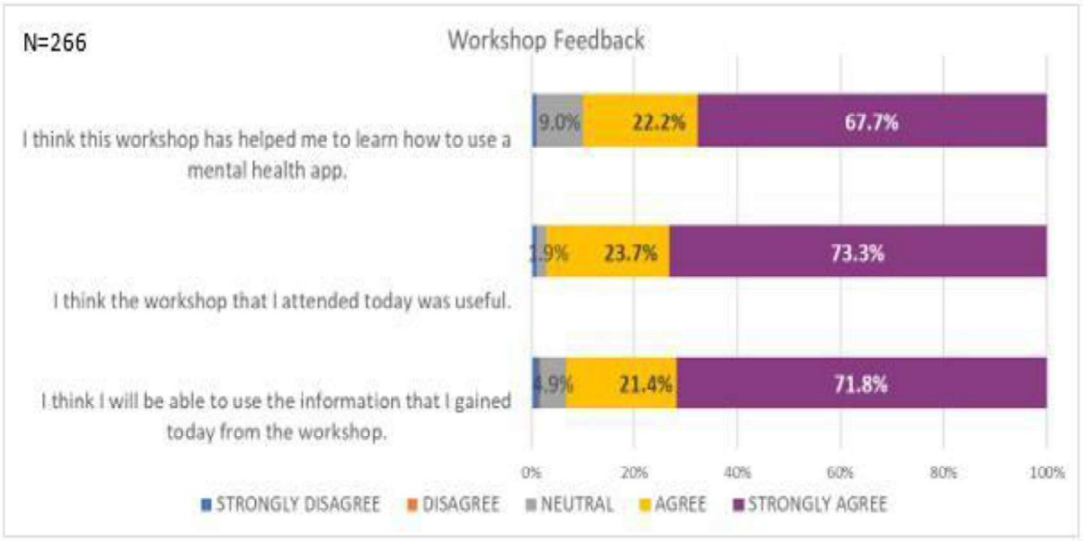


Digital Mental Health Literacy

DMHL Appy Hour Workshops Satisfaction

Appy Hour Satisfaction Survey Summary: Wellness App Series

Don't Panic PTSD Coach SuperBetter





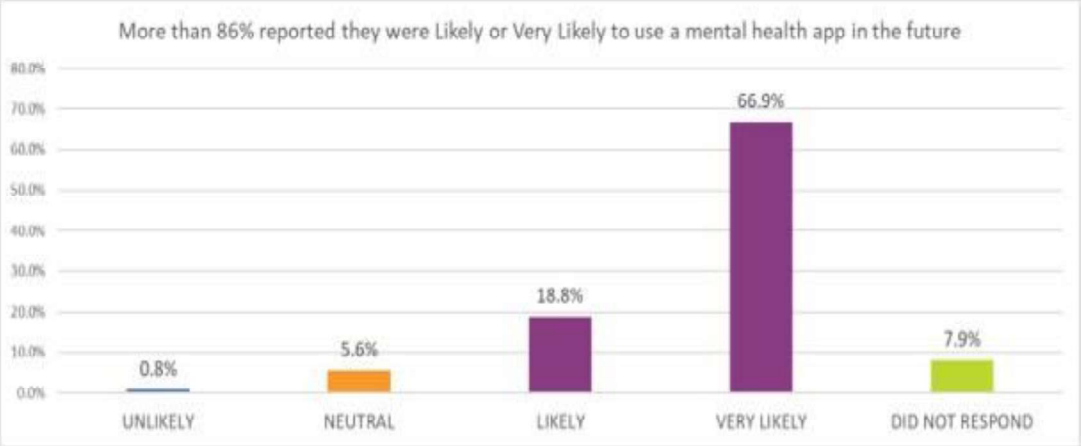
Digital Mental Health Literacy

DMHL Appy Hour Workshops Satisfaction

Appy Hour Satisfaction Survey Summary: Wellness App Series

Don't Panic PTSD Coach SuperBetter

How likely are you to use a Mental Health app similar to the one you learned today?



Appy Hour Participant Comments

What Participants Liked

I have help for my anxiety at my finger tips.

That I can work on my mental health in a fun way and at my comfort of my own home.

This application has many benefits and I am going to share it with friends and family.

I can use this app to help with my wellness, and I learned how to use the app I never knew how to use.

I liked that we have options to help us heal.

Learned there is extra help online by coming and being informed.

I now have an application that can help support my struggles.

Digital Mental Health Literacy

DMHL Appy Hour Workshops Satisfaction

Online Safety & Privacy and Anti Phishing & Anti Scamming Workshops

Online Safety

Workshops focused on how consumers can keep themselves safe online. Content included online safety tips; including how to use privacy setting, how to enable multi-factor authentication and how to identify potential scammers.

Anti-Phishing/Scamming

Workshops included information on how phishing can be used to steal sensitive personal and financial information. Information was provided on the different types of scams that can occur on line and ways to avoid them.





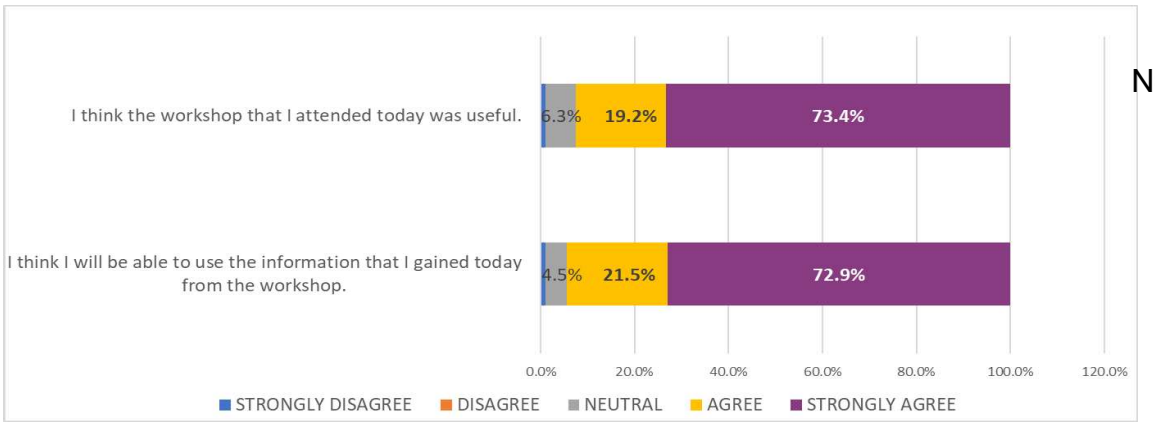
Satisfaction Survey Summary: Online Safety and Anti-Phishing/Scamming

Consumers were asked their opinions about the usefulness of the workshops and whether they gained any useful information from the workshops, the results are summarized below:

- **92.6%** (n = 164) consumers "Agreed" or "Strongly Agreed" that *the non-app series workshops that they attended today was useful.*
- **92.4%** (n = 167) consumers "Agreed" or "Strongly Agreed" that *they would be able to use the information that they gained today from the non-app series workshops.*
- Consumers were also asked if they would recommend the Internet Safety workshops to other people, and **96.6%**

(n = 171) responded "Yes", that they would recommend this type of workshops to other people.

Usefulness of Workshops and Information Gained from Workshops



N=17

N=17

Overall, consumers' satisfaction with the Appy Hour Internet Safety Workshops positive:

- **93.8%** of the consumers felt "Satisfied" or "Very Satisfied" with the Appy Hour (Internet Safety series)

workshops that they attended today.

- **97.2%** of the consumers felt "Satisfied" or "Very Satisfied" with the App Hour (Internet Safety series) workshops Trainers.

Consumer Comments:

What Participants Liked



I learned about the types of scams.

I liked learning about the general awareness of scammers methods.

I learned about my need to take care of my information

A sense of empowerment.

Useful ways to protect your information on-line

That I wasn't alone in my feeling on scams.

I liked the trainer patience

Today's class made me more aware of online scams and how to stop them

I learn how to use my phone better and erase some apps that I don't need and avoid giving personal information to anyone, avoid being scammed.

Very organized content, presenter was professional and gave us opportunity to share. The videos were good.

The warmness in the room. People shared and respected everyone.

DMHL Learn and Earn Workshops

Learn and Earn Workshops

The "Learn and Earn" Workshops are part of the Digital Mental Health Literacy Activities that were completed by RUHS-Behavioral Health Peer Support Staff, between December 2023 and February 2024. The length of each workshop was 1.5 hours, and consisted of training consumers to learn more about the following applications:

- **Whole PERSON Health Score**
- **MyHealthPointe**

The workshops were focused on assisting consumers with registering, downloading and navigating myHealthPointe which is the application for consumers to have access to the behavioral health medical record. The workshop also trained consumers in how to access the Whole Person Health Score application. Consumers were offered an incentive after downloading and registering for myHealthPointe and completing the Whole Person Health Score.

myHealthPointe workshops were conducted to assist consumers with setting up access to their behavioral health medical records through the RUHS -BH electronic health record ***myHealthPointe*** application. Consumers were assisted with setting a login and pin and how to navigate the application.

Netsmart myHealthPointe

Whole Person Health Score developed by RUHS assess social determinants of health across six domains (Physical Health, Emotional Health, Resource Utilization, Socio-Economics, Ownership, Nutrition, and Lifestyle)



For the Learn and Earn Workshops, the RUHS-Behavioral Health Peer Support Specialists completed:

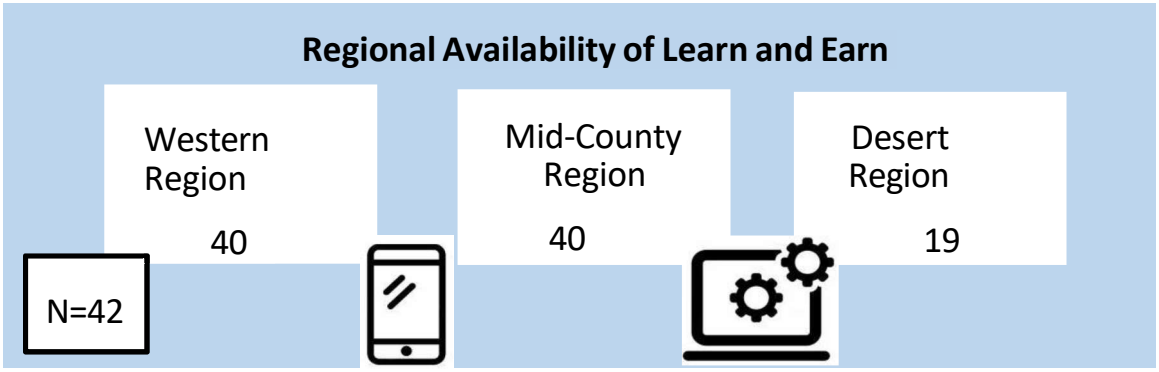
- Creation of user guides and presentations to consumers
- Trained consumers on how to use the ***myHealthPointe*** application
- Trained consumers on completing the Whole Person Health Score online by scanning QR codes
- Translated training materials in Spanish and facilitated Spanish trainings when needed
- Reached out to A4i participants to invite them to participate in the Learn and Earn training activities
- Support othered planning activities of the Learn and Earn training sessions

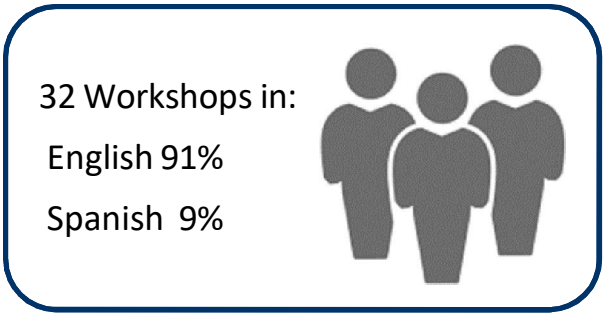
Evaluation Summary:

- Evaluate consumers feedback on the workshops
- Summarize the process data on consumers participation in the workshops

Learn and Earn Workshops Summary

Between December 2023 and February 2024, a total of 32 Learn and Earn Workshops were completed Countywide. A total of 426 participants completed the Learn & Earn Workshops, and 423 post-satisfaction surveys were submitted.





What I liked about the Workshop	What I liked about the Workshop	What I liked about the Workshop
"Access to my medical records." -Consumer Participant comment	"Access to behavioral health infor- mation made easy" -Consumer Participant comment	"Bringing me more into the 21st century." -Consumer Participant comment

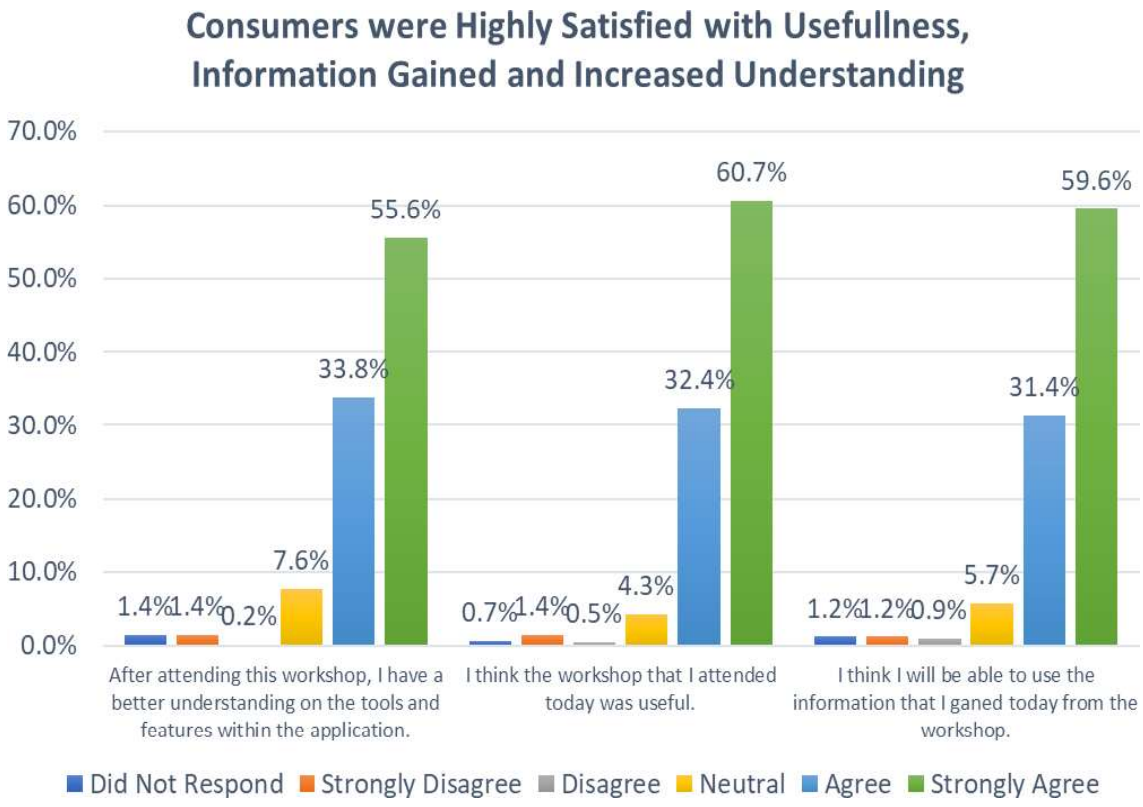
Consumers were asked to complete a learn and earn post survey at the completion of the workshop. Three items focused on benefits gained from the workshop were rated on a scale of 1 to 5 with 1 corresponding to *"Strongly Disagree"* and 5 corresponding to *"Strongly Agree"*.

Learn and Earn Feedback Survey Summary

- **89.4%** of the participants "*Agreed*" or "*Strongly Agreed*" that **after attending this workshops, they have a better understanding on the tools and features within the application.**
- **93.1%** of the participants "*Agreed*" or "*Strongly Agreed*" that **the workshop that they attended today**

was useful.

- **89.4%** of the participants "*Agreed*" or "*Strongly Agreed*" that **they would be able to use the information that they gained today from the workshop.**



Several items on the survey focused on general satisfaction with the trainers and the workshop format. Item ratings were on a scale of 1 to 5 with 1 corresponding to *"Very Dissatisfied"* and 5 corresponding *to "Very Satisfied"* .

Learn and Earn Feedback Survey Summary

- **93.9%** of the participants were "*Satisfied*" or "*Very Satisfied*" with the Learn and Earn Workshops.
- **93.2%** of the participants were "*Satisfied*" or "*Very Satisfied*" with the Learn and Earn Workshop Trainers.

Comments were also collected from workshop participants on the satisfaction survey. The survey had a comment prompt for things participants liked or disliked about the workshops.

Key take-aways on what participants liked about Learn and Earn Workshops*:*

- **Learning how to use the technology and the Apps** "Learning about the app to track your medications." "A walk through of the app."

"How to see all my medical history."

- **Benefits of my health and behavioral health**

"I can learn more about myself."
"Learn how to take care of my physical and mental health."
"How to communicate with my doctor."
"Learning new ways to stay updated to my health and mental health while in recovery." "The helpful tools to better understand my conditions."
"How attentive they were."

- **Workshop trainer and format was good**

"How clear the staff explained the workshop." "Information presented was easy to understand."
"How clear the staff explained the workshop." "How friendly and informative staff was!"
"How helpful and explained step by step how to put my information down."

- **Increased Access**

"How to see all my medical history."
"How we can access our health records through this app."
"I now have access to a helpful/useful app that tracks my health."
"Knowing how the app works, and having information at my fingertips I can use." "Obtaining direct access to my mental health records."
"Be able to access my appointments and medication."

Challenges in Workshops

- Complicated information
- Size of room and crowded
- Struggles with general use of phone technology

Additional Recommendations on improving the myHealthPointe or WPHS app.



96% of Participants

Would recommend others attend

Workshops like this

Comments were also collected from workshop participants on the satisfaction survey. The survey had a comment prompt for things participants liked or disliked about the workshops.

Key take-aways on what participants liked about Learn and Earn Workshops*:*

- **More training in App use**
- **More features like being able to view past appointments**
- **More resources in the WPHS app**
- **More Languages available**
- **Benefits of my health and behavioral health**

Digital Mental Health Literacy Future Directions

Future Directions:

- Continue to support the implementation on myHealthpointe and engaging consumers in registering and access this free source to their electronic health records.
- Continued implementation of Whole Person Health Score (WPHS). The WPHS as an assessment of Social Determinants of Health has been implemented in a County clinic for screening all new consumers in the clinic with connection to resources. This work will continue to be implemented across eventually all County clinics in the community.





Project Evaluation

MAN THERAPY



INN

Man Therapy

The RUHS-BH Help@Hand project invested Innovation funding into marketing the MAN THERAPY website at mantherapy.org. The goal in this investment was to implement a strategy to prevent suicide, since 75% of the suicides in Riverside County are men. MAN THERAPY began as a suicide prevention campaign that evolved into a man's mental health campaign to support all men before they are ever in crisis.

The goals of MAN THERAPY include:

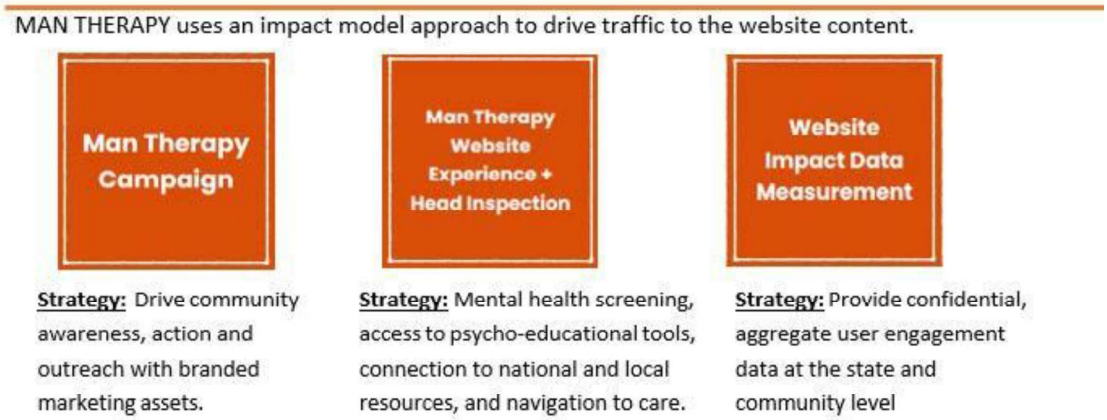
- Shrink Stigma
- Increase help seeking behavior
- Reduce depression and suicidal ideation for men in Riverside County, particularly the high risk group of men over 45 years of age.

Man Therapy campaign started in January 2023. As an effort to increase the help-seeking behaviors, Man Therapy offers and 18-point Head Inspection (assessment) local resources and a crisis link are available on the website. The Head Inspection was promoted in community outreach activities Countywide.

The MAN THERAPY Website (http://www.mantherapy.org) was initially available in English. Feedback from the RUHS-BH Help at Hand's Peer Support Team led to the implementation of a MAN THERAPY website in Spanish which officially launched in February 2024.

The marketing campaign utilized a muti-media approach (offered in English and Spanish) countywide:

- Billboards (includes Veteran's billboards)
- Sunline Bus Ads
- Radio Spots and Digital Displays
- Collateral and Swags (Business Cards, Posters, T-shirts, Stickers, and Koozies)
- Paid Social Media (Facebook)
- Paid Search Engine (Google)



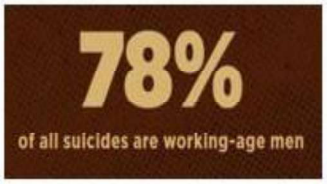
Man Therapy Website ([http://www.mantherapy.org)](http://www.mantherapy.org)



MAN THERAPY Website Topics









Between January 2023 to February 2024, a total of **12,840** Man Therapy Head Inspection screenings were completed.

Man Therapy **Messaging and Creative** Highlights





Billboards

Digital Ads



Postersand I-Shirts









Sunline Bus Ads

Man Therapy Basic Engagement Data !January Ist to September 30th, 2023) - Google Data

	Sessions	Users	New Users	Pageviews	Average Session Duration	Head Inspection Completed	Crisis Action (Red Phone Click, Chat Click, and Vets
Western	3,781	3,035	2,963	6927	1:52	775	17
Mid County	5,387	4,.882	4,796	9057	1:28	1311	14
Desert	5,012	4,,451	4,374	8155	1:27	1161	9
Countywide	14,180	12,368	12,133	24139	1:34	3247	40

Man TherapyBasicEngagement Data(October 1st, 2023 to February 29th, 2024) - GA4 and MixpanelData

	Sessions	Users	New Users	Pageviews	Average Session Duration	Head Inspection Completed	Crisis Action- Red Phone Click
Western	1,0478	9,709	9,499	1,0478	1:43	3,972	*DatQonly available*
Mid County	9,051	8,406	8,255	9,051	1:44	3,421	*fwm December15th*
Desert	8,949	8,253,	8,080	8,949	1:32	3,055	*forTotal Countywide*
Countywide	28,478	26,368	2,5834	28,478	1:40	9,593	105

Man Thera pyMental Healt hResouroesViews and CrisisActions



31,.01111.itewfd&Crier, CfICIt w.i- RI'NSIdi) County U- rs

GoogleAnalyticsData:January1, 2023 toSeptember30, m23

SUPPaRTFDRVETERAffS&THEIRFAMILIES

Below will connect you to specialized crisis services for Veterans.

mw mmsu

MAN THERAPY

Resources

FIRSTRESPONDERCRISIS,IINE

Safe Call Now is a CONFIDENTIAL c◆nemto'!!,tH,oorcrtm rl!lerra service for all public safety empk' ull r◆ :n!◆Cin!inOnn and their family mcmbor1 tkIIIwIIIo

CALL NOW

IFYDUNEEmHELP NOW

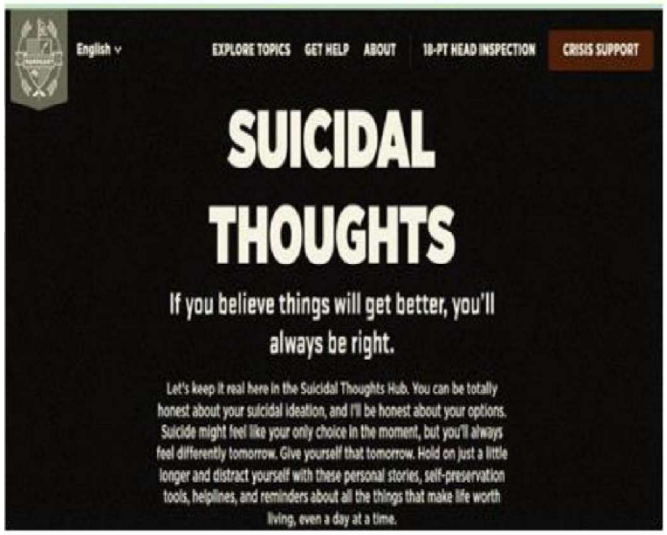
CALL OR TEXT oi

HS• the NatlDn I S,ulclde&, Crisis Lifellne.

YQ◆'ll Oil ◆Q◆r.Kll'i th◆I!iIr>!,'◆Y◆i◆lot 1◆''Y ,i◆◆l•,gonne,,l Y◆ lo ln◆r,t◆l fiQdUh $◆r•IC◆l ln \<>Uf◆r◆ ltlOll◆ kl a• l◆UI◆24/7 onll 1$ ro, flooPle 11 cml, and lho,t who ;up◆ort p<"Olll<ln w,ls.

MAN THERAPY Website Future Direction

- Support to oontinue theRUHS-BHcollaboration with MAN THE|RAPYwas approved usingMHSAfunding from PreventionandEarly Interventionas part of theCounty SukidePrevention Coallition work.
- PeerSupport Specialist trainedasMAN TifiERAPYAmbassadorswilll continuecommunity outreach, as well as other avenueswithinthedepartment to market themantherapy.org website.
- TheSpanish version of MAN THERAPYwill continue.
- Swag arid marketingmaterials.not distributed will beutil1zed as well.
- Links to the MAN THERAPYsite will beavailableon the County SuicidePreventionCoalition Website.



NationalSuicidePrevention lifeline

Call988-or(800)273-8255

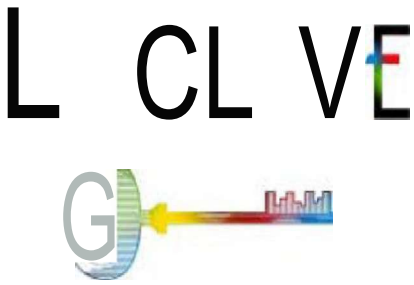
LocalInlandEmpireResource

InlandSoCal CrisisSuicideHelpline: (English/Espanol)**(951)686-HELP (4357)**



Project Evaluation

La CLAve



INN

La CLAve

La CLAve is a guide to the key symptoms of serious mental illness. In Spanish 'la clave' refers to clue or key. The La CLAve guide was originally developed for a Spanish speaking audience. The program began as an initiative to help families identify the symptoms of serious mental illness in their loved ones, and empower them to seek early treatment. This effort started in Puebla, Mexico, and in the San Fernando Valley area within Los Angeles County, and primarily targeted the Spanish-speaking Latinx community. More recently, it has extended to Kern, Ventura, and Riverside Counties, as well as to Mexico City. The two primary goals of the La CLAve project are:

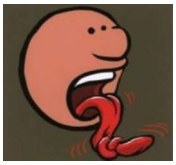
(a) to initiate conversations about serious mental illness within communities, and

(b) To reduce treatment delay for those early in the illness course

Embedded in stories and popular culture, the La CLAve program uses a mnemonic device in Spanish to aid the retention of the following symptoms of psychosis:



C - Creencias falsas o ideas delirantes (**false beliefs or delusions**)



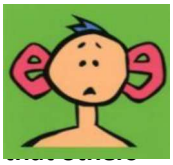
L - Lenguaje desorganizado (**disorganized speech**)



A - Alucinaciones (**hallucinations**) of which there are two prominent types:



V - Ver cosas que otros no ven (**seeing things that others do not see**)



E - Escuchar sonidos o voces que otros no escuchan (**hearing sounds or voices**

The program draws on multiple evidence-based resources (film, flip chart, and recorded expert) in conjunction with group based discussions to teach the community about psychosis. In fact, the short dramatic film with versions in Spanish and English has won awards for promoting health and social justice. The current focus of the La CLAve team is to establish partnerships with community organizations and mental health service providers to train their staff and partners to implement the La CLAve program as an important part of their outreach services.

LA CLAve Implementation

RUHS-Behavioral Health and La CLAve Collaboration Timeline



La CLAve Milestones

- In December 2023, La CLAve and RUHS-BH were featured in interview segments by Univision for TV, Radio, and online advertising and feature presentations. La CLAve's 30-second commercial stories were produced and went live on December 25th, 2023.
- Between November and December 2023, La CLAve was promoted on an ongoing basis at community outreach events. Billboards, kiosk ads and Google ads invited users to visit UseLaCLAve.com to learn the signs of serious mental illness.
- In 2023, there were a total of 17,074 UseLaClave.com website visitors and 52,953 website visits. This was a 27% and 30% increase in website traffic in comparison to 2022.
- RUHS-BH collaborated with Dreamsyte to integrate La CLAve content within TakemyHand™ app, and it was completed in December 2023.
- In December 2023, Google ads were also run to direct users to **Tomamimano.co** and **TakemyHand.co** to learn La CLAve. There were a total of 636 visits on the "Learn La CLAve" page and 1,519 visits on the "Aprende La CLAve" page.
- Four in-person Facilitator Trainings completed between June and December 2023, and 1 Hybrid Facilitator Training was completed in January 2024. Overall, a total of Five Facilitator Trainings were completed for this project, and the summary will be included in this report.
- La CLAve DVDs movies were distributed to the RUHS-BH clinics and community organizations who participated in the Facilitator Training.

La CLAve Integration with TakemyHand™ App



La CLAve Kick-Off Event

In May 2023, RUHS-BH held a hybrid (In-Person and Teams Virtual) kick-off event open to service provers and interested community members. Dr. Stephen Lopez the researcher who developed La CLAve presented on the concepts and research behind LA CLAve. Information was collected from people attending the event on a survey collected at the conclusion of the event.

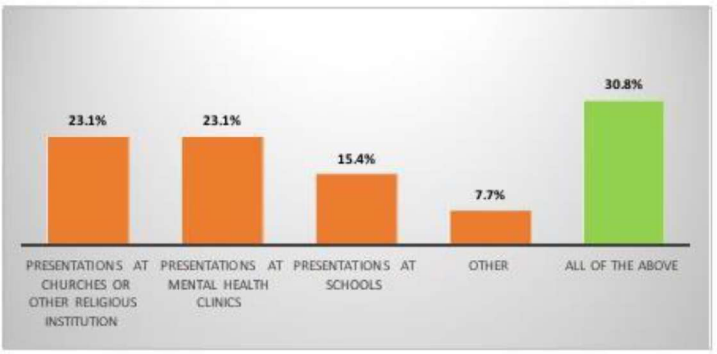




58% of Kick-Off Attendees reported they were Hispanic/Latinx.

Most **(85%)** reported they came to learn about how they could use this information in their work, at clinics, or in the community

What do you think are the best ways for other Hispanic/LatinX people to hear about La CLAve?



LA CLAVE

In June and August of 2023, RUHS-BH Help@Hand project hosted four in-person facilitator trainings and one hybrid training. At the conclusion of the training a feedback survey was distributed to evaluate attendees satisfaction with the training, trainers, and content. More than a third of those trained were Peer Support Specialists.





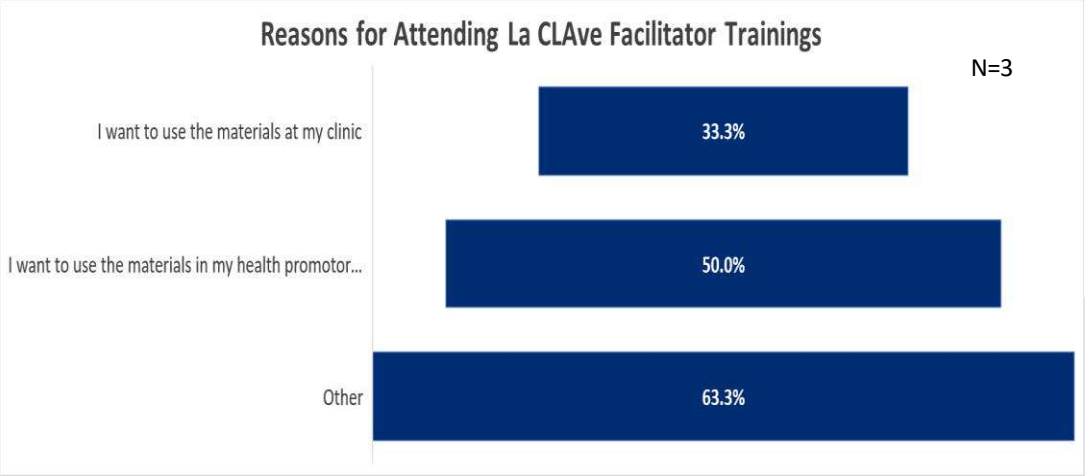


33 Facilitators Trained

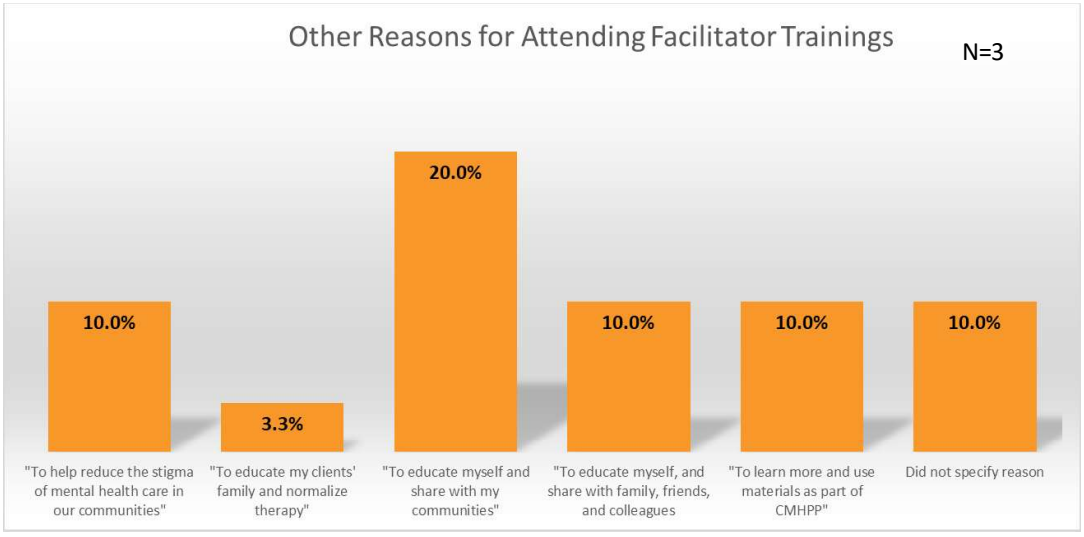
73% of Attendees reported that were Hispanic/Latinx

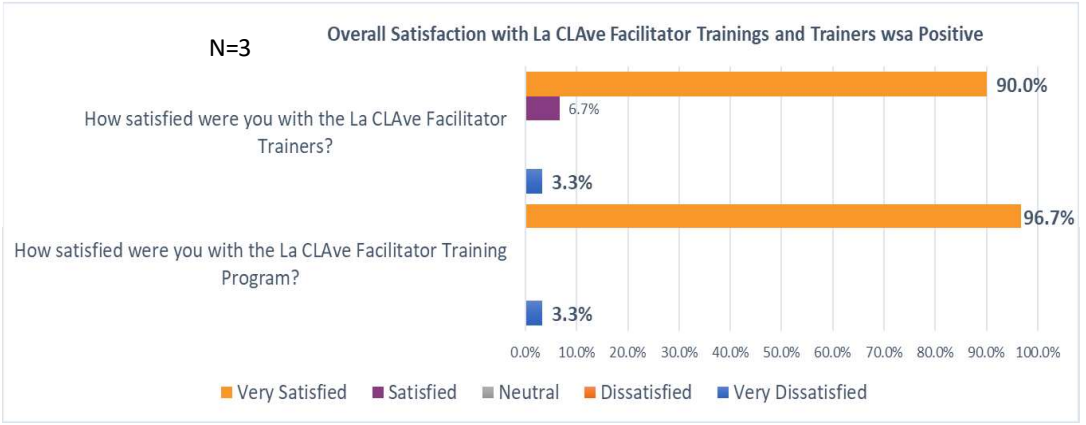


Attendees were asked to share their reason for attending the La CLAve facilitator training. The following figure show attendee responses on the 30 surveys collected.



Attendees satisfaction with the facilitator training was overwhelmingly high.





Facilitator Training Attendee Comments



La CLAve Marketing

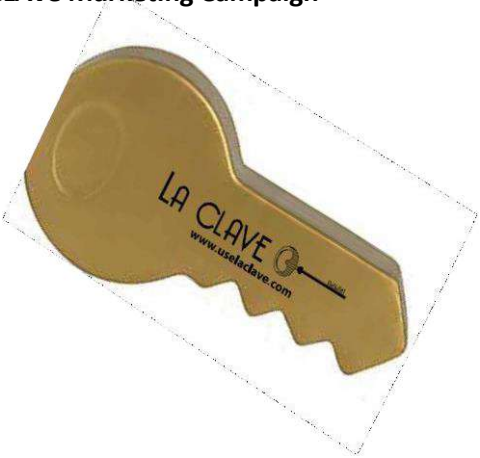


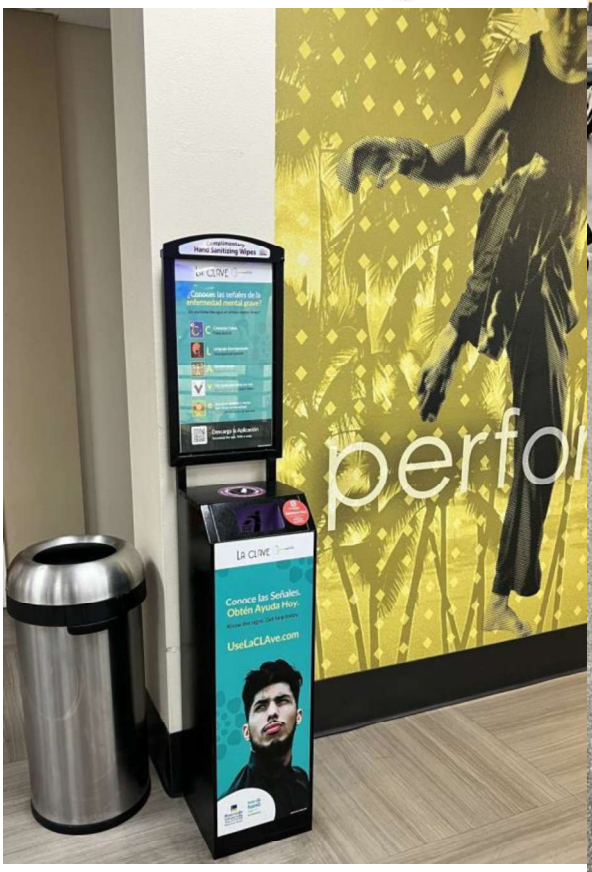


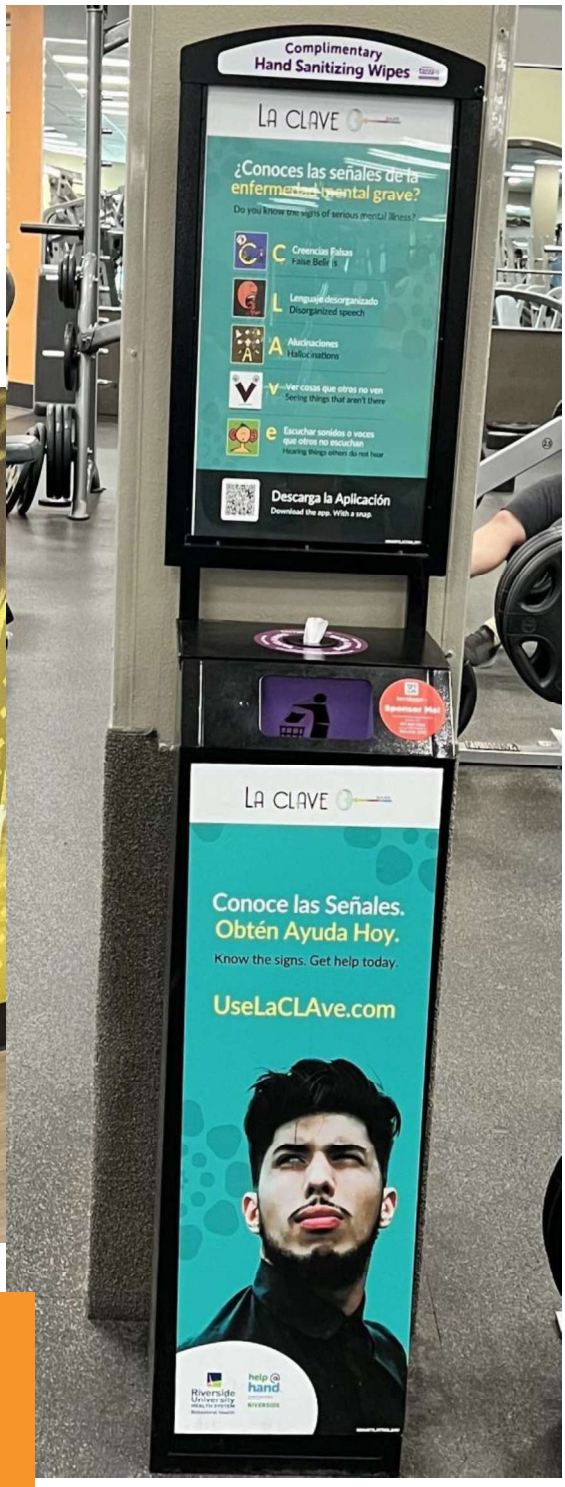
Billboards & Posters



La CLAve Marketing Campaign







Marketing is placed in multiple community settings. Branded Swag distributed.

La CLAve Future Directions

La CLAve Marketing

RUHS-BH applied the La CLAve marketing strategies across multiple other initiatives. This application of La CLAve into other department projects included :

- Embedding the La CLAve tools and content into the RUHS-BH Prevention and Early Intervention Community Mental Health Promotors Program (CMHPP) will provide La CLAve content throughout the community during in person presentation. This program trains promotors to provide mental health education presentations in the Latinx community in a variety of locations (schools, churches, community centers, libraries). The Latinx CMHPP program completes outreach presentations to more than 7,000 people per year. This ensures the messaging will continue in the community.
- La CLAve content was embedded into the TakemyHand™ website to provide virtual access to La CLAve content at anytime. The website addition is offered in English and Spanish and is tailored for caregiver, persons experiencing symptoms and providers seeking information. The content is user friendly and includes educational content, videos, a self-assessment, and resources to gain access to treatment.
- TakemyHand™ links are embedded across other websites and RUH-BH social media increasing the opportunity for the community to link to La CLAve

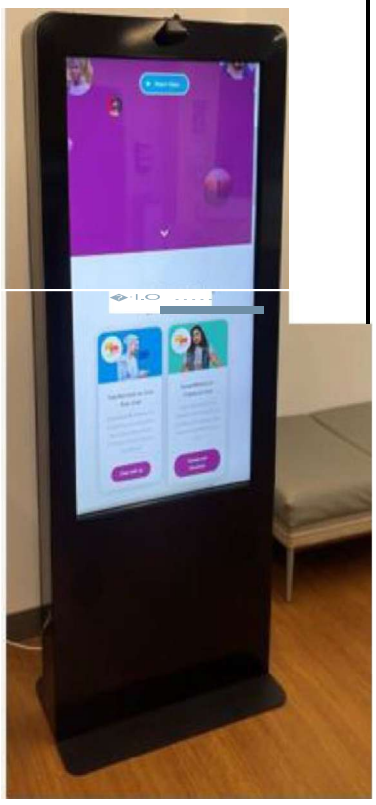
TakemyHand™ Addition of La CLAve



NNI

Project Evaluation

Kiosks Terminals



Kiosks Terminals

Kiosks are interactive computer terminals that provides access to information and digital applications.

RUHS-BH deployed Kiosks for public access in multiple community locations. These are self-service terminals designed to be used by anyone in the locations they were deployed. The content is interactive providing information to educate on mental illness and symptoms as well as reduce stigma by promoting mental wellness.

Implementation Highlights:

The Kiosks content is designed to connect consumers to wellness tools, digital resources and RUHS-BH services.

The idea for the deployment of Kiosks originated from our Peer Support workforce. The Deputy Director of Consumer Affairs brought forward the idea after seeing the Kiosks in other health systems outside of Riverside County. The content to add to the Kiosks was developed in unison with the TakemyHand™ website content so that the interface on the Kiosks was the TakemyHand™ website.

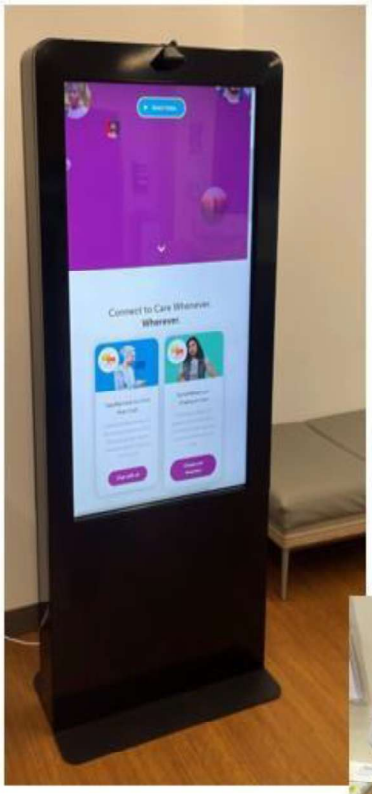
The installation began in 2021 and was accomplished by utilizing contracts with two vendors, Jaguar and G/ M Business Interiors. The Kiosks were installed in two phases across Riverside County Departments and partner locations.

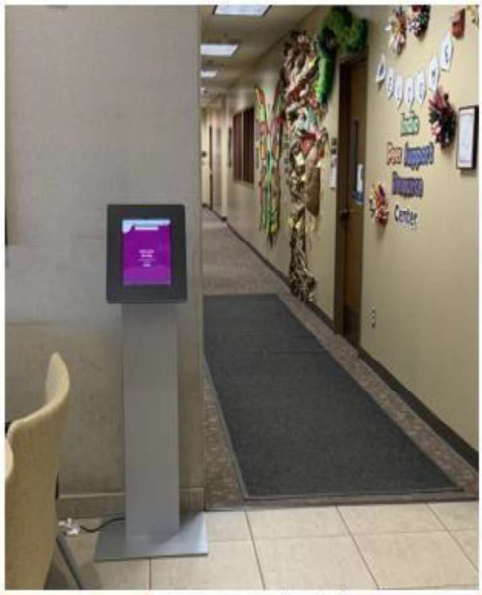
Phase I of the implementation occurred between 2021-2022. This phase included the installation of 32 iPad Pro Kiosks and 8 large 55" Kiosks in public behavioral health outpatient clinic facilities. In phase II during 2022-2023, an additional 37 Kiosks were deployed at new sites some of which were the 55" and some were iPad Pro units.

Overall, in Phase I and Phase II RUHS-BH deployed 77 Kiosks: 62 iPad Pro style and 15 larger 55" Kiosks. Additionally, RUHS-BH purchased 10 iPad Pro size Kiosks bolted on tabletops to fulfill requests from other community organizations.



An interactive map showing the locations of the Kiosks can be accessed at: https://arcg.is/bmLmv

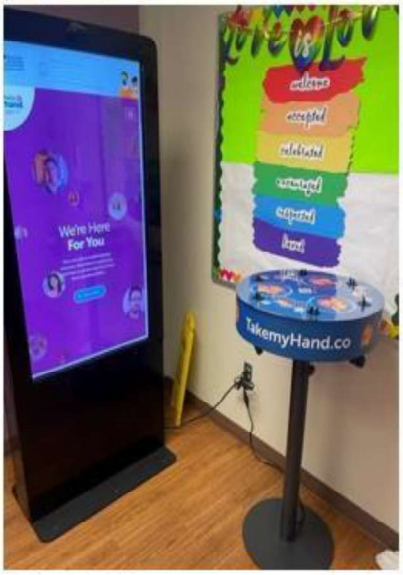




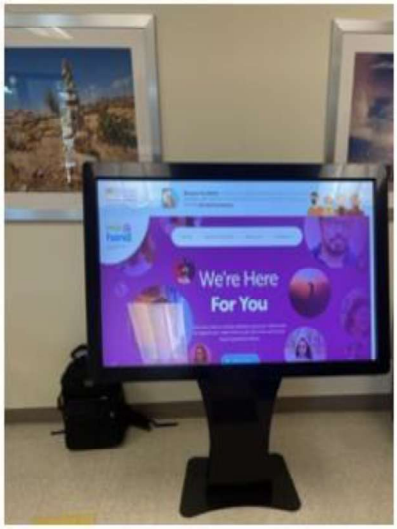
Kiosks were located in general areas in the lobby or open public spaces.







Charging Stations were installed to support the ability to charge devices while been exposed to content. The charging stations have a QR code to download the TakemyHand™ app.

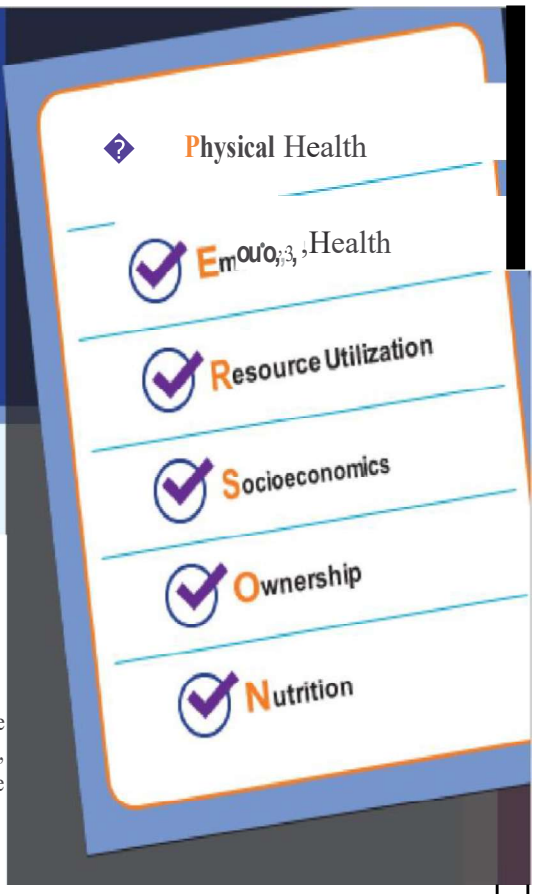


Dual branding to support La CLAve dissemination was rolled out on Kiosks in 2023.



Future Directions: RUHS-BH will continue to maintain Kiosks installed at County sites. The IT support for Kiosks transitioned to RUHS IT team. Kiosks installed at Community locations will be maintained by the organization itself. County leader hip approved the installation of more Kiosks at two more college campuses. RUHS-BH has begun discussions on installing Kiosks in detention settings to serve as a resource for inmates to facilitate enrollment in Medi-Cal and behavioral health services upon release.

Riverside County Whole Person Health Score Evaluation



INTRODUCTION

The Whole Peison Health Score (WPHS)tool isa 28-que:stion assessment that provides a "mapshot"ofan individual's health across six domains: physicalhealth, emotional health, resource utiliz.atiOI\socioeconomics, ownership, and rn11ril:ion and lifestyle.»

1n January2023, RUHS and RUHS-BHcep;arl distributing the di)!;i.talversion of the adult WFHS as.sessmenttool to patients, clients, and consumers.The toolwasdisl:!ibuted by three diliere departments:

- Medical CenterlCommunlty Cllnlcs1RUHS rnediral dinid and patient navigatmsemaifod and texteduniquelinks to patientsseen at RUHSand River.side Community HealthCJinics.Patientsalsohad the option to complete the assessment oniPadsandkiosks loca:ted at C.Ountylocations.
- BehavioralHealtlu At first, RUH◆BHselededthe Corona clinicto automatically distributetextsand emails to their 70 consumersin their CUITent coS'.:load.Consumers receiveda 1liliql!l.e link of the WPHSassessment smvey. This approachwas not successful; only three conSlllillerscompleted the assessment. The team decided to inttoduce fue WPHSduringtheir "Learnand Eam" digitalliteracyworkshops. Inaddition, all RUHS-BH Staff members were invitedto have their consumers take the WPHS survey. Staff wasprovidedwith a "WPHS Overview·.md Guide-A Clinical Perspective"and conSUilleJS wereofler,ed an incentive for takingthe WPHS. ConSUilleJ!S could 11ccess the assessment on CountyiPads.andkiosks, through a text or email link, and bya QR code located on flyers,banners, and promotionalmateriah.
- R!ivCoONii Ri..CoONE is an integrated.services deli'l'ery initiative in Ri erside County. ThroughRivCoONE, R HS distributedWPHStools lo coI1W.1unitymembers who access various County services,such as Riverside CountyDepartment *oi* Public School Services, Riverside County Probation,RiversideCountyVeterans Servires, and RiversideCounty Office on Aging.

This section intll!l.des findin◆ fromthe WPHSassessment loo!and is or)l"anized bydepartments that distributed the surve· (e.g., Medical Center/Community Clinics, BehavioralHealth,and RivCoONE). Theinformation was shared by RUHS and represents WPHS responsedatacollected fromfanl!l.ary 2023-fanuary 2024.

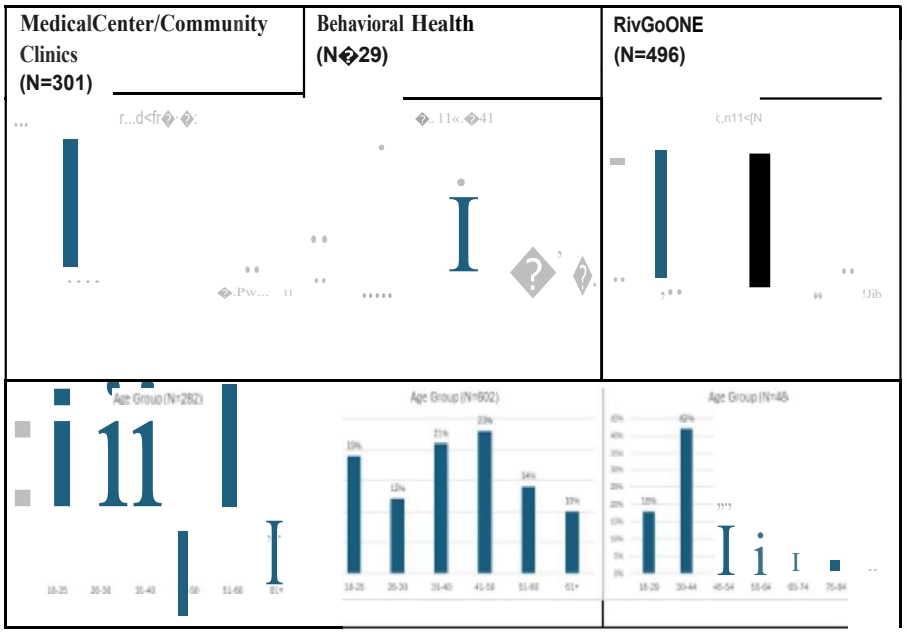
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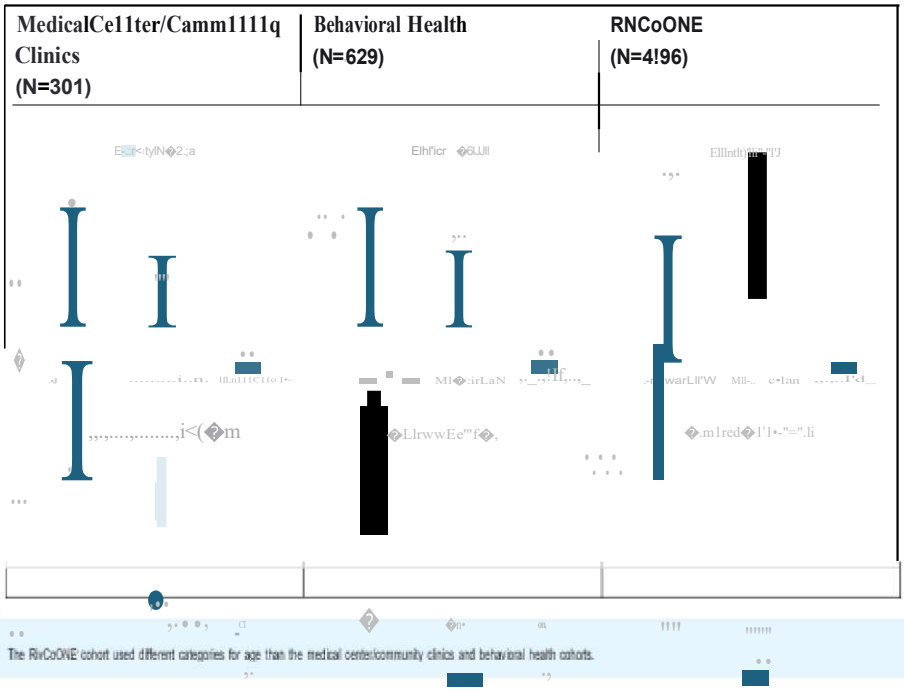
DEMOGRAPHICS

This section presents a summaryof the demop;raphicsofindividm1lswhocomJJletedthe WPHS assessment throup;h the MedicalCenter/CommunityCbnics, BehavioralHealth, and RivCoONE.

More people who completed the WPHSself-identifiedas females than males. Agevaried acrosscohorts.[5]

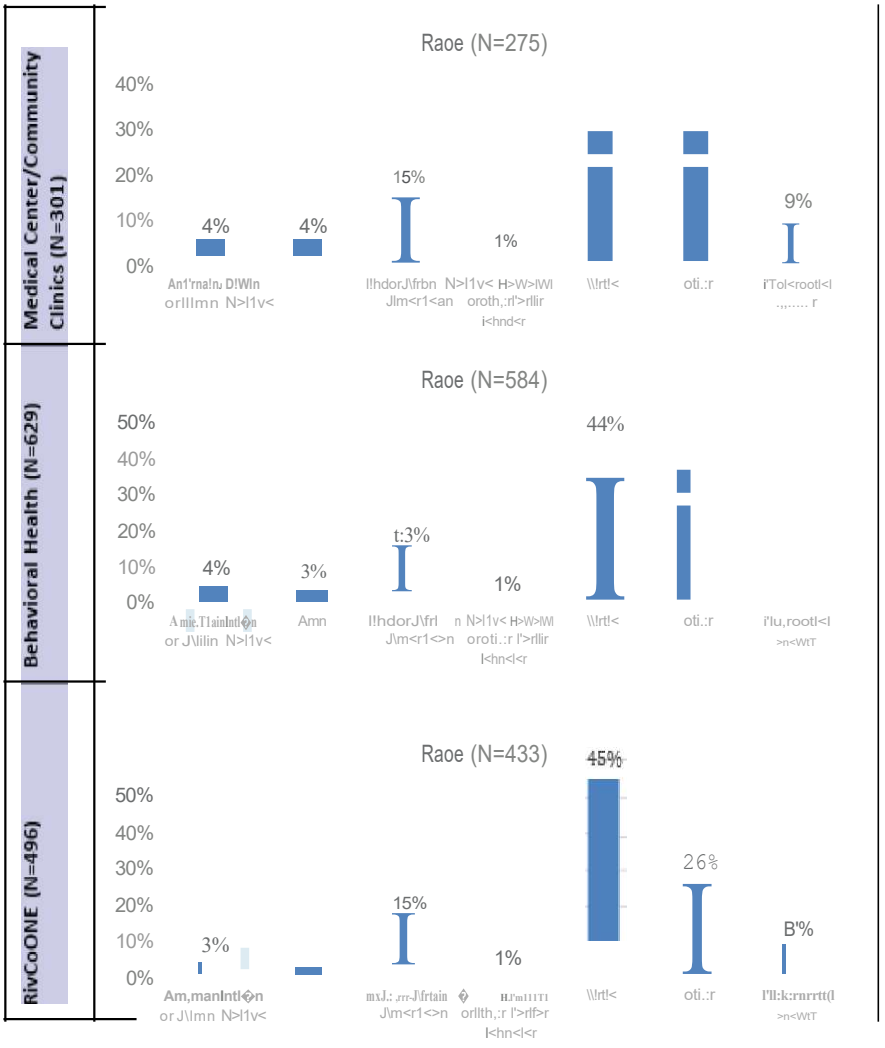


The most commonlyrepor,tedethnicity was Hispanic or Latinoand the most coIIIIllonlyreported race wasWhite. The most commonlyrepor,ted preferredlanguagewas English.



[5] The RivCoONE cohort used different categories for age than the medical center/community clinics and behavioral health cohorts.

Figures on this page created and shared by RUHS-BH.



DISTRIBUTION OF WPHS ASSESSMENT SCORES BY DOMAIN

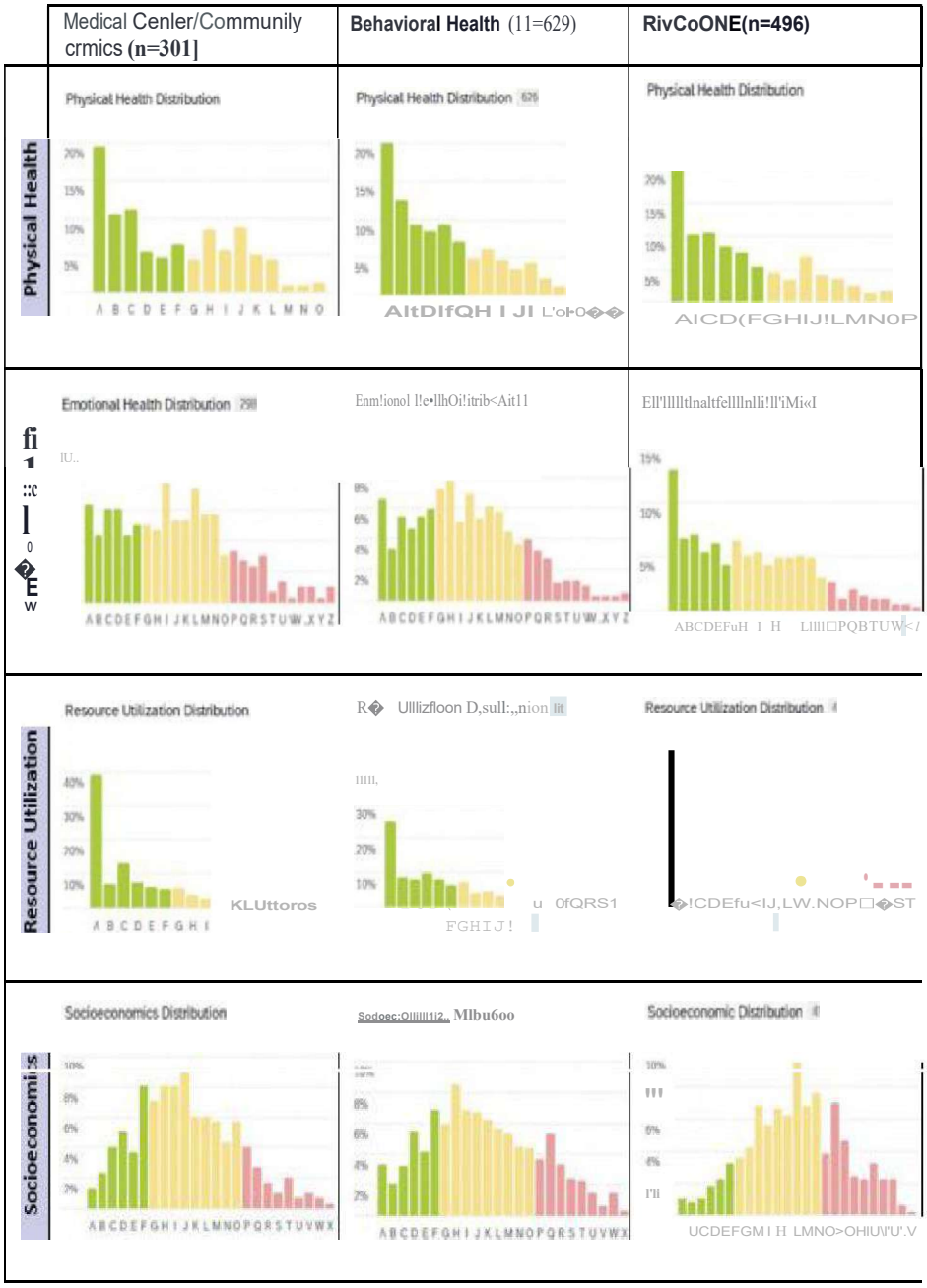
The WPHSassessment toolincludes11 rating across each of six domains: 1) phy-sicalhealth; 2)emotional health;3) resomce utiliz.ation;4)socioeconomic; 5) ownership; and6) nu:trttionand lifestyle.

Overall score-sloreach domainwereassi◆eda color(green, yellow,red, ori,;rey) and letter designation("A" bein_i;; best and "Z" bein_i;; worst)to represent aholisticsnapshot of the individual's health status.

A-F	Good: Youare doing well inthisarea of health.
G-0	Fair:Thisar e,aof healthis likely impact ingyour overall well-being.Consider seeking additional support or help.
P-Z	NeedsImprovement: Thisareaof healthis already impactingyour overall well-beingandneedsimmediate,or continued attention.
NS	Not Soored: A question went unanswered. As a, result, a scorecouldnot be cal'culated.

Figures on this page created and shared by RUHS-BH.

A summaryof Ute distributionoi scores by domain i.5below. Thedistr.ibu.1:ionsbelow mdic11tethose completini,; the tool needed more supporl: in the domains of emotional health, socioe.:onomics,and nutrition and lilestyle than the other domains (physicalhealth, resomc:eutilization, and ownership).



Figures on this page crl!ilted andshared by RUHS-BH.



POTENTIAL AREAS FOR INTERVENTION

Emotional Healtlu Trust primarily affected loweremotionalheal.th scores across all furee departments. lndivi.dualswho did not have someone that they can talkto about their pmblems, worries, or themselves weremore likely tohave their emotional health imp.a.ctheir overall wellbeing.

Potential areas for lnterventlo11 col!ld Include 110nnectln,2; lndlviduals to a social worker or therapist to .allow for.pate **to talk** about their problems and wonies.

Sod0eco-nomlcs1 Many variablesaffected.lower socioeconomic srores(e .g., lack of transportation, living situation, lack of money, finances, education, jobstatus).The primary \'ar iableaffectinr; the soore vart.ed across fue tmee departm6lts.

' Medical Center md Communll:v Clm!cs1finance primarily affected lowersoctcewnom:icsco es. Those ratini1 poorer overall.household finaru:es1,;eremore likely tohavetheir soctceconomicsimpac their overall *v.* ellbeing.

' Behavioral Heall!l\1 Education primarily affected lower socioeconomic scores. Those with lower levels of education weremore likely to have their socioeoonCJmics impact their overall wellheing.

' RlvCoONE1 Lack of transportation primarilyaffected lower socioeconomics scores.Those experienrin trarapo1tationissues were morellikely tohavetheirsocioec-onomicsimpact their overall wellbeing.

Potential aie.as of interve11.tlon lndude connectln;:;lndhrlduals ta accessible General EdncaHon Devefopment (GED)resources and sodal servl.ce pro-grams tlialcan assMwUh flnamdal su11poti!11.nd transportation options,

ftJ Nutrition and Ufestylei Many variables affected lower nutrition and li.festytescores (e.r;., smokinf;. al.rohol and drugs, and ealini;h.abiis).Smoking and alcohol and drugs primarily affected &ooresacross all tfuee departments.Those who:scmoked morefrequently andfor reported using akohol or drugs in a l,'ay th.al affected their life orsomeoneelse's life nei;alively were more likelv to have their nutrition and hlestyle scoreimpact their overall wellbeing.

Potential areas of intervention Include connectl.ng Individuals with a medical pnnr!der to support smoklng cessation and supportl11 Individuals with substance u and addkllon services.

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Riverside University
help@. hani:l

Whole Person Health Score Overview and Guide For the Clinical Perspective

Whole Person HCa!Iii,:Seore

A particiipant takes the WholePerson HealthScore, whiichis a **6..letter score** that provides a **snapshot of health** (e,ach letter representing a different dimension):

Physical Health: looks ,at you •cun·ent physical and medical conditions

Emotional Health:looksat our emotional, mental andspiritualweH-be.ing

Resource Utilization:looksa howyou use health care .services

Socioeconomics:looks at yollflivingsituation, finances, and re.sources

0 **0** nership:looksat how you iiew your own healthand abili tomake change

utrltion and Lifestyle:looks at your healthhabit..

4 ranges a1reidentified: Green, Yellow, IRed,Grey. Letters.r,ange from A to Z fo. reach dimension ("Pt.' being the best and "Z"oeiing the worst)

Based on a **2s..question assessment**

- Each question represents an element that affects **longevity and lifespan**

Good!You are doing i;ellin this area. ofhealth.

P-Z **eeds Impro"Vement:** Th]s area of hea]th is ready impactin 1;our overall well-being and neects immediateor continued attention..

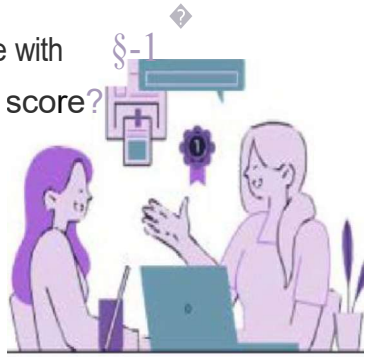
G-0 **Fair:**This area of health is likely impacting your o -erallwell-being.

ot Scored:A questio,·n,·ent unanswered.As a resul ·: a soore could not *be*calculated.

Consider seekingadditional support NS or help.

Whole Person Health Score
Guide For the Clinical Perspective

A consumer may approach you to share their score with you. You may be asked for support in shifting their score to reflect a healthier overall well being.



For Example:



let's say someone comes in with a score which has a yeHow score in the ownership domain. Good health in this domain could be considered as a mindset.



You may be able to support in ways which enrich the person's felt sense of control rn their experiences. Perhaps this support looks like

linkage to a useful serVi.ce.



After sometime implementi1rig changes brought on through this new awareness, the consumer may come to you with a new Whole Persoill Health Score reflecting a positive change in their domains!





Brigham and Women's Hospital
Founding Member, Mass General Brigham
Patient-Reported Outcomes, Value, & Experience Center

PROVE Center
Department of Surgery

75 Francis Street
Boston, MA 02115-6110
T 617-732-6715
F 617-732-6387

February 3, 2025

Executive Summary

The Riverside University Health System (RUHS) contracted with the Patient- Reported Outcomes, Value, & Experience (PROVE) Center at Brigham and Women's Hospital, affiliated with Harvard Medical School, to conduct an independent validation of the Whole PERSON Health Score (WPHS). The WPHS is a holistic, patient-centered tool developed by RUHS to assess health across six domains: physical health, emotional health, resource utilization, socioeconomics, ownership, and nutrition and lifestyle. The WPHS was designed as a practical tool to measure determinants of health that influence life expectancy and well-being, as well as to identify strengths and opportunities for intervention at both the individual and population levels. Previously, the RUHS team had validated the WPHS for content and reliability and had demonstrated the tool's usability, feasibility, and acceptability among patients and providers. However, as interest in the WPHS tool grew beyond the local RUHS service area, RUHS sought a more rigorous and independent validation, which led to this project. The overarching goal of this evaluation is to evaluate the measurement performance of WPHS domain and composite scores and provide actionable recommendations for further refinement and implementation.

In collaboration with the RUHS team, the PROVE Center conducted a comprehensive evaluation of the WPHS domain and composite scores, using data provided by RUHS from electronic health records. The analytic sample included 58,055 patients who completed at least one WPHS survey between August 2019 and February 2024. The dataset included demographic and clinical characteristics, WPHS responses and scores, types of clinical visits, and diagnosis indicators of chronic health conditions.

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

The PROVE team first assessed the data quality of the WPHS survey, identifying potential issues related to questions and workflows of data collection. Following this, the team evaluated its measurement properties across three key areas: measurement type, reliability, and validity.

Quality of data was found to be generally good. Identified data entry and system algorithm errors were corrected and resolved before analysis was conducted. In the psychometric evaluation, the PROVE team determined that four domains (physical health, resource utilization, socioeconomics, and nutrition and lifestyle) function as indices, while two domains (emotional health and ownership) function as scales. The WPHS composite score was also found to function as a scale. The PROVE team's analysis provided evidence supporting the reliability and validity of the six domain scores, including known-group validity, floor and ceiling effects, convergent validity, structural validity (where applicable), and predictive validity.

Analysis of the physical health domain score demonstrated, for example, known- group validity in its ability to differentiate patients based on age groups, number of pre- survey clinical visits, and presence of chronic health conditions. As another example, analysis of the emotional health domain score demonstrated convergent validity with the Patient Health Questionnaire – 2 score. All six domain scores showed acceptable floor effects and trivial ceiling effects and were predictive of three-month post-survey clinical visits. Similarly, the WPHS composite score, constructed using the six domains, showed acceptable measurement properties.

The evaluation also identified areas for further improvement. First, additional validity analyses using external variables would strengthen the conclusions. Second, adjustments to the implementation and data collection processes would improve data quality and enhance the reliability and validity of WPHS domain and composite scores. Finally, instrument refinements based on this evaluation report could further optimize the performance of the WPHS.

In conclusion, this one-year evaluation provides preliminary evidence supporting the validity and reliability of the WPHS to measure determinants of health. Moving
From now on, the PROVE team recommends addressing identified issues related to data quality and measurement to optimize performance. Further evaluation is encouraged to ensure the WPHS continues to evolve as a valuable tool for patient-centered care and quality improvement within and beyond RUHS.

Section V

WET

Workforce Education and Training

MHSA Annual Update FY 25/26

Workforce Education and Trainings

WET



01 Workforce Staffing Support

Training & Tech Assist

02

03

Financial Incentives

Career Pathway

04

05

Residency / Internship





Workforce Education and Training

WET

What is WET?

"Education. Vocation. Transformation."

The Workforce Education and Training (WET) component of the Mental Health Services Act (MHSA) was established to address the ongoing workforce development needs for public behavioral health departments. This includes a specific focus on the recruitment, training and retention of a qualified workforce that is culturally competent and recovery-oriented, that incorporates those with lived-experience, and includes those with language and cultural capacities that help meet the needs of the communities we serve. To achieve these goals, WET established five individual work plans with corresponding strategies/actions.

1. Workforce Staffing Support
2. Training and Technical Assistance
3. Career Pathways
4. Internship and Residency
5. Financial Incentives

The workforce is the heart of any public service agency. Workforce development focuses on employees for long-term success. It involves training, upskilling, and continuous education opportunities to enhance job performance and career trajectory. Staff development is a commitment to quality care. It helps an agency improve customer care, meet critical agency goals, and improve staff retention. Most of the success of any agency can be tied back directly to the exceptional work being done by front line staff day in and day out. For this reason, workforce development for all positions, must remain an ongoing focus for public service agencies to meet the current and future needs of an evolving communities. WET was designed to develop people that serve in the public, behavioral health workforce. WET's mission is to promote the recruitment, retention, and to advance the recovery-oriented practice skills of those who serve our consumers and families. WET continues to value a diverse workforce that reflects the membership of our unique communities. We strive to reduce service disparities by improving cultural and linguistic competency and by encouraging and supporting members of our diverse communities to pursue public, behavioral health careers. WET also values the meaningful inclusion of people with lived experience – as consumer, parent, or family member – into all levels and programs of public behavioral health service.

WET understands that people with mental illnesses and those dealing with substance use concerns deserve the best of public service, not just when seeking mental health and substance related care, but also when needing allied services such as law enforcement, academics, housing, social services, and primary health care. WET continues to value educating other service providers on acknowledging and understanding the impact of stigma,

learning how to effectively engage someone experiencing distress, and connecting people to resources that benefit their recovery.

WET actions/strategies in the RUHS-BH WET Plan are divided by the funding categories originally designed by MHSA regulations. Each funding category represents a strategic theme to address WET's mission. The actions/strategies developed within each category were developed and informed by our stakeholders. WET's stakeholders, are an important part of our plan and action development, the feedback comes from job classifications throughout the department, academic institutions, cultural competency, and lived experience practitioners. WET's goal to resume the Stakeholder Steering committee, is going to be directly connected to the Behavioral Health Transformation, so that we can ensure that the appropriate individuals are included to help with future recommendations. The executive assistant has that was assigned to this task has done early research to determine the past committee make up. This includes contacting previous members to identify their continued interest, recruiting new members in order to maintain the representation of the original make up of the committee, in addition scheduling and communicate meetings.

WET continues to ensure that the 5 established plans are a part of our day-to-day work. In the past year, WET has expanding the team to include an additional Clinical Therapist II position and an Administrative Services Assistant. Both positions were added because of the expansion of efforts to support the department overall. We continue to maintain good relationships with our community and partner agencies to increase outreach. WET maintains the focus of building and educating the future clinical and substance use staff by offering our internship and residency programs. Also, while continuing to support staff obtain training so that they are well versed so in order to provide service in our Public Health system. We continue to support with informing and offering loan repayments programs to reduce staff debt. WET continues to rely on the voice of those we serve, by getting feedback from department staff and community. We also take into account the learning from past experiences so that we can ensure that we are meeting the goals of the plan.

WET-01 Workforce Staffing Support

This work plan is desig ffing necessary to manage and implement Riverside County's WET plan. In the past year, WET and the Lehman center have had consistent staff and all positions were filled, until the later part of the year. The staff that were hired in the last year to fill our vacant positions were either veteran staff or new to our systems. In the later case, staff were supported with training so that they can provide efficient and effective services. Closer to the end of the year, 1 staff from Lehman and 1 from WET had other job opportunities, thus leaving a vacancy in both units.

Maintaining long term staff remains to be the continued challenge year after year.

It is importance to maintain a fully staffed team not only because workforce staffing and supports is our first workplan but because we continue to take pride in overseeing the operations of our department's conference center, trainings, financial assistance program, internship programs and more.

WET-02 Training and Technical Assistance

This work plan is designed to provide the training and technical assistance needed to meet the centralized and customized training needs of Riverside County's public behavioral health workforce. Annual, global training goals include ensuring that our behavioral health workforce is prepared to serve the consumers of today and the consumers of the future.

To meet those global training goals, the past few years, we focused our strategies on the following:

- Trainings
- Evidence-Based Practices, Advanced Treatment, and Recovery Skills Development Program
- Cultural Competency and Diversity Education Development Program
- Professional Development for Clinical and Administrative Supervisors
- Community Resource Education
- Lehman Center Support
- Collaborative Involvement
- Social Media Communication and Interaction

Trainings

Workforce Education & Training (WET) strives to educate, innovate, empower, and transform the learning and lives of our Riverside University Health System – Department of Behavioral Health (RUHS-BH) workforce. A main purpose of our work is to provide necessary training to all staff within our service system. Well also offer trainings to other community agencies, our contract providers and community organizations that we collaborate with. This training plan component is intended to increase the mental health services workforce by providing necessary and desired trainings with the ultimate goal of offer services that benefit the consumers we service. WET continues to effectively offer hybrid model of trainings by providing virtual live trainings, virtual self-paced trainings as well as In Person trainings. All trainings are provided by subject matter experts who are either certificated/certified county staff, individual contracts, or contracted agencies.

Our training audiences continue to include Department employees, employees of partner agencies, partner academic institutions and the community. All instructors, whether contracted or Department staff, include in their training, the 5 Essential Elements of the MHSA to ensure training content is relevant:

Community Collaboration
Cultural Competency
Client and Family-Driven
Wellness Focus which includes Recovery and Resilience

Integrated Services

WET continues to offer the well-received and attended trainings, as well as continue to do the research for new training opportunities for our audiences.

Program improvements, changes, updates, growth

WET continues to renew agreements with three Continuing Education (CE) providers to support Certified Alcohol and Drug Counselors, Registered Nurses, and Behavioral Health Licensed Professionals in meeting their CE requirements. Committed to addressing community needs, we regularly assess our consumer population profile and workforce demands. To enhance virtual learning, we utilize Articulate 360, an advanced training platform that enriches the e-learning experience with interactive and customized curriculums. Additionally, we leverage virtual platforms such as ZOOM and Microsoft Teams to ensure trainers have seamless access to conduct remote courses efficiently.

During this last year WET offered a variety of advanced training topics in meeting the needs of our workforce. W.E.T. Offered 468 education units and 24 were advanced topics. Some of the advanced topics included:

Disability Awareness - Stronger Together
Solution Focus Brief Therapy
Integrated Model of Genogram, Ecomap, and Timeline
Square Model
Co-Occurring Disorders
CBT for PTSD
Seeking Safety
Non-Violent Crisis Intervention (NCI)
Motivational Interviewing
LGBTQ Series: Transgender Foundations
Dialectical behavior therapy (DBT)

Earlier in the year we were still short staffed and living with the issues of Covid. We are pleased to share that these challenges have now been resolved. Not only have we returned to full capacity, but we have also been able to add several new trainers to our team, further strengthening our department. Our training content has been optimized for both in-person and virtual formats, our learning management system is fully functional, and our trainers are now fully available to meet the needs of our workforce. We are proud to have bounced back from the setbacks caused by COVID-19 and are well-positioned to continue supporting our workforce with high-quality training and resources.

Evidence-Based Practices (EBP)

WET continues to be dedicated to supporting evidence-based advanced treatment practices to effectively cater to the needs of our consumers. Noteworthy evidence-based practices endorsed by the department encompass Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family-Based Therapy, Eating Disorder Practices, Cognitive Behavioral Therapy, Motivational Interviewing, and Eye Movement Desensitization and

Reprocessing, among others. In response to the escalating demand for trauma-informed practices, WET continues to provide Trauma-Informed Systems 101, enhancing our ability to serve consumers better and to have self-awareness about how we as providers and our co-worker also need support and resources as we serve. The commitment of having well trained staff aligns with our ongoing mission to educate our entire workforce under the TIS model. Staff members receive ongoing support through various evidence-based practice (EBP) training sessions, boosters, and regular practitioner meetings. These supportive initiatives continue to contribute to the successful implementation of the EBP programs and the continued focus on fidelity of the endorsed practices. Furthermore, the research and evaluation team actively participate in training efforts, ensuring that consumer data is systematically captured to better address the evolving needs of the community and to ensure that our trained department staff are providing these models throughout our service system.

Eating Disorder Practice

Eating disorders have the second highest mortality rate of all mental health disorders, only after opioid addiction. Our county largely serves those from racial and ethnic minorities, many from low socioeconomic backgrounds. This demographic has experienced disparities in the diagnosis and treatment of eating disorders. The Eating Disorder program continues to grow and evolve in its ability to meet the need to serve our consumers affected by this disorder.

The internal infrastructure that was established five years ago continues to provide a solid foundation for our Eating Disorders (ED) Program, which is built on the principle of a team approach to provide intensive treatment. This infrastructure is lead by our Eating Disorder Administrator and consists of our Eating Disorder Champions, expert practitioners in eating disorders, who provide consultation and guidance to our ED Practitioners. We continue to provide bi-monthly micro trainings to the department's ED practitioners with our subject matter expert, who also provides bi-monthly consultations with our ED Champions. The ED Champions provide consultations to ED practitioners twice a month and as needed. The success of this foundation of this structure is evident in our ability to continue to provide quality services for this serious diagnosis throughout the department despite the turnover of our practitioners. Further, this program structure has served as a model for other counties in the state.

There are currently over 200 Eating Disorder practitioners who are RUHS staff and contract providers. The main treatment models our department practices to treat Eating Disorders are the evidence based treatments of Family Based Treatment (FBT) and Dialectical Behavioral Therapy (DBT). We continue to provide annual trainings on these models for new practitioners. In November 2023, we provided a 2-day FBT Training, and a 2-day DBT Training in December 2023. Bi-monthly, our subject matter expert provides a 90-minute refresher training on these topics or other models that enhance the skills of our practitioners. This past fiscal year, the micro - training topics included FBT Refresher for ED, Cognitive Behavioral Therapy for ED, Exposure Therapy, Motivational Interviewing and ED Assessment and Medical Complications. We have an average of 50 practitioners attending these bi-monthly micro-trainings.

An established solid infrastructure for Eating Disorders has allowed our department to be innovative in creating new projects to expand meeting the needs of our consumers. As technology evolves, our program last year piloted with Help@Hand to pilot the Recovery Record App to use as a tool for our ED practitioners to help support eating disorder treatment. The success of the pilot lead to the continued use of this app. This past year, Eating Disorders worked to collaborated with Innovations to create our own Intensive Outpatient Program to meet the high need of these services. This collaboration with WET and Innovations will allow Eating Disorders training to increase the number of trainings offered and train more professional staff and community members.

Eye Movement Desensitization and Reprocessing (EMDR)

Eye movement desensitization and reprocessing (EMDR) is an Evidenced Based Practice (EBP) focused on helping people heal from various symptoms and emotional distress that is associated with traumatic memories and/or life experiences. Research has indicated that this EBP has shown to alleviate symptoms of distress, increase cognitive insight and functioning (EMDR Institute Inc.) This worldwide used EBP has been effective with a range of symptoms, behaviors, and diagnoses; with the ability to be used on children, teens and adults alike.

In 2022/2023, EMDR was implemented within RUHS-BH by training 30 clinicians in this valuable treatment modality. This cohort serviced to be the original group of clinicians who were recognized by the department as EMDR provider. To date WET continues to support the EMDR clinicians, so that they can continue to provide this treatment modality efficiently and effectively to our consumers. Since training the original cohort of 30 staff, other previously trained staff were added to the list of recognized EMDR clinicians, which brought the total to 35 trained staff. Due to several reasons, such as staff transitioning to other roles or other opportunities, there was a decrease in the number of EMDR clinicians in our department. It shifted from 35 to 23 staff who currently providing the service. The EMDR leadership team is aware of the need for more trained clinician, thus they recommend that staff use the resource of “Textbook & Tuition Reimbursement” to reimburse the cost of EMDR training if they desire to provide the service for consumers.

The leadership team was developed as a part of the infrastructure for EMDR. It was put in place to ensure that staff needs were heard and addressed, to develop process and procedures, to develop a feedback loop and to have centralized oversight as it relates to EMDR. The infrastructure also included 2-hour, bimonthly (twice a month) study groups, facilitated by the trainers. Once those offerings ended, the department continued to have internal groups without the EMDR trainers in order to continue to provide the needed support to EMDR clinicians. Although those original expert lead support groups stopped, the leadership team continues until today. The team was able to understand that the clinicians needed additional support thus, re-entered into contract with the original trainers to restart the study groups. In addition to restarting the groups, the team worked on finalizing the referral process in order to meet the growing need of the provision of EMDR services. The goal for next fiscal year is to monitor the efficiency of that process.

The contract with EMDR Professionals came after a request from clinicians, for more direction and support from the experts, as well as more advance training. Several EMDR clinicians have taken avantage of getting the advance trainings. The title of the trainings staff have selected are listed in the table below*. The WET coordinator negotiated the contract to include:

Study Groups

- Study groups to focus on ongoing support in administering EMDR to clients
- Study groups will touch base on questions/concerns/barriers to treatment and direct professional feedback from trainers.

1 EMDR Advanced Trainings for each trained clinician

- Addictions
- Somatic Approaches
- EMDR and Dissociative Disorders
- Psychosis and EMDR
- EMDR and children
- And more…

ADVANCED TRAINING NAME
• A relational model for Parts/Ego State work in EMDR Therapy • EMDR and the Art of Psychotherapy w/Children • EMDR Bootcamp: Basik Skill Refresher, Study Group 2 hrs • The Power of the Pain: EMDR Therapy, Addiction, and Recovery, Study Group 2 hrs • DeTUR October 2024: Urge Reduction Protocol for Addictions and dysfunctional behaviors • RTEP-GTEP Sept/Oct 2024 • DeTUR October 2024: Urge Reduction Protocol for Addictions and dysfunctional behaviors • OnDemand* Introduction to Using EMDR with Kids with Ease • OnDemand*At War with Food Full, Course: Trauma-Informed Clinical Skills for Treating the Spectrum of Eating Disorders, Study Group 2 hrs

During the next fiscal year, the leadership team will be focused on getting staff to accurately enter information in the system in order to track how many clinicians are providing EMDR services and how many consumers are receiving the treatment modality. Once both processes are effectively implemented, the leadership team would be able to pull data and reference tracking systems, to be able to develop a report. The report would provide quantitative feedback regarding EMDR services across the department in order to see who provides that service, how many consumers were referred and how many received services.

Seeking Safety EBP:

Seeking Safety is an evidence-based practice designed to improve the lives of individuals with a history of trauma and co-occurring substance use disorders (SUD). Trauma, as defined by the DSM-5 (American Psychiatric Association, 1994), refers to the experience, threat, or witnessing of physical harm. This harm includes events such as combat, childhood physical or sexual abuse, serious car accidents, life-threatening illnesses, natural disasters, and terrorist attacks. Approximately 20-30% of individuals who experience such trauma go on to develop Post-Traumatic Stress Disorder (PTSD; Adshead, 2000). In the United States, among men who develop PTSD, 52% also develop alcohol use disorder, and 35% develop a drug use disorder. Among women, these rates are 28% and 27%, respectively (Kessler et al., 1995). According to The National Child Traumatic Stress Network's Making the Connection: Trauma and Substance Abuse, studies indicate that up to 59% of young people with PTSD also develop substance use issues.

Individuals with a dual diagnosis of PTSD and SUD face more significant challenges than those with either disorder alone, including increased legal and medical problems, a higher risk of suicidality, and greater vulnerability to future trauma (Najavits, 2007). The Seeking Safety program is based on the cognitive-behavioral model of relapse prevention. It teaches present-focused coping skills aimed at simultaneously addressing both trauma history and substance use. The program can be delivered in group or individual formats.

In Fiscal Year 2023-2024, six meetings were held for department staff. These meetings provided various learning opportunities on the 25 topics, assistance with fidelity measures and data collection, and support for staff in implementing the evidence-based practice in both individual and group settings. Through the Southern Counties Regional Partnership (SCRP) funding, a total of 79 staff members who are now trained within the department.

The benefits for our Seeking Safety practitioners were directly supported through our involvement in the Southern California Regional Partnership (SCRP). SCRP consists of the WET (Workforce Education and Training) coordinators from the 10 southernmost counties in California. This partnership receives a small allocation of funds intended for public behavioral health workforce development projects that benefit the region. A portion of these SCRP funds was allocated to support staff development by contracting with Gabriella Grant, director of the California Center of Excellence for Trauma-Informed Care. Ms. Grant provided Seeking Safety consultations for staff already trained in the program, as well as introductory training sessions for new staff members. These consultations and training sessions were held throughout 2023-2024.

This collaborative effort has strengthened the implementation of Seeking Safety across our department, ensuring better outcomes for those we serve.

Non-Violent Crisis Intervention (NCI) EBP:

The Crisis Prevention Institute's (CPI) Non-Violent Crisis Intervention (NCI) program is an evidence-based, fully accredited training designed to equip human service professionals with the decision-making skills necessary to appropriately respond to crisis situations. The program

includes de-escalation techniques as well as restrictive and nonrestrictive interventions. NCI has been shown to improve safety, reduce workplace risk, mitigate staff burnout, and enhance the well-being of those we serve.

The NCI program is a mandatory training for approximately 2,110 staff members in Behavioral Health. From July 2021 to June 2022, 17 NCI trainings were conducted, training 247 staff members. From July 2022 to June 2023, 16 trainings were held, reaching 267 staff members. From July 1, 2023, to June 30, 2024, 16 trainings were again conducted, training 322 staff members.

The Workforce Education and Training (WET) team worked closely with Riverside County's Learning Management System and CPI to implement a hybrid NCI training model. In this model, direct service staff participate in an in-person, one-day training that covers verbal de-escalation techniques, personal safety skills, and holding skills (also referred to as restraints in other programs). Administrative staff, on the other hand, participate in a virtual, four-hour training that includes verbal and personal safety skills, but not holding skills. Direct service staff, for training purposes, includes any staff members who work in settings where consumers are directly served, excluding psychiatrists. This category also includes clerical and other administrative staff who have regular consumer contact within clinics.

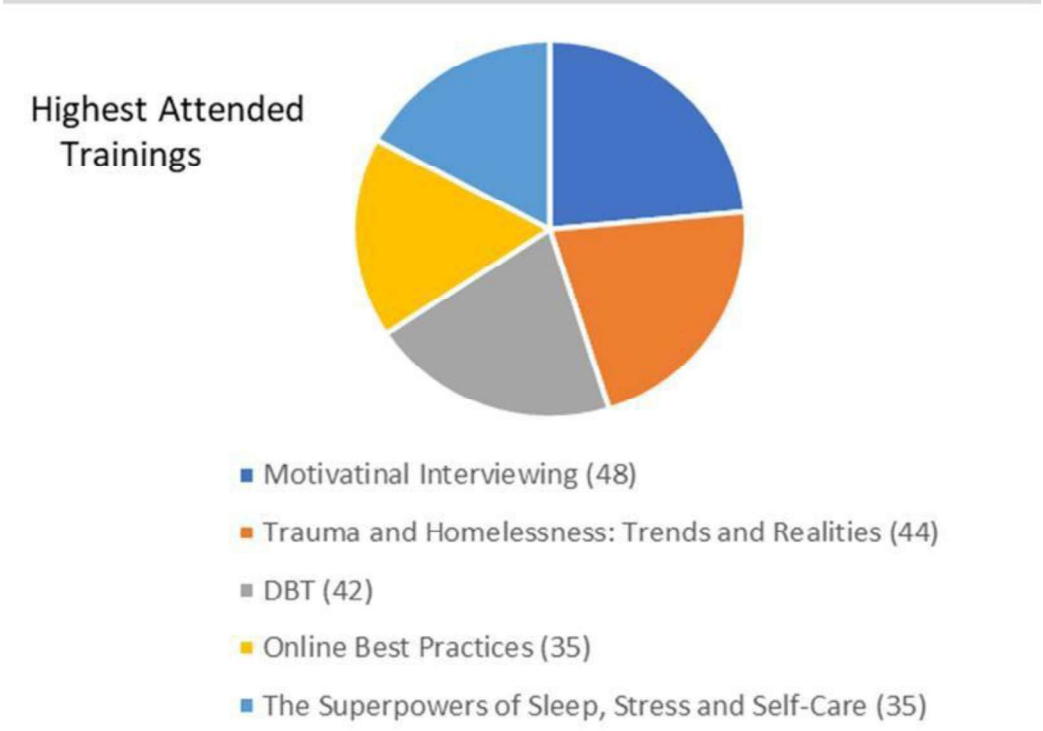
The WET team added five new trainers to the NCI training team, although two trainers left the department, resulting in a total of seven NCI trainers. In May 2023, the NCI hybrid model was rolled out department-wide, further expanding the program's reach and ensuring that staff are well-equipped to handle crisis situations effectively and safely.

This ongoing training initiative continues to enhance the skills and safety of our staff while improving the care and support provided to the individuals we serve.

Training Data

WET for fiscal year 23/24 was able to offer Trainings that were offered included Suicide Harm and Trauma, Domestic Violence, and CBT for PTSD. Culturally specific trainings offered included Disability Training and Gender Affirming Care to better serve our LGBTQ community. Advancing more services for our LGBTQ population is priority at they are at higher risks for suicide.

The target audiences for these trainings included RUHS–Behavioral Health clinical and administrative staff, contract providers, community members, and retirees. A total of 137 trainings were held where 468 continuing education (CE) credits were offered. There were 24-advanced topics. Across all trainings, WET hosted a total of 3057 attendees.



All WET sponsored trainings were assessed via a standard evaluation. Attendees evaluated the overall content of the training, instructor methods, how well the training was delivered, and the training facility. On average, using a standard 5 point scale where 5 indicates strong agreement, our trainings have produced the following evaluation trends and outcomes:

Testimonials from those who have benefitted from your program(s):

Content learned can be applied to my work and professional contexts.	5
This course enhanced my professional expertise.	5
This course was relevant to my professional expertise	5
There was a good balance between theoretical and practical concepts.	5
Diversity/Multi-cultural/Language concepts were addressed.	4
The instructor demonstrated substantial knowledge and expertise of the topic.	5
The instructor kept me engaged.	4
The instructor was responsive to questions, comments, and opinions.	3
The instructor presented course materials in a coherent and logical manner.	5
The instructional materials were well organized.	5
Visual aids, handouts, and oral presentations clarified content.	4
Teaching methods and tools focused on how to apply course content to my work environment.	4
The amount of material presented was appropriate for the amount of time provided.	4
The materials provided are likely to be used as a future reference.	3

Facility was comfortable and adequate for training.	5
All facility needs were met.	5
Facility was accessible.	5

Our workforce shared the benefits of the various advanced trainings offered during the fiscal year 23/24. Some of the highlight trainings include DSM – 5-TR, Substance Use Disorders; and Suicide Assessment Intervention training.

Training Comments:

3/14/2024 DMS – 5-TR – Matthew Rensi

The best part of this course was:

- Learning how to use the DMS correctly
- Understanding what was removed and added
- Interactive discussions and an open environment

1/11/2024 Substance Use Disorders – Gabby Grant

- The videos helped bring it all together
- The instructor was very engaging and knowledgeable which made me feel comfortable asking questions
- The materials provided were amazing and I will use them with clients

1/24/24 Suicide Assessment and Intervention-Deborah Silveria, PhD

- The resources presented, answered my questions and the examples provided were extremely helpful
- Learning about the different safety plans and interventions to utilize with clients.
- Presentation of material in various modes such as PowerPoint, videos, and techniques used were helpful

Crisis Intervention Training (CIT)

Program Narrative

The Crisis Intervention Training (CIT) program and curriculum "has become a globally recognized model for safely and effectively assisting people with mental and substance use disorders who experience crises in the community. The CIT Model promotes strong community partnerships among law enforcement, behavioral health providers, people with mental and substance use disorders, along with their families and others. While law enforcement agencies have a central role in program development and ongoing operations, a continuum of crisis services available to citizens prior to police involvement is part of the model. These other community services (e.g., mobile crisis teams, crisis phone lines) are essential for avoiding criminal justice system involvement for those with behavioral health challenges – a goal of CIT programs. CIT is just one part of a robust continuum of behavioral

health services for the whole community" (Substance Abuse and Mental Health Services Administration, 2018).

The CIT program is performed by Riverside University Health System – Behavioral Health (RUHS-BH) staff and Riverside County Sheriff. Both organizations provide trainers to educate law enforcement and other first responders such as paramedics and emergency medical technicians on how to recognize the signs and symptoms of mental disorders and learn effective ways to safely de-escalate crisis situations involving individuals with a mental illness. In addition, recognizing that this population of emergency service workers are at higher risk of behavioral health concerns, the training includes how to identify their own symptoms of mental distress including anxiety, depression, and post-traumatic stress. Lastly, in the training participants learn about the community resources available for individuals experiencing distress and symptoms of mental illness including how to access treatment.

Crisis Intervention Training (CIT) Program Design/Model

Riverside University Health System- Behavioral Health (RUHS-BH) focuses on training emergency services personnel including law enforcement, firefighters, paramedics and emergency medical technicians (EMTs) to recognize the signs and symptoms of mental disorders and how to safely de-escalate crisis situations involving individuals with a mental illness and provide education on resources available in the community for individuals with a mental illness and other relevant resources.

Training material consists of national-approved and evidence-based crisis intervention training (CIT) curriculum. Crisis Intervention Team (CIT) training is a specialized law enforcement curriculum, that can be adapted to the whole community, that aims to reduce the risk of serious injury or death during an emergency interaction between persons with mental illness and police officers. CIT has been implemented widely both nationally and internationally.

In FY 23/24: RUHS-BH expanded from law enforcement agencies to also include in-person, virtual and hybrid trainings for other first responders such as firefighters, paramedics and emergency medical technicians (EMTs). A specialized training was developed where 40-hour CIT curriculum will be reduced in 2-8 hours of course material.

Lessons Learned: The lessons learned include the need for the CIT program to expand to firefighters, paramedics, and EMTs. There are approximately 1,067 firefighters as well as 1,311 paramedics and 4,000 EMTs in Riverside County. Emergency personnel such as firefighters, paramedics and EMTs encounter individuals with mental illness, often in crisis, and in need of de-escalation. Between July 2021 and June 2022, Riverside County EMTs responded to 12,785 calls for 5150s and 5585s due to individuals experiencing a mental health crisis such as suicidal or homicidal thoughts and behaviors.

Unfortunately, most firefighters, paramedics and EMTs lack the mental health awareness training or expertise needed to provide effective intervention. Without understanding mental illness and trauma, these front-line workers attempt to help the community as best they can; however, lacking specific training, they are unable to provide adequate services, consequently, individuals with mental illness do not get the assistance needed. Identifying signs, symptoms,

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and behaviors as well as learning de-escalation techniques, has the potential to reduce harm to both the community and the responders. These first responders also lack knowledge of appropriate supportive resources to help their community.

Firefighters and EMTs tend to develop their own mental health challenges such as depression, anxiety, and post-traumatic stress disorder (PTSD) as they often lack the psychological support needed. According to the Firefighter Behavioral Health Alliance, more firefighters die from suicide each year than in the line of duty, and many additional suicides are likely unreported. Public safety personnel are 5 times more likely to suffer symptoms of post-traumatic stress disorder (PTSD) and depression than their civilian counterparts, leading to higher rates of suicide. In fact, over 1,000 U.S. firefighters were surveyed in 2015 and found that at some point in their careers:

47% experienced suicidal thoughts;

19% established plans to complete suicide; and

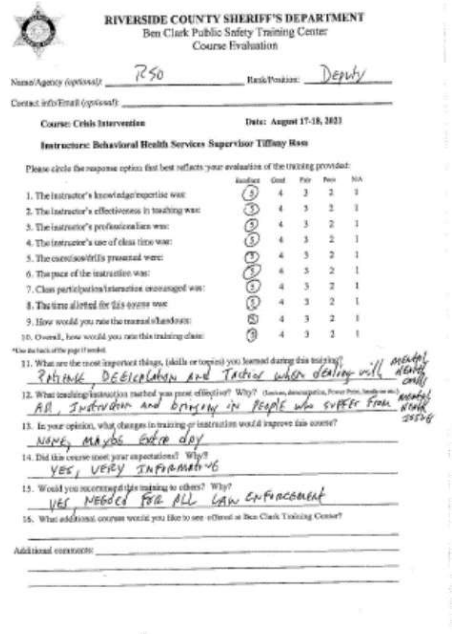
16% made a suicide attempt.

One of the primary barriers to firefighters, paramedics and EMTs getting the psychological help that they need to address behavioral health symptoms is stigma related to mental health. "For many responders, there is a stigma associated with seeking help for mental illness, which is perceived by some as a sign of weakness. Studies have shown that up to 92% of surveyed firefighters indicate this stigma as a reason for their unwillingness to get help."

Firefighters and EMTs frequently encounter individuals with mental illness despite lacking mental health awareness training, knowledge and effective de-escalations skills. As a result, many firefighters, paramedics and EMTs often witness horrific traumatic events such as suicide attempts, homicidal behaviors, psychotic episodes, manic episodes, and other mental health symptoms.

Riverside University Health System - Behavioral Health (RUHS-BH) will address the lack of mental health awareness training and support for firefighters, paramedics and EMT personnel in Riverside County using national-approved and evidence-based crisis intervention training (CIT) curriculum.

Progress Data: From July 1, 2023 to June 30, 2024, the Crisis Intervention Training program trained over 300 number of staff on Crisis Intervention and on average the trainees rated the training at a number 5 which indicates that it was an excellent training and stated that it meet their learning objective expectations. Below is an example of a completed course evaluation indicating "5- Excellent scoring."



RIVERSIDE COUNTY SHERIFF'S DEPARTMENT
Ben Clark Public Safety Training Center
Course Evaluation

Name/Agency (optional): RSO Rank/Position: Deputy

Contact info/Email (optional):

Course: Crisis Intervention Date: August 17-18, 2021

Instructor: Behavioral Health Services Supervisor Tiffany Ross

Please circle the response option that best reflects your evaluation of the training provided:

	Excellent	Good	Fair	Poor	N/A
1. The instructor's knowledge/expertise was:	5	4	3	2	1
2. The instructor's effectiveness in teaching was:	5	4	3	2	1
3. The instructor's professionalism was:	5	4	3	2	1
4. The instructor's use of class time was:	5	4	3	2	1
5. The exercises/drills presented were:	5	4	3	2	1
6. The pace of the instruction was:	5	4	3	2	1
7. Class participation/interaction encouraged was:	5	4	3	2	1
8. The time allotted for this course was:	5	4	3	2	1
9. How would you rate the manual/handouts:	5	4	3	2	1
10. Overall, how would you rate this training class:	5	4	3	2	1

*Use the back of the page if needed.

11. What are the most important things, (skills or topics) you learned during this training? RATIONAL DEESCALATION AND TACTICS WHEN DEALING WITH MENTAL HEALTH CRISIS

12. What teaching/instruction method was most effective? Why? (Lecture, demonstration, Power Point, hands-on etc.) ALL, INTERVIEW AND BONDING IN PEOPLE WHO SUFFER FROM MENTAL HEALTH ISSUES

13. In your opinion, what changes in training or instruction would improve this course? NONE, MAYBE EXTRA DAY

14. Did this course meet your expectations? Why? YES, VERY INFORMATIVE

15. Would you recommend this training to others? Why? YES, NEEDED FOR ALL LAW ENFORCEMENT

16. What additional courses would you like to see offered at Ben Clark Training Center?

Additional comments:

CIT and MHAT Trainings for FY 23-24 included as follows:

CIT Trainings					
Course Title	**Date(s)**	**Multi-Day Training**	**Location**	**Attended**	**Instructor(s)**
Corrections Crisis Intervention Training [In-Service]	1/8/2024	1 day	Larry D. Smith Correctional Facility	8	Lydia Session, Robin Smith
Corrections Crisis Intervention Training [In-Service]	1/11/2024	1 day	Larry D. Smith Correctional Facility	5	Lydia Session, Robin Smith
Corrections Crisis Intervention Training [In-Service]	1/15/2024	1 day	Larry D. Smith Correctional Facility	9	Lydia Session, Robin Smith
Crisis Intervention Training	2/14/2024	2 day	Ben Clark Training Center	29	Lydia Session, Robin Smith
Adult Corrections Officer Core Course *(4-Day)**	2/21/2024	4 day	ECTC College of The Desert	4	Lydia Session, Robin Smith
Probation DPO Academy	2/26/2024	2 day	Research Park	26	Lydia Session, Robin Smith
Adult Corrections Officer Supplemental Course (2-day)*	3/13/2024	2 day	Ben Clark Training Center	18	Lydia Session, Robin Smith
Crisis Intervention Training	3/18/2024	2 day	Ben Clark Training Center	29	Lydia Session, Robin Smith
Adult Corrections Officer Core Course *(4-Day)**	4/10/2024	4 day	Ben Clark Training Center	50	Lydia Session, Robin Smith
Crisis Intervention Training	4/17/2024	2 day	Ben Clark Training Center	32	Lydia Session, Robin Smith
Crisis Intervention Training	5/29/2024	2 day	Ben Clark Training Center	33	Lydia Session, Robin Smith
Probation JCO Academy	7/15/2024	4 day	Research Park	24	Lydia Session, Robin Smith
Crisis Intervention Training	8/13/2024	3 day	Ben Clark Training Center	18	Lydia Session, Robin Smith
Corrections Crisis Intervention Training	8/19/2024	2 day	Ben Clark Training Center	28	Lydia Session, Robin Smith
FBI Crisis Negotiation Training	8/26/2024	1 day	OC Sheriff Training Facility	30	Lydia Session, Robin Smith
Adult Corrections Officer Core Course *(4-Day)**	8/28/2024	4 day	Ben Clark Training Center	51	Lydia Session, Robin Smith
Crisis Intervention Training	9/17/2024	3 day	Ben Clark Training Center	26	Lydia Session, Robin Smith
Inmate classification	10/8/2024	1 day training	BCTC	27	Lydia Session
CIT	10/22/2024	3 day training	BCTC	27	Robin Smith, Crisitina Zamora

WET

Corrections Academy (college of the desert)	10/30/2024	4 day	COD	19	Robin Smith
Probation (DPO CORE Academy)	11/4/2024	2 day training	Probation (research Parkway)	23	Cristina Zamora, Jessica Silva
Dispatch Training (multi-agency)	11/12/2024	1 day training	BCTC	12	Robin Smith
RSO Dispatch Academy Training	11/18/2024	1 day training	BCTC	9	Robin Smith
CIT	11/19/2024	3 day training	BCTC	28	Robin Smith, Crisitina Zamora
Classified Employee	12/4/2024	1 day training	BCTC	32	Robin Smith
Probation (JCO CORE Academy)	12/9/2024	3 day training	Probation (research Parkway)	23	Robin Smith, Crisitina Zamora
CCIT	12/16/2024	2 day training	BCTC	30	Robin, Cristina Zamora
Corrections Academy	12/18/2024	4 day	BCTC	52	Robin Smith
Total Persons Trained				**720**	
Total Number on Trainings = 29					
Non-Law Enforcement Courses:	**Date(s)**	**Multi-Day Training**	**Location**	**Attended**	**Instructor(s)**
Chaplain Academy	1/22/2024	1 day	Ben Clark Training Center	6	Robin Smith
Classified Employee Orientation: Wellness	3/5/2024	1 day	Ben Clark Training Center	40	Lydia Session, Robin Smith
Tribal Mental Health for Public Safety Officers	5/15/2024	1 day	San Manuel Training Center	25	Lydia Session, Robin Smith
Classified Employee Orientation: Wellness	6/11/2024	1 day	Ben Clark Training Center	75	Lydia Session, Robin Smith
Classified Employee Orientation: Wellness	9/10/2024	1 day	Ben Clark Training Center	39	Lydia Session, Robin Smith
Total Trained				**185**	
Total Number on Trainings = 5					

MHAT Trainings					
Fire/EMT/Paramedic Courses:	**Date(s)**	**Multi-Day Training**	**Location**	**Attended**	**Instructor(s)**
Mental Health Awareness Training [MHAT]	5/7/2024	3 day	Pechanga Fire	16	Lydia Session, Robin Smith
Mental Health Awareness Training [MHAT]	8/9/2024	1 day	NCTI Riverside	10	Lydia Session, Robin Smith
MHAT	10/25/2024	1 day training	BCTC	6	Robin Smith
MHAT	11/19/2024	1 day training	BCTC	19	Robin Smith
Total Trained				**51**	
Total Number on Trainings = 4					

3-Year Plans & Goals: Program learning objections of the CIT program are:

• Increase awareness of the most common mental illnesses, symptoms and behaviors

• Understand the dynamics of dealing with an individual with a mental illness

• Identify specific community resources

• Identify de-escalation skills to reduce potential crisis situations

The CIT program has the following 3-year plans and goals:

• Expand CIT Training Program and curriculum to also include in-person, virtual and hybrid trainings for other first responders such as firefighters, paramedics and emergency medical technicians (EMTs). A specialized training will be developed where 40-hour CIT curriculum will be reduced in 8 hours of course material. In addition, the virtual self-paced training that will be developed will allow law enforcement, firefighters, paramedics and EMTs to complete training within 2-4 hours. Further, peer trainers will also expand to include firefighters, paramedics and EMTs, similar to how law enforcement officers are peer trainings for the traditional CIT curriculum.

• Develop new pre and post evaluation tools to better capture the program goals and objectives mentioned below. Post surveys will capture utilization of course material and community resources provided.

• Additional goals and objectives of the CIT program are:

Goal	Objective
1. Increase the number of emergency personnel in	By the end of year three, 300 law enforcement, firefighters, paramedics and/or EMTs will have participated in the CIT training conducted by a team of

WET

Riverside County that have received training in mental health awareness.	RUHS-BH clinical therapist and emergency personnel peer trainers.
2. Increase training participants' knowledge in recognizing the signs and/or symptoms of mental disorders, and/or de-escalation strategies.	By the end of the training, 60% of the Riverside County law enforcement, firefighters, paramedics and EMTs CIT-trained will indicate in post-test evaluation tools they increased knowledge in recognizing the signs and/or symptoms of mental disorders and/or learned additional effective ways to safely de-escalate crisis situations involving individuals with a mental illness compared to their pretest scores.
3. Increase mental health awareness training of emergency personnel to recognize their own psychological exposure and trauma.	By the end of year three, 100% of the law enforcement firefighters, paramedics and/or EMTs CIT-trained will have access to available resources to deal with personal mental health issues.
4. Track referrals and linkages of culturally and linguistically appropriate behavioral health resources.	4.a. By the end of year three, 100% of the law enforcement, firefighters, paramedics and/or EMTs who participated in the CIT training will receive community behavioral resources. 4.b. Six months after training, 100% of the firefighters, paramedics and/or EMTs who participated in the CIT training will receive a survey tracking their referrals and linkages provided to community behavioral health resources.

Riverside County that have received training in mental health awareness.	RUHS-BH clinical therapist and emergency personnel peer trainers.
2. Increase training participants' knowledge in recognizing the signs and/or symptoms of mental disorders, and/or de-escalation strategies.	By the end of the training, 60% of the Riverside County law enforcement, firefighters, paramedics and EMTs CIT-trained will indicate in post-test evaluation tools they increased knowledge in recognizing the signs and/or symptoms of mental disorders and/or learned additional effective ways to safely de-escalate crisis situations involving individuals with a mental illness compared to their pretest scores.
3. Increase mental health awareness training of emergency personnel to recognize their own psychological exposure and trauma.	By the end of year three, 100% of the law enforcement firefighters, paramedics and/or EMTs CIT-trained will have access to available resources to deal with personal mental health issues.
4. Track referrals and linkages of culturally and linguistically appropriate behavioral health resources.	4.a. By the end of year three, 100% of the law enforcement, firefighters, paramedics and/or EMTs who participated in the CIT training will receive community behavioral resources. 4.b. Six months after training, 100% of the firefighters, paramedics and/or EMTs who participated in the CIT training will receive a survey tracking their referrals and linkages provided to community behavioral health resources.

Annual Update: Progress Report on 3-Year Plan

Here is CIT program's progress report on the 3-year plans and goals:

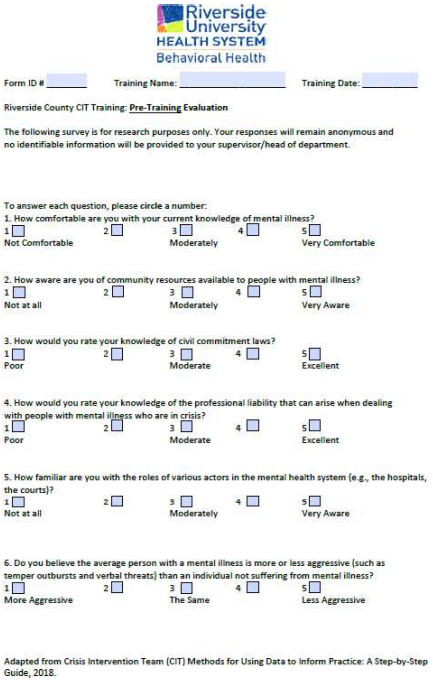
• Goal: Expand CIT Training Program and curriculum to also include in-person, virtual and hybrid trainings for other first responders such as firefighters, paramedics and emergency medical technicians (EMTs). A specialized training will be developed where 40-hour CIT curriculum will be reduced in 8 hours of course material. In addition, the virtual self-paced

training that will be developed will allow law enforcement, firefighters, paramedics and EMTs to complete training within 2-4 hours. Further, peer trainers will also expand to include firefighters, paramedics and EMTs, similar to how law enforcement officers are peer trainings for the traditional CIT curriculum. Progress Update: The CIT program has developed new curriculum for other first responders such as firefighters, paramedics and emergency medical technicians (EMTs). The curriculum consists of 8 hours of course material as planned. Currently, we are rolling out the first phase of trainings that are 8 hours in-person. We are coordinating training dates with emergency contractors to hopefully begin training implementation by end of March 2024. The second phase will include virtual training options. We are working to expand training offered to students training to be firefighters, paramedics and emergency medical technicians (EMTs).

Progress Update: Goal partially obtained. We complete the in-person version of the curriculum with variations of training length as requested from 2-8 hours training. It was later determined that a self-paced online training was not ideal for this population as the experiential learning via in-person training is essential.

• Goal: Develop new pre and post evaluation tools to better capture the program goals and objectives mentioned below. Post surveys will capture utilization of course material and community resources provided.

Progress Update: Goal attained as we developed new CIT training pre/post evaluation tools to evaluate attendees' knowledge, attitudes and beliefs regarding mental health, crisis de-escalation techniques, and utilization of community resources available. See below for newly developed CIT pre/post evaluation tools:



Riverside University HEALTH SYSTEM Behavioral Health

Form ID # _____ Training Name: _____ Training Date: _____

Riverside County CIT Training: **Pre-Training Evaluation**

The following survey is for research purposes only. Your responses will remain anonymous and no identifiable information will be provided to your supervisor/head of department.

To answer each question, please circle a number:

1. How comfortable are you with your current knowledge of mental illness?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Not Comfortable Moderately Very Comfortable

2. How aware are you of community resources available to people with mental illness?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Not at all Moderately Very Aware

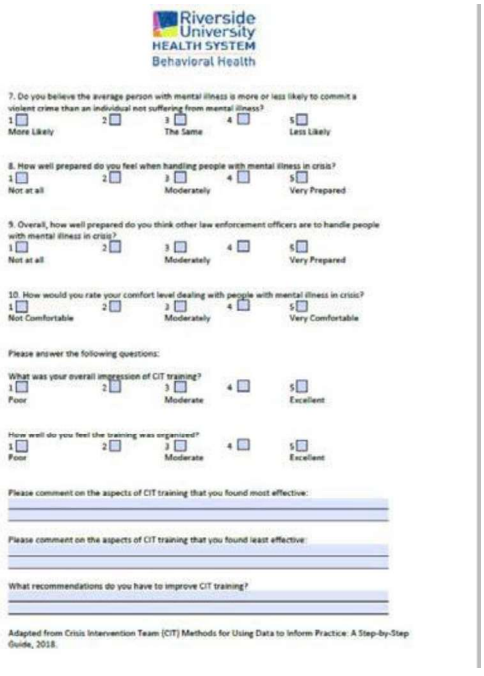
3. How would you rate your knowledge of civil commitment laws?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Poor Moderate Excellent

4. How would you rate your knowledge of the professional liability that can arise when dealing with people with mental illness who are in crisis?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Poor Moderate Excellent

5. How familiar are you with the roles of various actors in the mental health system (e.g., the hospitals, the courts)?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Not at all Moderately Very Aware

6. Do you believe the average person with a mental illness is more or less aggressive (such as temper outbursts and verbal threats) than an individual not suffering from mental illness?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
More Aggressive The Same Less Aggressive

Adapted from Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide, 2018.



Riverside University HEALTH SYSTEM Behavioral Health

7. Do you believe the average person with mental illness is more or less likely to commit a violent crime than an individual not suffering from mental illness?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
More Likely The Same Less Likely

8. How well prepared do you feel when handling people with mental illness in crisis?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Not at all Moderately Very Prepared

9. Overall, how well prepared do you think other law enforcement officers are to handle people with mental illness in crisis?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Not at all Moderately Very Prepared

10. How would you rate your comfort level dealing with people with mental illness in crisis?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Not Comfortable Moderately Very Comfortable

Please answer the following questions:

What was your overall impression of CIT training?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Poor Moderate Excellent

How well do you feel the training was organized?
1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Poor Moderate Excellent

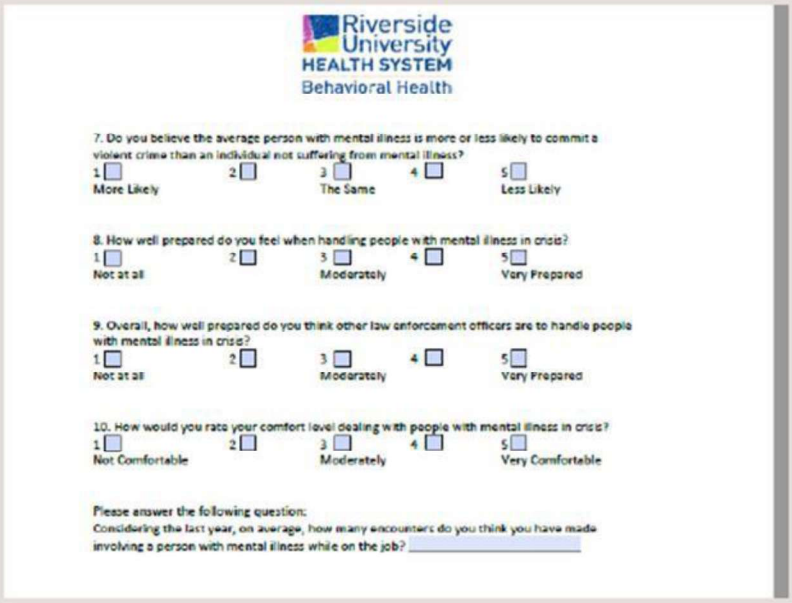
Please comment on the aspects of CIT training that you found most effective:

Please comment on the aspects of CIT training that you found least effective:

What recommendations do you have to improve CIT training?

Adapted from Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide, 2018.

- Additional goals and objectives of the CIT program will be:



Riverside University HEALTH SYSTEM Behavioral Health

7. Do you believe the average person with mental illness is more or less likely to commit a violent crime than an individual not suffering from mental illness?

1 ☐ More Likely 2 ☐ 3 ☐ The Same 4 ☐ 5 ☐ Less Likely

8. How well prepared do you feel when handling people with mental illness in crisis?

1 ☐ Not at all 2 ☐ 3 ☐ Moderately 4 ☐ 5 ☐ Very Prepared

9. Overall, how well prepared do you think other law enforcement officers are to handle people with mental illness in crisis?

1 ☐ Not at all 2 ☐ 3 ☐ Moderately 4 ☐ 5 ☐ Very Prepared

10. How would you rate your comfort level dealing with people with mental illness in crisis?

1 ☐ Not Comfortable 2 ☐ 3 ☐ Moderately 4 ☐ 5 ☐ Very Comfortable

Please answer the following question:

Considering the last year, on average, how many encounters do you think you have made involving a person with mental illness while on the job? _____

WET

WET

Goal	Objective
1. Increase the number of emergency personnel in Riverside County that have received training in mental health awareness.	By the end of year three, 300 law enforcement, firefighters, paramedics and/or EMTs will have participated in the CIT training conducted by a team of RUHS-BH clinical therapist and emergency personnel peer trainers. **Progress Update:** We provided our Overview Presentation of this new CIT training to emergency contractors. We are in the process of coordinating training dates.
2. Increase training participants' knowledge in recognizing the signs and/or symptoms of mental disorders, and/or de-escalation strategies.	By the end of the training, 60% of the Riverside County law enforcement, firefighters, paramedics and EMTs CIT-trained will indicate in post-test evaluation tools they increased knowledge in recognizing the signs and/or symptoms of mental disorders and/or learned additional effective ways to safely de-escalate crisis situations involving individuals with a mental illness compared to their pretest scores. **Progress Update:** Pending training rollout.
3. Increase mental health awareness training of emergency personnel to recognize their own psychological exposure and trauma.	By the end of year three, 100% of the law enforcement firefighters, paramedics and/or EMTs CIT-trained will have access to available resources to deal with personal mental health issues. **Progress Update:** Pending training rollout.
4. Track referrals and linkages of culturally and linguistically appropriate behavioral health resources.	4.a. By the end of year three, 100% of the law enforcement, firefighters, paramedics and/or EMTs who participated in the CIT training will receive community behavioral resources. 4.b. Six months after training, 100% of the firefighters, paramedics and/or EMTs who participated in the CIT training will receive a survey tracking their referrals and linkages provided to community behavioral health resources. **Progress Update:** Pending training rollout. Resources have been developed by CIT staff. Resources include resources for consumers as well as first responders such as firefighters, paramedics and EMTs.

Here is a training evaluation provided positive reviews:

HEALTH SYSTEM
Behavioral Health

6. Do you believe the average person with a mental illness is more or less aggressive (such as temper outbursts and verbal threats) than an individual not suffering from mental illness?

1	2	3	4	5
More Aggressive		The Same		Less Aggressive

7. Do you believe the average person with mental illness is more or less likely to commit a violent crime than an individual not suffering from mental illness?

1	2	3	4	5
More Likely		The Same		Less Likely

8. How well prepared do you feel when handling people with mental illness in crisis?

1	2	3	4	5
Not at all		Moderately		Very Prepared

9. Overall, how well prepared do you think other law enforcement officers are to handle people with mental illness in crisis?

1	2	3	4	5
Not at all		Moderately		Very Prepared

10. How would you rate your comfort level dealing with people with mental illness in crisis?

1	2	3	4	5
Not Comfortable		Moderately		Very Comfortable

Please answer the following questions:

11. What was your overall impression of CIT training?

1	2	3	4	5
Poor		Moderate		Excellent

12. How well do you feel the training was organized?

1	2	3	4	5
Poor		Moderate		Excellent

13. Please comment on the aspects of CIT training that you found most effective:

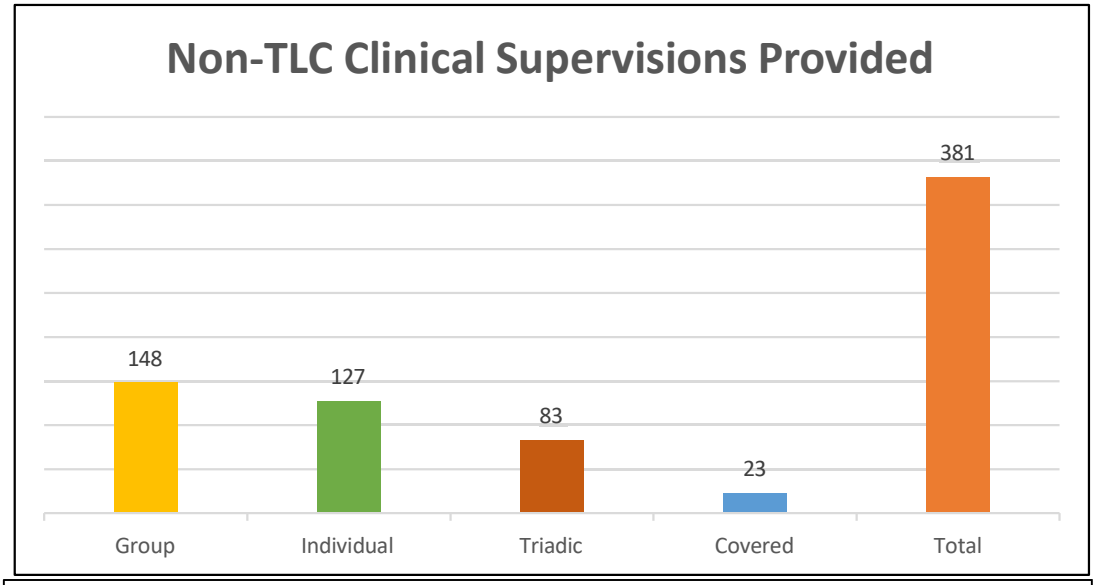
It was very valuable to get to hear what we are supposed to be doing with these patients. Also, the numbers of who to call for help with mental patients

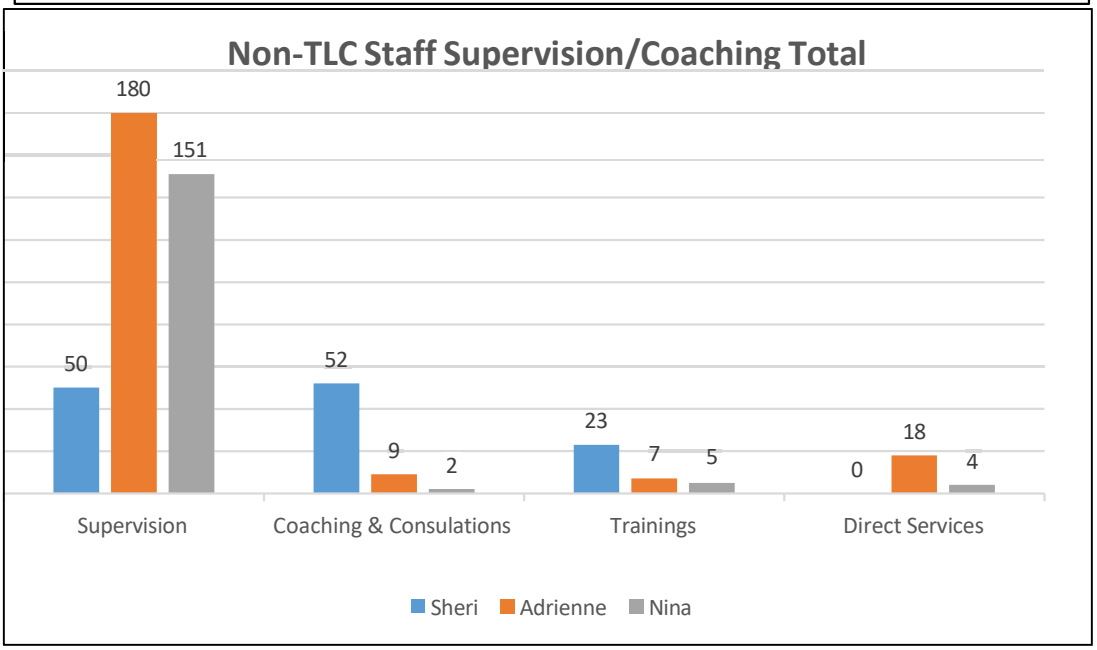
Post-Test 2

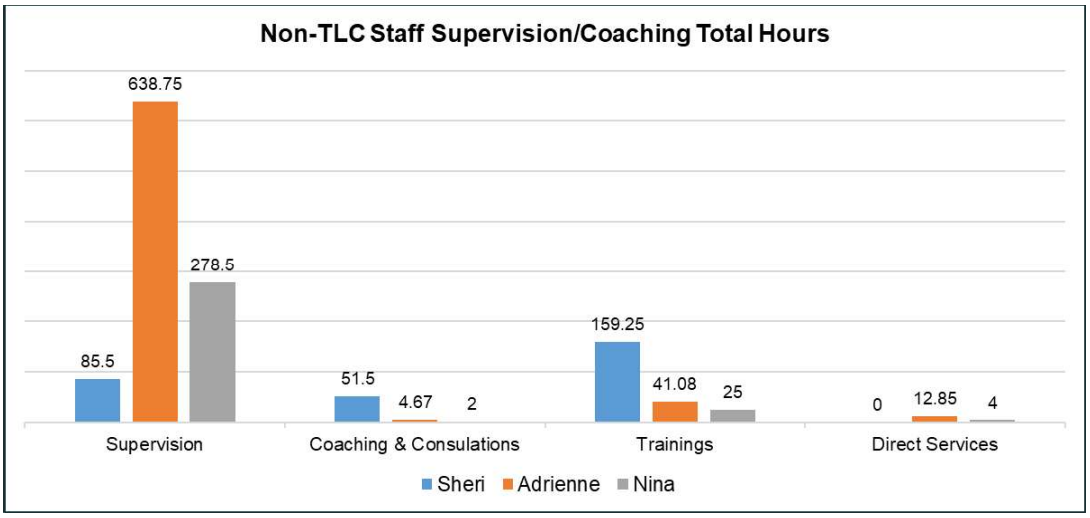
WET

LEHMAN TLC

student interns provided clinical services in our adult and children's clinics. TLC staff provided clinical supervision and specialized training for TLC interns as well as other GIFT students. TLC provided multiple individual and group clinical supervisions for clinical therapists in Behavioral Health and Public Health. TLC continued conducting an ongoing group for 23 Senior Clinical Therapists in Behavioral Health. This group provided information on BBS regulations and emerging legal mandates. The Clinical Supervisor Workgroup created and provided 3 trainings based on SCRP competencies for supervision, working with therapists effectively, and has become a significant support to that group. TLC continued to assist with facilitating the Clinical Supervision in Public Behavioral Health SCRP meetings. TLC has developed and provided CE approved trainings for Behavioral Health and county providers. TLC provided consultations, coaching, and mentoring for Behavioral Health and Public Health staff as referred by supervisors. TLC provided leadership and/ or support for Administrative Supervisor group, Trauma Informed Services champions, All County Supervisors, and All County Supervisors professional hour.







Collaborative Involvement

Collaboration Programs

Ongoing collaboration persists between Prevention and Early Intervention (PEI) and WET, focusing on diverse trainings designed for our workforce and community partners. Both units share common objectives, including the reduction of stigma and the promotion of mental health awareness. Sustaining this collaborative spirit involves organizing diverse training sessions, including safeTALK, Applied Suicide Intervention Training (ASIST), and Mental Health First Aid (Adults & Youth Curriculum). Notably, these training opportunities are provided to attendees at no cost.

Cultural Competency and Diversity Education Development Program

The WET Coordinator and the Cultural Competency Coordinator meet regularly to review the status of RUHS-BH's training to assist staff with developing culturally informed practice and service, as well as, the identification and necessity of trainings addressing the unique needs of each cultural community. As recommended WET has prioritized by our internal Cultural Competency and Reducing Disparities (CCRD) workgroup. Cultural Community Liaisons include the following populations: Wellness & Disability Equity Alliance, Middle Eastern & North African, Hispanic/Latinx, African American, Asian American, LGBTQ, Spiritualty, Deaf & Hard of hearing, and Veterans. WET attends various workgroups to gather information on needs of community and utilizes information to better inform training plans for the department. The plan is to continue to build the collaboration among cultural competency to best serve the needs of the community.

Social Media Communication and Interaction

Community Resource Educator (CRE) and Marketing Integration

The Community Resource Educator (CRE) role within Riverside University Health System – Behavioral Health (RUHS-BH) has successfully evolved from a standalone position into an integral part of the RUHS marketing team. By aligning the CRE functions with the talents of two Marketing Media Communications Coordinators and a Senior Public Information Specialist, RUHS-BH has strengthened internal collaboration and expanded its external reach, ultimately benefiting the wider community.

Key Achievements & Advancements

- **Enhanced Collaboration:** Integrating the CRE position into the marketing team has streamlined communications, ensuring consistent messaging about behavioral health services.

- **Broadened Community Connections**: Stronger relationships with local resource organizations have improved referral pathways, helping community members access crucial services more efficiently.

- **Resource Sharing & Education**: With marketing expertise now embedded in the CRE's work, RUHS-BH has produced more impactful educational materials, actively training both staff and community partners on available behavioral health resources.

- **Staff Engagement Initiatives**: By contributing to iConnect and an employee recognition program, the CRE role has further promoted staff development and recognition, fostering a culture of collaboration that ultimately enhances service delivery to the community.

Community Impact

- **Improved Service Visibility**: Families and individuals in need now have clearer, easier-to-find information on behavioral health services.

- **Stronger Outreach & Impact**: Coordinated marketing efforts ensure a more unified presence in the community, allowing for deeper engagement and improved awareness of critical programs and resources.

Social Media's Role in Enhancing Behavioral Health Resources

In an era where digital communication is essential, RUHS-BH has leveraged social media platforms to actively engage, inform, and support Riverside County residents. Through Business to Human (B2H) and Human to Human (H2H) marketing strategies, RUHS-BH fosters meaningful connections that spotlight the real efforts and impacts of dedicated employees.

Latest Social Media Performance Metrics

Instagram

- Profile Visits: 5.3K (↑167.1%)

- Reach: 15K (↑115.7%)

Facebook

- Reach: 48.4K
- Content Interactions: 5.2K (↑85.2%)
- Page Visits: 17.9K (↑127.7%)

LinkedIn

- Reactions: 638
- Impressions: 14,118

These metrics indicate increased community engagement across multiple platforms. Even where certain metrics have dipped, overall interactions and reach have grown substantially, signaling strong public interest in behavioral health resources and services.

YouTube's Impact on Behavioral Health Awareness

RUHS-BH's YouTube channel remains a vital platform for distributing educational videos, service updates, and awareness campaigns. During the most recent reporting period, the channel demonstrated significant audience engagement and growth:

- **Total Views**: 11,405
- **Watch Time**: 583 hours
- **New Subscribers**: +102

Viewer Demographics

- **Female (**51.1%): Average watch time of 3:01 minutes
- **Male** (48.9%): Average watch time of 4:15 minutes

Age Distribution

- **25–34 years**: 53.3% of viewers
- **55–64 years**: 46.7% of viewers, exhibiting notably higher watch time

These figures highlight the channel's effectiveness in reaching diverse age groups and maintaining viewer attention—crucial for disseminating critical information about behavioral health.

By integrating the CRE role into the broader RUHS-BH marketing framework, the department has achieved stronger collaboration, improved social media outreach, and enhanced

WET

community engagement. The addition of a second Marketing Media Communications Coordinator has further empowered these initiatives, resulting in:

- Greater Community Awareness: More people now have the information and resources they need to seek assistance.
- Increased Digital Engagement: Social media platforms and YouTube content continue to expand the reach and impact of behavioral health messaging.
- Ongoing Innovation & Support: Unified marketing strategies ensure sustainability and adaptability, allowing RUHS-BH to remain a leading provider and advocate for behavioral health services.

Moving forward, RUHS-BH will continue leveraging data-driven insights to optimize outreach, refine strategic marketing efforts, and maintain a high level of engagement with the community. These efforts ensure that individuals and families in need can access vital behavioral health support, underscoring RUHS-BH's ongoing commitment to promoting wellness and recovery throughout Riverside County.

WET-03 Mental Health Career Pathways

This work plan is designed to provide community members with the information and supports necessary to identify educational or professional career pathways into the public behavioral health service system. These actions/strategies help create accessible career pipelines aimed at expanding and diversifying our workforce in ways that better meet our communities' needs. It promotes the mental health careers through outreach and activities geared toward junior high, high school and community college students. In addition in this work plan there is an action to support and assist pre-licensed clinical therapist in developing their professional identity and clinical skills in order to pass State Licensure exams.

To meet the outreach and education goals in this work plan, we focused our strategies on the following:

- Pipeline and Outreach Efforts
- Volunteer Services Program
- Clinical Licensure Advancement Support
- Clinical Supervision Supports

<u>Pipeline and Outreach Efforts</u>

Behavioral Health Career Pathways and Outreach Report

This initiative is designed to employ various strategies to promote careers in behavioral health, support local career pipeline efforts, provide accurate information about mental health, and work to reduce stigma in the communities we serve. During this reporting period, significant efforts were made to collaborate with Cultural Competency program liaisons to

share information about educational and career pathways into behavioral health with underserved communities.

In partnership with Cultural Competency's Asian American Task Force (AATF) and the Middle Eastern North African (MENA)/MECCA, presentations on educational and career pathways were provided to college students in the Asian Pacific Island Social Work Club (APISWC) and the Middle Eastern Student Center (MESC) and Middle Eastern Student Assembly (MESA) at the University of California, Riverside campus.

Support for local high schools and health academies continued, further increasing our presence in the community. The Workforce Education and Training (WET) team participated in advisory committees and career and wellness fairs and provided both virtual and in-person classroom presentations. We continued our collaboration with Reach Out's Moving in New Directions (MIND) club, offering psychoeducational presentations to junior and senior students at Corona-Norco High School. This program targets at-risk students with an interest in behavioral health. During this reporting period, we also provided training on "Introduction to Psychosis" for Health Academy students at Eleanor Roosevelt High School. Additionally, WET delivered a presentation on "Careers in Behavioral Health" to students in the MSW program at California State University, San Bernardino, highlighting the Clinical Therapist I position.

Our partnerships grew this reporting period, with WET participating in the following outreach events to promote educational and career pathways into the public behavioral health service system. These events reached approximately 2,205 students and community members throughout the year:

- Val Verde Unified School District Wellness Fair
- CCHS Health Academy Professional Interview Day
- Emerging Professionals Event, California State University, San Bernardino
- Riverside Unified School District Educational Options Center Career Fair
- Norco College Safety and Wellness Expo
- Moreno Valley College Emerging Career Spotlight Guest Speaker – Social Work
- Riverside City College Health and Wellness Fair
- Pinacante Middle School Wellness Fair
- Moreno Valley College Spring Career Fair
- RUHS-BH May is Mental Health Month events in Palm Desert, Mid-County, and Western Regions

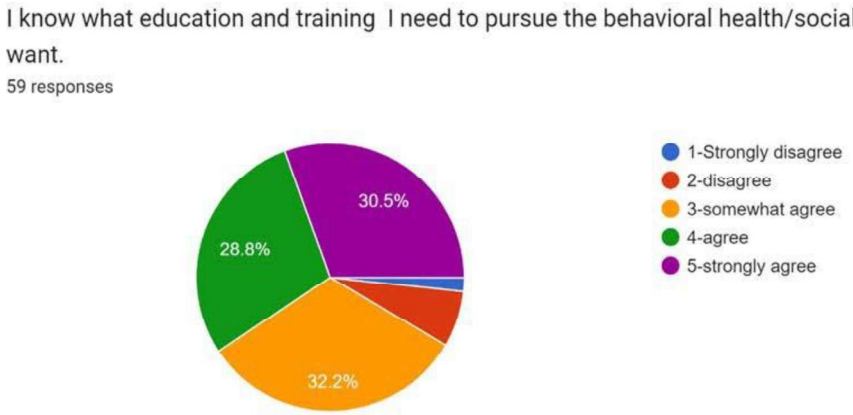
In November 2022, in partnership with Vista Del Lago High School's Community Health Worker Academy, WET hosted the first-ever virtual Get Psyched event. Over 100 students participated in the virtual workshop, which provided them an opportunity to explore various

careers in behavioral health, learn about the desirable characteristics of a provider working with consumers, and understand the importance of the field in our community. During this reporting period, efforts were made to expand the Get Psyched event to an in-person format, targeting both high school and community college students. In collaboration with Vista Del Lago High School and Moreno Valley College (MVC), the Get Psyched conference was held at MVC on October 10, 2023. The conference was attended by over 100 students from both high school and community college levels.

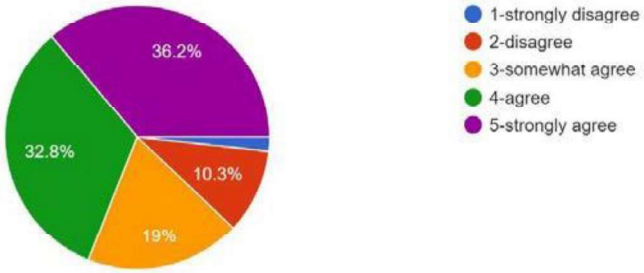
Students attended presentations from MVC counselors on mental health and wellness resources available on campus, as well as instructors from the Social Work, Human Services, and Counseling programs. RUHS-BH Cultural Competency Liaisons from AAFWAG and HISLA spoke about the importance of workforce representation, and a panel of current MVC Social Work students and RUHS-BH staff shared their experiences navigating the career pipeline. WET also presented on the educational and career pathways into the public behavioral health service system. Additionally, local social work bachelor's-level programs and community resources set up informational tables throughout the event, offering students an opportunity to learn about available programs and services to support their educational journey. Post-event measures indicated positive feedback and strong engagement from participants.

These outreach efforts continue to effectively raise awareness about career opportunities in behavioral health, reduce stigma, and foster the development of a diverse and qualified workforce within the public behavioral health system. Post-event measures indicated positive feedback and engagement from participants.

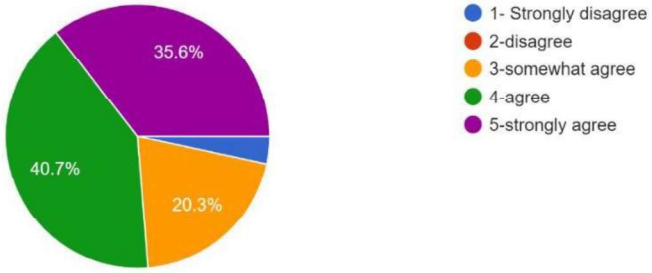
Pre-Test Results-



I am interested in pursing a career in behavioral health.
58 responses

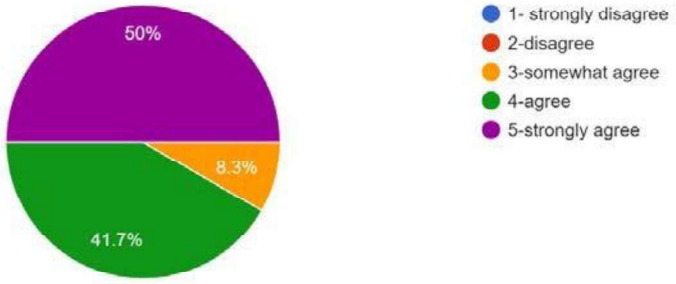


I know about different types of careers that I can pursue in the behavioral health field.
59 responses



Post Test Results-

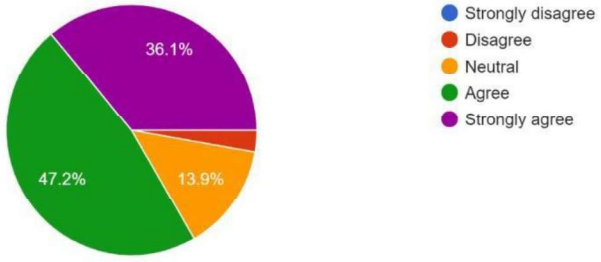
I know about different types of careers that I can pursue in the behavioral health field.
36 responses



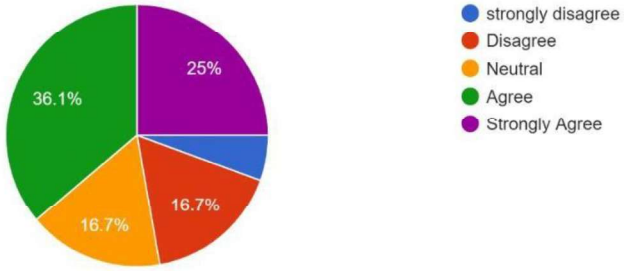
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I know what education and training I need to pursue the behavioral health workforce.
36 responses



I am interested in pursuing a career in behavioral health
36 responses



Statements from participant surveys of the Get Psyched 2023 Event:

What is needed to go into the behavioral health career ie requirement. The current program and services that Moreno Valley College offer far as willingness and everyday life.
The speeches of mental health awareness. It motivates me to keep moving forward.
Th Get Psyched event opened my mind on struggles in the community and helped me know its not just me. I like the opportunities this event has gave me as someone that needs help.
talk about my mental health and exercises and different careers of social work
the student panel section
learning about how to care for yourself and how its needed.
the breathing exercises
the environment as it made the topic less heavy.
i loved the student and professional panels.
I like hearing people's backgrounds and raising awareness towards the stigma of mental health because its never really talked about
How well they outlined the education soft skills needed for the careers

SCRP funds were allocated to support two key outreach events in October and November 2024: the second annual Get Psyched MVC event, which reached 200 high school and community college students, and the inaugural Palm Desert Get Psyched event, which engaged approximately 230 high school students. Both events focused on education and career pathways into the public behavioral health service system.

During this period, virtual engagement with community partners, such as OneFuture Coachella, continued to support connections with teachers and community leaders to explore opportunities for program development. WET participated in OneFuture Coachella's Mental Health Matters Webinar Series on YouTube, presenting on careers in behavioral health. The webinar has received 83 views to date. Additionally, WET continued its involvement in the Behavioral Health A-Team (Desert) monthly virtual outreach meetings to support their efforts in creating employment opportunities and programs for students interested in the behavioral health field.

These ongoing outreach and partnership efforts have significantly contributed to raising awareness of career opportunities in behavioral health, combating stigma, and fostering the development of a diverse and well-trained workforce in public behavioral health services.

Volunteer Services Program

Volunteering with Riverside University Health System-Behavioral Health (RUHS-BH) is an opportunity to explore different career pipeline activities. It offers volunteers great opportunities for education growth, network building, improving customer service skills and hands-on training. RUHS-BH encourages volunteerism to support the departments' mission to help clients achieve and maintain their greatest wellness and recovery. Some of the benefits of volunteering in the Volunteer Services Program are the ability to give back to the community, improve professional skills, and provides an opportunity to learn about recovery-oriented care.

The Volunteer Service Program has been undergoing changes in an attempt to streamline and facilitate the process.

In 2022-23, we have begun to rebuild the program and are continued the rebuilding process in 2023-2024. The growth has been slow, due in part to the continued concerns regarding the public health crisis and staffing changes that occurred. Six individuals were placed in programs throughout the County in the 2023-2024 year while others started the process but did not finish it due to many different reasons.



WET's future aim is to continue to re-build the Volunteer Service Program in an effort to create strong partnerships with RUHS-BH teams for placement and to increase the Volunteers in support of those programs while also providing growth and opportunity for learning and experience for those interested in future careers with RUHS-BH.

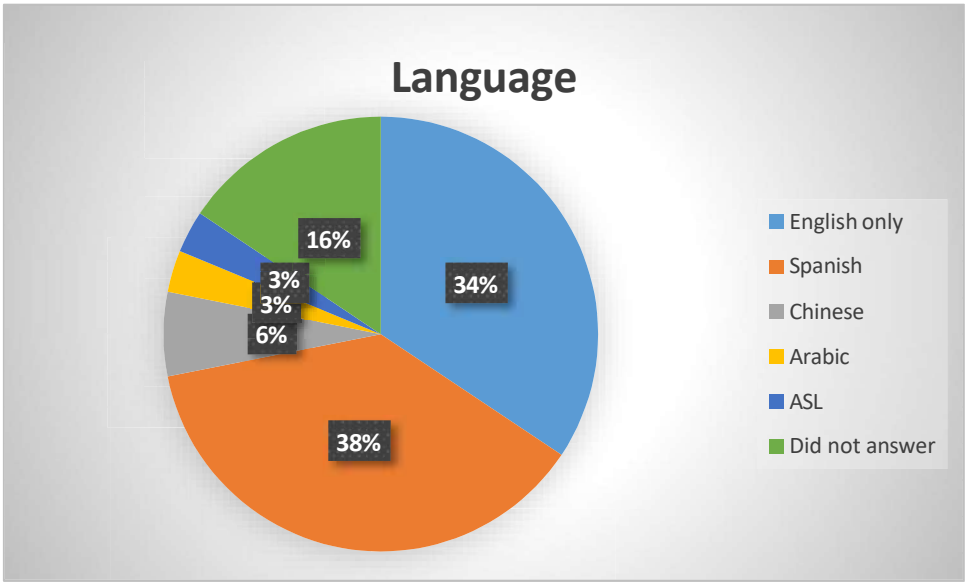
CLAS Program, Clinical Supervision Workgroup and Clinical Supervision Supports

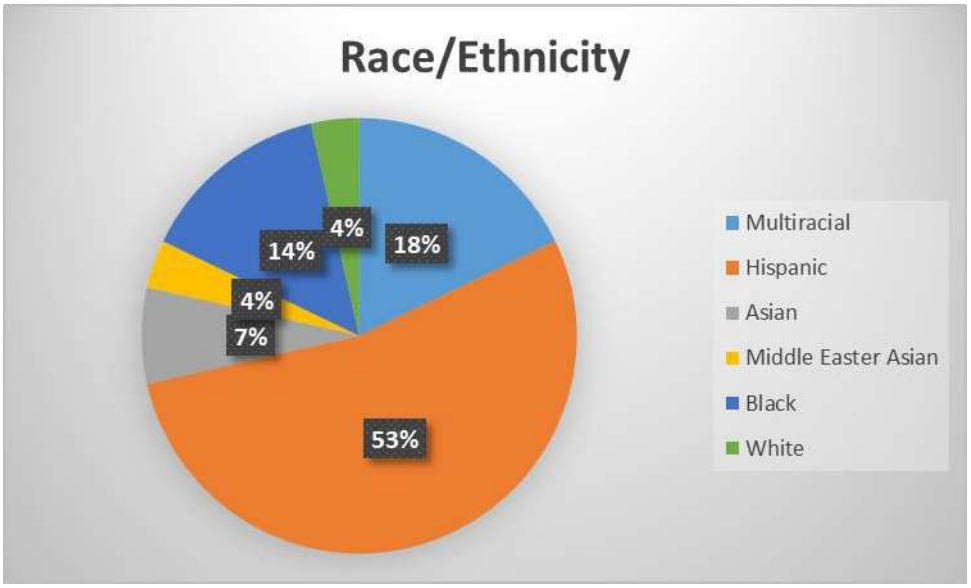
Clinical Licensure Advancement Support (CLAS) Program

The Clinical Licensure Advancement and Support (CLAS) Program was designed to support the Department's journey level clinical therapist in their professional development and preparation for state licensing. Participants are offered one online study program material specific to their licensure, one hour weekly study group, individual coaching, and customized mini lessons on critical areas of skill development.

There are two primary reasons that WET focuses specific resources and attention on this part of our workforce. First, this strategy promotes retention of a critical section of our workforce. Nearly 50% of our clinical workforce is comprised of pre-licensed clinical therapists and these employees must complete the licensing process within a certain amount of time in order to remain employed with the agency. This program is also highly desired and well-received by the workforce, which means helping to increase retention through increased employee satisfaction and loyalty. Second, this program helps us diversify our workforce and helps to increase competency of our clinicians.

The new applications for the program increased to 33 applicants from 30 applicants the previous year. The CLAS program continues to be diverse. For new applicants, approximately 50% are bilingual in Spanish, Chinese, Arabic or American Sign Language. Ninety-six percent of new applicants identify as non-white. This past year, 24 CLAS participants passed their clinical exam, another increase from last year's 16.





To be able to serve clinicians throughout the county, CLAS activities occur on our virtual platform. The virtual platform established in 2020 in response to the COVID pandemic has become the standard practice for CLAS activities. Because virtual meetings eliminate travel time, it has allowed more participants to participate in virtual mini lessons, individual coaching/mentorship, and study groups. Mini lessons are offered every other month. This past year, the mini lesson topics were on Clinical Assessments, Theories, Treatment Planning, Crisis Management, and Diagnosis. Many CLAS participants have shared that they find these mini lessons, which target specific topics from the test and applying test strategies to practice questions, the most helpful in preparation for their exams. This year, we continue to look forward to adding new mini lessons, targeting the highest utilizers to get them to licensure quicker, reduce participant's time in time in the program, and providing study group and individual coaching curriculums. Also, based on participant feedback, we now offer an additional test preparation program for CLAS participants as many have requested.

The goal last year was to target those who failed to help them pass their exams. Five of the six people who requested individual coaching had failed their exam multiple times (at least two) prior to joining CLAS. One person requested individual coaching had not yet taken their exam.

We had 32 CLAS participants report attempting their exam this past fiscal year. 24 passed their exam, while 8 failed their exam. Of the 8, there were two that failed their exam twice. Another previous goal was to improve data collection to improve CLAS services. The increased data examined the number of participants seeking which licensure, the services CLAS participants participated in, and the breakdown of passing and failing in each category. This data will help CLAS improve its goal of providing services to increase the number of therapists pass their licensure exam.

LPCC		
Passed	3	1st attempt
	3	***Total Passed***
Failed	1	2nd attempt
	1	***Total Failed***

LMFT		
Passed	2	4th attempt
	4	1st attempt
	6	***Total Passed***
Failed	1	1st attempt
	1	4th attempt
	2	5th attempt
	4	***Total (One person failed twice)***

LCSW		
Passed	11	1st attempt
	1	2nd attempt
	1	3rd attempt
	1	4th attempt
	1	5th attempt
	15	***Total Passed***
Failed	1	1st attempt
	2	3rd attempt
	3	***Total Failed***

**Some participants joined CLAS after failing their exam one or more times. Attempts prior to joining CLAS are included.*

Participation of CLAS Services of those who Attempted their Exam

Study Program

Program	Passed	Failed
AATBS/Grossman	11	4
TDC	12	2
Did not request	1	
Total	24	6

Study Group

Program	Passed	Failed
Study group	13	2
No Study group	11	4
Total	24	6

Individual Coaching

Program	Passed	Failed
Individual coaching	4	2
No individual coaching	20	4
Total	24	6

Mini Lessons

Program	Passed	Failed
Attended at least one	14	4
Did not attend any	10	2
Total	24	6

Clinical Supervision Supports

Our agency recognizes the value of strong clinical supervision in order to increase the quality of consumer services. We continue to build from the collaboration with the Southern California Regional Partnership on its efforts to improve clinical supervision in our region. Our county has continued to strengthen our clinical supervision program, building off the Competency-Based Clinical Supervision training and Train the Trainers Initiative to strengthen and improve clinical supervision in the region that began in 2019. In 2021, Riverside County created a clinical supervision workgroup and lead in creating a collaborative on clinical supervision with our SCRP partners. This past year, we continued to build on this knowledge

with our clinical supervision workgroup, clinical supervisor consultation groups and County Collaborative with other SCRP members focusing on clinical supervision.

One way the WET team has aided both our RUHS-BH program supervisors and our pre-licensed clinical staff is that WET staff have begun assisting in providing clinical supervision to help fill in the gap when the supervisor is unable to do so. An example of this is when a Clinical Therapist I (CT I) is unable to receive their supervision hours from their direct supervisor due to licensure requirements. The supervisor contacts the WET team and if available, we provide group or triadic supervision or add the staff member to our waitlist to help the CT I meet the pre-licensed staff's requirements of the Board of Behavioral Sciences towards licensure, which assists RUHS-BH in keeping the staff member eligible to work. The WET teams' clinical staff (including those from the Lehman's Center clinics) assist in providing clinical supervision for these pre-licensed staff members.

Clinical Supervision Workgroup

Those who participated in the initial competency-based training on clinical supervision, formed a Clinical Supervisor workgroup in 2020, which continues to meet monthly. The workgroup was established to be an advisory board for clinical supervisors in the county, with the goal to standardize clinical supervision, make recommendations to the department, recommend best practices, and advise new and current clinical supervisors. The challenges experience with the workgroup continues to be a decrease in members and/or inconsistent participation. While most of the members remained within our department, many of the members were required to take on additional responsibilities or were promoted, which impacted their ability to participate in and/ or attend these meetings consistently. This has also caused delays in the achievement of some of the workgroup goals.



Another challenge the group incurred is the change in the CEU reference requirements. Currently, the group is working on updating the references for all developed "mini-lessons" on advanced clinical supervision topics based on the nine-month curriculum of the Competency-Based Clinical Supervision training course in order to apply for CEU approval. The goal is to offer these lessons every other month for one CE credit each, so that supervisors can accrue the necessary six CEs required by the BSS for every licensure renewal. The workgroup is also continuing to work on standardizing clinical supervision forms for use in RUHS-BH. The workgroup also ensured that all new supervision laws and regulations that took effect with BBS were communicated regularly with clinical supervisors across the department to prepare for the changes in advance.

Clinical Supervisor Consultation Groups

The clinical supervision consult groups were created to provide support and training to clinical supervisors in the department based on the supervisor training program. Clinical supervisors continue to express need for more training in clinical supervision, as well as consulting about supervisees and sharing knowledge with each other. We continued the Senior CT Clinical Consultation Group started in 2022 to provide information, tips, review RUHS-BH policies, review QI feedback, and support new clinical supervisors. We also expanded the group to include Senior CTs from SAPT and other licensed clinical staff. This group meets monthly, which includes didactic teachings on clinical supervision topics, problem solving clinical supervision challenges, and providing updates on Board of Behavioral Science regulations and department policies.

County Collaborative on Clinical Supervision

Riverside County continues to lead the clinical supervision collaborative with the SCRP counties. This collaborative began in November 2021 when our county reached out to other members of the SCRP, who also completed the Competency-Based Supervision Training, to ask if there was interest in meeting to share ideas and problem solve similar clinical supervision challenges in our region. There was such a desire among the group members to continue, that the collaborative continues to meet every two months, to discuss best practices in public behavioral health and problem solve together on challenges relating to clinical supervision. As a group, we have experienced similar challenges and have discussed ways to address issues such as; staff retention concerns, lack of LCSW clinical supervision coverage and had conversations about how each county is navigating challenges with the implementation of Cal-Aim. We also continued to share ideas and resources from each of our counties, such as sharing training curricula, strategies, and forms with each other to improve each of our processes. We also discuss ways to improve support to clinical supervisors and improve trainings. Due to our efforts, the group was highlighted in SCRP clinical supervision conference in October 2023 as a model of intercountry collaboration. We are excited to continue this county collaborative with other Southern California Counties to improve and strengthen clinical supervision practices, identify general best practices, review ideas for staff retention, and to share resources and ideas.

WET-04 Residency and Internship

This work plan is designed to create opportunities for new professionals in our communities to learn and train with local public behavioral health and substance use programs. Well-structured and organized residency and internship programs also serve as effective recruitment and retention strategies which eventually improves loyalty, retention and workplace productivity. Residency and Internship programs have long been the heart of practitioner development. These programs are structured learning experiences that allow participants to provide service to our consumers and community while also meeting academic or professional development goals. It is important to note that WET centrally coordinates one of the largest BH internship programs in the IE.

To meet the Residency and Internship goals in this work plan, we focused our strategies on the following:

- The Graduate Internship Field & Traineeship Program
- Alcohol and Other Drugs (AOD) Program and Mentored Internship Program(MIP)
- Psychiatric Residency Program Supports

Graduate Internship, Field, and Traineeship (GIFT) Program

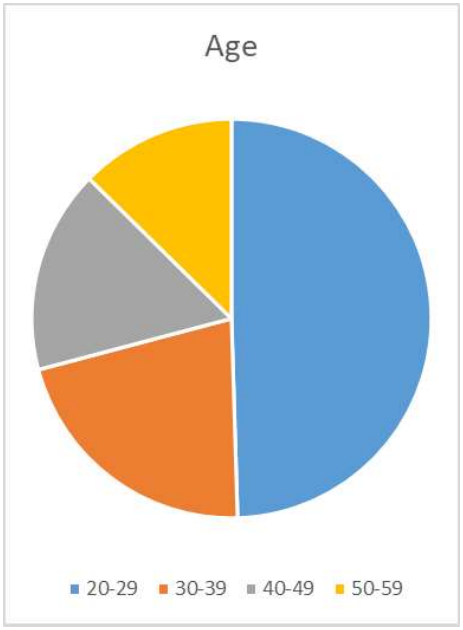
The Graduate Intern, Field, and Traineeship (GIFT) Program, as part of Workforce Education and Training, is a highly competitive and sought-after program in the region and continues to remain one of the largest internship programs in the Inland Empire. The Staff Development Officer of Education (SDO), who oversees this program, interviewed over 85 applicants, and in so, screened students to identify those who met the values of the Department workforce development needs, MHSA values, and who demonstrated a passion for public, recovery-oriented services. We are always looking for students with a passion for learning, a passion for service and those who may be interested in having a career in the public mental health system. The individuals chosen through the interview process exhibited a commitment to the underserved, those with lived experience as a consumer or family member or had cultural and linguistic knowledge required to serve the consumers of the County of Riverside. The picture below is WET's Staff Development Officer of Education, Sherie Park, LMFT, and Office Assistant III, Maryse Saba at a student recruitment fair at one of our supporting universities for new GIFT Program student interns.

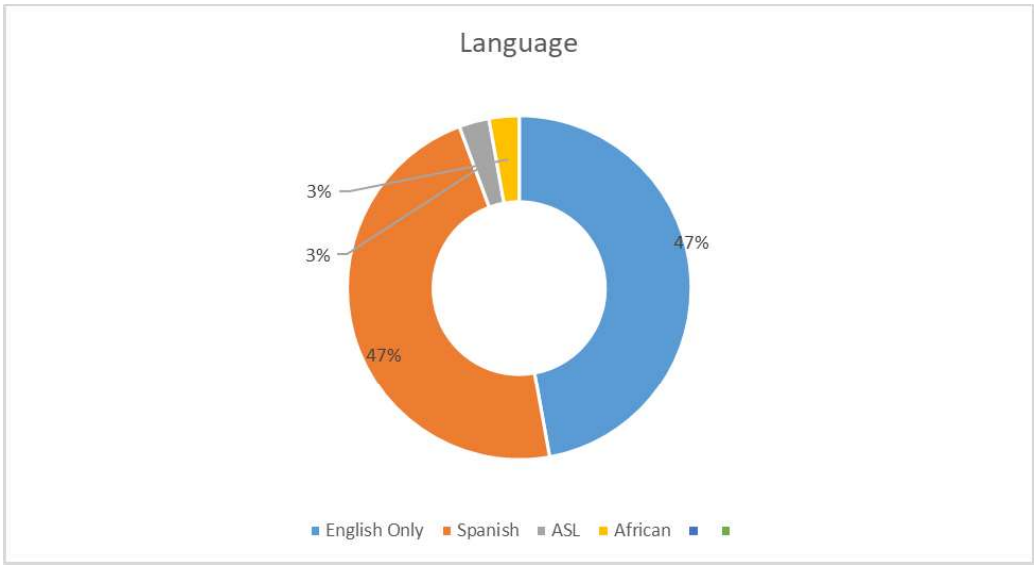


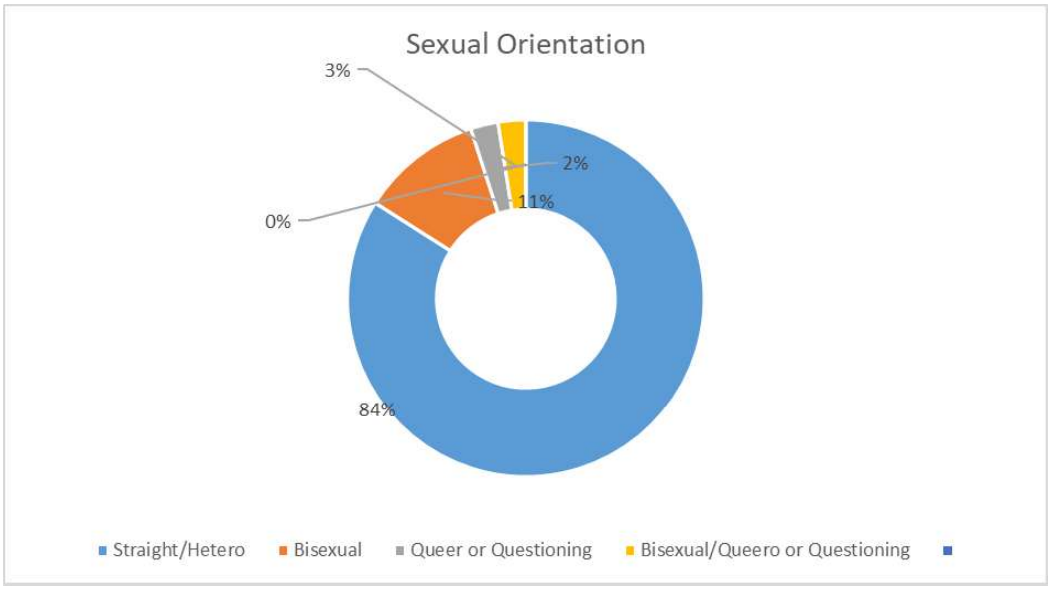
The 2023-2024 cohort, which consists of both GIFT and 20/20 Program students, consisted of 37 students, and represented 10 university programs, all of which have RUHS-BH completed Affiliation Agreements. In 2023-2024, the GIFT Program received 120 applications and coordinated internships for 37 master or bachelor level students in the GIFT Program. Forty-two percent of the students in the cohort were multi-lingual with over 50% of those being Spanish speakers, which is the threshold language for Riverside County. Many of the students in the cohort had previous lived experience (as a consumer or family member). Demographically, 51% identified as Hispanic or Hispanic mixed with another race, 21%

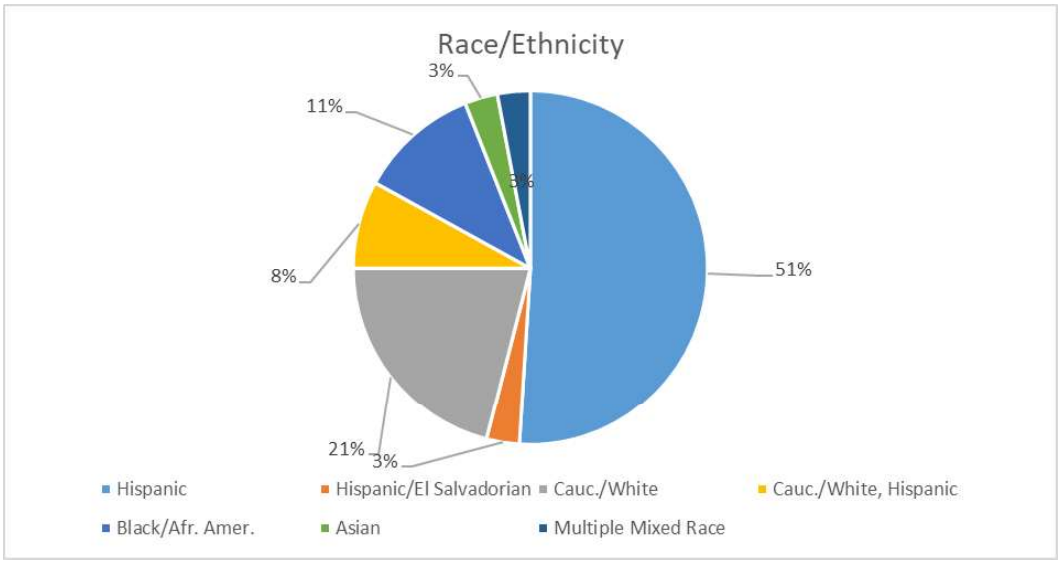
Caucasian or white, 11% as African American, and 3% identified as other races (Asian or Multiple Mixed Races). Note: the pie charts below represent the 2023-2024 GIFT & 20/20 Program Demographics.











Each student in the program received a two-week pre-placement Student Orientation to enhance their field/practicum learning in behavioral health. These trainings were conducted by WET and other staff members and included the following topics: A Program Overview, Therapeutic Boundaries, Differential Diagnosis, Mental Health First Aid, Cultural Competency, RUHS-BH Support Services, Co-Occurring Disorders, Risk Assessment, Thriving in Public Service, GET's (Genogram, Ecomap, and Timelines), SAFE TALK, and Trauma Informed Services 101. In addition to the Student Orientation, students received three other trainings (Square Model, Solution Focused Brief Therapy, and the Student Spring Meeting) designed specifically for the cohort, which provided hands-on practical learning experiences for them to implement with their clients. Students can also attend most other trainings offered for our staff with supervisor permissions.

All students in our GIFT Program received weekly individual supervision and for those desiring additional supervision, group supervision was made available by our WET team. WET also

serves as a support and backing for all members of the learning team: the clinical field site, the student, and the university. This allowed for standardized support, monitoring, and oversight.

In order to become a part of the GIFT Program, our graduate student interns must go through the same competitive hiring process as any applicant in order to become a Clinical Therapist in the Department. The Department continues to hire many of the graduating student cohort each year. This enables us to not only meet the workforce development needs for this hard-to-fill job classification but confirms that the GIFT Program prepares our students to succeed in public mental health services. In an effort to assist with the transition from student to professional, our SDO assists in collaboration with our Human Resources team to help facilitate the interview process for the graduates of the GIFT Program for the position of CT I with RUHS-BH supervisors.

Each of our GIFT Program students were placed in clinics or programs in RUHS-BH throughout the County; the three regions represented 11 placements in the Western region, 7 placement sites in Mid-County and 4 in the Desert region. We extend a debt of gratitude to the 25 supervisors who extended themselves to provide countless hours of supervision to our students; our program would not be successful without them.

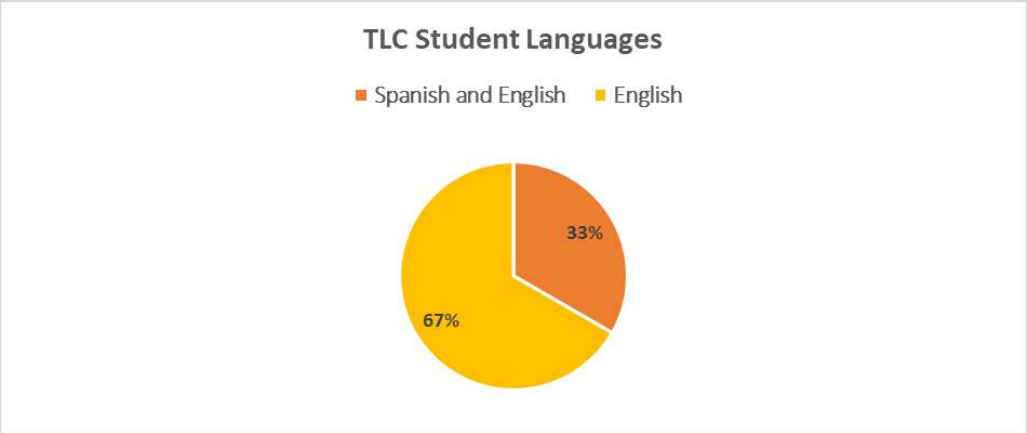
GIFT & The Lehman Center (TLC)

The Lehman Center (TLC) recruits student interns from the GIFT program. One out of six TLC interns continued on to their second year of their MSW Program and accepted a GIFT position with RUHS-BH's crisis system of care. One out of six was admitted to an advanced standing MSW Program to continue their education. One out of six did not apply to RUHS due to moving out of the area post-graduation. One out of six did not apply to RUHS_BH due to accepting a private practice position. One out of six applied to RUHS-BH. However, they were ultimately hired by San Bernadino County. One out of the six student's post-graduation status is unknown. Students reported they wanted to be at the TLC placement due to the advanced training, excellent quality supervision and treatment opportunities. TLC was able to recruit and hire a bilingual OA III. TLC recruited student interns who represent the community and clients served. TLC trained the Spanish speaking students how to use the Spanish DSM-V and provide services in Spanish.

TLC assisted with the WET booth in May is Mental Health Month Fair at Fairmount Park in Riverside and at Valley Wide Park in Hemet. Adrienne Jordan-Delgado, of TLC, assisted with holding the Public Forum for the MHSA plan community feedback in Hemet. TLC students did community outreach through the Thanksgiving Food Basket Drive at both sites, Halloween Drive Thru Event at Myers, and The Longest Night. TLC continued to utilize telehealth to serve clients and families of clients when they tested positive or were ill to avoid gaps in services. TLC coordinated with Blaine Clinic to complete assessments, openings, and treatment for their clients.

Sheri Marquez, of TLC, expanded trainings in a collaboration with Behavioral Health TOPPS program and Hemet Unified School District. She increased the CEU trainings provided by Behavioral Health. She provided training exchange for San Bernardino County Mental Health.

She provided support to managers and supervisors through referrals to her coaching/mentoring program.



TLC provided trainings for the GIFT students, TLC students, and for the Behavioral Health Clinics throughout the county. These trainings included, but were not limited to, The Square Model, GET, Solution Focus Brief Therapy, PAIR, Crisis, Equine Therapy, Narrative Therapy, Substance Abuse 101. Mindfulness, and Legal Ethical Issues. TLC staff provided training for GIFT students as part of the 2-week orientation including Differential Diagnosis. TLC staff participated in GIFT end of the year mock interviews. TLC Senior Clinicians also facilitated a SCRP Clinical Supervision Workgroup. The TLC staff renewed their own CANS certifications and assisted student interns with their CANS certification. TLC provided individual and small group coaching, consultation, and large group trainings. Senior CTs continued group supervisions for ASWs due to the lack of LCSWs available to provide clinical supervision as required by BBS. Senior CTs also provided individual supervision to seven CT1s across various programs to address need for LCSW supervision. Adrienne provided individual coaching with Senior CTs who were struggling in their role based on BHSS requests for extra support.

Sheri expanded trainings and provided CE's for the Integrated Model of Genogram, Ecomap and Timeline, Solution Focus Brief Therapy, and The Square Model. She continued to provide group supervision for CT 1s in Behavioral and Public Health.

TLC Student Intern Trainings (18)

TLC Student Intern Trainings (18)

Question	Average Score
This training increased my understanding of the subject matter	4.93
Did the instructor(s) present the training materials in a clear and cohesive way?	4.93
Was the instructor attentive to questions?	4.99

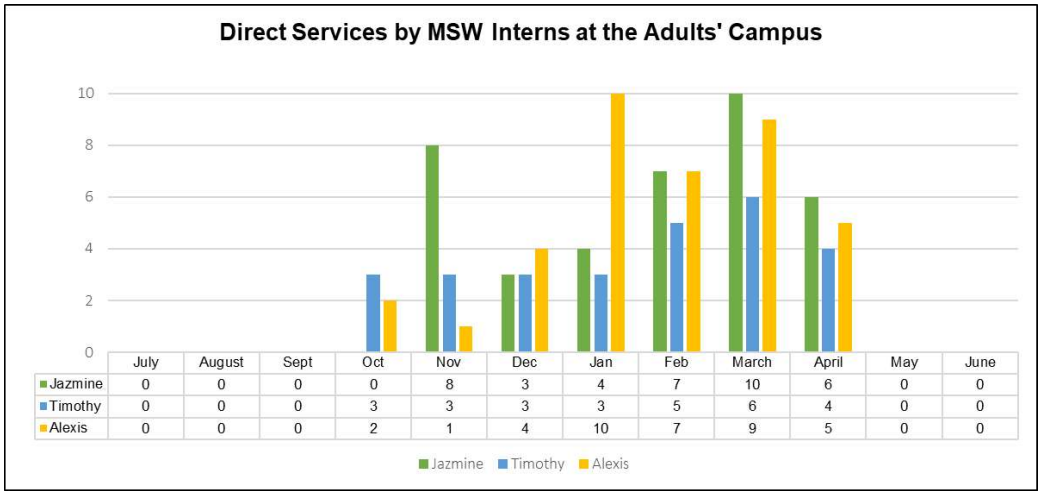
Non-TLC Trainings (19)

	Average Score
This training increased my understanding of the subject matter	4.90
Did the instructor(s) present the training materials in a clear and cohesive way?	4.95
Was the instructor attentive to questions?	4.94

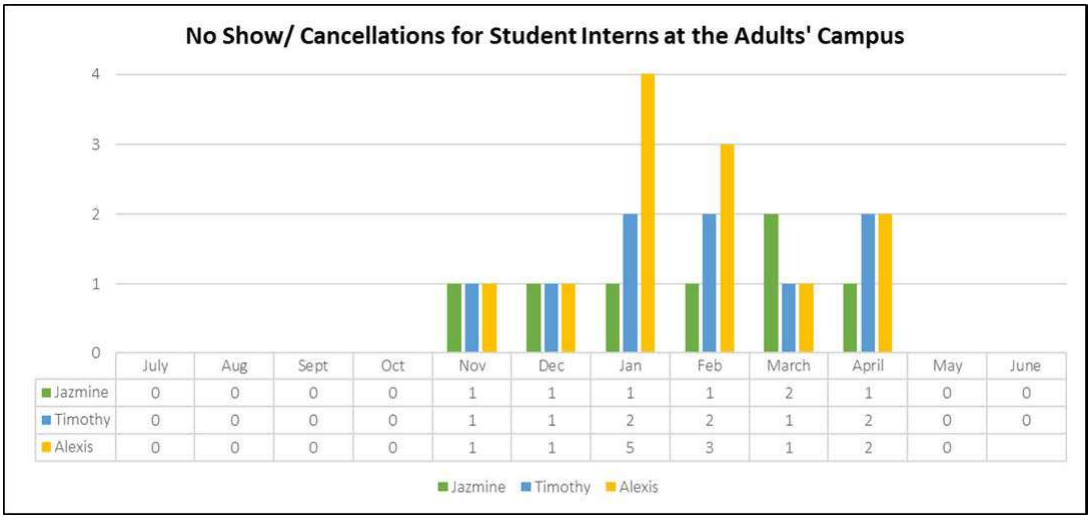
One of the biggest challenges was the continuing challenges made to CalAims. Due to the Cal-Aim shifts, we had to make and adjust changes to trainings, our training binder, processes/procedures, documentation, etc. The process from the county and the state was slow and affected the development of our binder and policies in the clinic. Another challenge was gaining access to ELMR and the completion of background checks which severely delayed and decreased the students' time to provide services to clients. The absences of Sheri Marquez, TLC BHSS, also created significant challenges with regard to coverage, training, and our adult site move to Corona. Due to changes in supervisory staff at Blaine, it was difficult to maintain consistent processes, procedures, and plans to assist Blaine with client services. Other challenges were assessment no show rates and having pending referrals already being linked with other clinics due to delayed ELMR access/start time for students.

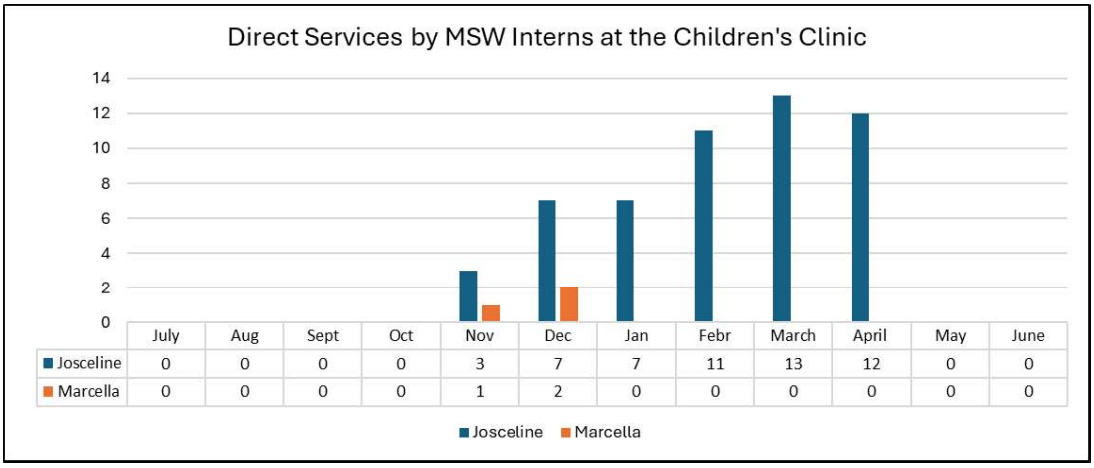
The TLC staff reviewed student feedback for student Binders and revised according to Cal AIM (revised policy, procedures, documentation examples, workflow charts). The TLC staff continue to update the Square Model training to be consistent with Cal AIMS changes. Senior CTs assisted with retaining clinical staff in department through supervision. Nina Le and Adrienne Jordan-Delgado, of TLC, continued group supervision for ASWs due to the need for required LCSW supervision. Adrienne continued the Senior CT Group. Senior CTs continued the Clinical Supervision Workgroup and presenting trainings to disseminate information on SCRP competencies for clinical supervision developed by the Clinical Supervision Workgroup for feedback and in preparation for request of CEUs in the Senior CT Group.

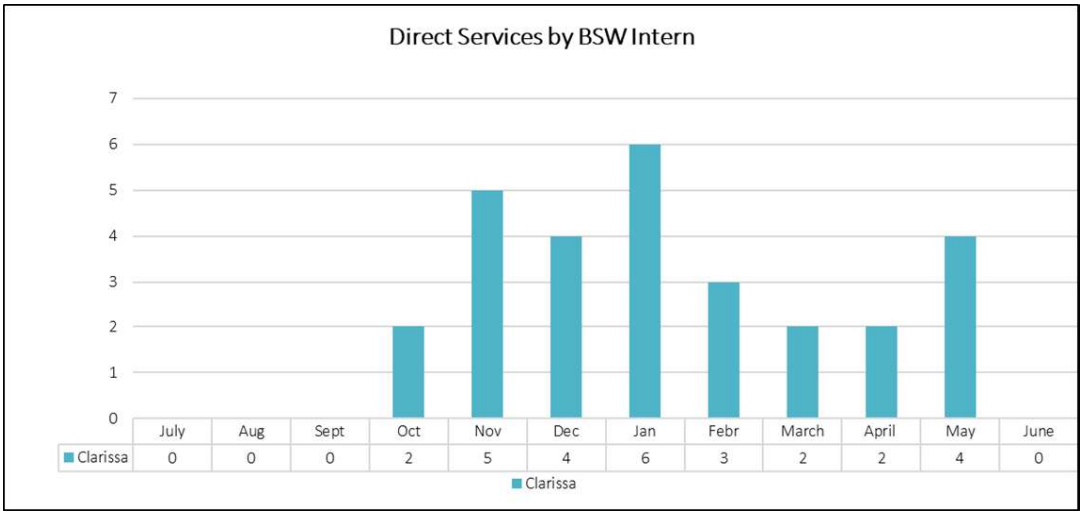
See below, the last graph for this section demonstrates overall services for both the Children's and Adult Campuses.

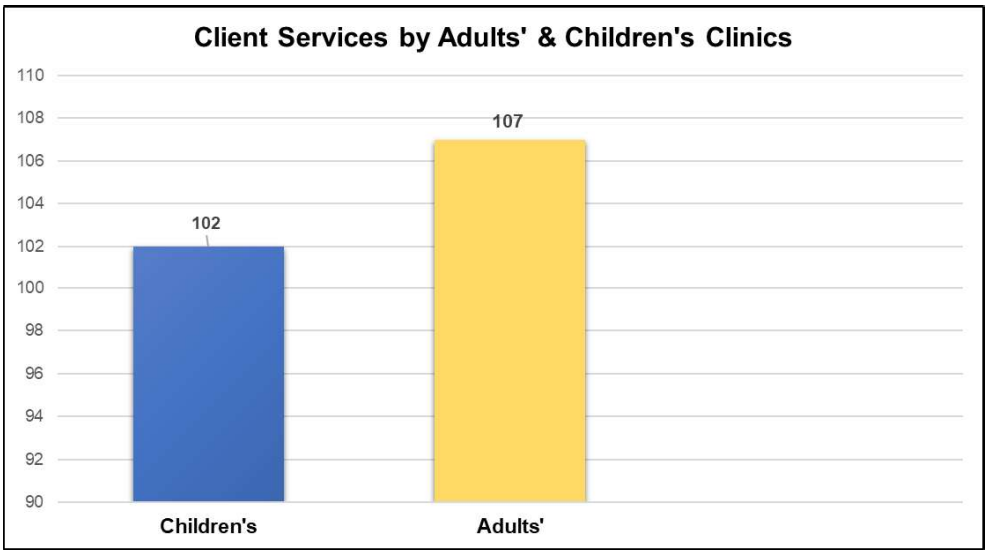


	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Jazmine	0	0	0	0	8	3	4	7	10	6	0	0
Timothy	0	0	0	3	3	3	3	5	6	4	0	0
Alexis	0	0	0	2	1	4	10	7	9	5	0	0


No Show/ Cancellations for Student Interns at the Adults' Campus
4
3
2
1
0
July Aug Sept Oct Nov Dec Jan Feb March April May June
Jazmine 0 0 0 0 1 1 1 1 2 1 0 0
Timothy 0 0 0 0 1 1 2 2 1 2 0 0
Alexis 0 0 0 0 1 1 5 3 1 2 0
Jazmine Timothy Alexis


Direct Services by MSW Interns at the Children's Clinic
14
12
10
8
6
4
2
0
July Aug Sept Oct Nov Dec Jan Febr March April May June
Josceline 0 0 0 0 3 7 7 11 13 12 0 0
Marcella 0 0 0 0 1 2 0 0 0 0 0 0
Josceline Marcella


Direct Services by BSW Intern
7
6
5
4
3
2
1
0
July Aug Sept Oct Nov Dec Jan Febr March April May June
Clarissa 0 0 0 2 5 4 6 3 2 2 4 0
Clarissa



Alcohol & Other Drugs (AOD) Program and MIP

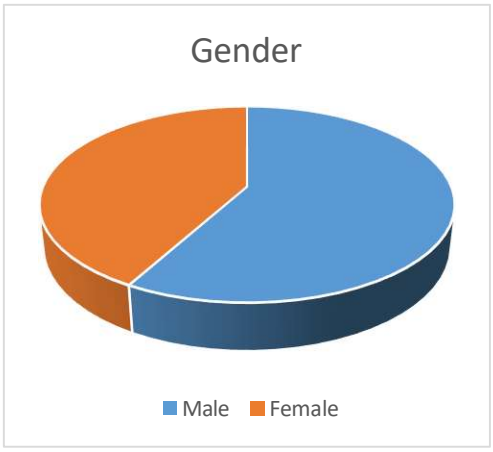
Alcohol & Other Drugs Internship Program

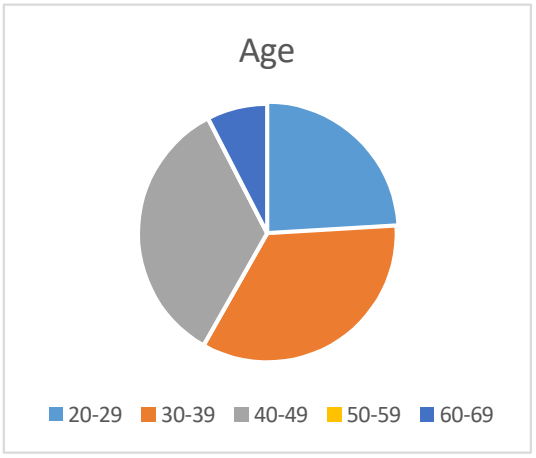
Much like our GIFT Program, the Alcohol and Other Drugs student internship provides a way to combine academic learning with hands-on clinical and treatment skills. This combination of learning with application allows them to develop the confidence and competence of basic skills and the values and ethics that help grow them as a professional in the field. WET assists these students in becoming not only employable recruits but allows them to become recovery-oriented, well-rounded, and successful professionals in their field of study.

In 2023-2024, the AOD Student Internship Program placed 11 students in the Substance Abuse, Prevention and Treatment (SAPT) clinics for internship. During this process, WET was able to update and establish new affiliation agreements with substance abuse counselor programs at various universities/schools to build the AOD Student Internship Program. Students who were placed with RUHS-BH SAPT clinics for internships came from a variety of programs. In addition, WET has also collaborated in a working partnership with SAPT clinics for placement and supervision of these students.

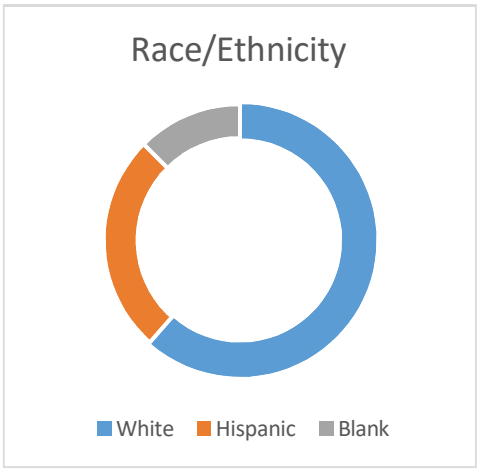
Of the 11 students placed, the primary gender was female, with the majority ranging from ages 30 to 59, and one-quarter being fluent Spanish speakers. Our goal in the AOD Program for the future is to continue to support and build this program and strengthen the working relationships with our partners in SAPT. Below are charts depicting the demographics of the AOD and MIP internships.

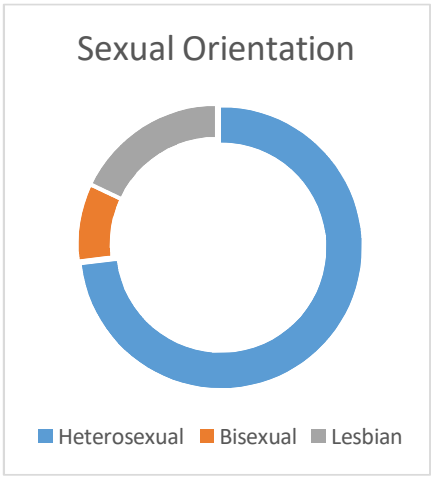
WET


Gender
Male
Female


Age
20-29
30-39
40-49
50-59
60-69


Language
English
Spanish


Race/Ethnicity
White
Hispanic
Blank


Sexual Orientation
Heterosexual
Bisexual
Lesbian

MIP

In FY 2023-24, WET was able to continue with the Mentored Internship Program (MIP) grant in partnership with the SAPT Programs. The California Department of Health Care Services (DHCS) funds the MIP grant. The MIP Program grants goals are to develop and implement an in-house MIP to assist in the treatment of recovery of clients with co-occurring disorders. The students in this program were screened to determine that each has had a co-occurring disorder or has a family member who has had a co-occurring disorder. The aim is to assist those individuals, already in an academic drug and alcohol counselor program to obtain the clinical experience needed to effectively gain employment, specifically in the area of co-occurring disorders. To make this program successful, both WET and SAPT worked together to develop a separate curriculum, an extensive training program, and a supervisory plan with an additional focus on co-occurring disorders. Since the implementation of the program, we have seen great success, and WET aims to have this program continue this program in future years if available.

In the fall of 2022, we were able to fully implement the program with four mentees for internships at two Substance Abuse Prevention and Treatment Program sites in the Western and Desert regions. In the fall of 2023, we were able to secure an additional year of continuance of the grant.

Psychiatric Residency Program Support

The Residency Program in psychiatry is fully accredited and has partnerships with the UCR School of Medicine and RUHS-BH. It is administered through the office of the Medical Director and financially supported by WET funding. Though WET does not directly manage this program, our team provides a range of professional support to the Residency Program to improve the development of psychiatrists dedicated to public service. Residency programs provide the post-M.D. Training is required for physicians to become fully independent and board-certified in their specialties. Psychiatry training programs are four years long, and during that time, residents provide patient care under the supervision of attending physicians who are faculty of the residency program. In 2023-24, the WET team assisted in onboarding nine UCR Residents.

In addition to the UCR School of Medicine residents, residents from the Desert Regional Medical Center also completed rotations with our Behavioral Health physicians in the Desert Region of Riverside County. WET, in collaboration with the Desert Region managers and supervisors, assisted with ensuring that these residents successfully completed their rotations in Behavioral Health by providing the necessary scheduling and onboarding of the residents. In FY 2023-2024, WET assisted in successfully onboarding and securing rotations for eight DRMC residents to complete their rotation with RUHS-BH.

WET-05 Financial Incentives for Workforce Development

This work plan offers financial and academic incentives to support workforce development efforts. The purpose in offering financial and academic incentives for workforce development is twofold; the long term retention of quality employees and fostering a qualified workforce

that is committed and prepared to serve in public behavioral health. WET approaches financial and academic incentives strategically; we focus on filling unmet workforce needs specific to our agency as well as maximizing workforce development funding investment

To meet the Financial Incentives goals in this work plan, we focused our strategies on the following:

- The Paid Academic Support Hours (PASH) and 20/20 Program
- Textbook and Tuition Reimbursement
- Loan Repayment Program

PASH & 20/20 PROGRAM

The 20/20 and PASH Program was developed as a staff incentive program to encourage and support staff with bachelor's degrees to pursue graduate study in preparation for Clinical Therapist I (a hard-to-fil position) job openings within RUHS-BH. WET began overseeing the program in 2007; program records indicate that the program originally started in 1992. Due to fiscal constraints, the program was suspended in 2008-2010. The program reopened in the fall of 2011.

With WET's recommendation, the Department expanded the targeted areas of workforce development beyond bilingual/bicultural skills to include certified skills in treating chemical dependence, developmental disabilities, or acute physical health. Additionally, applicants scored higher if they demonstrated a commitment to work in the hard-to-recruit geographical area of Blythe. WET also developed the Paid Academic Support Hours (PASH) phase of the 20/20 Program to support employees accepted into a graduate program completing only their academic portion (before the internship phase).

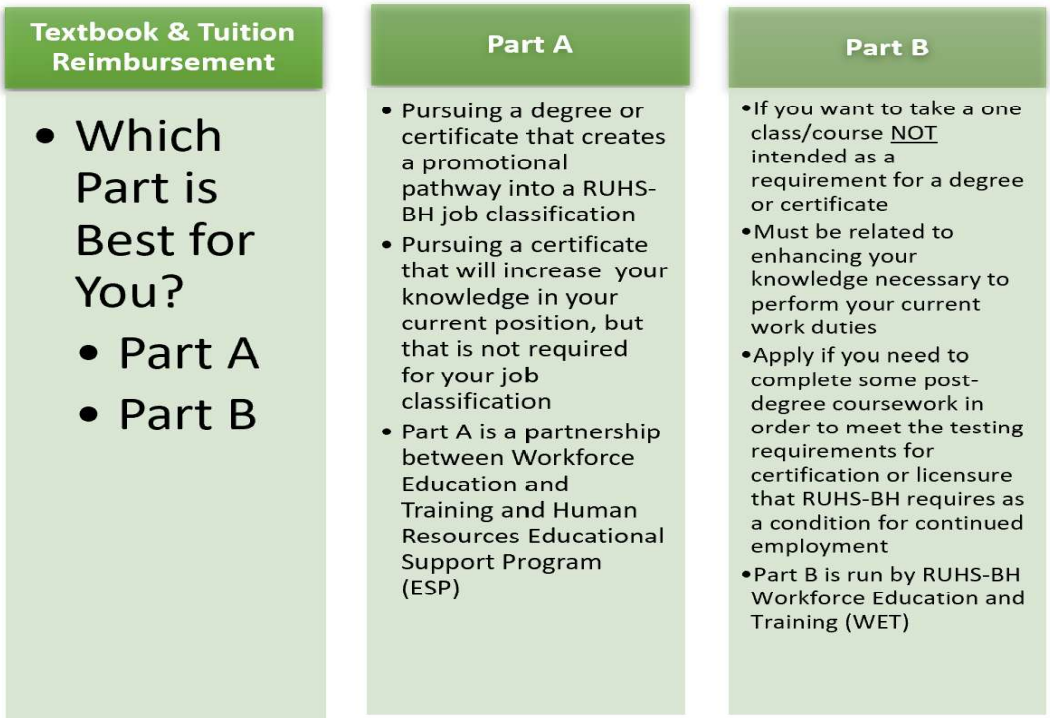
The program parameters were revised in 2013, 2016, and 2019 to strengthen the program, streamline the application process, and enhance quality selection. In addition, significant changes were made to the selection process, the number of candidates to be accepted, and the commitment agreement. In 2022, the program was granted an additional student from the previous cap of three students. In 2022-2023, four candidates were newly accepted into the program, with one student continuing in their 20/20 Program. In the 2023-2024 Program year, the program again increased the number of students accepted from four to seven new students. The payback commitment remains at a period of 5 years working in RUHS-BH.

From 2012 to the present, the department has enjoyed an increase in both interest in the program and the number of applicants. Generally, employees who complete the 20/20 Program remain employed with the department for some time. From 2012 to 2023, 67 employees were accepted into the program (*5 of those were dismissed from the program for various reasons), and 28 continue to serve RUHS-BH. Most former 20/20 students who have left RUHS-BH have left for relocation purposes and other opportunities outside of the County.

Year	Accepted into the Program	Currently working for RUHS-BH
2012/2013	3	1
2013/2014	5, *1 dismissed from program and didn't complete	0
2014/2015	6	1
2015/2016	6, *2 dismissed from program and didn't complete	1
2016/2017	10	2
2017/2018	7	3
2018/2019	7	2
2019/2020	3	1
2020/2021	3	1
2021/2022	3, *1 dismissed from program and didn't complete	2
2022/2023	4	4
2023/2024	7 new (*1 PASH student withdrew)	10

TEXTBOOK & TUITION REIMBURSEMENT

Riverside County encourages the development of a department-sponsored tuition reimbursement program to support employee skill development and create pathways to career advancement, which is an incentive program for our staff. WET proposed and developed an infrastructure to manage the Textbook & Tuition Reimbursement Program. In doing so, a partnership with the Human Resources' Educational Support Program (ESP), WET implemented the Textbook and Tuition Reimbursement Program at the start of 2013. Below is a description of the two parts (A & B) in the program:



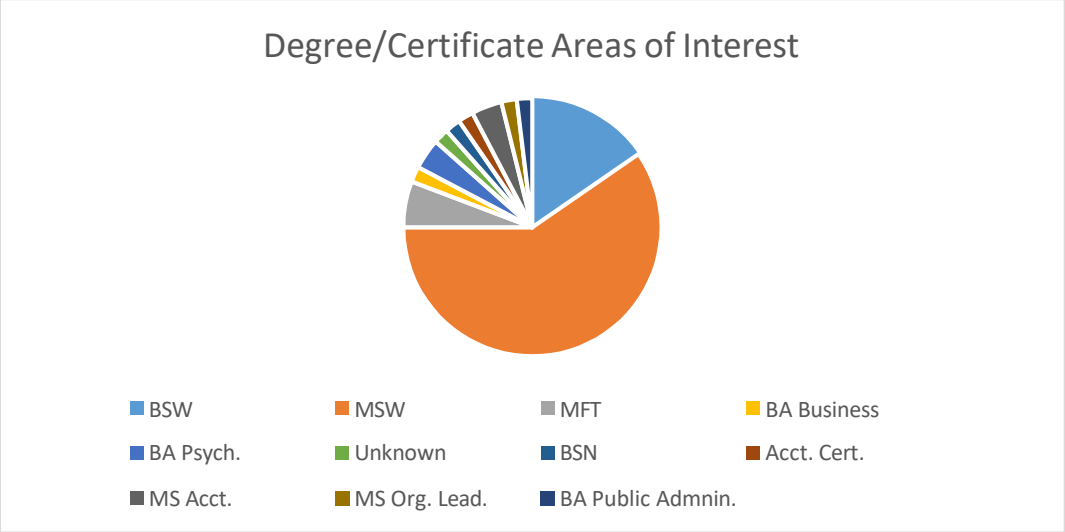
Since its inception in 2013 to FY 2023-2024, there have been over 176 employees who have accessed or benefitted from Textbook & Tuition Reimbursement. Employees have benefited from this incentive program, earning degrees, certificates, or credentials with their Career Development Plans supporting the advancement of the following RUHS-BH job classifications: Accountant II or above, Analyst II or above, Clinical Therapist I or above, Behavioral Health Specialist III or above, Licensed Vocational Nurse or Licensed Psychiatric Technician. Each of these job classifications is a hard-to-fill position within RUHS-BH.

The table below demonstrates the number of awards for the Textbook & Tuition Reimbursement Program from its inception in 2013:

Year	Number of Staff Awarded	Awarded
FY 2013-14	07	$47,418.47
FY 2014-15	03	$49,389.36
FY 2015-16	04	$42, 059.91
FY 2016-17	13	$65, 187.05
FY 2017-18	15	$70,197.22
FY 2018-19	30	$113,827.77
FY 2019-20	20	$125,846.60
FY 2020-21	13	$131,797.90
FY 2021-22	26	$112,008.73
FY 2022-23	16	$32,732.65
FY 2023-24	29	$84,693.25

In the 2023-2024 year, there were 30 applications received, with 29 of those being approved for the Textbook & Tuition Reimbursement Program. During the 2023-2024 fiscal year, a total of $84, 693.25 was awarded to program participants.

As you will see in the pie chart below, the greatest number of staff members receiving the awards were those seeking a Master of Social Work, Bachelor of Social Work, or Master of Counseling Psychology.



The program has two components designed to address separate needs, Part A and Part B (see the breakdown below for each part). Most of the requests for participation in this program are Part A applications, as this pertains to pursuing a degree or certificate.

LOAN REPAYMENT PROGRAMS

National Health Service Corps (NHSC)

The National Health Service Corps (NHSC) is a loan repayment program (LRP) that is administered by the Health Resources and Services Administration (HRSA). To qualify for this LRP, staff must be at an approved Health Professional Shortage Area (HPSA) site. Staff who provide 32 hours of direct service out of a 40-hour day are eligible to apply for the program and, if approved, can receive up to $50,000 in LRP funds. The NHSC opens its application cycle 2x per year.

During the last fiscal year, RUHS BH had 8 active NHSC-approved sites and qualifying HRSA scores. During the last fiscal year, WET began working on getting more approved sites. Applications were submitted to HRSA for 7 sites, and the department was able to get 6 sites approved. Staff at 14 sites can now apply for the NHSC loan repayment.

Each loan repayment program is assigned a WET coordinator. During this fiscal year, the coordinator took another professional opportunity, thus leaving a vacancy. The goal is to hire for this position during the next fiscal year. In the meantime, the coverage of this LRP will be supported by other WET staff.

Health Care Access and Information (HCAI) Programs

During this reporting period, the Workforce Education and Training (WET) team actively promoted various financial loan repayment programs to department staff in need of financial assistance. These programs included the California Department of Health Care Access and Information (HCAI) Licensed Mental Health Services Provider Education Program, the Steven M. Thompson Physician Corps (STLRP), and the California State Loan Repayment Program (SLRP).

Additionally, staff members were provided with information and guidance regarding Riverside County's Education Support Program (ESP) and support in applying for the federally funded Public Service Loan Forgiveness (PSLF) program. These resources are aimed at helping staff reduce their student loan burdens and incentivize retention within the behavioral health workforce.

Physician Education Loan Repayment Program

In April 2019, the California Department of Health Care Services (DHCS) launched CalHealthCares, and DHCS has contracted with PHC to administer the statewide loan repayment program. During this reporting period, WET continued to promote the Physician Education Loan Repayment program administered through CalHealthCares which provides repayment on educational debt for California physicians who provide care to Medi-Cal patients. Eligible physicians can apply for up to $300,000 in loan repayment in exchange for a five-year service obligation. CalHealthCares commits $340 million voter-approved, state tobacco tax revenues from Proposition 56 (2016) to support and incentivize physicians to increase participation in the Medi-Cal program.

WET continues to promote state wide loan repayment programs to staff; such programs include the California Department of Health Care Access and Information (HCAI), Licensed Mental Health Services Provider Education Program, Steven M. Thompson Physician Corps (STLRP), and the California State Loan Repayment Program (SLRP).

SCRP WET Loan Repayment Program

The SCRP WET Loan repayment program is another MHSA workforce retention strategy for the public mental health service system. In collaboration with other SCRP counties, we have partnered with the California Mental Health Services Authority (CalMHSA) to make this funding available to our workforce for the past four years. It has awarded up to $10,000 to qualified RUHS-Behavioral Health staff to reduce student debt in exchange for a 12-month service obligation in a recognized hard-to-fill or hard-to-retain position. Through this program, the regional partnership seeks to support its qualified providers who serve the county's most underserved populations and work in the most hard-to-retain positions. WET continues to make targeted efforts to promote the program to Riverside's public behavioral health employees. For FY 23/24, 40 Riverside County workers were selected into the program, this is an increase by 10 from the previous year. During last fiscal year, there was a decision to shift the disbursement schedule from paying out the funds after staff's service agreement to CALMHSA disbursing half the funds after the application approval and half in the middle of the

service agreement. This LRP will sunset in 2026, thus all service agreements must be complete. Due to this, 23/24 fiscal year and the beginning of 25/26 fiscal year will be focused on spending down all remaining funds. This means that staff who remained with the department can get award increases if they still have loan balances to be repaid.

SCRP Award Amounts			
FY 24-25 Riverside	40	$10,000	$400,000

Section VI

CFTN

Capital Facilities and Technology

MHSA Annual Update FY 25/26

Capital Facilities and Technology

What is Capital Facilities?

Funds are utilized to enhance the infrastructure of public mental health services. Capital Facilities enable counties to acquire, develop, or renovate buildings that house and support MHSA programs. Technology assists counties in transforming and modernizing clinical and administrative information systems while also increasing access to health information and records for consumers and family members electronically in various private settings. The last CF/TN funds were allocated in 2013-2014, while a portion of CSS funds can be allocated to address new workplaces or projects.

Mead Valley Wellness Village

The Mead Valley Wellness Village represents a significant MHSA Capital Facilities investment in Riverside County to close critical gaps in behavioral health, substance use disorders, and integrated medical services. Historically, many residents—particularly children—had limited access to timely, coordinated mental health care, which often required lengthy travel or out-of-county referrals. Notably, there was no local Children's Crisis Residential Program or urgent care facility for children under 13.

In response, Riverside University Health System (RUHS) is creating an 18-acre campus that centralizes essential health and support services. Guided by a Behavioral Health Continuum of Care model, the Village will integrate and coordinate behavioral health, primary care, substance use treatment, and social supports on one campus, ensuring that patients receive seamless, wraparound services without navigating multiple providers across large distances.

Project Progress and Milestones

- **Groundbreaking (June 12, 2024):** Construction officially began with county officials, healthcare leaders, and community members in attendance, emphasizing the significance of improving local access to comprehensive healthcare.
- **Current Construction Status:** Site grading, foundation work, and initial framing are complete, keeping the project on schedule.
- **Topping-Out Ceremony (June 2025**): RUHS will commemorate the placement of the final structural beam for the campus's five main buildings, marking a significant milestone in the development process.

Facilities and Services

The Wellness Village's five core buildings and surrounding amenities will address the full spectrum of mental health needs, including prevention, early intervention, crisis response, and rehabilitative care:

1. **Youth and Family Care Center**
    - Outpatient services, a Children's Crisis Residential Program, a Short-Term Residential Therapeutic Program (STRTP), and family accommodations.

2. Wellness and Education Center
   - o Outpatient behavioral health services, primary care, perinatal and substance use prevention programs, a children's eating disorder intensive outpatient program, dental services, imaging, and a public pharmacy.
3. Recovery Center
   - o Adult and youth behavioral health urgent care, a sobering center, crisis residential treatment, and substance use disorder detox services.
4. The Residences
   - o Supportive housing and recovery residences for individuals and families needing stable housing while receiving ongoing treatment and support.
5. Restorative Care Facility
   - o An Adult Residential Facility and a Mental Health Rehabilitation Center should be established to address more intensive long-term behavioral health needs.

Beyond clinical services, the campus will include green spaces, meditation gardens, sports courts, and a public market with a café, creating a welcoming, stigma-free environment for healing, social engagement, and community support.

Economic and Social Impact

- Healthcare Disparities: By offering specialized services in-county, the project reduces the need for out-of-county referrals, ensuring timely access to mental health care for all age groups.
- Prevention of Crises: Proactive treatment and integrated care models help lower emergency room visits and inpatient hospitalizations.
- Job Creation: The Wellness Village will create hundreds of permanent positions in healthcare, behavioral health, administration, and support services.
- Local Economy: Beacon Economics projects millions in new tax revenue and boosts to local businesses, while vocational training and job placement programs on-site will address social determinants of health and support long-term recovery.

Next Steps

- **Construction Through Mid-2025**: Following the Topping-Out Ceremony, work will focus on interior construction, technology infrastructure, and equipment installation.
- **Program Implementation (Late 2025 – 2026):** RUHS will develop and finalize operational protocols, staffing, and program structures, ensuring readiness for an estimated launch by late 2026.
- **Ongoing Commitment:** RUHS is dedicated to delivering innovative, accessible, and evidence-based services aligned with the Mental Health Services Act, setting a new standard for integrated behavioral health and wellness in Riverside County.

The Mead Valley Wellness Village exemplifies Riverside County's commitment to leveraging MHSA Capital Facilities funding to expand access to comprehensive, integrated care. By centralizing mental health, medical, and social services on one campus and incorporating community-friendly environments, this project prioritizes holistic care, timely intervention, and sustainable solutions for individuals and families. Through strategic planning,

partnerships, and continued stakeholder engagement, RUHS anticipates that the Wellness Village will significantly improve the well-being of residents, reduce healthcare disparities, and strengthen the county's capacity to meet evolving mental health needs.

Franklin Residential Care Renovation

Riverside University Health System – Behavioral Health (RUHS-BH) is nearing completion of a significant renovation at Franklin Residential Care, an 84-bed Adult Residential Facility (ARF) that will provide short-term recuperative care and outpatient behavioral health services. The renovation supports RUHS-BH's mission to bridge the gap between acute psychiatric care and long-term community-based housing solutions. Franklin Residential Care will be a critical transitional facility for individuals requiring structured support before moving toward independent living.

Renovation Progress & Timeline

The Franklin Residential Care renovation is a $38 million project funded through a combination of local Behavioral Health funds and $10.2 million in state and federal grants. Approved by the Board of Supervisors on October 3, 2024, the project has been in active construction to transform the two-story, 42,000-square-foot facility into a modern, therapeutic environment. Renovation began in October 2023. The anticipated ribbon-cutting ceremony is scheduled for February 19, 2025, with client placements expected to begin in early Q2 2025.

Facility Enhancements

The renovated Franklin Residential Care facility will offer:

- **Licensed Adult Residential Services:** Housing, meals, medication management, and personal care assistance for individuals transitioning from acute care.
- **Outpatient Behavioral Health Clinic:** This clinic is accessible to residents and community members and provides comprehensive mental health treatment and case management.
- **Integrated Recovery Programs:** Supportive services, including vocational training, benefits assistance, and housing navigation.
- **Therapeutic Amenities:** Common spaces such as group therapy rooms, a commercial kitchen and dining hall, outdoor recreation areas, and a fitness space to promote holistic well-being.

Role in the Behavioral Health Continuum

Franklin Residential Care will provide structured support for individuals who have stabilized in psychiatric or medical facilities but are not yet ready for independent housing. By incorporating recuperative care, Franklin will ensure:

- **Reduced hospital readmissions** by offering post-discharge stabilization services.
- **Transitional housing options** through board and care facilities, permanent supportive housing, and other community-based solutions.
- **Comprehensive case management** to help residents achieve long-term stability.

A Step Toward Systemic Change

This project aligns with RUHS-BH's strategic plan to expand recuperative care services across Riverside County, complementing existing facilities such as Roy's Desert Springs in Palm

CF/TN

Springs and Desert Sage in Indio. By increasing access to structured housing and outpatient behavioral health services, Franklin Residential Care will play a key role in reducing homelessness, improving health outcomes, and supporting individuals with serious mental illness in their journey to recovery.

RUHS-BH remains committed to innovative, person-centered solutions that foster long-term independence and community reintegration. The Franklin Residential Care renovation is a testament to that vision, ensuring Riverside County residents receive the care and support they need at a critical stage in their recovery journey.

Service Program Renovations and Expansions:

- Myers Campus Roof in the City of Riverside. Myers' Campus is home to several Children's Behavioral Health Programs. The roof needed to be replaced due to severe leaks.

- Roy's Generator. Roy's Place is an augmented board care and Full-Service Partnership program in the Desert Region. The generator supports two residential facilities and an outpatient clinic. Without the generator, the clinic and residential facility would not have a backup power supply.

- San Jacinto Facility Development. This development allows New Life to grow in San Jacinto. New Life is a program that serves justice-involved consumers. This new clinic space was needed as San Jacinto had recently expanded to offer Forensic Full-Service Partnership (FFSP) services, which are field-based intensive treatment for the most vulnerable populations. In addition, San Jacinto has expanded to offer Laura's Law Assisted Outpatient Treatment, and a Justice Outreach Team in San Jacinto, which is a field-based screening, referral, and linkage team.

- Blythe Facility Development. The expansion will allow us to add treatment space to Blythe to offer the Substance Abuse treatment, "MOM's Program". The MOMS Perinatal Program is an intensive outpatient treatment program for pregnant and parenting women who want to enter substance abuse recovery. Clients may receive up to 19 hours of clinical services a week. Secondarily, this expansion allows for our Mobile Crisis Response Team to have space locally in Blythe and enable the clinic itself to allow on site crisis triage and linkage services for the community with a separate entrance, lobby, and triage rooms.

- Monroe Facility Development in the City of Indio – Substance Abuse Prevention and Treatment (SAPT) has outgrown their current space. This cost allowed the department to have an architect design the expansion at 44199 Monroe St. The building is currently not designed for an outpatient clinic. Indio SAPT is our largest Desert Clinic currently serving over 160 consumers a month in intensive treatment with a need to expand both the number of treatment staff and the number of consumers seeking services.

Section VII

FUNDING

MHSA Annual Update FY 25/26

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Riverside

Date: 4/1/25

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	35,862,099	24,052,993	23,161,655	2,084,670	40,975,469	
2. Estimated New FY2023/24 Funding	148,607,706	37,151,926	9,776,823			
3. Transfer in FY2023/24[a/]	(7,000,000)			2,000,000	5,000,000	
4. Access Local Prudent Reserve in FY2023/24						0
5. Estimated Available Funding for FY2023/24	177,469,805	61,204,919	32,938,478	4,084,670	45,975,469	
B. Estimated FY2023/24 MHSA Expenditures	126,063,111	37,410,355	4,083,806	1,581,216	12,500,000	
C. Estimated FY2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	51,406,694	23,794,564	28,854,672	2,503,454	33,475,469	
2. Estimated New FY2024/25 Funding	105,057,965	26,264,491	6,911,708			
3. Transfer in FY2024/25[a/]	(2,000,000)			2,000,000	0	
4. Access Local Prudent Reserve in FY2024/25						0
5. Estimated Available Funding for FY2024/25	154,464,659	50,059,055	35,766,380	4,503,454	33,475,469	
D. Estimated FY2024/25 MHSA Expenditures	118,150,872	30,811,333	5,471,035	1,836,968	27,000,000	
E. Estimated FY2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	36,313,787	19,247,722	30,295,345	2,666,486	6,475,469	
2. Estimated New FY2025/26 Funding	111,392,736	27,848,184	7,328,469			
3. Transfer in FY2025/26[a/]	(7,500,000)			2,500,000	5,000,000	
4. Access Local Prudent Reserve in FY2025/26						0
5. Estimated Available Funding for FY2025/26	140,206,523	47,095,906	37,623,814	5,166,486	11,475,469	
F. Estimated FY2025/26 MHSA Expenditures	127,780,168	33,322,457	5,944,211	1,986,681	11,000,000	
G. Estimated FY2025/26 Unspent Fund Balance	12,426,355	13,773,449	31,679,603	3,179,806	475,469	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	24,217,189
2. Contributions to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	24,217,189
5. Contributions to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	24,217,189
8. Contributions to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	24,217,189

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Riverside Date: 4/1/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Full Service Partnership	146,804,301	56,542,569	39,800,840	0	33,866,986	16,593,906
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
Non-FSP Programs						
1. CSS-02 General System Development	252,123,339	56,829,137	119,377,674	0	47,145,600	28,770,927
2. CSS-03 Outreach, Engagement	8,178,649	3,538,643	2,711,837	0	1,198,170	729,998
3. CSS-04 Housing	9,292,267	6,803,740	15,868	0	0	2,472,659
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	6,340,673	2,349,022	3,854,119	0	0	137,533
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	422,739,228	126,063,111	165,760,337	0	82,210,757	48,705,023
FSP Programs as Percent of Total	116.5%					

FUNDING

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Full Service Partnership	120,820,295	40,574,119	50,563,538	0	11,492,890	18,189,748
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
Non-FSP Programs						
1. CSS-02 General System Development	298,064,805	62,460,023	130,449,918	4,068,784	65,037,330	36,048,751
2. CSS-03 Outreach, Engagement	9,464,685	3,947,371	3,658,720	66,610	1,415,211	376,773
3. CSS-04 Housing	10,731,457	8,678,616	22,368	0	925	2,029,549
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	7,114,408	2,490,743	4,342,001	101,150	150,513	30,000
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimatad Expenditures	446,195,651	118,150,872	189,036,544	4,236,544	78,096,870	56,674,821
FSP Programs as Percent of Total	102.3%					

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS-01 Full Service Partnership	130,667,150	43,830,910	56,684,466	0	12,429,561	19,672,212
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
Non-FSP Programs						
1. CSS-02 General System Development	322,357,087	87,550,515	141,081,586	4,400,590	70,557,872	58,986,725
2. CSS-03 Outreach, Engagement	10,236,057	4,269,081	3,956,906	72,039	1,530,551	807,480
3. CSS-04 Housing	11,606,071	9,385,923	24,191	0	1,001	2,194,957
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	7,694,232	2,693,739	4,695,875	109,394	162,780	32,445
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	482,560,596	127,780,168	204,445,023	4,581,822	84,461,765	61,295,819
FSP Programs as Percent of Total	102.3%					

FUNDING

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Riverside

Date: 4/1/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigma Reduction	27,019,009	26,558,462	421,715	0	0	38,832
2. PEI-02 Parent Education and Support	7,209,784	3,071,175	1,781,228	0	1,088,410	1,268,971
3. PEI-03 Early Intervention for Families in Schools	34,377	34,377	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,161,744	1,153,567	8,177	0	0	0
5. PEI-05 First Onset for Older Adults	924,128	924,128	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	1,280,139	1,280,139	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,022,080	2,022,080	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	427,450	427,450	0	0	0	0
12. PEI-05 First Onset for Older Adults	432,572	418,459	14,113	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,520,518	1,520,518	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	42,031,800	37,410,355	2,225,233	0	1,088,410	1,307,803

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigma Reduction	19,086,208	18,522,347	530,276	0	0	33,585
2. PEI-02 Parent Education and Support	6,969,679	2,779,611	1,811,446	0	1,108,548	1,270,074
3. PEI-03 Early Intervention for Families in Schools	18,931	18,931	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,732,747	1,720,268	12,479	0	0	0
5. PEI-05 First Onset for Older Adults	908,610	908,610	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	2,134,833	2,134,833	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,364,243	2,364,243	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	373,408	373,408	0	0	0	0
12. PEI-05 First Onset for Older Adults	463,643	448,516	15,126	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,540,567	1,540,567	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	35,592,868	30,811,333	2,369,327	0	1,108,548	1,303,660

FUNDING

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. PEI-01 Mental Health Outreach, Awareness and Stigma Reduction	20,641,734	20,031,918	573,493	0	0	36,323
2. PEI-02 Parent Education and Support	7,537,707	3,006,149	1,959,079	0	1,198,894	1,373,585
3. PEI-03 Early Intervention for Families in Schools	20,474	20,474	0	0	0	0
4. PEI-04 Transitional Age Youth (TAY) Project	1,873,965	1,860,470	13,496	0	0	0
5. PEI-05 First Onset for Older Aduits	982,662	982,662	0	0	0	0
6. PEI-06 Trauma Exposed Services For All Ages	2,308,822	2,308,822	0	0	0	0
7. PEI-07 Underserved Cultural Polpulations	2,556,928	2,556,928	0	0	0	0
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. PEI-04 Transitional Age Youth (TAY) Project	403,840	403,840	0	0	0	0
12. PEI-05 First Onset for Older Aduits	501,430	485,070	16,359	0	0	0
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,666,123	1,666,123	0	0	0	0
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	38,493,686	33,322,457	2,562,427	0	1,198,894	1,409,908

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Riverside Date: 4/1/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-07 Tech Suite	3,879,616	3,879,616	0	0	0	0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	204,190	204,190	0	0	0	0
Total INN Program Estimated Expenditures	4,083,806	4,083,806	0	0	0	0

150068

FUNDING

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-08 ED IOP	5,725,803	5,197,483	528,320	0	0	0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	273,552	273,552				
Total INN Program Estimated Expenditures	5,999,355	5,471,035	528,320	0	0	0

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-08 ED IOP	6,219,743	5,648,365	571,378	0	0	0
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	295,846	295,846				
Total INN Program Estimated Expenditures	6,515,589	5,944,211	571,378	0	0	0

FUNDING

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Riverside Date: 4/1/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Workforce Staffing Support	1,737,506	1,135,818	601,688	0	0	0
2. WET-02 Training and Technical Assistance	95,391	62,358	33,033	0	0	0
3. WET-03 Mental Health Career Pathways	36,746	36,746	0	0	0	0
4. WET-04 Residency and Internship	30,735	30,735	0	0	0	0
5. WET-05 Financial Incentives	315,559	315,559	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,215,937	1,581,216	634,722	0	0	0

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Workforce Staffing Support	2,327,314	1,521,378	805,935	0	0	0
2. WET-02 Training and Technical Assistance	204,856	134,808	70,049	0	0	0
3. WET-03 Mental Health Career Pathways	10,330	10,330	0	0	0	0
4. WET-04 Residency and Internship	44,240	44,240	0	0	0	0
5. WET-05 Financial Incentives	126,211	126,211	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,712,952	1,836,968	875,984	0	0	0

FUNDING

FUNDING

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET-01 Workforce Staffing Support	2,516,990	1,645,371	871,619	0	0	0
2. WET-02 Training and Technical Assistance	221,552	145,795	75,757	0	0	0
3. WET-03 Mental Health Career Pathways	11,172	11,172	0	0	0	0
4. WET-04 Residency and Internship	47,846	47,846	0	0	0	0
5. WET-05 Financial Incentives	136,498	136,498	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	2,934,057	1,986,681	947,376	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Riverside

Date: 4/1/25

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Monroe Capital Project	500,000	500,000	0	0	0	0
2. Franklin Adult Residential Facility and Clinic	15,500,000	12,000,000	0	0	0	3,500,000
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	16,000,000	12,500,000	0	0	0	3,500,000

153114

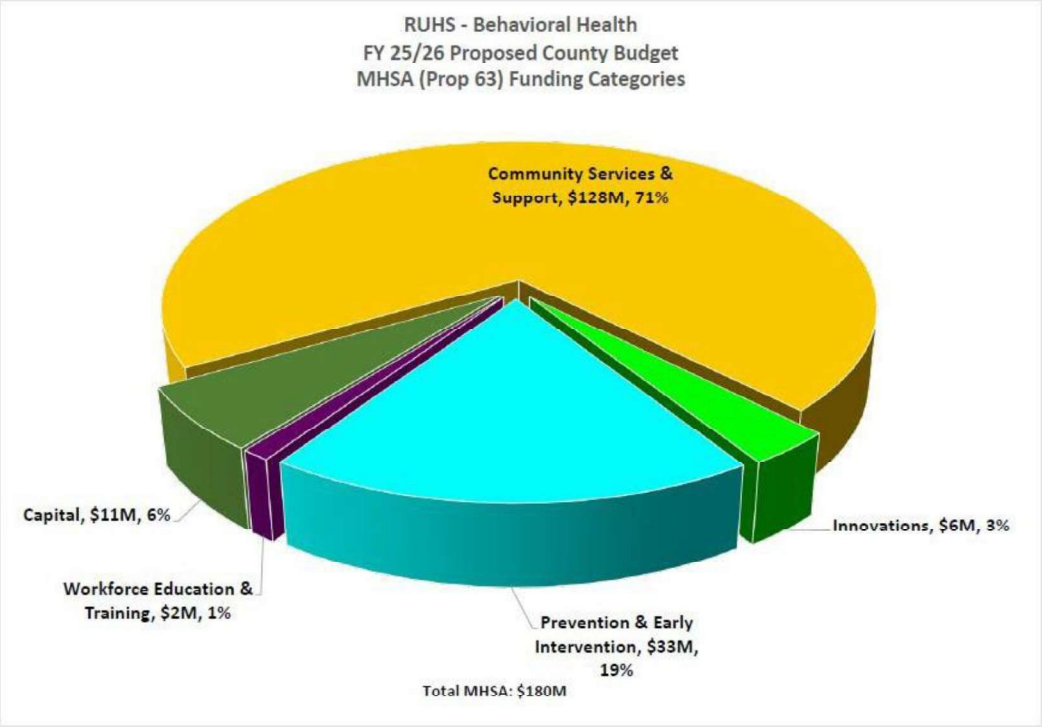
FUNDING

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Franklin Adult Residential Facility and Clinic	23,000,000	18,500,000	0	0	0	4,500,000
2. Monroe Capital Project	3,000,000	3,000,000	0	0	0	0
3. Hulen Place Project	5,000,000	500,000	0	0	0	4,500,000
5. Myers Roof Renovation	2,000,000	2,000,000	0	0	0	0
6. San Jacinto New Life Project	2,000,000	2,000,000	0	0	0	0
7. Blythe Clinic Expansion	1,000,000	1,000,000	0	0	0	0
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	36,000,000	27,000,000	0	0	0	9,000,000

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Monroe Capital Project	3,000,000	3,000,000	0	0	0	0
2. Franklin Adult Residential Facility and Clinic	2,000,000	2,000,000	0	0	0	0
3. Hulen Place Project	3,000,000	3,000,000	0	0	0	0
4. San Jacinto New Life Project	2,000,000	2,000,000	0	0	0	0
5. Blythe Clinic Expansion	1,000,000	1,000,000	0	0	0	0
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	11,000,000	11,000,000				

FUNDING

FUNDING



Type	MHSA %	MHSA Funding
Community Services & Support	70.98%	$128M
Innovations	3.30%	$6M
Prevention & Early Intervention	18.51%	$33M
Workforce Education & Training	1.10%	$2M
Capital	6.11%	$11M
		$180M

CSS
INN
PEI
WET
CAP

Cost Per Client
MHSA Cost per Client-CSS

CSS 01

PLAN NAME:	Full Service Partnership
UNIQUE CLIENTS:	32,746
COST:	$89,151,321
AVERAGE COST:	$2,722.51

CSS 02

PLAN NAME:	General System Development
UNIQUE CLIENTS:	51,651
COST:	$48,645,979
AVERAGE COST:	$941.82

CSS 03

PLAN NAME:	Outreach, Engagement
UNIQUE CLIENTS:	575
COST:	$1,274,628
AVERAGE COST:	$2,216.74

CSS 04

PLAN NAME:	Housing
UNIQUE CLIENTS:	14,063
COST:	$6,444,922
AVERAGE COST:	$458.29

Cost Per Client

MHSA Cost Per Client-PEI
FY 2023 / 2024

PEI PROGRAMS- PREVENTION

PLAN NAME:	PEI-01 Mental Health Outreach, Awareness and Stigma Reduction
UNIQUE CLIENTS:	109,679
COST:	$15,260,781
AVERAGE COST:	$139.14

PLAN NAME:	PEI-02 Parent Education and Support
UNIQUE CLIENTS:	1,828
COST:	$3,189,718
AVERAGE COST:	$1,744.92

PLAN NAME:	PEI-04 Transitional Age Youth (TAY) Project
UNIQUE CLIENTS:	7,033
COST:	$1,291,601
AVERAGE COST:	$183.65

PLAN NAME:	PEI-05 First Onset for Older Adults
UNIQUE CLIENTS:	667
COST:	$1,610,541
AVERAGE COST:	$2,415.51

PLAN NAME:	PEI-06 Trauma Exposed Services For All Ages
UNIQUE CLIENTS:	467
COST:	$1,626,901
AVERAGE COST:	$3,483.73

PLAN NAME:	PEI-07 Underserved Cultural Polpulations
UNIQUE CLIENTS:	814
COST:	$2,002,213
AVERAGE COST:	$2,459.72

PEI PROGRAMS- EARLY INTERVENTION

PLAN NAME:	PEI-04 Transitional Age Youth (TAY) Project
UNIQUE CLIENTS:	244
COST:	$373,391
AVERAGE COST:	$1,530.29

PLAN NAME:	PEI-05 First Onset for Older Adults
UNIQUE CLIENTS:	222
COST:	$395,711
AVERAGE COST:	$1,780.48

Cost Per Client

MHSA Cost Per Client-Innovation
FY 2023 / 2024

INNOVATION PROGRAMS

PLAN NAME:	INN-07 Technology Suite (Tech Suite)
UNIQUE CLIENTS:	11,899
COST:	$6,830,863
AVERAGE COST:	$574.07

Section VIII

PUBLIC COMMENTS

MHSA Annual Updates FY25/26

Public Comments

1. Which behavioral health Programs are you aware of and would like to keep?

1. **Comment:** Hemet-Crochet Class/ Pathways to Success/Peer-to-Peer Facilitated Class

Response: Having options for treatment, recovery development, vocational and socialization supports can help each person individuate their own plan to manage their behavioral health. Pathways to Success is vocational development program. Peer-to-Peer classes utilizes the lived experienced of certified peer support specialists to assist others in developing the insight, skills, and abilities to be successful.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

2. **Comment:** Family Advocate

Response: Family Advocate is a program designed to meet the support needs of family members who have an adult loved one experiencing mental illness. Each Family Advocate has their own lived experience as a family members and use that insight to support, teach, and guide.

BHC Recommendation: The BHC recommends sustaining the Family Advocate services identified above in this MHSA Annual Update FY 25/26.

3. **Comment:** Suicide Prevention, MH Urgent Care and Crisis Team, Family Advocate, CBAT

Response: Suicide Prevention is a focal point of Prevention and Early Intervention. There is a Mental Health Urgent Care, or sometimes referred to as a Crisis Stabilization Unit (CSU, in each service region and are in the cities of Riverside, Perris, and Palm Springs. Family Advocate is a program designed to meet the support needs of family members who have an adult loved one experiencing mental illness. Each Family Advocate has their own lived experience as a family members and use that insight to support, teach, and guide. Community Behavioral Assessment Team (CBAT) is a partnership between local law enforcement agencies and RUHS-BH to provide engagement and behavioral health services in the field.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

4. **Comment:** The recovery transformation center, the center helped me in the worst years of my life from 2023 -2025 and helped me in a crisis final times of 20 years, horrible voice and signs of insanity that never ended 20 years from the age of 16 to 37

Response: Riverside Telecare Restorative Transformation Center (Mental Health Rehabilitation Center) is a 30-bed voluntary program with a multidisciplinary team of staff. They serve adult residents of Riverside County (ages 18 and older), who have been found incompetent to stand trial (IST), who are eligible for Laura's Law/Assisted Outpatient Treatment, or who have a severe

PUBLIC COMMENTS

and persistent mental illness. They also serve individuals who may be on an LPS conservatorship, have been served in a locked treatment setting, or those who might otherwise progress into more restricted levels of care.
Thank you for this testimony and to the power of your partnership to transform your life.
BHC Recommendation: The BHC recommends sustaining the MHRC as identified above in this MHSA Annual Update FY 25/26.

Socialization, Movies, learning to take care of financials, etc., groups for Schizophrenia (Alternative Prescriptions)

Response: Having options for treatment, recovery development, vocational and socialization supports can help each person individuate their own plan to manage their behavioral health. Pathways to Success is vocational development program. Peer-to-Peer classes utilizes the lived experienced of certified peer support specialists to assist others in developing the insight, skills, and abilities to be successful.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

6. **Comment:** "Children's Treatment Services (CTS)
3125 Myers Street
Riverside, CA 92503
Phone: (951) 358-4840

Lake Elsinore Children's Mental Health Clinic
31946 Mission Trail, Suite B
Lake Elsinore, CA 92530
Phone: (951) 245-7663

Indio Mental Health Clinic
47-825 Oasis Street
Indio, CA 92201
Phone: (760) 863-8455

Corona Wellness & Recovery Center
2813 S. Main St.
Corona, CA 92882
Phone: (800) 720-9553

The Lehman Center - Children's Campus
3075 Myers Street
Riverside, CA
Phone: (951) 358-4625

Temecula Children's Mental Health Clinic
41002 County Center Drive,
Suite 320
Temecula, CA 92591
Phone: (951) 600-6355

Moreno Valley Children's Interagency Program (MVCIP)

ALL PROGRAMS NEEDED

Response: Thank you for being a strong advocate for Children's Mental Health Services.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

7. **Comment:** Peer Services / Behavioral Health

Response: Peer Services are behavioral health programs and providers that have been developed and implemented by people with lived experience either with their own diagnosis, with partnering with an adult loved one with behavioral health needs.

BHC Recommendation: The BHC recommends sustaining the peer services and programs in this MHSA Annual Update FY 25/26.

8. **Comment:** Peer Support and Resource Center, SAPT, Mental Health Court, Vocational Training, Day Reporting Center, HHOPE Housing, JOT, OASIS Outpatient clinic

Response: Peer Support and Resource Centers are in each region and offer peer provided recovery supports. Substance Abuse Prevention and Treatment (SAPT) is the RUHS-BH system of care focused on levels of substance abuse treatment and intervention. Mental Health Courts are collaboratives courts that combine the authority of the court with a behavioral health treatment plan and services. Vocational Training through our Pathways to Success programs offer people who have experienced mental illness an opportunity to re-enter the workforce. Day Reporting Centers are service and support centers for people who are justice involved. The Homeless Housing Opportunities, Partnership & Education (HHOPE) provides a comprehensive range of services for individuals experiencing homelessness or at risk of homelessness. The Justice Outreach Teams (JOT) are field-based screening and referral teams, which help with linkage to behavioral health programs for people who are justice involved. Oasis Community Services is a Full-Service Partnership (FSP) that provides TAY members (ages 16-25) with individual and group counseling, case management, medication management, crisis intervention, and job counseling, with the goal to break the cycle of homelessness, hospitalization, and/or incarceration.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

PUBLIC COMMENTS

9. **Comment:** Outpatient clinics, and Youth Hospital Intervention program, MDFT, and wraparound

Response: RUHS-BH offers a continuum of care from Prevention to Long Term Care support, and those levels of care include outpatient services for children, transitional age youth, adults, and older adults. Youth Hospital Intervention Programs (YHIP) links families to care and supports them with services toward stabilization while a youth is in the hospital. Multidimensional Family Therapy (MDFT) is a home and community-based program serving drug-abusing or high-risk adolescents ages 12-17 with disruptive behaviors (such as running away, shoplifting, and truancy from school). Wraparound Services are a "whatever it takes" model that connects a multi-disciplinary team to youth who had consequences from unstable behavioral health disorders.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

10. **Comment:** Detention and JOT. MHUCs, County clinics, CBAT, Friday Night Live. W.E.T., Family Advocates, Inpatient Treatment Facility, PCIT, MH Court, Veterans Court, Wraparound, Vocational programs, Juvenile Justice, LPS/Conservatorship, HOPE

Response: RUHS offers a continuum of care that includes behavioral health care within Detention facilities and to people who are justice involved. The continuum of care includes prevention services (Friday Night Live), peer services (Family Advocate), outpatient services (Parent-Child Interaction Therapy, intensive outpatient care (Wraparound), crisis system programs (Mental Health Urgent Care, CBAT, Inpatient Treatment), and legal and assisted levels of care (Mental Health Court, Veteran's Court, Juvenile Justice LPS/Conservatorship). RUHS-BH includes vocational programs for clients re-entering the workforce, and also workforce development strategies (WET) to recruit and retain staff in public behavioral health.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

11. **Comment:** PEI

Response: Prevention and Early Intervention (PEI) is the second largest component of MHSA. PEI focuses on mental health awareness, stigma reduction, and reaching people earlier in the potential development of a diagnosis. There are 7 workplans in Riverside's PEI Plan. The Behavioral Health Services Act (BHSA) has removed population based prevention from a funded services at the county level. The State collects some funds to address population prevention at the State level and wants health care prevention across specialties to be provided by public health. Though Riverside's PEI plan will remain in effect through 25/26 fiscal year, there will be substantial changes to behavioral health's programming around prevention.

BHC Recommendation: The BHC encourages RUHS-BH to become an active partner with State and county public health prevention campaigns and programs to ensure behavioral health integration around health care prevention.

12. **Comment:** The urgent care clinics are helpful for those who need walk in services. The increase in residential beds scheduled to open in March in Riverside is encouraging as well

as the Mead Valley Wellness Village which appears to offer supportive housing. Roy's in the desert is a great facility and is doing good work. TAY services and FSP clinics are helpful for families who are struggling.

Response: Thank you for your support of the RUHS continuum of care and for developing projects like the Mead Valey Wellness Village.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

13. **Comment:** PEI, TSAPP, OAPP, Peer program, Parent Support, and Training, Friday Night Live

Response: Prevention and Early Intervention, Peer/Parent Support and Training are part of the MHSA Plan. Teen Suicide Awareness and Prevention Program (TSAPP) is a RUHS Public Health program that receives some MHSA funds. Overdose Awareness and Prevention (OAPP) and Friday Night Live target substance use and are funded using other funding resources.

BHC Recommendation: The BHC encourages RUHS-BH to become an active partner with State and county public health prevention campaigns and programs to ensure behavioral health integration around health care prevention.

14. **Comment:** Crisis System of Care, Family Advocate, Peer Support, Mental Health Resources Fairs offer a lot of information

Response: Crisis System of Care includes the crisis dispatch center, the mobile crisis teams, the mental health urgent cares and more. Family Advocate and Peer support services provide lived experience specialists to support the community navigate care and care systems. Mental health resources fairs, like May is Mental Health, offer the community and opportunity to learn about resources and behavioral health in a safe, fun environment. These outreach events are part of the Prevention and Early Intervention (PEI) plan. BHSA has removed population based prevention from a funded services at the county level. The State collects some funds to address population prevention at the State level and wants health care prevention across specialties to be provided by public health. Though Riverside's PEI plan will remain in effect through 25/26 fiscal year, there will be substantial changes to behavioral health's programming around prevention.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

15. **Comment:** The Strengthening Families Program

Response: Strengthening Families 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 ages 6-11. SFP is listed as a prevention program in the current MHSA plan. The Behavioral Health Services Act (BHSA) has removed population based prevention from a funded services at the county level. The State collects some funds to address population prevention at the State level, and wants health care prevention across specialties to be provided

by public health. Though Riverside's PEI plan will remain in effect through 25/26 fiscal year, there will be substantial changes to behavioral health's programming around prevention.

BHC Recommendation: The BHC encourages RUHS-BH to become an active partner with State and county public health prevention campaigns and programs to ensure behavioral health integration around health care prevention.

16. **Comment:** Service animals in the ADA likes to see more events that are wheelchair accessible

Response: Riverside has a Cultural Community Liaison specific to communities of disability. We will provide your comment to the liaison and to the teams responsible for event coordination.

BHC Recommendation: The BHC supports equal access for all community members and encourages Department planning to consider disability access when reviewing public park and convention options in each region's cities.

17. **Comment:** We appreciate the County's ongoing support for the Older Adult Integrated System Care and culturally competent services such as TakeMyHand Live Peer Chat and LGBTQ+ peer outreach initiatives. These programs help address stigma and provide trusted entry points for underserved populations. We strongly encourage continued investment in peer-led programs, crisis response teams, and housing-linked behavioral health services (e.g., HHOPE).

Response: Thank you for this thorough and thoughtful comment on programs to be sustained in MHSA planning.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

18. **Comment**: Strengthening Families Program, it is a program that has benefited many of our families here at Val Verde Unified School District

Response: Strengthening Families 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 ages 6-11. SFP is listed as a prevention program in the current MHSA plan. The Behavioral Health Services Act (BHSA) has removed population based prevention from a funded services at the county level. The State collects some funds to address population prevention at the State level, and wants health care prevention across specialties to be provided by public health. Though Riverside's PEI plan will remain in effect through 25/26 fiscal year, there will be substantial changes to behavioral health's programming around prevention.

BHC Recommendation: The BHC encourages RUHS-BH to become an active partner with State and county public health prevention campaigns and programs to ensure behavioral health integration around health care prevention.

19. **Comment:** Cultural Competence Program, P.A.I.R. Program, Equine Therapy, Musical expression of self at Stepping Stones. Love the meditations that Ashley does at the Indio Peer Support Resource Center.

Response: Cultural Competency Program works with marginalized and at-risk communities to provide culturally informed outreach, education, and linkage to behavioral health care. PAIR and Equine therapy utilized animals in the therapeutic process. Music and Meditation offer non-traditional forms of therapeutic expression that facilitate healing, inspire healing, and increase overall life satisfaction.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

20. **Comment:** The CCRD meetings involving our communities like the Wade alliance, and community liaisons allow me to communicate to our community, and to know what is available for wellness. Along with the Peer Support Resource Center, which allows for me to attend and communicate at events like the sound meditation and meditation. Events along with talks from the counselors involving community members and speakers that offer opportunities to better myself.

Response: Cultural Competency Reducing Disparities (CCRD) meeting and the Wellness and Disability Equity Alliance (WADE) subcommittee, created to outreach and better serve people with disabilities, are regularly held meeting hosted by the Cultural Competency Program. Disability access allows for all members of our community to attend and learn more about behavioral health, services, and participate in scheduled activities.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

21. **Comment**: I would like to see Creative Recovery at the Blaine Street Clinic preserved and expanded. It is a powerful, community-centered program offering art therapy activities such as beading, drawing, and coloring that help individuals heal and express themselves in safe, creative ways. This program has deeply impacted my own recovery and those around me.

Response: Your comment has been provided Western Region Adult Services Administrator that oversees programming at the Blaine Clinic.

BHC Recommendation: The BHC encourages Department services and programs to integrate art therapy and artistic expression into service choices for members who want art as part of their treatment planning.

22. **Comment:** TAY Stepping Stones

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Response: Transitional Age Youth (16-15) are recognized as a distinct developmental period requiring age informed care. Stepping Stones is the TAY Center in Western Riverside and offers a variety of therapeutic interventions.

BHC Recommendation: The BHC recommends sustaining TAY programs and services identified above in this MHSA Annual Update FY 25/26.

23. **Comment:** Indio Mental Health – FSP- Windy Spring Wellness, many Riverside Treatment Centers (private), including stays and work as a peer support Specialist at Telecare INC.

Response: Thank you for your support of outpatient, Full Service Partnership, and peer support as part of the behavioral health system of care.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

2. Which behavioral health Programs are you aware of and would like to see us change?

1. **Comment:** we need more assistance on housing programs and allow our pets, and programs to keep us busy, exercise, and use games

Response: Housing development is a central issue for the State of California and is a central component of the new Behavioral Health Services Act (BHSA). You can learn more about housing developments and supports in this plan by reading the chapter "CSS-04 Housing" which includes a coordinated entry system to assess and refer those in housing crisis, street outreach, emergency housing, rental assistance, transitional housing, permanent supportive housing, augmented adult residential facilities, and enhanced case management. You can also learn more about some current developments under the "Capital Facilities and Technology" chapter which includes description of the "The Place" renovation, Franklin Avenue Augmented Adult Residential Facility, 5 new apartment communities, and the Mead Valley Wellness Village which includes a pet motel!

Each region also has a Peer Recovery and Resource Center that includes both wellness development and social programs. Additionally, working closely with a wellness coach can lead to community integration and utilizing social and recreational activities that exist for everyone in their local communities.

Housing is a new component in the Behavioral Health Services Act. The Department is currently examining how this new regulations may change our housing planning, but our housing programs remain a focal point of our commitment to supporting people with behavioral health challenges.

BHC Recommendation: The BHC recommends sustaining the housing and homeless programs in this MHSA Annual Update FY 25/26.

2. **Comment:** Weekly Peer-to-Peer Support changed to allow siblings with a diagnosis to attend together. Currently, one peer is left out as not allowed to attend together. Weekly support

group for caregivers to have a monthly information meeting, as was done before Covid, on Zoom meetings during Covid.

Response: You can read more about Peer Support Programming at the planning level in chapter CSS-03, detailing the programs and services of central peer support through Peer Services, Family Advocate, and Parent Support and Training. Your recommendation for specific program or service operation changes have been provided to the Deputy Director of Peer Support Services. Individual program rules around participation may vary. Sometimes family members sharing a same service can impact therapeutic relationships, inhibit vulnerability and sharing, impair confidentiality, or create a "dyad" in a group setting that changes group dynamics. Both family members should continue to be offered services, but with different groups and peer leaders. Treatment and recovery planning limits and possibilities can be reviewed with your treatment program.

BHC Recommendation: The BHC recommends sustaining peer programs and services in this MHSA Annual Update FY 25/26.

3. **Comment:** Vocational Training

Response: The Department's specific program designed for vocational development is called Pathways to Success. To learn more about this program, please contact staff at a TAY, Adult, or Older Adult program.

BHC Recommendation: The BHC recommends sustaining vocational supports in this MHSA Annual Update FY 25/26.

4. **Comment:** Pathway to Success process takes so long, loved one went to orientation in February and to date has not received a call back.

Response: Pathways to Success is a vocational development and support program that is part of CSS-02. Timeliness to care and support are important. Your feedback has been provider provided to the Administrator over the Pathways to Success program. Each program should have grievance forms available in lobby areas. These kind of complaints are taken seriously and investigated by the Department's Quality Improvement unit. You can also find grievance booklets on the Quality Improvement page of the Department's website: https://www.ruhealth.org/behavioral-health/quality-improvement

BHC Recommendation: The BHC recommends sustaining vocational supports in the MHSA Annual Update FY 25/26 and will monitor timely access to Department services.

5. **Comment:** I am familiar with the Strengthening Families Program and feel at this time it doesn't need to be changed. I do feel however that it should continue to be funded after the 2025-2026 fiscal year ends on June 30th, 2026. I have worked with over 60 families the past year and have seen the results first-hand on the impact it's made in the lives of the families who have gone through the program. It's truly an investment in our future and in the lives of families in our own community.

Response: Strengthening Families Program (SFP) is classified as a Prevention program in our current PEI Plan (Page 315). SFP is an evidence based program that emphasizes the importance of

strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children ages 6-11. SFP is listed as a prevention program in the current MHSA plan. The Behavioral Health Services Act (BHSA) has removed population based prevention as a funded services at the county level. The State collects some funds to address population based prevention at the State level and wants health care prevention across specialties to be provided by public health. Though Riverside's PEI plan will remain in effect through 25/26 fiscal year, there will be substantial changes to behavioral health's programming around prevention.

We are currently in the process of examining all programs that might be impacted by the changed in Behavioral Health Services Act (BHSA) legislation, both looking at potential budget shortfalls and regulatory limits and possibilities.

BHC Recommendation: The BHC encourages RUHS-BH to become an active partner with State and county public health prevention campaigns and programs to ensure behavioral health integration around health care prevention.

6. **Comment:** All the mental health services being aware of the rules I would like to see events made more wheelchair accessible

Response: Outreach and Engagement events are part of CSS-03 and PEI-01. These are opportunities for the Department to facilitate conversations about behavioral health in non-judgmental, fun, and educational environments often held at community parks or similar city recreation spaces. Inclusivity and access are valued by the Department. Though some regions may have limited options regarding where larger events can be held and defer to city compliance with access regulations, your feedback has been provided to the Deputy of Peer Support Services and the Prevention and Early Intervention Manager.

BHC Recommendation: The BHC supports equal access for all community members and encourages Department planning to consider disability access when reviewing public park and convention options in each region's cities.

7. **Comment:** While the Older Adult Integrated System of Care is vital, it lacks specificity around key subpopulations such as older adults living with HIV, LGBTQ+ elders, and those aging with chronic conditions like AIDS, diabetes, or dementia. We urge the County to update this program to include these groups explicitly and train providers accordingly. Similarly, LGBTQ+ programs largely target youth (TAY); the absence of LGBTQ+ elders and long-term survivors of HIV is a significant oversight and should be addressed.

Response: Thank you for your advocacy for mature adults, senior LGBTQ community, and people with chronic health conditions. Unfortunately, as you have stated, much of the funding and legislative regulations favor youth under the age of 25. This can pose an additional challenge when reaching older adults, and older adults from marginalized communities. Your recommendations have been reviewed with the Administrator over older adult services.

He is interested in providing more training to his staff on serving older adults who identify as LGBTQ or who are living with HIV. Prevention and Early Intervention (PEI)has an existing contractual relationship with The Center in Palm Springs to provide Cognitive Behavioral Therapy for Late Life Depression, an evidence-based model to treat the early signs of depression. The Center focuses on

the LGBTQ population. Before closing, Borrego Health contracted with PEI to provide additional outreach and support to LGBTQ and HIV communities. DAP Health (formerly Desert AIDS Project) has now assumed much of the former Borrego Health clinics, and this may provide a new contracting opportunity or at least a new referral resource.

RUHS-BH Mature Adult programs in Western and Mid-County regions provide a therapy group called "Living Healthy with Chronic Conditions." Mature Adult Desert Program has plans to invite presenters from DAP on topics of sexual health and HIV/AIDS.

BHC Recommendation: BHC recognizes the importance of culturally informed care and recommends continued outreach, engagement, and development of culturally informed services. The BHC recommends sustaining the supports provided by the Culturally Competency program in the MHSA Annual Update FY 25/26.

8. **Comment:** Youth Connect

Response: Youth Connect supports young people discharged from inpatient psychiatric care as they transition back into their everyday lives. They provide comprehensive wraparound services to help ensure stability at home and in school. It is unclear from your comment what changes you would like to see, but by mentioning the program, you underscore the importance of the service.

BHC Recommendation: The BHC recommends sustaining hospital navigation supports in the MHSA Annual Update FY 25/26.

9. **Comment:** Mobile Crisis and Peer Support (maybe on a smaller scale). Expand ETS. Increase in-home services for those who are bedridden.

Response: RUHS-BH has multiple mobile crisis teams that include Community Behavioral Assessment Teams (CBAT), which is a law enforcement and clinical therapist partnership that responds to law enforcement dispatch, crisis management, and crisis response teams that can be dispatched 24/27 into the community address behavioral health crises county-wide. Crisis Management and Crisis Response teams include Peer Support Specialists. Other in-home and field based services can depend on a program's treatment model and staffing level. Clients served in Full Service Partnership programs (FSP) frequently receive field based services.

It is important to note that "In Home Supportive Services (IHSS)" is the common named used to refer to a Department of Social Services Program that provides daily living assistants to help keep people in their homes. This is not a RUHS-BH service.

MHSA has regulatory limits on funds used for care provided in involuntary care settings. In most cases, MHSA funds cannot be used to build facilities that would receive people on a 5150. But, expanding and modernizing acute levels of care such as Emergency Treatment Services (ETS) was part of the 2024 Proposition 1. Proposition 1 included the Behavioral Health Services Act (BHSA,) but also included a $6.4 billion dollar bond measure for behavioral health residential care. RUHS-BH applied for and was awarded funds from this bond measure that includes plans to build a new psychiatric hospital with a larger capacity near the current RUHS Medical Center. RUHS-BH has already started building the Mead Valley Wellness Village, which includes crisis and residential

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levels of care. You can read more about the Wellness Village in the Capital Facilities chapter of this plan.

BHC Recommendation: The BHC recommends sustaining the crisis and FSP services identified above in this MHSA Annual Update FY 25/26.

10. **Comment:** There is still a large need for long term care for the seriously mentally ill. They continue to be released too early from ETS and other psych hospitals to the streets when they need more time to stabilize. It could take over a year for someone with serious mental illness to be in a locked hospital for them to realize they need treatment forever. The Riverside Behavioral Health Care unit provided adequate treatment for my son only after he was conserved by the county, and this was only after being jailed for years and causing much trauma and heartache in the community and to his family. If we would have had access to these services when he needed them, he would not have had to go through years of legal battles and the family would not have been harmed. Instead because of the current system process he was arrested, put-on short-term psych holds, released too early multiple times until he did something terrible while in another psychotic episode which held him for four years in jail. Although Care Court is encouraging, it is voluntary so it will not capture the sickest people.

Response: Thank you for this testimony regarding your son's and your experience with his emergency psychiatric care, California State laws for civil commitment of the mentally ill, and the justice system. The original laws written for involuntary treatment of people with mental health disorders were based on very strict risk criteria and favored individual liberties over forced treatment. These laws originated out of abuses related to civil commitment. Everyone who is hospitalized against their will has legal due process and these State laws must be followed. Changes in these laws can only happen at the State level. These laws have been recently updated for the first time since they were passed in 1972, expanding the definition of grave disability for adults, giving authorized professionals greater flexibility in determining risk due to a mental disorder. Care Court is a beginning and may be amended as the State receives county data on success rates and challenges. The Family Advocate Program is a RUHS-BH program that supports family members of adults who have mental health disorders. The program is staffed by people who have the lived experience of also having a family member with mental health needs. The program offers support, system navigation, and education on a variety of behavioral health related topics including mental health law, medications, psychiatric diagnoses, and illness management. You can learn more about the program by visiting: https://www.ruhealth.org/behavioral-health/pss/family-advocate-program The Family Advocate often works with the National Alliance on Mental Illness (NAMI), a community organization for family support. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI started as a small group of families gathered around a kitchen table in 1979 and has blossomed into an alliance of more than 600 local Affiliates and 49 State Organizations who work in the community to raise awareness and provide support and education. You can find out more about NAMI and locate a local chapter here:
https://www.nami.org/

The BHC and Department programs offer community advisory meetings that provide updates on legislation, regulations, programs, and information as they develop. You can learn more about these advisory group meetings in the directory that begins on page 33 of this plan.

BHC Recommendation: The BHC encourages people to become more involved in advocacy and advisory committees and to participate in organizations that advocate for changes in behavioral health law.

11. Comment: HHOPE, easier for access to services before homelessness

Response: Homeless Housing Opportunities, Partnerships & Education Program (HHOPE) offers a continuum of housing interventions for people who are homeless or at risk of being homeless. You can read more about HHOPE programs in CSS 04.

As affordable housing decreases, the demand for housing services increases. But the resources do not develop at the same pace. This creates regulations and policies that become more restrictive to concentrate resources for the greatest need.

A significant percentage of homeless individuals experience mental health or substance use disorders, and it's crucial to understand that these are not the primary causes of homelessness for most people. While estimates vary, studies indicate that a substantial portion of the homeless population struggles with mental illness and/or substance abuse, with some research suggesting that over half of those experiencing homelessness have a mental health condition or substance use disorder. Active participation in programs that address mental health and addiction can help prevent homelessness for some people when behavioral health is a primary variable in housing instability.

Economic factors like lack of affordable housing, unemployment, and low wages are often the root causes of homelessness, requiring multi-system changes to address housing costs and shortages.

BHC Recommendation: The BHC recommends sustaining HHOPE services identified above in this MHSA Annual Update FY 25/26 and encourages the expansion of housing supports as we transition into BHSA.

12. Comment: Expand the P.A.I. R. (Pets Assisting in Recovery) Program to include more clinicians, peers, and animals to serve more members

Response: Thank you for your support of the PAIR program. Any program expansion is dependent on related regulations, demand, and the resources. Animals in treatment can have a powerful outcome on engagement and outcome. Your recommendation has been provided to the Administrator over the PAIR program.

BHC Recommendation: The BHC agrees that animals can be an effective addition for some people in recovery and recommends sustaining related services as much as possible as we transition into BHSA.

13. Comment: Peers center less meditation. Meditation is an hour long. That is too long to sit and breathe. We should take this time and do other active activities for relaxation.

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Response: Peer Recovery and Resource Centers are included in plan CSS-03. There is one Peer Center in each service region. Your program operations recommendation has been provided to the Deputy of Peer Services.

BHC Recommendation: The BHC recommends sustaining peer support services in the MHSA Plan annual update FY 25/26.

14. **Comment:** The recording program recently implemented at Stepping Stones is a valuable step forward, but it deserves broader visibility and strategic implementation across the county. I helped conceptualize this type of creative recovery model, and while I'm grateful to see it launched, I was not included in its production despite my direct involvement in developing and promoting it.

Response: Thank you for your leadership and support of this great project at Stepping Stones, the Transitional Age Youth (TAY) center in Western Region. Though the TAY centers are partially funded using MHSA funds, the direct operation of the program is not addressed at this planning level. Concerns of this type regarding program operation or service promotion should first go to the program supervisor and then program administrator and then the program deputy.

BHC Recommendation: The BHC recommends sustaining TAY programs and services in the MHSA Plan annual update FY 25/26.

15. **Comment:** Family Advocate, CSU, ITF, ETS, TAY, PEI, FEP and Pathway to Success

Response: The Family Advocate is a peer run program focused on the support needs of family members caring for an adult loved one who had mental health needs. Crisis Stabilization Unit is an urgent care service provided to voluntary clients in behavioral health crisis. ETS and ITF are the emergency room and inpatient facility for emergency psychiatric needs. PEI or Prevention and Early Intervention is the second largest component under MHSA. FEP is First Episode Psychosis and evidence-based intervene program typically designed for transitional age youth (TAY) who had their first symptoms of psychosis. Pathways to Success is a TAY and adult system of care vocational development program.

BHC Recommendation: The BHC recommends sustaining the above identified programs in the MHSA Plan annual update FY 25/26.

16. **Comment:** Many modern Therapies are not available in Riverside County, like EMDR. There are no therapists dealing with complex PTSD caused by bullying, but this is true for all counties. Dissociative Identity Disorder, CBD, DBA magnet therapy, Etc.

Response: MHSA funds several Evidence Based Practices (EBP) including EMDR (Eye Movement Desensitization and Reprocessing) for selectively trained clinicians within our service system. Some other EBPs include: Trauma Focused Cognitive Behavioral Therapy, High Fidelity Wraparound, Multidimensional Family Therapy, Dialectical Behavioral Therapy, Eating Disorder Practices, and Motivational Interviewing. Access to other specialized care such as Electroconvulsive Therapy (ECT) is based on psychiatrist recommendation and provided by a specialized contractor.

BHSA also includes EBPs as part of the regulations, but the State may limit the EBPs that can be chosen by a county or may direct the counties to offer certain EBPs. BHSA regulations currently mandate First Episode Psychosis (FEP) as part of Early Intervention, Assertive Community Treatment/Forensic Assertive Community Treatment for adult FSP, and High Fidelity Wraparound for children and youth FSP.

BHC Recommendation: The BHC recommends sustaining the EBPs in the MHSA Plan annual update FY
25/26 and the encourages he Department to consider emerging treatments as they become approved as standards of care.

17. **Comment:** Keep adapting for treatment for community, not leaving people with disadvantages behind helps everyone, include financial guidance to keep disadvantaged from failing (Boundaries)

Response: Thank you for advocating for people with the fewest resources. County behavioral health may be their only option and we want to ensure that they are offered high quality care.

BHC Recommendation: The BHC agrees that county services are the safety net for behavioral health care and encourages continued development of high quality care for those with the fewest resources.

3. What other thoughts or comments do you have about behavioral health services or about the MHSA plan?

1. **Comment:** For what I'm hearing it I think you all are doing a great job, keep going

Response: Thank you for your support of the behavioral health system of care.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

2. **Comment:** More Housing support, Expand psychiatric Services-County wide

Response: You can read more about MHSA funded housing supports in CSS 04.
The Association of American Medical Colleges (AAMC) estimates that by 2036, the U.S. is expected to face a physician shortage of between 13,500 and 86,000 physicians. This study succeeds a previous conclusion from 2021, in which the AAMC reported a shortage of between 37,800 and 124,000 individuals within the following two decades. RUHS-BH employees more psychiatrists than any behavioral health provider in the region but recruitment remains challenging. We have developed relationship with medical schools and residency programs to encourage more psychiatrists to enter our system of care. We have also pursued alternative prescribers such as nurse practitioners and physician assistants.

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BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

3. **Comment:** Would like to have what services are offered and, if a client needs to ask for the services/ Clear advice as to where to access programs such as SSI, CARE, Conservatorship, etc.

Response: There are two great starting places to learn more about behavioral health services. The first is our website: https://www.ruhealth.org/behavioral-health
The buttons on this page are a combination of system access information and navigation.
The second is our central access number called the CARES line: 1-800-499-3008.
More direct navigation support is also available for Parents of Minor Children through Parent Support and Training by calling: 888-358-3622
More direct navigation support is also available for Family Members or Friends of Adults with mental health needs by calling the Family Advocate at: 800-330-4522.
The Family Advocate often works with the National Alliance on Mental Illness (NAMI), a community organization for family support. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI started as a small group of families gathered around a kitchen table in 1979 and has blossomed into an alliance of more than 600 local Affiliates and 49 State Organizations who work in the community to raise awareness and provide support and education. You can find out more about NAMI and locate a local chapter here:
https://www.nami.org/
The BHC and Department programs offer community advisory meetings that provide updates on legislation, regulations, programs, and information as they develop. You can learn more about these advisory group meetings in the directory that begins on page 33 of this plan.

BHC Recommendation: The BHC recommends sustaining community education and outreach in the MHSA Annual Update FY 25/26 and encourages the Department to more regularly market opportunities for the community to participate in these activities and committees.

4. **Comment**: I work in a very caring and empathetic environment. I'm so grateful every day I come into the office.

Response: Care and empathy are the start of what we do. Thank you for your support.

BHC Recommendation: The BHC acknowledges the daily work of hundreds of dedicated direct practices, technical, and support employees who make it possible to serve over 45,000 people annually.

5. **Comment:** Behavioral Health Services are just as important as housing services.

Response: We believe in the importance of the behavioral health services across the continuum of care: Prevention and Access, Early Intervention, Outpatient Care, Full-Service Partnership, Crisis Services, Residential care, Acute Hospital Care, and Long Term Care. We realize that social determinants of health, such as quality affordable housing, also impact overall wellness.

BHC Recommendation: The BHC recommends sustaining the programs and services identified above in this MHSA Annual Update FY 25/26.

6. **Comment:** People need to maintain stability in their mental health to maintain their housing.

Response: Providing supportive and integrated services into housing options maximizes success.

BHC Recommendation: The BHC recommends sustaining the supportive housing programs and services identified above in this MHSA Annual Update FY 25/26.

7. **Comment:** Some (like HHOPE) have very limiting, strict guidelines for who they can help that leave out a lot of people that need that service as well.

Response: Homeless Housing Opportunities, Partnerships & Education Program (HHOPE) services can be restricted by federal, state, and local regulations that specify how funding and resources can be used and who is edible to receive them. These rules can't be changed unless they are changed by the related governing authority. Many grants also have guidelines established by the grantor on how the funds can be used.

HHOPE offers a continuum of housing interventions for people who are homeless or at risk of being homeless. You can read more about HHOPE programs in CSS 04.

As affordable housing decreases, the demand for housing services increases. But the related resources do not develop at the same pace. This results in regulations and policies that become more restrictive to concentrate resources for the greatest need.

A significant percentage of homeless individuals experience mental health or substance use disorders, and it's crucial to understand that these are not the primary causes of homelessness for most people. While estimates vary, studies indicate that a substantial portion of the homeless population struggles with mental illness and/or substance abuse, with some research suggesting that over half of those experiencing homelessness have a mental health condition or substance use disorder. Active participation in programs that address mental health and addiction for some people can help prevent homelessness when behavioral health is a primary variable in housing instability.

Economic factors like lack of affordable housing, unemployment, and low wages are often the root causes of homelessness, requiring multi-system changes to address housing costs and shortages.

BHC Recommendation: The BHC recommends sustaining the supportive housing programs and services identified above in this MHSA Annual Update FY 25/26.

8. **Comment:** Find a way to fund adequate treatment for those with SMI: Schizoaffective, Schizophrenia and Bipolar d/o (if needed). Find a way to get around the IMD exclusion or classify these disorders differently. There is no reason someone with Alzheimer's has inpatient care and housing options for treatment immediately available to them to keep

them and their families safe, but SMI has none. Without this, we will continue to have tragedies and homeless people filling our streets and jails.

Response: The interface of mental illness, the law, treatment, funding, and access to social determinants of health is not always where each person needs it to be. Each one of those variables has an important contribution in getting care needs met. We appreciate your advocacy for people with serious mental illness and for people who are homeless. Should you want to become more involved in housing advocacy, please consider joining the Housing Committee under the Behavioral Health Commission. You can learn more about the housing committee and other community advisory meetings starting on page 33 of this plan.

BHC Recommendation: The BHC encourages people to become more involved in advocacy and advisory committees and to participate in organizations that advocate for changes in behavioral health law.

9. **Comment:** I'm not certain whether this falls under the current plan or if it pertains specifically to Behavioral Health Services within RUHS. The appointment line intended for triaging clients is extremely disorganized, and the customer service is poor.

Response: Thank you for sharing your concerns. RUHS-BH has a commitment to quality customer service. We are sorry that your access to care did not represent those ideals. Response times from request for service-to-service appointment are monitored. RUHS-BH is a system of care with multiple clinics, programs, and services across a continuum of care county-wide. It is difficult to know which program is identified in your experience, but each program should have grievance forms available in lobby areas. These kinds of complaints are taken seriously and investigated by the Department's Quality Improvement unit. You can find grievance booklets on the Quality Improvement page of the Department's website: https://www.ruhealth.org/behavioral-health/quality-improvement

BHC Recommendation: The BHC encourages all stakeholders to voice their concerns to help shape and improve service delivery and recommends utilizing the public comments agenda item to public voice their opinions at BHC meetings. You can learn more about meetings here: https://www.ruhealth.org/behavioral-health/advisory-committees

10. **Comment:** As an LMFT in the community, I have supported several clients in contacting the CARES line in hopes of obtaining FSP [Full Service Partnership] services, and the process has been consistently challenging. Callbacks from clinicians often take a long time, and the triage team has been reported as unhelpful and, at times, rude. They frequently undermine the support that clients are actively receiving during the call. At this time, it has become increasingly difficult to refer clients to RUHS for services due to these ongoing issues.

Response: RUHS-BH has a commitment to quality customer service. Response times from request for service-to-service appointment are monitored. The CARES Line is the central access line for Department services. We are sorry that your experience did not meet these ideals. Though some CARES line expenses are covered in the MHSA plan, the specific operations of the program are not typically addressed at this planning level. Operation complaints are usually address to the program supervisor or manager, or by the Department's Quality Improvement unit. Your concerns have been

provided to the CARES Line Manager. You can find grievance booklets on the Quality Improvement page of the Department's website: https://www.ruhealth.org/behavioral-health/quality-improvement

BHC Recommendation: The BHC recommends sustaining Quality Improvement oversight of Department service delivery in the MHSA Annual Update FY 25/26, and that all issues, concerns, and grievances be shared with program leadership.

11. **Comment:** Workshop on how Medicaid cuts could impact, strategies to ensure our community does not suffer

Response: The realities of funding changes are still unfolding, and some are difficult to predict. As information becomes clearer and the impact to programs more evident, the results will be shared with the greater community. In the meantime, becoming involved in community advisory committees can allow for greater discussion and having your voice heard. You can discover a list of community advisory committees under the Behavioral Health Commission (BHC)and under Cultural Competency. The BHC has a committee specifically to look at legislative changes called the Legislative Committee. You can find out more about these meetings starting on page 33 of this plan document.

BHC Recommendation: The BHC recommends regular committee advisory meeting participation to get information on changes to behavioral health related legislation, changes in service delivery, and how to provide feedback on the changes.

12. **Comment:** It's disappointing that so many wonderful programs that are associated with PEI seem to be going away with BHSA. I feel the MHSA plan is fine and should stay intact or as is. They are all preventive based and have such a large impact in the lives of the families who need this type of direct help.

Response: Prevention and Early Intervention (PEI) has been a hallmark of the MHSA legislation since inception. Though many of these programs will no longer meet legislative requirements, health care prevention will remain. Prevention will not only have a specific State level intervention, but Public Health will assume a larger role in prevention across the health care spectrum. Part of the new Behavioral Health Services Act (BHSA) legislation directs Behavioral Health and Public Health to work together with Manager Care Providers and the community to assess needs and develop related interventions. Though the change does represent a loss to our familiar prevention efforts, it may also open new possibilities. Stay informed and speak out! Please consider joining a related community advisory committee. You can find a directory of these meetings starting on page 33 of this plan document.

BHC Recommendation: The BHC recommends regular committee advisory meeting participation to get information on changes to behavioral health related legislation, changes in service delivery, and how to provide feedback on the changes.

13. **Comment**: I would like to see events that are more wheelchair accessible and autism friendly and I definitely want to see more service dog awareness and have properly interact

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with them. The MHSA Plan would benefit from acknowledging the California HIV & Aging Act (SB 258, 2021), which formally recognizes older adults living with HIV as a "population of greatest social need." As the County implements Proposition 1, now is the time to integrate HIV-informed mental health services, trauma recovery models, and peer workforce development for long-term survivors. Aging and HIV Institute ("A&H," AgingandHIV.org) would welcome the opportunity to provide technical assistance and community input to ensure these priorities are incorporated. Behavioral health equity must include those aging with HIV.

Response: Outreach and Engagement events are part of CSS-03 and PEI-01. These are opportunities for the Department to facilitated conversations about behavioral health in non-judgmental, fun, and educational environments often held at community parks or similar city recreation spaces. Inclusivity and access are valued by the Department. Though some regions may have limited options regarding where larger events can be held and defer to city compliance with access regulations, your feedback has been provided to the Deputy of Peer Support Services and the Prevention and Early Intervention Manager.

As health care services become more fully integrated, and both the physical health care and behavioral health care are treated more holistically, more opportunities for comprehensive care will be available in one location. BHSA directs public health and behavioral health to work together with managed care providers and the community to ensure a comprehensive assessment of community health care needs.

The BHSA does contain a list of specific stakeholders that are regulatorily required; this includes representatives from the LGBTQ+ communities and eligible older adults but does not specifically mention people living with HIV. That does not mean that this vulnerable population should be excluded. We will include the Aging and HIV institute in our stakeholder outreach.

BHC Recommendation: BHC recommends sustaining program and services within the Older Adult System of Care, and department support of culturally informed services to the LGBTQ community in the MHSA Annual Update FY 25/26.

14. **Comment:** The behavioral health services funded through the MHSA plan- particularly programs like Strengthening Families- have had an incredible and lasting impact on the San Jacinto community. We have been able to refer numerous families to these services and the transformation we've witnessed has been truly inspiring. Families who have participated in the program have demonstrated significant improvements in areas such as chronic absenteeism, student discipline, and overall school engagement. Perhaps most importantly, we've seen powerful shifts in the relationships between parents/guardians and their children. These programs equip families with the tools and support they need to foster healthier communication, build trust, and create stronger, more stable home environments. For many of our families, this has been life changing. Maintaining and expanding behavioral health services is not just important, it's essential. Programs like these are a critical investment in the well-being of our students, families, and the long-term strength of our community.

Response: Strengthening Families 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 ages 6-11. SFP is listed as a prevention program in the current MHSA plan (pg. 135). The Behavioral Health Services Act (BHSA) has removed population based prevention from a funded services at the county level. The State collects some funds to address population prevention at the State level and wants health care prevention across specialties to be provided by public health. Though Riverside's PEI plan will remain in effect through 25/26 fiscal year, there will be substantial changes to behavioral health's programming around prevention.

BHC Recommendation: The BHC encourages RUHS-BH to become an active partner with State and county public health prevention campaigns and programs to ensure behavioral health integration around health care prevention.

15. **Comment:** Our school district has greatly benefitted from these free mental health programs. Our families love them and have made a positive impact in their lives. If they were to be cut, it would be a tremendous loss. We have offered Strengthening Families at our district for many, many years and we would hate to lose such an amazing program. Please do not cut funding for it.

Response: Thank you for your advocacy for the Strengthening Families Program. Strengthening Families 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 ages 6-11. SFP is listed as a prevention program in the current MHSA plan (pg. 135). The Behavioral Health Services Act (BHSA) has removed population based prevention from a funded services at the county level. The State collects some funds to address population prevention at the State level and wants health care prevention across specialties to be provided by public health. Though Riverside's PEI plan will remain in effect through 25/26 fiscal year, there will be substantial changes to behavioral health's programming around prevention.

BHC Recommendation: The BHC encourages RUHS-BH to become an active partner with State and county public health prevention campaigns and programs to ensure behavioral health integration around health care prevention.

16. **Comment:** People are being radicalized online through YouTube and other Social Media that operate using algorithms which continually present more of the unverified toxic material they are already consuming. Young men, especially, are going down deceptive rabbit-holes like White Nationalism, Nutrition Fads, Get Rich Quick schemes, Extremist and Conspiracy Theories, Mental Health misinformation, and content that causes distress. They need be taught (or reminded) of critical-thinking skills and empathy for "the other." They need self-soothing skills. With financial prospects for men with no college education shrinking, they should also be recognized as an at-risk group, in need of extra support. Perhaps Man Therapy can provide a page in an "Are you being lied to?" or "Risks of Social Media" option under the "Men's Health Topics" banner.

    Young men are also falling victim to addictive gambling as a result of the recent deregulation of sports betting apps. There's evidence suggesting that online sports betting, with its predatory marketing practices, can negatively impact men, particularly young men, and those in low-income areas. Outcomes are debt accumulation, bankruptcy, mental health

and relationship problems, addiction and stress.

Related to both: Accessibility and "Dark Patterns": The design and features of some betting apps and social media algorithms may exploit cognitive biases and encourage excessive. uncontrolled use.

Response: Each of our well-being is an intersection of multiple variables and influences. You have touched on three here: popular culture messaging (which certainly occurs in social media), gender, and age/generation. Man Therapy, a behavioral health outreach and education campaign designed toward men started in our Help@Hand Innovation project and is now funded under PEI. Man Therapy considers some of these variables, encouraging men to know when they need to seek help. You can explore their website here: https://mantherapy.org/

Help@Hand also focused on "digital literacy," about understanding and navigating the digital world in a healthy and informed way. With the expiration of the Help@Hand Innovation project, digital literacy has transitioned and continues in our Peer Support system of care.

It would be difficult for one system of care to be able to make inroads with all the variables that impact each life. A part of the PEI philosophy is that change needs to be pervasive across demographics, institutions, organizations, and traditions. Prevention is about changing the conditions that lead to negative health outcomes. Based on your thoughts, it appears you would agree.

We can certainly pass on your thoughts to Man Therapy and the Deputy of Peer Services.

BHC Recommendation: The BHC recommends sustaining the related programs and services as identified above in the MHSA Annual Update FY 25/26.

17. **Comment:** We need more services for people with disabilities like autism and deafness. We need to be more inviting to these individuals and offer more resources at the behavioral health departments along with training and interpreters on site, at least training to teach the employees to sign so they can communicate with the Deaf, it will expand services to our communities. We have autistic and Deaf homeless people out there who need help and services as much as the others that attend these departments. We used to have a group of special needs that came to the peers center they no longer attend. I myself have tried to seek services at the Rustin and Blaine St locations to get told they don't have anything for me. How does this make me feel like I need to become homeless and become an addict to receive services at these locations. I will not do that but I'm asking for your help including people like me and others so we are not excluded. Autism has its own behaviors outburst meltdowns anger emotional imbalance etc. We are runners if we don't get help or some not me self-harm that could lead to suicide due to lack of services. Please take this into consideration and help find a resolution and help fight this stigma. Thank you for your time

Response: Thank you for sharing your personal experience and for advocating for the Autistic and the Deaf communities. System navigation can be overwhelming at times, especially when multiple needs are presented. State regulations often identify different needs into classifications that are served by different systems of care. Autism is a developmental disability that traditionally has not been directly served in adult behavioral health care which was formed to treat serious mental illness and substance use disorders. Certainly, there are times when people have intersecting needs of both a mental illness (SMI) and/or a substance use disorder (SUD), and a developmental disability.

Professionals screening for service within behavioral health will be assessing for behavioral health disorders first to determine if a member meets the qualifications for specialty mental health. Therapist who are treating people who have both a developmental disability and a SMI/SUD need the proper training to best understand and support their client holistically.
The ability to communicate is essential in seeking care and members of the deaf community need to be welcomed and served in the language of their choice, this includes ASL. The county contracts with ASL interpretation services, and recruits ASL speakers through our student internship program. We need more qualified behavioral health professionals who speak ASL and understand the unique worldview of deaf consumers.
Your recommendations have been provided to our Disabled Communities Liaison (Cultural Competency Program, PEI 01) to help formulate planning around access barriers, and to our Workforce Education and Training manager around training needs and recruitment.

BHC Recommendation: The BHC recommends continued outreach and engagement with People with Disabilities within the MHSA Annual Update FY 25/26, and encourages expansion of training, supports, and access to ensure culturally informed care.

18. **Comment:** The community needs these community advocates to be aware of opportunities that will not only help myself but looks to improve the community. And does so through listening to the community and those individuals looking for help and are not aware of the possibilities until they are comfortable in a supportive environment so that they can communicate about strategies to achieve their goals.

Response: Agreed. Advocacy is not only about pointing out what isn't working or needs to change but also about partnering on a plan or strategy to create the change. The barriers to service access are like potholes in a road, which ones need to be filled first needs to be identified by each community and addressed together. Sometimes it isn't' about just filling in the hole but building bridges or new roads. That can be hard work, but necessary work. Advocacy ends if action fails to begin. Please consider joining a community advisory group sponsored by the BHC or Cultural Competency. You can find a directory of such meetings starting on page 33 of this plan document.

BHC Recommendation: The BHC recommends sustaining the outreach and engagement strategies as identified in the MHSA Annual Update FY 25/26, and actively partnering with the community around program changes as the result of BHSA.

19. **Comment:** RUHS has the opportunity to set a national example for how creative expression can foster mental health. I urge you to fully adopt and scale the recording program across Riverside County and formally recognize collaborators like myself who helped birth these initiatives. In addition, expanding Creative Recovery groups into other cities, with consistent structure and culturally responsive leadership, would create safe havens for healing.
I am deeply invested in seeing these programs succeed and would gladly work with the County to help formalize, expand, and promote them. Let's ensure these community-rooted efforts reach their full potential—and that those who plant the seeds are welcomed into the garden.

Response: Thank you for your contribution and support. Your recommendation has been provided to the Deputy of Children's Services who oversees the Transition Age Youth programs.

BHC Recommendation: The BHC encourages Department services and programs to integrate art therapy and artistic expression into service choices for members who want art as part of their treatment planning.

20. **Comment:** I would like to see more therapists available and more specialists

Response: Workforce shortages have also impacted behavioral health. State data reveals that the Inland Empire has a particularly difficult time retaining licensed therapists as a region. Workforce Education and Training (WET component in this plan) has several workplans that address workforce recruitment and retention that include the largest internship program in the region, licensure advancement supports, and financial incentives. You can read more about these initiatives starting on page 496 of this MHSA plan.

BHC Recommendation: The BHC recommends sustaining the WET workplans that address workforce development in the MHSA Annual Update FY 25/26.

Public Hearing Comment Summaries

Desert Region

1. **Comment:** George, representing *Peace From Chaos*, emphasized the urgent mental health challenges in Blythe, a small, underserved community in Riverside County. While he acknowledges some positive changes from previous advocacy, he highlights ongoing issues such as high rates of suicide, overdose, and systemic violence. George calls for:

    - A true 24/7 crisis response team with clinicians, not just peer support.
    - Improved dispatch awareness of local resources and geography.
    - Consistent mental health staffing (therapists and psychologists) for long-term support.
    - Travel and service accessibility adjustments for remote areas like Blythe.
    - Strengthened cultural competency, especially for the growing Latinx and LGBTQ+ populations.
    - Support and burnout prevention training for local behavioral health staff, who face isolation and fewer resources than those in other regions.
    - Equal professionalism and customer service across all county clinics.

    He offers to continue participating and supporting these efforts.

Response: Clinician recruitment into Blythe has been a challenge. A special therapist job classification was created just for Blythe to increase the salary for this regional position to enhance recruitment for prospective applicants. Blythe has also consistency been approved for National Health Service Corp loan assumption, a federal program designed to entice professionals into workforce shortage areas that provides up to $50k in student loan repayment for a 2 year service

commitment. Workforce Education and Training provides additional selection points for any employee applying to the 20/20, a workforce advancement program that enables paraprofessional employees to attend graduate clinical therapist schools. National data reveals that most clinical therapists prefer to work in metropolitan areas.

Blythe is a unique community loved by the people who live or were raised there. We know that therapists tend to stay in communities that they consider home. One strategy is to "grow your own," and look to current residents who have an interest in pursuing careers as therapists. WET partnered with the county HR Education Support Program to create a cohort for Desert region paraprofessional employees and our contractors through UMass Global University, an online university, who wanted to pursue a clinical social work degree. Cohort participants get discounted tuition and additional support.

WET is open to learning about other creative ideas that can support workforce development in Blythe.

WET training supports include cultural competency training on better service LGBTQ communities and people from ethnic cultural communities, such as Latinx. Training on compassion fatigue and trauma informed systems is also offered.

RUHS-BH has a commitment to quality customer service. We are sorry that your access to care did not represent those ideals. Each program should have grievance forms available in lobby areas. These kind of complaints are taken seriously and investigated by the Department's Quality Improvement unit. You can find grievance booklets on the Quality Improvement page of the Department's website: https://www.ruhealth.org/behavioral-health/quality-improvement

BHC Recommendation: The BHC recommends continuing outreach and service development supports to the Blythe community, and to sustain the suicide prevention activities that are identified in the PEI Plan as MHSA transitions into BHSA.

Mid-County Region

1. **Comment:** From Lake Elsinore, shared personal testimony about her experiences as a patient with autism, bipolar disorder, ADHD, and anxiety. She has visited ETS (Emergency Treatment Services) over 50 times since adolescence and expressed deep concern about the "lack of compassion and professionalism" from staff.

Key points from her statement include:

- Lack of respect and empathy from nurses and doctors, especially for vulnerable patients like those experiencing suicidal thoughts or domestic trauma.
- Poor bedside manner, including dismissive or shaming attitudes toward patients.
- A failure to provide timely or adequate care, including a specific example involving a pregnant woman.
- A sense that the facility is a "revolving door" that relies on medication without offering real help or rehabilitation.
- Mistreatment of her wheelchair-bound sister, who was threatened with forced medication.
- Overall, she describes the facility as unsafe and unwelcoming, with staff showing apathy rather than support.

PUBLIC COMMENTS

She urges for better training and accountability for ETS staff so patients can feel safe, heard, and genuinely helped—rather than retraumatized—during mental health crises.

Response: Thank you for your testimony and sharing your story. Seeking behavioral health care is a vulnerable act and should always be done in an environment of safety. We are sorry that that was not your experience.
ETS, the county psychiatric emergency department, is governed under the RUHS Medical Center and license. Though funding in involuntary settings is limited in MHSA, we want everyone to experience quality, compassionate care. Your concerns will be provided to RUHS-BH leadership to review with their Medical Center partners.
RUHS has a commitment to quality customer service. Each program should have grievance forms available in lobby areas. These kind of complaints are taken seriously and investigated by the Inpatient Quality Improvement unit. You can find grievance booklets on the Quality Improvement page of the RUHS website: https://www.ruhealth.org/behavioral-health/quality-improvement
All community stakeholders are encouraged to participate in the available community advisory meetings that start on page 33 of this plan for regular community advocacy.

BHC Recommendation: The BHC recommends utilizing the grievance procedures available and to participate in community advisory meetings that provide a collective voice of accountability and change.

2. **Comment:** Background: Has worked in various youth and family programs in California for 15 years, including group homes, job training for young adults, and currently in the *Strengthening Families Program*.

- Personal Insight: Adoptive parent to two children, one of whom has faced mental health challenges.
- Program Overview:
    - Works with families voluntarily seeking to improve their relationships.
    - Currently supports 24 families weekly, aiming to prevent negative behaviors by early intervention with children aged 6–11.
    - Emphasizes the value of building community among families, mutual support, and shared experiences.
    - Believes the program is vital and hopes to see it sustained as it provides tools and education for stronger families.

Response: Thank you for your advocacy for the Strengthening Families Program. Strengthening Families 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 ages 6-11. SFP is listed as a prevention program in the current MHSA plan (pg. 135). The Behavioral Health Services Act (BHSA) has removed population based prevention from a funded services at the county level. The State collects some funds to address population prevention at the State level and wants health care prevention across specialties to be provided by public health. Though Riverside's PEI plan will remain in effect through 25/26 fiscal year, there will be substantial changes to behavioral health's programming around prevention.

BHC Recommendation: The BHC encourages RUHS-BH to become an active partner with State and county public health prevention campaigns and programs to ensure behavioral health integration around health care prevention.

3. **Comment:** An individual shared lived experience as a person with treatment-resistant depression caused by trauma.

- Main Concern:
    - Cannot access effective therapies in their county, including EMDR, DBT, CBT, or magnet therapy.
    - Notes that local therapists often lack specialization in trauma or disability-related disorders.
    - While some therapies are advertised as available in the county, they have not been accessible in practice.
- Desire: Strong need for access to high-quality, specialized mental health treatments that go beyond basic talk therapy.

Overall Message: She stresses the critical importance of sustained, accessible, and specialized mental health services — both for families aiming to prevent future challenges and for individuals already navigating complex mental health needs.

Response. MHSA funds several Evidence Based Practices (EBP) including EMDR (Eye Movement Desensitization and Reprocessing) for select clinicians within our service system. Some other EBPs include: Trauma Focused Cognitive Behavioral Therapy, High Fidelity Wraparound, Multidimensional Family Therapy, Dialectical Behavioral Therapy (DBT); Eating Disorder Practices, Cognitive Behavioral Therapy (CBT) and Motivational Interviewing. Access to other specialized care such as Electroconvulsive Therapy (ECT) is based on psychiatrist recommendation and provided by a specialized contractor. All evidence models have inclusion and exclusion criteria designed to ensure that only people who will benefit from the model will received the practice.

If you have been excluded from a particular treatment modality, the rationale should be explained to you and possible alternative treatment options should have been discussed. If you are having trouble accessing care that you think would benefit you, please ask to speak to the program supervisor, or you can file a grievance with our Quality Improvement unit. You can find grievance booklets on the Quality Improvement page of the RUHS website: https://www.ruhealth.org/behavioral-health/quality-improvement

BHC Recommendation: The BHC recommends continuing the Evidence Based Practiced (EBP) supported by the MHSA Annual Update FY 25/26 and encourages the Department to examine emerging practices that become standard of care and are supported by BHSA EBP parameters.

4. **Comment**: The speaker, a non-licensed housing provider working with women in recovery, expresses deep appreciation for:
    - Dedicated Caseworkers: Acknowledges county caseworkers who go above and beyond, even working weekends to support clients.
    - California's CalAIM Initiative: Praises the initiative for pioneering work in whole-person care, especially in Riverside County, noting that while it's still developing and has growing pains, it holds significant promise.

PUBLIC COMMENTS

Despite being "just a housing provider" and not a licensed clinician, the speaker:

- Advocates for Provider Inclusion: Wants better communication and collaboration between systems and non-licensed providers who often hold valuable insights into clients' needs.
- Sees Patterns & Solutions: Observes trends (e.g., age-related needs, hormone therapy benefits) among the women she serves and feels this knowledge is underutilized.
- Urges Systemic Change: Recommends a mechanism to share this on-the-ground insight with decision-makers—ideally, making it part of the contract or funding requirement.
- Values Recovery Housing: Stresses the ongoing importance of shared, community-based housing as an alternative for clients who may not be ready for larger, more formal facilities due to stigma or preference.

Core Message: Non-licensed providers play a crucial role in the recovery ecosystem and should be better integrated into communication and planning processes to enhance care and support whole-person wellness.

Response: Though non-licensed staff do not hold the same system authority based on regulatory operations as licensed and certified staff, they make up a large portion of the behavioral health workforce. Both lived experience and seasoned paraprofessional practice provide each employee and practitioner unique insights that are valuable and informative. Care and wisdom are not limited to a license. You do not need a formal credential to have an informed opinion on services or care. Substance Use treatment providers have regular meetings coordinated through RUHS-BH Substance Abuse, Prevention, and Treatment administration. You can learn more about working collaboratively here: https://www.ruhealth.org/behavioral-health/sapt/services

BHC Recommendation: The BHC recommends continued recovery options as supported by the Substance Abuse, Prevention, and Treatment (SAPT) program, and looks to more visible opportunities of an integrated system under BHSA.

Western Region

1. **Comment:** Volunteer at Riverside University Health System and the Care Center, appreciates the services provided but suggests adding autism-related support. She notes that individuals with autism face behavioral challenges like outbursts and meltdowns, and current responses—such as offering sensory toys—are insufficient. Speaker emphasizes the need for training and resources to better understand and address these issues effectively.

Response: Autism is a developmental disability that traditionally has not been directly served in adult behavioral health care which was formed to treat serious mental illness and substance use disorders. Certainly, there are times when people have intersecting needs of both a mental illness (SMI) and/or a substance use disorder (SUD), and a developmental disability. Professionals screening for service within behavioral health will assess for behavioral health disorders first to determine if a member meets the qualifications for specialty mental health. Therapist who are treating people who have both a developmental disability and a SMI/SUD need the proper training to best understand and support their clients.

Your recommendations have been provided to our Workforce Education and Training manager around training needs.

BHC Recommendation: The BHC recommends continued training around workforce development in the MHSA Annual Update FY 25/26 that includes working with members who have developmental and physical disabilities.

2. **Comment:** Speaker shares their appreciation for the support they've received from a service center, highlighting how kind and helpful the staff are, including janitors and security. They mention starting their journey with the program at age 19 and now, at 25, they're surprised by how far they've come. They've received assistance with therapy and feel grateful for the resources provided, such as group activities and food. One of their main challenges is transportation, as they need a vehicle to access services. Despite personal struggles, including the recent loss of a friend, they express gratitude for the support and are trying to help others in return.

Response: Thank you for your personal testimony and telling your story. Lived experience is like a concentric circle that touches everyone you meet to the power of your journey, including therapy and behavioral health care. You are an inspiration even on the days when it might not feel like it.

BHC Recommendation: The BHC recommends sustaining TAY programs in the MHSA Annual Update FY 25/26.

3. **Comment**: Speaker affiliated with RUHS and H Housing, expresses gratitude for the support he has received through The Place [permanent supportive housing and homeless outreach center] and related services. He introduces himself as the founder of H Deep and shares the origins of a creative recording program developed in partnership with RUHS and local mental health clinics. This initiative, showcased at Stepping Stones TAY Center, offers a creative outlet for individuals with mental health challenges and has had a positive impact by empowering participants to express themselves. Speaker emphasizes the importance of recognizing the program's originators and advocates for its expansion across Riverside County to support more adults and children through creative expression.

Response: Thank you for your compelling testimony and your commitment to promoting artistic expression as a form of healing and empowerment. Art has long been a therapeutic tool to aid in discovery, expression, and tangible evidence of self-efficacy.
Expansion of any program is dependent on demand, availability, and costs. Your recommendation of expansion has been provided to the Deputy over Children and TAY services.

BHC Recommendation: The BHC encourages Department services and programs to integrate art therapy and artistic expression into service choices for members who want art as part of their treatment planning.

4. **Comment:** Speaker shares a personal story about growing up in Riverside County after losing her parents at a young age. Her mother's best friend, Barbara, went to school to become a massage therapist to help care for Speaker and her siblings. Speaker reflects on

the challenges of growing up without parental support and how it affected her and others in similar situations. She expresses gratitude for the support available in Riverside today, saying it's easier and safer than it was for her parents, thanks to the services provided. She believes those services help people give back and make a positive impact in the community.

Response: Thank you for your sharing your personal story of grief, challenges, discovery, and empowerment. Your gratitude is heard. You are a living example of the strength that develops from our own commitment, the right services, and unconditional support of those who believe in you. You are one of people who gives back and makes a positive impact on the community.

BHC Recommendation: The BHC recommends sustaining outreach and services to children, parents, and families in the MHSA Annual Update FY 25/26.

5. **Comment:** Speaker, who identifies as part of the Asian and Pacific Islander (API) community, thanks the group for the opportunity to speak and emphasizes the importance of early intervention for developmental concerns like autism within the API population. They highlight unique challenges such as cultural stigma, language barriers, and lack of culturally appropriate services, which can lead to underdiagnosis or misdiagnosis. They advocate for early prevention models that lead to better long-term outcomes and inclusive care, stressing the need for services that respect and reflect cultural differences. They express gratitude for the meeting and the chance to share their perspective.

Response: Thank you for sharing your story and your unique insights regarding the intersection of need, stigma, culture, language, and healing. Culturally informed care across all levels of care – Prevention and Access, Early Intervention, Outpatient, Full Service Partnership, Crisis Services, Residential, Acute Hospital Care, and Long Term Care – is essential.

BHC Recommendation: The BHC recommends sustaining cultural informed outreach and informed services in the MHSA Annual Update FY 25/26.

6. **Comment:** A representative from the Inland Chinese American Alliance speaks on behalf of their organization, which primarily serves seniors in the AAPI community, emphasizing their vulnerability and underrepresentation. They stress the importance of prevention and early intervention, particularly for seniors, noting its effectiveness before and after the pandemic. They share an inspiring story about seniors forming their own safety groups in Northern California. The speaker highlights that prevention is more cost-effective and impactful than responding to crises. Citing data showing AAPI individuals make up 1 in 10 residents in the Inland Empire, they urge policymakers to recognize and respond to the specific needs of the AAPI community. They express appreciation for Riverside University Health System's PEI program and Family Advocate

Response: Thank you for your testimony and insight into culturally informed care. Prevention and Early Intervention can be powerful tools in empowerment. The transition from the Mental Health Services Act to the Behavioral Health Services Act will pose some challenges to prevention at the county level. Population based prevention is under the authority of the State, and the State will develop the related programs and services that are offered. How that will look and be implemented remains to be seen but may bring us new opportunities to reach people. We look forward to your continued advocacy as these new programs become more known to our communities.

BHC Recommendation: The BHC recommends sustaining culturally informed outreach and informed services in the MHSA Annual Update FY 25/26.

PUBLIC COMMENTS

Public Hearing Comment summary

FEEDBACK AND PUBLIC COMMENTS

WHICH BEHAVIORAL HEALTH PROGRAMS ARE YOU AWARE OF AND WOULD LIKE TO KEEP?

Overall Message:

Stakeholders emphasize that all current programs are vital and should be maintained.

Peer Support & Family Advocate, PEI, Crisis Services, Urgent Care, Housing, Youth Services, Cultural Competence

- **Peer & Family Support:** Strong backing for peer-led services and family-focused programs.
- **Crisis Services:** Support for 24/7 urgent care, crisis beds, and suicide prevention.
- **Youth Mental Health**: Appreciation for youth programs (e.g., TAY Centers, Wraparound, YHIP, Friday Night Live).
- **Continuum of Care**: Value placed on programs supporting housing, vocational training, and addiction services.
- **Cultural Inclusion:** Endorsement of culturally competent services, LGBTQ+ outreach, AAPI, and calls for better diability accessibility.

WHICH BEHAVIORAL HEALTH PROGRAMS ARE YOU AWARE AND WOULD LIKE TO SEE US TO CHANGE?

- **Expand housing, Access, and Flexibility** with pet access and engaging activities, and improve early access to HHOPE and peer support services.
- **Improve Youth and Vocational Opportunities:** Expand youth programs, vocational training, and programs for creative expression
- **Increase accessibility and inclusion** ·Welcoming customer service and timeliness to service, wheelchair access, and culturally informed care

PUBLIC HEARING AND FEEDBACK FORMS

PLAN SATISFACTION



Public Participation Process

- No comments were received during the 30-day public posting from April 1, 2025, to April 30, 2025. As a result, no substantive changes were made to the MHSA Annual Update FY 25/26 based on the 30-day posting.
- All viable comments received during both the in-person and virtual public hearings from May 01, 2025, to May 25, 2025, were reviewed by the Behavioral Health Commission. Each comment and response is documented in this chapter of the MHSA Annual Update 25/26.

RUHS-BH MHSA Annual Prevention and Early Intervention Evaluation Report for the Mental Health Services Oversight and Accountability Commission

Addendum

Riverside University HEALTH SYSTEM Behavioral Health

MHSA

Three-Year Prevention and Early Intervention Evaluation Report

FY 21/22 to FY 23/24

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Riverside University HEALTH SYSTEM Behavioral Health

PEI Plan Project Area #1
Mental Health Outreach, Awareness, and Stigma Reduction

Asian American/Pacific Islander Mental Health Resource Center (AAPI-MHRC)

Description of Program: Stigma and Discrimination Reduction

The Asian American Pacific Islander Mental Health Resource Center started in FY 2017-2018. The Resource Center provides mental health resources to the Asian American and Pacific Islander populations in Riverside, Perris, Moreno Valley, Menifee, and other surrounding cities with high density of Asian Americans/Pacific Islanders. The Resource Center engages in activities that reduces mental health stigma, increases mental health awareness, connects people with services and community mental health resources, and engages and educates about the signs and symptoms of mental illness within the Asian American community. The type of services provided may include but is not limited to: Community Outreach, Recruitment and Communicating Activities through mail and social media, Information and Referral, Quarterly Mental Health Community Seminars, and Monthly Mental Health Support Groups.

Program Outcomes

For fiscal years 2021-2024, the majority of participants showed high satisfaction (over 90% responded "agreed" or "strongly agreed") with all statements in the satisfaction survey - that the information presented was easy to understand, the presenter was engaging, felt more comfortable to talk about mental health issues with their family and friends, believed mental illness can be managed and treated, felt comfortable seeking help for themselves, and would recommend their friends and families to attend this type of presentation.

Comments from attendees:

- *"There was a lot of opportunities to share, especially the spotlight on how Asian culture adds additional layer of complexity to the conversation. It was very validating and the presenter showed real stance, researched well in current events, provided examples and actionable takeaways of what to try and what to avoid."*
- *"It was very empowering to hear from different generations and their perspectives on mental health. Mental Health is so taboo in Filipino/AAPI cultures so it is encouraging to hear other families to speak openly about it. It is also nice to see older generation of Filipinos be willing to look past cultural traditions/ beliefs/mindsets to better understand their children."*

Counts of Attendees, Presentations, and Demographic Information Completed by Fiscal Year

Program Service	FY 21/22	FY 22/23	FY 23/24
# of Attendees	155	108	390
# of Presentations	12	9	26
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	11	1	0
Hispanic/Latinx	8	1	20
Black/African American	0	0	0
Asian/Pacific Islander	83	72	198
Native American	0	1	0
Multiracial	5	7	44
Other/Not Reported	48	26	128
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children/Youth (0-15)	1	2	7
Transition Aged Youth (16-25)	18	18	27
Adults (26-59)	58	20	55
Older Adults (60+)	16	26	48
Not Reported	62	42	253
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	16	6	0
Female	77	9	0
Transgender	0	0	0
Other/Not Reported	62	93	390

PEI - Stand Against Stigma (SAS)

Description of Program: Stigma and Discrimination Reduction

Stand Against Stigma is designed to provide anti-stigma presentations to individuals and organizations by specifically outreaching and collaborating with schools, businesses, community organizations, and faith-based organizations throughout the county to bring presentations to as many people as possible. “Stand Against Stigma” presentations are utilized to educate and outreach to target audiences to share the unique stories of those with mental illness with the aim of reducing stigmatizing attitudes. Presentations are evidence-supported and structured to discuss mental health through presenters sharing their lived experience with mental health challenges and including an ‘on-the-way-up’ message to discuss strengths and recovery because of services, supports, and/or treatment. Presentations are aimed at reaching the following target audiences: community members, employers, landlords/housing officials, health care providers, other government-related entities, faith -based communities, and media.

Program Outcomes

For fiscal years 2021-2024, statistically significant improvements suggest that the "Stand Against Stigma" presentations were effective in positively shifting attendees' perceptions of individuals with mental health conditions, increasing their belief in recovery and empowerment, and enhancing the likelihood of attendees seeking help when facing anxiety and/or depression. Majority of participants (87.6%) reported positive feedback.

Comments from attendees:

- “Great job ! Thank you for sharing your stories. They were powerful and can help so many to learn and feel less alone.”
- “Thank you to [facilitator] and [facilitator] for sharing your stories. Thank you for still being here, and congrats on the work you have done so far. I hope the best for the work ahead.”
- “Your honesty and vulnerability are appreciated. Thank you for your time. “

Counts of Attendees, Presentations, and Demographic Information Completed by Fiscal Year

Program Service	FY 21/22	FY 22/23	FY 23/24
# of Attendees	470	200	248
# of Presentations	25	16	14
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	141	91	93
Hispanic/Latinx	82	67	74
Black/African American	24	7	9
Asian/Pacific Islander	10	1	1
Native American	2	0	0
Other/Unkn/Multi-Racial	200	101	219
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children/Youth (0-15)	0	0	0
Transition Aged Youth (16-25)	14	9	12
Adults (26-59)	147	85	93
Older Adults (60+)	23	7	3
Not Reported	194	99	140
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	28	12	37
Female	161	89	73
Transgender	0	1	0
Other/Not Reported	189	98	138

PEI – Promotores(as) de Salud Mental y Bienestar Program

Description of Program: Outreach

In partnership with the agency Vision y Compromiso, the Promotores(as) de Salud Mental y Bienestar program trained lay workers community (promotors) to outreach, bring awareness to topics in mental health, reduce stigma, and provide resource referrals to prevention and early intervention services in the Hispanic/Latinx community. The selected promotors from the program go through a 40 hour training in which they are educated on topics in mental health and given a list of culturally competent local resources. Promoters then provide 1-hour presentations on mental health topics in locations such as schools/universities, libraries, coffee shops, local churches and other community locations. Participants were informed about these presentations through various community outreach methods which included tabling, social media, fliers, and reaching out to key community leaders at planning meetings.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (duplicated)	7,164	5,350	11,862
# of Presentations	1,799	1,399	3,476

Outcomes Evaluation

In all three fiscal years, the majority of participants agreed or strongly agreed with the following statements: I felt comfortable seeking help and getting resources, I could talk about the topic with family and friends, I got a better understanding of mental health issues, I they had a good experience with the promoter.

- "*The pandemic greatly impacted our mental health, it is important to talk about this.*" *(FY21/22)*
- "*There is always a light at the end of the tunnel and there is always an out and a long journey ahead.*" *(FY22/23)*
- "*Learned that a mental challenge can be at any age, social level and does not discriminate.*" *(FY23/24)*

Demographics			
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	68	30	84
Hispanic/Latinx	6,976	5,220	11,633
Black/African American	0	0	23
Asian/Pacific Islander	0	0	7
Native American	0	0	3
Other/Unkn/Multi-Racial	121	100	112
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	0	0	167
Transition Aged Youth (16-25)	878	707	1,808
Adults (26-29)	4,742	3,113	6,990
Older Adults (60+)	1,515	1,452	2,865
Not Reported	29	78	32
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	2,012	3,758	8,020
Female	5,063	1,512	3,720
Transgender	0	0	6
Unknown/Other	89	80	116

PEI – CMHPP Native American

Description of Program: Outreach

The ethnically and culturally specific Community Mental Health Promoters Program trains lay workers in the community (promotors) to outreach to their communities, bring awareness to mental health topics, reduce stigma, and provide resource referrals to prevention and early intervention services. MHSA-PEI partnered with Riverside/San Bernardino County Indian Health Inc. The organization advocates on behalf of the Native American through the delivery of quality health care services, which honor spiritual and cultural values. The selected promotors from the program go through a 40 hour training in which they are educated on topics in mental health and given a list of culturally competent local resources. Promoters then provide 1-hour presentations on topics on mental health in locations such as schools/ universities, libraries, coffee shops, recreation centers and tribal offices. Participants were informed about these presentations through various community outreach methods which included tabling, social media, fliers, and reaching out to key community leaders at planning meetings.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (unduplicated)	1,169	926	961
# of Presentations	125	132	143

Outcomes Evaluation

A majority of participants agreed or strongly agreed with all statements in a satisfaction survey—that they felt able to find help and get resources, that they could share the information with family and friends, and that they got a better understanding of mental health issues in a culturally relevant way.
Things participants found helpful included:

- *"Talking about types of bullying and what I can do to help".*
- *"It brings awareness and helps other people understand where others are coming from."*
- *"Making me more comfortable to talk about depression with my friends and family."*

Demographics			
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	14	7	19
Hispanic/Latinx	54	17	52
Black/African American	8	3	4
Asian/Pacific Islander	1	8	6
Native American	1,054	848	553
Other/Unkn/Multi-Racial	38	43	327
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	302	194	140
Transition Aged Youth (16-25)	341	435	536
Adults (26-29)	477	224	235
Older Adults (60+)	4	31	38
Not Reported	45	42	12
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	380	329	354
Female	744	484	595
Transgender	2	2	0
Unknown/Other	43	111	12

PEI – CMHPP Black/African American

Description of Program: Outreach

The ethnically and culturally specific Community Mental Health Promoters Program trains lay workers in the community (promotors) to outreach to their communities, bring awareness to mental health topics, reduce stigma, and provide resource referrals to prevention and early intervention services. MHSA-PEI partnered with the Black/African American Health Coalition, who is a group of healthcare and mental health medical advocates passionate about serving the community with the best free and low cost quality resources. The selected promotors from the program go through a 40 hour training in which they are educated on topics in mental health and given a list of culturally competent local resources. They provide 1-hour presentations on topics on mental health in locations such as a consumer's residence, or at public locations such as parks, community centers, churches, bus stops and store fronts.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (unduplicated)	1,235	1,073	N/A
# of Presentations	408	371	N/A

Outcomes Evaluation

Majority of participants strongly agreed with all statements in the satisfaction survey, indicating they felt confident in seeking help and finding resources, and that they can share the information with family and friends. They felt they got a better understanding of mental health issues, and had a great experience with the promoter.

- *"The promotor was very informational. She was confident in what she was teaching and gave all the proper resources."*
- *"Gave me the confidence to talk more about mental health"*
- *"It was helpful to know where I can get help"*

Demographics			
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	15	11	N/A
Hispanic/Latinx	70	41	N/A
Black/African American	1099	1009	N/A
Asian/Pacific Islander	11	1	N/A
Native American	2	1	N/A
Other/Unkn/Multi-Racial	38	10	N/A
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	151	68	N/A
Transition Aged Youth (16-25)	257	169	N/A
Adults (26-29)	632	601	N/A
Older Adults (60+)	168	229	N/A
Not Reported	27	6	N/A
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	527	402	N/A
Female	639	659	N/A
Transgender	8	3	N/A
Unknown/Other	61	9	N/A

PEI – CMHPP Asian American/Pacific Islander

Description of Program: Outreach

The ethnically and culturally specific Community Mental Health Promoters Program trains lay workers in the community (promotors) to outreach to their communities, bring awareness to mental health topics, reduce stigma, and provide resource referrals to prevention and early intervention services. MHSA-PEI partnered with Asian Pacific Counseling and Treatment Centers, a division of Special Service for Groups, Inc. (SSG), specializing in culturally sensitive approaches to address the social and psychological needs of Asian and Pacific Islander communities. The selected promotors from the program go through a 40 hour training in which they are educated on topics in mental health and given a list of culturally competent local resources. Promoters then provide 1-hour presentations on topics on mental health in locations such as schools/universities, libraries, coffee shops, local churches and other community locations. Participants were informed about these presentations through various community outreach methods which included tabling, social media, fliers, and reaching out to key community leaders at planning meetings.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (unduplicated)	536	407	771
# of Presentations	66	61	47

Outcomes Evaluation

A majority of participants agreed or strongly agreed with all statements in a satisfaction survey - indicating that most participants agreed with the statements on seeking help and finding resources, being able to talk about the presentation topic with friends and family, and having a better understanding of mental health issues.

Things participants found helpful included:

- *"Learned different ways to cope with stress."*
- *"A warm and welcoming space was created to allow us to be vulnerable and open."*
- *"The mindset to think about things again and make an effort to put into practice."*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	28	26	30
Hispanic/Latinx	24	16	42
Black/African American	2	4	4
Asian/Pacific Islander	474	314	600
Native American	1	1	2
Other/Unkn/Multi-Racial	163	62	86

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	81	67	55
Transition Aged Youth (16-25)	132	119	226
Adults (26-29)	270	110	208
Older Adults (60+)	53	109	269
Unknown	132	2	13

Gender	FY 21/22	FY 22/23	FY 23/24
Male	176	130	258
Female	349	257	495
Transgender	0	1	2
Unknown/Other	143	19	45

CMHPP Lesbian Gay Bisexual Transgender Questioning/Queer (LGBTQ+)

Description of Program: Outreach

MHSA-PEI partnering with Borrego Health, trained lay workers in the community (promoters) to outreach, bring awareness to topics in mental health, reduce stigma, and provide resource referrals to prevention and early Intervention services for the Lesbian Gay Bisexual Transgender Questioning/Queer+ community. The selected promotors from the program go through a 40-hour training in which they are educated on mental health topics and provided a list of culturally competent local resources. They conduct 1-hour presentations on a variety of mental health topics in locations such as a consumer's residence, or at public locations such as community centers, bus stops, and store fronts. After a presentation, participants are encouraged to complete a satisfaction survey which asks about their satisfaction with the promoter, presentation content, and their confidence in talking about and seeking help for their mental health. They are asked on a scale of 1-5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree) about how much they agreed with the statements in the survey. Surveys of people who attended more than one presentation were included as they may have had a different experience each time.

Outcomes Evaluation

For FY 21/22, 331 participants completed a survey and for FY 22/23, 348 participants completed a survey. In both fiscal years, a majority of participants agreed with the following statements in the survey: they felt comfortable seeking help and getting resources, they could talk about the topic with family and friends, they got a better understanding of mental health issues, and they had a good experience with the promoter. Unfortunately, the CMHP LGBTQ+ Program did not have a provider for FY 23/24.

Comments from attendees:

- "The way it was for LGBTQ specific resources"
- "I now know how to get treatment for my mental illness"
- "I had a hard time talking to family and friends but I know now that I shouldn't be scared or ashamed"
- "I am going to seek help for my self in order to not stay depressed. Thank you very much."
- "It's given me a truly thorough list of helpful resources in our area."

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (unduplicated)	286	342	n/a
# of Presentations	43	34	n/a
Demographics			
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	115	135	n/a
Hispanic/Latinx	116	101	n/a
Black/African American	25	23	n/a
Asian/Pacific Islander	8	17	n/a
Native American	2	1	n/a
Other/Unkn/Multi-Racial	20	65	n/a
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	47	50	n/a
Transition Aged Youth (16-25)	64	37	n/a
Adults (26-29)	61	30	n/a
Older Adults (60+)	109	174	n/a
Not Reported	5	51	n/a
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	111	87	n/a
Female	136	202	n/a
Transgender	29	2	n/a
Nonbinary	8	6	n/a
Unknown/Other	2	45	n/a
Sexual Orientation	**FY 21/22**	**FY 22/23**	**FY 23/24**
Lesbian, Gay, Bisexual	105	67	n/a
Not LGB/Not Reported	181	275	n/a

CMHPP Middle Eastern/North African (MENA)

Description of Program: Outreach

MHSA-PEI partnering with Sahaba Initiative, trained lay workers in the community (promoters) to outreach, bring awareness to topics in mental health, reduce stigma, and provide resource referrals to prevention and early Intervention services for the Middle Eastern/North African community. The selected promotors from the program go through a 40-hour training in which they are educated on mental health topics and provided a list of culturally competent local resources. They conduct the 1-hour presentations on a variety of mental health topics in locations such as a consumer's residence (in-person and virtually), or at public locations such as community centers, schools, colleges/ universities, and store fronts.

Program Outcomes:

Sahaba Initiative started their contract approximately halfway through FY 23/24 and were able to establish an office location in the Riverside area and hire two full-time staff to serve in the Western and Mid-County regions of the county. During their first six months, they were able to have both staff complete their 40-hour promoter training to be able to provide culturally tailored presentations to the Middle Eastern/North African community.

The program director had a very positive experience training the community mental health promoters and preparing them for program implementation in the community. The promoters were highly engaged throughout the training days and asked thoughtful questions to help deepen their understanding of the material. Additionally, the promoters demonstrated great skill when presenting the material back during practice presentations, not only when it came to presentation style and presence, but also in conveying the relevant information appropriately and accurately.

After completion of their 40 hour training, promoters participated in a survey in which they rated their agreement with statements on a scale from 1-5 (1-strongly disagree to 5-strongly agree). The promoters strongly agreed that the trainings were effective and helpful in their development as a promoter. They are confident in their knowledge of mental health, their ability to work with the community, and answer questions on mental health issues in a culturally competent way.

PEI – Applied Suicide Interventions (ASIST) Workshops

Description of Program: Suicide Prevention

ASIST is a two-day workshop designed for members of all caregiving groups. Family, friends, and community members may be the first to encounter an at-risk individual, but have little or no training to help. ASIST emphasizes the importance of learning suicide first-aid to keep at-risk individuals safe and to seek further help if needed. ASIST also helps individuals in formal helping roles with professional development so that they are better prepared to perform suicide first aid help when providing care to others. After completing ASIST, participants will know how to use a suicide intervention model to identify individuals with suicidal thoughts and develop a safety plan with them.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (unduplicated)	166	279	314
# of Trainings	8	14	19

Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	134	199	42
Hispanic/Latinx	94	156	124
Black/African American	10	15	35
Asian/Pacific Islander	3	14	8
Native American	0	0	3
Other/Unkn/Multi-Racial	18	50	101

Outcomes Evaluation

At the end of ASIST, all participants are encouraged to complete a feedback survey which includes questions about the overall course, how ASIST is helpful to them or others. Things participants found helpful included:

- *"The training was very smooth and informative. Presenters engaged all and did well. I liked learning the PALS."*
- *"I felt it was very beneficial for my life and future profession."*
- *"ASIST was a fun and helpful training. The guidance and experience obtained is invaluable to me personally and professionally."*

Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	0	0	0
Transition Aged Youth (TAY) (16-25)	14	37	25
Adults (26-29)	144	196	208
Older Adults (60+)	4	3	10
Unknown	4	43	71

Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	22	48	44
Female	141	208	198
Transgender	0	1	1
Unknown/Other	3	22	71

PEI – SafeTALK Workshops

Description of Program: Suicide Prevention

SafeTALK is a half-day training program that teaches participants to recognize and engage with individuals who possibly have suicidal thoughts and to connect them with community resources. SafeTALK emphasizes safety while challenging the stigma in openly discussing suicide. It is recommended that individuals trained in ASIST or other suicide prevention programs to be at all SafeTALK trainings. This program provides gradual exposure to practice actions and to help participants understand how false societal beliefs can cause otherwise caring and helpful people to miss, dismiss, or avoid warning signs of suicide. Additionally, 'Safe' stands for 'Suicide Alertness For Everyone' and 'TALK' stands for 'Tell, Ask, Listen, and KeepSafe'. This program helps participants practice the TALK step actions in overcoming these barriers.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (unduplicated)	59	341	503
# of Trainings	3	19	31

Outcomes Evaluation

All safeTALK participants are asked to complete a feedback form at the end of the training presentation to complete their training.

Things participants found helpful included:

- *"This training helped my school community to not be afraid and it [the training] will help them build capacity within their role."*
- *"Going over the slides and having the videos were helpful to understand the steps. Resource are also very helpful and useful to provide to others who are in need."*
- *"Very informative, kept my attention & was engaging which made it more comfortable to speak out & participate."*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	34	226	78
Hispanic/Latinx	22	138	228
Black/African American	10	29	57
Asian/Pacific Islander	10	33	52
Native American	0	6	2
Other/Unkn/Multi-Racial	4	45	85

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	0	0	0
Transition Aged Youth (TAY) (16-25)	9	110	106
Adults (26-29)	41	198	320
Older Adults (60+)	9	23	44
Unknown	0	10	33

Gender	FY 21/22	FY 22/23	FY 23/24
Male	11	133	130
Female	48	192	330
Transgender	0	3	4
Unknown/Other	0	10	39

PEI – Know the Signs

Description of Program: Suicide Prevention

Know the Signs is a statewide suicide prevention social marketing campaign built on three key messages: "Know the signs. Find the words. Reach out." This campaign is intended to educate on how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis, and where to find professional help and resources. The campaign has specifically designed culturally relevant posters to help communities in understanding the message. The posters and marketing materials are available in English, Spanish, Vietnamese, Korean, Hmong, Khmer, Lao, Mandarin, Tagalog, Punjabi and Russian. There are also print ads, TV and radio spots, and online ads available for the public. At the end of each presentation, everyone is encouraged to download the mobile application to help connect at-risk individuals to a supportive network.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (unduplicated)	493	141	108
# of Trainings	37	17	17

Outcomes Evaluation

At the end of a Know the Signs training, participants are asked to complete a feedback survey via Google Forms to further understand how participants felt and thought about the training.

Things participants found helpful included:

- *"Excellent. I appreciate the language provided to direct these difficult conversations."*
- *"Wonderful training! Enjoyed the interactive nature of the training. Great resources were provided. The scenarios were a great way to have staff practice and be more comfortable with having conversations regarding suicide."*
- *"Very informative and concise information that can help empower people to intervene with appropriate resources when warning signs are presented."*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	355	96	22
Hispanic/Latinx	228	71	48
Black/African American	24	10	10
Asian/Pacific Islander	19	9	10
Native American	3	0	3
Other/Unkn/Multi-Racial	91	26	15

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	0	0	0
Transition Aged Youth (TAY) (16-25)	28	23	12
Adults (26-29)	317	89	61
Older Adults (60+)	36	6	34
Unknown	112	23	1

Gender	FY 21/22	FY 22/23	FY 23/24
Male	93	26	22
Female	384	111	81
Transgender	2	1	0
Unknown/Other	14	3	5

PEI – Mental Health First Aid (MHFA) - Adult and Youth Courses

Description of Program: Suicide Prevention

The Mental Health First Aid (MHFA) program is an 8-hour long interactive session and can be conducted in three different ways: one-day 8-hour seminar, two-day 4-hour seminar, or a four-day 2-hour seminar. The program covers risk/protective factors, warning signs of mental health problems, prevalence data, stigma, assessment, intervention, and how to connect individuals in crisis with appropriate care. Additionally, the MHFA program provides evidence-based professional, peer, social, and self-help resources for individuals with a mental health illness. For specific target populations, there are two courses that are offered for training and certification, the Adult MHFA and the Youth MHFA (YMHFA). Each certification must be renewed every three years.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served (unduplicated)	33	217	225
# of Trainings	3	16	17

Outcomes Evaluation

Individuals reported that they strongly agree that there was an adequate opportunity in practicing their skills that they learned from the training.

Things participants found helpful included:

- *"I appreciated reading closely about a disorder and sharing findings with the group." "Thank you for the examples on how we may respond to specific situations."*
- *"Very friendly, warm, welcoming, supportive and awesome!"*
- *"Knowing how to approach & speak to someone in crisis."*
- *"Loved both instructors, both of their styles went well together. I appreciate how realistic they are too. Thank you."*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	23	88	79
Hispanic/Latinx	18	96	145
Black/African American	6	23	23
Asian/Pacific Islander	0	11	7
Native American	0	5	6
Other/Unkn/Multi-Racial	4	89	109

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	0	0	0
Transition Aged Youth (TAY) (16-25)	0	38	61
Adults (26-29)	30	134	150
Older Adults (60+)	2	17	6
Unknown	1	28	8

Gender	FY 21/22	FY 22/23	FY 23/24
Male	8	58	81
Female	22	139	137
Transgender	0	0	0
Unknown/Other	3	20	6

Riverside University HEALTH SYSTEM Behavioral Health

PEI Plan Project Area #2
Parent Education and Support

PEI – Triple P (2-12)

Description of Program: Prevention

Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The service delivery method for this implementation of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put into practice the skills learned in group. The group then reconvenes for the eighth and final session. The Carolyn Wylie Center, a well established Community-Based Organization (CBO), was contracted to provide Level 4 Triple P throughout Riverside County.

Participant Service and Completion Rates

	FY 21/22	FY 22/23	FY 23/24
Total Enrolled	324	232	542
Total Completed	263 (81.2%)	203 (87.5%)	438 (80.8%)

Note: Completion is defined as attending at least 6 out of 8 sessions, missing no more than one phone session, and not missing the first session.

Outcomes Evaluation

- Positive parenting practices increased, and inconsistent discipline practices decreased, as indicated by the APQ measure
- Parents experienced a decrease in their depression, anxiety and stress levels as indicated by the DASS-21 measure
- The ECBI measure showed decreases in frequency of children's disruptive behaviors and parents reported fewer behaviors as problematic

Satisfaction

A majority of participants were highly satisfied with all aspects of the Triple P program including program logistics, quality of group leaders and overall with the program. Below are some comments:

- *"I learned to praise! the power of praising is definitely a great way to be a positive parent & encourage the behavior we want our children to follow."*
- *"I liked meeting all of the parents in class. Sharing our experiences and helping each other through the process."*
- *"I learned new techniques to approach our problems and to give myself some grace."*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	37	37	85
Hispanic/Latinx	238	158	350
Black/African American	20	12	47
Asian/Pacific Islander	10	7	15
Native American	3	2	5
Other/Unkn/Multi-Racial	16	16	40

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	0	0	0
Transition Aged Youth (TAY) (16-25)	19	11	35
Adults (26-29)	304	215	491
Older Adults (60+)	0	4	12
Unknown	1	2	4

Gender	FY 21/22	FY 22/23	FY 23/24
Male	42	38	110
Female	282	194	431
Transgender	0	0	0
Unknown	0	0	1

PEI – Teen Triple P

Description of Program: Prevention

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. The service delivery method for this implementation of Level 4 Teen Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put into practice the skills learned in group. The group then reconvenes for the eighth and final session. The Carolyn Wylie Center, a well established Community-Based Organization (CBO), was contracted to provide Level 4 Teen Triple P throughout Riverside County.

Participant Service and Completion Rates			
	FY 21/22	FY 22/23	FY 23/24
Total Enrolled	126	58	144
Total Completed	99 (78.6%)	42 (72.4%)	121 (84%)

Note: Completion is defined as attending at least 6 out of 8 sessions, missing no more than one phone session, and not missing the first session

Outcomes Evaluation

- Teen problem scores in areas of emotional, conduct, hyperactivity and peer problems decreased as indicated by the SDQ measure. Prosocial skills scored increased
- Increase in parent involvement and positive parenting and a decrease in poor monitoring practices, as indicated by the APQ
- The CBQ showed a decrease in general conflict between parent and teen

Satisfaction

A majority of participants were highly satisfied with all aspects of the Teen Triple P program including program logistics, quality of group leaders and overall with the program. Below are some comments:

- *"I liked that I got to speak about my situation and get feedback on my situation as well."*
- *"I learned how to work on a behavior contract to encourage a behavior I want to see more often. I learned how to give my daughter time to cooperate and use logical consequences when needed."*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	20	12	17
Hispanic/Latinx	85	43	103
Black/African American	7	0	12
Asian/Pacific Islander	2	0	4
Native American	1	1	2
Other/Unkn/Multi-Racial	11	2	6

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	0	0	0
Transition Aged Youth (TAY) (16-25)	0	0	0
Adults (26-29)	123	56	131
Older Adults (60+)	2	1	5
Unknown	1	1	8

Gender	FY 21/22	FY 22/23	FY 23/24
Male	15	5	23
Female	110	53	121
Transgender	0	0	0
Unknown	1	0	0

PEI Mobile Services/Preschool 0-5 Clinic

Description of Program: Prevention

The Preschool 0-5 Clinic offers mental health services which include PCIT, an evidence-based treatment for young children with behavioral problems. It's conducted through coaching sessions during which the caregiver and child are in a playroom while the therapist is in an observation room watching the caregiver interact with the child through a one way mirror. The caregiver wears a device in the ear through which the therapist provides in the moment coaching skills. The clinic also offers parenting groups and child prosocial skills groups. The clinic also harbors three sprinter vans which are used for providing services at the client's home, school sites, or anywhere that is needed in identified underserved areas as defined by the Prevention and Early Intervention plan. The vans are built with the capacity to hold PCIT sessions, child prosocial sessions and more. For FY 23-24 the vans were not in use as the program was working out the logistics and administrative tasks associated with deploying the vans.

Participant Service and Completion Rates			
	FY 21/22	FY 22/23	FY 23/24*
Total Enrolled	150	233	622

*Note, in 23-24 we included clinic services billed to the clinic RU as well as services billed to the three mobile RUs. FY 21-23 We included only those served by the mobile RUs. This explains the increase in the number of individuals served.

Outcomes Evaluation

All Mental Health Services (including PCIT):
Across all fiscal years combined, a total of 15,145 mental health services totaling 12,686 hours were provided to families.

PCIT Specific Outcomes:
Countywide there was a statistically significant decrease in the frequency of child problem behaviors and in the extent to which caregivers perceived their child's behavior to be a problem. Pre and Post PSI scores showed a statistically significant decrease countywide in parent's stress levels. Overall parents felt more confident in their parenting skills and ability to discipline

In FY 23/24, of the 121 families (242 participants) that closed to PCIT, 29% closed due to completion of one or more phases of treatment. 88% of families had a good or fair prognosis after attending PCIT. 57.4% of families met all or some of the goals set by the family and therapist.

Parent Consultations Outcomes:
Majority of parent consultations resulted in the distribution of parent tip sheets and referrals to PCIT or to Child Pro-Social groups

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	37	20	44
Hispanic/Latinx	37	43	132
Black/African American	6	5	22
Asian/Pacific Islander	0	1	0
Native American	0	0	1
Other/Unkn/Multi-Racial	70	164	423

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	75	101	300
Transition Aged Youth (TAY) (16-25)	0	0	0
Adults (26-29)	75	132	322
Older Adults (60+)	0	0	0
Unknown	0	0	0

Gender	FY 21/22	FY 22/23	FY 23/24
Male	47	67	198
Female	28	34	101
Transgender	0	0	0
Unknown	75	132	323

PEI – Strengthening Families Program (SFP)

Description of Program: Prevention

The Strengthening Families Program (SFP) is a prevention program for families with children ages 6-11. SFP's goals include strengthening parenting skills, building family strengths, enhancing youth's school success, and reducing risk factors for behavioral, emotional, and social problems in high-risk children (those from communities that are underserved, low-income, exposed to violence, trauma, and other stresses). The program consists of 14 sessions. Sessions 1-4 focus on parent/youth attachment and bonding; Sessions 5-9, parent/youth communication and family organization; sessions 10-13, parental supervision and building discipline. Each session includes skill-training, activities, group practice, and a meal.

Participant Service and Completion Rates	FY 21/22	FY 22/23	FY 23/24
Total Enrolled	154	127	117
Total Completed	128 (83.1%)	92 (72.4%)	99 (84.6%)

Note: Service counts represent families (not individual participants). Completion is defined as either parent/caregiver attending at least 10 out of the 14 sessions.

Outcomes Evaluation

- Consistent improvement in all dimensions of the APQ, including increases in parental involvement and positive parenting, with a concomitant reduction in inconsistent discipline.
- Consistent improvement in all dimensions of the FRI, with increases in family cohesion, expressiveness, and reduction in conflict—evidence of SFP's strengthening effect on families.

Satisfaction

95% or more of parents/caregivers indicate SFP helped their family very much. Comments often echo an appreciation for the opportunity to learn and engage with other families in a fun, friendly environment.

"My entire family loved coming weekly to the sessions. We loved getting involved with other parents as well as the children of other kids. It really helped with our communication as a family. We always looked forward to coming to the sessions to learn more on different approaches for parenting. My girls understood their lessons equally. We'd discuss our classes at the end as a family and speak on how we could work together to implement them."

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	4	7	15
Hispanic/Latinx	169	144	115
Black/African American	4	2	8
Asian/Pacific Islander	2	3	1
Native American	1	0	2
Other/Unkn/Multi-Racial	18	11	3

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	0	0	0
Transition Aged Youth (TAY) (16-25)	2	2	3
Adults (26-59)	173	154	136
Older Adults (60+)	5	1	2
Unknown	18	10	3

Gender	FY 21/22	FY 22/23	FY 23/24
Male	45	33	31
Female	136	123	111
Transgender	2	0	0
Unknown	15	11	2

Note: Demographics counts represent individual parents/caregivers.

Riverside University HEALTH SYSTEM Behavioral Health

PEI Plan Project Area #3
Early Intervention for Families in Schools

PEI - PEACE4Kids

Description of Program: Prevention

Peace4Kids is a school based program that is designed to improve protective factors for children, teach parents effective communication skills, build social support networks, and empower parents to be the primary prevention advocates in their children's life in a setting that is de -stigmatizing to a lot of families, which is school.

Based on Aggression Replacement Training for middle school students during school with two levels. The program goals are for students to master social skills, school success, control anger, decrease acting out behaviors, and increase constructive behaviors. A parent component is included in the program as well to create social bonding among families.

The impacts of the COVID-19 pandemic essentially de-railed this project. It became clear that the model for implementation we were using was not ideal. In May 2022, this program was released for competitive bid for school districts. Unfortunately, no bids were received. Currently this program is on hold. Peace4Kids was not implemented in fiscal years 2021-2024.

Riverside University HEALTH SYSTEM Behavioral Health

PEI Plan Project Area #4
Transition Age Youth (TAY) Project

PEI – Stress and Your (SAYM)

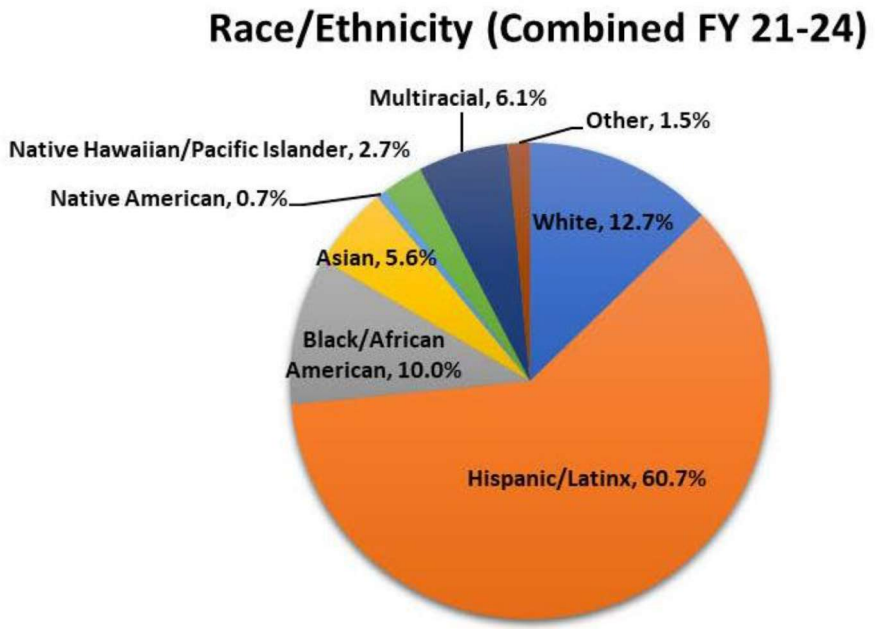
Description of Program: Early Intervention

Stress and Your Mood (SAYM) is an early intervention for depression program based on the Cognitive Behavioral Therapy (CBT) model, with modifications for transition age youth (TAY). SAYM was developed to improve access to evidence-based treatment for TAY with depressive disorders and sub-clinical depressive symptoms, with referrals given to those in need of medication evaluation with prescribing psychiatrists to ensure continuity of care. SAYM services were provided in both group and individual formats, and were constructed to have three phases: Conceptualization; Skills and application training; and Relapse prevention. Services are low-intensity and time limited, and can be provided in either group or in individual sessions. Outcomes for Depression Symptoms were measured using the Centers for Epidemiological Studies Depression Scale (CES-D) and Clinical Global Impression Improvement Scale (CGI-I). Improvements in participant's overall functioning were measured using either Youth Outcome Questionnaire (Y-OQ-SR®) for participants who were under 18 years old, or Behavioral and Symptom Identification Scale (BASIS-24®) for participants who were at least 18 years old. Post satisfaction surveys were also collected to gather participants' feedback on program.

Demographic:

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	23	43	28
Hispanic/Latinx	136	158	154
Black/African American	23	29	22
Asian	13	12	16
Native American	1	3	1
Native Hawaiian/Pacific Islander	19	0	1
Multiracial	0	25	20
Other	5	4	2
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	62	69	67
Female	147	190	163
Transgender	10	8	8
Unknown	1	7	6
Sexual Orientation	**FY 21/22**	**FY 22/23**	**FY 23/24**
Lesbian	2	7	6
Gay	4	8	4
Bisexual	26	43	35
Other	31	31	16
Unknown	8	31	0
Not LGBTQI	149	154	183

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	8	31	0
Transition Age Youth (16-25)	212	243	244
Adults (26-59)	0	0	0
Older Adults (60+)	0	0	0
Unknown	0	0	0



PEI – Stress and Your (SAYM)

Completion Rates, Service Delivery, and Program Outcomes:

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served	220	274	244
# of Participants Completed	157	204	166
Successfully Completed Treatment Goals	***71%***	***74%***	***68%***

SAYM Service Information			
Type of Service Delivery	**FY 21/22**	**FY 22/23**	**FY23/24**
Individual Assessments	440.25	545.25	203.58
Individual Therapy Sessions	1045.50	1,029.78	806.02
Group Therapy Sessions	974.22	1,088.27	252.50
Non-Family Therapy without Clients	75.75	183.05	0
Case Management/Crisis Intervention	0	0	186.17
Total Hours Provided	**2,535.72**	**2,846.35**	**1,448.27**

Program Outcomes			
Percent Change in Average Total Scores from Pre to Post	**FY 21/22**	**FY 22/23**	**FY23/24**
CES-D (%)	41%	31%	24%
CGI-I (%)	29%	40%	37%
Y-OQ-SR® (%)	19%	20%	20%
BASIS-24® (%)	27%	30%	31%

The Program Outcomes only show results from SAYM participants who completed the SAYM Program entirely, and have completed the Pre and Post measures.

- Overall, results from CES-D showed that on average, participants' depression symptoms improved after participating and completing the SAYM Program.
- In CGI-s, the average scores of SAYM participants were compared from Pre (Module 1) to Post (Module 3) of those who completed the program. Clinicians also rated the participants halfway through the program, and the results were compared. Overall, the results suggested that those who completed the SAYM Program entirely had showed more significant improvements compared to those who only completed the program partially.
- Y-OQ-SR® results were based on SAYM participants who were under 18 years of age, have completed the Pre and Post measures, and have completed the SAYM Program entirely. Overall, the results suggested that participants have shown reductions in the general level of distress, consistent with the results of CES-D analysis.
- BASIS-24® results were based on SAYM participants who were at least 18 years of age, have completed the Pre and Post measures, and have completed the SAYM Program entirely. Overall, the average total weighted scores were already low at intake, and although the sample size was relatively small, participants still showed improvements after completing the SAYM program.

PEI – Stress and Your (SAYM)

Satisfaction Surveys:

From Fiscal Years 2021 to 2024, the post-satisfaction survey results from SAYM participants showed generally high satisfaction, where at least two-thirds of the participants responded either "Agreed" or "Strongly Agreed" to all of the survey statements as shown on table below. It is also shown that 93% or more participants felt that the "***SAYM counselors listened to what they had to say***", and that "***The SAYM counselors knew how to help them***".

Comments from participants:

- *"I liked that this program was interactive between instructor and group. Being in a group setting helped me get more comfortable about speaking up and answering questions out loud. Knowing that others could relate was also nice. I also liked meeting new people I would not have if not for the program. The program was also very straight to the point."*
- *"I loved how the counselor made everyone feel included and listened to what everyone had to say. I liked that this program gave me different ways on how to cope with a variety of things and that all resources were provided."*
- *"I liked how every topic was relatable to my life and benefited me. I was able to apply the things I learned directly to my life which was great. My therapist was amazing and always made me feel comfortable and validated throughout the program. I also liked the flexibility of being able to schedule an appointment that accommodates my schedule.*
- *"I learned how to manage stress, different kinds of research, and learning to respond to things in a positive way. I also learned how to deal with depression, and how to respond quickly to certain situation in order for me to communicate."*
- *"I learned how important it is to take care of ourselves physically and mentally, especially the breathing techniques, exercises, and how to relax our minds.*

Stress and Your Mood (SAYM) Satisfaction Survey Results			
Survey Statements	**FY 21/22**	**FY 22/23**	**FY 23/24**
1. Participation in SAYM Program reduced my depression symptoms	73%	70%	69%
2. As a result of participating in the SAYM program, I now know how to obtain help for depression	85%	84%	86%
3. I learned strategies to help me cope with stress	91%	87%	86%
4. The SAYM program helped me to understand myself better	84%	75%	79%
5. The SAYM program has prepared me to cope with stress if something difficult happens to me in the future	92%	86%	83%
6. If I needed help again, I would return to the SAYM program	94%	92%	90%
7. I achieved my goals for the SAYM program	68%	65%	68%
8. The counselor listened to what I had to say	96%	98%	93%
9. The counselor knew how to help me	96%	96%	94%

Note: percentage results are calculated based on participants who responded "Strongly Agree" and "Agree" on survey statements above.

Peer-to-Peer

Description of Program: Prevention

Riverside University Health System - Behavioral Health (RUHS-BH) is contracted with Operation SafeHouse to provide specific activities designed to reach transition age youth (TAY) - defined as youth between the ages of 16 and 25 years old. Specific target populations within TAY include homeless, foster or former foster, transitioning to college, and LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Questioning) individuals. The Peer-to-Peer program is designed to provide formal outreach, informal counseling, and support/informational groups to at-risk youth and families. Additionally, the program is designed to educate the public about mental health, depression, and suicide, while also working to reduce stigma towards mental illness among TAY individuals who are considered to be at high-risk. The program outreaches to Gay/Straight Alliances, social services agencies, and the community-at-large, in order to organize and facilitate small and large TAY group presentations and discussions to local community-based locations, school districts, and college campuses, with activities that include Directing Change outreach and workshops, Speaker's Bureau presentations, LGBTQ+ support groups, a Peer Mentoring program, and Coping and Support Training (CAST).

- Directing Change workshops are aimed to emphasize the importance of understanding the signs and symptoms of mental health and suicide, and developing a story in a digital public service announcement (PSA) format to promote that understanding and participation in submitting PSAs to the state Directing Change program.
- Speaker's Bureau presentations are utilized to educate and outreach to at-risk TAY, caregivers, educators, and TAY service providers on the unique issues that at-risk TAY experience as it relates to mental health and interpersonal issues, with the aim of reducing stigmatizing attitudes.
- LGBTQ+ support groups are provided by trained peers based on the My Identity My Self (MIMS) curriculum.
- The Peer Mentoring program is utilized to encourage and monitor progress with individualized goal setting through one-on-one interactions with a peer mentor.
- Coping and Support Training (CAST) is an evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts. Each CAST group consists of an initial screening session followed by nine (9) sessions facilitated by TAY Peer Youth Specialists.

Peer-to-Peer: Directing Change

Directing Change Service Information Countywide			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Outreach Events	38	42	86
# of Outreach Participants	1,388	1,312	2,782
# of Workshops	6	15	13
# of Workshop Participants	99	351	229
Demographics for Workshop Participants			
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	9	13	11
Hispanic/Latinx	70	108	166
Black/African American	10	17	7
Asian/Pacific Islander	2	15	6
Native American	1	1	0
Multiracial/Other/Not Reported	6/1/0	32/2/163	34/0/5
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	65	35	65
Transition Aged Youth (16-25)	33	197	159
Adults (26-29)	0	7	1
Older Adults (60+)	0	0	0
Not Reported	1	112	4
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	40	78	93
Female	53	106	123
Transgender	3	4	3
Nonbinary/Gender Fluid	3	1/4	2/3
Not Reported	0	158	5
Sexual Orientation	**FY 21/22**	**FY 22/23**	**FY 23/24**
Lesbian, Gay, Bisexual+	15	29	30
Not LGB+/Unknown/Not Reported	73/11/0	141/15/166	157/3/39

Outcomes Evaluation

Peer Youth Specialists conduct outreach events throughout the county to inform youth about the state Directing Change program, encourage submissions, and to recruit participants for Directing Change Workshops. The workshops assist students in developing their submissions to the statewide program. For fiscal years 2021-2024 there were 166 outreach events reaching 5,482 people and 34 workshops training 679 people.

Satisfaction surveys were collected at the end of each Directing Change workshop. The satisfaction surveys consist of seven questions, which include four rating questions and three open-ended questions to gather participants' feedback regarding the Directing Change workshop. Participants were asked to rate their experiences using a 5-point Likert Scale, where 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree.

Satisfaction Survey Results for Directing Change Workshops	FY 21/22 (n=99)	FY 22/23 (n=251)	FY 23/24 (n=226)
1. The workshop was a good use of my time.	4.03	4.15	4.03
2. I felt connected and involved in the workshop.	3.71	3.79	3.63
3. I would participate in this workshop again.	3.69	3.77	3.60
4. I would recommend this workshop to a friend.	4.16	4.17	3.98

Participant comments:

- "I liked everything about this workshop. I personally struggle with mental health and hearing it be normalized is really important."
- "I liked how engaged everyone was and the fact the presenters had experiences that related to us."
- "You do a very good job :) these topics are important and sometimes they are not talked about much."
- "I loved this presentation it made me realize that I should start checking up on my loved ones."

Peer-to-Peer: Speaker's Bureau

Program Services:

- In FY 21/22 there were 55 presentations with 1,042 attendees and 780 completed pre- and post-test outcomes measures.
- In FY 22/23 there were 55 presentations with 1,291 attendees and 1,010 completed pre- and post-test outcomes measures.
- In FY 23/24 there were 25 presentations with 429 attendees and 392 completed pre- and post-test outcomes measures.

Participant comments:

- "My point of view on this has changed now that I've heard an impactful story first hand and how people can grow and better themselves."
- "Mental illness is a real thing at times its hard to like try and find an out but no matter how hard we try or I try can't get rid of it but I'm sure it'll be better I have been talking with someone about it they are also struggling as well. We are there for each other. I'm glad you came in today, it was a remembrance to keep going that I'm able to get through it. Thank you both."
- "I admired the overall presentation, felt connected and involved even relieved to just hear the discussion. I wish we would have more presentations in the future."
- "[Presenter's] story really resonated with me. I kinda experience the same thing where I think everyone's watching, I've gotten better, but it still happens occasionally. Hearing her story really opened my eyes about it and made me realize that others perceptions don't really matter. I thank [presenter] for sharing and I plan to get better moving forward."
- "I appreciate the fact you didn't just say "suicide is bad" I like that you explained what helped you and give us the tool that helped you."
- "I always love hearing other LGBT+ stories, especially from adults. It lets me know I too will make it when I grow up, as I see myself in those currently making it."
- "I really enjoyed the presentation :) It is very helpful for teens our age especially seniors since we have a lot ahead of us the stress can be intense at times."

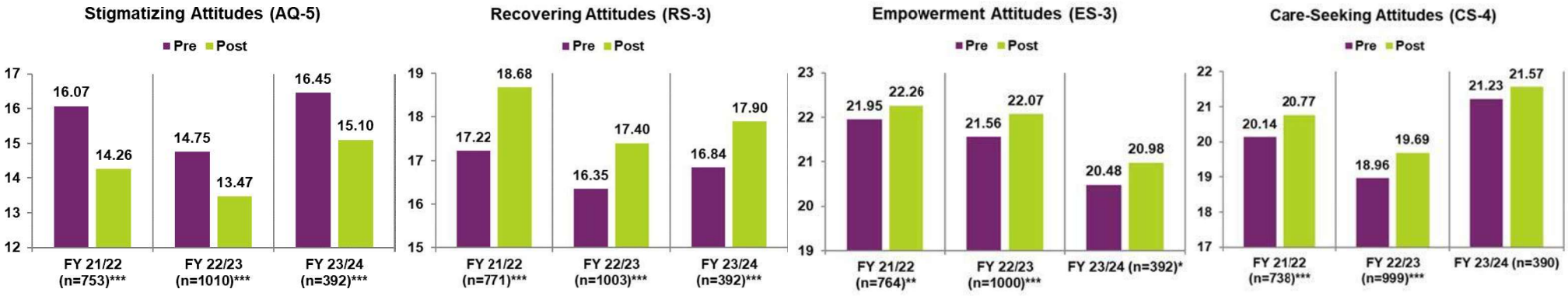
Speaker's Bureau Presentations			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Presentations	55	55	25
# of Participants (unduplicated)	990	1,175	420
Demographics			
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	106	54	36
Hispanic/Latinx	575	798	306
Black/African American	58	77	14
Asian/Pacific Islander	35	22	14
Native American	9	6	7
Multiracial/Other/Not Reported	113/33/61	73/26/119	20/0/23
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	497	164	66
Transition Aged Youth (16-25)	481	988	337
Adults (26-29)	9	14	1
Older Adults (60+)	0	2	1
Not Reported	3	7	15
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	425	508	195
Female	505	565	192
Transgender	20	7	4
Nonbinary/Gender Fluid	32	27/1	5/6
Not Reported	8	67	18
Sexual Orientation	**FY 21/22**	**FY 22/23**	**FY 23/24**
Lesbian, Gay, Bisexual+	152	69	58
Not LGB+/Unknown/Not Reported	389/47/402	1,106	292/9/61

Peer-to-Peer: Speaker's Bureau cont.

Outcomes Evaluation:

Pre- and post-tests were administered immediately before and after each presentation in order to assess their impact on the attendees. The questionnaire consists of four measures of stigma: Stigmatizing Attitudes (AQ-5), Recovery Attitudes (RS-3), Empowerment Attitudes (ES-3), and Care-Seeking Attitudes (CS-4). An average score for all questions within each of the four questionnaires were computed for pre/post-test comparisons. Higher average scores for the AQ-5 represent greater stigmatizing attitudes, whereas higher average scores on the RS-3, ES-3, and CS-4 represent positive attitudes toward the described constructs. The graphs below depicts the means and paired t-test results for participants who completed pre- and post-test measures. However, not all individuals completed all of the items within the pre-test and/or post-test, thus accounting for less total outcomes within each of the four measures of stigma questionnaire sections. Each of the fiscal years demonstrated meaningful improvements for Stigmatizing, Recovery, and Empowerment Attitudes. In other words, Stigmatizing Attitudes significantly decreased from pre to post whereas Recovery and Empowerment Attitudes increased from pre to post thus suggesting participants' attitudes improved from the presentation. Additionally, Care-Seeking Attitudes increased in all fiscal years but were not statistically significant for fiscal year 2023-2024.

Measures of Stigma	Questionnaire	9-Point Rating Scale
Stigmatizing Attitudes (AQ-5)	Five-item Attribution Questionnaire (AQ-5) assessing participants' cognitive, affective, and behavioral reactions to a person with schizophrenia. *Example:* "I think that most people with mental illness are to blame for their problems"	Score range: 5-45 1 = 'Strongly Disagree' 9 = 'Strongly Agree'
Recovery Attitudes (RS-3)	Three-item Recovery Scale (RS-3) assessing participants' attitudes toward people with mental health conditions' capabilities to overcome psychological challenges. *Example: "People with mental illness are hopeful about their future."*	Score range: 3-27 1 = 'Strongly Disagree' 9 = 'Strongly Agree'
Empowerment Attitudes (ES-3)	Three-item Empowerment Scale (ES-3) assessing participants' attitudes about people with mental illness relative to people without. *Example: "I see people with mental illness as capable people."*	Score range: 3-27 1 = 'Strongly Disagree' 9 = 'Strongly Agree'
Care-Seeking Attitudes (CS-4)	Four-item Care Seeking Questionnaire (CS-4) assessing participants' willingness to seek out mental health services if they were experiencing impairing anxiety and/or depression. *Example: "If I were significantly anxious or depressed, I would speak to a mental health professional."*	Score range: 4-36 1 = 'Strongly Disagree' 9 = 'Strongly Agree'



Significance levels: * p ≤ .05, ** p ≤ .01, *** p ≤ .001

Peer-to-Peer: LGBTQ+ Support Groups

Support Groups Service Information Countywide			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Groups	12	11	10
# of Participants	122	95	78
Demographics for Support Group Participants			
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	5	20	11
Female	25	37	37
Transgender	10	16	11
Nonbinary/Gender Fluid	2/9	2/20	9/10
Not Reported	71	0	0
Sexual Orientation	**FY 21/22**	**FY 22/23**	**FY 23/24**
Lesbian, Gay, Bisexual+	37	69	50
Not LGB+/Unknown/Not Reported	2/5/78	13/11/2	20/2/6

Demographics for Support Group Participants cont.			
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	7	15	10
Hispanic/Latinx	27	39	50
Black/African American	5	9	7
Asian/Pacific Islander	1	4	4
Native American	0	2	1
Multiracial/Other/Not Reported	7/2/73	25/1/0	5/0/1
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	13	34	7
Transition Aged Youth (16-25)	38	61	71
Adults (26-29)	0	0	0
Older Adults (60+)	0	0	0
Not Reported	71	0	0

Outcomes Evaluation

Peer Youth Specialists facilitate a 10 session support group for LGBTQ+ youth. At the end of each group, attendees were asked to fill out a satisfaction survey to gather feedback on their experience. For fiscal years 21/22 and 22/23 each survey consisted of 10 items while fiscal year 23/24 had a new survey with 11 items, all rated on a 5-point Likert scale, where 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree. In FY 21/22 there were 37 completed surveys, where 92% of participants agreed/strongly agreed participating in the program has been a positive experience, 76% of participants agreed/strongly agreed they learned Emotional Management Skills, and 92% of participants agreed/strongly agreed learning "SELF" skills has been helpful. In FY 22/23 there were 43 completed surveys, where 100% of participants agreed/strongly agreed that participating in this program has been a positive experience, 90% or more participants agreed/ strongly agreed that, staff presentation was engaging, that they feel safe in this group, that they would participate in this workshop again, and that they would recommend this workshop to their friends, 84% of participants agreed/strongly agreed that they learned Emotional Management Skills they could apply in their lives, 81% of participants agreed/strongly agreed that learning "SELF" skills was helpful to them, 79% of participants agreed/strongly agreed that they developed a healthy self-identity that will be useful in the future, 72% of participants agreed/strongly agreed that participating in the program changed how they thought about themselves in a positive way. It is noted that only 67% of participants agreed/strongly agreed that they learned skills to help cope with a loss, while about a fourth (26%) still felt neutral about this statement. In FY 23/24 there were 42 completed surveys, where 74% of participants agreed/strongly agreed that the support group changed how they think about themselves in a positive way, 83% of participants agreed/strongly agreed that learning "SELF" skills was helpful to them, 76% are more aware of their emotional and physical safety, 60% experienced emotional growth, 62% feel more comfortable discussing loss, 79% developed a healthy self-identity that will be useful in the future, 95% of participants agreed/strongly agreed that participating in this group has been an affirming experience for them, 88% of participants agreed/strongly agreed that group topics were engaging, 83% felt that the facilitator helped them feel safe in a group environment, 93% of participants agreed/strongly agreed they would participate in this program again, and 95% would recommend this program to a friend who relates to them.

Peer-to-Peer: Peer Mentoring

Mentoring Service Information Countywide			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Individuals Screened	36	51	51
# of Participants Enrolled	20	27	45
# of Participants Completed	3 (15%)	1 (4%)	26 (58%)
# of Sessions Provided	286	277	391
Demographics			
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	3	1	4
Hispanic/Latinx	12	17	21
Black/African American	3	3	7
Asian/Pacific Islander	0	0	0
Native American	0	1	0
Multiracial/Other/Not Reported	2/0/0	5/0/0	13/0/0
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	3	1	2
Transition Aged Youth (16-25)	17	26	43
Adults (26-29)	0	0	0
Older Adults (60+)	0	0	0
Not Reported	0	0	0
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	6	5	13
Female	12	21	29
Transgender	0	1	1
Nonbinary/Gender Fluid	0/2	0/0	2/0
Not Reported	0	0	0
Sexual Orientation	**FY 21/22**	**FY 22/23**	**FY 23/24**
Lesbian, Gay, Bisexual+	6	12	15
Not LGB+/Unknown/Not Reported	12/2/0	12/2/1	24/2/4

Outcomes Evaluation

In FY 21/22, there were 36 youth screened with 20 enrolled in the peer mentoring program where three completed 25 or more sessions. In FY 22/23, there were 51 youth screened with 27 enrolled in the peer mentoring program where one completed 25 or more sessions. Based on feedback from participants and the provider as well as the outcome measures, it was determined that the length of the program was too long and it was shortened from 32 weeks to 12 weeks. In FY 23/24, there were 51 youth screened with 45 enrolled in the peer mentoring program where 26 completed all 12 sessions. Changing the metric for completion for FY 21/22 results in 10 (50%) mentees completing 12 sessions or more and for FY 22/23 results in 12 (44%) mentees completing 12 sessions or more.

For fiscal years 2021-2024, there were 43 satisfaction surveys collected from mentees. All mentees who completed a survey agreed/ strongly agreed that participating in the program helped them define their goals, their mentor was knowledgeable when sharing information, met them at convenient times/locations, mentors kept their scheduled appointments, and mentees overall were satisfied with the mentoring program.

Participant comments:

- “The most helpful thing was having someone to talk to about stuff that stresses/upsets me and getting good advice from them.”
- “[Mentor’s name] has been an AMAZING mentor, she has always try to be flexible when I needed her to be and has always tried to be here for me. I wouldn’t have chosen any other mentor!”
- “Coping with problems in life. Working on small goals to work my way into big goals.”
- “The most helpful things about the mentoring services that I've received is healthy coping mechanism and healthy communication.”
- “This mentor helped me a lot mentally with school work or outside of school!”
- “Thank you so much, [mentor’s name]!! You have been a light in my life especially in the dark parts of it and I couldn't thank you more for the impact you've left on me :)”

Peer-to-Peer: Coping and Support Training (CAST)

Program Services:

In order to participate in the CAST program, participants first complete a "Demographic, Screening, and Enrollment Form" during a screening session. Eligibility into the program is determined by participant's reported age (fall within TAY ages of 16-25 years), priority population (LGBTQ+, Homeless, Transitioning to college, Foster or former foster youth), and their self-rating scores in the Self-Esteem, Mood, and School sections of the Recognition of Progress (ROP) survey which are embedded into the screening form. If participants score 4 or less on the Mood section of the ROP they may not be appropriate for the CAST program since it indicates that the participant is experiencing high levels of distress so they are asked to complete the Center for Epidemiologic Studies Depression Scale (CES-D) to determine referral into the "Stress and Your Mood," or other appropriate programs.

- For FY 21/22, a total of 117 screenings were completed where 82 were TAY aged individuals and 35 were non-TAY aged individuals or unknown. Of those 117 screenings, 73 attended a group, 24 declined services, one was referred, two did not meet criteria, and 17 were cancelled.
- For FY 22/23, a total of 133 screenings were completed where 120 were TAY aged individuals and 13 were non-TAY aged individuals. Of those 133 screenings, 112 attended a group, 13 declined services, three were referred, and five did not meet criteria.
- For FY 23/24, a total of 95 screenings were completed where 85 were TAY aged individuals and 10 were non-TAY aged individuals. Of those 95 screenings, 83 attended a group, four declined services, none were referred to other programs, and 8 did not meet criteria for participation.

CAST Service Information Countywide			
Type of Service Delivery	**FY 21/22**	**FY 22/23**	**FY23/24**
# of Individuals Screened	117	133	95
# of Participants Enrolled	97 (83%)	121 (91%)	87 (92%)
# of Participants Attended	73 (75%)	112 (93%)	83 (95%)
# of Participants Completed	40 (55%)	65 (58%)	62 (75%)
# of Groups	9	13	11
# of Sessions Attended	386	668	553

Demographics			
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	17	12	2
Transition Aged Youth (16-25)	53	100	81
Adults (26-29)	0	0	0
Older Adults (60+)	0	0	0
Not Reported	3	0	0
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	6	10	11
Hispanic/Latinx	47	70	59
Black/African American	6	14	4
Asian/Pacific Islander	0	4	1
Native American	1	0	0
Multiracial	9	13	7
Other	0	1	0
Not Reported	4	0	1
Language	**FY 21/22**	**FY 22/23**	**FY 23/24**
English	55	94	79
Spanish	7	8	2
Bilingual	6	9	2
Not Reported	5	1/0	0
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	14	33	30
Female	48	73	44
Transgender	1	1	2
Nonbinary/Gender Fluid	0/6	0/5	5/2
Not Reported	4	0	0
Sexual Orientation	**FY 21/22**	**FY 22/23**	**FY 23/24**
Lesbian, Gay, Bisexual+	25	33	26
Not LGB+/Unknown/Not Reported	40/4/4	65/8/6	46/1/10

Peer-to-Peer: CAST cont.

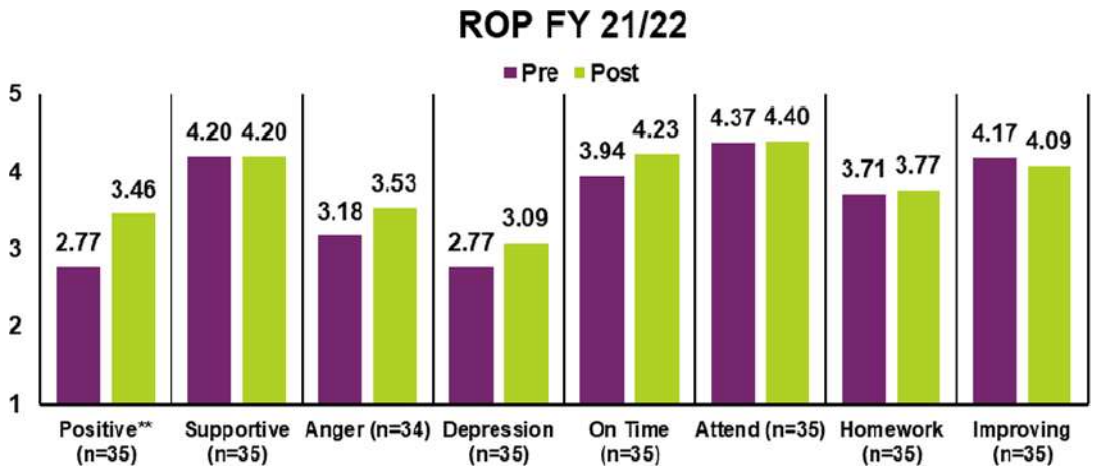
Outcomes Evaluation:

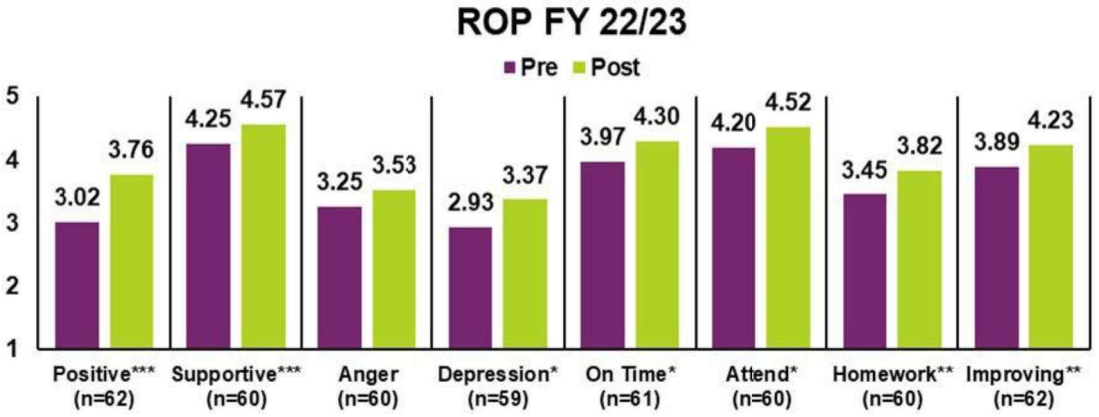
ROP surveys were collected from participants during the initial screening session and the final session, in order to measure participants self rated skills in the following areas: self-esteem, personal control with moods, personal control with school work, and personal control with drug use.

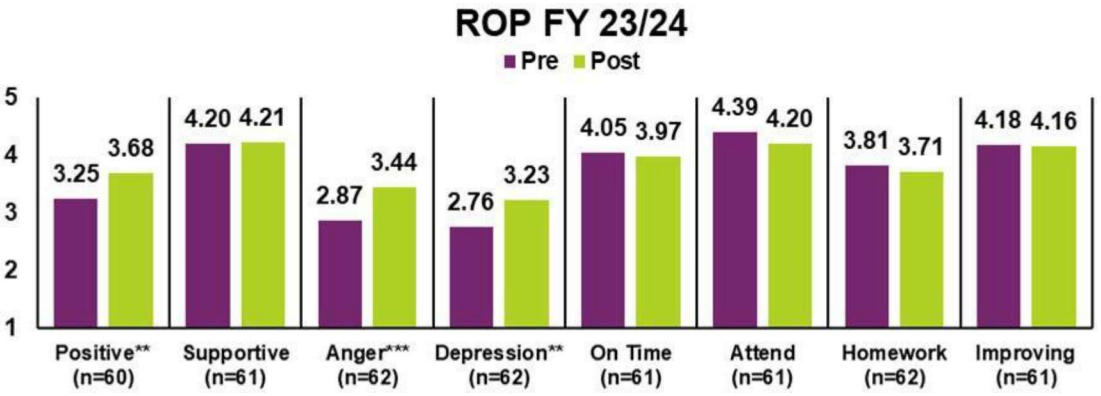
- Self-Esteem:
  - ⇒ Being **positive** with myself, recognizing my strengths
  - ⇒ Praising and being **supportive** of others
- Personal Control - Moods:
  - ⇒ **Anger** - controlling my thoughts, feelings and actions
  - ⇒ **Depression** - getting "unstuck" from negative moods
- Personal Control - School:
  - ⇒ Being **on time** for class
  - ⇒ **Attending** class daily
  - ⇒ Doing my assignments, **homework**
  - ⇒ Working on **improving** my grades, school achievement
- Personal Control - Drug Use:
  - ⇒ Smoking (cigarettes)
  - ⇒ Using Alcohol
  - ⇒ Using Marijuana
  - ⇒ Using other drugs

It is rated on a scale from 1-5, with lower ratings indicating lower frequency and higher ratings indicating higher frequency (1 = never/very rarely, 2 = seldom/sometimes, 3 = about 1/2 the time, 4 = often/typically, and 5 = a lot/always).

- In FY 21/22 there was a statistically significant improvement in participants being positive with themselves and recognizing their strengths.
- In FY 22/23 there was a statistically significant improvement in participants being positive with themselves and recognizing their strengths, praising and being supportive of others, getting “unstuck” from negative moods, being on time for class, attending class daily, doing their homework, and improving their grades.
- In FY 23/24 there was a statistically significant improvement in participants being positive with themselves and recognizing their strengths, controlling their thoughts, feelings and actions, as well as getting “unstuck” from negative moods.







Significance levels: * p ≤ .05, ** p ≤ .01, *** p ≤ .001

Plea[1]s[6]e[88]note that the graphs do not depict drug use items as they had relatively low scores.

Outreach and Reunification Services to Runaway TAY (Safe Places)

Description of Program: Outreach

Operation Safehouse, Inc. was funded through MHSA-PEI to train and educate the community on the Safe Place program. This program is based on "Project Safe Place", a national program found in communities all across the United States, which creates Safe Place location designations within the local the community organizations and businesses centers, for youth to seek assistance. Safe Place is a community prevention initiative where Safe Place trains and then designates businesses and organizations as Safe Place locations, making help readily available to youth in the community. Safe Place locations include: libraries, community centers, public buses, various businesses and social service facilities. Designated Safe Place locations display the Safe Place sign, the universal symbol of youth safety.

Operation Safehouse trains staff at the designated Safe Place sites to ensure people at those locations know the resources and how to help a youth in need. Presentations on Safe Place are also provided to the community to educate community members and organizations on what Safe Place sites do.

Program Service	FY 21/22	FY 22/23	FY 23/24
# of Participants Served	8,867	2,625	3,289

Gender	FY 21/22	FY 22/23	FY 23/24
Male	4,467	924	1,148
Female	4,292	1,200	1,465
Transgender	44	4	36
Nonbinary	32	28	7
Unknown/Other	32	469	633

Outcomes Evaluation

FY 2021—2024:

- There were a total of 340 youth who either entered the Operation Safehouse shelter, or we placed/referred to a Transitional Living Program (TLP).
- There were a total of 203 partnership/collaborative meetings attended by Operation Safehouse staff.
- There were a total of 233 staff trainings at the Operation Safehouse Technical Assistance Center.
- Operation Safehouse conducted 84 Educational

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	710	324	311
Hispanic/Lantinx	1,072	611	637
Black/African American	674	324	603
Asian/Pacific Islander	39	24	12
Native American	0	11	16
Other/Unkn/Multi-Racial	6,372	1,351	1,560

Sexual Orientation	FY 21/22	FY 22/23	FY 23/24
Lesbian	23	5	77
Gay	60	44	63
Bisexual	213	97	210
Yes, did not specify	0	0	0
Unknown	0	0	0
Another	45	12	52
Not LGBQ/Declined to Answer	8,526	2,487	2,887

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	1,477	115	7
Transition Aged Youth (16-25)	3,325	1,286	1,989
Adults (26-29)	4,055	1,223	1,021
Older Adults (60+)	0	0	0
Not Reported	10	21	272

Riverside University HEALTH SYSTEM Behavioral Health

PEI Plan Project Area #5
First Onset for Older Adults

PEI – Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD)

Description of Program: Early Intervention

CBT for Late Life Depression is an active, directive, time-limited, and structured problem-solving program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues. It includes specific modifications for older adults experiencing symptoms of depression. The intervention includes strategies to facilitate learning within this population; such as repeated presentation of information using different modalities, slower rates of presentation, and greater use of practice along with structure in modeling behavior. Clients are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and redevelop them to be more adaptive and flexible thoughts. Emphasis is also placed on teaching clients to monitor and increase pleasant events in their daily lives using behavioral treatment procedures. The intervention consists of up to 20 (approximately 60 minute) sessions, following a structured manual. Outcomes were measured using the Patient Health Questionnaire (PHQ-9) and Quality of Life Survey (QOL).

Demographics:

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	32	72	48
Hispanic/Lantinx	14	47	58
Black/African American	2	9	10
Asian/Pacific Islander	2	0	2
Native American	0	0	1
Other/Unkn/Multi-Racial	0	0	1

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-17)	0	0	0
Adults (18-59)	1	1	2
Older Adults (60+)	49	127	118
Not Reported	0	0	0

Age Breakdown	FY 21/22	FY 22/23	FY 23/24
59-64	15	28	15
65-69	12	40	36
70-74	11	22	30
75-79	8	22	23
>80	4	16	16

Gender	FY 21/22	FY 22/23	FY 23/24
Male	26	37	36
Female	24	90	84
Transgender	0	1	0
Not Reported	0	0	0

Sexual Orientation	FY 21/22	FY 22/23	FY 23/24
Lesbian	5	9	1
Gay	21	24	18
Bisexual	1	1	1
Yes, did not specify	0	0	3
Unknown	8	0	0
Another	0	0	1
Not LGBQ/Not Reported	15	94	96

PEI – Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD)

Program Outcomes:

Outcomes for CBT-LLD are a depression measure (BDI-II FY21/22 and PHQ-9 FY22/23 & FY23/24) in addition to the Quality of Life Survey.

- **PHQ-9** is a 9-item self-report instrument for measuring the severity of depression in adults and adolescents age 12 years. The nine items of the PHQ-9 are based directly on the nine diagnostic criteria for major depressive disorder in the DSM-IV. The PHQ-9 can function as a screening tool, an aid in diagnosis, and as a symptom tracking tool that can help track a patient's overall depression severity as well as track the improvement of specific symptoms with treatment. The PHQ-9 is scored by summing the ratings for the 9 items.
- The **QOL** survey includes general quality of life items and questions on participation in pleasant and social activities. This survey is an important and integral part of measuring outcomes, as it specifically collects feedback from participants on social behavior, relationships, activities, etc.—all aspects that CBT for Late Life Depression is directed at increasing. Thus, this survey provides very relevant information on outcomes when considering the goals of the program.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served	50	128	120
# of Participants CLOSED (% of Total Served)	19 (38%)	71 (55%)	87 (73%)
Successfully Completed Treatment Goals	*9 (47%)*	*41 (58%)*	*49 (56%)*

Outcomes Evaluation			
Percentage of Participants Improved	**FY 21/22**	**FY 22/23**	**FY23/24**
BDI-II (%)	100%	—	—
PHQ-9 (%)	—	93%	99%
QOL (%)	95%	91%	85%

Note. The BDI-II was no longer used as the depression measure after FY21/22 and was replaced with the PHQ-9.

Comments:

- *[Therapist] is a wonderful therapist understanding a lot of the issues she was faced with me. I would come back to her when I need counseling again. Thanks!!*
- *I appreciated the consistency and the opportunity to be heard, the program exceeded my expectations*
- *This therapy worked very well for me. I had reached the end of my resilience and was quite lost and depressed, short on hope. The skills I learned put me on a better path fairly quickly...Thanks very much to the Center and the mental health program - you really helped me to get my life back on track.*
- *The program helped me to understand why I react the way that I do to some life situations. Helped me to cope with some of my home issues with my husband. [Therapist] is very kind.*
- *My therapist has been a valuable resource to me.*

PEI – Program to Encourage Active and Rewarding Lives (PEARLS)

Description of Program: Prevention

The Program to Encourage Active and Rewarding LiveS (PEARLS) is designed for adults aged 60 years or older who are experiencing minor depression. PEARLS is an in-home intervention that utilizes an empowering, skill-building approach based on three core elements: (1) problem solving treatment; (2) social and physical activation; and (3) pleasant-activity scheduling. The sessions are distributed over a 19-week period, with facilitators making brief follow-up calls to support and encourage participants post program. PEARLS provides a lasting, empowering approach to solving problems and reducing depression in the 60+ population.

Participant Service and Completion Rates

	FY 21/22	FY 22/23	FY 23/24
Total Enrolled	83	80	109
Total Completed	22 (26.5%)	30 (37.5%)	53 (48.6%)

Note: Completion is defined as attending at least 8 sessions.

Outcomes Evaluation

- Consistent reduction in depression symptoms from “moderate” to “mild” as measured by the PHQ-9
- Consistent reduction in anxiety symptoms from “moderate” to “minimal” as measured by the GAD-7
- Consistent improvement in Quality-of-Life as reflected in survey questions related to “health”, “life in general”, “emotional well-being”, and “spare time”

Satisfaction

Consistently, 80% of responses to the survey question "in a general sense, how satisfied are you with the support you have received from this program" were either "pleased" or "delighted". Comments (below) tend to reflect appreciation for the support and encouragement received during the sessions, as well as the problem-solving skills acquired long term.

- *(PEARLS) helped improve my quality of life and my self-esteem, and helped me sleep better. I'm more social and I have faith in myself. I have courage to express myself.*
- *I benefited by being encouraged to get things done. It helped me see what it feels like to accomplish things.*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	33	24	53
Hispanic/Latinx	31	27	35
Black/African American	11	19	15
Asian/Pacific Islander	1	3	1
Native American	3	0	1
Other/Unkn/Multi-Racial	4	7	4

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	0	0	0
Transition Aged Youth (TAY) (16-25)	0	0	0
Adults (26-59)	0	0	0
Older Adults (60+)	83	80	109
Unknown	0	0	0

Gender	FY 21/22	FY 22/23	FY 23/24
Male	21	15	26
Female	62	65	83
Transgender	0	0	0
Unknown	0	10	0

PEI – Mental Health Liaisons to Office on Aging

Overall Description of Program:

The primary goal of this program is for the Riverside University Health System-Behavioral Health (RUHS-BH) 'Mental Health Liaisons' and the Riverside County Office on Aging to:

1. work collaboratively to identify older adults who are either at risk of depression or are experiencing the first onset of depression.

2. link these older adults with early intervention programs, such as Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD).

In addition to referring older adults to early intervention programs, the Mental Health Liaisons are trained to provide CBT and CBT-LLD. MH Liaisons also link older adults with other resources and services, as needed, to reduce depression and suicide risk. Outcomes for participants enrolled in CBT-LLD through Office on Aging are the Patient Health Questionnaire (PHQ-9), Quality of Life Survey (QOL), and the Generalized Anxiety Disorder (GAD-7).

CBT for Late Life Depression is an active, directive, time-limited problem-solving program that follows the structure of the conceptual model and treatment program developed by Aaron Beck and his colleagues. It includes specific modifications for older adults who are experiencing symptoms of depression. The intervention includes strategies to facilitate learning within this population; such as slower rates of, or repeated, presentation of information using different modalities; greater use of practice; greater use of structure; and behavior modeling. Clients are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and shift them to being more adaptive and flexible. Emphasis is placed on teaching clients to monitor and increase pleasant events in their daily lives using behavioral treatment procedures. The intervention consists of up to 20 (approximately 60 minute) sessions following a structured manual.

Referrals & Outreach:

A significant amount of the Mental Health Liaisons' time is expected to be focused on completing referrals and participating in outreach events. Data collected for these activities includes referral forms with a final disposition and information on the types of outreach events that the staff participated in.

Referrals			
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	77	291	118
Female	173	212	298
Transgender	0	1	0
Unknown	3	2	6
Total	**253**	**306**	**422**

Outreach			
	FY 21/22	**FY 22/23**	**FY 23/24**
Community Meeting	47	42	72
Public Event	24	19	13
Phone	13	14	3
Presentation	5	5	7
Other	13	8	9
Unknown	0	15	7
Total	**102**	**103**	**111**

PEI – Mental Health Liaisons to Office on Aging

Office on Aging CBT-LLD:

1. **Patient Health Questionnaire (PHQ-9)** is a 9-item self-report instrument for measuring the severity of depression in adults and adolescents ages 12 years and older.
2. **Quality of Life (QOL)** survey includes general quality of life items and questions on participation in pleasant and social activities. This survey is an important and integral part of measuring outcomes as it specifically collects feedback from participants on social behavior, activities, etc.—all aspects that CBT for Late Life Depression is directed at increasing. Thus, this survey provides very relevant information on outcomes when considering the goals of the program.
3. **General Anxiety Disorder-7 (GAD-7)** is a 7-item questionnaire that measures generalized anxiety disorders and assesses its severity.

Demographics (CBT):

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	17	17	4
Hispanic/Lantinx	4	6	11
Black/African American	2	3	1
Asian/Pacific Islander	2	2	1
Native American	0	0	0
Other/Unkn/Multi-Racial	2	0	1

Gender	FY 21/22	FY 22/23	FY 23/24
Male	8	6	4
Female	19	22	14
Transgender	0	0	0
Unknown	0	0	0

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-17)	0	0	0
Adults (18-59)	3	2	2
Older Adults (60+)	24	26	16
Unknown	0	0	0

Age Breakdown	FY 21/22	FY 22/23	FY 23/24
59-64	4	5	4
65-69	6	7	2
70-74	11	10	4
75-79	2	3	5
>80	4	3	3

Outcomes (CBT):

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served	27	28	18
# of Participants CLOSED (% of Total Served)	19 (70%)	19 (68%)	12 (67%)
Successfully Completed Treatment Goals	**10 (53%)**	**7 (37%)**	**6 (50%)**

Outcomes Evaluation			
Percentage of Participants Improved	**FY 21/22**	**FY 22/23**	**FY 23/24**
BDI-II (%)	100%	—	—
PHQ-9 (%)	100%	80%	89%
QOL (%)	70%	86%	89%
GAD-7 (%)	78%	88%	100%

Note. The BDI-II was no longer used as the depression measure after FY 21/22 and was replaced with the PHQ-9.

Comments:

- *The program is important for the people who help us in these situations and make our lives better. Make a better life because you can always learn!* [Translated from Spanish]
- *It was a positive change in my life but I received many recommendations to overcome and put them into practice in my life. Thank you so much. [Translated from Spanish]*

PEI – Care Pathways - Caregiver Support Groups

Description of Program: Prevention

A 12 session support group for caregivers of older adults. Outreach, engagement, and linkage to the support groups target caregivers of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia. The Care Pathways program's main goals are to reduce the risk for depression and to impact the caregivers' sense of well-being by reducing the emotional distress of caregivers. This is accomplished by providing useful information and providing the opportunity to share and bond with others. Two measures are used to evaluate program outcomes.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served	117	97	116
Completed Program	88	77	87

Evaluation Outcomes			
Percent Decreased pre to post (Countywide)	**FY 21/22**	**FY 22/23**	**FY23/24**
CES-D 20-Depression	21%	6%	17%
AMA Caregiver Self-Assessment-Distress	13%	5%	11%

PEI – Care Pathways - Caregiver Support Groups

Demographic:

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	46	51	48
Hispanic/Latinx	38	29	46
Black/African American	15	-	14
Asian/Pacific Islander	4	4	6
Native American	1	2	-
Other/Unkn/ Multi-Racial	2	2	2

Age	FY 21/22	FY 22/23	FY 23/24
Children/Youth (0-15)	-	-	-
Transition Aged Youth (TAY) (16-25)	-	1	2
Adults (26-59)	37	41	36
Older Adults (60+)	63	40	50
Not Reported	6	-	28

Gender	FY 21/22	FY 22/23	FY 23/24
Male	19	10	22
Female	87	78	91
Transgender	-	-	-
Not Reported	-	-	3

Highlights & Achievements

A highlight of Care Pathways implementation for FY 23-24 is found in the participant outcomes as evidenced by decreases in depression scores and feelings of distress, as well as by self-reports of high caregiver satisfaction. For example, in the Mid-County region alone, CES-D 20 mean scores from intake to follow up showed a decrease in depression by 34%, and countywide the decrease was 17%. Caregivers' self-assessment questionnaire scores for feelings of distress also showed statistically significant decreases from pre-to-post completion, with a decrease of 26% for the Mid-County region and 11% decrease countywide. Furthermore, satisfaction surveys completed by 90% of participants at the conclusion of support groups indicated they were highly satisfied with various aspects of the program.

Challenges & Barriers

Outreach and enrollment proved to be a significant challenge to implementing Care Pathways for FY 23-24. This challenge is evident in reflecting on the number enrollees at 116, falling short of the goal of 144 participants per contract expectation. Concerted efforts were made throughout the year to conduct outreach, inform and educate partner agencies, community-based organizations alike, including at various hospitals, churches, and libraries. However, while a few potential participants expressed interest from those efforts, none of those sites proved fruitful in ultimately enrolling participants. An additional challenge with enrollment was limited staffing with a facilitator vacancy that existed for half of the year resulting in less class offerings. Once an additional facilitator was hired, time invested for onboarding further limited the ability to provide classes for more participants, as the new facilitator was only able to teach one session in Q4.

PEI – CareLink Program/Healthy IDEAS

Description of Program: Prevention

Facilitated by the Riverside County Office on Aging, it is a care management program for older adults who are at high risk for developing mental health problems, primarily depression and anxiety. Healthy IDEAS intervention focuses on behavioral activation and social support and is utilized for those who are demonstrating symptoms of depression and anxiety. Outcomes evaluation measures for Healthy IDEAS included the use of tools provided by the developers of the evidenced based practice. The CES-D 20 depression measure and a quality of life survey were used to measure outcomes.

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served	27	29	23
Avg. # Sessions Attended	4.3	4.2	4.8
Average Hours of Service	7.8	7.8	8.6
Percent Completed Program	10	8	6

Evaluation Outcomes			
Percent Decreased from pre to post (Countywide)	**FY 21/22**	**FY 22/23**	**FY23/24**
CES-D 20	50%	34%	45%

PEI – CareLink Program/Healthy IDEAS

Demographics

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	10	15	11
Hispanic/Latinx	15	11	9
Black/African American	2	3	2
Asian/Pacific Islander	-	-	1
Native American	-	-	-
Other/Unkn/Multi-Racial	-	-	-

Age	FY 21/22	FY 22/23	FY 23/24
Children/Youth (0-15)	-	-	-
Transition Aged Youth (16-25)	-	-	-
Adults (26-59)	11	11	6
Older Adults (60+)	16	16	16
Not Reported	-	2	1

Gender	FY 21/22	FY 22/23	FY 23/24
Male	10	10	7
Female	17	19	16
Transgender	-		-
Not Reported	-		-

Highlights & Achievements

Most of the participants of Healthy IDEAS report a lower CES-D score upon completion and have an overall improved outlook on life with effective coping skills learned and reinforced during the program. Two clients are highlighted below in the success/impact section.

Challenges & Barriers

Implementation challenges continue to be receiving appropriate clients for the intervention meeting the requirements of:

- new onset of depression/anxiety
- score 16 or above on the CES-D
- not currently receiving treatment i.e. therapy or meds
- no recent history of treatment
- willing to participate when they score 16or above on the CES-D
- cognitively able to participate

Riverside University HEALTH SYSTEM Behavioral Health

PEI Plan Project Area #6
Trauma Exposed Services

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Description of Program: Prevention

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is designed to reduce the duration and harmful effects of trauma for youth (ages 10-15 years) most at risk of developing mental health problems as a result of direct and/or indirect traumatic experiences. CBITS aims to increase resiliency and the development of coping strategies for program participants, reduce symptoms resulting from exposure to traumatic experiences, and reduce the need for ongoing services within the mental health system.

Prior to receiving services, participants are screened for trauma symptoms. Youth with a trauma symptom severity falling below the criteria threshold become ineligible for CBITS, where they are then referred to other services that better suit their needs. Eligible youth who decide to enroll in the program receive ten group sessions and one to three individual sessions in the school setting. For the purposes of Prevention and Early Intervention (PEI), completion of the program was defined as attending 8 or more sessions. In addition, parents and guardians participate in two educational sessions with the clinician. CBITS uses cognitive-behavioral techniques, including: psycho-education, relaxation, social problem solving, cognitive restructuring, and exposure to help children reduce symptoms related to traumatic experiences and depression. Evaluation of program outcomes include measuring decreases in the frequency of trauma symptoms experienced by youth and decreases in depression symptomology.

CBITS Service Information Countywide			
Type of Service Delivery	**FY 21/22**	**FY 22/23**	**FY23/24**
# of Participants Served	118	258	313
# of Participants Completed	88 (75%)	211 (82%)	263 (84%)
# of Groups	16	32	40
# of Group Sessions Attended	941	2,199	2,695
# of Individual Youth Meetings	94	287	335
# of Parent/Guardian Meetings	25	192	243
# of Teacher Meetings	13	148	194

Demographics			
Age	**FY 21/22**	**FY 22/23**	**FY 23/24**
Children (0-15)	112	257	311
Transition Aged Youth (16-25)	2	1	0
Adults (26-29)	0	0	0
Older Adults (60+)	0	0	0
Not Reported	4	0	2
Race/Ethnicity	**FY 21/22**	**FY 22/23**	**FY 23/24**
White	11	16	18
Hispanic/Latinx	85	200	241
Black/African American	8	14	8
Asian/Pacific Islander	5	8	7
Native American+	0	4	16
Multiracial	4	15	20
Not Reported	5	1	3
Language	**FY 21/22**	**FY 22/23**	**FY 23/24**
English	96	212	259
Spanish	1	8	6
Bilingual	7	33	39
Not Reported	14	5	9
Gender	**FY 21/22**	**FY 22/23**	**FY 23/24**
Male	35	85	108
Female	73	164	183
Transgender	5	5	8
Nonbinary/Gender Fluid	0	4	12
Not Reported	5	0	2
Sexual Orientation	**FY 21/22**	**FY 22/23**	**FY 23/24**
Lesbian, Gay, Bisexual+	28	34	52
Questioning/Unsure	10	26	19
Not LGB+/Not Reported	72/8	193/5	231/11

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

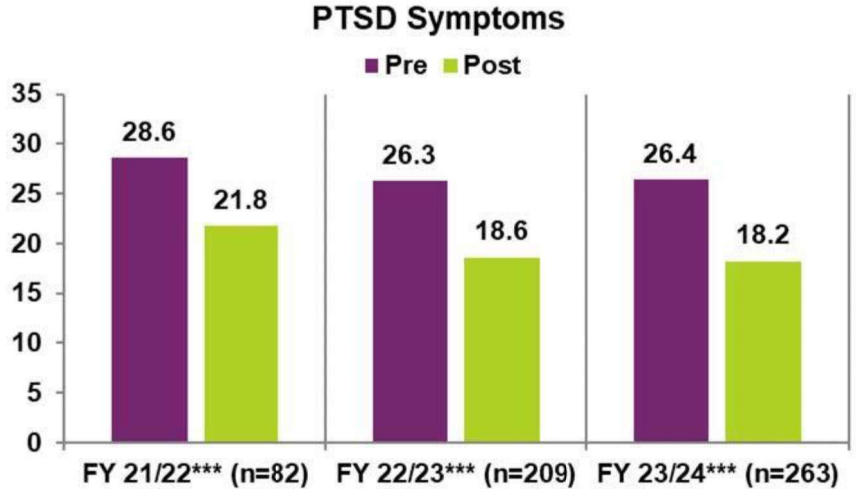
Outcomes Evaluation

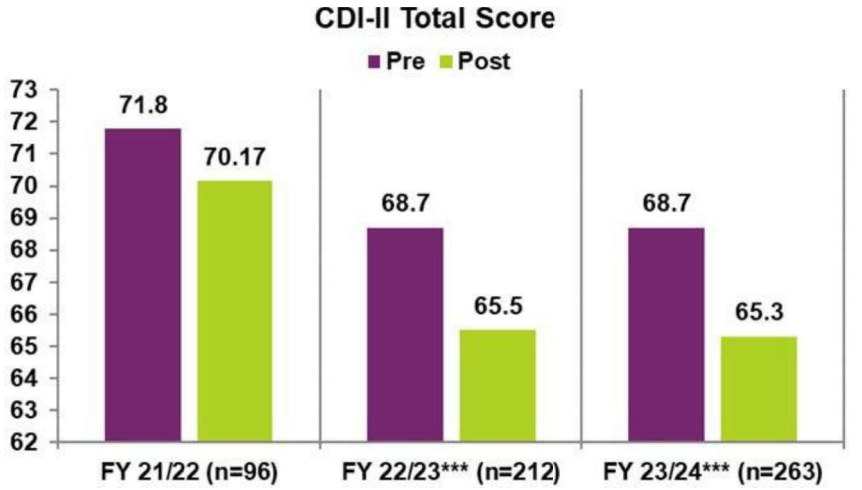
The following outcome measures were collected prior to the start and at the conclusion of group sessions (i.e. pre to post).

- **Child Post-Traumatic Stress Disorder (PTSD) Symptom Checklist** - This is the initial measure administered for determining eligibility into CBITS. It is a two part self-report assessment that identifies exposure to traumatic events and then measures the severity and frequency of the PTSD symptoms arising from those events. Scores are aggregated to yield a PTSD score.
  - ⇒ The table to the right shows all instances of trauma exposure in participants lifetime before participating in the program for each fiscal year.
  - ⇒ The graph to the right shows the analysis of the countywide PTSD symptom measure scores for participants who completed pre and post measures, and at least 8 CBITS sessions. For each fiscal year, after completing the program, youth average PTSD symptom scores showed a statistically significant decrease.
- **Children's Depression Inventory (CDI-II)** - A self-report assessment that measures the severity of depression symptoms among youth. The CDI-II has 28-items with two scales: Emotional Problems and Functional problems. Each scale has two subscales where Negative Mood and Negative Self-esteem are subscales for Emotional Problems and Interpersonal Problems and Ineffectiveness are subscales for Functional Problems.
  - ⇒ Analysis was based on participants who completed both a pre- and post-CDI-II measure and attended at least 8 CBITS sessions. For each fiscal year, on average, CBITS participants' total scores were above the clinical cutoff of 65 at intake and decreased at program completion. The total score demonstrated a statistically significant decrease in depression symptoms.

CBITS Trauma Exposure

Type of Trauma	FY 21/22	FY 22/23	FY23/24
Experienced Physical Trauma	86	194	227
Witnessed Physical Trauma	107	237	296
Emotional Trauma	101	222	253
Experienced Physical Abuse	83	174	203
Witnessed Physical Violence	91	207	258
Witnessed Death	84	197	247





Significance levels: * p ≤ .05, ** p ≤ .01, *** p ≤ .001

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Satisfaction Surveys

At the end of each group, participants were asked to fill out a satisfaction survey to gather feedback on their experience in the program. For FY 21/22 each survey consisted of 6 items while fiscal years 22/23 and 23/24 had 2 additional items for a total of 8 items, all rated on a 5-point Likert scale, where 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5=Strongly Agree. In FY 21/22 there were 78 completed surveys, in FY 22/23 there were 212 completed surveys, and in FY 23/24 there were 260 completed surveys. Below is the percentage of participants who agreed/strongly agreed to each item in the survey for each fiscal year.

Participant comments:

- Participant learned "coping mechanisms, how to manage stress better, viewing things in a calmer way, seeing the bigger picture."
- Participant learned "how to stay calm during a scary situation. Or how to think twice before reacting to something."
- Participant learned "how to understand my own feelings and that I can take little steps to start doing things I stopped myself from doing after the incident."
- "I learned that I'm not always alone in difficult situations and there is always someone that is here for me no matter what."
- "I learned that pushing away my problems will just make them harder to get through later."
- "I learned that there are many ways to look at situation. You can make a bad one be a good problem. Knowing what helps you cope with stress can really help when in need."
- "That a lot of kids I know from school sometimes feel how I feel so it made me not feel alone."
- "Sharing your problems or talking about them can help you."
- "I don't have to be afraid to talk about how I'm feeling."
- "I learned how to deal with stress and other emotions that I may have. Learned how to act positively not in a negative way."

CBITS Satisfaction Survey Results

Survey Statements	FY 21/22 (n=78)	FY 22/23 (n=212)	FY 23/24 (n=260)
1. The program taught me how to cope with stress.	63%	73%	72%
2. The program helped me to understand myself better.	68%	60%	64%
3. The program has prepared me to cope with stress if something difficult happens to me in the future.	77%	67%	77%
4. I achieved my goals for the group.	45%	54%	55%
5. The group leaders listened to what I had to say.	97%	88%	90%
6. The group leaders knew how to help me.	79%	76%	82%
7. I will use what I learned in the program in my life.	-	51%	69%
8. I would recommend the program to a classmate.	-	60%	79%

Note: Survey was expanded in FY 22/23 to include questions seven and eight. Percentage results are calculated based on participants who responded "Strongly Agree" and "Agree" on survey statements above.

PEI - Seeking Safety and Seeking Strength

Description of Program: Prevention

Seeking Safety is an evidenced-based practice, identified by the PEI Steering Committee, that aims to help participants avoid or interrupt that cycle. Seeking Safety is an integrated therapy treating both PTSD and substance use disorders. This program is based on the cognitive-behavioral model of relapse prevention. It teaches present-focused coping skills designed to simultaneously help people with a history of trauma and substance abuse. It has been conducted in group or individual format; for people with both substance abuse and dependence issues; for people with PTSD; and for those with a trauma history that do not meet criteria for PTSD. The program has a highly flexible format: session topics can be completed in any order, clients can join in at any point, and both professionals and paraprofessionals (i.e., peers) can conduct the sessions.

Participant Service and Completion Rates			
Providers	**FY 21/22**	**FY 22/23**	**FY 23/24**
Operation SafeHouse	82%	91%	84%
RUHS-BH PEI Peers	64%	72%	61%
All Participants	73%	82%	79%

Outcomes Evaluation			
Participants Improvement	**FY 21/22**	**FY 22/23**	**FY23/24**
PTSD	29.9	31.5	29.5
CSI-Positive	54.8	57.3	55.2
CSI-Negative	31.2	35.8	35.4

Outcomes Evaluation

Most participants agreed or strongly agreed that Seeking Safety reduced their trauma symptoms and was helpful.

- *"It helped me find other ways to deal with stress and talk with someone trusted."*
- *"The program brought a helpful change in me."*
- *"The program gave me a safe place to express myself and helped me with how I cope"*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	124	179	124
Hispanic/Latinx	115	164	114
Black/African American	15	27	13
Asian/Pacific Islander	1	7	4
Native American	1	3	2
Other/Unkn/Multi-Racial	15	12	9

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	1	1	0
Transition Aged Youth (16-25)	82	129	126
Adults (26-29)	71	93	28
Older Adults (60+)	2	5	0
Unknown	0	0	0

Gender	FY 21/22	FY 22/23	FY 23/24
Male	21	49	52
Female	125	167	101
Transgender	3	2	3
Unknown	7	1	3

Riverside University HEALTH SYSTEM Behavioral Health

PEI Plan Project Area #7
Underserved Cultural Populations

PEI – Mamas y Bebes (MyB)

Description of Program: Prevention

Mamás y Bebés (MyB) is a prenatal intervention, focused on both Spanish and English speakers, designed to prevent the onset of major depressive episodes (MDEs) during pregnancy and postpartum. The intervention is an 8-session course that uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues. The program helps participants create a healthy physical, social, and psychological environment for themselves and their infants. Three community-based organization (CBO) were funded by the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) to implement the program. Reach Out is a local non-profit CBO serving underserved communities; Riverside Community Health Foundation which is a nonprofit organization supporting health and well-being in Riverside communities through a variety of programs; and California Health Collaborative which is a non-profit organization supporting and enhancing the quality of life and health for people of California particularly the underserved and underrepresented.

Participant Service			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Screened	208	208	329
# of Participants Enrolled	129	171	255
# of Participants Graduated	126	162	231

Outcomes Evaluation

-Majority of participants strongly agreed with all statements in a satisfaction survey—that the presenters were enthusiastic and knowledgeable when sharing the information. They stated they would recommend others to participate in similar activities.

- *"Motherhood is hard, full of challenges and it was nice to hear that other moms have same challenges as me. I learned new ways to cope with situations. Thank you for this program."*
- *"This class helped my mental health so strong that I can manage to do a little beautiful things everyday. Thank you !"*
- *"I liked all the topics and conversations with the teacher. The reflections were always good. I really liked taking the class."*

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	117	146	229
Hispanic/Latinx	114	141	212
Black/African American	5	9	9
Asian/Pacific Islander	0	2	5
Native American	0	1	0
Other/Unkn/ Multi-Racial	7	13	9

Gender	FY 21/22	FY 22/23	FY 23/24
Male	0	0	0
Female	129	165	255
Transgender	0	0	0
Unknown	0	6	0

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-15)	0	0	1
Transition Aged Youth (TAY) (16-25)	23	33	42
Adults (26-29)	101	119	212
Older Adults (60+)	0	0	0
Unknown	5	19	0

PEI – Building Resiliency in African American Families— Boys

Description of Program: Prevention

Building Resilience in African American Families project (B.R.A.A.F.) was implemented by Riverside University Health System Behavioral Health, Prevention and Early Intervention (PEI) through funding under the Mental Health Services Act. This project is a multi-intervention strategy with prevention and early intervention programs being provided throughout Riverside County. The primary program goals of this project are to reduce 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. The target population served is African American male youth and their parents/guardians that live in communities with high rates of poverty and community violence. The B.R.A.A.F.

Project utilizes three evidence-based practices:

1. **Afrocentric Youth and Family Rites of Passage Program (ROP),**
2. **Cognitive-Behavioral Therapy (CBT), &**
3. **Guiding Good Choices (GGC)**

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Youth Served	50	35	24
# of Youth Completed	30	18	17
Successfully Completed Program	***60%***	***51%***	***71%***

Age	FY 21/22	FY 22/23	FY 23/24
Children/Youth (0-15)	50	35	24
Transition Age Youth (16-25)	0	0	0
Adults (26-59)	0	0	0
Older Adults (60+)	0	0	0
Unknown	0	0	0

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	0	0	0
Hispanic/Latinx	0	2	0
Black/African American	44	23	22
Asian/Pacific Islander	0	0	0
Native American	0	0	0
Multiracial	6	0	0
Other	0	4	0
Unknown	0	6	2

Gender	FY 21/22	FY 22/23	FY 23/24
Male	50	35	24
Female	0	0	0
Transgender	0	0	0
Unknown	0	0	0

PEI – Building Resiliency in African American Families— Boys

Rites of Passage: The goal of the ROP program is empowerment of black adolescents through a nine-month rites of passage program. The program provides a multi-faceted, prevention based program to youth; a major component of the program is the after school program, held for three hours, three days per week. Outcomes evaluation focused on: resiliency, positive identification with culture, and family cohesion and Post– Program Satisfaction Survey.

ROP Outcomes

Resiliency Scale: The Resiliency Scales for Children and Adolescents assess key personal attributes essential for resilience, including two global scales: Sense of Mastery and Sense of Relatedness. The Sense of Mastery evaluates an individual's ability to cope with adversity, while the Sense of Relatedness gauges the strength of relationships that buffer against stress, with scores categorized as High (60+), Above Average (56-59), Average (46-55), Below Average (41-45), and Low (<40).

- From 2021– 2024, all three fiscal years, youth that participated in ROP completed the Resiliency Scale. There were no statistically significant change in neither Relatedness and Mastery. Youth's combined means total scores remained in the average 46-55 range from pre- to post-assessment.

Multi-Dimensional Inventory of Black Identity (MIBI): The MIBI measures dimensions of racial identity. Participants indicate their agreement with various statements on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

- From 2021– 2024, all three fiscal years, youth showed no statistically significant change in their connectedness to their Black Identity. To note, youth had high scores at pre-assessment across all fiscal years.

Family Adaptation and Cohesion Scale III (FACES III): FACES III is a

10-item self-report tool that assesses individuals' perceptions of family cohesion. The Cohesion subscale specifically evaluates the strength of emotional bonds and attachment among family members.

- Across all three fiscal years, family cohesion moved for disengaged to connected. These findings suggest the potential impact of the program on family dynamics.

Post-Program Feedback about R.O.P:

Overall, the majority of youth who completed the satisfaction survey agreed or strongly agreed that participating in the program was a positive experience. Also, participants reported very good or excellent satisfaction with regard to staff treatment.

Additional Comments from Youth:

"It helped me be accountable for my actions"

"This program changed me mentally and helped me deal with suicide."

"I feel like I am more confident in myself and I am more accepting of my heritage."

"It has changed me in multiple areas such as my anger issues, and taking responsibility."

Note: For FY21/22, the SEBBS (Social-Emotional Bullying Behavior Survey) was used to assess bullying behaviors, social-emotional skills, and victimization among students to inform interventions and enhance school environments. No significant findings were reported for FY21/22. The SEBBS was discontinued for FY22/23 and FY23/24.

PEI – Building Resiliency in African American Families— Boys

Guiding Good Choices (GGC): Parents learned how to strengthen family bonds, set a clear family position on drugs, teach children skills they will need to make healthy choices, and increase children's involvement in the family. GGC was offered once a week for five weeks at the start of the program. To congratulate the parents on their accomplishments, a small ceremony and certificate is presented to acknowledge their participation. Program. Outcomes were measured using Alabama Parenting Questionnaire (APQ), and Retrospective satisfaction surveys were also collected to gather program feedback from parents that participated in GGC.

Parental Participation and GGC Completion Rates

Program Service	FY 21/22	FY 22/23	FY 23/24
# of Parents Participated	55	32	19
# of Parents Completed	28	20	17
Successfully Completed Program	***51%***	***63%***	***90%***

GGC Outcomes

Percent Change in Average Scores	FY 21/22	FY 22/23	FY 23/24
Alabama Parenting Questionnaire			
Parenting Involvement	+4.4%	+11.0%	+6.6%
Inconsistent Discipline	-11.6%	-12.3%	-11.2%
Corporal Punishment	-10.5%	+2.4%	-15.2%

Note: (-)/(+) represent decreases/increases in parenting style respected to each area in the table above.

GGC Retrospective Satisfaction Survey Percent Improved

Survey Statements:	FY 21/22	FY 22/23	FY 23/24
1. I feel confident starting a conversation with my son/daughter addressing risk factors such as drugs, alcohol, gangs, etc.	49%	52%	28%
2. As a family, we plan and hold regular family meetings.	77%	83%	61%
3. If one parenting style is not working with my child, I have other parenting skills available.	74%	70%	67%
4. I practice refusal skills with my son/daughter to help them resist negative peer influences.	74%	70%	67%
5. I know how to control and express my anger constructively.	59%	65%	61%
6. I set clear and consistent guidelines and expectations/consequences for my child. I explain to them how I feel about his/her good/bad behavior.	51%	83%	50%

Note: percentage results do not include participants with high scores on the pre-assessment form in the table above.

Satisfaction Surveys:

Parents reported high satisfaction with overall program expectations, facilitator evaluation, and acknowledgment of cultural/ethnic diversity within the program guidelines for throughout all three fiscal years. Overall satisfaction ranged from 4.6 to 4.9 on a scale of 5.

PEI – Building Resiliency in African American Families— Boys

Cognitive –Behavioral Therapy (CBT) is designed for the youth in ROP who need further assistance with behavioral issues, anger control, depression, and other behavioral management concerns. Clinical therapists structure one-on-one therapy with the youth to address their behavioral concerns. Not everyone enrolled in CBT has a behavioral health condition warranting this type of intervention. Outcomes were measured by the Children's Depression Inventory Scale (CDI-II) and the Strengthens and Difficulties Questionnaire (SDQ).

CBT Outcomes

Children's Depression Inventory—II (CDI-II): CDI-II is used to measure the severity of depressive symptoms in children. The CDI-II is a 28-item questionnaire with four initial subscales: Negative Mood, Negative Self-esteem, Ineffectiveness, and Interpersonal Problems.

- Across all fiscal years, while decreases in depressive symptoms were observed, comparisons of pre- and post-CDI-II scores showed participants remaining within the average range of depression severity.

Strengthens and Difficulties Questionnaire (SDQ): The SDQ is completed by parents at the beginning and at the conclusion of the program, in order to measure the change in participants' behavior problems over time. Higher scores on the four behavioral subscales: emotional symptoms, conduct issues, hyperactivity/ inattention, and peer relationship problems, suggest a higher incidence of negative psychological attributes

- Emotional symptoms was the most common subscale that had a statistically significantly decrease, across the fiscal years.

Participant Service and Average CBT Sessions

Program Service	FY 21/22	FY 22/23	FY 23/24
# of Youth Served	36	11	16
Average # of Therapy Sessions per Youth	7	8	11

CBT Satisfaction Survey:

Youth agreed or strongly agreed to the responses: the program taught me how to cope with stress, understand myself better, helped achieved my goals, facilitator knew how to help me.

Additional Comments::

When asked things that you learned in program:

"My thoughts affect my feelings and my feelings affect my behavior."

"How to make myself calm in stressful positions or how to deal with current problems."

When asked what you learned about the program is*:*

"How to facilitator took care of me."

"I had someone I could talk to."

PEI – Building Resiliency in African American Families— Boys

Focus groups are used in qualitative research to collect data by conducting a form of group interviews that focuses on communication from participants in the program. Focus groups can reach a depth and dimension that quantitative tools such as questionnaires or surveys can miss. The goal of the focus group was to gather participant feedback regarding the program. The feedback will be utilized to inform implementation and make adjustments where necessary and feasible for this program.

Youth Focus Group Questions:

The youth focus group questions examine how the program helped with personal challenges, improved family relationships, and impacted self-perception and cultural identity. They also ask about changes the youth experienced and what they remember most, including any aspects of *B.R.A.A.F.* that didn't meet expectations.

Youth Responses about the B.R.A.A.F. program:

I learned there's "another way to live, to stay out of trouble, to learn, and how to get into college."

"The program helped me "be more concentrated and motivated."

"Taught me how to be more respectful to teachers and other people."

Response with connection to African American Culture:

"I feel better because I'm more knowledgeable about the past."

"I feel more comfortable being an African American person because I came from great people."

I learned "that no matter what you should always love your culture and yourself… no matter if people call you any names."

Parent Focus Group Questions:

The parent focus group questions give sight to key themes such as family bonding activities, the impact of the *Guiding Good Choices* and *B.R.A.A.F.* programs on parent-child relationships, and the changes observed in children. They also evaluate the value of parent support groups and seeking feedback on what worked well and areas for improvement.

Parent Responses about Change in their youth's Behavior:

My son is more nice, before he was scared to tell me things. Now I stop before I say anything."

"My son enjoyed the program, had a good time, enjoyed the staff and enjoyed his peers, glad he was able to attend this year."

Parent Feedback about the B.R.A.F.F. program:

"The group discussion was amazing, we got to feel safe, we felt safe, and bounds off each other. Our kids were going through similar things. We have lots of support."

"I have more patience, when I listen to him, and getting him to understand my point of view. We are getting better."

PEI – Building Resiliency in African American Families— Girls

Description of Program: Prevention

Building Resilience in African American Families project (B.R.A.A.F.) was implemented by Riverside University Health System Behavioral Health, Prevention and Early Intervention (PEI) through funding under the Mental Health Services Act. This project is a multi-intervention strategy with prevention and early intervention programs being provided throughout Riverside County. The primary program goals of this project are to reduce 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. The target population served is African American male youth and their parents/guardians that live in communities with high rates of poverty and community violence. The B.R.A.A.F.

Project utilizes three evidence-based practices:

1. **Africentric Youth and Family Rites of Passage Program (ROP),**
2. **Cognitive-Behavioral Therapy (CBT), &**
3. **Guiding Good Choices (GGC)**

Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Youth Served	22	24	16
# of Youth Completed	28	15	12
Successfully Completed Program	***79%***	***63%***	***75%***

Age	FY 21/22	FY 22/23	FY 23/24
Children/Youth (0-15)	28	24	16
Transition Age Youth (16-25)	0	0	0
Adults (26-59)	0	0	0
Older Adults (60+)	0	0	0
Unknown	0	0	0

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	0	0	0
Hispanic/Latinx	0	0	1
Black/African American	24	18	11
Asian/Pacific Islander	0	0	0
Native American	0	0	0
Multiracial	4	3	4
Other	0	0	0
Unknown	0	3	0

Gender	FY 21/22	FY 22/23	FY 23/24
Male	0	0	0
Female	28	24	16
Transgender	0	0	0
Unknown	0	0	0

PEI – Building Resiliency in African American Families— Girls

Rites of Passage: The goal of the ROP program is empowerment of black adolescents through a nine-month rites of passage program. The program provides a multi-faceted, prevention based program to youth; a major component of the program is the after school program, held for three hours, three days per week. Outcomes evaluation focused on: resiliency, positive identification with culture, and family cohesion and Post– Program Satisfaction Survey.

ROP Outcomes

Resiliency Scale: The Resiliency Scales for Children and Adolescents assess key personal attributes essential for resilience, including two global scales: Sense of Mastery and Sense of Relatedness. The Sense of Mastery evaluates an individual's ability to cope with adversity, while the Sense of Relatedness gauges the strength of relationships that buffer against stress, with scores categorized as High (60+), Above Average (56-59), Average (46-55), Below Average (41-45), and Low (<40).

- Overall, the resiliency scale, across the fiscal years, showed the youth remained at the average level for sense of mastery. While participants showed a below average sense of relatedness, which demonstrated the participants continued to have a difficult ability to manage stress inducing environments.

Multi-Dimensional Inventory of Black Identity (MIBI): The MIBI measures dimensions of racial identity. Participants indicate their agreement with various statements on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree).

- From 2021– 2024, all three fiscal years, youth showed no statistically significant change in their connectedness to their Black Identity. To note, youth had high scores at pre-assessment across all fiscal years, total scores ranging from (3.9—4.4).

Family Adaptation and Cohesion Scale III (FACES III): FACES III is a

10-item self-report tool that assesses individuals' perceptions of family cohesion. The Cohesion subscale specifically evaluates the strength of emotional bonds and attachment among family members.

- Across all three fiscal years, family cohesion moved for disengaged to connected. These findings suggest the potential impact of the program on family dynamics.

Post-Program Feedback about R.O.P:

Overall, the majority of youth who completed the satisfaction survey agreed or strongly agreed that participating in the program was a positive experience. Also, participants reported very good or excellent satisfaction with regard the type of activities in R.O.P..

Additional Comments from Youth:

"The program helped me with my social skills and I found some new friends that changed for the better."

"The program changed me because it helped me to realize who I am."

"I liked meeting new people and making new friends."

Note: For FY21/22, the SEBBS (Social-Emotional Bullying Behavior Survey) was used to assess bullying behaviors, social-emotional skills, and victimization among students to inform interventions and enhance school environments. While in FY21/22 there was a significant improvement in the cohort's social and emotional skills, the SEBBS was discontinued for FY22/23 and FY23/24.

PEI – Building Resiliency in African American Families— Girls

Guiding Good Choices (GGC): Parents learned how to strengthen family bonds, set a clear family position on drugs, teach children skills they will need to make healthy choices, and increase children's involvement in the family. GGC was offered once a week for five weeks at the start of the program. To congratulate the parents on their accomplishments, a small ceremony and certificate is presented to acknowledge their participation. Program. Outcomes were measured using Alabama Parenting Questionnaire (APQ), and Retrospective satisfaction surveys were also collected to gather program feedback from parents that participated in GGC.

Parental Participation and GGC Completion Rates

Program Service	FY 21/22	FY 22/23	FY 23/24
# of Parents Participated	29	20	19
# of Parents Completed	24	11	7
Successfully Completed Program	***92%***	***55%***	***37%***

GGC Outcomes

Percent Change in Average Scores	FY 21/22	FY 22/23	FY 23/24
Alabama Parenting Questionnaire			
Parenting Involvement	-4.27%	-2.7%	+1.6%
Inconsistent Discipline	-7.71%	+2.8%	-13.3%
Corporal Punishment	-15.1%	-6.0%	-12.7%

Note: (-)/(+) represent decreases/increases in parenting style respected to each area in the table above.

GGC Retrospective Satisfaction Survey Percent Improved

Survey Statements:	FY 21/22	FY 22/23	FY 23/24
1. I feel confident starting a conversation with my son/daughter addressing risk factors such as drugs, alcohol, gangs, etc.	74%	41%	7%
2. As a family, we plan and hold regular family meetings.	84%	53%	64%
3. If one parenting style is not working with my child, I have other parenting skills available.	84%	47%	57%
4. I practice refusal skills with my son/daughter to help them resist negative peer influences.	84%	41%	64%
5. I know how to control and express my anger constructively.	79%	65%	31%
6. I set clear and consistent guidelines and expectations/consequences for my child. I explain to them how I feel about his/her good/bad behavior.	89%	41%	29%

Note: percentage results do not include participants with high scores on the pre-assessment form in the table above.

Satisfaction Surveys:

Parents reported high satisfaction with overall program expectations, facilitator evaluation, and acknowledgment of cultural/ethnic diversity within the program guidelines, throughout all fiscal years. Overall satisfaction averaging a 4 on a scale of 5.

PEI – Building Resiliency in African American Families— Girls

Cognitive –Behavioral Therapy (CBT) is designed for the youth in ROP who need further assistance with behavioral issues, anger control, depression, and other behavioral management concerns. Clinical therapists structure one-on-one therapy with the youth to address their behavioral concerns. Not everyone enrolled in CBT has a behavioral health condition warranting this type of intervention. Outcomes were measured by the Children's Depression Inventory Scale (CDI-II) and the Strengthens and Difficulties Questionnaire (SDQ).

CBT Outcomes

Children's Depression Inventory—II (CDI-II): CDI-II is used to measure the severity of depressive symptoms in children. The CDI-II is a 28-item questionnaire with four initial subscales: Negative Mood, Negative Self-esteem, Ineffectiveness, and Interpersonal Problems.

- Across all fiscal years, while decreases in depressive symptoms were observed, comparisons of pre- and post-CDI-II scores showed participants remaining within the average– to below average range of depression severity. Sample sizes were small in across all fiscal years to proved a reliable statistically significant change.

Strengthens and Difficulties Questionnaire (SDQ): The SDQ is completed by parents at the beginning and at the conclusion of the program, in order to measure the change in participants' behavior problems over time. Higher scores on the four behavioral subscales: emotional symptoms, conduct issues, hyperactivity/ inattention, and peer relationship problems, suggest a higher incidence of negative psychological attributes

- FY21/22 showed no significant change.
- FY22/23 showed a decrease in emotional symptoms.
- FY23/24 showed a decrease in both emotional symptoms and peer relationships.

Participant Service and Average CBT Sessions

Program Service	FY 21/22	FY 22/23	FY 23/24
# of Youth Served	22	10	12
Average # of Therapy Sessions per Youth	7	5	8

CBT Satisfaction Survey:

Youth agreed or strongly agreed to the responses: the program taught me how to cope with stress, understand myself better, helped achieved my goals, facilitator knew how to help me.

Additional Comments::

When asked things that you learned in program:

"I learned how to deal with stressful situations, my parents fighting with my sister, listening, and to help my family more."

When asked what you learned about the program is*:*

"Being able to talk and she actually listened to me and hear what I'm saying."

"She taught me how to do other things to cope with sadness even when I didn't want to talk about."

PEI – Building Resiliency in African American Families— Girls

Focus groups are used in qualitative research to collect data by conducting a form of group interviews that focuses on communication from participants in the program. Focus groups can reach a depth and dimension that quantitative tools such as questionnaires or surveys can miss. The goal of the focus group was to gather participant feedback regarding the program. The feedback will be utilized to inform implementation and make adjustments where necessary and feasible for this program.

Youth Focus Group Questions:

The youth focus group questions examine how the program helped with personal challenges, improved family relationships, and impacted self-perception and cultural identity. They also ask about changes the youth experienced and what they remember most, including any aspects of *B.R.A.A.F.* that didn't meet expectations.

Youth Responses about the B.R.A.A.F. program:

"The therapy sessions, I did not like because they took me out of cool things that were going on."

"I was taught to be grateful of what you have and what your parents can give you."

Response with connection to African American Culture:

"It made me feel better about my culture, [black culture] did a lot of stuff that we don't get credit for. "

"B.R.A.A.F. helped me learn about more about my ancestors and myself."

"The program made me feel better about being African American."

Parent Focus Group Questions:

The parent focus group questions give sight to key themes such as family bonding activities, the impact of the *Guiding Good Choices* and *B.R.A.A.F.* programs on parent-child relationships, and the changes observed in children. They also evaluate the value of parent support groups and seeking feedback on what worked well and areas for improvement.

Parent Responses about Change in their youth's Behavior:

"She went from being arrogant to being open-minded. Overall, this program is very good, and more people should push their kids to go."

"This program helped my daughter to be "aware of their feelings and what's going on and a open line of communication. "

Parent Feedback about the B.R.A.F.F. program:

"During mental health topic, it made me understand and be more aware for things going on. Its fine to start at an early age to talk about issues going on and talk about sensitive topics."

"The communication and organization should be improved for next year. Also, the digital forms would be better or at least the option."

PEI – Celebrating Families: Strengthening The Circle

Description of Program: Prevention

The Celebrating Families: Strengthening the Circle Program is a new PEI program that started its service in FY 2021-2022. The primary goals are to increase family interactions, decrease risk of future substance abuse, and to foster the connection to culture in order to prevent the development of behavioral health challenges for the Native American/American Indian population in Riverside County who are highest at risk. Target outreach include working within the community and collaborating with the Tribal Temporary Assistance for Needy Families (TANFs), tribal organizations, tribal leaders, tribal elders, schools, community organizations, non-profit organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population. Program activities include evidence-based practice (Wellbriety Celebrating Families!™) and culturally-based intervention (Gathering of Native Americans/ GONA). Outcomes were measured using Alabama Parenting Questionnaire (APQ), Guiding Good Choices (GGC), and Family Strength and resilience Scale (FSRC). Post satisfaction surveys were also collected to gather program feedback from participants.

Overall Total Service Counts			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served and Attended GONA Events	113	473	126

Wellbriety Celebrating Families!™ Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served	16	31	37
# of Participants Completed	12	22	23
Successfully Completed Program	***75%***	***71%***	***62%***

Wellbriety Celebrating Families!™ Program Outcomes			
Percent Change in Average Total Scores from Pre to Post	**FY 21/22**	**FY 22/23**	**FY23/24**
APQ (% increase in ***Parenting Involvement, Positive Parenting***)	5%, 3.5%	7.5%, 4.8%	6.6%, 5.4%
GGC (% increase)	7.6%	2.7%	1.8%
FSRC (% increase)	14.9%	11.7%	7.5%

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	0	0	0
Hispanic/Latinx	0	0	0
Black/African American	0	0	0
Asian/Pacific Islander	0	0	0
Native American	14	22	30
Multiracial	5	9	7
Unknown	94	442	89

Age	FY 21/22	FY 22/23	FY 23/24
Children/Youth (0-15)	0	0	0
Transition Age Youth (16-25)	2	2	5
Adults (26-59)	17	20	25
Older Adults (60+)	0	2	1
Unknown	94	449	95

Gender	FY 21/22	FY 22/23	FY 23/24
Male	1	3	10
Female	18	28	27
Transgender	0	0	0
Unknown	94	442	89

PEI – Celebrating Families: Strengthening The Circle

Satisfaction Surveys:

From Fiscal Years 2021 to 2024, the majority of participants showed high satisfaction (over 84% responded to either "satisfied" or "very satisfied") with the Wellbriety Celebrating Families!™ program and the group leaders. Over 84% of participants also responded that the program has helped their families, and all participants (100%) responded that would recommend the program to other families.

Comments from participants (Wellbriety Celebrating Families!™):

- *"I liked how we all joined together for a meal each week to sit down and eat as a family. I also like the information it provided and the insight my husband and I got out of it. I really enjoyed the counselors and their experiences that they shared with us. I also like that it helps families who come from drug addiction and past trauma."*
- *"I liked being able to express my past childhood openly without being judged and getting the help that I truly needed. Being a part of this program has changed my perspective and learning new things to become a better dad."*

Comments from participants (Gathering of Native Americans):

- *"GONA created an opportunity for generosity, demonstrated by the willingness of the staff to welcome a new resource into their class time. Students seemed to open up to our interventions best when they saw their teachers and staff respectfully and openly participate in the circle."*
- *"The prayer ties in GONA seemed impactful. I wish there was more to it or more student talk/interaction. I loved the conversation; it is very healing."*

Wellbriety Celebrating Families!™ Satisfaction Survey Results			
Survey Items	**FY 21/22**	**FY 22/23**	**FY 23/24**
Satisfaction with Program	100%	88%	92%
Satisfaction with Group Leaders	100%	84%	92%
Program has helped family	100%	88%	100%
Program recommendation to other families	100%	96%	100%

PEI – Keeping Intergenerational Ties in Ethnic Families (KITE)

Description of Program: Prevention

Keeping Intergenerational Ties in Immigrant Families (KITE) is an evidence-based parenting program based on the Strengthening Intergenerational Ties in Immigrant Families (SITIF) curriculum designed for the Asian American community that teaches behavioral parenting skills to improve intergenerational intimacy, that started in the fiscal year 2019-2020. It is a culturally-sensitive, community based intervention to strengthen the intergenerational relationship, and promotes immigrant parents' emotional awareness and empathy for their children's experiences, cognitive knowledge, understanding of differences between their native and American cultures. More specifically, the KITE program was designed to offer Prevention and Early Intervention (PEI) services for Asian American Pacific Islander (AAPI) parents with school-aged children and adolescents (ages 6 to 17 years old). Outcomes were measured using Strength and Difficulties Questionnaire (SDQ), Alabama Parenting Questionnaire (APQ), and Relationship Scale. Post satisfaction surveys were also collected to gather program feedback from participants.

KITE Participant Service and Completion Rates			
Program Service	**FY 21/22**	**FY 22/23**	**FY 23/24**
# of Participants Served	73	66	67
# of Participants Completed	61	60	54
Successfully Completed Program	***84%***	***91%***	***81%***

KITE Program Outcomes			
Percent Change in Average Scores	**FY 21/22**	**FY 22/23**	**FY 23/24**
Strength and Difficulties Scale			
Emotional Symptoms Scale decreased	-3.3%	-3.6%	-11.1%
Conduct Problems Scale decreased	-4.9%	-5.3%	-7.5%
Hyperactivity Scale decreased	-1.5%	-5.5%	-11.3%
Peer Problems Scale decreased	3.4%	-3.2%	-8.9%
Prosocial Scale increased	3.0%	4.4%	9.6%
Alabama Parenting Questionnaire			
Parenting Involvement increased	5.6%	3.2%	6.7%
Positive Parenting increased	4.8%	4.5%	5.1%
Inconsistent Discipline decreased	-0.6%	-0.3%	-7.5%
Other Discipline Practices decreased	-1.6%	-1.1%	-2.9%
Relationship Scale			
Average Total Scores increased	8.3%	13.3%	7.8%

Race/Ethnicity	FY 21/22	FY 22/23	FY 23/24
White	0	0	0
Hispanic/Latinx	0	0	0
Black/African American	0	0	0
Asian/Pacific Islander	59	58	54
Native American	0	0	0
Multiracial	2	2	0

Age	FY 21/22	FY 22/23	FY 23/24
Children (0-17)	0	0	0
Adults (18-59)	61	53	46
Older Adults (60+)	0	2	8
Unknown	0	5	0

Gender	FY 21/22	FY 22/23	FY 23/24
Male	14	10	19
Female	47	50	35
Transgender	0	0	0
Unknown	0	0	0

Language	FY 21/22	FY 22/23	FY 23/24
English	22	10	10
Spanish	0	0	0
Chinese	39	40	44
Bilingual (*English/Chinese*)	0	10	0

PEI – Keeping Intergenerational Ties in Ethnic Families (KITE)

Satisfaction Surveys:

From Fiscal Years 2021 to 2024, the majority of participants showed overwhelmingly positive responses on their satisfaction survey analysis (92% or more) on KITE program.

Comments from participants:

- *"I feel I am more willing to look and assess at situations more and taking into consideration of my child's perspectives. I feel I am able to use the different parenting techniques as a tool in successfully responding to different problems/situations. I also feel there is a positive improvement with my relationship with my child after completing this course."*
- *"I realized the importance of communicating with my child through learning from this course. I learned to build structures, rules, and I loved the children's 5 love languages and other information. It feels very practical to be able to apply it to children after learning and practice, and also getting the positive interactions."*
- *"Through the study in the parent-child class, I learned that the needs of children and the responsibilities of parents in raising children are actually unified. If you think about the demands and the demands behind the behaviors of children from another angle, you can better understand the children and form a good parent-child relationship with them. At the same time, I also learned a lot of parenting skills, encourage and praise children more, and interact with children with high quality companionship. Punishment is not always the way to make children obedient. Properly letting children bear natural consequences is a required course for the growth too."*

Keeping Intergenerational Ties in Ethnic Families (KITE) Satisfaction Survey Results			
Survey Statements	**FY 21/22**	**FY 22/23**	**FY 23/24**
1. KITE Program increased parent understanding of differences in Asian and American cultures	100%	98%	98%
2. KITE Program increased ability to parent cross-culturally	97%	93%	98%
3. KITE Program increased parent understanding of their children	100%	96%	100%
4. KITE Program increased ability to parent their children	94%	96%	98%
5. KITE Program increased parent communication with their children	97%	98%	98%
6. KITE Program increased parent participation in the various contexts of their children's lives	97%	96%	92%
7. KITE Program increased parent connection with their children	100%	93%	94%

Note: percentage results are calculated based on participants who responded "Strongly Agree" and "Agree" on survey statements above.

Riverside University Health System - Behavioral Health

MHSA
Annual Prevention and Early Intervention Program and Evaluation Report

FY 2023-2024

This report provides the data necessary to meet the Annual Prevention and Early Intervention (PEI) Program and Evaluation Report in accordance with the CCR regulations and the MHSOAC waiver enacted for PEI data collection and reporting.

The following report is structured according to the RUHS-BH, MHSA PEI Plan project areas, with a project area narrative and a data reporting table for each PEI program. Each reporting table includes the type of program, program name, project area as defined by PEI plan, program description, number of unduplicated individuals served, demographic data, implementation successes, implementation challenges, lessons learned, and relevant examples of success/impact for each program. The narrative for each project area section that precedes the data tables will address any PEI programs for which data collection and reporting was either not completed due to the nature of the program, or where data collection and reporting is evolving.

PEI Plan Project Area #1: Mental Health Outreach, Awareness, and Stigma Reduction

The goals of this PEI project area is to increase community outreach and awareness about mental health information/resources, and to reduce stigma. These activities are designed to outreach to underserved populations, increase awareness of mental health topics, and to reduce stigma and discrimination.

The following tables in this section include data tables for the programs in this project area with the number of unduplicated served, demographics, implementation successes, implementation challenges, lessons learned, and examples of success/impact in the communities they serve. Some of these programs have limited data collection, so more narrative information is included for these programs.

Program Type: Stigma and Discrimination Reduction
Program Name: Up2Riverside.org - Media & Mental Health Promotion and Education Materials
RUHS-BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside campaign for mental health awareness, stigma reduction, and suicide prevention, as well as substance use and prevention in Riverside County. Additionally, the provider began narrowcasting efforts in Hemet and San Jacinto. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result, there was a total of 618,924 page views in fiscal year 2023-2024 with 335,816 new users. 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. Email blasts continue to be the top performing digital tactic in terms of click through rates and site duration. The average session duration on the website was 1:24. Furthermore, the website received better engagement in terms of click through rate with the Spanish campaign compared to the English campaign.

Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a “story” about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate some-thing about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at www.Up2Riverside.org. There are currently 20 digital stories available for viewing on the Up2Riverside website. They include videos developed by a veteran, a Transition Age Youth, a parent, and one is in Spanish.

Program Type: Stigma and Discrimination Reduction
Program Name: Network of Care
Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In fiscal year 2023-2024, the website had 223,900 visits and 428,238 page views. Data collection for this program is limited to web hits.

PEI Plan Project Area #1: Mental Health Outreach, Awareness, and Stigma Reduction

Program Type: Suicide Prevention
Program Name: Inland SoCal Crisis and Suicide Helpline (Helpline) and 211

The Inland SoCal Crisis & Suicide Helpline is a program of Inland SoCal United Way & 211+ which serves Riverside and San Bernardino counties. Services include 24/7 tele-counseling for mental health crisis and suicide prevention through 951-686-HELP (4357), community screen and referral for mental health urgent care and other resources, assessment and warm transfer to the Riverside County Crisis Mobile Unit, suicide prevention workshops and trainings for providers and the community, postvention services for suicide loss, and an evidence-based social work practicum program with field placements in the Helpline call center.

The Helpline has achieved significant success in responding to mental health crises through the implementation of a community point of access (aka front door) to the RUHS-BH 24/7 mobile crisis response. This initiative enhances immediate access to crisis stabilization services and supports community resilience. Key achievements include:

- Enhanced Crisis Response: The 24/7 mobile crisis team provides timely, on-site intervention, reducing the need for emergency department visits and law enforcement involvement. This aligns with best practices in crisis care, prioritizing de-escalation, and connection to appropriate community-based services.
- Trauma-Informed and Evidence-Based Training: Comprehensive training for crisis responders emphasizes de-escalation techniques, trauma-informed care, and culturally competent practices. This specialized training has contributed to a reduction in the need for law enforcement intervention, promoting a person-centered approach.
- Increased Community Awareness and Utilization: Community outreach efforts have significantly increased awareness of helpline services, resulting in a substantial increase in call volume. This demonstrates the effectiveness of proactive communication in promoting help-seeking behaviors. Data collected also showed a significant reduction in 911 call rates, emphasizing the effectiveness of preventative care and proactive intervention in addressing mental health crises before they escalate.
- Data-Driven Outcomes: Data indicates a positive impact on crisis system utilization, with a significant increase in calls to the helpline and requests for mobile crisis services and Mental Health Urgent Care. Critically, the data also shows a low percentage of calls involving active rescues for imminent risk to life, suggesting that the mobile crisis services are effectively de- escalating situations and providing appropriate support.

In fiscal year 2023-2024, the hotline received **8,312** calls from across the county compared to 5,331 calls in the previous fiscal year. Additionally, during FY 23/24, the crisis helpline (686-HELP) experienced a 128% increase in calls (from 407 calls in July 2023 to 928 calls in June 2024). Requests for Crisis Mobile services surged by 444% (from 43 calls in December 2023 to 234 calls in June 2024) and calls for Mental Health Urgent Care rose by 351% (from 51 calls in December 2023 to 230 calls in June 2024). Overall, the helpline received 56% more calls than the previous year and 67% more calls compared to two years ago, with most growth occurring after the 24/7 mobile service implementation. Importantly, only 0.63% of total calls involved active rescues for imminent risk to life, a decrease from previous years, indicating the effectiveness of the 24/7 mobile crisis services.

Inland SoCal Crisis and Suicide Helpline (Helpline) and 211 cont.

Some demographic data is collected for this program however the categories differ from those in the PEI regulations. For age, 265 were between the ages of 0-17, 306 were between the ages of 18-25, 761 were between the ages of 26-49, 724 were between the ages of 50-64, and 255 were 65 and older. For race/ethnicity, seven (7) identified as American Indian or Alaska Native, 34 identified as Asian, 68 identified as Black or African American, 631 identified as Hispanic or Latinx, two (2) identified as Native Hawaiian or other Pacific Islander, 262 identified as White, eight (8) identified as Other, and 22 identified as Multiracial. Notably, the number of BIPOC callers has increased by 20% over last year. Furthermore, 4,084 of callers identified as female, 2,743 identified as male, and 17 identified as LGBTQIA+.

Despite these successes, several challenges must be addressed to ensure the long-term sustainability and effectiveness of the crisis helpline:

- Funding Instability: Consistent and adequate funding is essential for maintaining service quality and meeting increasing demand. The transition from MHSA to BHSA requires careful navigation to ensure continued support for essential crisis services.
- Workforce Development and Retention: As call volumes rise, ensuring sufficient staffing levels with qualified and well-trained responders is crucial. Ongoing training in evidence-based practices, such as crisis intervention, trauma-informed care, and culturally competent care, is essential. Addressing staff burnout through robust support systems, including supervision, debriefing, and self-care resources, is also a priority.
- Data Collection and Outcome Measurement: Strengthening data collection and outcome measurement processes will allow for more robust evaluation of program effectiveness and identification of areas for improvement.

A key lesson learned is the critical importance of ongoing training and support for crisis responders. While initial training is essential, continuous professional development is necessary to keep staff up to date with evolving best practices and address the diverse needs of individuals experiencing mental health crises. Furthermore, prioritizing staff well-being through robust support systems is crucial for mitigating burnout and maintaining team effectiveness.

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☐ Prevention	☐ Early Intervention	☒ Stigma and Discrimination Reduction
	☐ Outreach	☐ Suicide Prevention	☐ Access and Linkages

Program Name: Asian American/Pacific Islander Mental Health Resource Center (AAPI-MHRC)

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: The Asian American Pacific Islander Mental Health Resource Center started in fiscal year 2017-2018. The resource center intends to provide mental health resources to the Asian American and Pacific Islander populations in Riverside, Perris, Moreno Valley, Menifee, and other surrounding cities with high density of Asian Americans/Pacific Islanders. The Resource Center engages in activities that reduces mental health stigma, increases mental health awareness, connects people with services and community mental health resources, and engages and educates about the signs and symptoms of mental illness within the Asian American community.

Number of unduplicated individual participants or audience members during FY 23/24: **390**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	7
Transition Age Youth (16-25)	27
Adult (26-59)	55
Older Adult (60+)	48
Declined to Answer	253
Race	
American Indian or Alaska Native	0
Asian	198
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	20
Other	0
More than one race	44
Declined to Answer	128
Ethnicity	
Hispanic or Latino as follows	20
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	20
Asian as follows	198
Filipino	171
Vietnamese	0
Chinese	0
Other Asian	27
Did not specify Asian group	0

Preferred Language	
English	24
Spanish	0
Bilingual	0
Another	0
Declined to Answer	366
Gender	
Male	0
Female	0
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	390
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	390
Disability	
Yes	0
No	0
Declined to Answer	390
Veteran Status	
Yes	0
No	0
Declined to Answer	390

Program Reflection: AAPI-MHRC

Implementation Successes:

During FY 23/24, there were a total of 26 events conducted by AAPI-MHRC. The activity forms were submitted by e-mail or online using Google forms. All of these events were conducted either in-person, virtual, or hybrid, with the majority of the events being conducted in-person (76.9%, n = 20), mostly at the AAPI-MHRC main office in Perris. A total of 21 events were completed in the Mid-County region (80.8%), while the remaining 5 events were completed in the Western region (19.2%). The majority of the events were completed in English (80.8%, n = 21), while the remaining 5 events were completed in combination of English and Tagalog. It is also noted that there may be other events that were held by AAPI-MHRC but the information was not submitted via online or paper forms.

Implementation Challenges:

The Asian American Pacific Islander Mental Health Resource Center (AAPI-MHRC) continued to encounter the scarcity of local AAPI bi-cultural & bi-lingual mental healthcare providers.

Staffing challenges and the loss of the resource center site location impacted the team. The contracted agency decided to not renew their contract. This service was picked up by another PEI provider focused on outreach and engagement with the AAPI community which began in FY 24/25.

Relevant Examples of Success/Impact:

The satisfaction survey has a section where participants could write comments on whether “the presentation was helpful” and add comments if they had any other feedback regarding the program. Below are some of the comments from participants that were gathered from the satisfaction surveys:

- “Great Event! Made mental health a more “family-friendly” topic for something that is usually so taboo. Very impactful!”
- “I really appreciate the open and supportive atmosphere. Thank you for making through the mental health awakening management in a very clear and supportive way.”
- “I liked how they tried to get through the mental wellness plan together and the collaborative nature in multiple AAPI community organization.”
- “I learned a lot from this event.”
- “I liked the breathing exercise, affirmations, using digital collage to explore feelings and expressions.”
- “I felt like it gave me a space to deep-dive and reflect on some buried thoughts. It was comforting to share it with a community of people with similarities.”
- “A lot of opportunities to share, spotlight on how Asian culture adds additional layers of complexity to the conversation, very validating and real stance of presenter/well researched current events examples, actionable takeaways of what to try and what to avoid.”
- “It was really nice to be in a community of people with similar experiences.”

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	□ Early Intervention	☒ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Stand Against Stigma (SAS)

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: The Stand Against Stigma (SAS) program outreaches to individuals and organizations, by working within the community and collaborating with schools, businesses, community organizations, and faith-based organizations, to provide activities that include Speaker's Bureau "Honest, Open, Proud" presentations. Speaker's Bureau "Honest, Open, Proud" presentations are utilized to educate and outreach to target audiences to address the unique issues that those with mental illness experience as they relate to mental health and interpersonal issues, with the aim of reducing stigmatizing attitudes.

Number of unduplicated individual participants or audience members during FY 23/24: **248**

Program Demographics:

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	12
Adult (26-59)	93
Older Adult (60+)	3
Declined to Answer	140
Race	
American Indian or Alaska Native	0
Asian	1
Black or African American	9
Native Hawaiian or other Pacific Islander	0
White	93
Other	1
More than one race	6
Declined to Answer	138
Ethnicity	
Hispanic or Latino as follows	74
Central American	1
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	1
Did not specify Hispanic/Latino group	72
Asian as follows	1
Filipino	1
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	99
Spanish	9
Bilingual	2
Another	0
Declined to Answer	138
Gender	
Male	37
Female	73
Transgender	0
Another	0
Declined to Answer	138
Sexual Orientation	
Lesbian	0
Gay	6
Bisexual	4
Yes, did not specify	0
Unknown	0
Another	1
Not LGBQ/Declined to Answer	84/153
Disability	
Yes	9
No	99
Declined to Answer	140
Veteran Status	
Yes	0
No	108
Declined to Answer	140

Program Reflection: SAS

Implementation Successes:

Overall, the Stand Against Stigma program saw an increase in their presentations by 24% compared to last fiscal year. This included reaching a total of 248 community members. The most frequently reported race/ethnicity for all regions was Hispanic/Latinx (59.6%), which is one of our underserved communities. Furthermore, most of the presentations and attendance were from the Desert region (65.1%), which is a region in the County that has a high need for support and services.

Program outcomes showed a statistically significant increase in participants' affirming attitudes regarding recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Attendees reported strong satisfaction with the enthusiasm and knowledge of the presenters, and a high likelihood of recommending the program to others.

Implementation Challenges:

To help increase community access to presentations, the provider worked on promoting open, virtual presentations for community members to attend. However, it proved to be a challenge to have people attend these events. Oftentimes no one would show to these open, virtual presentations. Furthermore, when virtual presentations were held, the program did not see high completion rates of outcome measures.

Additionally, the program saw a lot of staff turnover, resulting in an even smaller pool of presenters that were able and available to share their lived experience.

Lessons Learned:

The biggest lesson learned from FY 23/24 was that the open, virtual community presentations were not successful in generating attendance from community members, and that a better, more strategic approach would be to decrease these offerings, and focus on approaching other organizations to host for their members.

Additionally, due to a small presenter pool, it is important for the team to communicate and coordinate upcoming presentations to help avoid presenter burnout and to properly care for their own mental health.

Relevant Examples of Success/Impact:

One of our presenters shared the following experience from one of their presentations in the Desert region:

"During one of our presentations for the Desert community, a listener shared that although her experiences were different, my story helped her understand why some people struggle to open up to therapists or other trained professionals. She mentioned that she had previously believed people who didn't seek help were sometimes responsible for staying in unsafe situations; however, after hearing about my negative experience with a therapist, she said she became more empathetic toward those who have difficulty going to or returning to therapy. I believe this example is significant because I felt like I was able to help reduce stigma and offer a new perspective to this community member."

Feedback from community members who attended the presentation:

- "I love that the presenters shared true life stories. It was a heartfelt presentation."
- "Thank you for sharing your life experience. I believe we are capable of things. Most people need the support to know that they can be successful."
- "Great job! Thank you for sharing your stories. They were powerful and can help so many to learn and feel less alone."
- "Your honesty and vulnerability are appreciated. Thank you for your time."
- "Thank you! This was wonderful to see and hear that there are people fighting the good fight."
- "Life is a miracle if we can experience it."

Stigma and Discrimination Reduction Activities

Type of Activity	Number of Events
Presentation	14

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:			
	□ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	☒ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Promotores(as) de Salud Mental y Bienestar Program

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: In partnership with the agency Vision y Compromiso, the Promotores(as) de Salud Mental y Bienestar program trained lay workers in the community (promotors) to outreach, bring awareness to topics in mental health, reduce stigma, and provide resource referrals to prevention and early intervention services in the Hispanic/Latinx community.

Number of individual participants or audience members during FY 23/44: **11,862**

Program Demographics: The following demographic information is duplicated.

Age	
Children/Youth (0-15)	167
Transition Age Youth (16-25)	1,808
Adult (26-59)	6,990
Older Adult (60+)	2,865
Declined to Answer	32
Race	
American Indian or Alaska Native	3
Asian	7
Black or African American	23
Native Hawaiian or other Pacific Islander	0
White	11,717
Other	48
More than one race	0
Declined to Answer	64
Ethnicity	
Hispanic or Latino as follows	11,633
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	11,633
Asian as follows	7
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	7

Preferred Language	
English	534
Spanish	10,091
Bilingual	1,169
Another	0
Declined to Answer	68
Gender	
Male	3,720
Female	8,020
Transgender Male to Female	0
Transgender Female to Male	0
Another	7
Declined to Answer	115
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	37
Unknown	0
Another	0
Not LGBQ/Declined to Answer	11,825
Disability	
Yes	0
No	0
Declined to Answer	11,862
Veteran Status	
Yes	192
No	11,444
Declined to Answer	226

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	☒ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Community Mental Health Promotion Program (CMHPP) - Native American

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: In partnership with the Riverside/San Bernardino County Indian Health Inc., the Native American CMHP program trained lay workers in the community (promoters) to outreach, bring awareness to topics in mental health, reduce stigma, and provide resource referrals to prevention and early intervention services for the Native American community.

Number of unduplicated individual participants or audience members during FY 23/24: **961**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	140
Transition Age Youth (16-25)	536
Adult (26-59)	235
Older Adult (60+)	38
Declined to Answer	12
Race	
American Indian or Alaska Native	553
Asian	3
Black or African American	4
Native Hawaiian or other Pacific Islander	3
White	71
Other	5
More than one race	304
Declined to Answer	18
Ethnicity	
Hispanic or Latino as follows	52
Central American	4
Mexican/Mexican American/Chicano	30
South American	0
Multiple Hispanic	1
Other Hispanic	0
Did not specify Hispanic/Latino group	17
Asian as follows	3
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	3

Preferred Language	
English	936
Spanish	1
Bilingual	2
Another	0
Declined to Answer	22
Gender	
Male	354
Female	595
Transgender Male to Female	0
Transgender Female to Male	0
Another	5
Declined to Answer	7
Sexual Orientation	
Lesbian	1
Gay	1
Bisexual	17
Yes, did not specify	0
Unknown	3
Another	2
Not LGBQ/Declined to Answer	937
Disability	
Yes	12
No	914
Declined to Answer	35
Veteran Status	
Yes	5
No	939
Declined to Answer	17

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	☒ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Community Mental Health Promotion Program (CMHPP) - Asian-American/Pacific Islander

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: In partnership with Asian Pacific Counseling and Treatment Centers, a division of Special Service for Groups, Inc. (SSG), the Asian-American/Pacific-Islander CMHP program trained lay workers in the community (promoters) to outreach, bring awareness to topics in mental health, reduce stigma, and provide resource referrals to prevention and early intervention services for the Asian-American/Pacific Islander community.

Number of unduplicated individual participants or audience members during FY 23/24: **771**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	55
Transition Age Youth (16-25)	226
Adult (26-59)	208
Older Adult (60+)	269
Declined to Answer	13
Race	
American Indian or Alaska Native	2
Asian	600
Black or African American	4
Native Hawaiian or other Pacific Islander	0
White	72
Other	3
More than one race	63
Declined to Answer	27
Ethnicity	
Hispanic or Latino as follows	42
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	611
Filipino	78
Vietnamese	15
Chinese	136
Korean	328
Other Asian	14
Did not specify Asian group	40

Preferred Language	
English	332
Chinese	108
Korean	255
Another	38
Declined to Answer	38
Gender	
Male	246
Female	473
Non-Binary	6
Transgender	2
Another	9
Declined to Answer	35
Sexual Orientation	
Lesbian	8
Gay	7
Bisexual	30
Yes, did not specify	8
Multiple	1
Self-Describe	16
Not LGBQ/Declined to Answer	547/154
Disability	
Yes	34
No	680
Declined to Answer	57
Veteran Status	
Yes	34
No	700
Declined to Answer	37

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☐ Prevention	☐ Early Intervention	☐ Stigma and Discrimination Reduction
	☒ Outreach	☐ Suicide Prevention	☐ Access and Linkages

Program Name: Community Mental Health Promotion Program (CMHPP) - Middle Eastern/North African (MENA)

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: In partnership with Sahaba Initiative, the MENA CMHP program trained lay workers in the community (promoters) to outreach, bring awareness to topics in mental health, reduce stigma, and provide resource referrals to prevention and early Intervention services for the Middle Eastern/North African community.

Number of unduplicated individual participants or audience members during FY 23/24: **0**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	0
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	0
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	0
Spanish	0
Bilingual	0
Another	0
Declined to Answer	0
Gender	
Male	0
Female	0
Transgender	0
Nonbinary	0
Another	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	0
Disability	
Yes	0
No	0
Declined to Answer	0
Veteran Status	
Yes	0
No	0
Declined to Answer	0

Program Reflection: Promotores and CMHP Programs

Implementation Successes:

Each of our providers worked to utilize community engagement effectively by continuing to cultivate and strengthen relationships with important stakeholders and key leaders, ensuring that their goals were aligned with the community's needs and priorities to foster interest and investment. Many of our providers were able to make inroads with different faith-based organizations, workplaces, and community organizations and collaborated with them to tailor their presentations to best meet the needs of the culture and social context of their communities.

Visíon y Compromiso established a new MOU with Jurupa Valley Unified School District and began partnering with the goal of supporting the district's parents, increasing their awareness and education around the different mental health topics. Additionally, the program expanded to include service to the Mid-County region in FY 23/24. Furthermore, throughout the County, the majority of those in attendance indicated Spanish as their primary language (85%). The provider held a total of 3,476 presentations with a total of 11,862 people in attendance.

Riverside-San Bernardino Indian Health, Inc. continued to collaborate with community organizations and found new resources to share with their Native American community members. A strong partnership continued during FY 23/24 with the University of California, Riverside and their Native American Student Programs. Other relationships with local colleges were developed during this fiscal year as well. The provider held a total of 143 presentations countywide with 1,083 in attendance, 85.6% of whom identified as American Indian or Alaskan Native.

Special Services for Groups found innovative ways to make their presentations appealing for their diverse AA/PI community. They found much success with infusing culturally relevant activities with their presentations to draw in more AA/PI community members. They centered their presentations around culturally tailored workshops, such as traditional dance, traditional crafting, and healthy living clubs. Community members were attracted by the different cultural activities and attended the mental health presentations that were related to those different activities (e.g., choreography and self-care and wellness, candle making and suicide prevention, etc.). In FY 23/24, the provider held a total of 47 presentations in English, Korean, and Chinese languages with 1,028 in attendance.

Sahaba Initiative started their contract approximately halfway through FY 23/24 and were able to establish an office location in the Riverside area and hire two full-time staff to serve in the Western and Mid-County regions of the county. During their first 6-months they were able to have both staff complete their 40-hour promoter training to be able to provide culturally tailored presentations to the Middle Eastern/North African community.

Implementation Challenges:

Some of the challenges that the providers faced during FY 23/24 was staffing promoters which resulted in pauses in service delivery to hold interviews, find the right fit for the team and community, undergo the onboarding requirements (e.g., DOJ background checks), and to conduct extensive 40-hour training. Whether starting these services brand new in the County (e.g., Sahaba Initiative for the MENA community), or expanding services to new regions (e.g., Visíon y Compromiso's expansion into Mid-County), the providers faced challenges with sharing their program in areas that were not familiar with the services provided. It took time to establish a presence and build relationships in the different communities.

Some communities are more conservative than others, making it difficult to overcome the stigma associated with mental health and discussions around mental illness and suicide prevention. Additionally, the providers encountered challenges with gathering community specific resources for their different underserved cultural groups, particularly for underserved groups with a lot of intragroup diversity (e.g., the many different tribes within the Native American community, the different cultures that make up Asian Americans/Pacific Islanders, etc.).

At times providers faced challenges with locating community spaces in which to host presentations. An alternative was to provide virtual presentations via Zoom when it was found to meet community need; however, this was often found to not be a worthwhile option for many community members, who were fatigued of virtual services since the pandemic, and often yielded in low attendance and low completion of demographic forms and satisfaction surveys.

Program Reflection: Promotores and CMHP Programs

Lessons Learned:

The providers in each of the CMHP programs learned the importance of persevering with their efforts to identify the leaders of each community to assist them in collaborative efforts to deliver the needed presentations to the underserved populations. They also found value in their continued work with churches and temples where audiences are already mobilized to raise awareness about their CMHP programs and other available resources. Overall, the providers learned how to establish credibility by being transparent, consistent, and respectful. They involved diverse stakeholders, ensuring all community groups were represented, especially marginalized voices. This led to them being able to more effectively utilize culturally appropriate approaches to remove barriers to participation. These outreach efforts have been a great success in leading workshops and building relationships within the different communities.

Relevant Examples of Success/Impact:

Here is a story that was shared by one of our promoters and the impact that they had on a community member:

In 2024, I began to offer Mental Health presentations at a Nutrition Center in Perris. Many ladies would attend some weeks but miss other sessions. However, there was one lady who was always there, ready to hear me talk about the topic of the day. She would be attentive, listening, and commenting. As the sessions went by, she felt more comfortable opening up and talking about her struggles so I would always point her to the resources that we had available. After each topic we would focus on self-care and putting our mental health first, so we could help others and learn to say no and set limits. The lady listened and after every class, she would remind the class about setting limits and practicing the protective factors provided in the presentations. She was even the first lady to learn what the word “stigma” meant in the class, and she was always so excited to explain to others what it meant. After some time, I no longer saw her, but one day I ran into her, and she was a different woman. She was more confident; she learned to set limits and care for herself more. She gave me the motivation to continue sharing mental health topics with the community.

Another promoter shared her experience with a community member:

On one occasion I went to reach out to some housing trailers in a parking lot in Thermal. There was an elderly woman sitting outside her trailer that caught my attention. I approached her and offered her a flyer for our program. She responded with a, “No, maybe next time.” I observed her sadness and continued to engage her in conversation. I spoke to her a little bit about depression and anxiety, and her eyes immediately filled with tears. I explained to her that we offered workshops on these different mental health topics, and that everything in this life can have a solution, and that there is always hope. I shared with her that I was going to have a presentation on depression in a local senior center, that she may feel welcomed at. I didn't think she would attend, but I was glad to see her arrive at my presentation! I introduced her to the members of the senior center, and they immediately made her feel welcomed. I was pleased to see that after each presentation she smiled and participated more until she told us about her life and experiences. In the end, we helped her find the necessary help. Not only did she succeed, but her adult daughter and her grandchildren who were going through challenges of depression and chronic alcoholism also got help. I am glad to see that she continues to participate in the senior center. She is happy with how she has been able to address her own challenges and overcome them. Now she does crafts and is in the dance group, her daughter is going to therapy, and she has been able to alleviate her symptoms of depression, which prevented her from taking care of her children and getting out of a toxic abusive relationship. Her grandchildren also found help with their drug and alcohol problems. It gave me great satisfaction to see how after a “No” that so many things could be done for this family. It gives me great pleasure to see how she greets me and thanks me every time I see her. As a promoter I feel responsible for my work and my community.

Outreach Activities

Type of Outreach	Number of Events
Presentation	3,666

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	☒ Suicide Prevention	□ Access and Linkages

Program Name: Know the Signs

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: Know the Signs is a statewide suicide prevention social marketing campaign built on three key messages: "Know the signs. Find the words. Reach out." This campaign is intended to educate on how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis, and where to find professional help and resources. The campaign has specifically designed culturally relevant posters to help communities in understanding the message. The posters and marketing materials are available in English, Spanish, Vietnamese, Korean, Hmong, Khmer, Lao, Mandarin, Tagalog, Punjabi, and Russian.

Number of unduplicated individual participants or audience members during FY 23/24: **108**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	12
Adult (26-59)	61
Older Adult (60+)	34
Declined to Answer	1
Race	
American Indian or Alaska Native	3
Asian	10
Black or African American	10
Native Hawaiian or other Pacific Islander	0
White	70
Other	3
More than one race	5
Declined to Answer	7
Ethnicity	
Hispanic or Latino as follows	48
Central American	2
Mexican/Mexican American/Chicano	41
South American	0
Multiple Hispanic	0
Other Hispanic	5
Did not specify Hispanic/Latino group	0
Asian as follows	10
Filipino	3
Vietnamese	1
Chinese	0
Other Asian	1
Did not specify Asian group	5

Preferred Language	
English	97
Spanish	6
Bilingual	0
Another	1
Declined to Answer	4
Gender	
Male	22
Female	81
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	5
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	12
Unknown	3
Another	0
Not LGBQ/Declined to Answer	79/14
Disability	
Yes	8
No	93
Declined to Answer	7
Veteran Status	
Yes	5
No	96
Declined to Answer	7

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	☒ Suicide Prevention	□ Access and Linkages

Program Name: Mental Health First Aid (MHFA) - Adult and Youth courses

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: The Mental Health First Aid program is an interactive session which runs 8 hours. It can be conducted as a one-day 9 hour seminar, two-day 4.5 hour seminar, or a four-day 2.5 hour seminar. The course covers risk/protective factors and warning signs for mental health problems, prevalence data, stigma, assessment, intervention, connecting individuals in crisis with appropriate care, as well as evidence-based professional, peer, social, and self-help resources available to help someone with a mental health problem. Separate courses are offered for adults and youth.

Number of unduplicated individual participants or audience members during FY 23/24: **225**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	61
Adult (26-59)	150
Older Adult (60+)	6
Declined to Answer	8
Race	
American Indian or Alaska Native	6
Asian	7
Black or African American	23
Native Hawaiian or other Pacific Islander	1
White	79
Other	68
More than one race	7
Declined to Answer	34
Ethnicity	
Hispanic or Latino as follows	145
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	145
Asian as follows	7
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	7

Preferred Language	
English	0
Spanish	0
Bilingual	0
Another	0
Declined to Answer	225
Gender	
Male	81
Female	137
Transgender Male to Female	0
Transgender Female to Male	0
Another	1
Declined to Answer	6
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	225
Disability	
Yes	0
No	0
Declined to Answer	225
Veteran Status	
Yes	0
No	0
Declined to Answer	225

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	☒ Suicide Prevention	□ Access and Linkages

Program Name: Applied Suicide Intervention (ASIST) Workshops

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: In the ASIST training, participants learn how to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. ASIST is a 2-day interactive training course.

Number of unduplicated individual participants or audience members during FY 23/24: **314**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	25
Adult (26-59)	208
Older Adult (60+)	10
Declined to Answer	71
Race	
American Indian or Alaska Native	3
Asian	8
Black or African American	35
Native Hawaiian or other Pacific Islander	1
White	166
Other	2
More than one race	27
Declined to Answer	72
Ethnicity	
Hispanic or Latino as follows	124
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	124
Asian as follows	9
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	9

Preferred Language	
English	227
Spanish	2
Bilingual	12
Another	2
Declined to Answer	71
Gender	
Male	44
Female	198
Transgender Male to Female	1
Transgender Female to Male	0
Another	0
Declined to Answer	71
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	29
Unknown	0
Another	0
Not LGBQ/Declined to Answer	203/82
Disability	
Yes	21
No	220
Declined to Answer	73
Veteran Status	
Yes	0
No	240
Declined to Answer	74

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	□ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	☒ Suicide Prevention	□ Access and Linkages

Program Name: safeTALK Workshops

Project Area as Defined by PEI Plan: PEI#1 Mental Health Outreach, Awareness, and Stigma Reduction

Program Description: It is a half-day training program that teaches participants to recognize and engage with individuals who possibly have suicidal thoughts and to connect them with community resources. safeTALK emphasizes safety while challenging the stigma in openly discussing suicide. It is recommended that individuals trained in ASIST or other suicide prevention programs to be at all safeTALK trainings.

Number of unduplicated individual participants or audience members during FY 23/24: **503**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	106
Adult (26-59)	320
Older Adult (60+)	44
Declined to Answer	33
Race	
American Indian or Alaska Native	2
Asian	52
Black or African American	57
Native Hawaiian or other Pacific Islander	1
White	306
Other	6
More than one race	39
Declined to Answer	40
Ethnicity	
Hispanic or Latino as follows	228
Central American	5
Mexican/Mexican American/Chicano	81
South American	0
Multiple Hispanic	0
Other Hispanic	3
Did not specify Hispanic/Latino group	139
Asian as follows	52
Filipino	8
Vietnamese	5
Chinese	1
Other Asian	7
Did not specify Asian group	31

Preferred Language	
English	0
Spanish	0
Bilingual	0
Another	0
Declined to Answer	503
Gender	
Male	130
Female	330
Transgender Male to Female	4
Transgender Female to Male	0
Another	5
Declined to Answer	34
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	3
Not LGBQ/Declined to Answer	488/12
Disability	
Yes	25
No	442
Declined to Answer	36
Veteran Status	
Yes	13
No	455
Declined to Answer	35

Program Reflection: Suicide Prevention Activities - ASIST, safeTALK, Know the Signs, MHFA

Implementation Successes:

The Riverside County Suicide Prevention Coalition (RivCo SPC) entered its fourth year during FY 23/24. Its eight (8) sub-committees continue to work towards meeting the stated goals/objectives of our local suicide prevention strategic plan, "Building Hope and Resiliency."

The SPC offers quarterly virtual presentations to build awareness, knowledge, and increase best practices regarding suicide prevention in Riverside County. The quarterly webinars are free, offered virtually, and recordings remain available on our website (www.rivcospc.org). This fiscal year, the following topics were offered:

- July 2023 - Workplace Suicide Prevention
- January 2024 - #safesocial: Social Media's Impact on Mental Health
- April 2024 - Suicide Prevention for Children and Pre-Teens: Why is it necessary and what can we do?

The October quarterly presentation is our full-day in-person conference. In October 2023, the conference theme was "Creating Hope Through Action: Bridging the Gap Between Spirituality and Suicide Prevention." The event hosted over 350 attendees. The conference included one keynote presentation focused on the essentials of suicide prevention in faith communities and two panels with 11 local faith leaders to discuss the role that faith communities can play in stigma reduction and suicide prevention efforts.

SPC sub-committees accomplished many achievements this year:

- Measuring and Sharing Outcomes - Released a data brief: Suicides in Riverside County 2018-2022.
- Effective Messaging and Communication - Supported sub-committees with ensuring work product utilized best practices for messaging safety, coordinated press releases for the annual SPC conference and local Directing Change event resulting in local media coverage of both events.
- Upstream - Concluded the Kindness Kit initiative with older adults focused on reducing social isolation and worked with local social work students at La Sierra University to develop a social media campaign for youth.
- Prevention: Trainings - Developed and released a Public Service Announcement commercial for the gatekeeper trainings that are offered at no cost to anyone who lives or works in Riverside County. Facilitated 84 suicide prevention gatekeeper trainings throughout the year, training a total of 1,150 new helpers.
    - Know the Signs - 17
    - Mental Health First Aid (Youth & Adult) - 17
    - ASIST - 19
    - safeTALK - 31
- Prevention: Engaging Schools - Increased school district participation in the sub-committee and co-chairs completed the school-based Suicide Risk Screening T4T, making this training available to school districts throughout Riverside County.
- Prevention: Higher Education - Created a series of videos for students and staff, including "How to Help a Student in Distress" and "Employee Self-Care."
- Intervention - Continued distribution and advertisement of the Care Transitions flyer as well as the launch of the Firearm Lock Distribution project distributing nearly 1,000 locks and attending approximately 10 community events this fiscal year.
- Postvention - active postvention efforts through the Trauma Intervention Program (TIP) continued. For FY 23/24, TIP received a total of 649 calls to their dispatch center where 55 were for suicide deaths. 62 LOSS kits were distributed.

Program Reflection: Suicide Prevention Activities - ASIST, safeTALK, Know the Signs, MHFA

Implementation Challenges:

The sub-committees are largely supported by volunteers and challenges continue with the recruitment and maintenance of subcommittee membership. Sub-committee co-chair vacancies and changes create more work for the remaining sub-committee members and makes it difficult to meet the objectives set forth in the strategic plan.

Lessons Learned:

Building partnerships across sectors throughout the county is critical for the sustainability of the coalition over time. This has key impacts on funding, access to a broader network of community members, and manpower to identify, develop, and implement initiatives to address the goals/objectives of the strategic plan.

Relevant Examples of Success/Impact:

Additional efforts through the SPC included:

- Youth Suicide Prevention and Response Network (YSPRN) pilot project funded and implemented by the California Department of Public Health (CDPH) – developing a system flow map for supporting youth in suicidal crisis with the goals of filling any gaps in support identified in Riverside County.
- The SPC served as a regional sponsor for the Inland Empire Out of the Darkness Walks hosted annually by the American Foundation for Suicide Prevention (AFSP). On September 30th we hosted the first Riverside Out of the Darkness Walk at Fairmount Park. We also supported the Inland Empire Walk in Rancho Cucamonga on October 21st and the Coachella Valley Walk in Palm Desert on October 28th. The coalition hosted an outreach table at each event to spread awareness about our current efforts. Through our outreach, 25 individuals expressed interest in facilitating Survivors for Suicide Loss Groups here in our county. This is just one example of the amazing connections that were made at these walks.
- This year marked the return of Send Silence Packing exhibits on our local college campuses since the pandemic began back in 2020. In October, PEI funded 2 exhibits at UCR and Mt. San Jacinto College. The Send Silence Packing traveling exhibit is an immersive experience utilizing mixed mediums to guide the visitor through the mental health journey of several American youth and young adults in an effort to increase awareness and reduce stigma associated with mental health concerns and suicide. Send Silence Packing is a full-day exhibit that includes personal stories from individuals impacted by suicide, an interactive wall display, as well as, local and national resources to connect visitors to. All personal stories have been revised to meet safe messaging best practices when sharing suicide attempts or losses. Participants are encouraged to read and/or watch videos of these personal stories to end the silence around mental illness and suicide. The exhibit also encourages visitors to connect with local and national support resources for themselves and others in need. After attending, the majority of visitors tell three or more people about what they learned and many reach out to a friend in need or seek their own support services as a result of the information they received.
- The local Directing Change Screening and Recognition Ceremony was held on May 16, 2024 at the Fox Theater. The event was attended by nearly 300 students, educators, local judges, mental health providers, families, and other community members. We celebrated the inspirational and thought-provoking artwork created by Riverside County youth this academic year and honored the art of mental health storytelling through film, music, and art. This year, we introduced the Hope & Justice Art Gallery to honor monthly contest winners and a musical performance by the November Hope & Justice first place winners. Riverside County youth submitted 203 films representing 26 schools & CBOs and 580 youth.

Suicide Prevention Activities

Type of Activity	Number of Events
Training	84 (Know the Signs, MHFA, ASIST, and safeTALK)
Conference	Second Annual Riverside County Suicide Prevention Conference

PEI Plan Project Area #2: Parent Education and Support

The goal of the project is to provide a family based intervention to teach parents effective communication skills, improve family functioning, build social support networks, and decrease children's risky social behaviors in a setting that is de-stigmatizing to a lot of families, which is school. RUHS-BH staff are co-located at two middle school campuses in one of the more resource deficient, high-risk communities in the County.

The following tables in this section include data tables for the programs in this project area with the number of unduplicated served, demographics, implementation successes, implementation challenges, lessons learned, and examples of success/impact in the communities they serve.

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	☐ Early Intervention	☐ Stigma and Discrimination Reduction
	☐ Outreach	☐ Suicide Prevention	☐ Access and Linkages

Program Name: Triple P - Positive Parenting Program

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support

Program Description: Triple P is a multi-level system of parenting and family support strategies for families with children from birth to age 12. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.

Number of unduplicated individual participants or audience members during FY 23/24: **542**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	35
Adult (26-59)	491
Older Adult (60+)	12
Declined to Answer	4
Race	
American Indian or Alaska Native	5
Asian	11
Black or African American	47
Native Hawaiian or other Pacific Islander	4
White	435
Other	6
More than one race	28
Declined to Answer	6
Ethnicity	
Hispanic or Latino as follows	350
Central American	3
Mexican/Mexican American/Chicano	46
South American	2
Multiple Hispanic	0
Other Hispanic	2
Did not specify Hispanic/Latino group	297
Asian as follows	11
Filipino	3
Vietnamese	1
Chinese	0
Other Asian	3
Did not specify Asian group	4

Preferred Language	
English	394
Spanish	124
Bilingual	15
Another	2
Declined to Answer	7
Gender	
Male	110
Female	431
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	1
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	9
Unknown	0
Another	0
Not LGBQ/Declined to Answer	533
Disability	
Yes	21
No	516
Declined to Answer	5
Veteran Status	
Yes	7
No	534
Declined to Answer	1

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Teen Triple P - Positive Parenting Program

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support

Program Description: Triple P is a multi-level system of parenting and family support strategies for families with children from 12 to age 17. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.

Number of unduplicated individual participants or audience members during FY 23/24: **144**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	131
Older Adult (60+)	5
Declined to Answer	8
Race	
American Indian or Alaska Native	2
Asian	4
Black or African American	12
Native Hawaiian or other Pacific Islander	0
White	120
Other	0
More than one race	4
Declined to Answer	2
Ethnicity	
Hispanic or Latino as follows	103
Central American	0
Mexican/Mexican American/Chicano	3
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	100
Asian as follows	4
Filipino	1
Vietnamese	0
Chinese	0
Other Asian	1
Did not specify Asian group	2

Preferred Language	
English	90
Spanish	51
Bilingual	3
Another	0
Declined to Answer	0
Gender	
Male	23
Female	121
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	3
Unknown	2
Another	0
Not LGBQ/Declined to Answer	139
Disability	
Yes	2
No	141
Declined to Answer	1
Veteran Status	
Yes	1
No	143
Declined to Answer	0

Program Reflection: Triple P and Teen Triple P

Implementation Successes:

For FY 23/24 the provider's contract deliverables were doubled (from 360 parents countywide to 720 parents countywide). The program's outreach efforts also expanded to recruit more parents into the service. In total, the provider was able to provide service to 686 parents, coming very close to the goal of 720.

Across both programs, parents had an 81.5% program completion rate and parents were overall highly satisfied with both programs (Triple P and Teen Triple P). Program outcomes indicated that participants increased in their positive parenting practices, decreased in inconsistent discipline practices, decreased experiences of depression, anxiety and stress levels, increased the level of involvement with their child/ teen, reported decreases in the frequency of disruptive behaviors, and increases in prosocial behaviors.

Implementation Challenges:

Recruitment into the Spanish and Teen classes remained a significant challenge for FY 23/24. Additionally, some school districts had lengthy and complex MOU requirements, delaying approvals and complicating the process with extensive demands to promote and provide services to school parents.

Additionally, with the expansion of contract deliverables, the team needed to increase staffing for the program. This took some time for new team members to be hired and complete the Triple P training and accreditation requirements to be able to facilitate classes. Additionally, staff turnover further impacted program implementation as new staff had to be recruited and trained in the Triple P model. This created delays in being able to start more classes throughout the County.

Lessons Learned:

With the expansion of contract deliverables, the provider learned new ways to increase outreach and gained valuable insights on how to effectively connect with and relate to diverse communities. They were able to expand outreach efforts by collaborating with new organizations and spaces; for example, creating social media presence in different locations throughout the County (e.g., "Mom Walk" in the mid-county region), partnering with recovery centers for referrals, and focusing on private schools to help with recruitment. The provider learned more about the importance of understanding the unique needs and dynamics of each group they provide services for and worked on tailoring the different classes offered to best meet those needs.

Relevant Examples of Success/Impact:

The provider had a parent who was taking classes in the Desert region share with them about the profound impact the program had on helping her to rebuild and strengthen her relationship with her child.

Through satisfaction surveys, other parents shared the following:

- "[I learned] better ways to discipline my child based on proper expectations of their age. I learned that my behavior is really a good way to start positivity in our household. Also, learned that slowing down translations in our household for big activities helped us all to stay calm & get ready for morning & bed routine w/ less fights."
- "It was a very safe space and I felt extremely comfortable expressing what I felt like were struggles in my household and the array of solutions and perspective I received were extremely helpful."
- "I liked that there were parents willing to discuss their troubles and offer insight into things that they do or have tried. Also liked doing the scenarios with the breakout sessions."

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Preschool 0-5 Clinic Programs

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support

Program Description: The RUHS-BH Prevention and Early Intervention preschool 0-5 programs, which includes the Mobile Services offers MH services including the evidence based practice of Parent Child Interaction Therapy (PCIT). The clinic also harbors three sprinter vans used for providing services at the client's home, school sites, or anywhere that is needed in identified underserved areas as defined by the EI Plan. Other activities include pro-social groups, parenting classes, parent consultations, provider consultations, and outreach.

Number of unduplicated individual participants or audience members during FY 23/24: **622**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	300
Transition Age Youth (16-25)	0
Adult (26-59)	322
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	0
Black or African American	22
Native Hawaiian or other Pacific Islander	0
White	176
Other	0
More than one race	77
Declined to Answer	346
Ethnicity	
Hispanic or Latino as follows	132
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	132
Asian as follows	0
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	0
Spanish	0
Bilingual	0
Another	0
Declined to Answer	622
Gender	
Male	198
Female	101
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	323
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	622
Disability	
Yes	0
No	0
Declined to Answer	622
Veteran Status	
Yes	0
No	0
Declined to Answer	622

Program Reflection: Preschool 0-5 Clinic Programs

Implementation Successes:

The Preschool 0-5 Program under RUHS-BH Prevention and Early Intervention (PEI) remains dedicated to raising awareness, providing education, and offering comprehensive mental health services to families, children, and the community. The program addresses social-emotional challenges, enhances school readiness, and, in the past year, has intensified efforts to support children impacted by trauma. Mental health services continue to make a significant impact, with most being provided at school sites to reduce stigma and improve accessibility. This is especially important while awaiting the operation of mobile vans for more outreach. Key outcomes for FY 23/24 include:

Mental health services:

- A total of 11,408 mental health-related services were provided during this fiscal year, amounting to 9,276.2 service hours.
- 300 children (and their families) received PCIT/MH services in the Western, Mid-County, and Desert regions.
- Case management and family therapy accounted for most services - 38.7% and 31.7%, respectively.
- 16 children and 16 caregivers participated in the Incredible Years Program, which offers therapeutic groups for parents and children. This program focuses on addressing challenging behaviors, enhancing social skills, and promoting school-related expectations.

Treatment outcomes:

- Countywide, there was a statistically significant decrease in the frequency of child problem behaviors, as well as in caregivers' perceptions of their child's behavior as problematic.
- 88% of families reported a good or fair prognosis after attending PCIT.
- Pre- and post-PSI scores showed a statistically significant decrease in parent stress levels countywide.
- Parents reported feeling more confident in their parenting skills and their ability to discipline their children. They also felt their relationship with their child and their child's behavior improved.
- 57.4% of families met all or some of the goals set by the family and the therapist.

Outreach:

- Four outreach events - including a mental health fair, a back-to-school event, and a school administration orientation - engaged 52 parents, teachers, and community providers.
- 23 parent consultations provided awareness and education to caregivers seeking guidance on managing behavioral concerns and enhancing their child's social skills, with tip sheets and handouts for additional support.

Program Reflection: Preschool 0-5 Clinic Programs

Implementation Challenges:

During FY 23/24, the Preschool 0-5 Program (PEI) has experienced increased collaboration with school districts, with many becoming more receptive to services. While previous barriers, such as the pandemic and concerns about school violence, have posed challenges, the program has made significant progress. The number of children served rose from 101 in FY 22/23 to 300 in FY 23/24, a 197% increase. However, some school districts continue to face challenges aligning educational and behavioral health priorities and policies. The program is actively addressing these challenges to ensure consistent support for children and families. Key issues include:

- Ensuring students requiring assistance are correctly recognized, referred to, and connected to the necessary services.
- Guaranteeing students in need of mental health services can be excused from class without repercussions.
- Securing access to school campuses, providing designated parking spaces for mobile therapy units (up to 6 feet and a half in length), and ensuring accessible restroom and breakroom facilities.
- Maintaining HIPAA privacy for students receiving services.
- Streamlining the process for initiating behavioral services, including parenting groups, within schools and the community.
- Enhancing teacher awareness and improving understanding of social-emotional and early intervention treatments.

Additionally, reduced visibility on school campuses, challenges in community outreach, and travel to remote locations have impacted the number of services provided. However, this is expected to improve in 2025 with the arrival of mobile units and the planned rollout of services.

Another challenge influencing the program's impact was the shift in staffing preferences. In 2024, Riverside County administration made changes to enhance salaries, differential pay, and benefits, making in-person roles more competitive than remote work options. As a result, three of four vacancies have been filled, with the onboarding of a fourth clinician scheduled for 2025.

Lessons Learned:

The Preschool 0-5 Program (PEI) has learned the critical importance of sustaining strong connections and maintaining constant communication with school districts to address administrative changes that may hinder success. These include:

- Evolving school staff unawareness or the need for reorientation regarding services and the referral process.
- Coordinating our presence at school events, such as back-to-school nights or staff development meetings, to maintain awareness and support, whether in person or virtually.
- Maintaining awareness of Memoranda of Understanding (MOUs) between RUHS-BH and partner school districts and ensuring continued service provision and health screenings in the absence of mobile units.
- Coordinating arrangements regarding staff access to campus restrooms and breakrooms, especially with the reduction in mobile space now utilizing sprinter vans.
- Balancing school safety protocols due to increasing societal concerns while navigating classroom consultations, observations, and services for children.
- Staying informed about safety protocols from both RUHS-BH and school districts to ensure the well-being of children, families, and staff.

Program Reflection: Preschool 0-5 Clinic Programs

Relevant Examples of Success/Impact:

Despite facing challenges such as limited collaboration with certain school districts, staffing shortages, and the continued absence of mobile clinics, the PEI team has demonstrated resilience and adaptability in delivering critical services. To address geographical barriers, three school sites were strategically utilized, increasing accessibility for families across the region. The use of telehealth also played a key role in accessibility for those families in isolated areas. Additionally, the program has successfully secured partnerships with six school districts, ensuring continuity of services and collaboration. Strong administrative support has been instrumental in addressing staffing shortages, prioritizing hiring efforts, and implementing improvements to strengthen the program's capacity. These actions have enabled the program to maintain its commitment to serving the community, despite ongoing challenges.

A family testimonial below highlights how these efforts make a meaningful impact on the lives of families, showcasing the true purpose of our work at Preschool 0-5 (PEI). Please note that the family providing the testimonial has authorized us to share their story.

> "I just wanted to take the time to tell you how appreciative I am of not only this program, but the individuals tasked with facilitating it. I began my journey with Ms. Jamie, and shortly after transitioned to Ms. Kaira and Ms. Rocio. I cannot recommend or speak more highly of these individuals or this program. They have accommodated my schedule, when sick or training has come up have rescheduled me with ease or done a check in to ensure the week was smooth. Provided multiple resources and ideas to implement at home. When weeks were more challenging than others offered words of reassurance and encouragement. Throughout this whole process I can say I was excited to come, to show my skills as well as mine and my daughters' improvements. Our relationship, while not perfect (though can it really ever be?) has improved significantly. We are bummed to have completed but have both come out stronger more confident individuals and I have no one but these women and your program to thank. I can take my daughter to places without having to worry about outbursts or feel embarrassed and it is thanks to these skills and the consistency. I'm sure you know how positively impactful your program is, but I wanted to give thanks the only way I know how. Your program is one I will continue to recommend to anyone and everyone who is experiencing similar challenges to those I had once experienced. I cannot say it enough but thank you so much to Kaira and Rocio for the support, continued support, words of encouragement and especially the support during those challenging sessions. :)"

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Strengthening Families Program (SFP 6-11)

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support

Program Description: Strengthening Families Program (SFP) is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 6 to 11 years old. SFP's goals include strengthening parenting skills, building family strengths, enhancing youth's school success, and reducing risk factors for behavioral, emotional, and social problems in high-risk children (those from communities that are underserved, low-income, exposed to violence, trauma, and other stresses).

Number of unduplicated individual participants or audience members during FY23/24: **144**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	3
Adult (26-59)	136
Older Adult (60+)	2
Declined to Answer	3
Race	
American Indian or Alaska Native	0
Asian	1
Black or African American	7
Native Hawaiian or other Pacific Islander	0
White	130
Other	0
More than one race	2
Declined to Answer	4
Ethnicity	
Hispanic or Latino as follows	116
Central American	3
Mexican/Mexican American/Chicano	77
South American	1
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	35
Asian as follows	1
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	1
Did not specify Asian group	0

Preferred Language	
English	54
Spanish	83
Bilingual	3
Another	0
Declined to Answer	4
Gender	
Male	31
Female	110
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	3
Sexual Orientation	
Lesbian	2
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	142
Disability	
Yes	3
No	137
Declined to Answer	4
Veteran Status	
Yes	1
No	138
Declined to Answer	5

Program Reflection: SFP

Implementation Successes:

Across all providers, the program was delivered with high fidelity and compliance to the evidence-based practice to the families served. Countywide, the Strengthening Families Program enrolled 117 families made up of 144 individual parents/caregivers. Of those enrolled in the program 85% met the program completion standards. Most parents/caregivers enrolled identified as Hispanic/Latinx (80%) and 59% selected Spanish as their primary language. Statistically significant improvements were seen in parental involvement, child behavior, and family cohesion.

The providers in both Western and Desert region achieved completing 39 families – coming very close to reaching the contract goals of 40 families. The provider in Mid-County was able to complete 21 families, despite experiencing staffing challenges and a delayed start-up of services until mid-fiscal year.

Implementation Challenges:

All programs faced staffing changes and challenges in FY23/24. A new Mid-County provider was added this year and experienced delays in service start time because of challenges with staffing the program. The provider received the SFP training when the program was fully staffed, but shortly after training experienced staff turnover. Program implementation was delayed as they had to hire, onboard, and train new staff. Western region experienced staff shortages due to their organization shifting staff from this contract to work other jobs within the organization. The Desert region also brought on new staff, as long-time staff on the contract left for other opportunities.

Several of the providers also reported increased challenges with families this fiscal year in regard to children's developmental delays that made it challenging to manage some of the group sessions and may have resulted in other families dropping out of the program due to the experience of "chaos" in those groups.

Lessons Learned:

Due to staffing changes and time in between SFP trainings, providers had to learn to work with new co-facilitators by pairing up a trained staff with a new staff to remain in compliance with fidelity to the program.

After experiences of some behavioral challenges in some of the groups, the providers learned how to improve their screening process and how to share program criteria with referring parties to better match the families to the program. As a result, providers learned about additional community resources that they could share with those families that needed additional support with managing their children's behaviors and development.

Our newest SFP provider in Mid-County stated that they learned how important it is for the SFP team to make the connection during the first few weeks with all the families. It's paramount that the SFP team makes the families feel as welcomed and nurtured as possible to help increase retention. They learned the value of spending time getting to know the parents and children, eating with them, serving them, etc. and how that added to the bond that they were hoping to make. They observed that the families didn't really start connecting with each other until about week 4, so it is the responsibility of the SFP team to make the families want to keep coming until they eventually build those dynamic relationships with the other families. Once that happened, they found that it was much easier to have the families return each week.

They also learned how important it was to make each session fun. They realized that a lot of the families were not used to doing things or having fun together as a family, and the sessions provided that opportunity for them to do so, and they got better at it as each week passed. They found that the best way to get the parents to come each week was to make sure the children were having a great time. On numerous occasions the parents have told the Site Coordinator that the children are always reminding them when the SFP class is scheduled or telling them they want to be sure to go to class and not miss it. If the children are having fun and continuing to remind their parents of the weekly sessions, that increases the likelihood that the parents will be there too.

Program Reflection: SFP

Relevant Examples of Success/Impact:

Community feedback on program impact and success:

- “The group leaders are very good at their jobs. They are very nice people, professional and kind not only with parents but with children. I am very grateful for the patience with my 6-year-old. May God always bless you so that you can continue helping more families with this program.”
- “I loved the program and I believe these programs are important and great for parents. With parents, there can never be too much learning. This class has helped me better understand my kids and become a better parent. The group leaders were awesome!”
- “My entire family loved coming weekly to the sessions. We loved getting involved with other parents as well as the children of other kids. It really helped with our communication as a family. We always looked forward to coming to the sessions to learn more on different approaches for parenting. My girls understood their lessons equally. We'd discuss our classes at the end as a family and speak on how we could work together to implement them.”
- “This class has been very helpful to me and my son. We have a better relationship now than when we first started the class.”
- “So beneficial. This group was really amazing and might I say it turned my whole life around. I will never forget y'all.”
- “This program helped us a lot. We never got along well and now we do. Very grateful for everything. The children were very happy with the teachers.”

PEI Plan Project Area #3: Early Intervention for Families in Schools

This PEI project area works with children and families with a focus on providing services in non-traditional and natural community settings, e.g., family resource centers, faith based organizations, and child care centers. Providing services in community settings to enhance parental knowledge, skills, and confidence in managing their children's disruptive behaviors. Each component of this project focuses on children and families through a variety of interventions and strategies.

The following tables in this section include data tables for the programs in this project area with the number of unduplicated served, demographics, implementation successes, implementation challenges, lessons learned, and examples of success/impact in the communities they serve.

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages
Program Name: PEACE4Kids			
Project Area as Defined by PEI Plan: PEI#3 Early Intervention for Families in Schools			
Program Description: Based on Aggression Replacement Training for middle school students during school with two levels. The program goals are for students to master social skills, school success, control anger, decrease acting out behaviors, and increase constructive behaviors. A parent component is included in the program as well to create social bonding among families.			
Number of unduplicated individual participants or audience members during FY 23/24: **0**			

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	
Transition Age Youth (16-25)	
Adult (26-59)	
Older Adult (60+)	
Declined to Answer	
Race	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other	
More than one race	
Declined to Answer	
Ethnicity	
Hispanic or Latino as follows	
Central American	
Mexican/Mexican American/Chicano	
South American	
Multiple Hispanic	
Other Hispanic	
Did not specify Hispanic/Latino group	
Asian as follows	
Filipino	
Vietnamese	
Chinese	
Other Asian	
Did not specify Asian group	

Preferred Language	
English	
Spanish	
Bilingual	
Another	
Declined to Answer	
Gender	
Male	
Female	
Transgender Male to Female	
Transgender Female to Male	
Another	
Declined to Answer	
Sexual Orientation	
Lesbian	
Gay	
Bisexual	
Yes, did not specify	
Unknown	
Another	
Not LGBQ/Declined to Answer	
Disability	
Yes	
No	
Declined to Answer	
Veteran Status	
Yes	
No	
Declined to Answer	

Program Reflection: PEACE4Kids

Implementation Challenges:

Peace4Kids is a school based program that is designed to improve protective factors for children, teach parents effective communication skills, build social support networks, and empower parents to be the primary prevention advocates in their children's life in a setting that is de-stigmatizing to a lot of families, which is school. The impacts of the COVID-19 pandemic essentially de-railed this project. Peace4Kids was not implemented in fiscal year 2023-2024. It became clear that the model for implementation we were using was not ideal. In May 2022, this program was released for competitive bid for school districts. Unfortunately, no bids were received. Currently this program is on hold.

Lessons Learned:

School systems know their systems best. The interruption of services provided the opportunity to re-evaluate this project. The PEACE4Kids program will no longer be provided by RUHS-BH staff, instead the program will go out to competitive bid specifically for school districts so they can implement the program within their own campus communities. The goal is to have the PEACE4Kids program in at least one school district per region.

PEI Plan Project Area #4: Transition Age Youth (TAY) Project

This project area is designed to address specific outreach, stigma reduction, prevention, early intervention, and suicide prevention activities for Transition Age Youth (TAY) at highest risk of self-harm. Targeted outreach is used to identify and provide services for LGBTQ+ TAY, TAY in the foster care system and those transitioning out of the foster care system, runaway TAY, and TAY transitioning onto college campuses.

The following tables in this section include data tables for the programs in this project area with the number of unduplicated served, demographics, implementation successes, implementation challenges, lessons learned, and examples of success/impact in the communities they serve. Some of these programs have limited data collection, so more narrative information is included for these programs.

Program Type: TAY Suicide Prevention
Program Name: Directing Change Program and Student Film Contest
The Directing Change Program and Student Film Contest is part of Take Action for Mental Health. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. In order to support the contest and to acknowledge those local students who submitted videos, RUHS-BH held a virtual awards ceremony. In fiscal year 2023-2024, **203** films were submitted by **580** Riverside County youth from **26** schools and organizations.

PEI Plan Project Area #4: Transition Age Youth (TAY) Project

Program Type: TAY Suicide Prevention
Program Name: Teen Suicide Awareness and Prevention Program (TSAPP)

Limited data is collected for this program so no data sheet is provided.
PEI funded the Riverside University Health System–Public Health (RUHS-PH), Injury Prevention Services to continue implementing the teen suicide awareness and prevention program. RUHS-PH continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. RUHS-PH provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus.

The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school and middle school within the selected school district are required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention curriculum. By focusing on a peer to peer approach with the SP program it helps to bridge the trust among students and utilize the program to its full potential. Individuals in each service group are identified as SP outreach providers with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers have training on topics such as: leadership, identifying warning signs to suicide behavior, local resources to mental/behavioral health services, and conflict resolution.

In addition, RUHS-PH assisted each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. One of the required high school club activities is to participate in the annual Directing Change video contest. The remaining activities include handing out SP cards at open house events, school events, and making PSA announcements. This will help to build momentum around suicide prevention and reduce the stigma associated with seeking mental health care services. Trainings are also provided that target the staff and parents of students. RUHS-PH provides Gatekeeper trainings to school staff, and SafeTALK, a 3 hour training designed to introduce the topic of suicide intervention. The goal of this training is to equip participants to respond knowledgeably and confidently to a person at risk of suicide. Just as "CPR" skills save lives, training in suicide intervention makes it possible for trained participants to be ready, willing, and able to help a person at risk. In addition, RUHS-PH works with Riverside County Helpline to provide suicide prevention and awareness trainings to parents. This will help to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness.

The work with schools this past year really highlighted the continued struggle school personnel and students face post pandemic. Many program advisors shared the struggle to maintain their own mental health while supporting the increased needs of their students. Due to this, program staff began offering staff training in self -care and encouraging help seeking among school personnel. Additionally, they offered increased support and resources during the year to promote help seeking for students. They also increased campaigns and encouraged students to participate in activities such as Directing Change video and film contest to support peer-to-peer education on suicide prevention and mental health awareness.

In fiscal year 2023-2024, there were **89** teen suicide prevention trainings conducted to **2,878** middle and high school students. There were **144** Suicide Prevention campaigns impacting **114,509** students across Riverside County and a total of **29,129** resources and incentives were distributed. RUHS-PH staff continued to provide parent education and staff development activities. The parent education component provided parents with a 1 to 2-hour presentation on the warning signs, risk factors, and resources available to youth in crisis. The program conducted **30** parent/community workshops reaching **203** community members. The staff development component consisted of providing **4** SafeTALK suicide awareness trainings impacting **102** student personnel **1** ASIST training with **32** school personnel, and **1** MHFA for youth training impacting **31** school personnel.

A total of 2,463 evaluations were completed after the student trainings.

- 90% felt they were more knowledgeable about resources available to someone who may be in crisis.
- 90% correctly identified all of the risk factors presented in the post survey.
- 85% correctly identified all the potential warning sides of suicide.
- 89% correctly answered the next step to take if they were concerned about a friend who thinks they are depressed or thinking about suicide.

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	☒ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: TAY Resiliency Project: Stress and Your Mood (SAYM)

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: Stress and Your Mood (SAYM) is an early intervention for depression program based on the Cognitive Behavioral Therapy (CBT) model, with modifications for transition age youth (TAY). SAYM was developed to improve access to evidence-based treatment for TAY with depressive disorders and sub-clinical depressive symptoms, with referrals given to those in need of medication evaluation with prescribing psychiatrists to ensure continuity of care. SAYM services have three phases: Conceptualization; Skills and application training; and Relapse prevention. Services are low-intensity and time limited, and can be provided in either group or in individual sessions.

Number of unduplicated individual participants or audience members during FY 23/24: **244**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	244
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	16
Black or African American	22
Native Hawaiian or other Pacific Islander	1
White	182
Other	2
More than one race	20
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	154
Central American	3
Mexican/Mexican American/Chicano	77
South American	0
Multiple Hispanic	0
Other Hispanic	74
Did not specify Hispanic/Latino group	0
Asian as follows	17
Filipino	8
Vietnamese	3
Chinese	0
Other Asian	6
Did not specify Asian group	0

Preferred Language	
English	229
Spanish	2
Bilingual	11
Another	2
Declined to Answer	0
Gender	
Male	67
Female	163
Transgender	8
Another	6
Declined to Answer	0
Sexual Orientation	
Lesbian	6
Gay	4
Bisexual	35
Yes, did not specify	0
Unknown	0
Another	16
Not LGBQ/Declined to Answer	183
Disability	
Yes	8
No	232
Declined to Answer	4
Veteran Status	
Yes	0
No	244
Declined to Answer	0

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: TAY Resiliency Project: Peer-to-Peer - Directing Change Workshops

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/informational groups to at-risk youth and families. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Activities include CAST (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts), Peer Mentoring, LGBTQ+ Support Groups, Speaker's Bureau presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues), and Directing Change workshops.

Number of unduplicated individual participants or audience members during FY 23/24: **229**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	65
Transition Age Youth (16-25)	159
Adult (26-59)	1
Older Adult (60+)	0
Declined to Answer	4
Race	
American Indian or Alaska Native	2
Asian	7
Black or African American	13
Native Hawaiian or other Pacific Islander	4
White	189
Other	0
More than one race	9
Declined to Answer	5
Ethnicity	
Hispanic or Latino as follows	196
Central American	11
Mexican/Mexican American/Chicano	132
South American	0
Multiple Hispanic	1
Other Hispanic	1
Did not specify Hispanic/Latino group	51
Asian or Pacific Islander as follows	12
Filipino	6
Vietnamese	1
Chinese	1
Other Asian/PI	3
Did not specify Asian/PI group	1

Preferred Language	
English	183
Spanish	17
Bilingual	24
Another	0
Declined to Answer	5
Gender	
Male	93
Female	123
Transgender	3
Nonbinary	2
Gender Fluid	3
Declined to Answer	5
Sexual Orientation	
Lesbian	4
Gay	3
Bisexual	16
Yes, did not specify	0
Unsure	3
Another	7
Not LGBQ/Declined to Answer	157/39
Disability	
Yes	8
No	213
Declined to Answer	8
Veteran Status	
Yes	0
No	220
Declined to Answer	9

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: TAY Resiliency Project: Peer-to-Peer - Speaker's Bureau presentations

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/informational groups to at-risk youth and families. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Activities include CAST (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts), Peer Mentoring, LGBTQ+ Support Groups, Speaker's Bureau presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues), and Directing Change workshops.

Number of unduplicated individual participants or audience members during FY 23/24: **420**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	66
Transition Age Youth (16-25)	337
Adult (26-59)	1
Older Adult (60+)	1
Declined to Answer	15
Race	
American Indian or Alaska Native	6
Asian	11
Black or African American	21
Native Hawaiian or other Pacific Islander	3
White	342
Other	0
More than one race	14
Declined to Answer	23
Ethnicity	
Hispanic or Latino as follows	328
Central American	23
Mexican/Mexican American/Chicano	226
South American	0
Multiple Hispanic	6
Other Hispanic	2
Did not specify Hispanic/Latino group	71
Asian or Pacific Islander as follows	17
Filipino	6
Vietnamese	2
Chinese	0
Other Asian/PI	5
Did not specify Asian/PI group	4

Preferred Language	
English	334
Spanish	26
Bilingual/Multilingual	39
Another	1
Declined to Answer	20
Gender	
Male	195
Female	192
Transgender	4
Nonbinary	5
Gender Fluid	6
Declined to Answer	18
Sexual Orientation	
Lesbian	11
Gay	8
Bisexual	29
Yes, did not specify	0
Unsure	9
Another	10
Not LGBQ/Declined to Answer	292/61
Disability	
Yes	29
No	366
Declined to Answer	25
Veteran Status	
Yes	1
No	398
Declined to Answer	21

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: TAY Resiliency Project: Peer-to-Peer - LGBTQ+ Support Groups

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/informational groups to at-risk youth and families. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Activities include CAST (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts), Peer Mentoring, LGBTQ+ Support Groups, Speaker's Bureau presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues), and Directing Change workshops.

Number of unduplicated individual participants or audience members during FY 23/24: **78**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	7
Transition Age Youth (16-25)	71
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	4
Black or African American	11
Native Hawaiian or other Pacific Islander	0
White	60
Other	0
More than one race	1
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	57
Central American	3
Mexican/Mexican American/Chicano	38
South American	1
Multiple Hispanic	2
Other Hispanic	1
Did not specify Hispanic/Latino group	12
Asian or Pacific Islander as follows	4
Filipino	1
Vietnamese	0
Chinese	0
Other Asian/PI	3
Did not specify Asian/PI group	0

Preferred Language	
English	71
Spanish	1
Bilingual	5
Another	0
Declined to Answer	1
Gender	
Male	11
Female	37
Transgender	11
Nonbinary	9
Gender Fluid	10
Declined to Answer	0
Sexual Orientation	
Lesbian	3
Gay	4
Bisexual	19
Yes, did not specify	5
Unsure	2
Another	19
Not LGBQ/Declined to Answer	20/6
Disability	
Yes	10
No	66
Declined to Answer	2
Veteran Status	
Yes	0
No	78
Declined to Answer	0

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: TAY Resiliency Project: Peer-to-Peer - Peer Mentoring

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/informational groups to at-risk youth and families. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Activities include CAST (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts), Peer Mentoring, LGBTQ+ Support Groups, Speaker's Bureau presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues), and Directing Change workshops.

Number of unduplicated individual participants or audience members during FY 23/24: **45**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	2
Transition Age Youth (16-25)	43
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0

Race	
American Indian or Alaska Native	0
Asian	2
Black or African American	10
Native Hawaiian or other Pacific Islander	0
White	31
Other	0
More than one race	2
Declined to Answer	0

Ethnicity	
Hispanic or Latino as follows	32
Central American	1
Mexican/Mexican American/Chicano	23
South American	1
Multiple Hispanic	1
Other Hispanic	0
Did not specify Hispanic/Latino group	6
Asian or Pacific Islander as follows	4
Filipino	2
Vietnamese	0
Chinese	0
Other Asian/PI	2
Did not specify Asian/PI group	0

Preferred Language	
English	41
Spanish	3
Bilingual	1
Another	0
Declined to Answer	0

Gender	
Male	13
Female	29
Transgender	1
Nonbinary	2
Gender Fluid	0
Declined to Answer	0

Sexual Orientation	
Lesbian	0
Gay	3
Bisexual	10
Yes, did not specify	0
Unsure	2
Another	2
Not LGBQ/Declined to Answer	24/4

Disability	
Yes	4
No	40
Declined to Answer	1

Veteran Status	
Yes	0
No	45
Declined to Answer	0

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: TAY Resiliency Project: Peer-to-Peer - Coping and Support Training (CAST)

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/informational groups to at-risk youth and families. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Activities include CAST (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts), Peer Mentoring, LGBTQ+ Support Groups, Speaker's Bureau presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues), and Directing Change workshops.

Number of unduplicated individual participants or audience members during FY 23/24: **83**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	2
Transition Age Youth (16-25)	81
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	3
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	70
Other	0
More than one race	4
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	62
Mexican/Mexican American/Chicano	39
Central American	1
South American	2
Multiple Hispanic	0
Other Hispanic	1
Did not specify Hispanic/Latino group	19
Asian or Pacific Islander as follows	3
Filipino	1
Vietnamese	1
Chinese	0
Other Asian/PI	1
Did not specify Asian/PI group	0

Preferred Language	
English	79
Spanish	2
Bilingual	2
Another	0
Declined to Answer	0
Gender	
Male	30
Female	44
Transgender	2
Nonbinary	5
Gender Fluid	2
Declined to Answer	0
Sexual Orientation	
Lesbian	3
Gay	2
Bisexual	16
Yes, did not specify	0
Unsure	1
Another	5
Not LGBQ/Declined to Answer	46/10
Disability	
Yes	3
No	80
Declined to Answer	0
Veteran Status	
Yes	0
No	82
Declined to Answer	1

Program Reflection: TAY Resiliency Project - SAYM & Peer-to-Peer

Implementation Successes:

Stress and Your Mood (SAYM)

Demographic information showed that the SAYM program served the intended target population of Transition Age Youth (TAY). A total of 244 participants were enrolled in the SAYM program during FY 23/24, and 100% of the participants were TAY. SAYM services were provided in both group and individual formats. Overall, the SAYM program met 79% of contract expectations. The program completion rate was 68% with 166 out of 244 youths completing the program, and two (2) participants continuing their SAYM services in the FY 24/25.

Participants in the SAYM program showed decreases in the frequency of depression symptoms. Overall, the CES-D scores decreased from pre-test to post-test. These changes were statistically significant. Clinicians' ratings on the Clinical Global Impression Improvement Scale (CGI-I) also showed that the youth psychiatric status improved following the SAYM Program. The majority of youths (a total of 59.8%) were noted as "Much Improved" and "Very Much Improved." Across modules, there seems to be a cumulative effect where clients' level of improvement kept increasing as they continued in the program. This illustrates the importance of clients completing the SAYM program. Pre- to post-comparisons on Y-OQ®-SR total scores showed statistically significant decreases on most subscales.

Peer-to-Peer

There was a total of 86 Directing Change outreach presentations countywide. Additionally, there were 13 Directing Change workshops with 229 participants in attendance. There was a total of 25 Speaker's Bureau presentations countywide with 420 participants in attendance. Pre- and post-tests were collected from 392 individuals. Stigmatizing attitudes significantly decreased from pre- to post-tests whereas recovery and empowerment attitudes increased from pre- to post-tests thus suggesting participants' attitudes towards people with mental illnesses improved from the presentation. Care-seeking attitudes slightly increased but were not statistically significant. There were 10 LGBTQ+ support groups utilizing the "My Identity My Self" curriculum to support TAY youth serving 78 participants. Approximately 93% of participants reported that they would participate in this program again; and 95% of participants reported that participating in the support group has been an affirming experience for them. There were 51 youth screened, 45 youth enrolled in, and 26 who completed the Peer Mentoring program. Improvements were found in mentees' ratings of goal achievement with 81% reporting improvements in relationships/support, 88% in school/work activities, and 77% in coping/mood. There were 11 CAST groups where 95 youth were screened with a total of 87 enrolled participants; 83 of whom attended at least one session. Of those 83 participants, 62 completed CAST, representing a 75% completion rate.

Overall, the provider experienced success in contacting higher education institutions. This included being invited to do outreach on campuses and increase exposure for services to the 18–25 year-old population. The provider has developed good working relationships with a variety of school districts in the county. They continue to refer students to both programs in the TAY project and are helpful in facilitating logistics around implementation on their respective campuses, when the district is receptive to mental health services. Additionally, social media outreach and engagement have increased during the program year.

Program Reflection: TAY Resiliency Project - SAYM & Peer-to-Peer

Implementation Challenges:

While contact at higher education institutions and organizations has increased, the number of participants aged 18-25 did not increase. Higher education institutions often have robust services offered on campus that are free to students. There are also fewer places where this age group naturally gathers (unlike 16-17 year-olds which are easier to access on a high school campus).

Staffing challenges across the program significantly impacted service delivery and the ability to meet contract deliverables. Neither paraprofessional nor professional staff levels were maintained across regions in both program components. Turnover and difficulty in hiring were challenges. There were also significant leadership changes that contributed to low staff morale and turnover.

Consent for participation in the program continued to be a barrier to delivering services on school campuses. There continues to be increased attention and scrutiny toward mental health topics, and anything involving LGBTQ+, in schools. Program providers were blocked from entire districts due to new policies regarding outside mental health services and services geared to LGBTQ+ youth. "Notification policies" also made some students leery of participating in services, even in non-clinical services, because of fears related to their caregivers being notified. These policies continue to be a barrier to students receiving supportive services in a safe, accessible environment.

Lessons Learned:

The provider needs to continue to expand and "think outside the box" regarding outreach and service for 18-25 year-olds. Increased partnership with non-educational institutions is necessary but challenging.

Group services are much more efficient, but many students are requesting individual services in the Stress & Your Mood component. This puts extra strain on the therapist and requires that they set better expectations with the site contacts about how the services are best implemented.

Relevant Examples of Success/Impact:

Participants had the following comments after participating in the TAY Resiliency Project:

- "I personally struggle with mental health and hearing it be normalized was really important."
- "My point of view on this has changed now that I have heard this impackedful [SIC] story first hand and how people can grow and better themselves."
- "It has given me a place to be myself and a place to stay. It has also give me a great community."
- "I have learned a lot of things about myself that I would not have known without this program and my mentor. I have grown a lot from when I first started versus now. I allow myself to feel my emotions and be less damaging and harsh on myself for everything, especially the things I can't control. I feel like I have more control over my life instead of letting it pass me by and letting other people or things that happen to me choose my emotions for me. I know I care about things to much sometimes, but I've come to realize that some things about that may seem like a curse can actually be blessings."
- "I learned how to deal with thoughts, how actions can change my thoughts and emotions; and that its ok to reach out for help."
- "I learned how to communicate better with both adults and people my age. How to manage my thoughts and outlook. Feeling more comfortable being myself."
- "What I learned in the program is how to take care of ourselves physically and mentally. Breathing techniques, exercises, and how to relax our mind."
- "Positive counter thoughts; breathing techniques to help my anxiety and thinking with the logical mind, and identifying emotion and separating school work from my own time outside of school."

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	☒ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Outreach and Reunification Services to Runaway TAY (Safe Places)

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: Operation Safehouse, Inc. is contracted to provide services in Riverside County to Transition Age Youth (TAY) who are homeless, a run away, or at of risk of running away, through their Safe Place and Street Outreach to Youth Program. The program is dedicated to the safety and well being of youth in crisis and is committed to providing comprehensive support services for at-risk youth and those struggling with crisis situations. MHSA PEI funding is focused on two components of the programming: to train and educate the community on the Safe Place program and targeted street outreach to homeless and runaway youth to facilitate reunification with an identified family member or to a safe environment.

Number of individual participants or audience members during FY 23/24: **3,289**

Program Demographics: The following demographic information is duplicated.

Age	
Children/Youth (0-15)	7
Transition Age Youth (16-25)	1,989
Adult (26-59)	1,021
Older Adult (60+)	0
Declined to Answer	272
Race	
American Indian or Alaska Native	16
Asian	12
Black or African American	603
Native Hawaiian or other Pacific Islander	1
White	948
Other	0
More than one race	149
Declined to Answer	1,560
Ethnicity	
Hispanic or Latino as follows	637
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	637
Asian as follows	12
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	12

Preferred Language	
English	0
Spanish	0
Bilingual	0
Another	0
Declined to Answer	3,289
Gender	
Male	1,148
Female	1,465
Transgender Male to Female	2
Transgender Female to Male	6
Another	35
Declined to Answer	633
Sexual Orientation	
Lesbian	77
Gay	63
Bisexual	210
Yes, did not specify	0
Unknown	0
Another	10
Not LGBQ/Declined to Answer	2,929
Disability	
Yes	0
No	0
Declined to Answer	3,289
Veteran Status	
Yes	0
No	0
Declined to Answer	3,289

Program Reflection: Safe Places

Implementation Successes:

The Street Outreach Team have assisted youth in finding suitable housing by getting them into shelters, transitional programs, and treatment centers. The Team have continued partnering with other departments throughout Operation SafeHouse to reach schools, law enforcement, transit agencies, and other community entities that would benefit from their services. Due to these efforts, the program continues to see an uptick in referrals and youth coming forward.

Implementation Challenges:

The Street Outreach Team is having trouble meeting its targeted goals. Staffing has been an issue in the last several months. Staff retention rates have been low and we are working on hiring more staff currently.

Lessons Learned:

The objectives of the Outreach program through Operation SafeHouse, is to increase youth safety, well-being, and self-sufficiency, so that they build permanent connections with caring adults and community members. Through our efforts, we have encountered and assisted youth who have run away or have been asked to leave their homes. Some of these youths have experienced physical, sexual, or emotional abuse, neglect, rejection, or parental substance abuse. Once on the streets, they can become victim to sexual exploitation, physical or sexual assault, weapons assault, robbery, and gang activity. The longer they are exposed to the streets, the more likely they are to fall victim to these crimes and victimization. Additionally, these youth are sleeping in places that are not safe or appropriate. They have become acculturated to street life and turn to drugs and alcohol as a means of coping. They often suffer from serious physical health, behavioral, and emotional problems, including depression and anxiety. Others can become victims of labor trafficking and other types of sexual exploitation.

Relevant Examples of Success/Impact:

A 24-year-old male who has been homeless for a couple of weeks was in a room for rent but could not afford it after his seasonal job ended. He had been couch-surfing and sleeping on the streets since then. He did not have regular access to food and water since sleeping outside. He spent the night at Path of Life but was only able to stay one night. He was sleeping at La Sierra Park when the street outreach team contacted him. The outreach team was able to connect him with MainSTAY shelter and secure him a bed.

The street outreach team was also able to connect him with several longer-term housing options, including Starting Over Inc., the Ranch, and Coachella Valley Rescue Mission. He was accepted to Coachella Valley Rescue Mission residential program. On December 30th, the street outreach team assisted and transported him to Coachella Valley Rescue Mission for his intake. The client left the program with connection to resources and safe and stable housing.

PEI Plan Project Area #5: First Onset for Older Adults

This project area focuses on the first onset of depression in the older adult population. Programs in this project area include in home services as well as services that are portable. Collaboration includes partners that have experience and expertise with the older adult population in Riverside County, i.e.: Office on Aging. Targeted outreach is used to identify and provide services for underserved cultural populations, specifically LGBTQ+ older adults.

The following tables in this section include data tables for the programs in this project area with the number of unduplicated served, demographics, implementation successes, implementation challenges, lessons learned, and examples of success/impact in the communities they serve.

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	□ Prevention	☒ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD)

Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults

Program Description: CBT for Late Life Depression is a structured problem-solving program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues. It includes specific modifications for older adults experiencing symptoms of depression. Clients are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and redevelop them to be more adaptive and flexible thoughts. Emphasis is also placed on teaching clients to monitor and increase pleasant events in their daily lives using behavioral treatment procedures.

Number of unduplicated individual participants or audience members during FY 23/24: **120**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	2
Older Adult (60+)	118
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	2
Black or African American	10
Native Hawaiian or other Pacific Islander	0
White	106
Other	1
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	58
Central American	0
Mexican/Mexican American/Chicano	40
South American	9
Multiple Hispanic	0
Other Hispanic	1
Did not specify Hispanic/Latino group	8
Asian as follows	2
Filipino	1
Vietnamese	0
Chinese	1
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	71
Spanish	48
Bilingual	0
Another	0
Declined to Answer	1
Gender	
Male	36
Female	84
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0
Sexual Orientation	
Lesbian	1
Gay	18
Bisexual	1
Yes, did not specify	3
Unknown	0
Another	1
Not LGBQ/Declined to Answer	96
Disability	
Yes	48
No	65
Declined to Answer	7
Veteran Status	
Yes	5
No	108
Declined to Answer	7

Program Reflection: CBT-LLD

Implementation Successes:

As new staff are onboarded into agencies, they are trained quickly and can begin to see clients using the LLD model quickly. Supervision and the consultation/certification process is smooth and allows therapists using the model to get hands on support with implementation and fidelity.

Word-of-mouth referrals have been one of the best outreach tools. Former clients often refer friends and neighbors. Additionally, there has been an increase in visits and requests for program presentations from senior living facilities, primarily in the Desert region.

Moreover, there was an increase in Spanish-speaking and in-person services Countywide.

Implementation Challenges:

The number of enrolled clients has been hard to increase and maintain. The Center has significantly struggled with getting LLD clients. Many of the clients seeking services there are significantly younger than they have been in previous years.

Outreach in the Mid-County and Desert regions has been more difficult. There was continued effort to increase program visibility and networking/partnership with other community-based organizations, however that did not ultimately result in increased or on-going program referrals.

Lessons Learned:

Providers are continuing to see that "one size fits all" does not work for outreach. It has been found that each region is more responsive to different kinds of outreach. For example, Inland Caregiver Resource Center (ICRC) has found that the Western Region clients really want to have in-person sessions while their Desert Region clients request telehealth services.

Relevant Examples of Success/Impact:

Client PHQ-9 scores decreased throughout treatment. The average PHQ-9 score at intake was 14 (indicating moderate depression) and at discharge was 4 (indicating minimal levels of depression). The Quality-of-Life Questionnaire overall showed improvements in all 13 items that it measures. The most notable improvements were in items that measured their social functioning, emotional well-being, and life in general. 72% of clients enrolled during FY 23/24 completed the entirety of the program. 33 clients continued services into FY 24/25. At closing, clients are given the opportunity to provide comments on their services. Participants gave the highest ratings to the quality of services received from their therapist, their likelihood to return to the program if they were to seek help again, and the support they received from the program.

Clients had the following comments regarding their treatment:

- "This therapy worked very well for me. I had reached the end of my resilience and was quite lost and depressed, short on hope. The skills I learned put me on a better path fairly quickly."
- "I appreciated the consistency and the opportunity to be heard, the program exceeded my expectations."
- "I appreciate the assistance I received. The tools given to put into practice are extremely helpful and [Therapist's] guidance has been excellent."

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Program to Encourage Active and Rewarding Lives (PEARLS)

Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults

Program Description: The **P**rogram to **E**ncourage **A**ctive and **R**ewarding **L**ive**S** (PEARLS) is an evidence-based program designed for people aged 60 years or older, who are experiencing minor depression or dysthymia. PEARLS is an in-home intervention that utilizes an empowering, skill-building approach based on three core elements: program solving treatment (PST), social and physical activation, and pleasant activity scheduling. These three elements contribute to the empowerment of participants by encouraging them to engage in behaviors that will help them reach their goals.

Number of unduplicated individual participants or audience members during FY 23/24: **109**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	109
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	1
Black or African American	15
Native Hawaiian or other Pacific Islander	0
White	88
Other	1
More than one race	2
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	36
Central American	2
Mexican/Mexican American/Chicano	23
South American	3
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	8
Asian as follows	1
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	1

Preferred Language	
English	80
Spanish	16
Bilingual	6
Another	1
Declined to Answer	6
Gender	
Male	26
Female	83
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0
Sexual Orientation	
Lesbian	1
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	108
Disability	
Yes	84
No	22
Declined to Answer	3
Veteran Status	
Yes	11
No	98
Declined to Answer	0

Program Reflection: PEARLS

Implementation Successes:

The provider worked to increase their connection with community professionals through drop-in visits and by offering means of social and emotional support as well as resource information, which resulted in cross networking and presentations. In the Western region, "word of mouth" increased referrals from Community Champions (PEARLS graduates) as they shared information about their experiences with this program.

To increase accessibility, the provider purchased and used audio amplifier devices to work with participants with hearing impairments, which successfully resulted in serving five individuals.

133 prospective participants were screened, and 109 participants were served (received one or more program services) in FY 23/24. This represents a 36% increase from the FY 22/23 total of 80 participants.

Countywide, the reduction in depression symptoms as measured by the PHQ-9 was statistically significant for PEARLS participants completing the program. Furthermore, average depression as measured by the PHQ-9 was reduced 29% from "moderate" to "mild" countywide. Additionally, countywide, the reduction in anxiety symptoms as measured by the GAD-7 was statistically significant for PEARLS participants completing the program. Furthermore, average anxiety, as measured by the GAD-7 was reduced 40% from "moderate" to "minimal" countywide. Lastly, the Quality-of-Life questionnaire showed statistically significant improvement for participants in eight of the nine domains: "health", "life in general", "emotional well-being", "spare time", "time with others", "friendship", "social activity", and "pleasant activities".

Implementation Challenges:

The provider struggled with getting consistent referral sources in the Desert and Mid-County regions. Where efforts to increase program visibility did not result in continued on-going referrals. The provider worked with senior centers and community centers, however, many of the seniors were resistant to enroll in the program.

Maintaining engagement for the duration of the PEARLS program was also a challenge, specifically with individuals 70+ years old with identified hearing impairment, particularly when the provider was unable to meet by phone or in-person (to screen, make appointments, or even just connect).

Lessons Learned:

A "one size fits all" approach for outreach does not work. Each region and target population requires a unique approach and effort for visibility and engagement both with the community and seniors. In addition, stigma related to mental illness and fear of judgment plays a role in community members' hesitation to engage in the program and/or tell others about their own experience in the program.

Relevant Examples of Success/Impact:

The post-program survey includes two fill-in questions: "If you did benefit from the PEARLS sessions, please describe why" and "Do you have any additional comments you would like to share regarding your experience with the PEARLS program?" Some responses are shared here:

- "PEARLS lowered my level of depression. I learned how to manage certain situations in my home and at work."
- "I have been able to make some decisions that I was not able to make before as a result of this program."
- "This program helped me learn about my feelings. I learned to find solutions to help me feel better when stressed."
- "It helped improve my quality of life and my self-esteem, and helped me sleep better. I'm more social and I have faith in myself. I have courage to express myself."
- "I was pleasantly surprised how well it works. It wasn't easy at first but through the process it got easier and I got more comfortable."
- "Your support is very valuable to improve our quality of life and you all have a gift in the way you provide support."
- "I want to thank you for helping me to get out and make friends."

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Care Pathways - Caregiver Support Groups

Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults

Program Description: A 12 session support group for caregivers of older adults. Outreach, engagement, and linkage to the support groups target caregivers of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia.

Number of unduplicated individual participants or audience members during FY 23/24**: 116**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	2
Adult (26-59)	36
Older Adult (60+)	50
Declined to Answer	28
Race	
American Indian or Alaska Native	0
Asian	6
Black or African American	14
Native Hawaiian or other Pacific Islander	0
White	94
Other	0
More than one race	1
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	46
Central American	0
Mexican/Mexican American/Chicano	1
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	45
Asian as follows	6
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	6

Preferred Language	
English	96
Spanish	16
Bilingual	4
Another	0
Declined to Answer	0
Gender	
Male	22
Female	91
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	3
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	116
Disability	
Yes	0
No	0
Declined to Answer	116
Veteran Status	
Yes	0
No	0
Declined to Answer	116

Program Reflection: Care Pathways

Implementation Successes:

A highlight of Care Pathways implementation for FY 23/24 is found in the participant outcomes as evidenced by decreases in depression scores and feelings of distress, as well as by self-reports of high caregiver satisfaction. For example, in the Mid-County region alone, CES-D 20 mean scores from intake to follow up showed a decrease in depression by 34%, and countywide the decrease was 17%. Caregivers' self-assessment questionnaire scores for feelings of distress also showed statistically significant decreases from pre-to-post completion, with a decrease of 26% for the Mid-County region and 11% decrease countywide. Furthermore, satisfaction surveys completed by 90% of participants at the conclusion of support groups indicated they were highly satisfied with various aspects of the program. They reported having reduced stress levels and learning new ways to cope effectively with their caregiving role because of the program. Graduates were also given the opportunity to attend a Virtual Dementia Tour to add to their knowledge and experience of the realities of those living with dementia to further inform their understanding and coping skills.

These positive results for numerous caregivers participating in the Care Pathways program is not only a source of pride for Office on Aging (OoA) implementation, but also a source of inspiration. They aim to increase their reach to enroll, educate, and support many more caregivers that can benefit from participation and graduation. To support that goal, in Q4 of fiscal year 23/24, they developed a relationship with Public Authority to assist in their outreach efforts by requesting a list of caregivers in Riverside County. They capitalized on this rich population of caregivers to implement targeted robotexts to potential caregivers to inform them of the Care Pathways offerings. In turn, class facilitators contacted all interested parties who responded to the robotexts to enroll them in classes. Furthermore, the reopening of the senior center in Desert Hot Springs afforded the opportunity to hold classes there to serve more caregivers in the desert location that has proven to be successful on many fronts.

Implementation Challenges:

Outreach and enrollment proved to be a significant challenge to implementing Care Pathways for FY 23/24. This challenge is evident in reflecting on the number enrollees at 116, falling short of the goal of 144 participants per contract expectation. Concerted efforts were made throughout the year to conduct outreach, inform and educate partner agencies, community-based organizations alike, including at various hospitals, churches, and libraries. However, while a few potential participants expressed interest from those efforts, none of those sites proved fruitful in ultimately enrolling participants. An additional challenge with enrollment was limited staffing with a facilitator vacancy that existed for half of the year resulting in less class offerings. Once an additional facilitator was hired, time invested for onboarding further limited the ability to provide classes for more participants, as the new facilitator was only able to teach one session in the fourth quarter.

Lessons Learned:

There were multiple lessons learned as an agency for FY 23/24 Care Pathways implementation. First, the provider recognized the need to have a centralized and streamlined method for tracking interested caregivers for follow-up and enrollment. Secondly, they plan to not only expand their outreach efforts across multiple locations and modalities but also keep track of those that prove to be most successful in garnering interest and enrollments for the classes. Thirdly, they recognized the challenges that caregivers face in being able to attend a series of classes over 12 weeks in person. To that end, they are planning an experiment for the next fiscal year to offer a mid-quarter class that condenses all the course material into 8 weeks to encourage more participation and more graduates. In short, they learned a shorter class series can improve enrollment. Moreover, they added an incentive for participants to receive at graduation to increase completion rates. Lastly, the facilitators also learned to become more comfortable utilizing Zoom for both online classes and support groups. With so many lessons learned during this fiscal year, the provider aims to make steady strides and improvements over the next fiscal year toward positive impacts for participants across the county and those they care for.

Program Reflection: Care Pathways
Relevant Examples of Success/Impact:
Spousal caregiver (81) cares for his wife (78) with Alzheimer's. He was referred by OoA case manager to an in-person class. The caregiver decided to join and was one of only two males in the class. He spoke in the class about how his adult children did not know much about what was going on with their mom and how quickly her condition was declining. He said that he kept it to himself. One of the class members suggested having a weekly Sunday dinner so that the caregiver could give an update and so that the children could spend time with their mother. He said he would try it and the following week in class he let everyone know that his children had come to the home and made dinner and helped him around the home. As the class continued, he was happy to report that his children were continuing to come home and that the relationship had strengthened because of the family dinners. He no longer felt alone in the caregiving journey because he now had the support of his adult children and the others in class. He also said he would be joining the after-care support group because he wanted to continue his relationship with those he met in class.

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	☒ Early Intervention	☒ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Mental Health Liaisons to Office on Aging

Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults

Program Description: Mental Health Liaisons to Office on Aging is a Prevention and Early Intervention program in which Riverside University Health System-Behavioral Health (RUHS-BH) 'Mental Health Liaisons' and the Riverside County Office on Aging work collaboratively to (1) identify older adults who are either at risk of depression or are experiencing the first onset of depression and (2) link them with early intervention programs, such as Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD). Additionally, the Mental Health Liaisons link older adults with other resources and services, as needed, to reduce depression and suicide risk.

Number of unduplicated individual participants or audience members during FY 23/24: **18 CBT-LLD**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	2
Older Adult (60+)	16
Declined to Answer	0

Race	
American Indian or Alaska Native	0
Asian	1
Black or African American	1
Native Hawaiian or other Pacific Islander	0
White	15
Other	0
More than one race	0
Declined to Answer	1

Ethnicity	
Hispanic or Latino as follows	11
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	11
Asian as follows	1
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	1

Preferred Language	
English	0
Spanish	0
Bilingual	0
Another	0
Declined to Answer	18

Gender	
Male	4
Female	14
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0

Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer/Unknown	18

Disability	
Yes	0
No	0
Declined to Answer	18

Veteran Status	
Yes	0
No	0
Declined to Answer	18

Program Reflection: Mental Health Liaisons to Office on Aging

Implementation Successes:

In FY 23/24, the Mental Health Liaisons held 111 outreach events for a total of 160.5 hours. The majority of the events took place at community meetings (64.9%) and at public events (11.7%).

The Mental Health Liaisons processed 422 referrals in FY 23/24; where approximately 2.8% led to CBT-LLD (n=12) enrollment. Nearly 96% of the total referrals were to 'Other' (e.g. private insurance).

Office on Aging liaisons provided CBT-LLD services to a total of 18 participants. The majority of the CBT-LLD participants were female (78%), and between the ages of 75-79 (27.8%). Of the 12 closed cases, 50% reported successfully completing their treatment goals (n=6). The remaining participants discontinued the program due to changes in personal circumstances (e.g. moved out of area) or partially completed their goals.

PHQ-9 pre- to post-scores showed a statistically significant improvement in symptoms of depression. The Quality of Life (QOL) survey results showed that participants felt significantly better in most QOL items. GAD-7 pre- to post-scores showed a statistically significant decrease in anxiety symptoms.

Staff were able to serve two homebound clients in Blythe. Blythe has been a longstanding challenge due to the community being very remote compared to the rest of the County. It's also a very small community, requiring a lot of extra work around trust and rapport-building. Completing two clients in this community is a big accomplishment. Staff worked to find ways to make required paperwork easier for clients to access and aid in getting to session agenda items in a timelier manner. Clients have been receptive to having copies of the PHQ-9 left with them to allow them to complete them before their session time. Sending follow-up letters with resources after being unable to reach clients by phone, including crisis supports and CARES Line information, has been useful. Clients have responded that they were able to get connected to ongoing supports and services.

Implementation Challenges:

Privacy when providing services in a client's home has been more of a challenge recently. It has led to working with clients on setting healthy boundaries. Helping homebound clients identify pleasant activities in rural communities is hard. Additionally, working with clients with increasing cognitive decline is challenging. The change in cognition also exacerbated symptoms of depression and anxiety.

Lessons Learned:

Despite agreeing to be referred to therapy services, potential clients are not always ready to engage in the process. However, they want someone to validate their concerns and listen. The provider found that many in the community are not aware that there are 24/7 warmlines and those end up being a good outlet for them.

Relevant Examples of Success/Impact:

Participants of CBT-LLD are asked to complete a post-survey. Below are some of the responses received:

- "It was a positive change in my life but I received many recommendations to overcome and put them into practice in my life. Thank you so much." [Translated from Spanish]
- "The program is good, I would recommend it." [Translated from Spanish]
- "The program helped me. I liked that [Therapist] understood me and helped me to cope with my problems. I am grateful for the program."
- "[Therapist] has been a great help for me. A am very comfortable with her & opening up to her."
- "I like the support and will continue to look for BH as needed."
- "I was satisfied with this program, it helped me a lot." [Translated from Spanish]

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: CareLink Program/Healthy IDEAS

Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults

Program Description: Facilitated by the Riverside County Office on Aging, it is a care management program for older adults who are at high risk for developing mental health problems, primarily depression and anxiety. Healthy IDEAS intervention focuses on behavioral activation and social support and is utilized for those who are demonstrating symptoms of depression and anxiety.

Number of unduplicated individual participants or audience members during FY 23/24: **23**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	6
Older Adult (60+)	16
Declined to Answer	1
Race	
American Indian or Alaska Native	0
Asian	1
Black or African American	2
Native Hawaiian or other Pacific Islander	0
White	20
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	9
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	9
Asian as follows	1
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	1

Preferred Language	
English	16
Spanish	7
Bilingual	0
Another	0
Declined to Answer	0
Gender	
Male	7
Female	16
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	23
Disability	
Yes	23
No	0
Declined to Answer	23
Veteran Status	
Yes	1
No	22
Declined to Answer	0

Program Reflection: Healthy IDEAS

Implementation Successes:

Most of the participants of HealthyIDEAS report a lower CES-D score upon completion and have an overall improved outlook on life with effective coping skills learned and reinforced during the program. Two clients are highlighted below in the success/impact section.

Implementation Challenges:

Implementation challenges continue to be receiving appropriate clients for the intervention who meet the following requirements:

- new onset of depression/anxiety
- score 16 or above on the CES-D
- not currently receiving treatment i.e. therapy or meds
- no recent history of treatment
- willing to participate when they score a 16 or above on the CES-D
- cognitively able to participate

Lessons Learned:

The provider has learned that giving presentations to induction classes for new social workers at the Department of Social Services (DPSS) is not fruitful in obtaining referrals as the new employees are overwhelmed with all the new information they are receiving and are a month or so away from seeing clients to refer. They are now scheduling periodic check-ins with DPSS units to remind them of the Office on Aging programs, highlighting the Healthy IDEAS program.

Another lesson learned this year is homelessness does not preclude participation in Healthy IDEAS. In the past, when someone was homeless, they would not even be considered for enrollment in case management or Healthy IDEAS. Having an existing client become homeless while on service gave us an opportunity to try the program and it was successful.

Relevant Examples of Success/Impact:

One client, a newly widowed 85-year-old female who was the primary caregiver for her husband until he died, had an initial score of 30 on the CES-D. She was grieving and had withdrawn from many of the activities she was formerly involved in, including Bible study at her church. Her goal was to address her grief. The Healthy IDEAS practitioner found a grief support group that the client began attending. The client had previously attended Care Pathways as a caregiver and had some follow-up after-care group sessions. She incorporated what she learned in Care Pathways regarding self-care and continued to build upon those skills to cope with her grief. She stated that Care Pathways had “saved her life.” Toward the end of the Healthy IDEAS sessions, she had resumed attending Bible study at her church and had a post CES-D score of 12. She looked forward to spending time with her son and grandchildren over the holidays and is planning to tackle a kitchen remodel that she has been wanting to do for several years.

A second client is a 60-year-old male who became homeless shortly after enrolling in CareLink case management. His goal was to obtain permanent housing. He worked closely with the Healthy IDEAS practitioner and the homeless shelter staff at Path of Life to follow through with the application process and things he needed to do to get housed. When discouraged, he was reminded of how much he had accomplished with the social worker. He obtained permanent housing in mid-December. He expressed appreciation for the Healthy IDEAS intervention, as well as the Path of Life shelter staff, and now feels comfortable reaching out for help when he needs it, something he would never have done in the past.

PEI Plan Project Area #6: Trauma-Exposed Services

Through the community planning process, the high need for services for trauma exposed individuals was identified as a priority. This project area includes programs that address the impact of trauma for youth, TAY, and adults.

The following tables in this section include data tables for the programs in this project area with the number of unduplicated served, demographics, implementation successes, implementation challenges, lessons learned, and examples of success/impact in the communities they serve.

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Project Area as Defined by PEI Plan: PEI#6 Trauma Exposed Services

Program Description: Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is designed to address the symptoms youth develop from various traumatic events. CBITS aims to reduce PTSD symptoms while enhancing coping skills, increasing resiliency, and raising peer/parent support.

Number of unduplicated individual participants or audience members during FY 23/24: **313**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	311
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	2

Race	
American Indian or Alaska Native	12
Asian	10
Black or African American	10
Native Hawaiian or other Pacific Islander	3
White	251
Other	0
More than one race	24
Declined to Answer	3

Ethnicity	
Hispanic or Latino as follows	266
Central American	11
Mexican/Mexican American/Chicano	219
South American	1
Multiple Hispanic	0
Other Hispanic	1
Did not specify Hispanic/Latino group	34
Asian or Pacific Islander as follows	18
Filipino	7
Vietnamese	3
Korean	1
Other Asian/PI	1
Did not specify Asian/PI group	6

Preferred Language	
English	259
Spanish	6
Bilingual	39
Another	0
Declined to Answer	9

Gender	
Male	108
Female	183
Transgender	8
Nonbinary	11
Gender Fluid	1
Declined to Answer	2

Sexual Orientation	
Lesbian	4
Gay	2
Bisexual	25
Yes, did not specify	12
Unknown	19
Another	9
Not LGBQ/Declined to Answer	231/11

Disability	
Yes	33
No	275
Declined to Answer	5

Veteran Status	
Yes	0
No	0
Not Applicable	313

Program Reflection: CBITS

Implementation Successes:

CBITS had a high program completion rate during FY 23/24. Countywide, there were 313 students enrolled in the program with 263 students completing at least eight (8) sessions, for an overall contract completion rate of 91%!

Providers were able to deliver service at new school sites during the program year, broadening the reach of the program across districts. Additionally, partnerships with individual school sites, across districts served, allowed the processes for screening and implementation to be improved. Moreover, there were fewer hiccups with scheduling space at schools, getting consents back from families, and having passes sent for students to attend group.

Training of new facilitators, when there was staff turnover, was able to happen quickly which made sure there was no disruption to service delivery. Overall, staffing was stable across all providers during the program year.

Implementation Challenges:

Caregiver engagement continues to be a challenge across regions and providers. Providers have offered Caregiver Education Sessions in a variety of modalities, languages, locations, and times. Incentives have been offered as another means to increase attendance/participation but did not yield increased participation as hoped.

There was an increase in the severity of trauma exposure and PTSD symptoms. There were many more students that needed additional support, crisis supports/assessments, and CPS reports throughout the course of the program year. These all added to increased feelings of stress and compassion fatigue for program facilitators.

Lessons Learned:

Continuing to nurture relationships with school partners, whether services are facilitated year-round or only part of the school year, is critical to program success. It helps with making sure all the processes from confirming space, pulling students, screening, and getting consent move smoothly and do not cause delay/ disruption in the timeline.

When planning the calendar for the group schedule, advanced preparation for combining sessions when there is not enough time for all 10 weeks of the program, it is best to combine sessions at the end of group.

PTSD symptoms decreased from pre- to post-test with a countywide average of 26.4 at pre to 18.2 at post. However, only 36% of youth saw a decrease to below the clinical threshold. Students are reporting experiencing additional trauma exposures/stressful events during the course of the program, which might explain why PTSD symptoms do not decrease as much as would be expected.

Relevant Examples of Success/Impact:

Providers were able to increase the number of schools that are receiving the CBITS program. Schools have been more receptive to mental health services overall, helping to destigmatize help-seeking behaviors.

Participants are given the opportunity to provide feedback at the completion of the program. Students had the following to say about participating in the program:

- "I learned how to understand my own feelings and that I can take little steps to start doing things I stopped myself from doing after the incident."
- "I learned how to think more logically about my bad thoughts. Finally talking about what's been going on has made me feel better. I've met people that made me feel safe when I speak about my problems."
- "The group leaders cared about us and listened to our feelings. I was able to learn multiple new ways to cope."
- "I learned that I'm not always alone in difficult situations and there is always someone that is here for me no matter what."

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Seeking Safety

Project Area as Defined by PEI Plan: PEI#6 Trauma Exposed Services

Program Description: An evidence based practice that utilizes cognitive-behavioral therapy model for relapse prevention and coping skills to help participants with PTSD and substance use disorders. It is conducted in group or individual formats.

Number of unduplicated individual participants or audience members during FY 23/24: **154**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	126
Adult (26-59)	28
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	2
Asian	4
Black or African American	13
Native Hawaiian or other Pacific Islander	1
White	125
Other	0
More than one race	9
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	114
Central American	9
Mexican/Mexican American/Chicano	95
South American	0
Multiple Hispanic	0
Other Hispanic	2
Did not specify Hispanic/Latino group	8
Asian as follows	4
Filipino	1
Vietnamese	1
Chinese	1
Thai	1
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	137
Spanish	16
Bilingual	0
Another	0
Declined to Answer	1
Gender	
Male	47
Female	89
Transgender	3
Nonbinary	6
Gender Fluid	6
Declined to Answer	3
Sexual Orientation	
Lesbian	6
Gay	6
Bisexual	20
Yes, did not specify	0
Unknown	2
Another	15
Not LGBQ/Declined to Answer	95/10
Disability	
Yes	8
No	146
Declined to Answer	0
Veteran Status	
Yes	3
No	151
Declined to Answer	0

Program Reflection: Seeking Safety

Implementation Successes:

In FY 23/24, the program saw success in the continued partnerships and relationships that they have managed to build over the years. Operation Safehouse saw this with some school sites by being invited back by school counselors and receiving referrals. Additionally, they were able to table and outreach at different school sites to cast a wide net for students to voluntarily sign-up. Moreover, they were able to partner with other programs within their organization to help increase referrals to the Seeking Safety program.

The RUHS-BH PEI Peers also saw continuity of partnerships and expanding processes to be able to receive referrals. One of these partnerships is with the Sexual Assault and Forensic Evaluation (SAFE) Clinic. The provider was able to set up a referral system with this clinic and follow-up with victims of assault to screen and be able to provide this early intervention program for trauma.

There was a total of 249 individuals screened for this service. Of those, 154 participants went on to attend at least one session, and 79.2% (n=122) of those met the completion criteria by attending six or more sessions. Most participants were transition age youths between the ages of 16-25 (80.5%). Of all program participants, most of them identified as Hispanic/Latinx (74%), and a third of participants identified as LGBTQ+ (30.5%). After completion of the program, participants demonstrated decreases in PTSD symptoms and increases in positive coping skills.

Implementation Challenges:

A challenge that was experienced by both providers was getting people enrolled in the program, particularly those that were in the older TAY demographic (ages 19-25) and adults (ages 26-59). When the use of an interest form was utilized, oftentimes team members were not able to contact those who filled out the form, being met with unresponsiveness to their follow-up calls/texts/emails.

Across both providers, staffing was also a challenge. One of the providers underwent significant leadership changes, which contributed to staff in this program leaving for other opportunities. Onboarding and training new staff took additional time and took away from time spent on service delivery.

For services being provided on school campuses, the providers were met with unique challenges to those locations such as working around school schedules and testing, scarcity of physical space on campus to hold groups, denials of MOUs, and requirements to get parental consent before being able to screen for services. Some school sites and districts expressed wanting to focus on providing their own mental health services and have been restricting access that outside service providers have to their students.

Lessons Learned:

The contracted TAY provider has focused largely on the 16-18 year-old population through school partnerships. When the academic year ended, this resulted in a disruption to service delivery as community-based contacts/outreach was minimal. It also resulted in very low participation from 19-25 year-olds. Technical support to the provider has focused on expanding outreach efforts to include partnerships with other organizations for year-round services, and to increase program schedule flexibility to be able to meet the needs of an older TAY population. Additionally, outreach efforts and a focus on making new contacts in the community were emphasized with the adult service provider.

Program Reflection: Seeking Safety
Relevant Examples of Success/Impact:

Feedback and comments from conclusion of service questionnaires:

- "I came in broken and am leaving more confident. [Facilitator] was amazing. I'm grateful for this program."
- "Thank you [facilitator] for your patience and allowing for me to be myself. For this to be a class on Zoom, you were able to make me feel like you were in the room with me with your energy."
- "I am very thankful for this program and for the information. I'm thankful for [facilitator] for easily explaining to be able to understand. Thank you."
- "The program brought a helpful change in me because before I felt as if I didn't really have anyone to talk to but when I'm with my friends in session, it is okay to talk."
- "The program opened my perspective that talking your problems out loud doesn't make you "weak" or perceived bad. I also really like the drug abuse advice, I'm trying to help myself more."
- "Every session taught gave me at least one meaningful coping skill and I often learned surprising insights about myself and my situation."
- "The program helped me understand that it's ok to feel a certain type of way but you have to know how to safely cope with it."

PEI Plan Project Area #7: Underserved Cultural Populations

Through the community planning process, input was solicited from key community leaders from unserved and underserved cultural populations. The key community leaders gathered feedback and information from the communities that they represent and provided specific PEI recommendations regarding needed services. Specific interventions for the following underserved groups are included: Hispanic/Latino, African American, Native American, and Asian American.

The following tables in this section include data tables for the programs in this project area with the number of unduplicated served, demographics, implementation successes, implementation challenges, lessons learned, and examples of success/impact in the communities they serve.

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Mamás y Bebés (MyB)

Project Area as Defined by PEI Plan: PEI#7 Underserved Cultural Populations

Program Description: Mamás y Bebés (MyB) is a prenatal intervention, focused on both Spanish and English speakers, designed to prevent the onset of major depressive episodes (MDEs) during pregnancy and postpartum. The intervention is an 8-session course that uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues. The program helps participants create a healthy physical, social, and psychological environment for themselves and their infants.

Number of unduplicated individual participants or audience members during FY 23/24: **255**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	1
Transition Age Youth (16-25)	42
Adult (26-59)	212
Older Adult (60+)	0
Declined to Answer	0

Race	
American Indian or Alaska Native	0
Asian	5
Black or African American	9
Native Hawaiian or other Pacific Islander	0
White	229
Other	2
More than one race	7
Declined to Answer	3

Ethnicity	
Hispanic or Latino as follows	212
Central American	9
Mexican/Mexican American/Chicano	197
South American	0
Multiple Hispanic	0
Other Hispanic	6
Did not specify Hispanic/Latino group	0
Asian as follows	5
Filipino	2
Vietnamese	0
Chinese	0
Other Asian	1
Did not specify Asian group	2

Preferred Language	
English	130
Spanish	107
Bilingual	18
Another	0
Declined to Answer	0

Gender	
Male	0
Female	255
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0

Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	255/0

Disability	
Yes	9
No	246
Declined to Answer	0

Veteran Status	
Yes	2
No	253
Declined to Answer	0

Program Reflection: MyB

Implementation Successes:

In-person classes were offered this year by one provider due to a strategic partnership with a community women's clinic.

Social media outreach has been impactful for this program. All three providers get most of their participants via self-referral from seeing the flyer in a variety of social media sites/groups.

A total of 329 women were screened, 255 enrolled and 231 graduated, a completion rate of 91%! 83% of the women enrolled identified as being Hispanic and 41% identified Spanish as their primary language. This is very much in line with the original population target for the program.

Implementation Challenges:

Internal transitions reduced the availability of staff to do in-person outreach events, forcing staff to rely heavily on social media and email outreach efforts.

There were several moms that experienced pregnancy loss or death of their baby. There are a significant lack of culturally relevant supports and grief & loss supports relevant to miscarriage/still birth/infant loss. Hospital systems are a difficult entity to partner with. They are typically large systems that do not have streamlined ways to get information about groups/supports to their providers to share with their patients. OB/GYN providers screen their patients, but the systems don't generally have good support for pregnancy related/postpartum mental health issues, and they are not open to advertising/promoting outside resources.

School districts have been difficult to partner with this program year. There seems to be such an influx of resources and referrals offered to schools for their families that the districts are at capacity with what they can offer and promote. Some districts also have a difficult time seeing how this program can impact student success and attendance, even when explained during meetings/presentations.

African American/Black women are still hard to reach and significantly underrepresented in program participation. 3.5% of program participants identified as African American/Black. Providers worked through the year to change outreach strategies, including updating flyers and language around the program. But it did not yield the increased enrollment from the African American/Black community that was hoped for.

Lessons Learned:

Despite being "post-COVID" most participants are opting to participate in group virtually rather than in-person. Many moms cite that flexibility and no need for transportation or childcare as benefits to participating virtually. The program does provide childcare, but many moms have children of various ages and being able to participate from home removes significant challenges for them. The likelihood of this program only being offered in-person (as was the case pre-2020) does not seem realistic.

Providers need new strategies to engage our common-sense partners (like physicians and schools) to help meet the needs of the community and program.

Program material is not fully culturally relevant to the African American/Black community.

Relevant Examples of Success/Impact:

At the completion of the program, participants are offered an opportunity to provide feedback:

- "This program helped me in a multitude of ways. I looked forward to coming to class. Thank you!"
- "This class helped my mental health to be strong. I can manage to do small beautiful things everyday. Thank you!"
- "This program helped me feel like I am not alone. It made me feel like part of a community and has taught me new methods to help me cope with sadness, overwhelming feelings, and stress. Thank you."
- "Motherhood is hard, full of challenges, and it was nice to hear that other moms have the same challenges as me. I learned new ways to cope with situations. Thank you for this program."

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Building Resilience in African American Families (BRAAF) - Boys

Project Area as Defined by PEI Plan: PEI#7 Underserved Cultural Populations

Program Description: This project is a multi-intervention strategy with prevention and early intervention programs being provided throughout Riverside County. The primary program goals of this project are to reduce 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. The BRAAF Project will utilize four evidence-based practices: Africentric Youth and Family Rites of Passage Program (ROP), Cognitive Behavior Therapy (CBT), Guiding Good Choices (GGC), and Parent Support Groups in three different Riverside County regions.

Number of unduplicated individual participants or audience members during FY 23/24: **24**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	24
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0

Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	22
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	2

Ethnicity	
Hispanic or Latino as follows	0
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	0
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	24
Spanish	0
Bilingual	0
Another	0
Declined to Answer	0

Gender	
Male	24
Female	0
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0

Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	24

Disability	
Yes	1
No	23
Declined to Answer	0

Veteran Status	
Yes	0
No	24
Declined to Answer	0

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information

Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Building Resilience in African American Families (BRAAF) - Girls

Project Area as Defined by PEI Plan: PEI#7 Underserved Cultural Populations

Program Description: This project is a multi-intervention strategy with prevention and early intervention programs being provided throughout Riverside County. The primary program goals of this project are to reduce 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. The BRAAF Project will utilize four evidence-based practices: Africentric Youth and Family Rites of Passage Program (ROP), Cognitive Behavior Therapy (CBT), Guiding Good Choices (GGC), and Parent Support Groups in three different Riverside County regions.

Number of unduplicated individual participants or audience members during FY 23/24: **16**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	16
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0

Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	11
Native Hawaiian or other Pacific Islander	0
White	1
Other	0
More than one race	4
Declined to Answer	0

Ethnicity	
Hispanic or Latino as follows	1
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	1
Asian as follows	0
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	16
Spanish	0
Bilingual	0
Another	0
Declined to Answer	0

Gender	
Male	0
Female	16
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0

Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	16

Disability	
Yes	0
No	16
Declined to Answer	0

Veteran Status	
Yes	0
No	16
Declined to Answer	0

Program Reflection: BRAAF Boys and Girls

Implementation Successes:

Boys BRAAF

In FY 23/24, 24 participants enrolled in the Boys Rites of Passage Program, with 71% (17 youth) completing the 9-month program. The completion goal was 30 youth. The program target is three (3) boys' programs (one per region) with 45 youth completing per year countywide. This fiscal year the boys' program was only available in the Western and Desert regions.

Resilience measures were completed by 16 participants, demonstrating no statistically significant changes in "sense of mastery" or "sense of relatedness", both remaining within the "average" range. Scores from the Multidimensional Inventory of Black Identity (MIBI) reflected a slight decrease; however, participants continued to demonstrate high levels of identity centrality. Importantly, the Cohesion subscale exhibited a statistically significant improvement, indicating enhanced familial connections as a result of program participation.

A total of 19 parents participated in the Guiding Good Choices (GGC) program, with a graduation rate of 90% (17 parents). Before and after the course, the parents completed the Alabama Parenting Questionnaire (APQ). The results indicated significant improvements in parental involvement and reductions in inconsistent discipline and corporal punishment. Furthermore, parents reported a notable 67% increase in practicing refusal skills to resist peer pressure and adapting to new parenting styles that create healthy habits with their children.

Sixteen youth participated in Cognitive-Behavioral Therapy (CBT), delivered either in-person or via video conferencing. The effectiveness of CBT was evaluated using the Strengths and Difficulties Questionnaire (SDQ) and the Children's Depression Inventory-II (CDI-II). Fourteen parents completed pre- and post-SDQ surveys for their children, indicating significant decreases in emotional symptoms and overall difficulties, suggesting positive trends in mental health outcomes. While decreases in depressive symptoms were observed, comparisons of pre- and post-CDI-II scores did not yield statistically significant results, with participants remaining within the average range of depression severity.

Girls BRAAF

Sixteen participants between the ages of 11 and 14 enrolled in the program during the FY 23/24. Of the 16 youth, 12 completed the program. The completion goal was 15. The program target is three (3) girls' programs (one per region) with 45 youth completing per year countywide. This fiscal year the girls' program was only available in the Desert region.

Resilience measures were completed by 12 participants, demonstrating no statistically significant changes in "sense of mastery" or "sense of relatedness", both remaining within the "average" range. Scores from the Multidimensional Inventory of Black Identity (MIBI) reflected a slight increase, indicating that participants (n=12) continued to demonstrate high levels of identity centrality. Additionally, there was no statistically significant difference in scores on the Cohesion subscale from pre- to post-assessment, with scores consistently remaining within the 'separated to connected' range on the subscale.

A total of 19 parents participated in at least one session of the Guiding Good Choices (GGC) program, and 7 parents (37%) completed the five-session parenting course during the 2023-2024 fiscal year. The results of the Alabama Parenting Questionnaire (APQ) showed a statistically significant decrease in corporal punishment and in other disciplinary practices, suggesting that parents shifted towards less harsh disciplinary methods. However, across the remaining subscales, no significant changes were observed from pre- to post-assessment.

Twelve youth participated in Cognitive-Behavioral Therapy (CBT). The results indicate a statistically significant change in emotional symptoms, suggesting that the youth improved their behavior after completing one-on-one CBT sessions. Additionally, there was a statistically significant change in peer relationships. For this fiscal year, when comparing the pre- to post-scores on the CDI-II, there was no statistically significant change evident in either emotional behavior or functional problems.

Program Reflection: BRAAF Boys and Girls

Implementation Challenges:

BRAAF was one of the first prevention programs to be implemented in Riverside County starting in 2010. Over the past 14 years of implementation, there were several rounds of RFPs and changes in providers. PEI support for this program includes monthly fidelity meetings with PEI staff, quarterly BRAAF leadership meetings, monthly BRAAF Clinician support meetings, and annual training. Data collection is a requirement to track enrollment and mental health outcomes for both youth and parents. Consistently, data collection has had challenges, and many adjustments have been made to address them. Despite this, outcomes have been static and continue to demonstrate little to no change in participants. The past several years has also shown a sharp decline in enrollment and program completions. The project target is 3 girls' programs and 3 boys' programs per fiscal year, completing a minimum of 90 youth per year. The last several years have fallen well below that target.

FY 22/23 focused on a return to project intent as it was designed by the African American Family Wellness Advisory Group (AAFWAG) as well as re-establishing fidelity to the Rites of Passage and Guiding Good Choices programs. To support a return to program fidelity and contract compliance several resources/ actions were put in place. After receiving a full year of this high-level of support and technical assistance, FY 23/24 has not shown sufficient progress.

Feedback from providers and the community provide additional context. First, parents have expressed a concern that the length of the program impacts school performance negatively, e.g., no time for tutoring if needed. Second, families reported conflicting sports schedules, academic, or familial needs. Parents report to staff that their child is too tired to do their homework, chores, or other responsibilities after a full day of school and extra hours of program. This has resulted in parents having pulled youth from the program. Third, there is a desire for more college readiness programming versus a Rites of Passage program. Furthermore, program staff reported challenges with local churches, schools, and elder communities when attempting to advertise/recruit for the program. Local outreach tabling has not yielded enrollments as expected. Providers have reported faith communities (churches) state that they already have after school programming they would prefer their youth to participate in. Additionally, providers have stated local Black owned businesses are not willing to display BRAAF program flyers. Nguzo Saba principles and Africentric verbiage may present a barrier to African Americans participating in the program.

Lessons Learned:

The BRAAF project was initially designed 15 years ago and much has changed in that time. The needs of the community have changed, and this is reflected in the community feedback highlighting that the program interferes with other needs/activities of families and youth. In addition, the past several years has shown a sharp decline in enrollment and program completions, another indicator that this program does not reflect the needs/desires of the community it aims to serve. Additionally, program outcomes demonstrate little to no change in participants. Moreover, program fidelity and contract compliance challenges continued despite the resources/actions that were put in place. The current structure and poor participation in BRAAF demonstrates that the program is not meeting the needs of the community in its current design. This project ended in June 2024 and will be removed from the PEI plan.

PEI Administration will be working with AAFWAG and the RUHS-BH Cultural Liaison to gather qualitative community-based data. The goal is to better understand the current needs of the African American/Black community in Riverside County and to use this data to inform the service delivery system on how to meet these needs.

Program Reflection: BRAAF Boys and Girls

Relevant Examples of Success/Impact:

Feedback from focus groups included the following comments:

- "I'm more confident in myself."
- "The program helped me "be more concentrated and motivated."
- "...being more respectful"
- "It taught me how to do it and without being told, so I started to do chores at home without being told."
- "I have stress about home, so [staff] helped me with tools to help with that."
- "The start of program, I looked at things at a different perspective then now."
- I dislike the program because "it felt like doing a 7th class."
- I dislike the program because "it was a lot of work."
- "I've see changing with myself and my son, better communication, my boys are more out spoken, the things that they say to me, they say in a more respectful matter. Throughout the program, they've learned to speak to someone that is older than them. And little more teamwork with themselves."
- "Last year was very tough, now I have seen a growth… he explains to me about what he needs from me to be more social. I've notice he has boundaries and respecting those. After identifying what we need from each other, it turned out pretty ok so far. Definitely communication has improved from since we've started the program."
- "Aware in how I react with my son and better communicate with how things can go differently."
- "How to communicate with my grandson more and not to be judgmental."
- "I would like parents to show up to support groups."
- "The driving hours to the program was an issue."
- "I was told that it was going to be more of a male presence, like a father-brother type, there was really no males in the program, mostly women who still did great though."
- "Be more aware of dates and schooling different school districts."
- "The communication was off and in the beginning it was not explained much so in the beginning. No list of what is going on through the year."
- "BRAAF taught me to stop before responding to other people."
- "I had problems with boundaries and BRAAF helped me with that."
- "I used to let people define me, now I don't let that be the case."
- "The program has helped me change the way I feel about culture, we didn't just come from slavery. We were Kings and Queens."
- "People don't know about African American culture, we are inventors."
- "I think that my attitude and my way of thinking changed."
- "To stand up for myself and to communicate what I need."
- "I did not like the lessons."
- "This program helped my daughter to be "aware of their feelings and what's going on and a open line of communication."
- "The scheduling is hard, more parent involvement, help with staff more so that the staff continue doing most of the work."

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Celebrating Families-Strengthening the Circle (Native American Resiliency Project)

Project Area as Defined by PEI Plan: PEI#7 Underserved Cultural Populations

Program Description: The Celebrating Families: Strengthening the Circle Program is a new PEI program that started its service in FY 2021-2022. The primary goals are to increase family interactions, decrease risk of future substance abuse, and to foster the connection to culture in order to prevent the development of behavioral health challenges for the Native American/American Indian population in Riverside County who are highest at risk.

Number of unduplicated individual participants or audience members during FY 23/24: **37**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	5
Adult (26-59)	25
Older Adult (60+)	1
Declined to Answer	6
Race	
American Indian or Alaska Native	30
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	7
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	0
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	0
Filipino	0
Vietnamese	0
Chinese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	37
Spanish	0
Bilingual	0
Another	0
Declined to Answer	0
Gender	
Male	10
Female	27
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	2
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	35
Disability	
Yes	2
No	31
Declined to Answer	4
Veteran Status	
Yes	0
No	37
Declined to Answer	0

Program Reflection: Native American Resiliency Project

Implementation Successes:

The Wellbriety Celebrating Families (WCF) program was able to provide services to families throughout each region. Additionally, the provider was able to engage the local schools in their Gathering of Native Americans (GONA) planning process to meet the needs of the community and have the event focus on important community concerns through a cultural lens.

The provider was able to reach out to new organizations within the community to help increase outreach efforts, including Olive Crest's monthly Community Days, Betty Ford Native American Families program in the Desert region, and The Happier Life Project in the Mid-County region.

Most enrolled participants (81.1%) identified themselves as American Indian/Alaskan Native with 13 different tribes represented in the WCF program, while the remaining participants (18.9%) reported Multiracial with American Indian/Alaskan Native.

Implementation Challenges:

The program struggled with staff retention and challenges with recruitment and hiring of a clinician. The program's Program Coordinator is a Licensed Clinical Social Worker, but the program did not provide any Cognitive-Behavioral Therapy (CBT) services to any community members during FY 23/24.

Furthermore, there were challenges in recruiting and retaining families in the Wellbriety Celebrating Families program. Families cited competing priorities for their family, such as afterschool sports or extracurricular activities for their children. This led to not being able to serve all the children in a family; parents at times preferred to participate in the program and have their children engaged in other after school activities.

The provider had challenges in locating central and easily accessible locations for families to participate in the program, leading to the offering of mostly virtual classes. Internet connectivity and having enough devices for all family members to have access to utilize the different breakout groups became a challenge and led to families becoming disengaged.

When the provider partnered with other organizations to provide services, there were challenges in having the provider being able to have direct access to the parents and families, leaving them to rely on the partner organization to make contact, keep up with engagement, and following up about completion of program outcome measures. The partnering organizations did not always understand the program components or requirements, which led to the provider accepting people into the Wellbriety Celebrating Families program that were not eligible for that service (e.g., they did not have any children in their care), and therefore their outcome measures were excluded and not valid.

The contract deliverable is to provide services to 60 families that meet graduation requirements countywide. In FY 23/24, 23 families completed the program, and of those, only 12 had matched pre-post measures that could be used for analysis.

Lessons Learned:

The provider learned the importance of having direct communication and engagement with families, and the challenges that can arise when having to rely on partner organizations that lack an understanding of the program.

Relevant Examples of Success/Impact:

Program participants shared what they had learned after participating in the Wellbriety Celebrating Families program:

- "Family boundaries and the importance of teaching kids values and morals, taking care of physical, mental, spiritual, and emotional well-being."
- "How much what I do have a say on the next generation, healthy boundaries, and living skills on family and community."

Riverside University HEALTH SYSTEM Behavioral Health

Prevention and Early Intervention Program Summary

Program Information			
Type of Program:	☒ Prevention	□ Early Intervention	□ Stigma and Discrimination Reduction
	□ Outreach	□ Suicide Prevention	□ Access and Linkages

Program Name: Keeping Intergenerational Ties in Immigrant Families (KITE)

Project Area as Defined by PEI Plan: PEI#7 Underserved Cultural Populations

Program Description: Keeping Intergenerational Ties in Immigrant Families (KITE) is an evidence-based parenting program based on the Strengthening Intergenerational Ties in Immigrant Families (SITIF) curriculum designed for the Asian American community that teaches behavioral parenting skills to improve intergenerational intimacy. It is a culturally-sensitive, community based intervention to strengthen the intergenerational relationship, and promotes immigrant parents' emotional awareness and empathy for their children's experiences, cognitive knowledge, understanding of differences between their native and American cultures.

Number of unduplicated individual participants or audience members during FY 23/24: **54**

Program Demographics: The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	46
Older Adult (60+)	8
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	54
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	0
Central American	0
Mexican/Mexican American/Chicano	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	54
Filipino	14
Vietnamese	0
Chinese	33
Other Asian	7
Did not specify Asian group	0

Preferred Language	
English	10
Spanish	0
Bilingual	0
Another	44
Declined to Answer	0
Gender	
Male	19
Female	35
Transgender Male to Female	0
Transgender Female to Male	0
Another	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Another	0
Not LGBQ/Declined to Answer	54
Disability	
Yes	4
No	50
Declined to Answer	0
Veteran Status	
Yes	3
No	51
Declined to Answer	0

Program Reflection: KITE

Implementation Successes:

For FY 23/24, KITE parenting classes were completed using a combination of virtual (via Zoom), as well as in-person (offered at churches or local schools) options, depending on participants' schedules and preferences. The provider conducted a total of 21 parent workshops in the Western and Mid-County regions combined, surpassing the target goal. The workshop topics continue to be pertinent to AAPI families, including: Five Love Languages of Children, Parent Self-Care, Bicultural Parenting, Navigating School Systems, etc.

The provider conducted 5 parenting class cycles in Chinese, Korean, and Filipino (Tagalog/English), with 67 parents enrolled and 54 parents graduated, which is an 80.6% completion rate. Over the course of the parenting classes, the parent specialists were able to build trusting relationships with the parents, enabling open discussions about the challenges they or their children face. This rapport helped reduce mental health stigma and facilitated linkages to mental health services and other valuable school and community resources.

Implementation Challenges:

API bias-motivated incidents and hate crimes remain prevalent, increasing public unease ahead of the presidential election. Consequently, AAPI communities have been reluctant to attend non-mandatory in-person events, hindering efforts to recruit families for KITE workshops and parent groups.

API parents who have expressed interest in or enrolled in the KITE parenting class did not meet fidelity requirements (e.g., children were outside the target age group, or parents withdrew due to formal transition back to in-person workplace). As a result, the KITE program fell short of its target of 80 combined participants from Western and Mid-County parenting courses.

Lessons Learned:

The provider has promoted their workshops and parenting classes through mass emails and social media, but these efforts have been insufficient for participant recruitment. To address this, they are employing more traditional methods, including visiting and posting flyers at locations frequented by AAPIs, such as schools, churches, restaurants, healthcare providers, markets, and after school tutoring centers. Additionally, one-on-one outreach, engagement with community leaders, and word-of-mouth promotion have proven effective and will continue to be prioritized in FY 24/25.

While participant recruitment remains a challenge, SSG's staff will actively encourage in-person participation in workshops and parenting groups in FY 24/25. However, they are remaining responsive to community needs by offering limited virtual and hybrid sessions for parents facing accessibility challenges. They will also continue to develop relevant workshop topics, such as fostering healthy digital media habits for children, to better engage parents and caregivers. The implementation of incentives for workshop and parenting classes has proven successful in increasing interest, and the provider intends to maintain this approach.

Program Reflection: KITE

Relevant Examples of Success/Impact:

In FY 23/24, the provider continued collaborating with the Corona-Norco Unified School District, offering an in-person course at an elementary school with high API enrollment. Looking ahead to FY 24/25, they anticipate offering more workshops and parenting classes, driven by growing interest from the historically hard-to-engage Filipino community in Mid-County.

Parents completed a post-survey at the conclusion of the program and below are examples of comments received:

- "The way of communicating with my children has changed."
- "Standing in my child's perspective to view issue."
- "Through the study of the course, I am no longer anxious. If I change my mood as a parent, everything will change."
- "I try not to immediately get mad and making an effort to be more patient."
- "I became more attentive to my child."
- "I became more aware of how to parent cross culturally."
- "I don't know how to praise my daughter before studying the courses. After studying, I often praise her, and the effect is very good."
- "Will change the way of educating children, insist on praising, discover strengths and actively communicate."
- "Will see things from the child's perspective and understand and help them."
- "Through me changing, my child has slowly positively change. We respect each other more and have a closer relationship."
- "Know each other more."
- "There are a lot less conflicts."
- "She would be more patient and talk to me about the details of class and classmates."
- "We have better communication with my sons."